VITAL & HEALTH STATISTICS

The National Ambulatory Medical Care Survey, United States, 1979 Summary

Based on data obtained from a national sample of office-based physicians, statistics are presented on the provision and utilization of ambulatory medical care in physicians' offices during 1979. Utilization patterns are described in terms of patient characteristics, physician characteristics, and visit characteristics. Trends in the use of ambulatory services from 1975 through 1980 are presented.

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Contents

Symbols Used in Tables

- - -	Data not available
. . .	Category not applicable
-	Quantity zero
0.0	Quantity more than zero but less than 0.05
Z	Quantity more than zero but less than 500 when data are rounded to thousands
*	Figure does not meet standards of reliability or precision
#	Figure suppressed to comply with confidentiality requirements

The National Ambulatory Medical Care Survey, United States, 1979 Summary

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Introduction

This report presents national statistics on the use of ambulatory medical care services provided by office-based physicians in the United States during 1979 and a summary analysis of trends in the use of ambulatory services during the period 1975–80. The estimates are derived from data collected by the National Center for Health Statistics by means of the National Ambulatory Medical Care Survey, a sample survey of physicians' office visits conducted annually by the Division of Health Care Statistics.

The National Ambulatory Medical Care Survey (NAMCS) was inaugurated in 1973. Each year since that time, data have been published describing the characteristics of patients, the clinical aspects of their visits, and the physician's practices. A complete description of the background of the survey and its methodology is available in an earlier report.[1] Detailed summary reports have been published every second year since the beginning of the survey.[2–4] Several physician specialty profile reports as well as other reports describing selected physicians' diagnoses and specific age and sex groups are also available.

In this report, an analysis of trends from 1975 through 1980 is presented first, followed by highlights and a more detailed discussion of the data from 1979. Detailed information about the survey design, methods, definitions, and instruments is provided in the appendixes.

Trends in the utilization of ambulatory care services

Physician office visits have remained remarkably stable both in volume and content over the past several years. The visit volume for the Nation's civilian noninstitutionalized population is measured by two independent surveys of the National Center for Health Statistics (NCHS), namely NAMCS and the National Health Interview Survey (NHIS). Data concerning physician office visits from these two surveys are shown in figure 1 for the years 1975–80. (Data from 1980 are preliminary estimates. Final estimates may vary slightly from those presented in this report.) Estimates from the two surveys differ for a variety of reasons—mostly attributable to different sample designs and survey methods. One major difference is that NAMCS deals with a more limited physician and patient population than NHIS and estimates from the NAMCS, consequently, are smaller than those from NHIS. Appendix I presents a more detailed discussion of differences as well as a detailed description of the NAMCS design. The details of the NHIS design are provided in the appendix of reference 6.

However, of interest here are the relative values of the estimates over the 6-year period rather than the absolute values. As can be seen from figure 1, the number of physician office visits remained relatively constant from 1975 through 1980, fluctuating around estimated mean annual total visits of 574 million and 702 million as estimated from NAMCS and NHIS, respectively. Year to year variations were generally less than 3-percent, which may be attributed to sampling variability. In fact, no pattern of increase or decrease in total visits is evident in NHIS data since 1971. This is in contrast to the 6 years prior to 1971 when NHIS estimates of total visits increased steadily.[5,6]

The trend in annual visit rates is not quite as clear. The NHIS data in table A shows a slight decrease from 3.4 visits per person in 1975 to 3.2 visits per person in 1978. The NAMCS data show no significant change during the same period. Data from both sources indicate a level visit rate since 1978.

The visit rate is also relatively constant when patient age and sex are considered. Age and sex specific rates based on NAMCS data are shown in table B. None of the age-sex groups shows a statistically significant change from 1975 through 1980.

These data, it must be remembered, concern only physician *office* visits which account for about two-thirds of all physician-patient contacts. The remaining one-third occur in hospital outpatient and emergency departments, by telephone, and in other settings such as industrial clinics and patients' homes.

Why total office visits have not increased significantly in recent years with increasing population, and why the visit rate, in fact, may have decreased slightly is not readily apparent. Factors that may contribute to this trend in varying degrees are the escalating costs of medical care, increased emphasis on self-care and preventive care, and decreases in the incidence of certain diseases of childhood. Data to assess the impact of these and other such factors are not readily available, though future detailed analysis of the NHIS data may provide some insight.

It may also be postulated that office visits are not increasing because patients are seeking care in other settings. The NHIS data in table C show physician visits by place of visit for the years 1975–80. From these data there does not seem to be an increased use of nonoffice settings. Since 1975 hospital ambulatory visits have remained steady at about 135 million annually. The telephone and "other" visits are also rather constant throughout this period at about 200 million annually. (There are about two-thirds telephone and one-third "other" visits.)

The content and type of physician office visits have also remained virtually unchanged since 1975. The data in tables D, E and F are from NAMCS for the years 1975–80. Only major variables were selected for these tables, but in terms of the changes over time, they are representative of the total NAMCS data set. In addition, variables were selected for inclusion in the tables only if the terms, definitions, collection method-

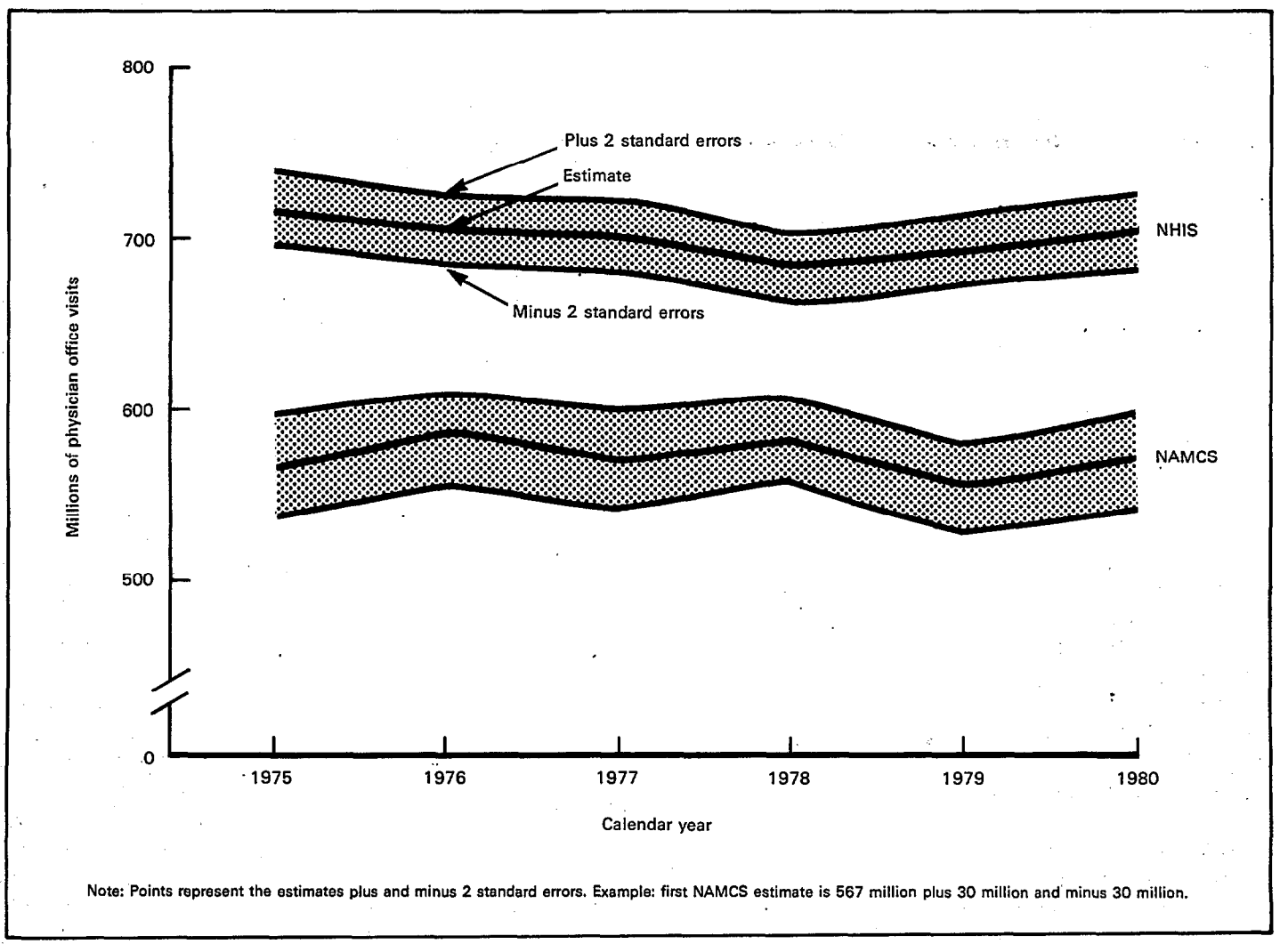


Figure 1. Numbers of physician office visits and 95 percent confidence intervals from the National Ambulatory Medical Care Survey and the National Health Interview Survey: United States, 1975–80

ology, and coding procedures were consistent throughout the 6-year period.

In Table D, the percent of total visits is shown for the selected variables for each year. Table E presents the number of visits (in millions) for specified reasons for visit and diagnoses. (The coding system was changed for the reason for visit data in 1977 and for diagnoses in 1979. The particular items selected for table E, however, were not affected by those changes.) Table F shows the mean duration of physician-patient face-to-face contact during each visit. The data in each of the tables are remarkably stable from year to year,

Table A. Annual number of office visits per person per year from NAMCS and NHIS: United States, 1975–80

Calendar year	*NHIS*	*NAMCS*
	Number of office visits per person per year	
1980	3.2	2.7
1979	3.2	2.6
1978	3.2	2.8
1977	3.3	2.7
1976	3.4	2.8
1975	3.4	2.7

Table B. Annual number of office visits per person per year from NAMCS, by age and sex of patient: United States, 1975–80

Age and sex of patients	*1975*	*1976*	*1977*	*1978*	*1979*	*1980*
	Number of office visits per person per year					
All patients	2.7	2.8	2.7	2.8	2.6	2.7
Males	2.2	2.3	2.2	2.3	2.1	2.2
Under 15 years	2.0	2.2	2.1	2.2	2.1	2.3
15–44 years	1.7	1.8	1.7	1.8	1.7	1.6
45–64 years	2.8	2.8	2.8	2.8	2.5	2.6
65 years and over	4.0	4.0	3.8	4.0	3.6	4.0
Females	3.2	3.3	3.2	3.2	3.0	3.1
Under 15 years	1.8	2.0	2.0	2.1	2.0	2.1
15–44 years	3.3	3.3	3.2	3.2	3.1	3.1
45–64 years	4.0	3.9	3.7	3.7	3.4	3.4
65 years and over	4.4	4.6	4.4	4.2	4.2	4.3

Table C. Annual number of visits from NHIS, by place of visit and calendar year: United States, 1975–80

Calendar year	Total visits	Place of visit		
		Office visits	Hospital, outpatient clinic, and emergency rooms	Telephone and other
	Number in thousands			
1980	1,036,092	703,416	133,988	198,688
1979	1,021,986	694,245	134,229	193,512
1978	1,016,647	683,028	138,467	195,153
1977	1,020,397	703,620	136,910	179,867
1976	1,041,410	707,027	135,951	198,431
1975	1,056,094	717,746	136,585	201,764

showing only minor random fluctuations. The few significant changes, such as the increase in visits for weight gain in 1978 or for acne in 1980, are likely to be statistical anomalies resulting from the sampling process.

Two major areas in which trends are significant and noteworthy are the changes in the distribution of visits by specialty and type of practice visited. With respect to specialty, the visit distributions in table D indicate a decline in the proportion of visits to generalists and an increased use of specialists. From 1975 through 1980, the percent of visits to general and family practice physicians declined from 41 to 33 percent. Visits to general surgeons declined from 7 percent to about 5 percent. Though most specific medical and surgical

Table D. Annual number and percent distribution of office visits from NAMCS by selected characteristics, according to calendar year: United States, 1975–80

Selected characteristic	Calendar year					
	1975	1976	1977	1978	1979	1980
	Number of visits in thousands					
Total visits	567,600	588,300	570,052	584,498	556,313	575,745
	Percent					
Patient sex						
Male	39.6	39.7	39.5	40.2	39.4	39.9
Female	60.4	60.3	60.5	59.8	60.6	60.1
Patient race						
Black	8.2	7.4	7.0	8.0	8.4	9.2
White	89.6	90.1	90.3	89.4	90.4	89.7
Patient status						
New patient	14.9	14.2	15.3	15.0	15.8	14.9
Followup	61.7	62.8	59.8	60.7	61.6	62.5
Disposition of visit						
Return specific time	59.1	61.4	60.8	60.5	61.8	60.2
Admit to hospital	2.1	2.1	2.0	2.3	2.1	2.3
Physician specialty						
General and family practice	41.3	38.4	39.1	36.1	34.2	33.3
Internal medicine	10.9	11.6	11.4	11.7	12.0	12.1
Pediatrics	8.2	10.3	9.6	10.3	10.5	11.2
Obstetrics and gynecology	8.5	8.3	8.6	9.4	9.1	9.6
General surgery	7.3	6.1	6.3	5.7	6.1	4.9
Psychiatry	2.6	2.7	2.8	2.6	3.1	2.8
Type of physician practice						
Solo practice	59.8	60.2	58.8	59.6	56.7	54.5
Therapeutic and diagnostic services						
Laboratory test	22.9	22.7	21.4	20.8	23.2	21.8
X-ray	7.4	7.7	7.8	8.2	8.2	7.3
Blood pressure check	33.2	33.2	34.0	33.3	36.0	33.9
Electrocardiogram	3.4	3.3	3.0	3.4	2.7	2.8
Vision test	4.7	5.2	4.0	4.8	6.0	5.7
Endoscopy	1.2	1.2	1.2	1.0	1.3	0.8
Office surgery	6.7	7.1	7.9	7.7	7.4	7.5
Physiotherapy	2.2	3.0	3.3	3.6	3.1	5.1
Psychotherapy and therapeutic listening	4.3	4.1	5.4	5.0	4.4	5.0

Table E. Annual number of office visits from NAMCS, by calendar year, selected reasons for visit, and principal diagnoses: United States, 1975–80

Reason for visit and principal diagnosis	Calendar year					
	1975	1976	1977	1978	1979	1980
	Number of visits in millions					
Reason for visit						
Fever	7.0	8.5	9.5	8.6	7.3	9.5
Vertigo	6.3	6.7	5.8	5.6	4.7	5.5
Headache	10.2	9.9	9.8	9.0	8.4	8.8
Acne	3.6	6.3	5.0	5.2	4.2	7.6
Sore throat	15.3	16.2	17.8	17.6	14.6	14.3
Cough	13.6	13.1	13.9	15.1	12.6	13.2
Weight gain	5.8	7.0	4.3	8.2	4.5	4.4
Physician's principal diagnosis						
Diabetes	9.7	9.6	11.0	8.6	8.9	9.6
Neurosis	13.6	12.1	12.6	11.6	11.1	11.3
Otitis Media	9.9	10.7	11.0	13.4	11.2	11.7
Angina	1.7	1.2	1.6	1.7	1.4	1.7
Bronchitis	7.8	8.0	7.2	8.7	6.3	6.7
Cystitis	5.7	4.0	3.5	3.9	3.4	3.3
Hypertension	22.8	23.3	24.8	24.1	23.6	25.1
Acute URI's[1]	14.6	18.6	17.9	16.5	14.9	15.1

[1]Upper respiratory infections

specialties showed slight increases during this period, only the increased pediatrician visits rate from 8 to 11 percent is statistically significant. Taken as a group, however, both medical and surgical specialties showed significant increases in their respective percent of visits over the 6-year period. Visits to all medical specialists increased from 24.7 percent of the total visits in 1975 to 30.8 percent in 1980. Visits to surgical specialists (excluding general surgeons) increased from 22.4 to 25.1 percent.

Table F. Mean duration of office visits, NAMCS: United States, 1975–80

Calendar year	Mean duration of visit in minutes
1980	15.9
1979	15.2
1978	15.3
1977	15.4
1976	15.3
1975	15.0

The decrease in the proportion of visits to general and family practice physicians can be attributed largely to a corresponding decrease in the proportion of these doctors in office-based practices. From 1975 through 1980, general and family practice physicians decreased as a proportion of all non-Federal office-based physicians, from 22 percent in 1975 to 18 percent in 1980.[7] However, the proportion of medical specialists increased only slightly during the same period, and the proportion of surgical specialists remained about the same. The changes in the distribution of specialists, therefore, partly accounts for the change in distribution of visits to specialists.

The second noteworthy trend is in the type of practice visited. Through 1978, visits to solo practice physicians accounted for about 60 percent of all visits. This figure has been steady since NAMCS began in 1973. This percent decreased substantially in 1979, however, and was down to 54.5 percent in 1980. Though the growth of group practices and partnerships has been apparent for many years, it is interesting to note that NAMCS data did not indicate a significant change in the visit distribution until 1979.

1979 Highlights

During 1979 there were an estimated 556 million patient visits to office-based physicians in the coterminous United States. Though this appears to be a substantial decline of 28 million (4.8 percent) visits since 1978, the decrease is not statistically significant and could, therefore, be due to sampling variability as explained in the previous section on trends.

As in previous years, the majority of visits to physicians were made by women (61 percent). Visit rates were highest among women, white persons, and the aged population. Patients of Hispanic origin (regardless of race) accounted for 4.8 percent of all visits.

Reasons for the visits varied widely, but acute problems accounted for 36 percent of all visits. Most visits (62 percent), were return visits for problems previously treated. Essential benign hypertension was the most frequent diagnosis accounting for 24 million visits, and was quite frequent in the older age groups. In the 65 years and over age group, there were 4 visits for hypertension for every 10 persons during the 1-year period. The most common conditions among children under 15 years of age were visits for acute upper respiratory infections and otitis media, these problems causing about 3 visits for every 10 children under 15 years of age during the year. Nonillness problems in general, and pregnancy in particular, dominated the visits by persons aged 15–44. Routine pregnancy accounted for 13 percent of all female visits in this age group. Over all ages, a substantial 17 percent of visits were for nonillness care and 8.4 percent were due to accidental injury.

General and family physicians constitute the largest specialty group, and also account for the largest number of physician office visits. The proportion of visits to general and family physicians has been declining in recent years and in 1979 was 34 percent, the lowest proportion since NAMCS was initiated in 1973.

Prescribing or providing drugs is the dominant form of therapy in office practice. Prescription drugs, immunizations, or other injections were provided in 61 percent of all visits. The average (mean) duration of office visits was about 15 minutes, and the majority of patients (61 percent) were instructed to return for another visit at a specified time.

Scope of the survey

The basic sampling unit for NAMCS is the physician-patient encounter or visit. Included in the 1979 NAMCS are those visits to physicians who are classified as being engaged in "office-based, patient care" by the American Medical Association (AMA) or the American Osteopathic Association (AOA). Excluded are visits to physicians principally engaged in teaching, research, or administration, as well as telephone contacts and visits made outside the physician's office. Excluded from the physician universe are those practicing in Alaska and Hawaii, and physicians specializing in anesthesiology, pathology, or radiology.

Source and limitations of data

The data presented in this report were provided by a national probability sample of office-based physicians. The 1979 NAMCS sample of physicians was selected from master files of AMA and AOA. Data collection and processing was completed by the National Opinion Research Center of the University of Chicago.

The sample for the 1979 NAMCS included 3,023 physicians, of whom 541 were found not eligible (out of scope) at the time of the survey. A total of 1,783 physicians (71.8 percent) actually participated in the survey (see appendix I).

During a randomly assigned 7-day period, the sample physicians maintained a listing of all patient visits in their offices. For a systematic random sample of these visits, information was recorded on the Patient Record form (appendix III) provided for that purpose. Specially trained interviewers visited the physicians prior to their designated week, provided survey materials, and thoroughly instructed each physician and staff member in the methods and definitions to be used.

The information in this report is derived from a complex sample survey, and the appendixes should be reviewed to insure a proper understanding and interpretation of the statistical estimates presented. Appendix I contains a general description of the survey methods, the sample design, and the data collection and processing procedures. Estimation techniques, estimates of sampling variation, and imputation methods are also presented. Since the statistics in this report are based on a sample of office visits rather than on all visits, they are subject to sampling errors. Therefore, particular attention should be paid to the section entitled "Reliability of Estimates." Charts on relative standard errors and instructions for their use are also given. Definitions of terms used in this report and in the survey operations are presented in appendix II. The letters and questionnaires used in NAMCS are reproduced in appendix III.

Patient characteristics

Data on the utilization of ambulatory medical care services during 1979 in terms of the demographic characteristics of patients are shown in tables 1–5 and highlighted in tables G and H and figures 2–4.

An estimated total of 556.3 million patient visits occurred in the United States to office-based physicians during calendar year 1979. Females and white persons accounted for the major portions of these visits, 60 and 90 percent, respectively (table G).

The visit rate increased with age, the rate for persons 65 years and over being about twice that of persons under 15 years.

Table 1 presents data on the ethnicity of patients, and the major reason for visit as classified by the physician into 1 of 5 select categories. About 5 percent of all visits were made by persons who were of Hispanic origin. This proportion varies little by age, sex, and race.

According to the major reasons for visit, physicians classified 36 percent of all visits as acute and 29 percent as being chronic, although this varied somewhat by age. As reflected in figure 2, the proportion of visits for acute problems decreased considerably with age, while visits for chronic problems increased with age.

Principal diagnosis categories and referral status are presented in table 2. Diagnoses were coded and classified according to the Internation Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM).[8] Table 2 shows only the major disease classifications. More detailed diagnoses are presented in later sections of this report. Diseases of the respiratory system and diseases of the nervous system and sense organs accounted for 13 and 9 percent, respectively, of all visits although the proportions were considerably

Table G. Number, percent distribution, and annual rate per person of office visits, by age, sex, and race: United States, 1979

Age, sex, race	*Number of visits thousands*	*Percent distribution*	*Annual rate per person*[1]
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
Sex			
Male	219,218	39.4	2.1
Female	337,096	60.6	3.0
Race			
White	502,927	90.4	2.7
All other	53,387	9.6	1.8

[1] Rates are based on rounded estimates of the civilian noninstitutionalized population of the United States for July 1, 1979, furnished by the Bureau of the Census (see appendix I).

Table H. Mean duration of visit and percent of visits where accidental injury was the reason for visit, by age, sex, and race of patient: United States, 1979

Age, sex, and race of patient	*Mean duration of visit*[1] *in minutes*	*Percent of visits for accidental injury*
All patients	15.2	8.4
Age		
Under 3 years	11.8	3.1
3–5 years	11.7	6.2
6–10 years	12.4	10.0
11–14 years	13.2	12.6
15–24 years	14.2	13.3
25–44 years	16.2	10.1
45–64 years	16.7	7.4
65 years and over	15.8	3.9
Sex		
Male	15.2	12.9
Female	15.2	5.5
Race		
White	15.3	8.4
Black	14.7	9.3
All other	15.4	5.7

[1] Excludes visits where there was no face-to-face contact between the patient and the physician.

