
Vital and Health Statistics

National Ambulatory Medical Care Survey: 1991 Summary

Series 13:
Data From the National Health Survey
No. 116

Based on data collected from a national sample of office-based physicians, statistics are presented on the provision and utilization of ambulatory medical care services in physicians' offices during 1991. Ambulatory medical care services are described in terms of patient characteristics, physician practice characteristics, and visit characteristics.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
National Center for Health Statistics

Hyattsville, Maryland
May 1994
DHHS Publication No. (PHS) 94-1777

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Suggested citation

Schappert SM. National Ambulatory Medical Care Survey, 1991 Summary. National Center for Health Statistics. Vital Health Stat 13(116). 1994.

Library of Congress Cataloging Card Number**91-45227
CIP**

For sale by the U.S. Government Printing Office
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Mail Stop: SSOP
Washington, DC 20402-9328

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Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies.

In accordance with specifications established by the National Center for Health Statistics, the U.S. Bureau of the Census, under a contractual arrangement, participated in planning the survey and collecting the data.

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Symbols

---	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 where numbers are rounded to thousands
*	Figure does not meet standard of reliability or precision

National Ambulatory Medical Care Survey: 1991 Summary

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Introduction

This report presents national estimates of the utilization of ambulatory medical care services provided by office-based physicians in the United States during 1991. The estimates are based on data from the National Ambulatory Medical Care Survey, a probability sample survey conducted by the Division of Health Care Statistics of the National Center for Health Statistics, Centers for Disease Control and Prevention.

The National Ambulatory Medical Care Survey (NAMCS) began in 1973 and was conducted annually through 1981. It was next conducted in 1985 and resumed an annual schedule with the 1989 implementation. Summary reports for previous data years are available (1–10), as are supplemental reports on special topics (11).

This report is divided into four parts. The utilization of ambulatory medical care services is discussed in terms of 1) patient characteristics, 2) physician practice characteristics, 3) patient's reason for visit, and 4) physician's diagnosis and treatment. The report concludes with a series of appendixes that contain technical information pertaining to the 1991 survey. The appendixes include a description of the statistical design of the survey, guidelines for judging the precision of the estimates, definitions of terms used in the survey, and copies of the survey instruments. A complete description of the background and methodology of the survey is available in a previously published document (12). Because the estimates in this report are based on a sample of office visits rather than on the entire universe of such visits, they are subject to sampling variability. For this reason, the reader is urged to consult the technical notes in Appendix I on reliability of the estimates and the accompanying charts of relative standard errors.

Scope of the survey

The basic sampling unit for the NAMCS is the physician-patient encounter or visit. Only visits to the offices of nonfederally employed physicians who were classified by the American Medical Association or the American Osteopathic Association as "office-based, patient care" were included. Visits to private, nonhospital-based clinics and health maintenance organizations were considered to be within the scope of the survey, but those that took place in government-operated facilities were not. Physicians specializing in anesthesiology, pathology, or radiology were not included in the sample, nor

were visits to hospital-based physicians or physicians primarily engaged in training, research, or administration. Telephone contacts and visits made outside the physician's office were also excluded.

It has been estimated that about 66 percent of all ambulatory medical care contacts (excluding telephone contacts) occur in physicians' offices, and an additional 18 percent occur in nonhospital-based clinics and health maintenance organizations (13). Therefore, the current NAMCS design provides data on the majority of visits for ambulatory medical care services in the United States. However, in 1992 the scope of the ambulatory medical care program was expanded with the implementation of the National Hospital Ambulatory Medical Care Survey (NHAMCS). This new annual survey encompasses hospital outpatient and emergency departments to provide a more complete picture of ambulatory medical care utilization. Results from the NHAMCS as well as a detailed description of the survey design and methodology will be published in later reports in this series and in the *Advance Data from Vital and Health Statistics* series.

New data items

The Patient Record is the survey instrument used by physicians participating in the NAMCS to record information about their patients' office visits. The content and format of the Patient Record is periodically reviewed and revised to reflect the changing needs of health data users, the recommendations of advisors, and anticipated future health data needs.

The 1991 Patient Record included several questions that were new to the National Ambulatory Medical Care Survey. Through these items, data were collected on injury-related office visits, the patient's current cigarette-smoking status, and whether the patient had any of four specific chronic conditions—depression, hypertension, hypercholesterolemia, and obesity—at the time of the visit. Also, physicians were able to record up to two ambulatory surgical procedures scheduled or performed at the visit, if any, and the type of anesthesia used.

Revisions were made to existing data items on diagnostic, screening, and therapeutic services. The lists for these services were expanded to permit greater specificity of physicians' responses on the Patient Record. All of the changes on the 1991 NAMCS are described in detail in later sections of this report.

Data highlights

- There were an estimated 669.7 million visits made to nonfederally employed, office-based physicians in 1991, or 2.7 visits per person.
- About half (48.9 percent) of all office visits were made by persons 25–64 years of age; 59.8 percent of all visits were made by females. Persons 65 years and over accounted for 23.3 percent of all office visits.
- About 313 office visits were made for every 100 females in 1991, significantly higher than the rate of 223 visits for every 100 males.
- The largest share of office visits was made to physicians specializing in general and family practice (24.6 percent of the total). However, this percent is significantly smaller than those reported in 1989 and 1990. The visit rate to general and family practitioners decreased from 85.2 visits per 100 persons in 1990 to 66.3 visits per 100 persons in 1991.
- The percent of office visits made as the result of a referral from another physician increased from 5.5 percent in 1990 to 6.2 percent in 1991.
- Most office visits (83.3 percent) were made by patients who had seen the physician on a prior occasion; 61.8 percent were returning for care of a previously treated condition.
- Expected sources of payment at office visits were most often private/commercial insurance (35.8 percent) and payment by the patient (23.6 percent). Medicare was cited at 21.2 percent of visits, while HMO/other prepaid was mentioned at 15.1 percent. Physicians could report more than one expected pay source per visit.
- About 66 million office visits were injury related, or 9.9 percent of all office visits. The majority of injury-related visits (55.3 percent) were made by males, and 41.1 percent were made by persons 25–44 years of age.
- Of all office visits, 10.1 percent or 67.7 million were made by persons who currently smoke cigarettes. The patient's smoking status was unknown for 27.7 percent of visits.
- More than half of all office visits were made for reasons classified as symptoms (57.6 percent). The most frequently mentioned symptoms were those related to the respiratory system (11.5 percent) and the musculoskeletal system (11.4 percent).
- General medical examination was the reason most frequently given by patients for the current office visit (4.4 percent of the total), while cough was the most frequently mentioned reason having to do with illness or injury (3.6 percent).
- More than half (64.8 percent) of all office visits included one or more diagnostic or screening service. The most frequently reported service was blood pressure check (43.2 percent of visits).
- Ambulatory surgery was scheduled or performed at 6.1 percent of office visits, with 43.3 million procedures reported. Physicians were asked to code up to 2 diagnostic or therapeutic procedures per office visit.
- The most common diagnosis rendered by physicians in 1991 was essential hypertension (3.5 percent of visits). Essential hypertension has been the most frequently reported diagnosis related to illness or injury in every survey year since the NAMCS began in 1973. However, in a survey item added for the first time in 1991, physicians were asked specifically whether the patient currently suffered from hypertension. Results indicated that 12.7 percent of all visits, or 85.3 million, were made by patients with hypertension. This suggests that chronic conditions may be underreported in the NAMCS.
- The most commonly reported therapeutic service was medication therapy (63.3 percent of all visits). There were an estimated 804.6 million drug mentions, yielding an average of 1.2 drug mentions per office visit, or 1.9 drug mentions per drug visit (that is, visits at which one or more medications were prescribed).
- About two-thirds (66.7 percent) of all office visits included a scheduled followup visit or telephone call, while another 21.6 percent included instructions to return if needed.
- About two-thirds (68.4 percent) of office visits had a duration of 15 minutes or less. The mean duration time for all visits was 17.0 minutes.

Office-based care as related to patient characteristics

During the 12-month period from January 1991–December 1991 there were an estimated 669.7 million office visits made to nonfederally employed, office-based physicians in the United States. The annual visit rate (number of office visits per person per year) was 2.7 in 1991 and has not changed significantly since 1975.

In this section, visits are first described in terms of the patient's age, sex, and race. Next, characteristics of the office visit—physician specialty, patient's referral status and prior-visit status, expected source(s) of payment, patient's reason for visiting the physician, diagnostic services ordered or provided at the visit, physician's principal diagnosis, therapeutic services ordered or provided at the visit, and disposition and duration of the visit—are discussed in terms of patient characteristics. References are made frequently in the text to the tables that can be found following the narrative sections of this report.

Patient's age, sex, and race

Data on office visits by patient's age, sex, and race are shown in table 1. Females made 59.8 percent of all office visits during 1991. They also accounted for a higher percent of visits than males did in each age category except the youngest (under 15 years).

Correspondingly, the annual visit rate was higher for females (3.1 visits per person) than for males (2.2 visits per person) (figure 1). Females had significantly higher visit rates than males did in the age groups 15–24 years, 25–44 years, and 45–64 years. Visit rates were not significantly different for males and females in the age groups under 15 years, 65–74 years, and 75 years and over. These patterns were also found in the 1990 National Ambulatory Medical Care Survey.

Visit rates tended to increase with age after the age of 24. Persons 75 years of age and over had the highest visit rate of the six age categories analyzed, at 6.0 visits per person. The pattern, however, was slightly different for males than for females. Among males, visit rates increased significantly with each age group after the age of 24, with males 75 years and over having the highest rate of 6.1 visits per person. Females, despite a general trend toward increasing visit rates with age after the age of 24, showed no statistical differences in the rates for those 25–44 years compared with those 45–64 years, or in the rates for those 65–74 years compared with those 75 years and over.

Males and females 65 years of age and over accounted for 23.3 percent of all patient visits in 1991, with an annual rate of

5.1 office visits per person. As noted earlier, there was no statistical difference between the rate of visits by females in this age group (5.3 visits) compared with males (4.9 visits). The visit rate for persons under the age of 65 years was 2.4 visits per person, with a visit rate for females in this age group (2.8 visits) that was significantly higher than that for males (1.9 visits).

White persons made 87.8 percent of all office visits in 1991, with black persons and Asian/Pacific Islanders accounting for 8.7 percent and 3.0 percent, respectively. The percent of visits made by white persons was higher than that reported in 1989 and 1990, but this is mainly due to a change in the survey coding procedure. For survey years before 1989, unspecified responses to the race item were randomly imputed a race designation. The 1989 and 1990 NAMCS included an "unspecified" category in the race item, which resulted in a significantly smaller proportion of visits by white persons than in previous survey years. The 1991 NAMCS reverted to the previous method of imputation of unspecified responses in order to maximize comparability across years of survey data. This method yielded a slightly higher proportion of visits by white persons compared with 1989 and 1990 data.

In general, white persons had a higher visit rate (2.8 visits per person) in 1991 than black persons had (1.9 visits per person). These rates are not statistically different than those reported for 1990. Visit rates were higher for white persons than for black persons in each age group except the youngest (under 15 years).

Among white persons, visit rates were not statistically different for the age groups under 15 years and 15–24 years, but increased for each subsequent age group, with white persons 75 years of age and over having the highest visit rate of 6.2 visits per person. Among black persons, those in the age group 15–24 years showed the lowest visit rate of any age group (1.0 visit per person), but the visit rate increased significantly among persons 25–44 years of age and again among persons 45–64 years of age. However, the visit rates for black persons 45–64 years, 65–74 years, and 75 years and over did not differ from each other statistically in 1991, unlike the pattern seen within the white population (figure 2).

Geographic region of visit

Office visits by geographic region—Northeast, Midwest, South, and West—are shown in tables 1 and 2. Overall visit

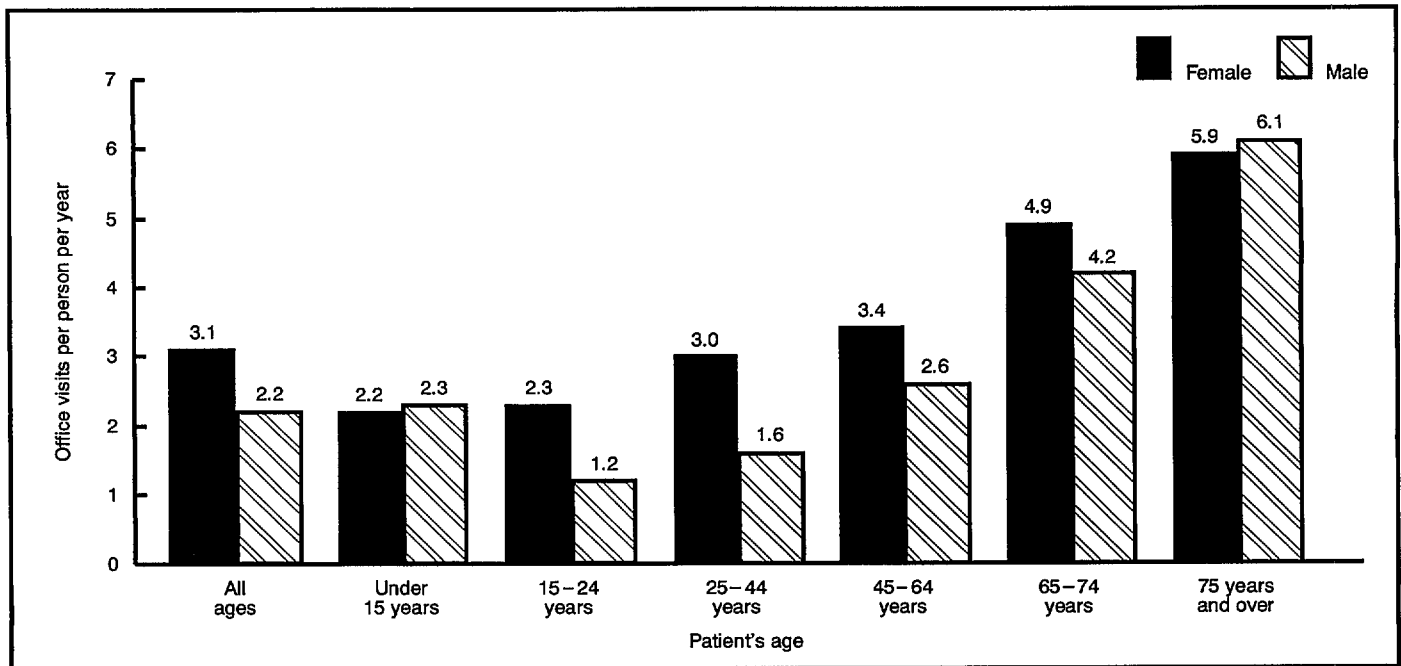


Figure 1. Annual rate of visits to office-based physicians by patient's age and sex: United States, 1991

rates did not differ significantly between the Northeast, Midwest, and West for 1991. The overall visit rate for the Southern region was significantly lower, however, than those in the other three regions.

Physician specialty and professional status

Visits by physician specialty according to patient's age and sex are displayed in table 3. Visits made to general and family practitioners accounted for the largest proportion of office visits by physician specialty (24.6 percent). However, this was a significant decrease from their 29.8 percent share in 1989 and 1990. Between 1990 and 1991, slight but significant increases occurred in the proportions of visits made to internists, orthopedic surgeons, dermatologists, otolaryngologists, and urologists, while a slight decrease was seen in the proportion of visits made to psychiatrists. There were no significant differences in the percents of visits made to pediatricians, obstetricians and gynecologists, ophthalmologists, general surgeons, and neurologists.

Office visit rates by physician specialty are shown in figure 3. The rate of visits to general and family practitioners was 66.3 visits per 100 persons in 1991, a significant decrease from the 1990 visit rate of 85.2 visits per 100 persons. Visit rates to each of the other major specialties listed above were not significantly different from 1990 figures.

Visit rates for males and females to selected physician specialties are shown in figure 4. Females had a higher rate of visits to general and family practitioners and to obstetricians and gynecologists, while males had a higher rate of visits to urologists. No significant differences were found between visit rates for males and females to any of the other physician specialties listed above.

An estimated 623.0 million office visits were made to doctors of medicine (93.0 percent) and 46.7 million visits were made to doctors of osteopathy (7.0 percent) in 1991. For doctors of osteopathy, this is a slight increase over the 1990 figure of 5.6 percent. Osteopathic physicians received 18.8 visits per 100 persons during 1991, compared with 250.5 visits per 100 persons to all other physicians.

Patient's referral status and prior-visit status

Office visits by patient's referral status (whether the current visit was the result of a referral by another physician), prior-visit status (whether the patient had been seen before by the physician and, if so, for the same problem), and patient's expected source(s) of payment are displayed in table 4.

In general, 6 of every 100 office visits (6.2 percent of the total) were the result of a referral by another physician, and 81.3 percent of referred visits were made by patients who had never seen the physician previously. The remainder were made by patients who had seen the physician previously but were currently seeking treatment for a new problem. The proportion of referrals did not differ significantly according to the patient's sex. However, visits made by persons in the 25-44 years and 45-64 years age groups were more likely to be the result of a referral than were visits made by the youngest (under 15 years) and the oldest (75 years and over) age groups.

The majority of office visits (83.3 percent) were made by patients who had seen the physician on a prior occasion, and 61.8 percent were made by patients returning for care of a previously treated problem. Among visits made by persons under 15 years of age, 53.1 percent were of the latter type, compared with 76.7 percent of visits made by persons 75 years and over.