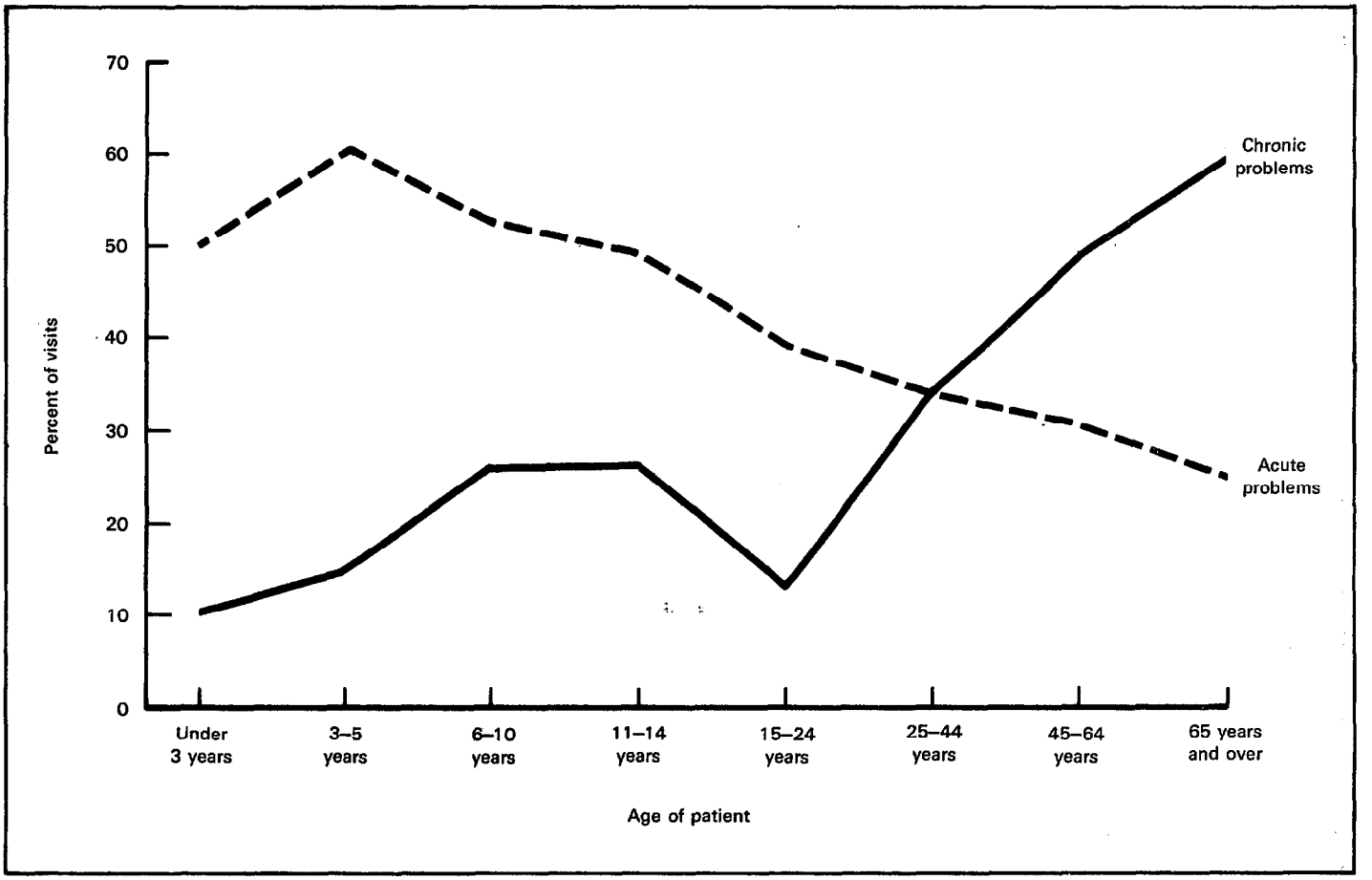


Figure 2. Percent of visits for acute and chronic problems by age of patient: United States, 1979

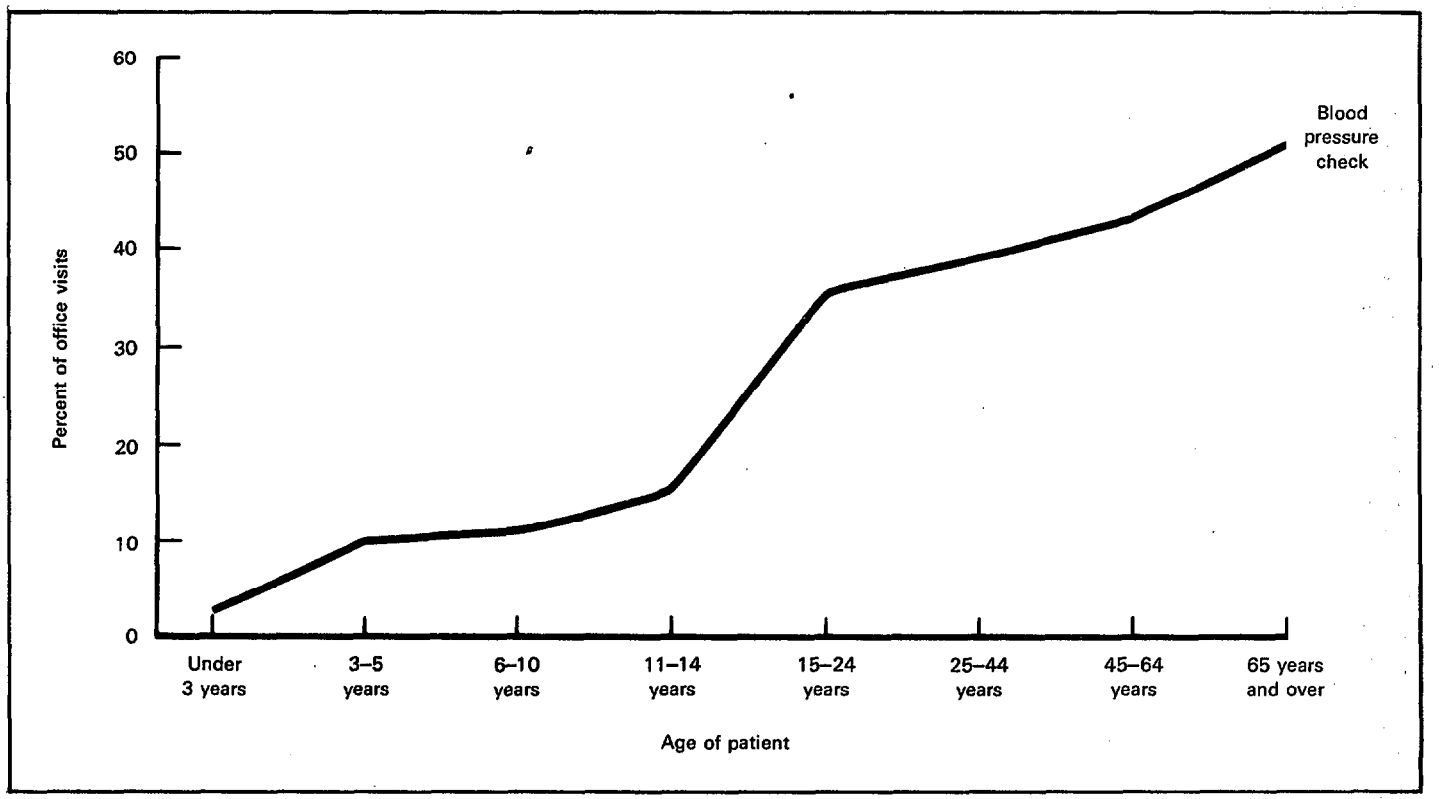
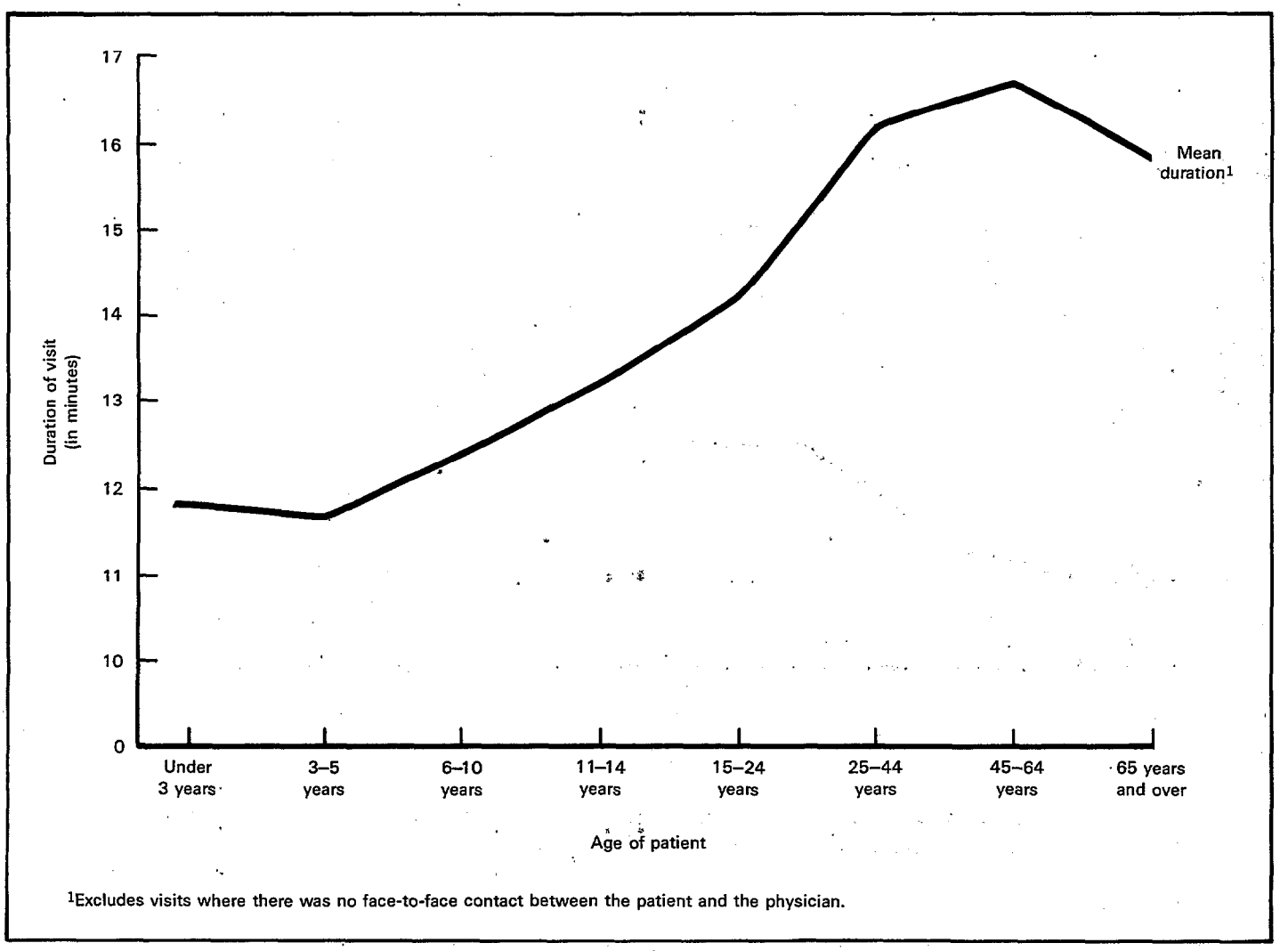


Figure 3. Percent of visits with blood pressure check by age of patient: United States, 1979



1Excludes visits where there was no face-to-face contact between the patient and the physician.

Figure 4. Mean duration of visit by age of patient: United States, 1979

higher for patients under 15 years. On the other hand, visits for diseases of the circulatory system were proportionately higher in the age groups over 44 years. Few differences by sex and race were noteworthy. Injuries and poisonings accounted for 9 percent of all visits, but the proportion for males was almost twice that for females, 13 percent versus 7 percent, respectively.

Table 3 presents data on diagnostic and therapeutic services. Of the diagnostic services provided, a limited history or exam was taken in 63 percent of all visits and this proportion did not vary by age, sex, or race. A blood pressure check was done in 36 percent of all visits, but this increased with advancing age (figure 3).

In addition, blood pressure was checked proportionately more often for females than for males, and more often for black persons than for white and all other persons.

The therapeutic services most frequently provided were drug prescription, medical counseling, and injection. For 47 percent of all visits a drug was prescribed, with the proportion being slightly higher for age groups over 44 years (50–55 percent) and somewhat higher for black (58 percent) than for white (46 percent) and all other persons (50 percent). An injection was provided in about 10 percent of the total visits, with little or no variation by age, sex, or race.

Patient characteristics are classified by physician specialty and type of practice in table 4. Physicians in general practice accounted for 34 percent of the total visits, physicians in internal medicine for 12 percent, pediatricians for 10 percent, and obstetricians and gynecologists for 9 percent. The proportions vary by age and sex in predictable ways. More than half the visits were to physicians in solo practice (57 percent) with the remainder (43 percent) being to physicians in partnership or group practice.

Table 5 presents data on prior visit status, disposition of visit, and professional identity of physicians. More than 60 percent of the total visits to office based physicians were by persons who had seen the same physician in a prior visit for the same problem. Sixteen percent of the visits were by patients new to the physician's practice.

The disposition of the visit refers to the physician's final instruction to the patient. In 62 percent of the visits

the patient was told to return at a specified time and in 21 percent to return if needed.

The mean duration of visit refers to the average amount of time that a physician spends in face-to-face contact with a patient. The data presented in table H and figure 4 exclude visits in which there was no face-to-face contact with the physician, that is, the patient's problem was handled for that visit by someone other than the physician. As shown in figure 4, the mean duration of visit generally increased with the age of the patient.

Physician characteristics

In this section a general picture of ambulatory care in terms of the physicians who provided that care are presented. Tables 6–9 contain data on physician specialty and type of practice, and for the most part are self-explanatory. Future reports on physician specialty will cover the subject in greater detail.

For all specialties except pediatrics (table 6), the great majority of visits were by persons 25 years and over. The percent of referred visits was lowest for the most frequently visited specialties, namely general practitioners (1.8 percent), internists (3.0 percent), and pediatricians (2.0 percent) and highest among psychologists and neurologists. The proportion of new patient visits ranged from 7.1 percent for psychiatrists to 36.0 percent for otolaryngologists. The average or mean duration of visit ranged from 10 minutes for allergists and dermatologists to about 45 minutes for psychiatrists.

More than half the visits to pediatricians were for acute problems. However, for the specialties of internal medicine, cardiovascular diseases, dermatology, urology, and psychiatry more than half the visits were for chronic problems.

Visit characteristics

Data concerning the use of ambulatory medical care according to characteristics of the visit are presented in tables 10–20 and highlighted in tables J, K, and figure 5.

Principal reason for visit

Data concerning the patient's principal reason for visit will be limited in this report because a comprehensive report on the subject has been published.[9] The most frequent principal reasons for visit[10] for 1979, according to selected diagnostic and therapeutic services, are provided in tables J and K. A limited examination and history was rendered by the physician in about 8 out of every 10 visits where the principal reason for visit was symptom(s) referable to the throat, postoperative visit, or cough (table J). In addition, prescription drugs were provided by the physician in 8 out of every 10 visits where the principal reason for visit was symptom(s) referable to the throat, cough, head cold, or skin rash (table K).

Principal diagnosis

Tables 10–14 and figure 5 provide data on the physician's principal diagnosis of the patient's presenting complaint or symptom according to visit characteristics. The principal or first listed diagnoses included in these tables are grouped by the 14 major diagnostic classes of the ICD–9–CM. Within these major diagnostic classes selected specific diagnoses are presented as sample size permits.

As would be expected, disease groups that are mostly chronic in nature showed proportionally more followup visits, while those consisting mostly of acute conditions have proportionately more new-problem visits. For example, two-thirds of the visits for diseases of the respiratory system were considered acute and nearly half were new-problem visits. Circulatory disease visits were two-thirds chronic conditions and 84 percent followup visits.

Data on the use of diagnostic and therapeutic services for selected diagnoses are presented in tables 12 and 13. The use of these services varies widely for dif-

Table J. Number and percent of office visits, by selected diagnostic services and the 10 most frequent principal reasons for visit: United States, 1979

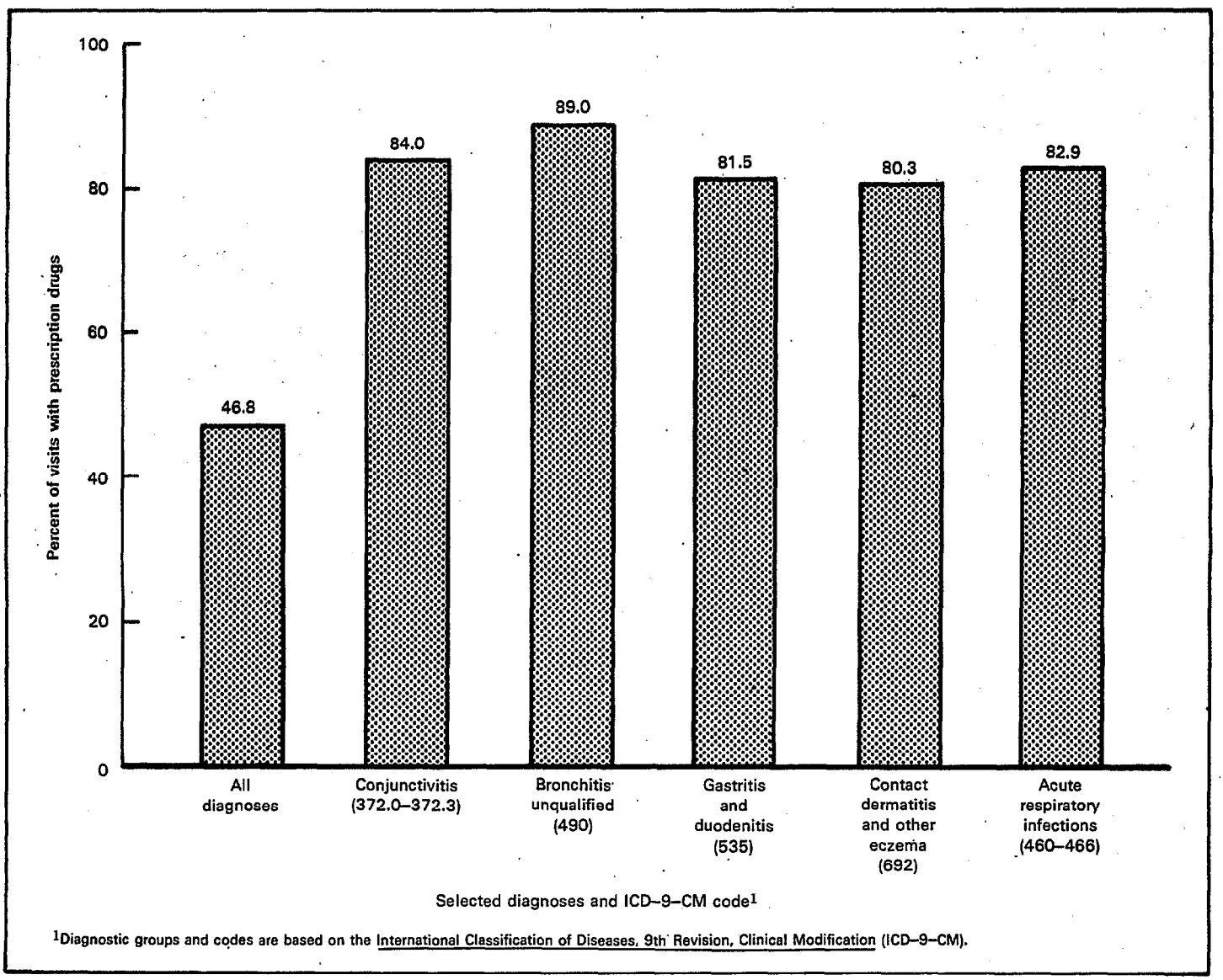
10 most frequent principal reasons for visit and RVC code[1]	*Number of visits in thousands*	*Selected diagnostic services*				
		Limited examination and history	*General examination and history*	*Clinical laboratory test*	*X-ray*	*Blood pressure check*
		Percent				
All reasons	556,313	63.0	16.8	23.2	8.2	36.0
General medical examination X100	32,160	40.9	47.7	44.2	11.0	59.0
Prenatal examination, routine X205	21,717	71.0	8.4	49.9	*0.4	76.7
Symptoms referable to throat S455	14,556	79.6	10.8	36.6	*1.7	25.6
Postoperative visit T205	13,896	80.3	2.7	9.9	5.2	13.9
Cough S440	12,628	77.9	15.4	18.1	13.8	30.4
Back symptoms S905	11,100	67.4	19.3	16.0	19.4	37.5
Head cold, upper respiratory infection S445	10,462	72.8	17.0	16.0	5.4	36.0
Skin rash S860	9,441	70.0	22.0	17.0	*1.5	15.9
Chest pain and related symptoms S050	8,798	62.6	23.8	25.1	24.5	62.0
Blood pressure test X320	8,681	64.9	7.5	14.5	*1.7	91.1

[1] Reason for visit groups and codes are based on A Reason for Visit Classification for Ambulatory Care (RVC).[10]

Table K. Number and percent of office visits by selected therapeutic services and the 10 most frequent principal reasons for visit: United States, January-December, 1979

10 most frequent principal reasons for visit and RVC code[1]	Selected therapeutic services						
	Number of visits in thousands	Drugs (prescription)	Drugs (non-prescription)	Injection	Immunization/ desensitization	Medical counseling	Office surgery
		Percent					
All reasons	556,313	46.8	4.5	9.6	5.2	22.2	7.4
General medical examination X100	32,160	35.2	3.6	5.6	14.4	26.5	7.4
Prenatal examination, routine X205	21,717	13.8	4.0	*0.2	*0.1	22.3	*0.9
Symptoms referable to throat S455	14,556	80.2	6.8	23.0	*0.8	16.2	*0.3
Postoperative visit T205	13,896	20.0	*1.0	*0.6	-	21.0	16.0
Cough S440	12,628	85.4	7.7	12.4	*2.1	21.4	*0.6
Back symptoms S905	11,100	55.9	5.1	8.0	*0.5	27.2	*3.1
Head cold, upper respiratory infection S445	10,462	87.2	9.7	22.6	*1.7	14.6	*0.5
Skin rash S860	9,441	82.3	6.8	22.1	*1.9	18.0	5.1
Chest pain and related symptoms S050	8,798	68.5	5.1	7.1	*1.6	34.8	*1.4
Blood pressure test X320	8,681	67.8	5.0	4.1	*1.6	26.1	*0.3

[1] Reason for visit groups and codes are based on A Reason for Visit Classification for Ambulatory Care (RVC).[10]



[1] Diagnostic groups and codes are based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM).

Figure 5. Percent of visits with prescription drugs provided by selected diagnoses: United States, 1979

ferent diagnoses in mostly predictable ways. The drug data shown in table 13 include all visits in which one or more drugs were prescribed or otherwise provided. Similar definitions using "one or more provided" apply to X-rays and clinical lab tests.

Table 13 shows that prescription drugs were provided in 47 percent of all the visits but, as shown in figure 5, drugs were provided about twice as often for certain diagnoses.

Drug data will be presented in more detail for the 1980 and 1981 NAMCS. During those 2 years the survey form was modified to include the specific brand or generic name of each drug ordered or provided at the visit. Data from these years will be the subject of future reports in Series 13 of *Vital and Health Statistics.*

The data in table 14 on disposition decisions are correlated with the chronic or acute nature of the illness, as were the data on visit status shown in table 10. That is, physicians frequently instructed patients to return at a specified time when the diagnosis was a chronic condition, for example, diabetes, mental condition, or hypertension. No followup was deemed necessary proportionally more often for such acute problems as conjunctivitis, upper respiratory infections, and influenza.

Tables 15–20 show visits for the 20 most frequent diagnoses for all ages and for each of the five age groups. Table 21 shows visit rates for the 53 most frequent diagnoses by age, sex, and race. All diagnoses are based on the physician's best assessment of the patient's condition at the time of the visit. Only the principal (first listed) diagnosis is presented. Diagnostic groupings are based on classifications in the ICD–9–CM.

Tables 16–20 show clearly the changes in illness patterns that occur with changes in age. Visits for nonillness reasons (well-baby examinations, innoculations, and so forth) and upper respiratory problems dominate the visits by children under 15 years. Nearly half of the leading 20 diagnoses fall into these two categories. The 20 listed diagnostic groups account for 64 percent of all visits by this age group, indicating that the range of problems presented by children is much narrower than that presented by other age groups.

The age groups 15–24 and 25–44 years also show substantial numbers of nonillness visits, but in these age groups the dominant nonillness diagnosis is routine pregnancy examination. Upper respiratory problems continue in substantial numbers, but become relatively less prominent as age increases. Visits for mental health problems enter the picture in the age group 15–24 years with neurotic and personality disorders becoming the second leading diagnosis in the age group 25–44 years.

Diagnoses found among the age group 45–64 years are quite similar to those in the age group 25–44 years, with a few notable exceptions. Pregnancy examinations naturally disappear and menopausal disorders appear in the older group. Also, there is some reordering of diagnoses with chronic problems (hypertension, diabetes, rheumatism) becoming more prominent in the older group. This tendency continues in the age group 65 years and over where the great majority of visits for the 20 most frequent diagnoses are for chronic conditions. It is interesting to note that only two diagnoses were present in every age group: Acute upper respiratory infection and bronchitis.