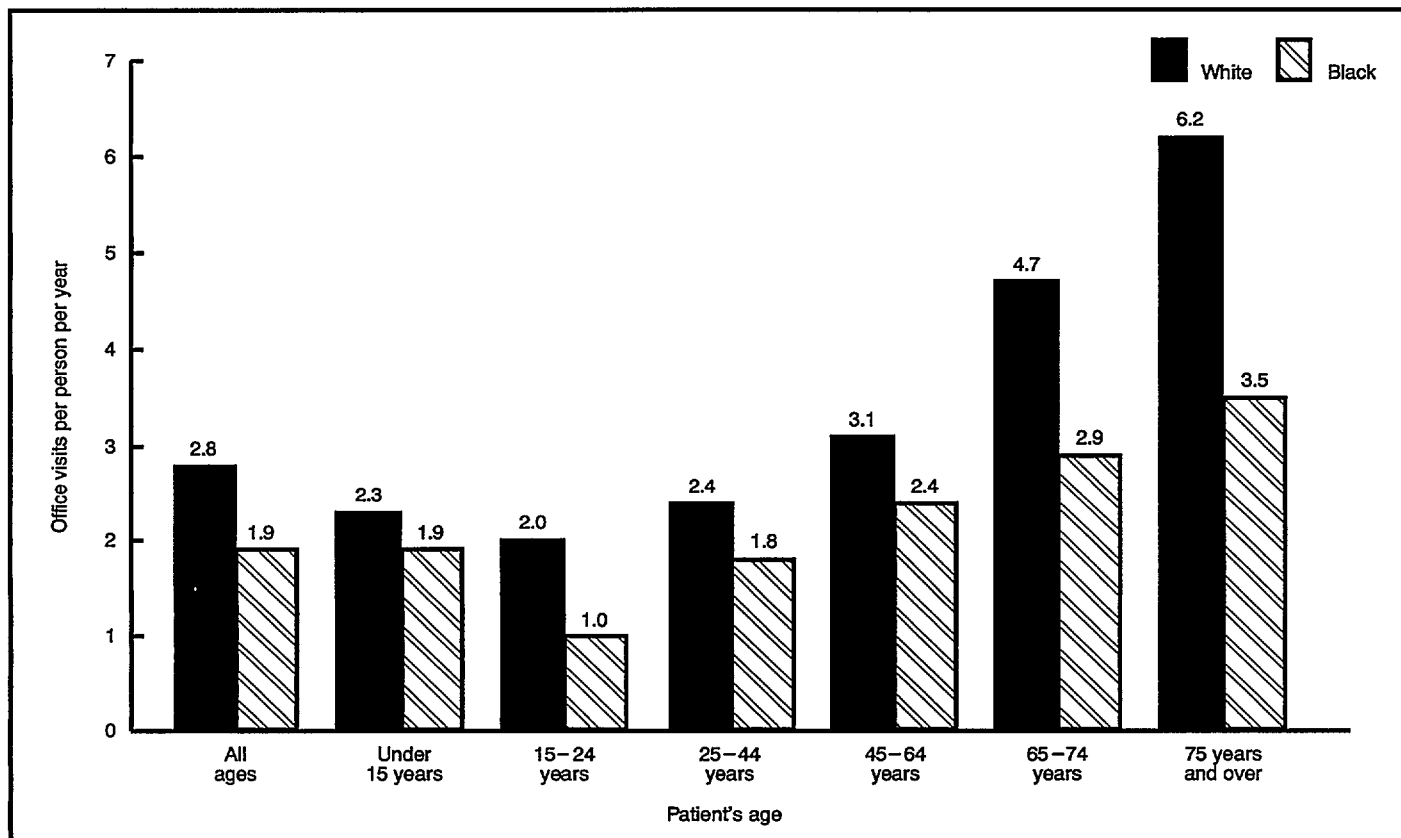


Figure 2. Annual rate of visits to office-based physicians by patient's age and race: United States, 1991

While 16.7 percent of all office visits were made by new patients, males (18.6 percent) were more likely than females (15.4 percent) to make such visits. Conversely, a greater proportion of visits by females were return visits to the physician for the care of a previously treated problem.

Data on expected sources of payment at visits to office-based physicians were collected in 1991 using a format that was slightly different than that used in 1990. For the 1991 NAMCS, "private/commercial" and "other government" payment categories were added, with "private/commercial" replacing the former categories of commercial insurance and Blue Cross/Blue Shield on the 1990 NAMCS. Physicians were asked to check all applicable payment categories for this item so that multiple payment sources could be coded for each visit.

Expected sources of payment were most often private/commercial insurance (35.8 percent of visits) and "patient-paid" (23.6 percent). The patient-paid category includes the patient's contribution toward "co-payments" and "deductibles." Private/commercial insurance and patient-paid were the most frequently recorded expected sources of payment at visits by all age groups with the exception of the two oldest—65-74 years and 75 years and over. For visits by persons 65 years and over, Medicare, as expected, was the most frequently expected source of payment (80.6 percent).

"HMO/other prepaid" was mentioned at 15.1 percent of visits, which was not significantly different from the 1990 level of 14.5 percent. An increase was noted in the percent of

visits listing Medicaid as an expected source of payment, from 8.5 percent in 1990 to 9.5 percent in 1991.

Is this visit injury related?

The 1991 NAMCS included a new item on the Patient Record form in which the physician recorded whether the visit was injury related. About 66.1 million visits, or 9.9 percent of all office visits, were injury related; more than half of these visits (55.3 percent) were made by males, and 41.1 percent were made by persons 25-44 years old. Males had a higher injury-visit rate than females did overall (30.3 visits per 100 males compared with 23.1 visits per 100 females), but these differences were evidenced only in the age groups 15-24 years and 25-44 years. Injury-visit rates for males and females in the under 15, 45-64, 65-74, and 75 years and over groups did not differ significantly.

Among females, injury-visit rates were lowest for those in the under 15 years age group (11.4 visits per 100 females). Visit rates for the other age groups (15-24 years, 25-44 years, 45-64 years, 65-74 years, and 75 years and over) were higher than that of the youngest group, but were not significantly different from each other.

For males, injury-visit rates were not statistically different for the youngest and two oldest age groups (under 15, 65-74, and 75 years and over). Males 15-24 years, 25-44 years, and 45-64 years had higher injury-visit rates (37.4, 39.7, and 33.7

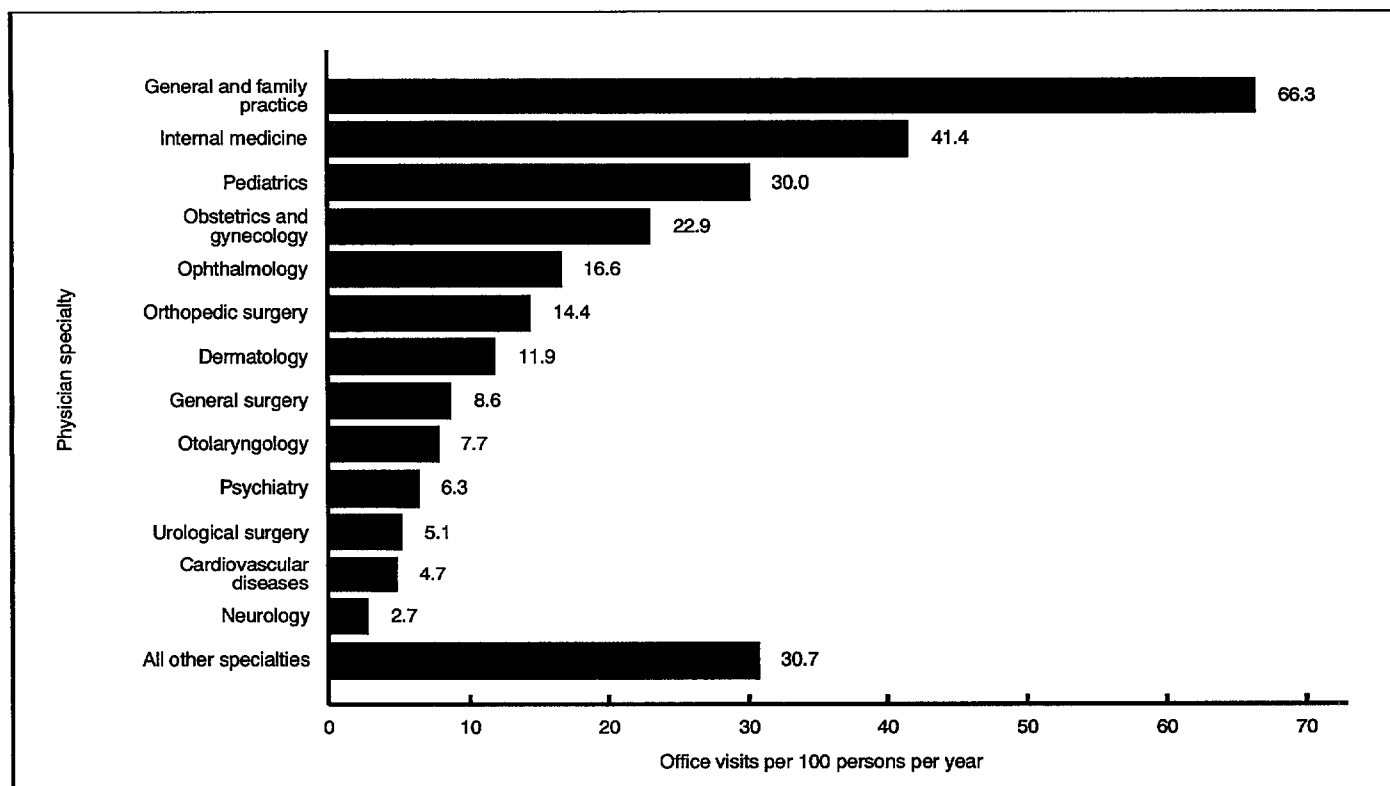


Figure 3. Annual rate of visits to office-based physicians by specialty: United States, 1991

visits per 100 males in each age group respectively), but these rates were not statistically different from each other. Injury-related office visits, described in terms of the patient's age and sex, are shown in table A.

Does patient smoke cigarettes?

Another new item in the 1991 NAMCS collected data on whether the patient currently smokes cigarettes. Results showed that 10.1 percent of all office visits, or 67.7 million, were made by patients who smoke cigarettes. However, the patient's smoking status was unreported for 27.7 percent of the total, or 185.2 million office visits. Data on visits made by patients who smoke cigarettes are presented in table B.

Patient's principal reason for visit

Office visits by patient's principal reason for visit are displayed in tables 5 and 6. In item 10 of the Patient Record form, the physician is asked to record the patient's (or patient surrogate's) "complaint(s), symptom(s), or other reason(s) for this visit in the patient's own words." Up to three reasons for visit are classified and coded from the survey according to the *Reason for Visit Classification for Ambulatory Care (RVC)* (14). The principal reason for visit is the problem, complaint, or reason listed in item 10a.

The RVC is divided into the eight modules or groups of reasons displayed in table 5. More than half of all visits were made for reasons classified as symptoms (57.6 percent). Respiratory symptoms accounted for 11.5 percent of all visits, and musculoskeletal symptoms accounted for 11.4 percent. Of all

symptom categories, those referable to the respiratory and musculoskeletal systems were mentioned most frequently by both males and females. Among the youngest patients (under 15 years), visits due to respiratory symptoms accounted for 22.0 percent of the total, compared with 11.1 percent for all ages combined. Musculoskeletal symptoms were mentioned most frequently by those in the age groups 25–44 years, 45–64 years, and 65–74 years. For 15–24 year-olds, musculoskeletal symptoms were mentioned more frequently than any other type of symptom with two exceptions—respiratory symptoms and skin, hair, and nail symptoms. For visits by those 75 years and over, musculoskeletal symptoms were cited more frequently than any other type of symptoms with one exception—symptoms referable to the eyes and ears.

The second most frequently cited module was the diagnostic/screening and preventive one, accounting for 15.1 percent of office visits. Females had a significantly higher percent of visits in this group, which includes routine prenatal examinations, than males did.

The 10 most frequently mentioned principal reasons for visit are shown by patient's age and sex in table 6. (It is important to note that the rank ordering presented in this and other tables in this report may not always be reliable because near estimates may not differ from each other due to sampling variability.) General medical examination was the most frequently mentioned reason for visit overall (4.4 percent of the total), while cough was the most frequently mentioned reason related to illness or injury (3.6 percent). The top 10 reasons listed for all visits in 1991 accounted for 25.5 percent of office visits and were also the top 10 reasons for visit in 1990.

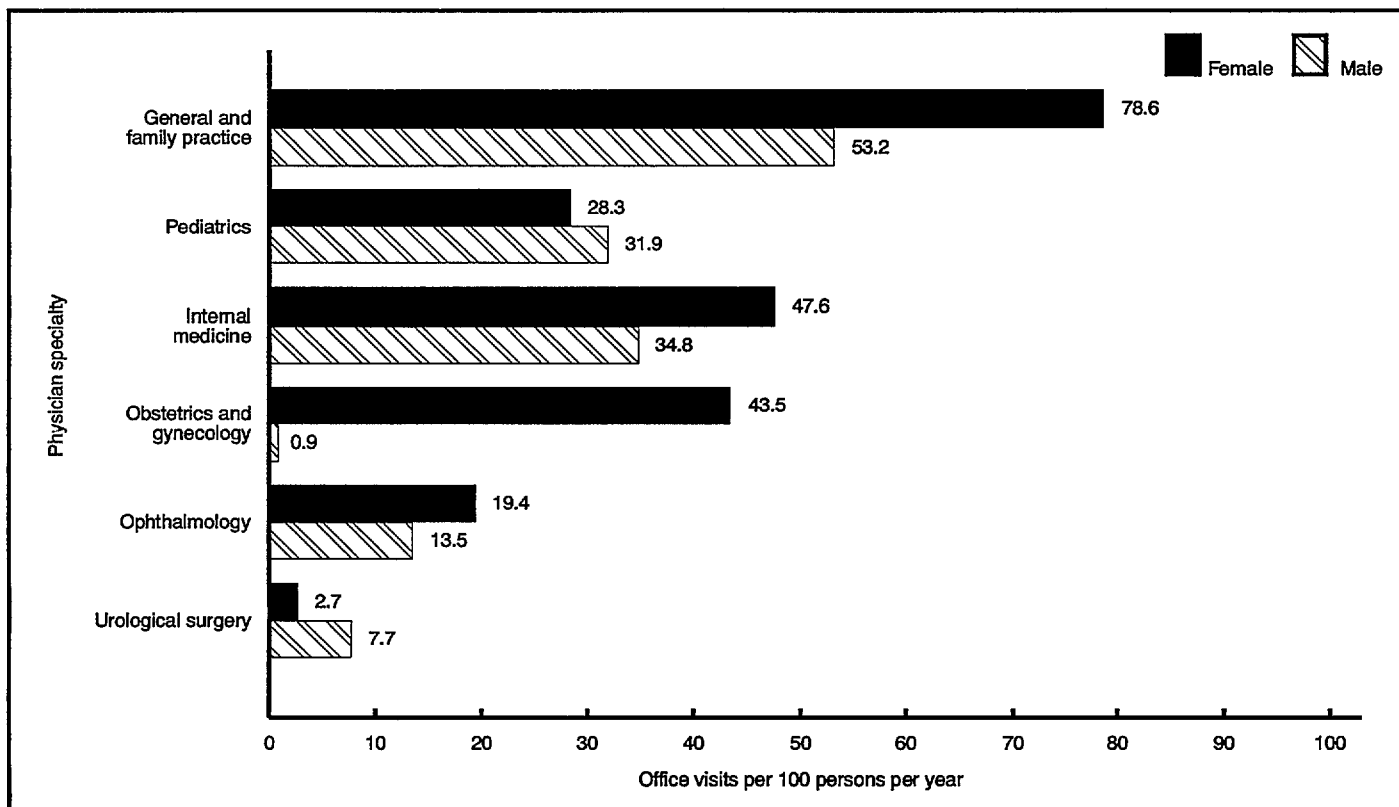


Figure 4. Annual visit rates for selected physician specialties by patient's sex: United States, 1991

Diagnostic and screening services

Statistics on diagnostic and screening services ordered or provided by the physician during the office visit are displayed in table 7. The list of diagnostic and screening services appearing on the Patient Record form is changed periodically to reflect the changing needs of data users, recommendations of advisors, and anticipated future health data needs. The 1991 NAMCS added a number of services that either had never appeared on the Patient Record form or had not been included for several years. New categories for 1991 include the following: EKG—resting, EKG—exercise, allergy testing, spirometry, strep throat test, hearing test, and mental status exam. In addition, the former “other” category was expanded to permit greater specificity with the addition of the “other radiology” and “other lab test” categories.

More than half (64.8 percent) of all office visits included one or more diagnostic or screening services. The most frequently mentioned diagnostic service was blood pressure check, recorded at 43.2 percent of visits. This percent was significantly higher than that recorded in 1990. (The 1990 percent was also higher than that found in 1989.) Also, blood pressure checks were ordered or provided at a higher percent of female visits (47.9 percent) than male visits (36.1 percent) in 1991, but the percents for both sexes showed an increase over 1990 figures.

Other frequently mentioned diagnostic or screening services included the new category, “other lab test” (17.1 percent of visits); urinalysis (12.7 percent); visual acuity (6.0 percent); other radiology (radiology other than chest x ray) (5.5 percent); cholesterol

measure (4.0 percent); and resting EKG (2.8 percent). Pap tests and mammograms were ordered or performed at 7.1 percent and 2.9 percent of visits by females, respectively.

Examining the distribution of diagnostic services by sex, visits by females showed a higher percent than visits by males of the following services: blood pressure check (discussed above), urinalysis, and cholesterol measure. A greater proportion of visits by males included the following: EKG—resting, EKG—exercise, chest x ray and other radiology, hearing test, visual acuity, and mental status exam.

Strep throat tests, mentioned at 2.0 percent of office visits in general, were ordered or provided at 5.7 percent of visits by children under age 15. Likewise, hearing tests, which were mentioned at 1.7 percent of visits overall, were included at 3.7 percent of visits by children under 15 years.