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List of detailed tables

Table 1. Number and percent distribution of office visits by ethnicity and major reason for visit, according to age, sex, and race: United States, 1979

Ethnicity and major reason for visit	All patients	Age								Sex		Race		
		Under 3 years	3–5 years	6–10 years	11–14 years	15–24 years	25–44 years	45–64 years	65 years and over	Male	Female	White	Black	All other
	Number of visits in thousands													
All visits	556,313	36,370	18,065	25,798	21,120	82,290	151,714	128,594	92,363	219,218	337,096	502,927	46,789	6,597
	Percent distribution													
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity														
Hispanic	4.8	6.5	7.1	6.2	5.0	6.2	5.2	3.9	2.6	4.8	4.8	5.0	2.3	9.6
Non-Hispanic	95.2	93.5	92.9	93.8	95.0	93.8	94.8	96.1	97.4	95.2	95.2	95.0	97.7	90.4
Major reason for visit														
Acute problem	36.0	50.5	60.4	52.4	49.4	38.6	34.3	30.9	25.2	38.2	34.5	35.7	37.4	45.4
Chronic problem, routine	28.9	7.2	11.0	21.5	20.4	18.3	25.4	37.8	47.6	28.6	29.0	29.0	28.2	21.2
Chronic problem, flare-up	8.7	2.9	4.6	4.8	5.8	5.5	8.9	11.4	12.3	8.7	8.7	8.6	10.5	5.3
Post surgery or post injury	9.2	2.8	5.5	7.7	8.7	10.9	10.4	10.2	8.2	12.1	7.4	9.3	8.7	7.9
Nonillness care	17.3	36.5	18.6	13.7	15.7	26.7	21.1	9.7	6.7	12.5	20.4	17.5	15.1	20.2

Table 2. Number and percent distribution of office visits by principal diagnosis and referral status, according to age, sex, and race: United States, 1979

Principal diagnosis, referral status, and ICD–9–CM code	All patients	Age								Sex		Race		
		Under 3 years	3–5 years	6–10 years	11–14 years	15–24 years	25–44 years	45–64 years	65 years and over	Male	Female	White	Black	All other
	Number of visits in thousands													
All visits	556,313	36,370	18,065	25,798	21,120	82,290	151,714	128,594	92,363	219,218	337,096	502,927	46,789	6,597
	Percent distribution													
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Principal diagnosis[1]														
Infectious and parasitic diseases 001–139	3.5	3.8	6.7	7.7	6.2	5.7	3.6	2.1	1.1	3.9	3.3	3.5	3.4	*4.4
Neoplasms 140–239	2.6	*0.3	*0.2	*0.6	*0.6	0.9	1.8	4.3	5.3	2.4	2.7	2.7	1.6	*1.4
Endocrine, nutritional, metabolic diseases, and immunity disorders 240–279	4.1	*0.7	*0.4	*0.5	*0.8	1.8	4.5	6.9	5.6	3.3	4.7	4.0	5.1	*2.9
Mental disorders 290–319	4.4	*0.3	*0.9	*2.9	*3.2	4.1	7.6	4.6	2.2	4.4	4.5	4.5	4.1	*2.2
Diseases of the nervous system and sense organs 320–389	9.1	16.1	17.8	12.2	11.9	5.4	6.1	8.4	12.3	10.0	8.5	9.4	6.3	9.4
Diseases of the circulatory system 390–459	8.9	*0.4	*0.2	*0.6	*0.6	1.2	4.2	14.5	25.1	9.9	8.3	8.8	10.6	7.2
Diseases of the respiratory system 460–519	13.2	20.6	31.7	30.2	24.6	12.7	11.2	9.6	8.1	15.0	12.0	13.1	13.6	16.6
Diseases of the digestive system 520–579	4.4	4.2	2.5	2.7	3.0	3.6	4.0	5.7	5.5	4.8	4.2	4.5	3.9	6.1
Diseases of the genitourinary system 580–629	6.6	1.6	2.4	1.6	3.6	7.4	9.2	7.6	5.0	3.4	8.6	6.3	9.9	*5.0
Diseases of the skin and subcutaneous tissue 680–709	5.2	4.2	3.5	5.8	7.2	8.1	5.1	4.5	4.0	5.9	4.8	5.3	3.8	9.0
Diseases of the musculoskeletal system and connective tissue 710–739	6.7	1.3	*0.9	1.7	3.2	3.7	6.6	10.2	10.0	6.9	6.5	6.5	8.3	*3.9
Symptoms, signs, and ill-defined conditions 780–799	3.1	2.9	3.5	3.9	2.9	2.6	2.9	3.4	3.3	3.0	3.2	3.1	2.9	*1.5
Injury and poisoning 800–999	9.3	3.8	7.2	13.4	15.9	14.0	10.4	8.1	5.1	13.0	6.9	9.3	9.6	6.7
Supplementary classification V01–V82	15.8	34.0	19.3	13.7	14.0	25.4	19.7	7.7	5.3	11.6	18.6	15.9	14.2	22.2
All other diagnoses[2]	1.5	4.5	*1.5	*1.2	*0.8	1.8	1.4	0.8	1.3	1.1	1.7	1.5	1.6	*0.6
Unknown diagnoses[3]	1.6	1.4	*1.4	1.6	1.7	1.7	1.9	1.7	1.0	1.5	1.6	1.6	1.1	*0.9
Referral status														
Referred by another physician	4.0	2.1	2.4	3.6	4.5	3.1	4.3	4.6	4.7	4.1	4.0	4.1	3.5	*2.5
Not referred by another physician	96.0	97.9	97.6	96.4	95.5	97.0	95.7	95.4	95.3	95.9	96.0	95.9	96.5	97.6

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

[2] Includes 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).

[3] Includes blank diagnosis; noncodable diagnosis, illegible diagnosis, unsuitable diagnosis, and diagnosis of "none."

Table 3. Number and percent distribution of office visits by diagnostic and therapeutic services, according to age, sex, and race: United States, 1979

Diagnostic and therapeutic services	All patients	Age								Sex		Race		
		Under 3 years	3–5 years	6–10 years	11–14 years	15–24 years	25–44 years	45–64 years	65 years and over	Male	Female	White	Black	All other
	Number of visits in thousands													
All visits	556,313	36,370	18,065	25,798	21,120	82,290	151,714	128,594	92,363	219,218	337,096	502,927	46,786	6,597
	Percent distribution													
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Diagnostic services														
None	10.2	6.7	7.4	15.7	15.9	11.0	12.8	9.2	5.7	11.2	9.5	10.6	6.0	8.3
Limited history and examination	63.0	58.6	65.6	59.2	60.1	63.9	61.2	62.5	69.0	61.9	63.7	63.0	63.1	63.4
General history and examination	16.8	31.7	21.7	18.9	17.2	16.3	15.4	16.0	13.1	17.5	16.3	16.6	18.5	20.8
Pap test	4.9	*0.1	*0.0	*0.3	*0.2	7.5	8.2	5.1	2.2	-	8.1	5.0	4.7	4.6
Clinical lab test	23.2	15.9	28.1	21.3	22.0	26.0	22.3	23.3	24.9	20.4	25.1	23.0	25.3	22.3
X-ray	8.2	2.4	3.5	5.9	8.8	8.0	8.1	10.6	9.1	9.7	7.3	8.2	8.6	5.7
Blood pressure check	36.0	3.3	10.0	11.0	15.4	36.0	39.1	43.6	50.3	29.3	40.4	35.3	44.5	30.0
Electrocardiogram	2.7	*0.3	*0.3	*0.4	*0.2	*0.4	1.8	4.8	6.2	3.4	2.3	2.7	3.1	*0.6
Vision test	6.0	*1.0	7.7	7.6	7.6	4.9	4.7	6.6	9.1	6.9	5.4	6.2	4.5	5.8
Endoscopy	1.3	*0.2	*0.5	*0.2	*1.1	1.3	1.5	1.7	1.5	1.2	1.4	1.4	0.8	*1.7
Mental status examination	1.5	*0.8	*1.3	*0.8	*1.0	1.5	2.1	1.5	1.1	1.6	1.4	1.5	1.3	*0.4
Other	3.5	1.8	3.2	3.8	3.9	4.0	3.6	3.3	4.0	3.3	3.7	3.6	2.5	3.5
Therapeutic services														
None	19.8	17.2	17.5	17.6	21.0	23.4	21.6	18.8	16.7	19.2	20.2	20.2	15.5	17.6
Drug (prescription)	46.8	41.1	53.2	40.9	39.4	43.0	44.1	50.0	54.5	45.1	47.9	45.7	58.4	49.8
Drug (nonprescription)	4.5	7.4	6.7	6.2	4.5	4.2	4.0	3.6	4.5	4.5	4.4	4.5	4.2	6.1
Injection	9.6	8.4	10.7	8.4	8.2	7.5	8.9	11.5	10.7	9.6	9.6	9.4	11.3	14.1
Immunization or desensitization	5.2	20.8	12.2	14.7	11.7	4.4	2.7	2.4	2.2	6.4	4.4	5.4	3.2	6.5
Diet counseling	6.0	13.2	3.5	1.8	3.1	4.0	5.8	7.0	6.0	5.3	6.4	5.8	7.7	6.3
Family planning	1.4	*0.1	*0.1	*0.3	*0.3	4.1	2.8	*0.1	*0.1	0.2	2.2	1.4	2.3	*1.5
Medical counseling	22.2	21.9	16.8	17.7	17.2	19.8	21.3	24.2	26.7	22.1	22.3	22.3	22.1	19.3
Physiotherapy	3.1	*0.4	*1.0	*0.8	2.5	3.6	3.4	3.7	3.3	3.5	2.8	3.0	3.7	*2.6
Office surgery	7.4	3.9	5.4	9.4	10.7	9.3	7.2	7.3	6.4	9.1	6.3	7.6	4.8	7.1
Psychotherapy or therapeutic listening	4.4	*0.5	*1.2	2.5	2.9	3.9	7.6	4.9	2.1	4.0	4.7	4.6	3.1	*2.8
Other	3.5	2.0	*1.1	2.9	4.4	3.6	3.3	4.0	3.8	3.7	3.3	3.6	2.1	*2.3

Table 4. Number and percent distribution of office visits by physician specialty and type of practice, according to age, sex, and race: United States, 1979

Physician specialty and type of practice	All patients	Age								Sex		Race		
		Under 3 years	3–5 years	6–10 years	11–14 years	15–24 years	25–44 years	45–64 years	65 years and over	Male	Female	White	Black	All other
	Number of visits in thousands													
All visits	556,313	36,370	18,065	25,798	21,120	82,290	151,714	128,594	92,363	219,218	337,096	502,927	46,789	6,597
	Percent distribution													
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Specialty														
General and family practice	34.2	25.4	25.8	25.6	35.0	36.9	33.8	36.0	37.1	34.4	34.0	33.4	42.3	35.4
Internal medicine	12.0	1.0	2.0	2.4	3.9	6.2	9.4	18.4	23.6	12.6	11.7	12.3	9.3	8.3
Pediatrics	10.5	64.1	59.0	47.9	30.2	4.7	0.7	*0.3	*0.1	13.6	8.4	10.3	10.6	20.5
General surgery	6.1	1.5	2.6	3.6	3.4	5.1	6.8	8.2	6.4	6.8	5.6	6.1	6.5	*3.8
Obstetrics and gynecology	9.1	*0.1	*0.2	*0.7	*0.3	18.4	18.7	4.6	1.2	*0.1	15.0	9.0	10.2	11.5
Orthopedic surgery	5.6	3.6	2.1	4.2	8.9	6.9	6.1	6.1	3.9	7.4	4.4	5.6	5.6	*2.7
Cardiovascular diseases	1.4	*0.1	*0.1	*0.1	*0.1	*0.4	0.7	2.4	3.2	1.7	1.1	1.4	1.2	*0.5
Dermatology	3.2	*0.4	*0.7	1.9	3.4	6.3	3.2	2.7	2.7	3.3	3.1	3.3	1.2	6.0
Urologic surgery	1.7	*0.4	*0.9	*1.2	*0.5	0.9	1.8	2.2	3.0	2.7	1.1	1.7	2.2	*0.9
Psychiatry	3.1	*0.7	*1.0	2.3	3.1	3.0	5.9	2.8	0.5	3.3	2.9	3.2	1.7	*0.8
Neurology	0.3	*0.1	*0.1	*0.2	*0.3	*0.3	0.5	0.4	*0.3	0.4	0.3	0.3	*0.3	*0.6
Ophthalmology	5.5	*1.0	2.6	4.2	4.8	3.9	4.2	6.5	10.5	5.7	5.3	5.7	3.5	*3.1
Otolaryngology	1.8	*0.9	*1.0	2.1	2.0	1.7	1.8	1.8	2.2	1.9	1.7	1.8	1.4	*2.9
Type of practice														
Solo	56.7	50.3	48.2	50.9	53.5	54.4	56.4	60.2	60.9	57.2	56.4	55.9	63.6	65.2
Other[1]	43.3	49.7	51.8	49.1	46.5	45.6	43.6	39.8	39.1	42.8	43.7	44.1	36.4	34.8

[1] Includes partnership, group practice, and other.

Table 5. Number and percent distribution of office visits by prior visit status, professional identity of physician, and disposition of visit, according to age, sex, and race: United States, 1979

Prior visit status, professional identity, and disposition of visit	All patients	Age								Sex		Race		
		Under 3 years	3–5 years	6–10 years	11–14 years	15–24 years	25–44 years	45–64 years	65 years and over	Male	Female	White	Black	All other
	Number of visits in thousands													
All visits	556,313	36,370	18,065	25,798	21,120	82,290	151,714	128,594	92,363	219,218	337,096	502,927	46,789	6,597
	Percent distribution													
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Prior visit status														
New patient	15.8	14.3	14.3	17.3	18.0	21.9	18.3	13.2	10.2	17.2	14.9	15.6	18.2	19.5
Old patient, new problem	22.6	35.4	40.3	34.8	34.6	24.6	21.2	18.1	14.7	22.9	22.4	22.5	23.3	27.3
Old patient, old problem	61.6	50.2	45.4	47.9	47.4	53.5	60.6	68.8	75.1	59.9	62.7	62.0	58.5	53.2
Professional identity														
Doctor of osteopathy	5.7	3.4	4.3	4.7	4.2	5.5	6.7	6.1	5.5	5.5	5.8	5.6	6.1	8.1
Doctors of medicine	94.3	96.6	95.8	95.3	95.8	94.5	93.3	93.9	94.5	94.5	94.2	94.4	93.9	91.9
Disposition of visit														
No followup planned	11.6	13.4	19.9	20.5	21.0	15.2	11.1	9.1	5.9	13.9	10.2	11.8	9.6	15.0
Return at specified time	61.8	58.9	42.2	44.6	47.1	58.4	61.7	65.6	73.0	58.2	64.2	61.7	64.3	54.6
Return if needed	20.5	24.9	32.4	28.8	26.5	20.9	20.4	18.5	15.5	21.5	19.8	20.5	20.8	19.2
Telephone followup planned	3.8	5.2	6.8	5.7	4.8	3.4	3.6	3.6	3.0	3.9	3.7	3.8	2.8	8.5
Referred to other physician	2.5	1.8	1.8	2.1	2.2	2.5	2.6	2.9	2.3	2.7	2.3	2.5	2.7	*2.6
Returned to referring physician	0.6	0.6	1.0	0.5	0.4	0.4	0.7	0.8	0.7	0.7	0.6	0.6	*0.6	*0.7
Admit to hospital	2.1	1.1	*0.9	1.6	*1.1	1.4	2.1	2.6	2.8	2.2	2.0	2.1	2.1	*1.5
Other	0.7	*0.4	*0.4	*0.4	*0.3	0.5	0.9	0.9	0.6	0.7	0.7	0.7	*0.6	*0.8

Table 6. Number and percent distribution of office visits by selected characteristics, according to physician specialty and type of practice: United States, 1979

	Selected characteristic	All patients	Physician specialty					
			General and family practice	Internal medicine	Pediatrics	General surgery	Obstetrics and gynecology	Orthopedic surgery
		Number of visits in thousands						
01	All visits	556,313	190,194	66,908	58,126	33,740	50,823	31,081
		Percent distribution						
02	Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Age of patient							
03	Under 15 years	18.2	14.7	3.2	90.7	7.9	*0.6	15.0
04	15–24 years	14.8	16.0	7.7	6.7	12.4	29.8	18.4
05	25–44 years	27.3	27.0	21.3	1.8	30.7	55.7	29.6
06	45–64 years	23.1	24.4	35.3	0.7	31.4	11.7	25.3
07	65 years and over	16.6	18.0	32.6	*0.2	17.6	2.2	11.7
	Referral status							
08	Referred by another physician	4.0	1.8	3.0	2.0	6.2	3.7	9.1
09	Not referred by another physician	96.0	98.3	97.0	98.1	93.8	96.3	91.0
	Prior visit status							
10	New patient	15.8	12.5	12.3	10.1	24.3	14.3	24.9
11	Old patient, new problem	22.6	31.5	20.4	39.8	20.3	17.4	7.1
12	Old patient, old problem	61.6	56.0	67.4	50.1	55.4	68.3	68.1
13	Mean duration of visit[2]	15.2	13.0	17.6	11.5	14.8	13.4	14.3

[1] Includes partnership, group practice, and other.
[2] Excludes visits where there was no face-to-face contact between physician and patient.

Table 6. Number and percent distribution of office visits by selected characteristics, according to physician specialty and type of practice: United States, 1979—Con.

Physician specialty—Con.								Type of practice		
Cardiovascular disease	Dermatology	Urology	Psychiatry	Neurology	Ophthalmology	Otolaryngology	Allergy	Solo	Other[1]	
Number of visits in thousands—Con.										
7,486	17,536	9,601	17,093	1,874	30,483	9,864	7,626	315,390	240,924	01
Percent distribution—Con.										
100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	02
*1.4	8.5	7.3	9.7	*8.5	9.5	14.8	16.5	16.3	20.7	03
*4.0	29.8	7.8	14.6	*14.5	10.4	14.1	21.4	14.2	15.6	04
14.4	27.9	27.6	52.5	36.9	20.8	27.4	36.3	27.1	27.5	05
40.8	19.6	28.8	20.8	28.0	27.3	23.4	22.5	24.5	21.3	06
39.3	14.3	28.5	2.5	*12.1	31.9	20.4	*3.4	17.8	15.0	07
7.0	6.9	10.5	12.6	*12.3	4.5	10.2	*0.8	3.6	4.6	08
93.0	93.1	89.5	87.5	87.7	95.5	89.8	99.2	96.4	95.4	09
12.7	26.1	22.2	7.1	36.0	30.2	31.0	4.8	14.4	17.8	10
16.6	7.2	6.8	2.4	*4.1	9.6	10.4	*1.8	22.7	22.5	11
70.7	66.7	71.0	90.5	59.8	60.2	58.6	93.4	63.0	59.8	12
20.3	11.9	16.5	44.8	33.2	17.8	14.5	9.7	15.9	14.4	13

Table 7. Number and percent distribution of office visits by principal diagnosis, according to physician specialty and type of practice: United States, 1979

	Principal diagnosis and ICD–9–CM code	All patients	Physician specialty					
			General and family practice	Internal medicine	Pediatrics	General surgery	Obstetrics and gynecology	Orthopedic surgery
		Number of visits in thousands						
01	All visits	556,313	190,194	66,908	58,126	33,740	50,823	31,081
		Percent distribution						
02	Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Principal diagnosis[2]							
03	Infectious and parasitic diseases 001–139	3.5	4.0	2.6	6.0	2.3	4.0	*0.4
04	Neoplasms 140–239	2.6	1.1	5.0	*0.2	10.0	2.0	*0.8
05	Endocrine, nutritional, metabolic diseases, and immunity disorders 240–279	4.1	6.4	8.6	*0.5	2.6	1.6	*0.8
06	Mental disorders 290–319	4.4	2.5	3.9	0.8	*0.5	*0.4	*0.1
07	Diseases of the nervous system and sense organs 320–389	9.1	4.5	2.9	14.3	1.9	*0.1	1.9
08	Diseases of the circulatory system 390–459	8.9	12.4	23.2	*0.4	9.9	*0.6	*0.1
09	Diseases of the respiratory system 460–519	13.2	17.2	13.8	27.5	7.3	*0.4	*0.2
10	Diseases of the digestive system 520–579	4.4	5.3	6.9	3.0	13.6	*0.6	*0.2
11	Diseases of the genitourinary system 580–629	6.6	6.3	3.7	1.5	8.6	22.4	-
12	Diseases of the skin and subcutaneous tissue 680–709	5.2	4.0	2.2	4.2	8.3	*0.7	1.5
13	Diseases of the musculoskeletal system and connective tissue 710–739	6.7	7.4	9.6	0.7	6.2	*0.3	32.6
14	Symptoms, signs, and ill-defined conditions 780–799	3.1	3.7	4.5	3.2	3.8	1.9	*0.4
15	Injury and poisoning 800–999	9.3	10.0	4.4	5.7	11.5	0.8	49.5
16	Supplementary classification V01–V82	15.8	12.6	6.0	29.0	11.3	58.8	5.7
17	All other diagnoses[3]	1.5	1.1	1.5	1.6	1.4	3.4	4.0
18	Unknown diagnoses[4]	1.6	1.5	1.3	1.6	*0.9	2.3	1.9

[1] Includes partnership, group practice, and other.
[2] Based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM).
[3] Includes 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).
[4] Includes blank diagnosis; noncodable diagnosis, illegible diagnosis, unsuitable diagnosis, and diagnosis of "none."

Table 7. Number and percent distribution of office visits by principal diagnosis, according to physician specialty and type of practice: United States, 1979—Con.

Physician specialty—Con.								Type of practice		
Cardiovascular disease	*Dermatology*	*Urology*	*Psychiatry*	*Neurology*	*Ophthalmology*	*Otolaryngology*	*Allergy*	*Solo*	*Other*[1]	
Number of visits in thousands—Con.										
7,486	17,536	9,601	17,093	1,874	30,483	9,864	7,626	315,390	240,924	01
Percent distribution—Con.										
100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	02
*1.3	15.9	*2.6	-	*0.4	1.3	*1.6	-	3.3	3.8	03
*0.7	11.1	6.4	*0.1	*1.8	*0.5	*1.8	*0.2	2.4	2.8	04
*4.1	*0.2	*1.1	*0.2	*0.3	*0.9	*0.3	-	4.9	3.1	05
*2.5	-	*1.5	89.2	*14.9	*0.2	*0.3	*0.1	5.9	2.4	06
*1.6	*0.1	*0.6	*1.3	33.2	78.4	42.4	*2.5	8.8	9.5	07
49.8	*0.5	*1.2	*0.2	*5.2	*0.3	*0.8	*1.0	9.7	7.9	08
9.4	*1.0	*0.3	*0.5	*0.2	*0.6	28.6	82.1	14.2	11.9	09
*3.6	*0.7	*0.6	*0.4	*0.3	*0.0	1.3	-	4.6	4.2	10
*2.6	*0.1	64.6	*0.0	-	-	-	-	6.3	7.0	11
*1.1	69.3	*0.7	*0.0	-	*0.5	*2.1	*3.0	5.6	4.8	12
5.3	*0.1	*1.8	*0.6	*12.7	*0.3	*0.5	*0.6	6.6	6.8	13
6.2	*0.1	5.1	*0.9	20.8	*0.4	3.7	*1.0	3.1	3.1	14
*2.9	*0.2	*1.4	*0.5	*5.4	4.9	8.9	8.3	9.0	9.7	15
6.8	*0.1	10.1	4.1	*4.1	8.6	6.6	*1.4	13.0	19.4	16
*0.4	*0.3	*1.2	*0.2	*0.2	*0.4	*0.5	-	1.3	1.6	17
*1.5	*0.4	*1.0	*1.5	*0.5	2.8	*0.8	-	0.4	1.9	18

Table 8. Number and percent distribution of office visits by major reason for visit and disposition of visit, according to physician specialty and type of practice: United States, 1979

	Major reason for visit and disposition of visit	All patients	Physician specialty					
			General and family practice	Internal medicine	Pediatrics	General surgery	Obstetrics and gynecology	Orthopedic surgery
		Number of visits in thousands						
01	All visits	556,313	190,194	66,908	58,126	33,740	50,823	31,081
		Percent distribution						
02	Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Major reason for visit							
03	Acute problem	36.0	45.3	33.8	51.3	35.1	19.4	26.3
04	Chronic problem, routine	28.9	27.0	44.3	11.8	19.6	9.9	20.3
05	Chronic problem, flare-up	8.7	8.5	11.4	4.8	8.8	3.5	10.1
06	Post surgery or post injury	9.2	5.1	2.3	2.4	30.4	6.7	42.0
07	Nonillness care	17.3	14.2	8.2	29.8	6.1	60.5	1.3
	Disposition of visit							
08	No followup planned	11.6	14.8	7.8	17.4	12.3	5.1	9.2
09	Return at specified time	61.8	54.0	67.1	50.1	56.1	77.4	66.8
10	Return if needed	20.5	25.7	16.3	28.2	18.8	13.0	17.5
11	Telephone followup planned	3.8	3.2	8.0	7.6	3.2	2.4	1.5
12	Referred to other physician	2.5	2.8	3.5	2.2	2.4	2.5	2.2
13	Returned to referring physician	0.6	0.2	0.7	0.6	1.7	0.7	*0.6
14	Admit to hospital	2.1	1.3	2.1	*0.5	6.4	2.8	3.3
15	Other	0.7	0.5	*0.4	*0.3	2.0	0.7	1.1

[1] Includes partnership, group practice, and other.

Table 8. Number and percent distribution of office visits by major reason for visit and disposition of visit, according to physician specialty and type of practice: United States, 1979—Con.

Physician specialty—Con.								Type of practice		
Cardiovascular disease	*Dermatology*	*Urology*	*Psychiatry*	*Neurology*	*Ophthalmology*	*Otolaryngology*	*Allergy*	*Solo*	*Other*[1]	
				Number of visits in thousands—Con.						
7,486	17,536	9,601	17,093	1,874	30,483	9,864	7,626	315,390	240,924	01
				Percent distribution—Con.						
100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	02
29.1	34.7	25.7	14.7	22.0	20.7	40.0	13.4	36.7	34.9	03
52.2	46.6	36.6	69.1	49.8	35.5	29.3	76.2	31.1	26.0	04
8.1	12.7	18.3	12.9	*16.6	6.3	11.9	9.8	8.8	8.5	05
*4.1	5.8	13.3	*1.0	*10.4	10.8	11.9	-	8.5	10.2	06
6.4	*0.2	6.1	2.2	*1.2	26.8	7.0	*0.5	14.9	20.4	07
4.8	7.2	4.6	2.4	*9.5	17.1	15.3	*2.6	11.9	11.3	08
77.1	74.4	65.3	91.1	61.5	62.1	56.4	84.0	62.5	61.0	09
9.1	16.0	17.5	4.5	*17.9	20.1	22.7	12.2	19.9	21.2	10
*3.4	2.2	4.1	*1.3	*4.5	*0.5	*1.5	*1.0	3.6	4.2	11
*3.8	*1.2	*2.4	*0.8	*4.0	1.3	*1.5	-	2.4	2.7	12
*3.0	*0.1	*1.2	*0.1	*8.9	*0.6	*0.2	*0.2	0.5	0.8	13
*2.4	*0.1	8.5	*0.4	*4.2	*0.9	3.6	*0.1	1.9	2.3	14
*1.1	-	*0.7	*0.9	*3.5	*1.0	*1.5	-	0.7	0.7	15

Table 9. Number and percent distribution of office visits by diagnostic and therapeutic services, according to physician specialty and type of practice: United States, 1979

	Diagnostic and therapeutic services	All patients	Physician specialty					
			General and family practice	Internal medicine	Pediatrics	General surgery	Obstetrics and gynecology	Orthopedic surgery
		Number of visits in thousands						
01	All visits	556,313	190,194	66,908	58,126	33,740	50,823	31,081
		Percent distribution[2]						
02	Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Diagnostic services							
03	None	10.2	7.8	6.5	11.7	11.0	5.0	8.6
04	Limited history and examination	63.0	66.1	63.6	53.6	64.5	63.6	67.3
05	General history and examination	16.8	14.8	18.5	30.4	16.6	18.0	16.2
06	Pap test	4.9	4.2	3.7	*0.1	1.9	31.0	*0.1
07	Clinical lab test	23.2	24.1	38.8	25.6	12.1	41.2	2.0
08	X-ray	8.2	7.4	13.8	2.8	9.3	1.3	36.8
09	Blood pressure check	36.0	50.8	59.0	9.8	26.4	64.8	*0.8
10	Electrocardiogram	2.7	2.3	11.2	*0.4	1.4	*0.1	-
11	Vision test	6.0	2.3	1.3	4.4	0.5	*0.1	*0.1
12	Endoscopy	1.3	1.6	1.3	*0.0	1.5	2.5	-
13	Mental status examination	1.5	0.7	1.7	1.1	*0.1	*0.4	-
14	Other	3.5	2.9	1.9	2.3	2.1	4.6	*0.8
	Therapeutic services							
15	None	19.8	14.3	16.2	17.5	29.7	39.2	29.6
16	Drug (prescription)	46.8	59.6	58.4	41.6	31.9	33.0	17.5
17	Drug (nonprescription)	4.5	5.1	4.9	7.8	4.0	3.9	1.9
18	Injection	9.6	14.7	10.1	7.6	10.0	2.0	5.3
19	Immunization or desensitization	5.2	3.4	2.8	22.9	*0.9	*0.2	*0.1
20	Diet counseling	6.0	7.1	9.6	9.5	3.1	5.7	*0.4
21	Family planning	1.4	1.1	*0.2	*0.5	*0.4	9.9	*0.1
22	Medical counseling	22.2	21.4	32.1	19.6	19.0	21.7	31.9
23	Physiotherapy	3.1	3.6	1.1	0.6	1.8	*0.3	13.7
24	Office surgery	7.4	4.8	1.6	4.5	20.0	5.3	15.9
25	Psychotherapy or therapeutic listening	4.4	2.0	3.3	1.0	*1.0	1.3	*0.8
26	Other	3.5	1.3	1.7	1.1	2.5	1.5	8.3

[1] Includes partnership, group practice, and other.
[2] Percents will add to more than 100.0 because most patients received more than one service.

Table 9. Number and percent distribution of office visits by diagnostic and therapeutic services, according to physician specialty and type of practice: United States, 1979—Con.

Physician specialty—Con.								Type of practice		
Cardiovascular disease	Dermatology	Urology	Psychiatry	Neurology	Ophthalmology	Otolaryngology	Allergy	Solo	Other[1]	
Number of visits in thousands—Con.										
7,486	17,536	9,601	17,093	1,874	30,483	9,864	7,626	315,390	240,924	01
Percent distribution[2]—Con.										
100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	02
*2.9	7.2	*3.4	64.7	*7.0	3.0	6.3	75.8	11.6	8.4	03
63.0	69.0	56.0	12.9	52.9	83.1	83.0	12.9	62.4	63.8	04
19.3	22.3	14.8	5.1	32.0	7.1	8.0	4.6	16.6	17.0	05
*1.7	-	*0.5	-	-	-	-	*0.2	4.1	6.1	06
25.5	10.6	76.2	2.3	*8.8	*1.1	3.8	*4.1	20.9	26.3	07
13.7	*0.1	9.9	*0.2	*4.2	*0.2	*3.2	*1.7	6.6	10.4	08
64.7	*0.5	14.5	2.3	21.3	*0.6	*1.2	5.5	38.4	33.0	09
21.7	-	-	*0.0	-	*0.1	*0.7	*0.4	2.5	3.1	10
*0.5	-	*0.1	*0.6	*11.0	79.5	5.8	-	5.4	6.8	11
*2.4	-	4.6	-	*0.2	*0.1	*1.1	-	1.4	1.2	12
*0.7	-	*0.2	25.1	*12.3	-	-	-	1.7	1.2	13
*4.3	*1.2	*1.0	*0.5	*17.1	15.4	13.5	5.5	3.3	3.9	14
15.4	6.2	23.5	2.8	*15.1	32.1	21.1	*0.7	16.6	24.0	15
60.2	59.3	49.1	26.5	60.6	28.9	47.2	20.7	48.9	44.0	16
*3.0	5.2	*1.0	*1.0	*1.6	1.9	*2.8	*0.5	4.8	4.0	17
*0.8	18.7	*2.4	*0.8	-	*0.2	4.0	17.1	11.9	6.6	18
*1.3	-	*0.2	*0.7	-	*0.1	6.0	73.6	5.2	5.1	19
8.3	*1.1	*1.3	*0.7	*1.3	-	*0.1	*0.4	6.4	5.4	20
*0.1	-	*1.2	*0.2	-	-	-	-	1.2	1.8	21
41.2	12.2	25.3	4.6	36.5	16.3	17.1	8.9	21.1	23.8	22
*1.7	11.1	*1.6	*0.9	*3.6	*0.5	*0.4	-	3.2	2.9	23
*1.3	39.4	16.7	*0.2	*0.4	4.2	16.4	*1.6	7.2	7.6	24
*1.7	*0.7	*0.5	90.6	*12.3	*0.3	*0.7	*0.3	5.8	2.7	25
*1.7	4.1	*0.6	*1.2	*2.1	27.2	5.1	*0.4	3.5	3.4	26

Table 10. Number and percent distribution of office visits by patient's prior visit status, ethnicity, and mean duration of visit, according to principal diagnosis: United States, 1979

Principal diagnosis and ICD-9-CM code[1]	Number of visits in thousands	Total	Prior visit status			Ethnicity		Mean duration of visit
			New patient	Old patient, new problem	Old patient, old problem	Hispanic	Non-Hispanic	
		Percent distribution						
All diagnoses	556,313	100.0	15.8	22.6	61.6	4.8	95.2	15.2
Infectious and parasitic diseases 001–139	19,711	100.0	20.3	41.8	38.0	3.8	96.2	12.6
Streptococcal sore throat and scarlet fever 034	2,238	100.0	24.1	45.4	30.5	*4.4	95.6	10.4
Neoplasms 140–239	14,205	100.0	14.8	11.6	73.6	2.5	97.5	16.0
Benign neoplasm of skin 216	1,169	100.0	*27.5	*28.1	44.5	*0.8	99.3	15.9
Endocrine, nutritional, metabolic diseases, and immunity disorders 240–279	22,856	100.0	10.1	6.3	83.6	4.0	96.0	14.7
Diabetes mellitus 250	8,947	100.0	5.6	5.1	89.4	6.7	93.3	15.5
Obesity 278.0	8,340	100.0	12.7	4.6	82.6	*2.5	97.5	13.1
Myxedema 244	1,021	100.0	*11.8	*13.2	75.0	*1.2	98.8	16.9
Mental disorders 290–319	24,580	100.0	9.0	9.8	81.2	3.0	97.1	35.9
Neurotic disorders 300	11,102	100.0	8.1	11.1	80.8	4.0	96.0	36.1
Personality disorders 301	2,597	100.0	*3.7	*0.9	95.4	*2.1	97.9	49.2
Schizophrenic disorders 295	1,728	100.0	*4.8	*0.2	94.9	*1.9	98.1	36.5
Diseases of nervous system and sense organs 320–389	50,560	100.0	23.2	20.9	56.0	3.7	96.3	15.8
Otitis media 381–382	12,869	100.0	14.1	39.0	46.9	4.0	96.1	10.6
Disorders of refraction and accommodation 367	8,527	100.0	41.6	4.8	53.5	2.0	98.0	22.6
Conjunctivitis 372.0–372.3	2,948	100.0	29.7	41.7	28.7	*7.2	92.8	11.3
Cataract 366	3,398	100.0	20.8	*6.6	72.6	*4.5	95.5	18.2
Glaucoma 365	3,062	100.0	*6.1	*2.2	91.7	*0.8	99.2	15.5
Diseases of circulatory system 390–459	49,607	100.0	7.2	8.3	84.5	2.9	97.1	15.7
Essential hypertension 401	23,607	100.0	5.7	4.5	89.8	3.4	96.6	14.3
Chronic ischemic heart disease 412,414	6,503	100.0	6.9	*4.3	88.8	*0.9	99.1	17.1
Symptomatic heart disease 426–428	3,746	100.0	*8.1	14.6	77.3	*6.0	94.0	18.9
Angina pectoris 413	1,440	100.0	*4.6	*12.0	83.4	*2.5	97.5	18.4
Diseases of respiratory system 460–519	73,433	100.0	12.5	35.8	51.8	6.9	93.1	11.7
Acute respiratory infections (except influenza) 460–466	34,985	100.0	14.8	51.6	33.6	7.5	92.5	11.5
Influenza 487	2,544	100.0	*10.1	58.8	31.1	*6.7	93.4	10.9
Allergic rhinitis 477	9,823	100.0	6.5	6.0	87.5	6.5	93.5	6.9
Bronchitis, unqualified 490	5,319	100.0	12.3	45.5	42.2	*3.4	96.6	12.7
Asthma 493	6,786	100.0	9.6	7.8	82.6	11.9	88.1	11.5
Emphysema 492	707	100.0	*9.8	*0.6	89.7	*0.8	99.2	20.5
Diseases of digestive system 520–579	24,711	100.0	15.8	31.5	52.8	6.0	94.0	16.0
Gastritis and duodenitis 535	1,914	100.0	*15.9	40.5	43.6	*5.4	94.6	14.0
Noninfectious enteritis and colitis 555–558	4,509	100.0	12.7	50.2	37.2	9.0	91.0	14.3
Diseases of genitourinary system 580–629	36,632	100.0	18.3	27.3	54.4	7.3	92.7	15.2
Diseases of male genital organs 600–608	4,246	100.0	20.6	23.3	56.1	*3.1	96.9	15.3
Diseases of female genital organs 614–629	17,463	100.0	18.6	27.7	53.7	8.9	91.1	15.4
Diseases of skin and subcutaneous tissue 680–709	29,132	100.0	22.4	26.6	51.0	6.1	93.9	12.6
Contact dermatitis and other eczema 692	5,683	100.0	22.9	40.0	37.1	8.2	91.8	11.5
Diseases of sebaceous glands 706	7,385	100.0	21.8	12.4	65.8	5.4	94.7	12.7
Diseases of musculoskeletal system and connective tissue 710–739	37,004	100.0	16.8	18.6	64.6	4.1	95.9	15.6
Arthropathies and related disorders 710–719	14,052	100.0	12.4	11.5	76.0	4.3	95.7	14.7
Symptoms, signs, and ill-defined conditions 780–799	17,251	100.0	16.4	36.7	47.0	4.6	95.4	16.7

See footnote at end of table.

Table 10. Number and percent distribution of office visits by patient's prior visit status, ethnicity, and mean duration of visit, according to principal diagnosis: United States, 1979—Con.

Principal diagnosis and ICD-9-CM code[1]	Number of visits in thousands	Total	Prior visit status			Ethnicity		Mean duration of visit
			New patient	Old patient, new problem	Old patient, old problem	Hispanic	Non-Hispanic	
		Percent distribution—Con.						
Injury and poisoning 800–999	51,782	100.0	20.2	26.1	53.7	5.1	94.9	13.0
Fractures 800–829	11,430	100.0	16.9	15.6	67.6	3.2	96.8	14.5
Dislocations 830–839	1,533	100.0	27.8	*10.5	61.7	*1.9	98.2	14.2
Sprains and strains 840–848	13,632	100.0	22.4	30.7	46.9	5.5	94.5	14.4
Supplementary classification V01–V82	87,903	100.0	15.0	17.5	67.5	4.5	95.5	14.1
Medical or special examination or screening V70–V82	28,429	100.0	25.9	26.4	47.7	4.2	95.8	17.7
Prenatal care V22–V23	22,439	100.0	9.3	7.0	83.8	5.8	94.2	10.8
Medical and surgical aftercare V50–V59	3,395	100.0	15.1	22.1	62.5	*3.9	96.1	13.0

[1] Diagnostic groups and codes are based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Table 11. Number and percent distribution of office visits by major reason for visit, according to principal diagnosis: United States, 1979

Principal diagnosis and ICD-9-CM code[1]	Number of visits in thousands	Total	Major reason for visit				
			Acute problem	Chronic problem, routine	Chronic problem, flare-up	Post surgery post injury	Non-illness care
		Percent distribution					
All diagnoses	556,313	100.0	36.0	28.9	8.7	9.2	17.3
Infectious and parasitic diseases 001–139	19,711	100.0	74.6	14.5	6.3	2.1	2.5
Streptococcal sore throat and scarlet fever 034	2,238	100.0	97.1	*0.6	*1.2	*0.3	*0.8
Neoplasms 140–239	14,205	100.0	31.7	30.5	6.6	26.7	4.5
Benign neoplasm of skin 216	1,169	100.0	*23.4	34.2	*6.8	*26.3	*9.3
Endocrine, nutritional, metabolic diseases, and immunity disorders 240–279	22,856	100.0	11.5	66.6	6.3	*1.5	*14.1
Diabetes mellitus 250	8,947	100.0	10.4	77.9	6.8	*0.7	4.3
Obesity 278.0	8,340	100.0	*2.9	66.7	*2.8	*0.6	27.0
Myxedema 244	1,021	100.0	*17.1	63.9	*9.6	*0.5	*8.9
Mental disorders 290–319	24,580	100.0	21.3	61.8	13.1	*0.6	3.2
Neurotic disorders 300	11,102	100.0	23.2	59.2	13.4	*0.7	3.5
Personality disorders 301	2,597	100.0	*4.9	82.1	*12.3	-	*0.8
Schizophrenic disorders 295	1,728	100.0	*6.0	80.7	*12.9	-	*0.5
Diseases of nervous system and sense organs 320–389	50,560	100.0	42.1	28.6	8.1	6.4	14.9
Otitis media 381–382	12,869	100.0	81.0	8.3	6.2	*1.4	3.1
Disorders of refraction and accommodation 367	8,527	100.0	5.3	36.7	*1.7	*0.1	56.2
Conjunctivitis 372.0–372.3	2,948	100.0	74.9	12.4	*8.3	*2.7	*1.7
Cataract 366	3,398	100.0	*6.2	44.4	*4.9	24.6	19.8
Glaucoma 365	3,062	100.0	*8.7	83.6	*1.3	*2.3	*4.1
Diseases of circulatory system 390–459	49,607	100.0	15.8	67.0	10.6	2.2	4.5
Essential hypertension 401	23,607	100.0	8.4	78.1	7.7	*0.3	5.5
Chronic ischemic heart disease 412,414	6,503	100.0	8.8	71.4	12.6	*1.7	5.4
Symptomatic heart disease 426–428	3,746	100.0	27.3	51.9	15.3	*1.6	*3.9
Angina pectoris 413	1,440	100.0	28.1	50.9	*18.3	*1.2	*1.6
Diseases of respiratory system 460–519	73,433	100.0	66.3	23.1	8.7	0.6	1.5
Acute respiratory infections (except influenza) 460–466	34,985	100.0	91.1	3.4	4.0	*0.1	1.4
Influenza 487	2,544	100.0	98.0	*0.4	*0.2	-	*1.4
Allergic rhinitis 477	9,823	100.0	13.7	75.2	10.0	-	*1.1
Bronchitis, unqualified 490	5,319	100.0	82.4	8.8	7.4	*0.1	*1.4
Asthma 493	6,786	100.0	21.2	58.8	18.7	-	*1.3
Emphysema 492	707	100.0	*3.7	68.3	*19.9	-	*8.2
Diseases of digestive system 520–579	24,711	100.0	49.2	22.0	16.3	10.9	1.6
Gastritis and duodenitis 535	1,914	100.0	59.1	18.9	20.7	-	*1.3
Noninfectious enteritis and colitis 555–558	4,509	100.0	72.6	15.3	10.0	0.9	*1.2
Diseases of genitourinary system 580–629	36,632	100.0	47.4	24.9	13.0	6.8	8.1
Diseases of male genital organs 600–608	4,246	100.0	41.0	31.2	13.8	8.8	*5.2
Diseases of female genital organs 614–629	17,463	100.0	43.0	25.1	10.8	7.4	13.8
Diseases of skin and subcutaneous tissue 680–709	29,132	100.0	48.6	31.0	11.1	7.6	1.8
Contact dermatitis and other eczema 692	5,683	100.0	71.7	13.2	13.1	*0.6	*1.5
Diseases of sebaceous glands 706	7,385	100.0	22.3	56.3	13.9	6.2	*1.2
Diseases of musculoskeletal system and connective tissue 710–739	37,004	100.0	29.5	34.7	21.3	12.2	2.4
Arthropathies and related disorders 710–719	14,052	100.0	16.4	46.8	24.9	9.3	2.7
Symptoms, signs, and ill-defined conditions 780–799	17,251	100.0	54.0	23.8	11.2	3.7	7.3

See footnote at end of table.

Table 11. Number and percent distribution of office visits by major reason for visit, according to principal diagnosis: United States, 1979—Con.

Principal diagnosis and ICD-9-CM code[1]	Number of visits in thousands	Total	Major reason for visit				
			Acute problem	Chronic problem, routine	Chronic problem, flare-up	Post surgery post injury	Non-illness care
		Percent distribution—Con.					
Injury and poisoning 800–999	51,782	100.0	41.3	13.5	3.8	39.1	2.3
Fractures 800–829	11,430	100.0	32.4	5.3	*0.8	60.5	*1.0
Dislocations 830–839	1,533	100.0	32.3	*13.3	*3.2	48.8	*2.5
Sprains and strains 840–848	13,632	100.0	48.1	14.6	6.3	30.6	*0.4
Supplementary classification V01–V82	87,903	100.0	6.4	7.0	1.2	8.7	76.7
Medical or special examination or screening V70–V82	28,429	100.0	8.4	6.0	*1.0	*0.9	83.7
Prenatal care V22–V23	22,439	100.0	3.2	*1.4	*0.1	*0.0	95.3
Medical and surgical aftercare V50–V59	3,395	100.0	21.9	16.2	*2.1	35.8	24.0

[1] Diagnostic groups and codes are based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Table 12. Number and percent of office visits, by selected diagnostic services and principal diagnosis: United States, 1979

Principal diagnosis and ICD-9-CM code[1]	Number of visits in thousands	Selected diagnostic services				
		Limited examination and history	General examination and history	Clinical lab test	X-ray	Blood pressure check
		Percent				
All diagnoses	556,313	63.0	16.8	23.2	8.2	36.0
Infectious and parasitic diseases 001–139	19,711	70.1	14.1	33.5	2.6	24.4
Streptococcal sore throat and scarlet fever 034	2,238	73.3	*10.0	60.6	*0.5	17.6
Neoplasms 140–239	14,205	60.8	16.1	32.8	9.0	29.0
Benign neoplasm of skin 216	1,169	72.6	*6.9	14.6	-	*13.1
Endocrine, nutritional, metabolic diseases, and immunity disorders 240–279	22,856	63.1	15.8	42.4	4.5	65.5
Diabetes mellitus 250	8,947	61.6	15.5	69.0	4.5	64.4
Obesity 278.0	8,340	66.4	14.1	13.3	*4.0	78.7
Myxedema 244	1,021	73.8	*15.9	43.7	*0.6	52.0
Mental disorders 290–319	24,580	28.9	9.4	8.9	2.5	23.0
Neurotic disorders 300	11,102	30.3	9.0	8.6	*3.1	25.9
Personality disorders 301	2,597	*5.2	*2.5	*1.1	-	*1.2
Schizophrenic disorders 295	1,728	*13.6	*1.9	*2.4	-	*2.9
Diseases of nervous system and sense organs 320–389	50,560	81.5	10.1	6.2	1.4	10.2
Otitis media 381–382	12,869	85.1	10.8	11.6	*0.8	9.7
Disorders of refraction and accommodation 367	8,527	76.1	11.6	*0.2	-	*0.2
Conjunctivitis 372.0–372.3	2,948	84.4	*4.7	*4.9	-	*9.1
Cataract 366	3,398	86.0	*9.3	*1.7	*1.7	*2.2
Glaucoma 365	3,062	84.8	*2.5	*1.5	-	*3.5
Diseases of circulatory system 390–459	49,607	66.2	15.2	24.5	7.0	75.6
Essential hypertension 401	23,607	62.8	14.5	22.7	5.1	86.5
Chronic ischemic heart disease 412,414	6,503	67.8	16.4	26.5	9.9	77.2
Symptomatic heart disease 426–428	3,746	65.8	18.4	26.8	10.6	73.2
Angina pectoris 413	1,440	63.1	*21.9	*22.9	*10.4	74.0
Diseases of respiratory system 460–519	73,433	65.4	12.2	19.1	7.1	28.0
Acute respiratory infections (except influenza) 460–466	34,985	77.9	13.6	25.3	3.6	28.8
Influenza 487	2,544	80.5	*10.0	*12.8	*2.8	35.1
Allergic rhinitis 477	9,823	20.0	4.5	5.6	*0.7	5.6
Bronchitis, unqualified 490	5,319	76.6	13.5	15.7	17.4	39.8
Asthma 493	6,786	41.1	13.4	9.0	*4.5	21.9
Emphysema 492	707	61.5	*18.4	*23.4	*22.1	72.7
Diseases of digestive system 520–579	24,711	64.9	22.0	26.0	13.5	43.1
Gastritis and duodenitis 535	1,914	69.5	22.6	27.7	*16.4	54.7
Noninfectious enteritis and colitis 555–558	4,509	63.8	26.1	28.3	*6.8	36.8
Diseases of genitourinary system 580–629	36,632	62.5	18.7	50.6	6.1	42.3
Diseases of male genital organs 600–608	4,246	65.5	21.2	53.8	*5.3	32.7
Diseases of female genital organs 614–629	17,463	58.6	22.8	36.3	2.6	50.1
Diseases of skin and subcutaneous tissue 680–709	29,132	72.1	15.4	9.5	1.4	12.7
Contact dermatitis and other eczema 692	5,683	66.6	20.8	9.2	*0.2	14.1
Diseases of sebaceous glands 706	7,385	68.6	17.5	*4.2	*0.8	6.5
Diseases of musculoskeletal system and connective tissue 710–739	37,004	70.6	15.1	14.9	19.8	36.8
Arthropathies and related disorders 710–719	14,052	71.5	13.2	21.6	16.2	50.1
Symptoms, signs, and ill-defined conditions 780–799	17,251	62.3	22.6	31.4	11.7	44.2

See footnote at end of table.