HIV serology was included as a specific diagnostic service on the Patient Record form beginning with the 1989 NAMCS, when it was cited at about 1 million office visits, or less than 1 percent of all office visits. For 1991, HIV serology was recorded at 1.4 million office visits, which was still less than 1 percent of the total, and not significantly different from the 1989 figure. Continuing efforts to increase public awareness and knowledge about HIV and AIDS might seem to suggest an increase in the number of office visits with HIV serology ordered or performed, but this has not been seen within the NAMCS. One theory may be that substantial numbers of HIV-related visits are made to facilities outside the scope of the NAMCS survey design, such as government-operated clinics and hospital-based clinics.

Table A. Number, percent distribution, and annual rate of injury-related office visits by patient's age and sex: United States, 1991

Patient characteristic	Number of visits in thousands	Percent distribution	Number of visits per 100 persons per year ¹	Percent of all office visits ²
All injury-related visits	66,066	100.0	26.6	9.9
Age				
Under 15 years	7,417	11.2	13.3	1.1
15-24 years	10,510	15.9	30.4	1.6
25-44 years	27,126	41.1	33.4	4.1
45-64 years	14,222	21.5	30.2	2.1
65-74 years	3,955	6.0	21.6	0.6
75 years and over	2,836	4.3	23.7	0.4
Sex and age				
Female	29,544	44.7	23.1	4.4
Under 15 years	3,098	4.7	11.4	0.5
15-24 years	4,094	6.2	23.5	0.6
25-44 years	11,300	17.1	27.4	1.7
45-64 years	6,596	10.0	26.9	1.0
65-74 years	2,510	3.8	24.8	0.4
75 years and over	1,945	2.9	25.9	0.3
Male	36,522	55.3	30.3	5.5
Under 15 years	4,319	6.5	15.2	0.6
15-24 years	6,415	9.7	37.4	1.0
25-44 years	15,826	24.0	39.7	2.4
45-64 years	7,626	11.5	33.7	1.1
65-74 years	1,445	2.2	17.7	0.2
75 years and over	891	1.3	19.9	0.1

¹Based on U.S. Bureau of the Census estimates of the civilian, noninstitutionalized population of the United States as of July 1, 1991.

²Based on an estimated total of 669,689,000 office visits in 1991.

Principal diagnosis

Item 11 of the Patient Record form asks the physician to record the principal diagnosis or problem associated with the patient's most important reason for the current visit as well as any other significant current diagnoses. Up to three diagnoses are coded and classified according to the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*.

Displayed in table 8 are office visits by principal diagnosis using the major disease categories specified by the ICD-9-CM. The supplementary classification, used for diagnoses not classifiable to injury or illness (for example, general medical examination, routine prenatal examination, and health supervision of an infant or child), accounted for 15.1 percent of all office visits. Diseases of the respiratory system (13.8 percent) and diseases of the nervous system and sense organs (11.6 percent) were also prominent on the list.

A higher proportion of visits by females than visits by males included principal diagnoses within the categories of diseases of the endocrine, nutritional, and metabolic diseases and immunity disorders; diseases of the circulatory system; diseases of the genitourinary system; and the supplementary classification. On the other hand, a higher proportion of visits by males cited principal diagnoses within the diagnostic classes of diseases of the nervous system and sense organs; diseases of the digestive system; diseases of the skin and subcutaneous tissue; and injury and poisoning. No statistical

Table B. Number and percent distribution of office visits by patient's cigarette-smoking status: United States, 1991

Does patient smoke cigarettes?	Number of visits in thousands	Percent distribution
All visits	669,689	100.0
Yes	67,674	10.1
No	416,771	62.2
Unknown	185,245	27.7
All visits by patients who smoke cigarettes	67,674	100.0
Age:		
Under 15 years	*237	*0.4
15-24 years	6,131	9.1
25-44 years	27,939	41.3
45-64 years	22,652	33.5
65-74 years	7,575	11.2
75 years and over	3,139	4.6
Sex:		
Female	39,308	58.1
Male	28,366	41.9

differences were found in the proportion of visits by males and females for any of the other diagnostic classes.

The 10 most frequently reported principal diagnoses for 1991 according to patient's age and sex are shown in table 9. These are categorized at the three-digit coding level of the ICD-9-CM. The most common diagnosis rendered by physicians at office visits in 1991 was essential hypertension,

Table C. Number and percent distribution of office visits by selected medical conditions, according to patient's age and sex: United States, 1991

Patient characteristic	Number of visits in thousands	Selected medical condition ¹					
		Total	Depression	Hypertension	Hypercholesterolemia	Obesity	None of these
		Percent distribution					
All visits	669,689	100.0	6.0	12.7	6.9	7.9	75.9
Age							
Under 15 years	125,025	100.0	1.0	*0.4	*0.2	1.3	97.4
15-24 years	61,534	100.0	3.0	*0.9	*0.3	4.3	92.3
25-44 years	185,267	100.0	8.0	4.9	2.5	8.6	80.3
45-64 years	141,994	100.0	9.1	19.2	9.8	13.2	63.1
65-74 years	83,689	100.0	6.9	28.7	12.5	10.9	58.3
75 years and over	72,181	100.0	5.7	33.2	9.1	6.8	58.8
Sex							
Female	400,485	100.0	6.9	13.1	5.8	9.4	74.0
Male	269,205	100.0	4.8	12.1	4.8	5.6	78.7

¹Numbers may not add to totals because more than one condition may be reported per visit.

occurring at 3.5 percent of all visits. Essential hypertension has been the most frequently reported morbidity-related diagnosis in every survey year since the NAMCS began in 1973. (Morbidity-related diagnoses are those classifiable to illness or injury. Nonmorbidity-related diagnoses include routine prenatal examination, health supervision of an infant or child, and general medical examination, among others.) Of the 10 diagnoses shown in table 9 for all visits combined, 8 also appeared on the list of the 10 most frequent diagnoses for 1990.

Additional diagnostic data are presented in table 10, which lists the most frequently reported principal diagnoses at injury-related office visits according to patient's age and sex. Sprains and strains of joints and adjacent muscles (ICD-9-CM codes 840-848) were the most frequently mentioned diagnostic group overall, accounting for about one-fifth (21.3 percent) of all injury-related office visits. This diagnostic group was recorded most frequently at visits by both males and females and by each age group, with the exception of the youngest (under 15 years). Fracture of the upper limb (ICD-9-CM codes 810-819) was the most frequent diagnosis at injury-related office visits by persons under age 15 and accounted for about one-quarter (24.5 percent) of all injury visits in this age group.

Physician's checklist of selected medical conditions

In addition to the diagnostic data reported in item 11 of the Patient Record form, selected information on the patient's current health status was collected in item 13, another addition to the 1991 NAMCS. Physicians were given a list of four common conditions—depression, hypertension, hypercholesterolemia, and obesity—and asked to record whether the patient now had any of them, regardless of what was recorded as the current diagnosis in item 11 of the survey form. Results from item 13 are shown in table C.

Nearly one-quarter (24.1 percent) of the visits were made by patients who were reported to have one or more of

the four conditions listed on the survey form. Hypertension was checked most frequently, at 85.3 million visits (12.7 percent of the total). This figure is substantially higher than the number of visits in which a first, second, or third diagnosis of hypertension was reported in item 11 of the Patient Record form (44.9 million visits or 6.7 percent of the total), and suggests the possibility that physicians tend to underreport chronic conditions in item 11. It should be noted that in item 11, physicians are instructed to record up to two additional diagnoses, if any (in addition to the principal diagnosis), whether or not they are of direct concern to the current visit.

Similar discrepancies between data reported in items 11 and 13 were found for the other three medical conditions. There were an estimated 9.0 million visits with a possible first, second, or third diagnosis of hypercholesterolemia in item 11 compared with 46.0 million visits where hypercholesterolemia was checked in item 13. For depression, the corresponding figures were 15.4 million and 40.2 million. For obesity, 10.4 million visits included a possible diagnosis of obesity compared with 53.0 million visits where this condition was checked off in item 13. Additional analysis of the differences between these items and related items on the Patient Record form is warranted by these results.

Hypertension was no more likely to be cited at visits by males compared with visits by females. However, the percent of visits with a mention of hypertension increased with the patient's age and was highest for persons 65-74 years and 75 years and over. (No significant difference was found in the percent of hypertension mentions for these two age groups.) Depression, hypercholesterolemia, and obesity were reported by physicians more often at visits made by females than at visits made by males.

Comparing diagnostic data from item 11 with the medical conditions reported in item 13 was a complicated task. For example, if the check box for hypercholesterolemia was selected in item 13, which diagnostic codes

Table D. Number and percent distribution of drug mentions by medication status, according to patient's age and sex: United States, 1991

Patient characteristic	Number of drug mentions in thousands	New medication ¹			
		Total	Yes	No	Unknown
All drug mentions	804,615	100.0	38.3	53.0	8.7
Age					
Under 15 years	123,833	100.0	58.3	28.9	12.8
15-24 years	56,142	100.0	57.7	36.3	6.0
25-44 years	178,001	100.0	49.6	43.2	7.2
45-64 years	189,094	100.0	32.3	59.9	7.9
65-74 years	132,111	100.0	22.9	68.1	9.0
75 years and over	125,434	100.0	19.3	72.0	8.8
Sex					
Female	490,824	100.0	37.8	54.1	8.1
Male	313,791	100.0	39.1	51.3	9.5

¹Physicians were asked to specify, for each medication ordered or provided at the current visit, whether the medication was new for the patient or whether it was a continued medication. Continued medications include those which were to be continued by the patient, even if a refill was not specifically ordered at the visit.

(based on the ICD-9-CM) would be used to identify a diagnosis of hypercholesterolemia in item 11? A number of diagnostic codes exist for each of the four medical conditions for which some, but not necessarily all, of the cases classifiable to that code contain the condition of interest. In the example mentioned above, it was necessary to include in the comparison not only visits with a diagnosis of pure hypercholesterolemia (ICD-9-CM code 272.0), but also those with diagnoses of mixed hyperlipidemia (ICD-9-CM code 272.2) and other and unspecified hyperlipidemia (ICD-9-CM 272.4), because of the possibility that such codes may encompass the condition of interest.

Because of the need to be as general as possible in the selection of diagnostic codes for comparison, the term "possible diagnoses" is used in the comparative analysis. This denotes that visit estimates are based on a range of possible diagnostic codes in item 11 for each condition reported in item 13. A list of the ICD-9-CM codes used to compare diagnostic data from item 11 with the medical conditions reported in item 13 is included in appendix I.

Medication therapy

Medication therapy was the most commonly mentioned therapeutic service in 1991, reported at 423.7 million office visits or 63.3 percent of the total. Physicians were instructed to record all new or continued medications ordered or provided at the visit, including prescription and nonprescription preparations, and immunizing and desensitizing agents. As used in the NAMCS, the term "drug" is interchangeable with the term "medication" and the term "prescribing" is used broadly to mean ordering or providing any medication, whether prescription or over-the-counter.

Visits with one or more drug mentions are termed "drug visits" in the NAMCS. As many as five medications, or drug mentions, could be coded per drug visit, resulting in a total of 804.6 million drug mentions during 1991. This yields an average of about 1.2 drug mentions per office visit, or 1.9 drug

mentions per drug visit. Data on number of drug visits and number of medications per visit according to patient's age and sex are shown in table 11. A significantly higher percent of visits by females included one or more medications than did visits by males.

Shown in table D are drug mentions by medication status according to patient's age and sex. Medication status refers to whether the medication was new for the patient or whether it was a continued medication. Continued medications include those the patient was instructed to continue even if a refill was not specifically ordered at the visit. In general, more than half of all drug mentions (53.0 percent) were continued medications, ranging from 28.9 percent of mentions for patients under 15 years of age to 72.0 percent for patients 75 years of age and over.

The 20 most frequently used generic substances are presented in table E. These substances are also displayed according to patient's age and sex in table 12. It should be noted that drug products containing more than one substance (combination products) are included in the data for each substance. For example, acetaminophen with codeine is included in both the count for acetaminophen and the count for codeine.

Amoxicillin was the generic ingredient most frequently used in drugs ordered or provided by the physician at office visits in 1991 (as well as in 1990), occurring in 4.1 percent of drug mentions. Seventeen of the 20 most used generic ingredients for 1991 were also on the list of the top 20 for 1990.

The NAMCS drug data base permits classification by a wide range of variables, including specific product name, generic class, entry form chosen by the physician (brand name, generic name, or the desired therapeutic effect), prescription status (whether the product is prescription or nonprescription), federally controlled substance status, composition status (single or multiple ingredient product), and therapeutic category. A report describing the method and instruments used to collect and process drug information for the NAMCS is available (16).

Table E. Number, percent, and therapeutic classification of drug mentions by the 20 most frequently used generic substances: United States, 1991

<i>Generic substance</i>	<i>Number of drug mentions in thousands¹</i>	<i>Percent</i>	<i>Therapeutic classification²</i>
All drug mentions	804,615	100.0	...
Amoxicillin	33,304	4.1	Penicillins
Acetaminophen	28,387	3.5	General analgesics
Erythromycin	16,060	2.0	Erythromycins and lincosamides
Hydrochlorothiazide	15,727	2.0	Diuretics
Aspirin	13,426	1.7	General analgesics
Ibuprofen	13,321	1.7	Antiarthritics
Phenylephrine	12,900	1.6	Nasal decongestants
Codeine	12,655	1.6	General analgesics
Phenylpropanolamine	11,734	1.5	Nasal decongestants
Albuterol	11,387	1.4	Bronchodilators, antiasthmatics
Digoxin	10,411	1.3	Cardiac glycosides
Naproxen	10,341	1.3	Antiarthritics
Guaifenesin	10,281	1.3	Antitussives, expectorants, mucolytics
Furosemide	10,257	1.3	Diuretics
Vitamin A	10,169	1.3	Vitamins, minerals
Riboflavin	9,402	1.2	Vitamins, minerals
Trimethoprim	9,343	1.2	Sulfanamides and trimethoprim
Sulfamethoxazole	9,223	1.1	Sulfanamides and trimethoprim
Ergocalciferol	9,165	1.1	Vitamins, minerals
Cefaclor	8,791	1.1	Cephalosporins

¹Frequency of mention combines single-ingredient agents with mentions of the agent as an ingredient in a combination drug.

²Therapeutic classification is based on the *National Drug Code Directory, 1985 edition* (NDC) (17). In cases where a generic substance had more than one therapeutic use, it was listed under the NDC classification that occurred with the highest frequency.

Therapeutic services other than medication therapy

In the 1991 NAMCS, item 16 of the Patient Record form underwent substantial revision with an expanded list of therapeutic categories permitting greater specificity in physicians' responses. These are displayed according to patient's age and sex in table 13.

About 33.1 percent of all office visits included some form of counseling, education, or other nonmedication therapy. Diet education or counseling was mentioned most frequently, at 11.4 percent of the total, or 76.5 million visits. Other prominent categories included exercise (8.2 percent), weight reduction (3.8 percent), cholesterol reduction (3.1 percent) and growth/development (3.1 percent). Counseling related to diet, weight, growth/development, and family planning each occurred at a higher percent of visits by females than at visits by males. A higher proportion of visits by males included counseling for alcohol abuse compared with visits by females. No significant differences were found by sex for the other counseling categories.

Visits made by persons 75 years and over were the least likely to report some form of nonmedication therapy, whether in the form of counseling, education, or other therapeutic service (26.2 percent of all visits in this age group), while visits by persons 45–64 years of age were the most likely to include a mention of nonmedication therapy (38.0 percent of all visits in this age group). In general, visits made by males were less likely to include a mention of nonmedication therapy than were visits by females.

Ambulatory surgical procedures

The 1991 NAMCS included a new item concerning ambulatory surgical procedures that were scheduled or performed at the current visit. Physicians were asked to record up to two outpatient diagnostic and/or therapeutic procedures, and were instructed to record procedures that were performed during the visit before procedures that were simply scheduled. Ambulatory surgery is defined here to include minor procedures as well as those that are more complex. However, physicians were instructed to record the more complex procedure first when reporting two procedures scheduled or two procedures performed.

Ambulatory surgical procedures were reported at 6.1 percent of all office visits—about 43.3 million procedures scheduled or performed. Data on ambulatory surgery by patient's age and sex are shown in tables F, 14, and 15. Visits made by persons under 15 years were the least likely to include ambulatory surgery; no significant differences were found in the proportions of visits with ambulatory surgery scheduled or performed for any of the other age groups, nor was a difference found according to patient's sex.

Disposition and duration of visit

Data on the disposition and duration of office visits according to patient's age and sex are displayed in table 16. About two-thirds (66.7 percent) of all office visits included a scheduled followup visit or telephone call and another 21.6 percent included instructions to return if needed. Less than one

Table F. Number and percent distribution of office visits by diagnostic and therapeutic ambulatory surgical procedures scheduled or performed, and standard error of visits with one or more procedures scheduled or performed, according to patient's age and sex: United States, 1991

Patient characteristic	Diagnostic and therapeutic procedures scheduled or performed			Standard error of visits with one or more procedures ¹
	All visits	No procedures	One or more procedures	
Number of visits in thousands				
All visits	669,689	629,142	40,548	2,972
Age				
Under 15 years	125,025	122,220	2,804	324
15-24 years	61,534	57,361	4,173	516
25-44 years	185,267	173,907	11,360	1,014
45-64 years	141,994	131,550	10,444	997
65-74 years	83,689	77,132	6,377	679
75 years and over	72,181	66,791	5,389	711
Sex				
Female	400,485	377,406	23,079	1,676
Male	269,205	251,736	17,469	1,539
Percent distribution				
All visits	100.0	93.9	6.1	0.4
Age				
Under 15 years	100.0	97.8	2.2	0.3
15-24 years	100.0	93.2	6.8	0.8
25-44 years	100.0	93.9	6.1	0.5
45-64 years	100.0	92.6	7.4	0.7
65-74 years	100.0	92.2	7.6	0.8
75 years and over	100.0	92.5	7.5	1.0
Sex				
Female	100.0	94.2	5.8	0.4
Male	100.0	93.5	6.5	0.6

¹See Appendix I for a discussion of standard errors and precision of NAMCS estimates.

percent of visits resulted in a hospital admission. These percents are not statistically different than those reported in 1990. A higher proportion of visits by males did not include followup instructions compared with visits by females. This difference was also noted in 1989 and 1990.

Duration of visit refers to the amount of time spent in face-to-face contact between the physician and the patient. This time is estimated and recorded by the physician and does not include time spent waiting to see the physician, time spent receiving care from someone other than the physician without the presence of the physician, or time spent by the physician in reviewing patient records and/or test results. In cases where

the patient received care from a member of the physician's staff but did not actually see the physician during the visit, duration was recorded as "zero" minutes.

About 68.3 percent of office visits had a duration of 15 minutes or less in 1991. The mean duration for all visits was 17.0 minutes. Corresponding numbers for 1990 were 69.3 percent and 16.7 minutes, respectively. Data on the mean duration of office visits by patient's age, sex, and prior-visit status are displayed in table G.

Additional data related to patient characteristics are presented in tables 17, 18, 34, and 38.

Table G. Number and percent distribution of office visits, mean duration of physician-patient contact, and standard error of mean contact duration by patient's age, sex, and prior-visit status: United States, 1991

<i>Patient characteristic</i>	<i>Number of visits in thousands</i>	<i>Percent distribution</i>	<i>Mean contact duration in minutes¹</i>	<i>Standard error of mean contact duration in minutes²</i>
All visits	669,689	100.0	17.0	0.29
<i>Age</i>				
Under 15 years	125,025	18.7	14.4	0.39
15-24 years	61,534	9.2	15.7	0.43
25-44 years	185,267	27.7	17.4	0.35
45-64 years	141,994	21.2	18.4	0.42
65-74 years	83,689	12.5	17.7	0.53
75 years and over	72,181	10.8	18.1	0.58
<i>Sex</i>				
Female	400,485	59.8	16.9	0.29
Male	269,205	40.2	17.1	0.34
<i>Prior-visit status</i>				
New patient	111,801	16.7	21.3	0.51
Old patient, new problem	144,190	21.5	15.2	0.31
Old patient, old problem	413,698	61.8	16.4	0.36

¹Time spent in face-to-face contact between physician and patient. Does not include visits of 0 minutes duration, i.e., visits in which there was no face-to-face contact between physician and patient.

²See Appendix I for a discussion of standard error and precision of NAMCS estimates.

Office-based care as related to physician practice characteristics

In this section, data on office-based ambulatory care are presented for the 13 most visited physician specialties: general and family practice, internal medicine, pediatrics, obstetrics and gynecology, ophthalmology, orthopedic surgery, dermatology, general surgery, otolaryngology, psychiatry, urological surgery, cardiovascular diseases, and neurology. Visits to these 13 specialties accounted for about 89 percent of all office-based visits for ambulatory care in 1991. Figure 5 shows the distribution of office visits by physician specialty.

Within each specialty, data have been classified by patient characteristics (tables 17 and 18); patient's principal reason for visit (tables 19, 20, and 21); selected diagnostic services (tables 22 and 23); physician's principal diagnosis (tables 24, 25, and 26); selected therapeutic services (tables 27, 28, 29, 30, and 31); and selected visit characteristics (tables 32 and 33).

Most of the data contained in these tables are self-explanatory and allow the reader to reference areas of particular interest according to any of the listed specialties.

Table H summarizes office visits to 13 physician specialties by the patient's prior-visit status and also displays the return visit rate for each specialty. The return visit rate can be explained as follows: visits were characterized as falling into one of two categories—"new problem visits" (visits made either by new or previously seen patients for the care of new problems) or "return visits for old problems" (visits involving previously seen patients returning for the care of previously treated problems).

The return visit rate refers to the ratio of return visits to new problem visits. Among the 13 listed specialties, psychiatrists had the highest rate of return visits during 1991, with about seven visits for old problems for every new problem visit.

Table J highlights the nature of medical care provided within each of the 13 physician specialties. Nature of care is defined here as being either morbidity related (visits with an illness- or injury-related diagnosis, ICD-9-CM codes 001-999) or nonmorbidity related (visits for reasons other than those classifiable to disease or injury, ICD-9-CM supplementary classification codes V01-V82). Examples of nonmorbidity-related care are visits for general medical examinations, routine prenatal examinations, and health supervision of an infant or child.

In general, 83.2 percent of the principal diagnoses recorded at office visits to ambulatory care physicians was related to illness or injury. The percent was lowest for obstetricians and

gynecologists (42.8 percent), due in large part to the number of visits related to normal pregnancy.

Data pertaining to injury-related office visits according to physician specialty is displayed in table K. About 61 percent of all visits to office-based orthopedic surgeons were injury related, as were 19.9 percent of visits to office-based neurologists. The distribution of such visits was 10 percent or less for each of the other major specialties.

Data concerning whether or not the patient currently smokes cigarettes, according to physician specialty, are presented in table L. The percent of office visits made by cigarette smokers was highest for psychiatrists (16.1 percent). However, these data were either unknown or unreported at 27.7 percent of office visits overall, including 30.1 percent of visits to cardiovascular disease specialists and 26.3 percent of visits to obstetricians and gynecologists.

Table M displays four common medical conditions—depression, hypertension, hypercholesterolemia, and obesity—which the patient was reported to have at the time of the office visit, according to physician specialty. This short checklist of medical conditions was added to the 1991 NAMCS, as discussed in the previous section of this report, and physicians were instructed to check any of the applicable categories regardless of what was recorded as the physician's diagnosis in a separate survey item.

Office visits to psychiatrists and cardiovascular disease specialists were the most likely to be made by patients with one or more of these four conditions (69.8 percent and 53.3 percent of visits, respectively). Hypertension (36.3 percent) and hypercholesterolemia (20.2 percent) were mentioned most frequently at visits to cardiologists. In addition, 13.1 percent of visits to this specialty were made by persons suffering from obesity. About two-thirds (68.3 percent) of visits to psychiatrists were made by patients who suffered from depression. Also, a substantial proportion of visits to internists were made by patients with hypertension (27.3 percent), hypercholesterolemia (12.3 percent), and obesity (10.6 percent).

Although hypertension was cited at an estimated 4.2 million visits to cardiovascular disease specialists (based on responses to item 13 of the Patient Record form), a specific diagnosis involving hypertension was reported by cardiologists at only 2.6 million visits (based on responses to item 11). Corresponding figures for visits to internists were 28.1 million and 19.8 million visits, respectively. Larger differences were found between items 11 and 13 for hypercholesterolemia, obesity, and depression. These data suggest that chronic

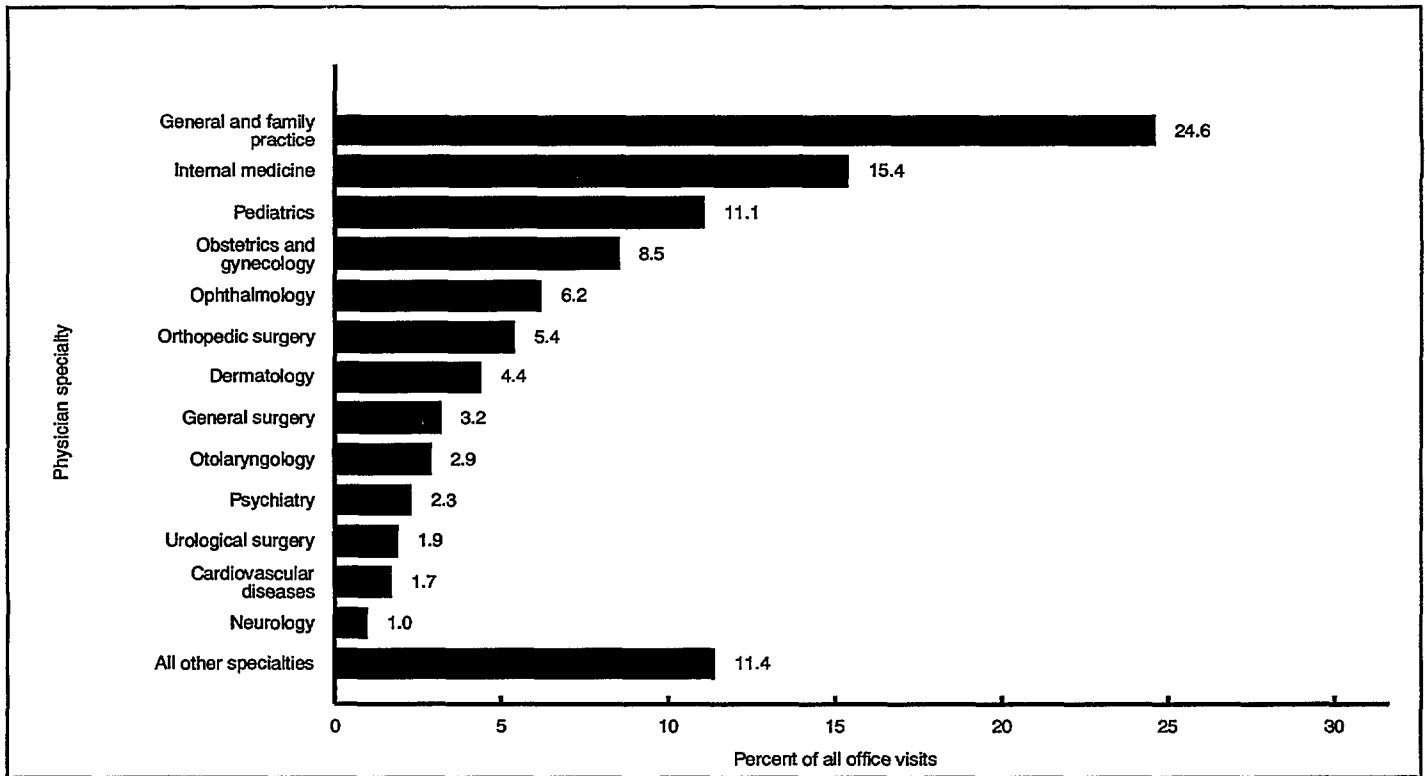


Figure 5. Percent distribution of office visits by physician specialty: United States, 1991

conditions may be underreported in the NAMCS and warrant further analysis. For further discussion of this issue, see the technical notes in appendix I.

Table N presents data on drug visits and drug mentions by physician specialty. "Drug visits" are visits during which at least one medication was ordered or provided by the physician while "drug mentions" refer to the total number of medications listed by the physician on the Patient Record form. There

were about 804.6 million drug mentions in 1991—an average of 1.2 drug mentions per office visit or 1.9 drug mentions for every visit at which one or more medications were prescribed. As noted earlier, drugs were ordered or provided at 63.3 percent of all office visits. The percent of drug visits was highest for internists and cardiovascular disease specialists (81.6 percent and 80.4 percent of visits, respectively).

Table H. Number and percent distribution of office visits by patient's prior-visit status, and return visit rate, according to physician specialty: United States, 1991

Physician specialty	Total	New problem visits ¹	Return visits for old problems	Return visit rate ²			
				Total	New problem visits	Return visits for old problems	Return visit rate ²
	Number in thousands			Percent distribution			
All visits	669,689	255,991	413,698	100.0	38.2	61.8	1.6
General and family practice	164,857	76,262	88,595	100.0	46.3	53.7	1.2
Internal medicine	102,923	38,700	64,223	100.0	37.6	62.4	1.7
Pediatrics	74,646	32,610	42,036	100.0	43.7	56.3	1.3
Obstetrics and gynecology	56,834	18,928	37,906	100.0	33.3	66.7	2.0
Ophthalmology	41,207	12,088	29,119	100.0	29.3	70.7	2.4
Orthopedic surgery	35,932	14,777	21,155	100.0	41.1	58.9	1.4
Dermatology	29,659	11,512	18,147	100.0	38.8	61.2	1.6
General surgery	21,285	7,940	13,345	100.0	37.3	62.7	1.7
Otolaryngology	19,101	7,499	11,602	100.0	39.3	60.7	1.5
Psychiatry	15,720	1,989	13,731	100.0	12.7	87.3	6.9
Urological surgery	12,758	3,958	8,800	100.0	31.0	69.0	2.2
Cardiovascular diseases	11,629	2,467	9,162	100.0	21.2	78.8	3.7
Neurology	6,798	2,764	4,035	100.0	40.7	59.3	1.5
Other	76,341	24,498	51,843	100.0	32.1	67.9	2.1

¹New problem" visits may be made by either old or new patients.

²Return visit rate is the ratio of visits made by previously seen patients for the care of previously treated problems to visits made for the treatment of new problems.

Table J. Number and percent distribution of office visits by type of diagnosis, according to physician specialty: United States, 1991

Physician specialty	Total	Visits with morbidity-related diagnosis ¹	Visits with nonmorbidity-related diagnosis ²	Total	Visits with morbidity-related diagnosis	Visits with nonmorbidity-related diagnosis	Ratio of morbidity-related care to other care
		Number in thousands			Percent distribution ³		
All visits	669,689	557,232	101,433	100.0	83.2	15.1	5.5
General and family practice	164,857	141,804	19,645	100.0	86.0	11.9	7.2
Internal medicine	102,923	95,535	6,099	100.0	92.8	5.9	15.7
Pediatrics	74,646	51,767	21,683	100.0	69.3	29.0	2.4
Obstetrics and gynecology	56,834	24,329	30,990	100.0	42.8	54.5	0.8
Ophthalmology	41,207	34,125	5,991	100.0	82.8	14.5	5.7
Orthopedic surgery	35,932	32,518	3,058	100.0	90.5	8.5	10.6
Dermatology	29,659	28,689	850	100.0	96.7	2.9	33.8
General surgery	21,285	18,041	2,995	100.0	84.8	14.1	6.0
Otolaryngology	19,101	17,168	1,792	100.0	89.9	9.4	9.6
Psychiatry	15,720	15,303	246	100.0	97.3	1.6	62.3
Urological surgery	12,758	11,254	1,359	100.0	88.2	10.7	8.3
Cardiovascular diseases	11,629	10,059	1,357	100.0	86.5	11.7	7.4
Neurology	6,798	6,503	204	100.0	95.7	3.0	31.9
Other	76,341	70,136	5,165	100.0	91.9	6.8	13.6

¹Diagnostic codes are based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*. "Morbidity-related diagnosis" refers to visits with a principal diagnosis of illness or injury (ICD-9-CM codes 001-999).

²"Nonmorbidity related diagnosis" refers to visits with a principal diagnosis which is not classifiable to illness or injury (ICD-9-CM supplementary classification codes V01-V82). Examples include visits for general medical examination, routine prenatal examination, and health supervision of an infant or child.

³Numbers may not add to totals because unknown and blank diagnoses have been omitted.

Table K. Number and percent distribution of office visits by injury status, according to physician specialty: United States, 1991

Physician specialty	Number of visits in thousands	Is this visit injury related?		
		Total	Yes	No
All visits	669,689	100.0	9.9	90.1
General and family practice	164,857	100.0	9.5	90.5
Internal medicine	102,923	100.0	8.7	91.3
Pediatrics	74,646	100.0	2.7	97.3
Obstetrics and gynecology	56,834	100.0	0.8	99.2
Ophthalmology	41,207	100.0	3.1	96.9
Orthopedic surgery	35,932	100.0	60.9	39.1
Dermatology	29,659	100.0	0.8	99.2
General surgery	21,285	100.0	8.3	91.7
Otolaryngology	19,101	100.0	3.8	96.2
Psychiatry	15,720	100.0	3.1	96.9
Urological surgery	12,758	100.0	1.8	98.2
Cardiovascular diseases	11,629	100.0	1.1	98.9
Neurology	6,798	100.0	19.9	80.1
Other	76,341	100.0	14.2	85.8

Drug mentions within each of the 13 aforementioned physician specialties are displayed by therapeutic classification in tables 29 and 30. This classification is adapted from the therapeutic classification of the National Drug Code, 1985 (17). In cases where a drug could apply to more than one therapeutic category, it was assigned to the category for which it was most often prescribed.

Table O shows whether ambulatory surgery was scheduled or performed at the office visit, according to physician

specialty. As would be expected, surgical specialties were generally more likely to report visits with ambulatory surgery than were medical specialties. One or more procedures were scheduled or performed at 18.0 percent of visits to general surgeons and at 18.6 percent of visits to urologists.

The mean duration of physician-patient contact for each of the 13 major physician specialties is shown in table P. Mean duration ranged from 13.4 minutes for dermatologists to 44.3 minutes for psychiatrists.