Table 12. Number and percent of office visits, by selected diagnostic services and principal diagnosis: United States, 1979—Con.

Principal diagnosis and ICD-9-CM code[1]	Number of visits in thousands	Selected diagnostic services				
		Limited examination and history	General examination and history	Clinical lab test	X-ray	Blood pressure check
		Percent—Con.				
Injury and poisoning 800–999	51,782	64.9	10.0	3.9	24.3	15.8
Fractures 800–829	11,430	67.2	7.9	*1.7	55.1	7.2
Dislocations 830–839	1,533	63.8	*14.3	*0.9	24.9	*5.9
Sprains and strains 840–848	13,632	68.3	17.0	4.7	25.1	24.1
Supplementary classification V01–V82	87,903	50.7	30.1	35.8	4.2	48.6
Medical or special examination or screening V70–V82	28,429	40.1	46.5	46.5	8.4	61.4
Prenatal care V22–V23	22,439	69.3	9.5	52.3	*0.4	76.6
Medical and surgical aftercare V50–V59	3,395	61.7	*1.7	*3.4	*3.3	*8.9

[1] Diagnostic groups and codes are based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Table 13. Number and percent of office visits, by selected therapeutic services and principal diagnosis: United States, 1979

Principal diagnosis and ICD-9-CM code[1]	Number of visits in thousands	Selected therapeutic services					
		Drugs (prescription)	Drugs (non prescription)	Injection	Immunization or desensitization	Medical counseling	Office surgery
		Percent					
All diagnoses	556,313	46.8	4.5	9.6	5.2	22.2	7.4
Infectious and parasitic diseases 001–139	19,711	62.7	6.4	12.1	*0.5	17.3	14.5
Streptococcal sore throat and scarlet fever 034	2,238	72.3	*2.5	25.1	*0.6	13.4	-
Neoplasms 140–239	14,205	24.6	*1.4	12.4	*0.1	19.6	22.7
Benign neoplasm of skin 216	1,169	*3.8	*1.0	*1.0	-	*9.3	70.5
Endocrine, nutritional, metabolic diseases, and immunity disorders 240–279	22,856	61.4	3.2	9.2	*1.0	28.1	*1.3
Diabetes mellitus 250	8,947	55.4	*1.6	4.7	*0.8	37.0	*1.7
Obesity 278.0	8,340	72.3	5.1	10.4	*1.2	15.4	*0.2
Myxedema 244	1,021	67.9	*2.8	*7.8	*1.2	*33.2	-
Mental disorders 290–319	24,580	39.3	2.4	4.5	*0.4	12.3	*0.4
Neurotic disorders 300	11,102	38.4	*2.5	3.6	-	12.7	*0.8
Personality disorders 301	2,597	*13.2	*0.2	*0.5	-	*2.2	*0.2
Schizophrenic disorders 295	1,728	64.5	*0.5	*5.4	-	*5.5	-
Diseases of the nervous system 320–389	50,560	48.2	3.5	5.8	1.0	17.9	6.3
Otitis media 381–382	12,869	78.4	6.2	14.2	*1.7	13.5	4.8
Disorders of refraction and accommodation 367	8,527	*1.7	*0.5	-	-	12.8	*0.4
Conjunctivitis 372.0–372.3	2,948	84.0	*3.4	*2.2	*4.8	18.1	*1.2
Cataract 366	3,398	19.7	*3.3	*0.6	-	23.3	*1.4
Glaucoma 365	3,062	59.9	*0.8	-	-	16.5	*0.5
Diseases of circulatory system 390–459	49,607	68.0	4.5	5.5	1.4	31.6	1.3
Essential hypertension 401	23,607	76.4	4.4	5.9	*1.0	25.7	*0.3
Chronic ischemic heart disease 412, 414	6,503	65.8	*4.4	6.2	*3.8	41.9	*1.1
Symptomatic heart disease 426–428	3,746	64.7	*2.0	*7.3	*0.8	34.7	*0.9
Angina pectoris 413	1,440	78.7	*0.6	*4.5	*1.5	39.4	-
Diseases of respiratory system 460–519	73,433	68.7	6.8	20.5	12.5	17.8	0.9
Acute respiratory infections (except influenza) 460–466	34,985	82.9	8.4	20.1	*1.0	16.7	*0.6
Influenza 487	2,544	67.8	15.8	36.2	*0.5	*13.5	-
Allergic rhinitis 477	9,823	21.8	*2.0	28.1	55.7	6.0	*0.5
Bronchitis, unqualified 490	5,319	89.0	6.7	18.0	*0.8	21.6	*0.6
Asthma 493	6,786	49.1	*1.9	21.7	40.0	20.8	*0.4
Emphysema 492	707	65.8	*7.2	*10.4	*7.5	*45.9	*0.9
Diseases of digestive system 520–579	24,711	53.8	8.3	6.6	*0.9	28.5	3.4
Gastritis and duodenitis 535	1,914	81.5	*9.1	*6.6	-	26.3	-
Noninfectious enteritis and colitis 555–558	4,509	67.0	8.5	10.1	*0.5	29.6	*1.0
Diseases of genitourinary system 580–629	36,632	55.7	3.1	8.4	*0.3	25.1	8.3
Diseases of male genital organs 600–608	4,246	55.8	*1.1	*4.8	*1.5	28.0	*4.4
Diseases of female genital organs 614–629	17,463	53.9	4.9	11.5	*0.2	25.0	5.8
Diseases of skin and subcutaneous tissue 680–709	29,132	60.5	5.7	5.0	2.0	17.6	26.2
Contact dermatitis and other eczema 692	5,683	80.3	6.7	27.9	*5.3	14.2	*5.3
Diseases of sebaceous glands 706	7,385	59.9	*4.6	13.7	*0.1	*15.8	42.7
Diseases of musculoskeletal system and connective tissue 710–739	37,004	50.4	6.1	18.4	*0.8	*29.6	4.5
Arthropathies and related disorders 710–719	14,052	57.9	8.3	23.0	*1.0	31.7	3.9
Symptoms, signs, and ill-defined conditions 780–799	17,251	47.7	5.9	6.3	2.7	27.7	2.6

See footnote at end of table.

Table 13. Number and percent of office visits, by selected therapeutic services and principal diagnosis: United States, 1979—Con.

Principal diagnosis and ICD-9-CM code[1]	Number of visits in thousands	Selected therapeutic services					
		Drugs (prescription)	Drugs (non prescription)	Injection	Immunization or desensitization	Medical counseling	Office surgery
		Percent—Con.					
Injury and poisoning....800–999	51,782	26.7	3.4	7.0	7.8	24.5	21.9
Fractures....800–829	11,430	11.3	*1.1	*3.0	*0.4	27.9	30.0
Dislocations....830–839	1,533	*10.7	*0.9	*1.2	-	32.6	*13.3
Sprains and strains....840–848	13,632	41.2	5.1	5.0	*0.3	29.8	6.5
Supplementary classification....V01–V82	87,903	17.8	2.7	3.3	13.1	19.5	4.9
Medical or special examination or screening....V70–V82	28,429	20.8	2.2	1.9	6.1	16.8	1.8
Prenatal care....V22–V23	22,439	13.8	4.2	*0.2	*0.1	22.2	*0.9
Medical and surgical aftercare....V50–V59	3,395	11.9	*1.4	*3.9	*0.5	*9.0	46.3

[1] Diagnostic groups and codes are based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Table 14. Number and percent of office visits, by selected disposition of visit and principal diagnosis: United States, 1979

Principal diagnosis and ICD-9-CM code[1]	Number of visits in thousands	Selected disposition of visit				
		No follow-up	Return at specified time	Return if needed	Telephone follow-up	Referred to other physician or admitted to hospital
		Percent				
All diagnoses	556,313	11.6	61.8	20.5	3.8	4.5
Infectious and parasitic diseases 001–139	19,711	15.7	45.3	32.9	7.3	2.4
Streptococcal sore throat and scarlet fever 034	2,238	24.7	25.0	37.5	18.9	*1.2
Neoplasms 140–239	14,205	4.7	76.7	5.9	*1.8	11.6
Benign neoplasm of skin 216	1,169	*23.8	47.3	*20.2	*0.9	*6.4
Endocrine, nutritional, metabolic diseases, and immunity disorders 240–279	22,856	2.8	85.1	8.3	3.9	1.8
Diabetes mellitus 250	8,947	*1.1	89.8	5.9	5.2	*2.4
Obesity 278.0	8,340	*4.1	87.9	6.3	*1.1	*0.4
Myxedema 244	1,021	*2.9	86.7	*7.7	*3.2	*0.5
Mental disorders 290–319	24,580	5.1	78.5	11.8	3.1	2.7
Neurotic disorders 300	11,102	4.5	77.9	13.0	*2.4	*2.6
Personality disorders 301	2,597	*1.0	95.4	*2.6	*0.9	*0.1
Schizophrenic disorders 295	1,728	*1.9	91.2	*3.1	*2.1	*3.4
Diseases of nervous system and sense organs 320–389	50,560	16.0	57.4	24.0	2.2	3.5
Otitis media 381–382	12,869	16.4	54.4	28.1	3.0	2.9
Disorders of refraction and accommodation 367	8,527	29.2	50.8	22.4	-	*0.3
Conjunctivitis 372.0–372.3	2,948	20.1	41.8	36.3	*3.7	-
Cataract 366	3,398	*8.8	71.9	14.7	*1.9	*6.7
Glaucoma 365	3,062	*0.5	91.4	*10.7	-	*1.0
Diseases of circulatory system 390–459	49,607	2.6	83.0	10.0	2.7	4.1
Essential hypertension 401	23,607	1.9	88.2	8.8	1.8	*1.2
Chronic ischemic heart disease 412, 414	6,503	*3.3	85.7	7.9	*1.9	*3.0
Symptomatic heart disease 426–428	3,746	*1.5	81.1	9.5	*4.3	*6.9
Angina pectoris 413	1,440	*1.2	85.4	*7.2	*1.5	*10.0
Diseases of respiratory system 460–519	73,433	13.2	44.8	35.4	7.3	2.4
Acute respiratory infections (except influenza) 460–466	34,985	18.2	28.2	45.3	10.5	1.6
Influenza 487	2,544	25.2	32.7	39.4	*4.0	*1.1
Allergic rhinitis 477	9,823	4.5	76.8	17.2	*1.5	*0.4
Bronchitis, unqualified 490	5,319	12.7	34.9	48.7	6.6	*2.0
Asthma 493	6,786	*3.5	77.0	16.8	*3.6	*0.9
Emphysema 492	707	*2.5	71.5	*21.3	*3.6	*1.7
Diseases of digestive system 520–579	24,711	7.0	55.3	23.1	7.5	10.5
Gastritis and duodenitis 535	1,914	*6.5	61.8	27.0	*8.7	*1.7
Noninfectious enteritis and colitis 555–558	4,509	10.8	39.9	37.7	11.8	*7.5
Diseases of genitourinary system 580–629	36,632	6.5	61.0	21.9	5.4	8.9
Diseases of male genital organs 600–608	4,246	*6.5	55.8	20.6	*6.8	16.2
Diseases of female genital organs 614–629	17,463	7.3	59.8	24.6	4.8	7.0
Diseases of skin and subcutaneous tissue 680–709	29,132	13.0	57.6	24.3	3.4	3.7
Contact dermatitis and other eczema 692	5,683	16.3	40.3	37.8	*5.0	*2.4
Diseases of sebaceous glands 706	7,385	7.1	77.8	11.9	*1.1	*3.6
Diseases of musculoskeletal system and connective tissue 710–739	37,004	7.4	58.4	26.0	3.5	7.4
Arthropathies and related disorders 710–719	14,052	5.4	66.5	21.3	3.1	5.8
Symptoms, signs, and ill-defined conditions 780–799	17,251	10.2	48.4	27.0	7.2	11.4

See footnote at end of table.

Table 14. Number and percent of office visits, by selected disposition of visit and principal diagnosis: United States, 1979—Con.

Principal diagnosis and ICD-9-CM code[1]		Number of visits in thousands	Selected disposition of visit				
			No follow-up	Return at specified time	Return if needed	Telephone follow-up	Referred to other physician or admitted to hospital
			Percent—Con.				
Injury and poisoning	800–999	51,782	14.1	59.3	22.3	1.7	3.2
Fractures	800–829	11,430	8.4	72.8	13.7	*1.1	5.4
Dislocations	830–839	1,533	*6.9	67.1	*16.9	-	*11.1
Sprains and strains	840–848	13,632	13.3	51.9	30.7	*1.8	3.1
Supplementary classification	V01–V82	87,903	19.8	66.4	11.3	1.5	1.5
Medical or special examination or screening	V70–V82	28,429	40.3	37.5	17.4	3.2	2.3
Prenatal care	V22–V23	22,439	*0.8	95.4	2.1	*0.3	3.0
Medical and surgical aftercare	V50–V59	3,395	26.8	59.6	12.0	-	*0.8

[1]Diagnostic groups and codes are based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

Table 15. Number, percent, and cumulative percent of office visits, by the 20 most frequently rendered diagnoses: United States, 1979

Principal diagnosis and ICD–9–CM code[1]		Number of visits in thousands	Percent of visits[2]	Cumulative percent of visits
1. Essential hypertension	401	23,607	4.2	4.2
2. Normal pregnancy	V22	22,426	4.0	8.3
3. General medical examination	V70	16,575	3.0	11.3
4. Acute URI's[3] of multiple or unspecified sites	465	14,946	2.7	13.9
5. Routine infant or child health check	V20.2	14,022	2.5	16.5
6. Neurotic and personality disorders	300–301	13,699	2.5	18.9
7. Sprains and strains of joints and adjacent muscles	840–848	13,632	2.5	21.4
8. Otitis media	381.0–381.4, 382	12,605	2.3	23.6
9. Rheumatism, excluding the back	725–729	10,983	2.0	25.6
10. Allergic rhinitis (hay fever)	477	9,823	1.8	27.4
11. Ischemic heart disease	410–414	9,133	1.6	29.0
12. Bronchitis	466.0, 490, 491	9,074	1.6	30.7
13. Diabetes mellitus	250	8,947	1.6	32.3
14. Dorsopathies	720–724	8,791	1.6	33.8
15. Disorders of refraction and accommodation	367	8,527	1.5	35.4
16. Obesity	278.0	8,340	1.5	36.9
17. Acute pharyngitis	462	8,149	1.5	38.3
18. Asthma	493	6,786	1.2	39.6
19. Diseases of esophagus, stomach, and duodenum	530–537	6,264	1.1	40.7
20. Inflammatory disease of female pelvic organs	614–616	6,055	1.1	41.8

[1]Based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM).
[2]Based on an estimated 556,313,431 visits.
[3]Upper respiratory infections.

Table 16. Number, percent, and cumulative percent of office visits for persons under 15 years of age, by the 20 most frequently rendered diagnoses: United States, 1979

Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Percent of visits[2]	Cumulative percent of visits
1. Routine infant or child health check ... V20.2	13,834	13.7	13.7
2. Otitis media ... 381.0–381.4, 382	10,003	9.9	23.5
3. Acute URI's[3] of multiple or unspecified sites ... 465	6,728	6.6	30.2
4. Acute pharyngitis ... 462	3,869	3.8	34.0
5. General medical examination ... V70	3,433	3.4	37.4
6. Acute tonsilitis ... 463	3,415	3.4	40.7
7. Asthma ... 493	2,892	2.9	43.6
8. Allergic rhinitis (hay fever) ... 477	2,548	2.5	46.1
9. Bronchitis ... 466.0, 490, 491	2,219	2.2	48.3
10. Need for prophylactic vaccination and other prophylatic measures ... V03–V07	1,843	1.8	50.1
11. Allergy, unspecified ... 995.3	1,736	1.7	51.8
12. Fracture of upper limb ... 810–819	1,681	1.7	53.5
13. Noninfectious enteritis and colitis ... 555–558	1,527	1.5	55.0
14. Congenital anomalies ... 740–759	1,488	1.5	56.5
15. Contact dermatitis and other eczema ... 692	1,448	1.4	57.9
16. Streptococcal sore throat and scarlet fever ... 034	1,423	1.4	59.3
17. Infections of skin and subcutaneous tissue ... 680–686	1,385	1.4	60.7
18. Disorders of refraction and accommodation ... 367	1,263	1.3	61.9
19. Open wound of head, neck, and trunk ... 870–879	1,139	1.1	63.0
20. Disorders of conjunctiva ... 372	950	0.9	64.0

[1]Based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM).
[2]Based on an estimated 101,352,298 visits.
[3]Upper respiratory infections.

Table 17. Number, percent, and cumulative percent of office visits for persons 15–24 years of age, by the 20 most frequently rendered diagnoses: United States, 1979

Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Percent of visits[2]	Cumulative percent of visits
1. Normal pregnancy ... V22	9,781	11.9	11.9
2. General medical examination ... V70	4,175	5.1	17.0
3. Acne ... 706.1	3,255	4.0	20.9
4. Sprains and strains of joints and adjacent muscles ... 840–848	3,141	3.8	24.7
5. Allergic rhinitis (hay fever) ... 477	2,107	2.6	27.3
6. Acute URI's[3] of multiple or unspecified sites ... 465	1,827	2.2	29.5
7. Inflammatory disease of female pelvic organs ... 614–616	1,783	2.2	31.7
8. Neurotic and personality disorders ... 300, 301	1,725	2.1	33.8
9. Acute pharyngitis ... 462	1,505	1.8	35.6
10. Disorders of refraction and accommodation ... 367	1,454	1.8	37.4
11. Acute tonsilitis ... 463	1,230	1.5	38.9
12. Viral warts ... 078.1	1,198	1.5	40.4
13. Contraceptive management ... V25	1,137	1.4	41.7
14. Fracture of upper limb ... 810–819	1,099	1.3	43.1
15. Rheumatism, excluding the back ... 725–729	1,075	1.3	44.4
16. Obesity ... 278.0	1,050	1.3	45.7
17. Allergy, unspecified ... 995.3	1,008	1.2	46.9
18. Bronchitis ... 466.0, 490, 491	959	1.2	48.1
19. Open wound of upper limb ... 880, 887	935	1.1	49.2
20. Contact dermatitis and other eczema ... 692	933	1.1	50.3

[1]Based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM).
[2]Based on an estimated 82,289,782 visits.
[3]Upper respiratory infections.

Table 18. Number, percent, and cumulative percent of office visits for persons 25–44 years of age, by the 20 most frequently rendered diagnoses: United States, 1979

Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Percent of visits[2]	Cumulative percent of visits
1. Normal pregnancy ... V22	12,508	8.2	8.2
2. Neurotic and personality disorders ... 300, 301	7,310	4.8	13.1
3. Sprains and strains of joints and adjacent muscles ... 840–848	5,669	3.7	16.8
4. General medical examination ... V70	5,042	3.3	20.1
5. Obesity ... 278.0	3,976	2.6	22.7
6. Rheumatism, excluding the back ... 725–729	3,866	2.6	25.3
7. Essential hypertension ... 401	3,385	2.2	27.5
8. Dorsopathies ... 720–724	3,130	2.1	29.6
9. Allergic rhinitis (hay fever) ... 477	3,102	2.0	31.6
10. Inflammatory disease of female pelvic organs ... 614–616	3,098	2.0	33.7
11. Acute URI's[3] of multiple or unspecified sites ... 465	2,878	1.9	35.6
12. Disorders of refraction and accommodation ... 367	2,284	1.5	37.1
13. Bronchitis ... 466.0, 490, 491	2,232	1.5	38.5
14. Followup examination (following surgery) ... V67.0	2,100	1.4	39.9
15. Disorders of breast (excluding neoplasms) ... 610–611	1,919	1.3	41.2
16. Acute pharyngitis ... 462	1,823	1.2	42.4
17. Diseases of esophagus, stomach, and duodenum ... 530–537	1,679	1.1	43.5
18. Contact dermatitis and other eczema ... 692	1,674	1.1	44.6
19. Contraceptive management ... V25	1,585	1.0	45.6
20. Mycoses ... 110–118	1,504	1.0	46.6

[1]Based on the International Classification of Diseases, 9th Revision, Clinical Modifications (ICD–9–CM).
[2]Based on an estimated 151,713,912 visits.
[3]Upper respiratory infections.

Table 19. Number, percent, and cumulative percent of office visits for persons 45–64 years of age, by the 20 most frequently rendered diagnoses: United States, 1979

Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Percent of visits[2]	Cumulative percent of visits
1. Essential hypertension ... 401	10,212	7.9	7.9
2. Diabetes mellitus ... 250	4,132	3.2	11.2
3. Rheumatism, excluding the back ... 725–729	3,848	3.0	14.1
4. Ischemic heart disease ... 410–414	3,390	2.6	16.8
5. Sprains and strains of joints and adjacent muscles ... 840–848	3,280	2.6	19.3
6. Dorsopathies ... 720–724	3,223	2.5	21.8
7. Neurotic and personality disorders ... 300, 301	3,144	2.5	24.3
8. General medical examination ... V70	2,907	2.3	26.6
9. Obesity ... 278.0	2,734	2.1	28.7
10. Disorders of refraction ... 367	2,498	1.9	30.6
11. Bronchitis ... 466.0, 490, 491	2,240	1.7	32.4
12. Menopausal and postmenopausal disorders ... 627	2,169	1.7	34.1
13. Diseases of the esophagus, stomach, and duodenum ... 530–537	2,072	1.6	35.7
14. Acute URI's[3] of multiple or unspecified sites ... 465	2,025	1.6	37.2
15. Allergic rhinitis (hay fever) ... 477	1,791	1.4	38.6
16. Followup examination (following surgery) ... V67.0	1,776	1.4	40.0
17. Osteoarthrosis, excluding the spine ... 715	1,724	1.3	41.3
18. Arthropathy, unspecified ... 716.9	1,670	1.3	42.6
19. Diseases of male genital organs ... 600–608	1,521	1.2	43.8
20. Hernia of abdominal cavity ... 550–553	1,241	1.0	44.8

[1]Based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD—9–CM).
[2]Based on an estimated 128,594,299 visits.
[3]Upper respiratory infections.