Table L. Number and percent distribution of office visits by patient's cigarette-smoking status, according to physician specialty: United States, 1991

Physician specialty	Number of visits in thousands	Does patient smoke cigarettes?			
		Total	Yes	No	Unknown
Percent distribution					
All visits	669,689	100.0	10.1	62.2	27.7
General and family practice	164,857	100.0	12.6	63.5	23.9
Internal medicine	102,923	100.0	13.3	63.3	23.4
Pediatrics	74,646	100.0	0.4	96.8	2.8
Obstetrics and gynecology	56,834	100.0	11.8	61.9	26.3
Ophthalmology	41,207	100.0	6.6	43.0	50.4
Orthopedic surgery	35,932	100.0	9.2	38.8	52.0
Dermatology	29,659	100.0	4.2	33.0	62.8
General surgery	21,285	100.0	13.2	56.3	30.5
Otolaryngology	19,101	100.0	8.0	62.3	29.7
Psychiatry	15,720	100.0	16.1	59.6	24.3
Urological surgery	12,758	100.0	9.3	51.4	39.3
Cardiovascular diseases	11,629	100.0	8.2	61.7	30.1
Neurology	6,798	100.0	13.7	63.4	22.9
All other specialties	76,341	100.0	11.7	61.3	26.9

Table M. Number and percent distribution of office visits by selected medical conditions, according to physician specialty: United States, 1991

Physician specialty	Number of visits in thousands	Medication condition					
		Total	Depression	Hypertension	Hypercholesterolemia	Obesity	None of these
Percent distribution ¹							
All visits	669,689	100.0	6.1	12.7	5.4	7.9	75.9
General and family practice	164,857	100.0	6.2	16.7	7.9	12.2	69.4
Internal medicine	102,923	100.0	8.7	27.3	12.3	10.6	57.3
Pediatrics	74,646	100.0	0.5	0.7	*0.1	1.4	97.8
Obstetrics and gynecology	56,834	100.0	2.8	3.0	1.0	6.1	88.7
Ophthalmology	41,207	100.0	1.7	13.8	1.3	2.9	82.8
Orthopedic surgery	35,932	100.0	1.2	2.8	0.6	5.4	91.0
Dermatology	29,659	100.0	1.0	4.5	1.9	2.5	92.1
General surgery	21,285	100.0	3.1	13.4	5.2	12.0	74.9
Otolaryngology	19,101	100.0	0.9	3.1	0.9	2.1	93.7
Psychiatry	15,720	100.0	68.3	2.0	1.8	4.7	30.2
Urological surgery	12,758	100.0	3.7	13.3	2.9	8.1	78.5
Cardiovascular diseases	11,629	100.0	5.4	36.3	20.2	13.1	46.7
Neurology	6,798	100.0	9.6	7.4	2.3	7.4	76.7
Other	76,341	100.0	6.3	12.0	5.3	8.8	76.0

¹Numbers may not add to totals because more than one condition may be recorded per visit.

Table N. Number and percent distribution of drug visits and drug mentions by physician specialty: United States, 1991

Physician specialty	Number of drug visits in thousands ¹	Percent distribution	Number of drug mentions in thousands	Percent distribution	Percent drug visits ²
All drug visits	423,675	100.0	804,615	100.0	63.3
General and family practice	119,003	28.1	222,158	27.6	72.2
Internal medicine	83,975	19.8	193,229	24.0	81.6
Pediatrics	51,903	12.3	81,746	10.2	69.5
Obstetrics and gynecology	27,106	6.4	35,507	4.4	47.7
Ophthalmology	19,125	4.5	32,259	4.0	46.4
Dermatology	16,979	4.0	31,609	3.9	57.2
Psychiatry	10,161	2.4	16,320	2.0	64.6
Cardiovascular diseases	9,350	2.2	30,029	3.7	80.4
Orthopedic surgery	9,309	2.2	12,115	1.5	25.9
Otolaryngology	8,744	2.1	12,405	1.5	45.8
General surgery	6,920	1.6	13,498	1.7	32.5
Urological surgery	5,093	1.2	6,616	0.8	39.9
Neurology	4,210	1.0	6,625	0.8	61.9
All other specialties	51,797	12.2	110,499	13.7	67.8

¹Drug visits are visits at which one or more drugs is ordered or supplied by the physician.

²Number of drug visits divided by number of office visits multiplied by 100.

Table O. Number and percent distribution of office visits by diagnostic and therapeutic ambulatory surgical procedures scheduled or performed, and standard error of visits with one or more procedures scheduled or performed, according to physician specialty: United States, 1991

Physician specialty	Diagnostic and therapeutic procedures scheduled or performed			Standard error of visits with one or more procedures ¹
	All visits	No procedures	One or more procedures	
	Number of visits in thousands			
All visits	669,689	629,141	40,548	2,972
General and family practice	164,857	160,565	4,292	510
Internal medicine	102,923	98,053	*4,870	1,749
Pediatrics	74,646	74,117	530	143
Obstetrics and gynecology	56,834	53,279	3,555	535
Ophthalmology	41,207	36,390	4,817	1,393
Orthopedic surgery	35,932	31,616	4,316	644
Dermatology	29,659	25,835	3,824	597
General surgery	21,285	17,452	3,833	468
Otolaryngology	19,101	17,232	1,869	301
Psychiatry	15,720	15,720	-	-
Urological surgery	12,758	10,385	2,373	319
Cardiovascular diseases	11,629	11,472	*157	70
Neurology	6,798	6,705	*93	31
Other	76,341	70,322	6,019	1,450
	Percent distribution			
All visits	100.0	93.9	6.1	0.4
General and family practice	100.0	97.4	2.6	0.3
Internal medicine	100.0	95.3	*4.7	1.8
Pediatrics	100.0	99.3	0.7	0.2
Obstetrics and gynecology	100.0	93.7	6.3	0.8
Ophthalmology	100.0	88.3	11.7	3.2
Orthopedic surgery	100.0	88.0	12.0	1.9
Dermatology	100.0	87.1	12.9	1.9
General surgery	100.0	82.0	18.0	1.9
Otolaryngology	100.0	90.2	9.8	1.4
Psychiatry	100.0	100.0	-	-
Urological surgery	100.0	81.4	18.6	1.8
Cardiovascular diseases	100.0	98.7	*1.4	0.6
Neurology	100.0	98.6	*1.4	0.4
Other	100.0	92.1	7.9	1.7

¹See Appendix I for a discussion of standard errors and precision of NAMCS estimates.

Table P. Number and percent distribution of office visits, mean duration of physician-patient contact, and standard error of mean contact duration, by physician specialty: United States, 1991

<i>Physician specialty</i>	<i>Number of visits in thousands</i>	<i>Percent distribution</i>	<i>Mean contact duration in minutes¹</i>	<i>Standard error of mean contact duration in minutes²</i>
All visits	669,689	100.0	17.0	0.29
General and family practice	164,857	24.6	15.5	0.34
Internal medicine	102,923	15.4	15.9	0.85
Pediatrics	74,646	11.1	14.2	0.54
Obstetrics and gynecology	56,834	8.5	16.3	0.68
Ophthalmology	41,207	6.2	19.0	1.80
Orthopedic surgery	35,932	5.4	15.6	0.65
Dermatology	29,659	4.4	13.4	0.57
General surgery	21,285	3.2	14.5	0.46
Otolaryngology	19,101	2.9	14.8	0.74
Psychiatry	15,720	2.3	44.3	1.87
Urological surgery	12,758	1.9	17.9	0.68
Cardiovascular diseases	11,629	1.7	22.5	1.74
Neurology	6,798	1.0	33.0	1.90
Other	76,341	11.4	19.1	1.22

¹Time spent in face-to-face contact between physician and patient. Does not include visits of 0 minutes duration, i.e., visits in which there was no face-to-face contact between physician and patient.

²See Appendix I for a discussion of standard error and precision of NAMCS estimates.

Office-based care as related to patient's principal reason for visit

In item 10 of the 1991 NAMCS Patient Record form, the reporting physician is instructed to list "the patient's complaint(s), symptom(s), or other reason(s) for this visit (in patient's own words)." The intent is to obtain information on how the patient defines his or her own problem. In cases where a visit occurs for reasons other than a complaint or symptom (for example, general medical examination, routine prenatal examination, or well-baby examination), the physician is asked to enter the reason for the visit.

Responses are coded according to a nosology developed for the National Ambulatory Medical Care Survey and outlined in *A Reason for Visit Classification for Ambulatory Care (RVC)* (14). Up to three reasons are coded for each visit in the order in which they are listed on the Patient Record form by the physician. All of the tables presented here focus on the patient's "most important" reason for visit, reported in item 10a of the Patient Record form. Reasons for visit referring to complaints or symptoms are termed "morbidity-related" throughout this report.

Tables 34, 35, and 36 examine the top 25 morbidity-related reasons for visit in terms of patient's age and sex, prior visit status, and selected diagnostic services.

Table Q displays the top 10 morbidity-related principal reasons for visit for males and females. Males and females shared 9 of the 10 top morbidity-related principal reasons for visiting a physician.

Table R lists the 60 most frequently mentioned principal reasons for visit, which accounted for 67.0 percent of all office visits, along with the average duration of physician-patient contact for each. It is important to keep in mind that the rank ordering found in this and other tables in this report may not always be reliable, since near estimates may not be statistically different from each other due to sampling variability.

Among the 10 most frequently mentioned reasons for visit to an office-based physician, five reasons accounting for 15.2 percent of all visits were not symptom related, but rather came under the "diagnostic/screening and preventive" module and "treatment" module. These reasons included the most frequently mentioned general medical examination (4.4 percent of all visits), progress visit not otherwise specified (3.5 percent), routine prenatal examination (2.9 percent), postoperative visit (2.4 percent), and well-baby examination (2.0 percent).

The other five reasons listed among the 10 most commonly reported reasons were symptomatic in nature and

Table Q. Number and percent of office visits by patient's sex and 10 most frequent morbidity-related principal reasons for visit: United States, 1991

<i>Patient's sex, principal reason for visit, and RVC code¹</i>	<i>Number of visits in thousands</i>	<i>Percent</i>
Female		
All visits	400,485	100.0
Cough S440	14,434	3.6
Symptoms referable to throat S455	10,977	2.7
Earache or ear infection S355	7,750	1.9
Back symptoms S905	7,585	1.9
Stomach pain, cramps, and spasms S545	7,319	1.8
Skin rash S860	6,638	1.7
Headache, pain in head S210	6,116	1.5
Vision dysfunction S305	5,933	1.5
Knee symptoms S925	4,930	1.2
Fever S010	4,767	1.2
Male		
All visits	269,205	100.0
Cough S440	9,830	3.7
Symptoms referable to throat S455	6,905	2.6
Earache or ear infection S355	5,654	2.1
Fever S010	5,551	2.1
Skin rash S860	5,481	2.0
Back symptoms S905	5,392	2.0
Knee symptoms S925	4,593	1.7
Vision dysfunction S305	4,077	1.5
Headache, pain in head S210	4,013	1.5
Nasal congestion S400	3,917	1.5

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC)* (14).

included cough (the most frequently listed morbidity-related reason, accounting for 3.6 percent of all visits), symptoms referable to the throat (2.7 percent), earache or ear infection (2.0 percent), back symptoms (1.9 percent), and skin rash (1.8 percent). Together, these five reasons accounted for 12.0 percent of all visits to office-based physicians in 1991.

Table S displays the 25 most frequently mentioned principal reasons for visit at injury-related office visits. Back symptoms were cited most frequently, accounting for 7.1 percent of the 66.1 million injury-related office visits, or 4.7 million visits in all. Lower back symptoms were mentioned at an additional 4.3 million visits, or 6.5 percent of all injury-related visits.

Table R. Number, percent, cumulative percent, mean duration of physician-patient contact, and standard error of mean contact duration of office visits, by 60 principal reasons for visit most often mentioned by patients: United States, 1991

Rank	Reason for visit and RVC code ¹	Number of visits in thousands	Percent	Cumulative percent	Mean contact duration of visit in minutes ²	Standard error of mean contact duration in minutes
	All visits	669,689	100.0	...	17.0	0.29
1	General medical examination X100	29,720	4.4	4.4	18.6	0.54
2	Cough S440	24,263	3.6	8.1	13.7	0.46
3	Routine prenatal examination X205	19,675	2.9	11.0	13.3	0.78
4	Symptoms referable to throat S455	17,882	2.7	13.7	12.5	0.48
5	Postoperative visit T205	16,308	2.4	16.1	14.0	1.08
6	Earache or ear infection S355	13,404	2.0	18.1	12.2	0.38
7	Well-baby examination X105	13,276	2.0	20.1	16.4	0.93
8	Back symptoms S905	12,977	1.9	22.0	17.1	0.71
9	Skin rash S860	12,119	1.8	23.8	12.8	0.50
10	Stomach pain, cramps, and spasms S545	11,106	1.7	25.5	18.3	0.69
11	Fever S010	10,318	1.5	27.0	13.3	0.46
12	Headache, pain in head S210	10,128	1.5	28.5	18.1	1.22
13	Vision dysfunctions S305	10,011	1.5	30.0	22.0	1.95
14	Knee symptoms S925	9,522	1.4	31.5	15.4	0.68
15	Nasal congestion S400	8,444	1.3	32.7	13.9	0.62
16	Blood pressure test X320	7,645	1.1	33.9	14.0	0.51
17	Head cold, upper respiratory infection (coryza) S445	7,616	1.1	35.0	13.0	0.78
18	Neck symptoms S900	7,193	1.1	36.1	16.9	1.82
19	Depression S110	7,060	1.1	37.1	39.1	2.39
20	Low back symptoms S910	7,051	1.1	38.2	19.0	1.04
21	Shoulder symptoms S940	6,825	1.0	39.2	16.1	0.82
22	Chest pain and related symptoms (not referable to body system) S050	6,785	1.0	40.2	21.4	1.39
23	Hypertension D510	6,699	1.0	41.2	17.1	1.04
24	Glaucoma D415	6,508	1.0	42.2	28.0	4.41
25	Leg symptoms S920	6,368	1.0	43.1	19.0	0.93
26	No complaint U997	5,951	0.9	44.0	16.5	0.95
27	Hand and finger symptoms S960	5,893	0.9	44.9	17.5	0.93
28	Physical examination required for employment A100	5,652	0.8	45.8	15.5	0.99
29	Skin lesion S865	5,632	0.8	46.6	15.1	0.61
30	Diabetes mellitus D205	5,561	0.8	47.4	17.1	0.86
31	Vertigo, dizziness S225	5,417	0.8	48.2	19.6	1.17
32	Foot and toe symptoms S935	5,397	0.8	49.0	14.4	0.58
33	Anxiety and nervousness S100	5,353	0.8	49.8	31.5	1.83
34	Acne or pimples S830	4,943	0.7	50.6	13.9	1.79
35	Allergy, not otherwise specified S090	4,940	0.7	51.3	11.1	2.50
36	Sinus problems S410	4,350	0.6	52.0	13.0	0.77
37	Pap smear X365	4,328	0.6	52.6	20.7	1.37
38	Tiredness, exhaustion S015	4,221	0.6	53.2	20.7	1.13
39	Medication, other and unspecified kinds T115	3,938	0.6	53.8	18.3	1.48
40	Shortness of breath S415	3,898	0.6	54.4	19.4	1.00
41	Other symptoms referable to the ears, not elsewhere classified S365	3,887	0.6	55.0	11.5	0.80
42	Diarrhea S595	3,787	0.6	55.6	14.3	0.79
43	Other and unspecified diagnostic tests X370	3,692	0.6	56.1	17.8	3.45
44	Eye examination X230	3,514	0.5	56.6	19.0	3.68
45	Abnormal sensations of the eye S320	3,424	0.5	57.1	16.1	1.19
46	Prophylactic inoculations X400	3,394	0.5	57.7	10.2	1.11
47	Pain, site not referable to specific body system S055	3,364	0.5	58.2	16.4	0.81
48	Suture-insertion, removal T555	3,198	0.5	58.6	8.5	0.67
49	Discoloration or pigmentation S835	3,160	0.5	59.1	15.1	1.14
50	Pain and related symptoms, generalized, site unspecified S060	3,075	0.5	59.6	17.7	1.00
51	Asthma D625	2,981	0.4	60.0	16.1	2.78
52	Other symptoms referable to skin S880	2,980	0.4	60.5	15.2	1.93
53	Counseling, not otherwise specified T605	2,926	0.4	60.9	27.2	2.91
54	Skin irritations, not elsewhere classified S870	2,901	0.4	61.3	13.4	0.84
55	Wrist symptoms S955	2,844	0.4	61.7	15.5	0.96
56	Arm symptoms S945	2,823	0.4	62.2	18.1	1.20
57	Warts, not otherwise specified S850	2,808	0.4	62.6	14.3	0.77
58	Other growths of skin S855	2,794	0.4	63.0	15.9	1.88
59	Frequency and urgency of urination S645	2,683	0.4	63.4	17.3	1.49
60	For other and unspecified test results R700	2,664	0.4	63.8	16.8	0.95

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC)* (14).

²Time spent in face-to-face contact between physician and patient. Does not include visits of 0 minutes duration, i.e., visits in which there was no face-to-face contact between physician and patient.

Table S. Number and percent distribution of injury-related office visits, by the 25 most frequently mentioned principal reasons for visit: United States, 1991

<i>Principal reason for visit and RVC code¹</i>	<i>Number of visits in thousands</i>	<i>Percent distribution</i>
All injury-related visits	66,066	100.0
Back symptoms S905	4,668	7.1
Low back symptoms S910	4,264	6.5
Neck symptoms S900	4,156	6.3
Knee symptoms S925	4,107	6.2
Shoulder symptoms S940	3,009	4.6
Hand and finger symptoms S960	2,958	4.5
Wrist symptoms S955	1,789	2.7
Accident, not otherwise specified J810	1,636	2.5
Ankle symptoms S930	1,533	2.3
Postoperative visit T205	1,529	2.3
Leg symptoms S920	1,403	2.1
Foot and toe symptoms S935	1,388	2.1
Headache, pain in head S210	1,248	1.9
Upper extremity J225	1,205	1.8
Suture—insertion, removal T555	974	1.5
Arm symptoms S945	857	1.3
Hand and finger(s) J570	805	1.2
Pain, site not referable to a specific body system S055	792	1.2
Elbow symptoms S950	758	1.1
Knee J535	749	1.1
Extremities J715	693	1.0
Abnormal sensations of the eye S320	671	1.0
Motor vehicle accident, type of injury unspecified J805	670	1.0
Head, neck, and face J505	623	0.9
Hand and finger J045	618	0.9
All other reasons	22,967	34.8

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC)* (14).

Office-based care as related to physician's diagnosis and treatment

In item 11 of the NAMCS Patient Record form, the responding physician is asked to record his or her "best assessment of diagnosis associated with the patient's most important complaint/reason" for the current visit. A final or provisional diagnosis is preferred, but, if necessary, a diagnosis may be expressed in "problem" terms. Space is provided in the item for a second and third diagnosis if applicable.

Diagnostic information is coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (15). The data presented in this report highlight the first-listed diagnosis on the Patient Record form because it is most directly related to the patient's principal reason for visit. The term "morbidity-related" refers to diagnoses that are classifiable to illness or injury (ICD-9-CM codes 001-999). "Nonmorbidity-related" diagnoses (ICD-9-CM supplementary classification, codes V01-V82) are not classifiable to illness or injury and include such diagnoses as general medical examination, normal pregnancy, and health supervision of an infant or child.

Table T displays the 10 most frequently reported morbidity-related principal diagnoses according to patient's sex. Males and females shared 9 of the top 10 diagnoses, with essential hypertension leading the list for each sex.

Table U provides a rank ordering of the 60 most frequently rendered principal diagnoses, accounting for 59.9 percent of all visits. As previously mentioned, the rank ordering found in this and other tables throughout this report may not always be reliable since near estimates may not be statistically different due to sampling variability.

The most frequent diagnosis, essential hypertension, was rendered at 27.7 million office visits, or 4.0 percent of all visits. Among visits with a principal diagnosis of hypertension, 48.9 percent of the visits were made by patients 65 years and over, and 62.3 percent were made by females.

Table 37 provides a rank ordering of principal diagnoses according to the patient's prior-visit status, that is, whether the visit was made by a patient seeking treatment for a new problem, or by a patient who was seeking treatment for a condition which had been treated by the physician on a previous occasion. "New problem" visits may be made by either old or new patients. Tables 38, 39, 40, 41, and 42 present data on the patient's age and sex, prior-visit status and return visit rate, and selected therapeutic services according to selected principal diagnoses. These are grouped at the 3-digit coding level of the ICD-9-CM according to major disease categories, with specific reference to the most frequently

Table T. Number and percent of office visits by patient's sex and 10 most frequent morbidity-related principal diagnoses: United States, 1991

Patient's sex, principal diagnosis, and ICD-9-CM code ¹	Number of visits in thousands	Percent
Female		
All visits	400,485	100.0
Essential hypertension 401	14,439	3.6
Acute upper respiratory infections of multiple or unspecified sites 465	9,762	2.4
Suppurative and unspecified otitis media 382	8,214	2.1
Diabetes mellitus 250	7,304	1.8
Chronic sinusitis 473	7,030	1.8
Glaucoma 365	6,611	1.7
Bronchitis, not specified as acute or chronic 490	6,531	1.6
Acute pharyngitis 462	5,960	1.5
Diseases of sebaceous glands 706	5,811	1.5
Allergic rhinitis 477	5,761	1.4
Male		
All visits	269,205	100.0
Essential hypertension 401	8,749	3.3
Suppurative and unspecified otitis media 382	7,972	3.0
Acute upper respiratory infections of multiple or unspecified sites 465	7,166	2.7
Diabetes mellitus 250	5,489	2.0
Acute pharyngitis 462	5,055	1.9
Chronic sinusitis 473	4,540	1.7
Glaucoma 365	4,432	1.6
Asthma 493	4,158	1.5
Diseases of sebaceous glands 706	3,653	1.4
Allergic rhinitis 477	3,644	1.4

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (15).

mentioned 3-digit codes within each category. The physician's use of medication therapy is explored more fully in tables 43, 44, and 45, where data on drug mentions are presented by therapeutic classification in general, the most commonly prescribed new and continuing medications according to their generic components, and whether the prescribed drug was a new or continuing medication according to its therapeutic classification. Continuing medications included those that the patient was instructed to continue at the visit, even if a refill prescription was not ordered at that time.

Cardiovascular-renal drugs accounted for 15.5 percent of all drug mentions, while antimicrobial agents (14.9 percent), pain relief drugs (10.6 percent), and respiratory tract drugs

Table U. Number, percent, cumulative percent, mean duration of physician-patient contact, and standard error of mean contact duration of office visits, by the 60 principal diagnoses most frequently rendered by physicians: United States, 1991

Rank	Principal diagnosis and ICD-9-CM code ¹	Number of visits in thousands	Percent	Cumulative percent	Mean contact duration in minutes ²	Standard error of mean contact duration in minutes
	All visits	669,689	100.0	. . .	17.0	0.29
1	Essential hypertension 401	23,188	3.5	4.0	16.6	0.53
2	Normal pregnancy V22	20,657	3.1	7.1	13.3	0.71
3	General medical examination V70	18,321	2.7	9.8	16.4	0.81
4	Health supervision of infant or child V20	17,271	2.6	12.4	16.5	0.53
5	Acute upper respiratory infections 465	16,928	2.5	14.9	12.3	0.59
6	Suppurative and unspecified otitis media 382	16,185	2.4	17.3	12.4	0.44
7	Diabetes mellitus 250	12,793	1.9	19.3	17.5	0.72
8	Chronic sinusitis 473	11,570	1.7	21.0	13.1	0.52
9	Glaucoma 365	11,043	1.6	22.6	23.3	4.16
10	Acute pharyngitis 462	11,015	1.6	24.3	11.9	0.56
11	Bronchitis, not specified as acute or chronic 490	9,757	1.5	25.7	13.3	0.44
12	Diseases of sebaceous glands 706	9,464	1.4	27.1	13.5	1.13
13	Allergic rhinitis 477	9,405	1.4	28.6	12.5	1.81
14	Asthma 493	8,804	1.3	29.9	15.8	1.53
15	Cataract 366	7,540	1.1	31.0	23.3	5.11
16	Contact dermatitis and other eczema 692	7,048	1.1	32.0	12.1	0.59
17	Sprains and strains of other and unspecified parts of back 847	6,381	1.0	33.0	17.4	0.90
18	Special investigations and examinations V72	6,318	0.9	33.9	17.3	1.26
19	Neurotic disorders 300	6,220	0.9	34.9	31.9	1.84
20	General symptoms 780	6,101	0.9	35.8	21.6	1.01
21	Other forms of chronic ischemic heart disease 414	5,713	0.9	36.6	21.3	1.26
22	Osteoarthritis and allied disorders 715	5,513	0.8	37.5	17.1	0.76
23	Disorders of refraction and accommodation 367	5,420	0.8	38.3	21.7	2.27
24	Other postsurgical states V45	5,354	0.8	39.1	13.6	0.56
25	Other and unspecified disorders of back 724	5,197	0.8	39.8	16.8	1.38
26	Other disorders of urethra and urinary tract 599	5,115	0.8	40.6	15.9	0.99
27	Peripheral enthesopathies and allied syndromes 726	5,109	0.8	41.4	14.4	0.59
28	Affective psychoses 296	4,944	0.7	42.1	43.2	2.56
29	Other diseases due to viruses and chlamydiae 078	4,692	0.7	42.8	13.9	0.54
30	Disorders of external ear 380	4,642	0.7	43.5	13.9	0.86
31	Intervertebral disc disorders 722	4,547	0.7	44.2	17.8	2.41
32	Other dermatoses 702	4,177	0.6	44.8	13.8	0.86
33	Other noninfectious gastroenteritis and colitis 558	4,166	0.6	45.4	14.3	0.64
34	Depressive disorder, not elsewhere classified 311	4,138	0.6	46.0	29.7	2.61
35	Other disorders of synovium, tendon, and bursa 727	4,126	0.6	46.7	14.6	0.60
36	Disorders of conjunctiva 372	3,998	0.6	47.3	13.9	0.61
37	Disorders of lipid metabolism 272	3,979	0.6	47.8	16.1	0.65
38	Nonsuppurative otitis media and eustachian tube disorders 381	3,973	0.6	48.4	12.6	0.51
39	Certain adverse effects not elsewhere classified 995	3,901	0.6	49.0	13.7	1.72
40	Personal history of certain other diseases V12	3,839	0.6	49.6	12.1	0.84
41	Acute tonsillitis 463	3,783	0.6	50.2	12.1	0.87
42	Other symptoms involving abdomen and pelvis 789	3,747	0.6	50.7	19.2	1.20
43	Other disorders of soft tissues 729	3,735	0.6	51.3	21.0	1.25
44	Malignant neoplasm of female breast 174	3,636	0.5	51.8	17.1	2.22
45	Cardiac dysrhythmias 427	3,619	0.5	52.4	22.1	1.26
46	Symptoms involving respiratory system and other chest symptoms 786	3,572	0.5	52.9	20.6	1.36
47	Inflammatory disease of cervix, vagina, and vulva 616	3,365	0.5	53.4	16.2	0.81
48	Disorders of menstruation and other abnormal bleeding from female genital tract 626	3,235	0.5	54.6	21.9	1.90
49	Sprains and strains of sacroiliac region 846	3,113	0.5	55.1	18.2	1.40
50	Viral infection in conditions classified elsewhere 079	3,108	0.5	55.5	13.2	0.70
51	Acute bronchitis and bronchiolitis 466	3,101	0.5	56.0	16.0	1.47
52	Organ or tissue replaced by other means V43	3,014	0.5	56.4	17.4	3.15
53	Obesity and other hyperalimentation 278	3,005	0.4	56.9	18.1	2.38
54	Other malignant neoplasm of skin 173	2,981	0.4	57.3	15.7	1.13
55	Observation and evaluation for suspected conditions V71	2,926	0.4	57.8	17.2	1.14
56	Benign neoplasm of skin 216	2,889	0.4	58.2	15.4	0.97
57	Migraine 346	2,863	0.4	58.6	18.0	2.39
58	Menopausal and postmenopausal disorders 627	2,841	0.4	59.1	20.3	1.12
59	Chronic airway obstruction, not elsewhere classified 496	2,789	0.4	59.5	17.9	1.22
60	Mononeuritis of upper limb and mononeuritis multiplex 354	2,765	0.4	59.9	20.3	2.48

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*.

²Time spent in face-to-face contact between physician and patient. Does not include visits of 0 minutes duration, i.e., visits in which there was no face-to-face contact between physician and patient.

Table W. Number, standard error, percent, and standard error of percent of office visits, by diagnostic and therapeutic ambulatory surgical procedures most frequently scheduled or performed: United States, 1991

<i>Diagnostic or therapeutic procedure scheduled or performed and ICD-9-CM code^{1,2}</i>	<i>Number of visits in thousands</i>	<i>Standard error in thousands³</i>	<i>Percent of all office visits</i>	<i>Standard error of percent³</i>
Visits with procedures	40,548	3,293	6.1	0.4
Biopsy of skin and subcutaneous tissue 86.11	3,112	412	0.5	0.1
Irrigation of ear 96.52	1,822	278	0.3	0.0
Other intracapsular extraction of lens 13.19	*1,683	625	*0.3	0.1
Hemodialysis 39.95	*1,654	1,449	*0.2	0.2
Ophthalmoscopy 16.21	*1,570	1,084	*0.2	0.2
Other cystoscopy 57.32	1,445	216	0.2	0.0
Flexible sigmoidoscopy 45.24	1,226	282	0.2	0.0
Injection of therapeutic substances into joint or ligament 81.92	1,220	232	0.2	0.0
Suture of skin and subcutaneous tissue of other sites 86.59	*1,039	322	*0.2	0.1
Application of other cast 93.53	1,020	225	0.2	0.0
Other incision with drainage of skin and subcutaneous tissue 86.04	931	214	0.1	0.0
Other operations on skin and subcutaneous tissue 86.99	*924	394	*0.1	0.1
Application of splint 93.54	*914	298	*0.1	0.0
Rigid proctosigmoidoscopy 48.23	752	157	0.1	0.0
Vaginoscopy 70.21	734	180	0.1	0.0
Arthroscopy, knee 80.26	702	200	*0.1	0.0
Release of carpal tunnel 04.43	*648	261	*0.1	0.0
All other procedures	21,866	1,751	3.3	0.3

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*.

²Numbers may not add to totals because up to two procedures could be reported per visit. There were an estimated 43.3 million procedures scheduled or performed in all.

³See Appendix I for a discussion of standard errors and precision of NAMCS estimates.

NOTE: The figure "0.0" indicates a quantity greater than zero but less than 0.05.

(10.0 percent) were also prominent. In general, medications were more likely to be continued rather than new prescriptions (53.0 percent and 38.3 percent, respectively). Exceptions to this were drugs classified as antimicrobial agents, skin/mucous membrane preparations, and respiratory tract drugs. In each of these cases, the majority of drug mentions were new medications for the patient.

The physician's diagnosis and treatment of the patient can also be examined in terms of the diagnostic and therapeutic ambulatory surgical procedures that were recorded at the office visit. In item 14, which was new on the 1991 NAMCS, physicians were asked to list up to two such procedures, including those performed at the visit as well as those which were scheduled at the visit. Procedure data were coded using the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*. An estimated 43.3 million procedures were scheduled or performed at 40.5 million visits or 6.1 percent of all office visits. Table W

provides a ranked listing of the most frequently mentioned diagnostic and therapeutic ambulatory surgical procedures scheduled or performed at office visits.

Table 46 displays the number and percent distribution of office visits by disposition of visit according to major ICD-9 coding groups and selected principal diagnoses at the 3-digit coding level.

Finally, in order to assess the significance of some of the changes in physicians' diagnoses over the years, visit rates for selected diagnoses from 1985-91 are compared in table 47. Between 1985 and 1991, increases were seen in office visit rates for chronic sinusitis and glaucoma, while decreases were noted in visit rates for disorders of refraction and accommodation and neurotic disorders. Slight decreases were also noted in visit rates for essential hypertension and normal pregnancy between 1985 and 1991. Additional years of data will be needed to evaluate these apparent changes more fully.

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Table 1. Number, percent distribution, and annual rate of office visits by patient's age, sex, and race, and geographic region of visit: United States, 1991

<i>Patient and visit characteristics</i>	<i>Number of visits in thousands</i>	<i>Percent distribution</i>	<i>Number of visits per person per year¹</i>
All visits	669,689	100.0	2.7
Age			
Under 15 years	125,025	18.7	2.2
15-24 years	61,534	9.2	1.8
25-44 years	185,267	27.7	2.3
45-64 years	141,994	21.2	3.0
65-74 years	83,689	12.5	4.6
75 years and over	72,181	10.8	6.0
Sex and age			
Female	400,485	59.8	3.1
Under 15 years	60,157	9.0	2.2
15-24 years	40,447	6.0	2.3
25-44 years	122,449	18.3	3.0
45-64 years	83,210	12.4	3.4
65-74 years	49,475	7.4	4.9
75 years and over	44,747	6.7	5.9
Male	269,205	40.2	2.2
Under 15 years	64,868	9.7	2.3
15-24 years	21,088	3.1	1.2
25-44 years	62,818	9.4	1.6
45-64 years	58,783	8.8	2.6
65-74 years	34,214	5.1	4.2
75 years and over	27,434	4.1	6.1
Race and age			
White	587,800	87.8	2.8
Under 15 years	103,174	15.4	2.3
15-24 years	54,099	8.1	2.0
25-44 years	161,071	24.1	2.4
45-64 years	125,363	18.7	3.1
65-74 years	76,306	11.4	4.7
75 years and over	67,787	10.1	6.2
Black	58,494	8.7	1.9
Under 15 years	16,377	2.4	1.9
15-24 years	5,213	0.8	1.0
25-44 years	17,198	2.6	1.8
45-64 years	11,660	1.7	2.4
65-74 years	4,682	0.7	2.9
75 years and over	3,364	0.5	3.5
All other races			
Asian/Pacific Islander	20,127	3.0	---
American Indian/Eskimo/Aleut	3,269	0.5	---
Geographic region			
Northeast	154,869	23.1	3.1
Midwest	166,680	24.9	2.8
South	193,071	28.8	2.3
West	155,070	23.2	2.8

¹Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1991.