Table 20. Number, percent, and cumulative percent of office visits for persons 65 years and over, by the 20 most frequently rendered diagnoses: United States, 1979

Principal diagnosis and ICD–9–CM code[1]	*Number of visits in thousands*	*Percent of visits*[2]	*Cumulative percent of visits*
1. Essential hypertension 401	9,536	10.3	10.3
2. Ischemic heart disease 410–414	5,244	5.7	16.0
3. Diabetes mellitus 250	3,706	4.0	20.0
4. Cataract 366	2,589	2.8	22.8
5. Osteoarthrosis, excluding the spine 715	2,326	2.5	25.3
6. Rheumatism, excluding the back 725–729	1,868	2.0	27.4
7. Glaucoma 365	1,816	2.0	29.3
8. Arthropathy, unspecified 716.9	1,714	1.9	31.2
9. Dorsopathies 720–724	1,693	1.8	33.0
10. Acute URI's[3] of multiple or unspecified sites 465	1,489	1.6	34.6
11. Bronchitis 466.0, 490, 491	1,425	1.5	36.2
12. Diseases of the esophagus, stomach, or duodenum 530–537	1,355	1.5	37.6
13. Cerebrovascular disease 430–438	1,272	1.4	39.0
14. Chronic airway obstruction, NEC[4] 496	1,184	1.3	40.3
15. Congestive heart failure 428.0	1,079	1.2	41.5
16. Diseases of male genital organs 600–608	1,065	1.2	42.6
17. Malignant neoplasm of skin 172–173	1,055	1.1	43.8
18. Hernia of abdominal cavity 550–553	1,040	1.1	44.9
19. Neurotic and personality disorders 300, 301	1,029	1.1	46.0
20. Disorders of refraction and accommodation 367	1,029	1.1	47.1

[1] Based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM).
[2] Based on an estimated 92,363,140 visits.
[3] Upper respiratory infections.
[4] Not elsewhere classified.

Table 21. Annual visit rate per 1,000 persons by age, sex, and race of patient, and principal diagnoses: United States, 1979

Principal diagnosis and ICD–9–CM code[1]	All patients	Age					Sex		Race	
		Under 15 years	15–24 years	25–44 years	45–64 years	65 years and over	Female	Male	White	Black and all other
	Rate per 1,000 population[2]									
1. Streptococcal sore throat and scarlet fever....034	10	29	11	*4	*3	-	11	10	12	2
2. Viral warts.....078.1	15	15	30	15	*7	*4	14	16	17	1
3. Mycoses.....110–118	18	11	22	26	20	*5	23	13	19	16
4. Malignant neoplasm of skin.....172–173	9	-	*2	*5	13	45	8	10	11	-
5. Malignant neoplasm of female breast[3].....174	15	-	-	*9	43	32	15	...	17	*3
6. Diabetes mellitus.....250	42	*3	*2	15	96	159	42	41	41	48
7. Obesity.....278.0	39	*6	26	68	63	*13	63	14	41	24
8. Neurotic and personality disorders.....300, 301	64	10	43	125	73	44	79	48	68	35
9. Glaucoma.....365	14	-	-	*2	26	78	16	13	15	*7
10. Cataract.....366	16	*1	-	*2	15	111	21	11	18	*4
11. Disorders of refraction and accommodation...367	40	25	36	39	58	44	47	32	43	20
12. Disorders of conjunctiva.....372	15	19	*9	14	18	17	16	14	16	12
13. Otitis media.....381.0–381.4, 382	67	194	31	25	26	35	64	69	71	36
14. Essential hypertension.....401	110	*3	*8	58	236	410	129	90	109	118
15. Hypertensive heart disease.....402	9	-	-	*2	17	43	11	6	9	*8
16. Ischemic heart disease.....410–414	43	-	-	8	78	225	35	51	47	16
17. Congestive heart failure.....428.0	6	-	-	-	*7	46	7	5	7	5
18. Cerebrovascular disease.....430–438	8	*1	-	*1	10	55	8	9	8	8
19. Acute pharyngitis.....462	38	78	38	31	13	17	43	33	41	21
20. Acute tonsilitis.....463	25	69	31	10	*3	*2	28	22	25	24
21. Acute URI's[4] of multiple or unspecified sites....465	70	135	46	49	47	64	79	60	68	78
22. Chronic sinusitis.....473	15	11	*8	24	14	*14	18	12	15	12
23. Allergic rhinitis (hay fever).....477	46	51	53	53	41	*12	48	44	50	17
24. Bronchitis.....466.0, 490, 491	42	45	24	38	52	61	42	42	43	39
25. Asthma.....493	32	58	18	25	27	26	34	29	34	16
26. Chronic airway obstruction, NEC[5].....496	9	-	-	*2	16	51	6	13	10	7
27. Diseases of the esophagus, stomach, and duodenum.....530–537	29	*6	22	29	48	58	32	26	31	17
28. Hernia of abdominal cavity.....550–553	17	10	*5	11	29	45	12	21	17	13
29. Noninfectious enteritis and colitis.....555–558	21	31	17	19	18	18	25	17	21	18
30. Cystitis.....[3]595	27	*12	31	27	33	40	27	...	28	22
31. Diseases of male genital organs[6].....600–608	41	15	*13	36	74	111	...	41	41	37
32. Disorders of breast (excluding neoplasms).....[3]610–611	31	*4	*11	63	45	*12	31	...	34	10
33. Inflammatory disease of female pelvic organs.....[3]614–616	55	*7	88	103	38	*11	55	...	48	96
34. Menopausal and post menopausal disorders...[3]627	27	-	-	21	96	*17	27	...	30	12
35. Infections of skin and subcutaneous tissue.....680–686	23	28	21	23	21	22	21	26	24	16
36. Contact dermatitis and other eczema.....692	26	29	23	29	25	24	28	25	28	18
37. Acne.....706.1	24	12	82	20	*1	*3	30	17	26	14
38. Osteoarthrosis, excluding the spine.....715	21	-	*1	*7	40	100	28	14	22	12
39. Arthropathy, unspecified.....716.9	19	-	*2	10	39	74	21	17	18	28
40. Dorsopathies.....720–724	41	*3	15	54	75	73	43	39	43	28
41. Rheumatism, excluding the back.....725–729	51	*7	27	66	89	80	57	45	52	46
42. Congenital anomalies.....740–759	12	30	*8	8	*6	*6	13	12	14	5
43. Fracture of upper limb.....810–819	27	34	28	23	22	28	22	31	29	11
44. Sprains and strains of joints and adjacent muscles.....840–848	64	11	79	97	76	43	64	63	63	67
45. Open wound of head, neck, and trunk....870–879	12	23	15	7	*8	*4	9	15	12	9
46. Open wound of upper limb.....880–887	16	11	24	20	15	*11	10	23	18	6
47. Allergy, unspecified.....995.3	24	35	25	23	17	*10	24	23	27	5
48. Need for prophylactic vaccination and other prophylactic measures.....V03–V07	18	37	*8	8	14	24	18	18	18	18
49. Routine infant or child health check.....V20.2	65	278	*4	-	-	-	60	71	69	46
50. Normal pregnancy.....[3]V22	202	*3	483	416	*3	-	202	...	211	148
51. Contraceptive management.....[3]V25	21	-	54	42	-	-	21	...	20	30
52. Followup examination (following surgery)...V67.0	27	*5	21	36	41	31	32	21	29	14
53. General medical examination.....V70	77	69	105	87	67	44	79	75	82	49

[1]Based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM).
[2]Rates are based on estimates of the civilian noninstitutionalized population of the United States, for July 1, 1979, furnished by the Bureau of the Census.
[3]Based on the female population only.
[4]Upper respiratory infections.
[5]NEC = Not elsewhere classified.
[6]Based on the male population only.

Appendixes

Contents

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Appendix I. Technical notes

This report is based on data collected in the 1979 National Ambulatory Medical Care Survey (NAMCS), an annual sample survey of office-based physicians conducted by the Division of Health Resources Utilization Statistics of the National Center for Health Statistics.

Statistical design

Scope of the survey.—The target population of NAMCS encompasses office visits within the conterminous United States made by ambulatory patients to nonfederally employed physicians who are principally engaged in office practice, but not in the specialties of anesthesiology, pathology, or radiology. Telephone contacts and nonoffice visits are excluded.

Sample design.—The NAMCS utilizes a multistage probability design that involves probability samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within practices. The first-stage sample of 87 PSU's was selected by the National Opinion Research Center (NORC) of the University of Chicago, the organization responsible for NAMCS field and data processing operations under contract to the National Center for Health Statistics. A PSU is a county, a group of adjacent counties, or a standard metropolitan statistical area (SMSA). A modified probability-proportional-to-size procedure using separate sampling frames for SMSA's and for nonmetropolitan counties was employed. After sorting and stratifying by size, region, and demographic characteristics, each frame was divided into sequential zones of 1 million residents, and a random number was drawn to determine which PSU came into the sample from each zone.

The second stage consisted of a probability sample of practicing physicians selected from the master files maintained by the American Medical Association (AMA) and the American Osteopathic Association (AOA) who met the following criteria:

Office-based, as defined by AMA and AOA.

Principally engaged in patient care activities.

Nonfederally employed.

Not in the specialties of anesthesiology, pathology, clinical pathology, forensic pathology, radiology, diagnostic radiology, pediatric radiology, or therapeutic radiology.

The 1979 NAMCS physician universe included 209,517 doctors of medicine and 10,058 doctors of osteopathy (see table I).

Within each PSU, all eligible physicians were arranged by nine specialty groups: general and family medicine, internal medicine, pediatrics, other medical specialties, general surgery, obstetrics and gynecology, other surgical specialties, psychiatry, and all other specialties. Then, within each PSU, a systematic random sample of physicians was selected in such a way that the overall probability of selecting any physician in the United States was approximately constant.

The 1979 NAMCS physician sample included 3,023 physicians. Sample physicians were screened at the time of the survey to ensure that they met the aforementioned criteria; 541 physicians did not meet all the criteria and were therefore ruled out of scope (ineligible) for the study. The most common reasons for being out of scope were that the physician was retired, deceased, or employed in teaching, research or administration. Of the 2,482 in-scope (eligible) physicians, 1,783 (71.8 percent) participated in the study. Of the participating physicians, 256 physicians saw no patients during their assigned reporting period because of vacations, illnesses, or other reasons for being temporarily not in practice. The physician sample size and response data by physician specialty are shown in table I.

The final stage was the selection of patient visits within the annual practices of the sample physicians. This involved two steps. First, the total physician sample was divided into 52 random subsamples of approximately equal size, and each subsample was randomly assigned to 1 of the 52 weeks in the survey year. Second, a systematic random sample of visits was selected by the physician during the assigned week. The sampling rate varied for this final step from a 100 per-

Table I. Distribution of physicians in the universe[1] and in the 1979 National Ambulatory Medical Care Survey sample and response rates, by physician specialty

Physician specialty	Universe	Gross total	Out of scope	Net total	Non-respondents	Respondents	Response rate
All specialties	219,575	3,023	541	2,482	699	1,783	71.8
General and family practice	51,598	690	130	560	166	394	70.4
Medical specialties	64,564	867	148	719	198	521	72.5
Internal medicine	33,754	446	82	364	117	247	67.9
Pediatrics	15,264	213	41	172	32	140	81.4
Other medical specialties	15,546	208	25	183	49	134	73.2
Surgical specialties	73,825	1,038	119	919	269	650	70.7
General surgery	20,619	281	34	247	76	171	69.2
Obstetrics and gynecology	17,445	247	32	215	59	156	72.6
Other surgical specialties	35,761	510	53	457	134	323	70.7
Other specialties	29,588	428	144	284	66	218	76.8
Psychiatry	15,757	241	45	196	42	154	78.6
Other specialties	13,831	187	99	88	24	64	72.7

[1] Includes doctors of medicine (M.D.'s) and doctors of osteopathy (D.O.'s).

cent sample for very small practices to a 20 percent sample for very large practices. The method by which the sampling rate was determined is described later in this appendix and in the Induction Interview form in appendix III. During 1979, 45,351 usable Patient Record forms were completed by physicians participating in NAMCS.

Data collection and processing

Field procedures.—Both mail and telephone contacts were used to enlist sample physicians for NAMCS. Physicians received introductory letters from NCHS (see appendix III) and AMA or AOA. When appropriate, a letter from the physician's specialty organization endorsing the survey and urging his participation, was enclosed with the NCHS letter. A few days later, a field representative telephoned the physician to explain briefly the study and arrange an appointment for a personal interview. A physician who did not respond initially was generally recontacted via a telephone call or special explanatory letter requesting him to reconsider participation in the study.

During the personal interview the field representative determined the physician's eligibility, ascertained his cooperation, delivered survey materials with verbal and printed instructions, and assigned a predetermined Monday–Sunday reporting period. A short interview concerning basic practice characteristics, such as type of practice and expected number of office visits, was conducted. Office staff who were to assist with data collection were invited to attend the instruction session or were offered separate instruction sessions.

Before the beginning of and again during the week assigned for data collection, the interviewer telephoned the sample physician to answer questions that might have arisen and to ensure that procedures were going smoothly. At the end of the survey week, the participating physician mailed the finished survey materials to the interviewer, who edited the forms for completeness before transmitting them for central data processing. Problems of missing or incomplete data were resolved at this stage by interviewer telephone followup to the sample physician, if there were no problems, field procedures were complete with respect to the sample physician's participation in NAMCS. After the end of the survey year, each sample physician was sent a thank-you letter from NCHS along with one of the survey's statistical reports.

Data collection.—The actual data collection for NAMCS was carried out by the physician, aided by his office staff when possible. Two data collection forms were employed by the physician: the Patient Log and the Patient Record (appendix III). The Patient Log is a sequential listing of patients seen in the physician's office during his assigned reporting week. This list served as the sampling frame to indicate the visits for which data were to be recorded. A perforation between the patient names and patient visit characteristics permitted the physician to remove and retain the patient names, thus protecting the confidentiality of the patients.

Based on the physician's estimate of the expected number of office visits, each physician was assigned a patient sampling ratio. These ratios were designed so that about 30 Patient Record forms were completed during the assigned reporting week. Physicians expecting 10 or fewer visits per day recorded data for every second, third, or fifth visit, based on the predetermined sampling interval. These procedures minimized the data collection workload and maintained approximately equal reporting levels among sample physicians regardless of practice size. For physicians assigned a patient

sampling ratio, a random start was provided on the first page of the log, so that predesignated sample visits recorded on each succeeding page of the log provided a systematic random sample of patient visits during the reporting period.

Data processing.—In addition to completeness checks made by the field staff, clerical edits were performed upon receipt of the data for central processing. These procedures proved quite efficient, reducing the item nonresponse rates to a negligible amount—2 percent or less for all items.

Information contained in item 7 (patient's problem or reason for visit) of the Patient Record was coded according to *A Reason for Visit Classification for Ambulatory Care.*[7] Diagnostic information (item 9 of the Patient Record) was coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification.*[8] A maximum of three entries were coded from each of these items. Quality control in the medical coding operation involved a two-way independent verification procedure with 100 percent verification. Coding differences were adjudicated at the National Center for Health Statistics.

Information from the Induction Interview and Patient Record forms was keypunched, with 100 percent verification, and converted to computer tape. At this point, extensive computer consistency and edit checks were performed. Incomplete items were imputed by assigning a value from a Patient Record with similar characteristics; physician specialty and broad diagnostic categories were used as the basis for these imputations.

Estimation procedures

Statistics from the 1979 National Ambulatory Medical Care Survey were derived by a multistage estimation procedure, which produces essentially unbiased national estimates and has three basic components: (1) inflation by reciprocals of the probabilities of selection, (2) adjustment for nonresponse, and (3) a ratio adjustment to fixed totals. Each component is described briefly.

Inflation by reciprocals of sampling probabilities.—Since the survey utilized a three-stage sample design, there were three probabilities of selection: (1) the probability of selecting the PSU, (2) the probability of selecting a physician within the PSU, and (3) the probability of selecting a patient visit within the physician's practice. The last probability was defined to be the exact number of office visits during the physician's specified reporting week divided by the number of Patient Records completed. All weekly estimates were inflated by a factor of 52 to derive annual estimates.

Adjustment for nonresponse.—Estimates from the NAMCS data were adjusted to account for sample physicians who did not participate in the study. This was done in such a manner as to minimize the impact of nonresponse on final estimates by imputing to nonresponding physicians the practice characteristics of similar responding physicians. For this purpose, physicians were judged similar if they had the same specialty designation and practiced in the same PSU.

Ratio adjustment.—A poststratification adjustment was made within each of nine physician specialty groups. The ratio adjustment was a multiplication factor of which the numerator was the number of physicians in the universe in each physician specialty group and the denominator the estimated number of physicians in that particular specialty group. The numerator was based on figures obtained from the AMA-AOA master files, and the denominator was based on data from the sample.

Reliability of estimates

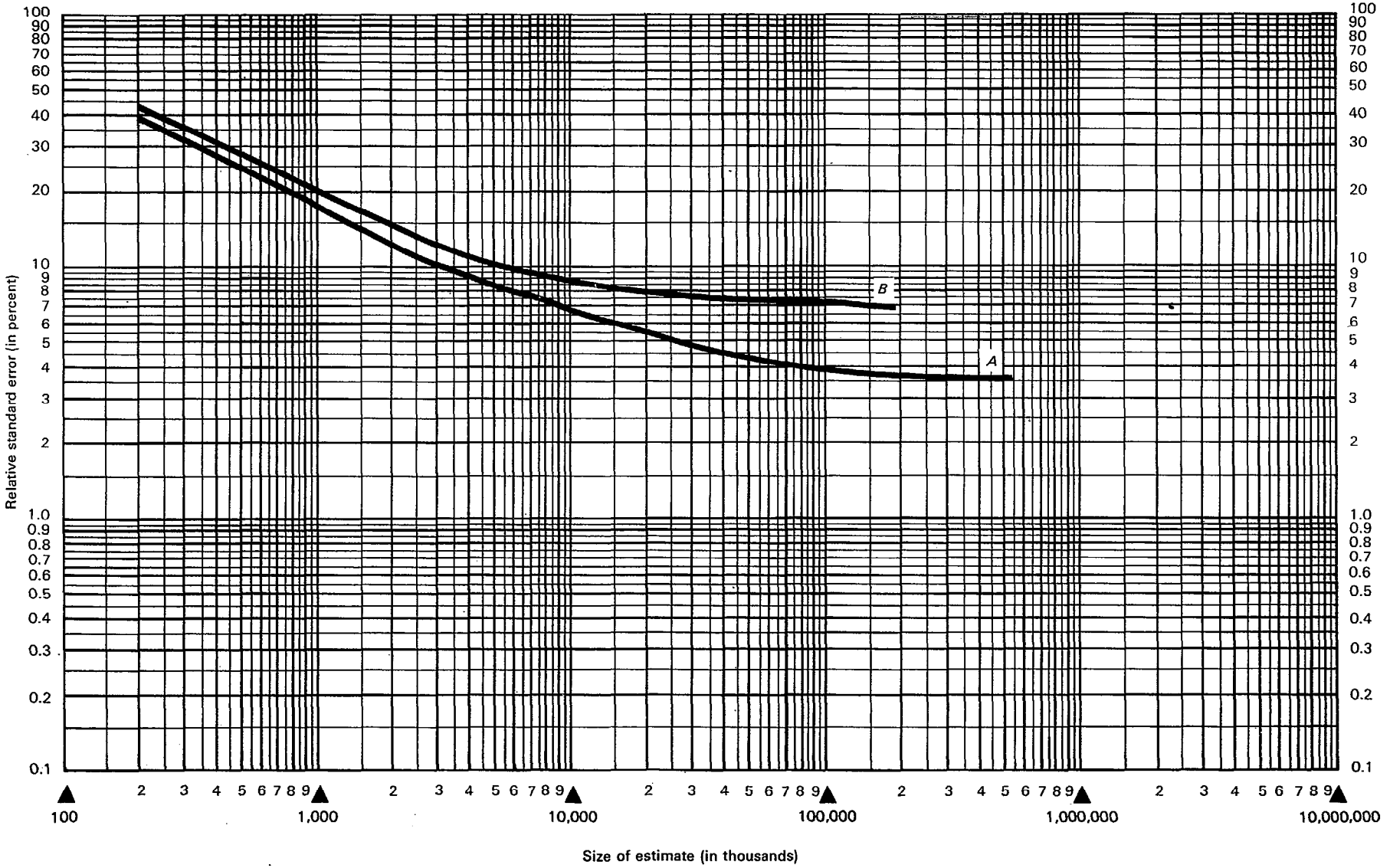
Since the statistics presented in this report are based on a sample, they differ somewhat from the figures that would be obtained if a complete census had been taken using the same forms, instructions, and procedures. However, the probability design of NAMCS permits the calculation of sampling errors. The standard error is primarily a measure of sampling variability that occurs by chance because only a sample rather than the entire population is surveyed. The standard error, as calculated in this report, also reflects part of the variation that arises in the measurement process. It does not include estimates of any systematic biases that may be in the data. The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference would be less than twice the standard error, and about 99 out of 100 that it would be less than 2½ times as large.

The relative standard error of an estimate is obtained by dividing the standard error by the estimate itself and is expressed as a percent of the estimate. For this report, an asterisk (*) precedes any estimate with more than a 30 percent relative standard error.

Estimates of sampling variability were calculated using the method of half-sample replication. This method yields overall variability through observation of variability among random subsamples of the total sample. A description of the development and evaluation of the replication technique for error estimation has been published.[11,12]

Approximate relative standard errors for aggregate and percentage statistics are presented in figures I–III. In order to derive error estimates that would be applicable to a wide variety of statistics and could be prepared at moderate cost, several approximations were required. As a result, the relative standard errors shown in figures I–III should be interpreted as approximate rather than exact for any specific estimate. Directions

NOTE: A list of references follows the text.



Example of use of chart: An estimate of 10,000,000 office visits to general/family practitioners (read from scale at bottom of chart) has a relative standard error of 9.0 percent (read from curve B on scale at left of chart), or a standard error of 900,000 (9.0 percent of 10 million visits).