Table 2. Number and percent distribution of office visits by patient's age, sex, and race, according to geographic region of visit: United States, 1991

<i>Patient characteristic</i>	<i>Number of visits in thousands</i>	<i>Northeast</i>	<i>Midwest</i>	<i>South</i>	<i>West</i>
Number of visits in thousands					
All visits	669,689	154,869	166,680	193,071	155,070
Age					
Under 15 years	125,025	28,742	31,828	35,690	28,764
15-24 years	61,534	13,905	17,261	17,121	13,246
25-44 years	185,267	44,931	45,627	52,432	42,277
45-64 years	141,994	33,722	33,235	40,834	34,203
65-74 years	83,689	18,108	20,671	24,786	20,125
75 years and over	72,181	15,460	18,058	22,209	16,454
Sex					
Female	400,485	90,226	101,361	117,897	91,000
Male	269,205	64,642	65,319	75,173	64,070
Race					
White	587,800	140,667	149,292	168,447	129,394
Black	58,494	12,109	15,539	23,234	7,612
Asian/Pacific Islander	20,127	1,974	1,636	1,078	15,439
American Indian/Eskimo/Aleut	3,269	*119	*214	*311	2,625
Percent distribution					
All visits	100.0	100.0	100.0	100.0	100.0
Age					
Under 15 years	18.7	18.6	19.1	18.5	18.5
15-24 years	9.2	9.0	10.4	8.9	8.5
25-44 years	27.7	29.0	27.4	27.2	27.3
45-64 years	21.2	21.8	19.9	21.2	22.1
65-74 years	12.5	11.7	12.4	12.8	13.0
75 years and over	10.8	10.0	10.8	11.5	10.6
Sex					
Female	59.8	58.3	60.8	61.1	58.7
Male	40.2	41.7	39.2	38.9	41.3
Race					
White	87.8	90.8	89.6	87.2	83.4
Black	8.7	7.8	9.3	12.0	4.9
Asian/Pacific Islander	3.0	1.3	1.0	0.6	10.0
American Indian/Eskimo/Aleut	0.5	*0.0	*0.0	*0.0	1.7

Table 3. Number, percent distribution, and annual rate of office visits by physician specialty, according to patient's age and sex: United States, 1991

Physician specialty	All ages, both sexes	Age						Sex	
		Under 15 years	15-24 years	25-44 years	45-64 years	65-74 years	75 years and over	Female	Male
Number of visits in thousands									
All visits	669,689	125,025	61,534	185,267	141,994	83,689	72,181	400,485	269,205
General and family practice	164,857	29,209	17,857	48,940	36,034	16,899	15,918	100,574	64,283
Internal medicine	102,923	2,460	6,113	26,121	29,464	20,658	18,107	60,941	41,982
Pediatrics	74,646	69,115	3,368	784	833	*258	*289	36,160	38,486
Obstetrics and gynecology	56,834	*505	12,227	34,572	7,000	1,810	719	55,728	1,105
Ophthalmology	41,207	2,681	1,508	5,537	8,812	9,984	12,685	24,881	16,326
Orthopedic surgery	35,932	4,114	4,065	12,421	8,898	3,596	2,838	18,034	17,898
Dermatology	29,659	1,979	4,505	8,350	6,536	4,624	3,664	16,607	13,052
General surgery	21,285	731	1,217	5,490	7,000	3,967	2,880	12,616	8,668
Otolaryngology	19,101	5,490	1,542	4,973	3,717	1,920	1,458	9,974	9,127
Psychiatry	15,720	1,344	1,185	6,982	5,106	650	*453	8,795	6,925
Urological surgery	12,758	*526	*448	2,539	3,400	3,350	2,495	3,477	9,281
Cardiovascular diseases	11,629	*82	*193	1,465	3,678	3,720	2,491	5,411	6,217
Neurology	6,798	790	*522	2,423	1,714	768	*581	3,858	2,940
Other	76,341	5,997	6,784	24,670	19,802	11,486	7,603	43,427	32,914
Percent distribution of visits									
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
General and family practice	24.6	23.4	29.0	26.4	25.4	20.2	22.1	25.1	23.9
Internal medicine	15.4	2.0	9.9	14.1	20.8	24.7	25.1	15.2	15.6
Pediatrics	11.1	55.3	5.5	0.4	0.6	*0.3	*0.4	9.0	14.3
Obstetrics and gynecology	8.5	*0.4	19.9	18.7	4.9	2.2	1.0	13.9	0.4
Ophthalmology	6.2	2.1	2.5	3.0	6.2	11.9	17.6	6.2	6.1
Orthopedic surgery	5.4	3.3	6.6	6.7	6.3	4.3	3.9	4.5	6.6
Dermatology	4.4	1.6	7.3	4.5	4.6	5.5	5.1	4.1	4.8
General surgery	3.2	0.6	2.0	3.0	4.9	4.7	4.0	3.2	3.2
Otolaryngology	2.9	4.4	2.5	2.7	2.6	2.3	2.0	2.5	3.4
Psychiatry	2.3	1.1	1.9	3.8	3.6	0.8	*0.6	2.2	2.6
Urological surgery	1.9	*0.4	*0.7	1.4	2.4	4.0	3.5	0.9	3.4
Cardiovascular diseases	1.7	*0.1	*0.3	0.8	2.6	4.4	3.5	1.4	2.3
Neurology	1.0	0.6	*0.8	1.3	1.2	0.9	*0.8	1.0	1.1
Other	11.4	4.8	11.0	13.3	13.9	13.7	10.5	10.8	12.2
Number of visits per 100 persons ¹									
All visits	269.3	224.8	178.2	228.5	301.1	457.3	602.0	312.9	223.0
General and family practice	66.3	52.5	51.7	60.3	76.4	92.3	132.8	78.6	53.2
Internal medicine	41.4	4.4	17.7	32.2	62.5	112.9	151.0	47.6	34.8
Pediatrics	30.0	124.2	9.8	1.0	1.8	*1.4	*2.4	28.3	31.9
Obstetrics and gynecology	22.9	*0.9	35.4	42.6	14.8	9.9	6.0	43.5	0.9
Ophthalmology	16.6	4.8	4.4	6.8	18.7	54.6	105.8	19.4	13.5
Orthopedic surgery	14.4	7.4	11.8	15.3	18.9	19.6	23.7	14.1	14.8
Dermatology	11.9	3.6	13.0	10.3	13.9	25.3	30.6	13.0	10.8
General surgery	8.6	1.3	3.5	6.8	14.8	21.7	24.0	9.9	7.2
Otolaryngology	7.7	9.9	4.5	6.1	7.9	10.5	12.2	7.8	7.6
Psychiatry	6.3	2.4	3.4	8.6	10.8	3.6	*3.8	6.9	5.7
Urological surgery	5.1	*0.9	*1.3	3.1	7.2	18.3	20.8	2.7	7.7
Cardiovascular diseases	4.7	*0.1	*0.6	1.8	7.8	20.3	20.8	4.2	5.1
Neurology	2.7	1.4	*1.5	3.0	3.6	4.2	*4.8	3.0	2.4
Other	30.7	10.8	19.6	30.4	42.0	62.8	63.4	33.9	27.3

¹Visit rates are based on U.S. Bureau of the Census national estimates of the civilian noninstitutionalized U.S. population for July 1, 1991.

Table 4. Number and percent distribution of office visits by patient's referral status, prior-visit status, and expected source(s) of payment, according to patient's age and sex: United States, 1991

Visit characteristic	Age							Sex	
	All ages, both sexes	Under 15 years	15-24 years	25-44 years	45-64 years	65-74 years	75 years and over	Female	Male
Number of visits in thousands									
All visits	669,689	125,025	61,534	185,267	141,994	83,689	72,181	400,485	269,205
Referral status									
Patient was referred for this visit by another physician	41,598	5,495	3,624	13,432	10,218	5,008	3,821	23,627	17,971
Patient was not referred for this visit by another physician	628,091	119,529	57,910	171,835	131,776	78,682	68,359	376,858	251,234
Prior-visit status									
New patient	111,801	16,890	14,752	39,834	22,999	10,551	6,775	61,748	50,053
Old patient	557,888	108,134	46,782	145,433	118,994	73,138	65,406	338,737	219,152
New problem	144,190	40,837	15,351	39,051	25,732	13,151	10,068	87,407	56,784
Old problem	413,698	67,297	31,431	106,383	93,263	59,988	55,338	251,330	162,368
Expected source(s) of payment ¹									
Private/commercial insurance	239,425	40,723	22,274	74,673	59,862	23,356	18,536	142,663	96,762
Patient-paid	157,834	34,013	15,735	46,857	38,901	12,004	10,324	95,580	62,254
Medicare	141,679	1,156	*382	4,027	10,442	64,922	60,751	85,877	55,802
HMO/other pre-paid	100,983	24,058	11,009	36,659	20,099	5,467	3,691	59,965	41,018
Medicaid	63,411	25,084	7,337	12,512	8,023	6,151	4,304	41,200	22,211
Other government	14,409	2,691	1,558	3,973	3,866	1,415	907	7,562	6,847
No charge	10,437	1,517	1,407	3,505	2,206	1,091	712	6,273	4,164
Other	27,390	2,442	2,658	9,987	8,048	2,490	1,765	13,499	13,890
Unknown	13,828	2,022	1,391	3,945	3,606	1,341	1,524	7,983	5,845
Percent distribution									
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Referral status									
Patient was referred for this visit by another physician	6.2	4.4	5.9	7.2	7.2	6.0	5.3	5.9	6.7
Patient was not referred for this visit by another physician	93.8	95.6	94.1	92.8	92.8	94.0	94.7	94.1	93.3
Prior-visit status									
New patient	16.7	13.5	24.0	21.5	16.2	12.6	9.4	15.4	18.6
Old patient	83.3	86.5	76.0	78.5	83.8	87.4	90.6	84.6	81.4
New problem	21.5	32.7	24.9	21.1	18.1	15.7	13.9	21.8	21.1
Old problem	61.8	53.8	51.1	57.4	65.7	71.7	76.7	62.8	60.3
Expected source(s) of payment ¹									
Private/commercial insurance	35.8	32.6	36.2	40.3	42.2	27.9	25.7	35.6	35.9
Patient-paid	23.6	27.2	25.6	25.3	27.4	14.3	14.3	23.9	23.1
Medicare	21.2	0.9	*0.6	2.2	7.4	77.6	84.2	21.4	20.7
HMO/other pre-paid	15.1	19.2	17.9	19.8	14.2	6.5	5.1	15.0	15.2
Medicaid	9.5	20.1	11.9	6.8	5.7	7.3	6.0	10.3	8.3
Other government	2.2	2.2	2.5	2.1	2.7	1.7	1.3	1.9	2.5
No charge	1.6	1.2	2.3	1.9	1.6	1.3	1.0	1.6	1.5
Other	4.1	2.0	4.3	5.4	5.7	3.0	2.4	3.4	5.2
Unknown	2.1	1.6	2.3	2.1	2.5	1.6	2.1	2.0	2.2

¹Numbers may not add to totals because more than one expected source of payment may be recorded for each visit.

Table 5. Number and percent distribution of office visits by patient's principal reason for visit, according to patient's age and sex: United States, 1991

Principal reason for visit and RVC code ¹	All ages, both sexes	Age						Sex		
		Under 15 years	15-24 years	25-44 years	45-64 years	65-74 years	75 years and over	Female	Male	
Number of visits in thousands										
All visits	669,689	125,025	61,534	185,267	141,994	83,689	72,181	400,485	269,205	
Symptom module	S001-S999	385,861	77,708	36,693	109,961	81,163	43,466	36,871	226,865	158,996
General symptoms	S001-S099	44,230	12,411	2,558	11,200	9,275	4,411	4,374	25,028	19,202
Symptoms referable to psychological/mental disorders	S100-S199	18,291	1,835	1,057	7,910	4,801	1,538	1,149	10,780	7,511
Symptoms referable to the nervous system (excluding sense organs)	S200-S259	21,066	1,853	1,802	6,919	5,486	2,357	2,650	12,888	8,178
Symptoms referable to the cardiovascular/lymphatic system	S260-S299	3,417	*250	*156	831	754	864	*562	2,051	1,366
Symptoms referable to the eyes and ears	S300-S399	43,588	15,479	3,359	7,541	6,707	4,761	5,741	24,488	19,100
Symptoms referable to the respiratory system	S400-S499	76,764	27,566	7,292	18,478	11,716	6,262	5,450	44,755	32,010
Symptoms referable to the digestive system	S500-S639	27,074	5,372	2,317	7,445	5,234	3,766	2,940	16,384	10,689
Symptoms referable to the genitourinary system	S640-S829	31,265	1,339	3,813	12,601	6,790	4,296	2,425	24,032	7,233
Symptoms referable to the skin, hair, and nails	S830-S899	43,089	7,435	6,659	12,217	8,066	5,576	3,855	25,008	18,802
Symptoms referable to the musculoskeletal system	S900-S999	76,356	4,169	7,679	24,818	22,334	9,634	7,724	41,451	34,906
Disease module	D001-D999	64,926	6,718	2,548	13,083	17,134	13,064	12,378	37,271	27,655
Diagnostic/screening, and preventive module	X100-X599	101,002	23,449	12,253	31,835	15,324	9,402	8,739	72,265	28,737
Treatment module	T100-T899	65,333	6,375	3,460	16,088	18,156	11,884	9,371	36,987	28,346
Injuries and adverse effects module	J001-J999	20,462	4,796	3,304	6,839	3,103	1,324	1,097	9,325	11,137
Test results module	R100-R700	6,832	*222	*507	2,267	2,046	1,122	669	4,586	2,247
Administrative module	A100-A140	7,122	2,324	1,591	1,798	1,239	*76	*94	2,869	4,254
Other ²	U990-U999	18,150	3,433	1,180	3,394	3,829	3,352	2,963	10,317	7,833
Percent distribution										
All visits		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Symptom module	S001-S999	57.6	62.2	59.6	59.4	57.2	51.9	51.1	56.6	59.1
General symptoms	S001-S099	6.6	9.9	4.2	6.0	6.5	5.3	6.1	6.2	7.1
Symptoms referable to psychological/mental disorders	S100-S199	2.7	1.5	1.7	4.3	3.4	1.8	1.6	2.7	2.8
Symptoms referable to the nervous system (excluding sense organs)	S200-S259	3.1	1.5	2.9	3.7	3.9	2.8	3.7	3.2	3.0
Symptoms referable to the cardiovascular/lymphatic system	S260-S299	0.5	*0.2	*0.3	0.4	0.5	1.0	0.8	0.5	0.5
Symptoms referable to the eyes and ears	S300-S399	6.5	12.4	5.5	4.1	4.7	5.7	8.0	6.1	7.1
Symptoms referable to the respiratory system	S400-S499	11.5	22.0	11.9	10.0	8.3	7.5	7.6	11.2	11.9
Symptoms referable to the digestive system	S500-S639	4.0	4.3	3.8	4.0	3.7	4.5	4.1	4.1	4.0
Symptoms referable to the genitourinary system	S640-S829	4.7	1.1	6.2	6.8	4.8	5.1	3.4	6.0	2.7
Symptoms referable to the skin, hair, and nails	S830-S899	6.4	5.9	10.8	6.6	5.7	6.7	5.3	6.2	7.0
Symptoms referable to the musculoskeletal system	S900-S999	11.4	3.3	12.5	13.4	15.7	11.5	10.7	10.4	13.0
Disease module	D001-D999	9.7	5.4	4.1	7.1	12.1	15.6	17.1	9.3	10.3
Diagnostic/screening, and preventive module	X100-X599	15.1	18.8	19.9	17.2	10.8	11.2	12.1	18.0	10.7
Treatment module	T100-T899	9.8	5.1	5.6	8.7	12.8	14.2	13.0	9.2	10.5
Injuries and adverse effects module	J001-J999	3.1	3.8	5.4	3.7	2.2	1.6	1.5	2.3	4.1
Test results module	R100-R700	1.0	*0.2	*0.8	1.2	1.4	1.3	0.9	1.1	0.8
Administrative module	A100-A140	1.1	1.9	2.6	1.0	0.9	*0.1	*0.1	0.7	1.6
Other ²	U990-U999	2.7	2.7	1.9	1.8	2.7	4.0	4.1	2.6	2.9

¹Based on A Reason for Visit Classification for Ambulatory Care (RVC) (14).

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

Table 6. Number, percent, and cumulative percent of office visits by patient's age and sex and the 10 principal reasons for visit most frequently mentioned by patients: United States, 1991

<i>Patient's age and sex, principal reason for visit, and RVC code¹</i>	<i>Number of visits in thousands</i>	<i>Percent</i>	<i>Cumulative percent</i>
Patient's age			
All ages:			
All visits	669,689	100.0	. . .
General medical examination X100	29,720	4.4	4.4
Cough S440	24,263	3.6	8.1
Routine prenatal examination X205	19,675	2.9	11.0
Symptoms referable to throat S455	17,882	2.7	13.7
Postoperative visit T205	16,308	2.4	16.1
Earache or ear infection S355	13,404	2.0	18.1
Well-baby examination X105	13,276	2.0	20.1
Back symptoms S905	12,977	1.9	22.0
Skin rash S860	12,119	1.8	23.8
Stomach pain, cramps, and spasms S545	11,106	1.7	25.5
Under 15 years:			
All visits	125,025	100.0	. . .
Well-baby examination X105	13,276	10.6	10.6
Cough S440	10,307	8.2	18.9
Fever S010	8,956	7.2	26.0
Earache or ear infection S355	8,165	6.5	32.6
General medical examination X100	7,212	5.8	38.3
Symptoms referable to throat S455	6,671	5.3	43.7
Nasal congestion S400	4,497	3.6	47.3
Skin rash S860	3,672	2.9	50.2
Head cold, upper respiratory infection (coryza) S445	3,221	2.6	52.8
Other symptoms referable to the ears, not elsewhere classified S365	2,910	2.3	55.1
15-24 years:			
All visits	61,534	100.0	. . .
Routine prenatal examination X205	6,264	10.2	10.2
Symptoms referable to throat S455	3,256	5.3	15.5
Acne or pimples S830	2,737	4.4	19.9
General medical examination X100	2,233	3.6	23.5
Cough S440	1,659	2.7	26.2
Earache or ear infection S355	1,328	2.2	28.4
Physical examination required for employment A100	1,266	2.1	30.5
Back symptoms S905	1,239	2.0	32.5
Headache, pain in head S210	1,232	2.0	34.5
Stomach pain, cramps, and spasms S545	1,168	1.9	36.4
25-44 years:			
All visits	185,267	100.0	. . .
Routine prenatal examination X205	13,249	7.2	7.2
General medical examination X100	8,216	4.4	11.6
Cough S440	5,128	2.8	14.4
Symptoms referable to throat S455	5,081	2.7	17.1
Back symptoms S905	4,856	2.6	19.7
Headache, pain in head S210	4,394	2.4	22.1
Postoperative visit T205	4,097	2.2	24.3
Stomach pain, cramps, and spasms S545	3,770	2.0	26.3
Skin rash S860	3,664	2.0	28.3
Depression S110	3,473	1.9	30.2
45-64 years:			
All visits	141,994	100.0	. . .
General medical examination X100	5,788	4.1	4.1
Postoperative visit T205	4,005	2.8	6.9
Cough S440	3,624	2.6	9.4
Back symptoms S905	3,467	2.4	11.9
Blood pressure test X320	3,029	2.1	14.0
Knee symptoms S925	2,663	1.9	15.9
Shoulder symptoms S940	2,504	1.8	17.7
Chest pain and related symptoms (not referable to body system) S050	2,470	1.7	19.4

¹Based on A Reason for Visit Classification for Ambulatory Care (RVC) (14).