Figure I. Approximate relative standard errors for estimated numbers of office visits based on all physician specialties (*A*), and individual physician specialties (*B*), 1979 National Ambulatory Medical Care Survey

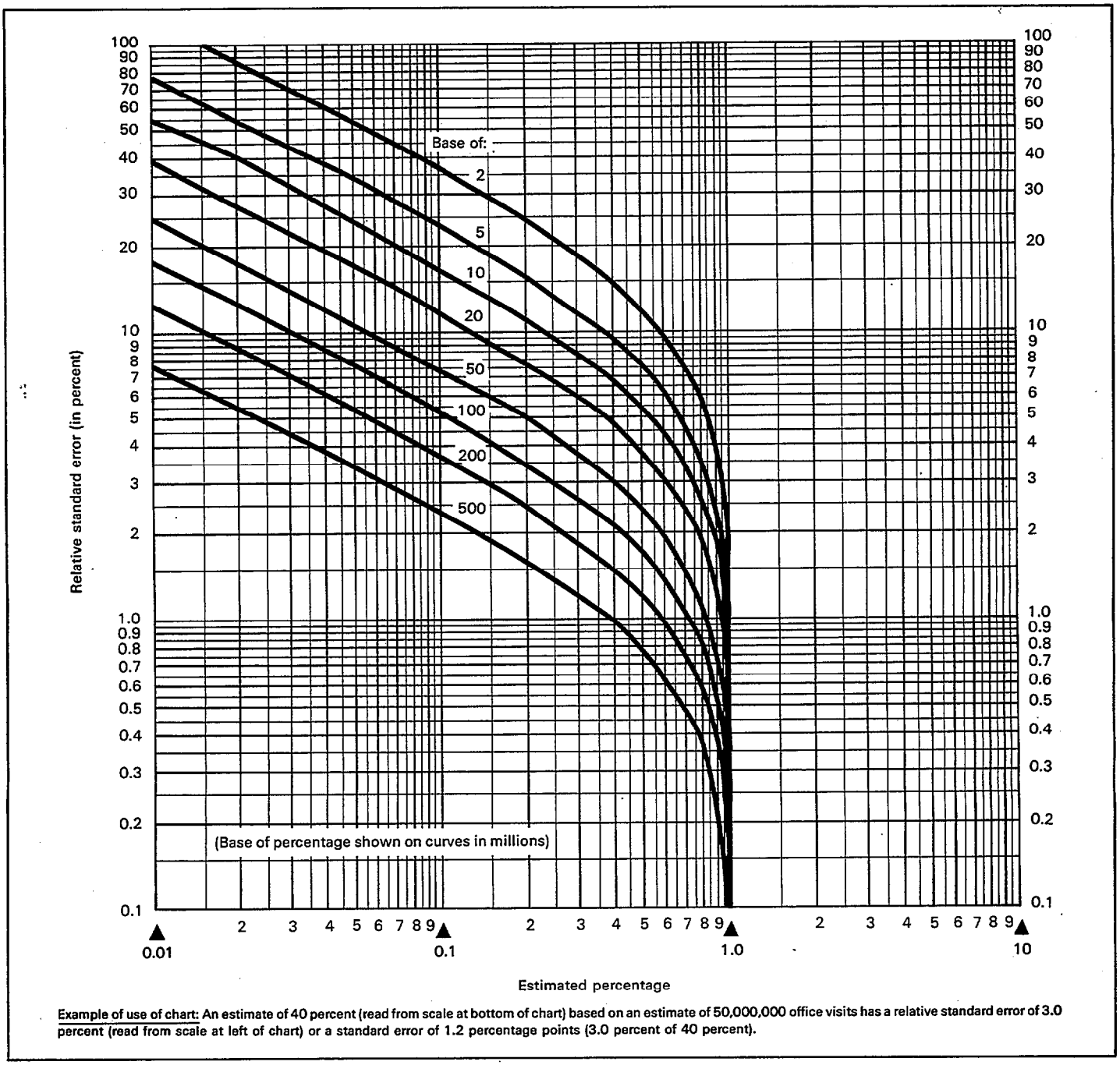


Figure II. Approximate relative standard errors for percentages of estimated numbers of office visits based on all physician specialties, 1979 National Ambulatory Medical Care Survey

for determining approximate relative standard errors from the figures follow.

Estimates of aggregates.—Approximate relative standard errors (in percent) for aggregate statistics are presented in figure I. Curve A presents relative standard errors appropriate for estimates based on all physician specialties, such as the number of office visits by females under 15 years of age. Curve B presents relative standard errors appropriate for estimates based on an individual physician specialty, such as the number of visits to internists by males over 65 years of age.

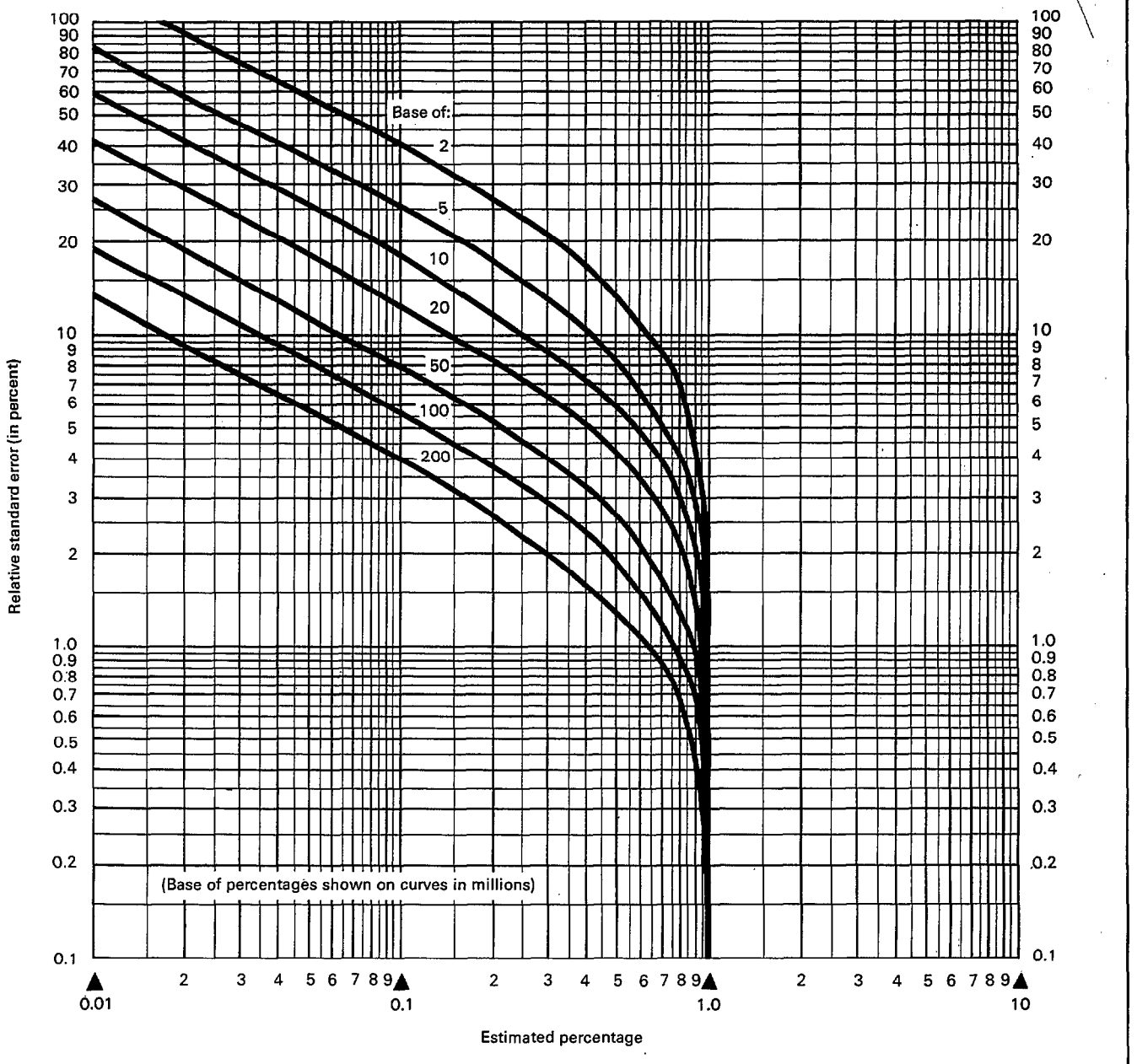
Alternatively, relative standard errors can be calculated directly using the following formulae. For aggregate estimates based on all physician specialties,

$$\mathrm{RSE}(x) = \sqrt{.001233 + \frac{30.961990}{x}} \cdot 100.0$$

where x is the aggregate of interest in thousands. For aggregate estimates based on all physician specialties,

$$\mathrm{RSE}(x) = \sqrt{.004571 + \frac{35.901556}{x}} \cdot 100.0$$

where x is the aggregate of interest in thousands.



Example of use of chart: An estimate of 20 percent (read from scale at bottom of chart) based on an estimate of 10,000,000 office visits has a relative standard error of 12.0 percent (read from scale at left of chart) or a standard error of 2.4 percentage points (12.0 percent of 20 percent).

Figure III. Approximate relative standard errors for percentages of estimated numbers of office visits based on an individual physician specialty, 1979 National Ambulatory Medical Care Survey

Estimates of percentages.—Approximate relative standard errors (in percent) for estimates of percentages can be calculated from figure I as follows. Obtain the relative standard error of the numerator and denominator. Square each of the relative standard errors, subtract the resulting value for the denominator from the resulting value for the numerator, and extract the square root. This calculation has been made for several percentages and bases, and is presented in figures II and III. Relative standard errors appropriate for percentages based on all physician specialties are presented in figure II. Alternatively, these relative standard errors may be calculated directly using the following formula:

$$\mathrm{RSE}(p) = \sqrt{\frac{30.961990 \cdot (1-p)}{p \cdot x}} \cdot 100.0$$

where p is the percentage of interest and x the base in thousands. Relative standard errors appropriate for percentages based on an individual physician specialty are presented in figure III, or may be calculated directly using the following formula:

$$\mathrm{RSE}(x) = \sqrt{\frac{35.901556 \cdot (1-p)}{p \cdot x}} \cdot 100.0$$

where p is the percentage and x the base in thousands.

Estimates of rates where the numerator is not a subclass of the denominator.—Approximate relative standard errors for rates in which the denominator is the total U.S. population or one or more of the age-sex-race groups of the total population are equivalent to the relative standard error of the numerator that can be obtained from figure I.

Estimates of differences between two statistics.—The relative standard errors shown in this appendix are not directly applicable to differences between two sample estimates. The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. This formula represents the standard error quite accurately for the difference between separate and uncorrelated characteristics, although it is only a rough approximation in most other cases.

In addition to sampling error, survey results are subject to reporting and processing errors and biases due to nonresponse or incomplete response. There is no way to compute the magnitude of these errors. However, they were kept to a minimum by procedures built into the survey operation. Careful attention and extensive pretesting were given to the phrasing of the questions and the terms (and their definitions) employed in order to eliminate ambiguities and encourage uniformity of reporting. The steps taken to reduce nonresponse bias are discussed in the sections on field procedures and data collection. Adjustments for physician nonresponse are described in the section on estimation procedures. Quality control procedures and consistency and edit checks, discussed in the data processing section, reduced errors in data coding and processing.

Tests of significance

In this report, the determination of statistical inference is based on the *t*-test with a critical value of 1.96 (0.05 level of significance). Terms relating to differences, such as "higher," "less," etc., indicate that the differences are statistically significant. Terms such as "similar" or "no difference" mean that no statistical significance exists between the estimates being compared. A lack of comment regarding the difference between any two estimates does not mean that the difference was tested and found to be not significant.

Population figures

The base population used in computing annual visit rates is presented in table II. The figures are based on provisional estimates for the civilian noninstitutionalized population of the United States as of July 1, 1979, provided by the U.S. Bureau of the Census. Because NAMCS includes data for only the conterminous United States, the original census estimates were modified to account for the exclusion of Alaska and Hawaii from the study. For this reason the population estimates should not be considered official and are presented here solely to provide denominators for rate computations.

Table II. Estimates of the civilian noninstitutionalized population of the United States[1] used in computing of annual visit rates in this publication, by age, race, sex, geographic region, and metropolitan and nonmetropolitan area: United States, July 1, 1979

Race, sex, geographic region, and area	All ages	Age				
		Under 15 years	15–24 years	25–44 years	45–64 years	65 years and over
Race						
All races	214,393	49,801	39,821	58,259	43,240	23,273
Male	103,448	25,413	19,587	28,191	20,670	9,588
Female	110,945	24,388	20,234	30,068	22,570	13,685
White	185,233	41,091	33,838	50,747	38,523	21,033
Male	89,829	21,023	16,782	24,887	18,505	8,632
Female	95,404	20,068	17,056	25,860	20,018	12,401
All other races	29,160	8,170	5,983	7,512	4,716	2,239
Male	13,619	4,390	2,805	3,304	2,164	956
Female	15,541	4,320	3,178	4,208	2,552	1,283
Geographic region						
Northeast	47,417	...	...	...	...	...
North Central	57,446	...	...	...	...	...
South	70,881	...	...	...	...	...
West	38,649	...	...	...	...	...
Area						
Metropolitan	146,590	...	...	...	...	...
Nonmetropolitan	67,803	...	...	...	...	...

[1] Excludes Alaska and Hawaii

Systematic bias

No formal attempt was made to determine or measure systematic bias in the NAMCS data. But it should be noted that there are factors affecting the data which probably result in an underestimate of the total number of office visits to nonfederal, office-based physicians.

Physicians who participated in the NAMCS did a thorough and conscientious job in keeping the Patient Log; however, post survey interviews with sample physicians indicate that a small number of patient visits may have been accidentally omitted from the survey. Although this number is believed to be quite small, such omissions would result in an underestimate of office visits. Conversely, the inclusion of visits in the survey which did not actually occur is believed to be quite infrequent and would have a negligible effect on the survey estimates.

As previously stated, the universe for the NAMCS consisted of all physicians classified by the AMA or AOA as nonfederal, office-based, and principally engaged in patient-care activities. The NAMCS was designed to provide statistically unbiased estimates of office visits to this designated population. Not included in the universe were physicians classified in such categories as federally employed, hospital-based, research, teaching, administration, or other nonpatient care activity. Consequently, any ambulatory patient visits to these doctors in an office setting would not be included in the NAMCS estimates.

In an attempt to measure the number of office visits to those physicians not in the NAMCS universe, a NAMCS Complement Survey was conducted in 1980. This study involved a sample of approximately 2,000 physicians selected from among the 230,000 physicians in the AMA and AOA masterfiles who were not eligible (inscope) for the 1980 NAMCS. Details of the Complement Survey methodology and results are forthcoming. Preliminary results indicate that about 18 percent of the Complement Survey universe saw some ambulatory patients in an office setting. An estimated 69 million patient visits were made to these physicians in 1980. This indicates that the total number of office visits to all physicians during 1980 was about 645 million (69 million plus 576 million).

Comparison of NAMCS data with NHIS data

Due to differences in survey populations, methodologies, definitions, and instruments, comparisons of NAMCS data with data from other surveys should always be done with caution. Since the inauguration of NAMCS in 1973, the NAMCS data have often been compared to physician visit data collected in the National Health Interview Survey (NHIS), another program of the National Center for Health Statistics. After taking into account the NAMCS undercoverage, previously discussed, estimates from the two studies are still different. The following discussion is provided in order to better understand the differences between the two surveys and, consequently, the differences in the data which they produce.

The NHIS is a continuous national probability sample survey of households in which household members are interviewed by trained personnel to obtain information about illness, disability, medical care, and other health related items. The survey covers the civilian noninstitutionalized population of the United States living at the time of the interview. For individuals not at home at the time of the interview, proxy response may be provided by a responsible family member residing in the household.

As previously stated, NAMCS provides estimates only for nonfederal, office-based, patient care physicians, while the NHIS includes estimates for all physicians.

The extent to which NHIS recall and respondent bias may contribute to the differences is unknown. NHIS physician visit data are collected for the 2-week period prior to the interview. NHIS evaluation studies have indicated that errors of omission and inclusion are small and roughly equivalent, so that estimated total numbers of visits are thought to be accurate. However, there are several areas where recall and reporting errors may occur. First, some 30–35 percent of the respondents for adults aged 19 or older are proxy respondents. Additionally, the mother is usually the respondent for children. Second, reporting as "physician visits" those visits which are actually visits to nonphysician providers of care, such as chiropractors, podiatrists, and optometrists may be possible. The NHIS procedures are designed to screen all reported "doctor" visits to exclude such visits. However, the extent to which respondents confuse these providers with M.D.'s and D.O.'s and erroneously report these as doctor visits is unknown. Third, visit information from NHIS is classified by the setting in which the visit occurred, such as office, hospital clinic, and company clinic. Only those visits classified as office visits would be comparable to NAMCS data. Because these terms are not universally defined and understood, some respondent error may be possible in the classification of physician visits by setting.

The NHIS covers the total civilian noninstitutionalized population of the United States. Estimates from NAMCS exclude visits to physicians in Alaska and Hawaii, but include office visits to physicians in the sampling frame regardless of the patient's civilian or institutional status. The extent to which military and institutionalized persons use private doctors, and are thus included in NAMCS, is not known.

The major strengths of the NHIS data are in its rather complete coverage of all physician visits, and in its provision of important nonmedical data with which the visit data may be related. For example, NHIS in-

cludes information on respondent's family size, income, and education level that cannot be collected in the NAMCS. In addition, NHIS is the only source of national data concerning visits to nonoffice settings.

The strength of NAMCS data is in the precision and depth of the medical information it provides. Such information as diagnosis, reason for visit, diagnostic procedures, treatments, and medication therapy are most reliable when reported by medical personnel.

In summary, NHIS and NAMCS have major methodological and definitional differences that preclude most direct comparisons. Rather, these data sets should be considered complementary and each used to improve the other according to the needs of the user.

Appendix II. Definition of terms

Terms relating to the survey

Office(s).—Premises identified by the physician as locations for his ambulatory practice. The responsibility over time for patient care and professional services rendered there generally resides with the individual physician rather than with any institution.

Ambulatory patient.—An individual seeking personal health services, who is neither bedridden nor currently admitted to any health care institution on the premises.

Physician.—Classified as either:

In scope: All duly licensed doctors of medicine and doctors of osteopathy currently in practice who spend some time in caring for ambulatory patients at an office location.

Out of scope: Those physicians who treat patients only indirectly, including specialists in anesthesiology, pathology, forensic pathology, radiology, therapeutic radiology, and diagnostic radiology, and the following physicians:

Physicians in military service.

Physicians who treat patients only in an institutional setting (e.g., patients in nursing homes and hospitals).

Physicians employed full time by an industry or institution and having no private practice (e.g., physicians who work for the Veterans Administration, the Ford Motor Company, etc.).

Physicians who spend no time seeing ambulatory patients (e.g., physicians who only teach, are engaged in research, or are retired).

Patients.—Classified as either:

In scope: All patients seen by the physician or a member of his staff in his office(s).

Out of scope: Patients seen by the physician in a hospital, nursing home, or other extended care institution, or the patient's home. [Note: If the physician has a *private* office (fitting the definition "office") located in a hospital, the ambulatory patients seen there are considered in scope.] The following types of patients are considered out of scope:

Patients seen by the physician in an institution (including outpatient clinics of hospitals) for whom the institution has the primary responsibility over time.

Patients who telephone and receive advice from the physician.

Patients who come to the office only to leave a specimen, pick up insurance forms, or pay their bills.

Patients who come to the office only to pick up medications previously prescribed by the physician.

Visit.—A direct, personal exchange between an ambulatory patient and a physician (or member of his staff) for the purpose of seeking care and rendering health services.

Physician specialty.—Principal specialty (including general practice) as designated by the physician at the time of the survey. Those physicians for whom a specialty was not obtained were assigned the principal specialty recorded in the master physician files maintained by the American Medical Association or the American Osteopathic Association.

Region of practice location.—The four geographic regions, excluding Alaska and Hawaii, that correspond to those used by the U.S. Bureau of the Census:

Region	*States included*
Northeast.....	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont
North Central	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin

South	Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia
West	Arizona, California, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

Metropolitan status of practice location.—A physician's practice is classified by its location in a metropolitan or nonmetropolitan area. Metropolitan areas are standard metropolitan statistical areas (SMSA's) as defined by the U.S. Office of Management and Budget.

The definition of an individual SMSA involves two considerations: first, a city or cities of specified population which constitute the central city and identify the county in which it is located as the central county; second, economic and social relationships with "contiguous" counties which are metropolitan in character so that the periphery of the specific metropolitan area may be determined. SMSA's may cross State lines. In New England, SMSA's consist of cities and towns rather than counties.

Terms relating to the patient record form

Age.—The age calculated from date of birth was the age at last birthday on the date of visit.

Race.—The physician was instructed to mark the category that in his judgment was most appropriate for the patient based on observation and/or prior knowledge. The following categories and definitions were provided to the physician:

White.—A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black.—A person having origins in any of the black racial groups of Africa.

Asian or Pacific Islander.—A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native.—A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Ethnicity.—The physician was instructed to mark the category that in his judgment was most appropriate. The following definitions were provided:

Hispanic origin.—A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Non-Hispanic.—All persons who are not of Hispanic origin.

Was patient referred for this *visit by another physician?*—Referrals are any visits that are made because of the advice or direction of a physician other than the one being visited. The interest is in referrals for the current visit and not in referrals for any prior visit.

Patient's complaint(s), symptom(s), or other reason(s) for this visit (in patient's own words).—The patient's principal problem, complaint, symptom, or other reason for this visit as expressed by the patient. Physicians were instructed to record key words or phrases *verbatim* to the extent possible, listing that problem first which, in the physician's judgment, was most responsible for the patient's visit.

Major reason for this visit.—The physician was instructed to check *one* major reason for the patient's visit.

Acute problem.—A visit primarily for a condition or illness having a relatively sudden or recent onset (within 3 months of the visit).

Chronic problem, routine.—A visit primarily to receive regular care or examination for a preexisting chronic condition or illness (onset of condition was 3 months or more before the visit).

Chronic problem, flare-up.—A visit primarily to receive care for a sudden exacerbation of a preexisting chronic condition.

Post surgery or post injury.—A visit primarily for followup care of injuries or for care required following surgery, such as removal of sutures or cast.

Nonillness care (routine prenatal, general exam, well baby, etc.).—General health maintenance examinations and routine periodic examinations of presumably healthy persons, both children and adults. Includes prenatal and postnatal care, annual physicals, well-child examinations, and insurance examinations.

Principal diagnoses.—The physician's diagnosis of the patient's principal problem, complaint, or symptom. In the event of multiple diagnoses, the physician was instructed to list them in order of decreasing importance; "principal" refers to the first-listed diagnosis. The diagnosis represents the physician's best judgment at the time of the visit and may be tentative, provisional, or definitive.

Other significant current diagnoses.—The diagnosis of any other condition known to exist for the patient at the time of the visit. Other diagnoses may or may not be related to the reason for that visit.

Have you seen patient before?—"seen" means

provided care for at any time in the past. Item 10b refers to the patient's current episode of illness.

Diagnostic services this visit.—Physicians were instructed to check any of the following services that were ordered or provided during the current visit:

Limited examination or history.—History and/or physical examination which is limited to a specific body site or system, or which is concerned primarily with the patient's chief complaint, for example, pelvic examination or eye examination.

General examination or history.—History and/or physical examination of a comprehensive nature, including all or most body systems.

Pap test.— Papanicolaou test, self-explanatory.

Clinical laboratory test.—One or more laboratory procedures or tests, including examination of blood, urine, sputum, smears, exudates, transudates, feces, and gastric content, and including chemistry, serology, bacteriology, and pregnancy test (excludes Pap test).

X-ray.—Any single or multiple X-ray examination for diagnostic or screening purposes. Radiation therapy is not included in this category.

Blood pressure check.—Self-explanatory.

EKG.—Electrocardiogram, self-explanatory.

Vision test.—Visual acuity test.

Endoscopy.—Examination of the interior of any body cavity, except ear, nose, and throat, by means of an endoscope.

Mental status exam.—Any formal, clinical evaluation designed to assess the mental and/or emotional status of the patient.

Other.—All other diagnostic services ordered or provided which are not included in the preceding categories.

Therapeutic services this visit.—Physicians were instructed to check any of the following services that were ordered or provided during the current visit:

Drugs (prescription).—Drugs, vitamins, hormones, or other medications ordered or provided this visit, *except* injections and immunizations.

Drugs (nonprescription).—Drugs, vitamins, hormones, or other medications that may be dispensed without the authorization of a physician ("over the counter drugs").

Injection.—Administration of any substance by syringe and needle subcutaneously, intravenously, or intramuscularly. Does not include immunizations.

Immunization or desensitization.—Administration of any immunizing, vaccinating, or desensitizing agent or substance by any route, such as, syringe, needle, oral, gun, or scarification.

Diet counseling.—Instructions, recommendations, or advice regarding diet or dietary habits.

Family planning.—Services, counseling, or advice that might enable patients to determine the number and spacing of their children. Includes both contraception and infertility services.

Medical counseling.—Instructions and recommendations regarding any health problem, including advice or counsel about change of habit or behavior. Physicians were instructed to check this category only if the medical counseling was a *significant* part of the treatment. (Excludes diet and family planning counseling.)

Physiotherapy.—Any form of physical therapy ordered or provided, including any treatment using heat, light, sound, or physical pressure or movement, for example, ultrasonic, ultraviolet, infrared, whirlpool, diathermy, cold therapy, and manipulative therapy.

Office surgery.—Any surgical procedure performed in the office this visit, including suture of wounds, reduction of fractures, application and/or removal of casts, incision and draining of abscesses, application of supportive materials for fractures and sprains, and all irrigations, aspirations, dilatations, and excisions.

Psychotherapy or therapeutic listening.—All treatments designed to produce a mental or emotional response through suggestion, persuasion, reeducation, reassurance, or support, including psychological counseling, hypnosis, psychoanalysis, and transactional therapy.

Other.—Treatments ordered or provided which are not included in the preceding categories.

Disposition this visit.—Eight categories are provided to describe the physician's disposition of the case as follows:

No followup planned.—No return visit or telephone contact was scheduled for the patient's problem.

Return at specified time.—Patient was told to schedule an appointment or was instructed to return at a particular time.

Return if needed, P.R.N.—No future appointment was made, but the patient was instructed to make an appointment with the physician if the patient considered it necessary.

Telephone followup planned.—Patient was instructed to telephone the physician on a particular day to report on his progress, or if the need arose.

Referred to other physician.—Patient was instructed to consult or seek care from another physician. The patient may or may not return to this physician at a later date.

Returned to referring physician.—Patient was referred to this physician and was now instructed to consult again with the physician who referred him.

Admit to hospital.—Patient was instructed that further care or treatment would be provided in a hospital. No further office visits were expected prior to that admission.

Other.—Any other disposition of the case not included in the above categories.

Duration of this visit.—Time the physician spent with the patient, not including the 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, and time spent reviewing records, tests results, etc. In the event a patient was provided care by 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.

Accident or product related illness.—At the request of the Consumer Product Safety Commission, which has the responsibility for monitoring consumer products and setting product safety standards, five items were added to the 1979 NAMCS Patient Record to collect data about product related health problems treated in physicians' offices. Physicians were supplied with the following definitions relating to items 15–19 on the Patient Record.

Product.—A product is any article or component of an article that is produced or distributed to the public for personal consumption or enjoyment. Included are objects that can be acquired by a consumer or to which a consumer has access.

Product related.—Product related means that a product is associated in some way with the injury or illness, even though the product may not have caused the incident or been at fault. Thus, injuries resulting from careless use of a consumer product, or illnesses that are made worse by a consumer product are considered product related.

Is the reason for this visit?—Three categories are provided: "Accidental injury," "Product related illness," and "Neither of the above." If the patient's reason for visit was not an accidental injury or a product related illness, the physician was instructed to check "Neither of the above" and to leave the final four items blank.

Accidental injury.—The physician was instructed to check this category for all injuries, whether or not it was product related. Accidental injuries include, but are not limited to: burns, scalds, swallowed objects, poisonings, contusions, abrasions, lacerations, sprains, fractures, and shock.

Product related illness.—This category includes all illnesses in which a product is associated in some way with the problem, even though the product may not have been the actual cause of the illness. The product's relatedness may be tentative.

Describe all objects, products, or substances involved in the accident or product related illness.—The physician was instructed to list all products that were associated in any way with the accident or illness, even though the product may not have caused the illness episode. The physician was also instructed to list the generic names, and component parts or ingredients of products, if possible.

Location of accident or exposure to product:

Private residence.—The patient's home or another person's private residence, including the immediate surrounding area, yard, garage, driveway, and sidewalk. Excluded are nursing homes and other institutions.

Was patient at work, job, or business when accident or exposure occurred?—At work, job, or business means that the patient was being paid for his time when the accident or exposure occurred.

Was patient previously treated for this condition?—The physician was instructed to check all applicable categories referring to previous medical treatment for this injury or illness.

No.—This was the first professional medical treatment the patient had received for this injury or illness.

Yes—hospital emergency room.—Previous medical treatment had been received in a hospital emergency room.

Yes—private physician's office.—Previous medical treatment had been received in this physician's office or in the office of another private physician.

Yes—physician, elsewhere.—Previous medical treatment had been received in a hospital or other type of outpatient clinic, excluding emergency rooms, the scene of the accident, or factory or college infirmary.

Appendix III. Survey instruments

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
OFFICE OF HEALTH RESEARCH, STATISTICS AND TECHNOLOGY
HYATTSVILLE, MARYLAND 20782

NATIONAL AMBULATORY
MEDICAL CARE SURVEY

Endorsing Organizations

American Academy of Dermatology

American Academy of Family Physicians

American Academy of Neurology

American Academy of Orthopaedic Surgeons

American Academy of Pediatrics

American Association of Neurological Surgeons

American College of Emergency Physicians

American College of Obstetricians and Gynecologists

American College of Physicians

American College of Preventive Medicine

American Osteopathic Association

American Society of Colon and Rectal Surgeons

American Psychiatric Association

American Society of Internal Medicine

American Society of Plastic and Reconstructive Surgeons, Inc.

American Urological Association

Association of American Medical Colleges

National Medical Association

John Doe, M.D.
1000 Anywhere Street
Sunnyville, Anywhere 99999

Dear Dr. Doe:

The National Center for Health Statistics, as part of its continuing program to provide information on the health status of the American people, is conducting a National Ambulatory Medical Care Survey (NAMCS).

The purpose of this survey is to collect information about ambulatory patients, their problems, and the resources used for their care. The resulting published statistics will help your profession plan for more effective health services, determine health manpower requirements, and improve medical education.

Since practicing physicians are the only reliable source of this information, we need your assistance in the NAMCS. As one of the physicians selected in our national sample, your participation is essential to the success of the survey. Of course, all information that you provide is held in strict confidence.

Many organizations and leaders in the medical profession have expressed their support for this survey, including those shown to the left. In particular, your own specialty society has reviewed the NAMCS program and supports this effort (see enclosure). They join me in urging your cooperation in this important research.

Within a few days, a survey representative will telephone you for an appointment to discuss the details of your participation. We greatly appreciate your cooperation.

Sincerely yours,

Dorothy P. Rice
Director

Enclosure

D№ 723403

PATIENT LOG

As each patient arrives, record name and time of visit on the log below. For the patient entered on line #5, also complete the patient record to the right.

	PATIENT'S NAME	TIME OF VISIT
1		a.m. / p.m.
2		a.m. / p.m.
3		a.m. / p.m.
4		a.m. / p.m.
5		a.m. / p.m.

Record items 1-19 for this patient

CONTINUE LISTING PATIENTS ON NEXT PAGE

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

D № 723403

PATIENT RECORD
NATIONAL AMBULATORY MEDICAL CARE SURVEY

1. DATE OF VISIT — Mo. / Day / Yr.

2. DATE OF BIRTH — Mo. / Day / Yr.

3. SEX
1 ☐ FEMALE
2 ☐ MALE

4. COLOR OR RACE
1 ☐ WHITE
2 ☐ BLACK
3 ☐ ASIAN/PACIFIC ISLANDER
4 ☐ AMERICAN INDIAN/ ALASKAN NATIVE

5. ETHNICITY
1 ☐ HISPANIC ORIGIN
2 ☐ NOT HISPANIC

6. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN?
1 ☐ YES
2 ☐ NO

7. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT *(in patient's own words)*
a. MOST IMPORTANT _____
b. OTHER _____

8. MAJOR REASON FOR THIS VISIT *(Check one)*
1 ☐ ACUTE PROBLEM
2 ☐ CHRONIC PROBLEM, ROUTINE
3 ☐ CHRONIC PROBLEM, FLAREUP
4 ☐ POST SURGERY/ POST INJURY
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?
1 ☐ YES 2 ☐ NO
IF YES, FOR THE CONDITION IN ITEM 9a?
1 ☐ YES 2 ☐ NO

11. DIAGNOSTIC SERVICES THIS VISIT *(Check all ordered or provided)*
1 ☐ NONE
2 ☐ LIMITED HISTORY/EXAM
3 ☐ GENERAL HISTORY/EXAM
4 ☐ PAP TEST
5 ☐ CLINICAL LAB TEST
6 ☐ X-RAY
7 ☐ BLOOD PRESSURE CHECK
8 ☐ EKG
9 ☐ VISION TEST
10 ☐ ENDOSCOPY
11 ☐ MENTAL STATUS EXAM
12 ☐ OTHER (Specify) _____

12. THERAPEUTIC SERVICES THIS VISIT *(Check all ordered or provided)*
1 ☐ NONE
2 ☐ DRUG (PRESCRIPTION)
3 ☐ DRUG (NONPRESCRIPTION)
4 ☐ INJECTION
5 ☐ IMMUNIZATION/ DESENSITIZATION
6 ☐ DIET COUNSELING
7 ☐ FAMILY PLANNING
8 ☐ MEDICAL COUNSELING
9 ☐ PHYSIOTHERAPY
10 ☐ OFFICE SURGERY
11 ☐ PSYCHOTHERAPY/ THERAPEUTIC LISTENING
12 ☐ OTHER (Specify) _____

13. DISPOSITION THIS VISIT *(Check all that apply)*
1 ☐ NO FOLLOW-UP PLANNED
2 ☐ RETURN AT SPECIFIED TIME
3 ☐ RETURN IF NEEDED, P.R.N.
4 ☐ TELEPHONE FOLLOW-UP PLANNED
5 ☐ REFERRED TO OTHER PHYSICIAN
6 ☐ RETURNED TO REFERRING PHYSICIAN
7 ☐ ADMIT TO HOSPITAL
8 ☐ OTHER (Specify) _____

14. DURATION OF THIS VISIT *(Time actually spent with physician)*
_____ MINUTES

15. IS THE REASON FOR THIS VISIT? *(Check one)*
1 ☐ ACCIDENTAL INJURY (Answer 16-19)
2 ☐ PRODUCT RELATED ILLNESS (Answer 16-19)
3 ☐ NEITHER OF THE ABOVE → STOP (Go to next patient)

16. DESCRIBE ALL OBJECTS, PRODUCTS, OR SUBSTANCES INVOLVED IN THE ACCIDENT OR PRODUCT RELATED ILLNESS *(Be Specific)*

17. LOCATION OF ACCIDENT OR EXPOSURE TO PRODUCT *(Check One)*
1 ☐ PRIVATE RESIDENCE
2 ☐ ELSEWHERE (Specify)
3 ☐ UNKNOWN

18. WAS PATIENT AT WORK, JOB OR BUSINESS WHEN ACCIDENT OR EXPOSURE OCCURRED?
1 ☐ YES
2 ☐ NO
3 ☐ UNKNOWN

19. WAS PATIENT PREVIOUSLY TREATED FOR THIS CONDITION? *(Check all that apply)*
1 ☐ NO
2 ☐ YES - HOSPITAL EMERGENCY ROOM
3 ☐ YES - PRIVATE PHYSICIAN'S OFFICE
4 ☐ YES - PHYSICIAN ELSEWHERE (Specify)
5 ☐ YES - PLACE UNKNOWN
6 ☐ UNKNOWN

Induction Interview Form

BEGIN DECK 3

CONFIDENTIAL*
NORC-4284

Form Approved
OMB No. 68R1498

FOR OFFICE USE ONLY:

(BATCH NO.) ☐☐ 5-6/

(LOG NO.) ☐☐☐☐ 7-10/

NATIONAL AMBULATORY MEDICAL CARE SURVEY
INDUCTION INTERVIEW

(Phys. ID Number) ☐☐☐☐ 1-4/

BEFORE STARTING INTERVIEW

1. ENTER PHYSICIAN I.D. NUMBER IN BOX TO RIGHT.
2. ENTER DATES OF ASSIGNED REPORTING WEEK IN Q. 2, P. 2.

TIME BEGAN: _____ AM PM

Doctor, before I begin, let me take a minute to give you a little background about this survey.

Although ambulatory medical care accounts for nearly 90 percent of all medical care received in the United States, there is no systematic information about the characteristics and problems of people who consult physicians in their offices. This kind of information has been badly needed by medical educators and others concerned with the medical manpower situation.

In response to increasing demands for this kind of information, the National Center for Health Statistics, in close consultation with representatives of the medical profession, has developed the National Ambulatory Medical Care Survey.

Your own task in the survey is simple, carefully designed, and should not take much of your time. Essentially, it consists of your participation during a specified 7-day period. During this period, you simply check off a minimal amount of information concerning patients that you see.

Now, before we get into the actual procedures, I have a few questions to ask about your practice. The answers you give me will be used only for classification and analysis, and of course all information you provide is held in strict confidence. *

1. First, you are a _____.
(ENTER SPECIALTY FROM CODE ON FACE SHEET LABEL.)

Is that right?

Yes X
No . . . . (ASK A) . . . . Y

A. IF NO: What is your specialty (including general practice)?

_____ ☐☐☐ 11-13/
(Name of Specialty)

* The National Ambulatory Medical Care Survey is authorized by Congress in Public Law 93-353, section 308. It is a voluntary study and there are no penalties for refusing to answer any question. All information collected is confidential and will be used only to prepare statistical summaries. No information which will identify an individual or a physician's practice will be released.

2. Now, doctor, this study will be concerned with the ambulatory patients you will see in your office during the week of (READ REPORTING DATES ENTERED BELOW).

_____/_____ (that's a Monday) through _____/_____ (that's a Sunday)
month date month date

Are you likely to see any ambulatory patients in your office during that week?

Yes . . . . . .(GO TO Q. 3) . . X
No . . . . . (ASK A) . . . . Y

A. IF NO: Why is that? RECORD VERBATIM, THEN READ PARAGRAPH BELOW

Since it's very important, doctor, that we include any ambulatory patients that you do happen to see in your office during that week, I'd like to leave these forms with you anyway--just in case your plans change. I'll plan to check back with your office just before (STARTING DATE) to make sure, and I can explain them in detail then, if necessary.

GIVE DOCTOR THE A PATIENT RECORD FORMS AND GO TO Q. 9, P. 6.

3. A. At what office location will you be seeing ambulatory patients during that 7-day period? RECORD UNDER A BELOW AND THEN CODE B.

B. FOR EACH OFFICE LOCATION ENTERED IN A, CODE YES OR NO TO "IN SCOPE."

IN SCOPE (Yes)	OUT OF SCOPE (No)
Private offices	Hospital emergency rooms
Free-standing clinics (non-hospital based)	Hospital outpatient departments
Groups, partnerships	College or university infirmaries
Kaiser, HIP, Mayo Clinic	Industrial outpatient facilities
Neighborhood Health Centers	Family planning clinics
Privately operated clinics (except family planning)	Government-operated clinics (VD, maternal & child health, etc.)

IN CASE OF DOUBT, ASK: Is that (clinic/facility/institution) hospital based?

Is that (clinic/facility/institution) government operated?

C. Is that all of the office locations at which you expect to see ambulatory patients during that week?

Yes X
No . . . . . Y

IF NO: OBTAIN ADDITIONAL OFFICE LOCATION(S), ENTER IN "A" BELOW, AND REPEAT.

A. Office Location	B. In Scope? Yes	No
(1) _____	1	0
(2) _____	1	0
(3) _____	1	0
(4) _____	1	0

TOTAL IN-SCOPE LOCATIONS: [ ] 14/

IF ALL LOCATIONS ARE OUT OF SCOPE, THANK THE DOCTOR AND LEAVE.

4. A. During that week (REPEAT DATES), how many ambulatory patients do you expect to see in your office practice? (DO NOT COUNT PATIENTS SEEN AT [OUT-OF-SCOPE LOCATIONS] CODED IN 3-B.)

ENTER TOTAL UNDER "A" BELOW AND CIRCLE NUMBER CATEGORY ON APPROPRIATE LINE.

B. And during those seven days (REPEAT DATES IF NECESSARY), on how many days do you expect to see any ambulatory patients? COUNT EACH DAY IN WHICH DOCTOR EXPECTS TO SEE ANY PATIENTS AT AN IN-SCOPE OFFICE LOCATION.

CIRCLE NUMBER OF DAYS IN APPROPRIATE COLUMN UNDER "B" BELOW.

DETERMINE PROPER PATIENT LOG FORM FROM CHART BELOW. READ ACROSS ON "TOTAL PATIENTS" LINE UNDER "A" AND CIRCLE LETTER IN APPROPRIATE "DAYS" COLUMN UNDER "B."

THIS LETTER TELLS YOU WHICH OF THE FOUR PATIENT LOG FORMS (A, B, C, D) SHOULD BE USED BY THIS DOCTOR.

LOG FORM DESCRIPTION	A. Expected total patients during survey week.	B. Total days in practice during week.						
	ENTER TOTAL FROM Q. 4-A.	18/						
		1	2	3	4	5	6	7
A--Patient Record is to be completed for ALL patients listed on Log. 15-17/	1- 12 PATIENTS	A	A	A	A	A	A	A
	13- 25 "	B	A	A	A	A	A	A
B--Patient Record is to be completed for every SECOND patient listed on Log.	26- 39 "	C	B	A	A	A	A	A
	40- 52 "	C	B	B	A	A	A	A
	53- 65 "	D	C	B	B	A	A	A
	66- 79 "	D	C	B	B	B	A	A
C--Patient Record is to be completed for every THIRD patient listed on Log.	80- 92 "	D	D	C	B	B	B	B
	93-105 "	D	D	C	B	B	B	B
	106-118 "	D	D	C	C	B	B	B
	119-131 "	D	D	C	C	B	B	B
	132-145 "	D	D	D	C	C	B	B
*D--Patient Record is to be completed for every FIFTH patient listed on Log.	146-158 "	D	D	D	C	C	B	B
	159-171 "	D	D	D	C	C	C	C
	172-184 "	D	D	D	C	C	C	C
	185-197 "	D	D	D	D	D	D	D
	198-210 "	D	D	D	D	D	D	D
	211+ "	D	D	D	D	D	D	D

*In the rare instance the physician will see more than 500 patients during his assigned reporting week, give him two D Patient Log Folios and instruct him to complete a patient record form for only every tenth patient. Then you are to draw an X through the Patient Record on every other page of the two folio pads, starting with page 1 of the pad. The physician then completes the Patient Log on every page, but completes the Patient Record on every second page.

5. FIND LOG FOLIO WITH APPROPRIATE LETTER AND CIRCLE LETTER, ENTER FIRST FOUR NUMBERS OF THE FORM AND NUMBER OF LINES STAMPED "BEGIN ON NEXT LINE" FOR THE B-C-D LOG FORMS (if no lines are stamped, enter "0") BELOW.

FOLIO		No. Lines Stamped "BEGIN ON NEXT LINE"	FOR OFFICE USE ONLY Number patient record forms completed.	
Letter	Number			19-23/
A				24-26/
B				
C				
D				

6. HAND DOCTOR HIS FOLIO AND EXPLAIN HOW FORMS ARE TO BE FILLED OUT. SHOW DOCTOR INSTRUCTIONS ON THE POCKET OF FOLIO, ITEMS 11-12 AND 15-19 ON CARDS IN POCKET OF FOLIO AND ITEM DEFINITIONS ON THE BACK OF FOLIO, TO WHICH HE CAN REFER AFTER YOU LEAVE.

EMPHASIZE THAT EVERY PATIENT VISIT EXCEPT ADMINISTRATIVE PURPOSE ONLY IS TO BE RECORDED ON THE LOG FOR ENTIRE REPORTING PERIOD. FOR EXAMPLE, IF A MEDICAL ASSISTANT GAVE THE PATIENT AN INOCULATION, OR A TECHNICIAN ADMINISTERED AN ELECTROCARDIOGRAM AND THE PATIENT DID NOT SEE THE DOCTOR, THIS VISIT MUST STILL BE LISTED ON THE LOG.

RECORD VERBATIM BELOW ANY CONCERN, PROBLEMS OR QUESTIONS THE DOCTOR RAISES.

7. IF DOCTOR EXPECTS TO SEE AMBULATORY PATIENTS AT MORE THAN ONE IN-SCOPE LOCATION DURING ASSIGNED WEEK, TELL HIM YOU WILL DELIVER THE FORMS TO THE OTHER LOCATION(S). ENTER THE FORM LETTER AND NUMBER(S) AND NUMBER OF LINES STAMPED "BEGIN ON NEXT LINE" FOR THE B-C-D LOG FOR THOSE LOCATIONS BELOW, BEFORE DELIVERING FORM(S).

Location	FOLIO Letter	FOLIO Number	No. Lines Stamped "BEGIN ON NEXT LINE"	FOR OFFICE USE ONLY: Number patient record forms completed	
					27-31/
					32-34/
					35-39/
					40-42/
					43-47/
					48-50/

8. During the survey week (REPEAT EXACT DATES), will anyone be available to help you in filling out these records (at each IN-SCOPE location)?

Yes . . . . (ASK A) . . . 1 51/
No 2

A. IF YES: Who would that be?

RECORD NAME, POSITION AND LOCATION.

NAME	POSITION	LOCATION

PERSONALLY BRIEF EACH PERSON LISTED ABOVE.

EMPHASIZE THAT EVERY PATIENT VISIT DURING THE ENTIRE WEEK IS TO BE RECORDED ON THE LOG EXCEPT "ADMINISTRATIVE PURPOSE ONLY."

---

9. Do you have a solo practice, or are you associated with other physicians in a partnership, in a group practice, or in some other way?

Solo. . . . . (GO TO Q. 10) . . 1 52/
Partnership . . (ASK A-C) . . . 2
Group . . . . . (ASK A-C) . . . 3
_____ <--- Other (SPECIFY AND ASK A-C) . . 4

IF PARTNERSHIP, GROUP, OR OTHER:

A. Is this a prepaid group practice? Yes . . (ASK [1]) . . . 1 53/
No 2

[1] IF YES TO A: What per cent of patients are prepaid? _____ per cent 54-56/

B. How many other physicians are associated with you? NUMBER OF PHYSICIANS: _____ 57-59/

C. What are the specialties of the other physicians associated with you? (How many of these are there?)

	Specialty	Number of Physicians
(1)		
(2)		
(3)		
(4)		
(5)		

D. CIRCLE ONE:

All physicians in this partnership/group practice have the same specialty 1 60/

More than one specialty in this partnership/group practice . . 2

BEGIN DECK 4

10. Now I have just one more question about your practice. (NOTE: IF DOCTOR PRACTICES IN LARGE GROUP, THE FOLLOWING INFORMATION CAN BE OBTAINED FROM SOMEONE ELSE.)

A. What is the total number of full-time (35 hours or more per week) employees of your (partnership/group) practice? Include persons regularly employed who are now on vacation, temporarily ill, etc. Do not include other physicians. RECORD ON BOTTOM LINE OF COLUMN A BELOW.
   (1) How many of these full-time employees are a . . . (READ CATEGORIES BELOW AS NECESSARY AND RECORD NUMBER OF EACH IN COLUMN A.)

B. And what is the total number of part-time (less than 35 hours per week) employees of your (partnership/group) practice? Again, include persons regularly employed who are now on vacation, ill, etc. Do not include other physicians. RECORD ON BOTTOM LINE OF COLUMN B BELOW.
   (1) How many of these part-time employees are a . . . (READ CATEGORIES BELOW AS NECESSARY AND RECORD NUMBER OF EACH IN COLUMN B.)

Employees	A. Full-time (35 or more hours/week)		B. Part-time (Less than 35 hours/week)	
(1) Registered Nurse	_____	11-13/	_____	35-37/
(2) Licensed Practical Nurse	_____	14-16/	_____	38-40/
(3) Nursing Aide	_____	17-19/	_____	41-43/
(4) Physician Assistant*	_____	20-22/	_____	44-46/
(5) Technician	_____	23-25/	_____	47-49/
(6) Secretary or Receptionist	_____	26-28/	_____	50-52/
(7) Other (SPECIFY) _____	_____	29-31/	_____	53-55/
TOTAL:	[ ]	32-34/	TOTAL: [ ]	56-58/

*Physician Assistant must be a graduate of an accredited training program for Physician Assistants (Physician Extenders, Medex, etc.) or certified by the National Board of Medical Examiners through the Certification Exam for Assistant to the Primary Care Physician.

BEFORE YOU LEAVE, AGAIN STRESS THAT EACH AND EVERY AMBULATORY PATIENT SEEN BY THE DOCTOR OR HIS STAFF DURING THE 7-DAY PERIOD AT ALL IN-SCOPE OFFICE LOCATIONS (REPEAT THEM) IS TO BE INCLUDED IN THE SURVEY, THAT EACH PATIENT IS TO BE RECORDED ON THE LOG, AND ONLY THE APPROPRIATE NUMBER OF PATIENT RECORDS COMPLETED.

Thank you for your time, Dr. _____. If you have any (more) questions, please feel free to call me. My phone number is written in the folio. I'll call you on Monday morning of your survey week just to remind you.

11. TIME INTERVIEW ENDED . . . . . _____ AM / PM

12. DATE OF INTERVIEW . . . . . [ ][ ][ ][ ][ ][ ]
(Month) (Day) (Year)

COMMENTS:

INTERVIEWER NUMBER

INTERVIEWER'S SIGNATURE

FOR OFFICE USE ONLY:

No. of Patients Seen: 59-61/

Total Days in Practice during Week: 62/

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