Table 6. Number, percent, and cumulative percent of office visits by patient's age and sex and the 10 principal reasons for visit most frequently mentioned by patients: United States, 1991—Con.

<i>Patient's age and sex, principal reason for visit, and RVC code¹</i>	<i>Number of visits in thousands</i>	<i>Percent</i>	<i>Cumulative percent</i>
45–64 years—Con.:			
Hypertension D510	2,436	1.7	21.1
Low back symptoms S910	2,354	1.7	22.8
65–74 years:			
All visits	83,689	100.0	...
Postoperative visit T205	3,401	4.1	4.1
General medical examination X100	3,298	3.9	8.0
Vision dysfunctions S305	2,249	2.7	10.7
Glaucoma D415	2,212	2.6	13.3
Cough S440	2,006	2.4	15.7
Diabetes mellitus D205	1,976	2.4	18.1
Back symptoms S905	1,813	2.2	20.3
Hypertension D510	1,731	2.1	22.3
Blood pressure test X320	1,704	2.0	24.4
Skin lesion S865	1,476	1.8	26.1
75 years and over:			
All visits	72,181	100.0	...
General medical examination X100	2,973	4.1	4.1
Vision dysfunctions S305	2,922	4.0	8.2
Postoperative visit T205	2,559	3.5	11.7
Glaucoma D415	2,373	3.3	15.0
Blood pressure test X320	1,842	2.6	17.6
Cough S440	1,540	2.1	19.7
Cataract D410	1,434	2.0	21.7
Vertigo-dizziness S225	1,423	2.0	23.6
Hypertension D510	1,415	2.0	25.6
Back symptoms S905	1,323	1.8	27.4
Patient's sex			
Female:			
All visits	400,485	100.0	...
Routine prenatal examination X205	19,675	4.9	4.9
General medical examination X100	19,233	4.8	9.7
Cough S440	14,434	3.6	13.3
Symptoms referable to throat S455	10,977	2.7	16.1
Postoperative visit T205	9,165	2.3	18.3
Earache or ear infection S355	7,750	1.9	20.3
Back symptoms S905	7,585	1.9	22.2
Stomach pain, cramps, and spasms S545	7,319	1.8	24.0
Well-baby examination X105	6,741	1.7	25.7
Skin rash S860	6,638	1.7	27.3
Male:			
All visits	269,205	100.0	...
General medical examination X100	10,487	3.9	3.9
Cough S440	9,830	3.7	7.5
Postoperative visit T205	7,143	2.7	10.2
Symptoms referable to throat S455	6,904	2.6	12.8
Well-baby examination X105	6,535	2.4	15.2
Earache or ear infection S355	5,654	2.1	17.3
Fever S010	5,551	2.1	19.4
Skin rash S860	5,481	2.0	21.4
Back symptoms S905	5,392	2.0	23.4
Knee symptoms S925	4,593	1.7	25.1

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC) (14)*.

Table 7. Number and percent distribution of office visits by diagnostic and screening services ordered or provided, according to patient's age and sex: United States, 1991

Diagnostic and screening services ordered or provided ¹	All ages, both sexes	Age						Sex	
		Under 15 years	15-24 years	25-44 years	45-64 years	65-74 years	75 years and over	Female	Male
Number of visits in thousands									
All visits	669,689	125,025	61,534	185,267	141,994	83,689	72,181	400,485	269,205
None	236,035	78,165	21,265	58,802	41,140	19,928	16,736	126,389	109,647
Blood pressure check	289,153	15,589	27,933	93,288	72,304	43,039	37,000	192,006	97,147
Urinalysis	85,194	8,729	12,441	31,332	16,212	8,981	7,500	61,272	23,922
EKG—resting ²	19,020	*75	*258	2,916	6,700	4,593	4,478	10,348	8,672
EKG—exercise ²	2,661	—	*53	*502	1,158	640	*307	802	1,859
Mammogram	11,558	*58	*155	3,669	4,889	1,811	975	11,558	...
Chest x ray	16,307	1,267	604	3,439	4,218	3,700	3,079	8,940	7,367
Other radiology ²	36,864	3,810	4,159	11,260	9,051	4,771	3,813	19,793	17,070
Allergy testing ²	1,445	*331	*82	627	*302	*75	*27	727	718
Spirometry ²	2,486	*265	—	931	*538	*283	*469	1,332	1,154
Pap test	28,312	*161	3,700	15,139	6,598	1,833	882	28,312	—
Strep throat test ²	13,650	7,114	2,250	2,693	1,085	*298	*210	7,933	5,716
HIV serology ³	1,362	*69	*352	*523	*229	*70	*119	715	647
Cholesterol measure	26,932	705	748	6,494	9,482	5,408	4,095	17,804	9,128
Other lab test ²	114,274	12,124	8,714	29,997	29,350	18,814	15,274	73,641	40,633
Hearing test ²	9,282	4,651	553	1,600	1,481	*454	*543	4,267	5,015
Visual acuity	40,374	6,267	2,099	6,026	7,741	8,317	9,923	22,442	17,932
Mental status exam ²	8,664	1,499	916	3,282	2,167	*389	*411	4,580	4,084
Other	67,757	9,289	5,978	18,787	13,654	10,732	9,316	42,587	25,170
Percent distribution									
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	35.2	62.5	34.6	31.7	29.0	23.8	23.2	31.6	40.7
Blood pressure check	43.2	12.5	45.4	50.4	50.9	51.4	51.3	47.9	36.1
Urinalysis	12.7	7.0	20.2	16.9	11.4	10.7	10.4	15.3	8.9
EKG—resting ²	2.8	*0.1	*0.4	1.6	4.7	5.5	6.2	2.6	3.2
EKG—exercise ²	0.4	*0.0	*0.1	*0.3	0.8	0.8	*0.4	0.2	0.7
Mammogram	1.7	*0.0	*0.3	2.0	3.4	2.2	1.4	2.9	...
Chest x ray	2.4	1.0	1.0	1.9	3.0	4.4	4.3	2.2	2.7
Other radiology ²	5.5	3.0	6.8	6.1	6.4	5.7	5.3	4.9	6.3
Allergy testing ²	0.2	*0.3	*0.1	*0.3	*0.2	*0.1	*0.0	0.2	0.3
Spirometry ²	0.4	*0.2	*0.0	0.5	*0.4	*0.3	*0.6	0.3	0.4
Pap test	4.2	*0.1	6.0	8.2	4.6	2.2	1.2	7.1	—
Strep throat test ²	2.0	5.7	3.7	1.5	0.8	*0.4	*0.3	2.0	2.1
HIV serology ³	0.2	*0.1	*0.6	*0.3	*0.2	*0.1	*0.2	0.2	0.2
Cholesterol measure	4.0	0.6	1.2	3.5	6.7	6.5	5.7	4.4	3.4
Other lab test ²	17.1	9.7	14.2	16.2	20.7	22.5	21.2	18.4	15.1
Hearing test ²	1.4	3.7	*0.9	0.9	1.0	*0.5	0.0	1.1	1.9
Visual acuity	6.0	5.0	3.4	3.3	5.5	9.9	13.7	5.6	6.7
Mental status exam ²	1.3	1.2	1.5	1.8	1.5	*0.5	*0.6	1.1	1.5
Other	10.1	7.4	9.7	10.1	9.6	12.8	12.9	10.6	9.3

¹Numbers may not add to totals because more than one diagnostic or screening service may be reported per visit.

²Category is new in the 1991 National Ambulatory Medical Care Survey.

³HIV is human immunodeficiency virus.

Table 8. Number and percent distribution of office visits by physician's principal diagnosis, according to patient's age and sex: United States, 1991

Principal diagnosis and ICD-9-CM code ¹	All ages, both sexes	Age						Sex	
		Under 15 years	15-24 years	25-44 years	45-64 years	65-74 years	75 years and over	Female	Male
Number of visits in thousands									
All visits	669,689	125,025	61,534	185,267	141,994	83,689	72,181	400,485	269,205
Infectious and parasitic diseases 001-139	24,570	8,809	3,499	7,195	2,770	1,301	995	13,975	10,595
Neoplasms 140-239	23,308	788	748	4,340	7,273	5,839	4,321	13,778	9,531
Endocrine, nutritional, and metabolic diseases and immunity disorders 240-279	27,312	*559	*548	6,280	9,600	6,972	3,352	17,661	9,651
Mental disorders 290-319	26,167	2,416	1,504	11,494	7,723	1,729	1,301	14,715	11,452
Diseases of the nervous system and sense organs 320-389	77,724	21,691	3,993	12,849	13,995	11,389	13,807	43,633	34,091
Diseases of the circulatory system 390-459	50,226	*357	*512	5,205	16,307	14,211	13,634	27,936	22,290
Diseases of the respiratory system 460-519	92,100	32,820	8,463	24,174	14,173	6,777	5,693	53,265	38,835
Diseases of the digestive system 520-579	22,724	3,560	1,415	6,342	5,205	3,453	2,748	12,021	10,703
Diseases of the genitourinary system 580-629	39,308	1,350	4,405	14,873	9,811	5,569	3,300	30,254	9,054
Diseases of the skin and subcutaneous tissue 680-709	39,578	5,027	5,965	11,406	8,449	5,218	3,513	22,188	17,391
Diseases of the musculoskeletal system and connective tissue 710-739	45,829	1,889	2,749	14,613	14,494	6,298	5,786	26,688	19,141
Symptoms, signs, and ill-defined conditions 780-799	25,694	3,849	1,765	7,340	5,913	3,383	3,444	15,417	10,277
Injury and poisoning 800-999	53,400	8,069	8,956	18,857	10,734	4,102	2,682	25,054	28,346
Supplementary classification V01-V82	101,433	29,486	14,116	33,883	12,536	5,837	5,574	69,149	32,283
All other diagnoses ²	9,292	2,406	1,365	3,337	768	*497	921	7,073	2,219
Unknown ³	11,025	1,948	1,531	3,079	2,241	1,114	1,112	7,679	3,346
Percent distribution									
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases 001-139	3.7	7.0	5.7	3.9	2.0	1.6	1.4	3.5	3.9
Neoplasms 140-239	3.5	0.6	1.2	2.3	5.1	7.0	6.0	3.4	3.5
Endocrine, nutritional, and metabolic diseases and immunity disorders 240-279	4.1	*0.4	*0.9	3.4	6.8	8.3	4.6	4.4	3.6
Mental disorders 290-319	3.9	1.9	2.4	6.2	5.4	2.1	1.8	3.7	4.3
Diseases of the nervous system and sense organs 320-389	11.6	17.3	6.5	6.9	9.9	13.6	19.1	10.9	12.7
Diseases of the circulatory system 390-459	7.5	*0.3	*0.8	2.8	11.5	17.0	18.9	7.0	8.3
Diseases of the respiratory system 460-519	13.8	26.3	13.8	13.0	10.0	8.1	7.9	13.3	14.4
Diseases of the digestive system 520-579	3.4	2.8	2.3	3.4	3.7	4.1	3.8	3.0	4.0
Diseases of the genitourinary system 580-629	5.9	1.1	7.2	8.0	6.9	6.7	4.6	7.6	3.4
Diseases of the skin and subcutaneous tissue 680-709	5.9	4.0	9.7	6.2	6.0	6.2	4.9	5.5	6.5
Diseases of the musculoskeletal system and connective tissue 710-739	6.8	1.5	4.5	7.9	10.2	7.5	8.0	6.7	7.1
Symptoms, signs, and ill-defined conditions 780-799	3.8	3.1	2.9	4.0	4.2	4.0	4.8	3.8	3.8
Injury and poisoning 800-999	8.0	6.5	14.6	10.2	7.6	4.9	3.7	6.3	10.5
Supplementary classification V01-V82	15.1	23.6	22.9	18.3	8.8	7.0	7.7	17.3	12.0
All other diagnoses ²	1.4	1.9	2.2	1.8	0.5	*0.6	1.3	1.8	0.8
Unknown ³	1.6	1.6	2.5	1.7	1.6	1.3	1.5	1.9	1.2

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (15).

²Includes diseases of the blood and blood-forming organs (280-289); complications of pregnancy, childbirth, and the puerperium (630-678); congenital anomalies (740-759); and certain conditions originating in the perinatal period (760-779).

³Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

Table 9. Number, percent, and cumulative percent of office visits by patient's age and sex and the 10 principal diagnoses most frequently rendered by physicians: United States, 1991

<i>Patient's age and sex, principal diagnosis, and ICD-9-CM code¹</i>	<i>Number of visits in thousands</i>	<i>Percent</i>	<i>Cumulative percent</i>
Patient's age			
All ages:			
All visits	669,689	100.0	...
Essential hypertension 401	23,188	3.5	3.5
Normal pregnancy V22	20,657	3.1	6.5
General medical examination V70	18,321	2.7	9.3
Health supervision of infant or child V20	17,271	2.6	11.9
Acute upper respiratory infections of multiple or unspecified sites 465	16,928	2.5	14.4
Suppurative and unspecified otitis media 382	16,185	2.4	16.8
Diabetes mellitus 250	12,793	1.9	18.7
Chronic sinusitis 473	11,570	1.7	20.4
Glaucoma 365	11,043	1.6	22.1
Acute pharyngitis 462	11,015	1.6	23.7
Under 15 years:			
All visits	125,025	100.0	...
Health supervision of infant or child V20	17,053	13.6	13.6
Suppurative and unspecified otitis media 382	12,811	10.2	23.9
Acute upper respiratory infections of multiple or unspecified sites 465	9,766	7.8	31.7
General medical examination V70	5,324	4.3	36.0
Acute pharyngitis 462	4,810	3.8	39.8
Chronic sinusitis 473	3,073	2.5	42.3
Nonsuppurative otitis media and eustachian tube disorders 381	2,808	2.2	44.5
Bronchitis, not specified as acute or chronic 490	2,774	2.2	46.7
Asthma 493	2,714	2.2	48.9
Personal history of certain other diseases V12	2,538	2.0	50.9
15-24 years:			
All visits	61,534	100.0	...
Normal pregnancy V22	6,905	11.2	11.2
Diseases of sebaceous glands 706	3,577	5.8	17.0
General medical examination V70	2,491	4.0	21.1
Acute pharyngitis 462	1,518	2.5	23.5
Acute upper respiratory infections of multiple or unspecified sites 465	1,290	2.1	25.6
Sprains and strains of other and unspecified parts of back 847	1,214	2.0	27.6
Allergic rhinitis 477	1,164	1.9	29.5
Other diseases due to viruses and chlamydiae 078	1,085	1.8	31.3
Suppurative and unspecified otitis media 382	990	1.6	32.9
Special investigations and examinations V72	921	1.5	34.4
25-44 years:			
All visits	185,267	100.0	...
Normal pregnancy V22	13,595	7.3	7.3
General medical examination V70	6,092	3.3	10.6
Allergic rhinitis 477	4,222	2.3	12.9
Chronic sinusitis 473	4,215	2.3	15.2
Diseases of sebaceous glands 706	3,145	1.7	16.9
Acute upper respiratory infections of multiple or unspecified sites 465	3,133	1.7	18.6
Neurotic disorders 300	3,063	1.7	20.3
Acute pharyngitis 462	2,990	1.6	21.9
Essential hypertension 401	2,862	1.5	23.4
Sprains and strains of other and unspecified parts of back 847	2,710	1.5	24.9
45-64 years:			
All visits	141,994	100.0	...
Essential hypertension 401	8,578	6.0	6.0
Diabetes mellitus 250	4,572	3.2	9.3
General medical examination V70	3,128	2.2	11.5
Glaucoma 365	2,489	1.8	13.2
Chronic sinusitis 473	2,467	1.7	15.0
Neurotic disorders 300	2,005	1.4	16.4

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (15).

Table 9. Number, percent, and cumulative percent of office visits by patient's age and sex and the 10 principal diagnoses most frequently rendered by physicians: United States, 1991—Con.

<i>Patient's age and sex, principal diagnosis, and ICD-9-CM code¹</i>	<i>Number of visits in thousands</i>	<i>Percent</i>	<i>Cumulative percent</i>	
45-64 years—Con.:				
Peripheral enthesopathies and allied syndromes	726	1,997	1.4	17.8
Contact dermatitis and other eczema	692	1,884	1.3	19.1
Bronchitis, not specified as acute or chronic	490	1,882	1.3	20.4
Menopausal and postmenopausal disorders	627	1,765	1.2	21.7
65-74 years:				
All visits	83,689	100.0		...
Essential hypertension	401	5,833	7.0	7.0
Diabetes mellitus	250	4,412	5.3	12.2
Glaucoma	365	3,505	4.2	16.4
Cataract	366	2,821	3.4	19.8
Other forms of chronic ischemic heart disease	414	2,114	2.5	22.3
Osteoarthritis and allied disorders	715	1,780	2.1	24.5
Other dermatoses	702	1,336	1.6	26.0
Cardiac dysrhythmias	427	1,235	1.5	27.5
Disorders of lipid metabolism	272	1,202	1.4	29.0
Bronchitis, not specified as acute or chronic	490	1,099	1.3	30.3
75 years and over:				
All visits	72,181	100.0		...
Essential hypertension	401	5,487	7.6	7.6
Glaucoma	365	4,247	5.9	13.5
Cataract	366	3,384	4.7	18.2
Diabetes mellitus	250	2,073	2.9	21.0
Other forms of chronic ischemic heart disease	414	1,781	2.5	23.5
Osteoarthritis and allied disorders	715	1,560	2.2	25.7
Cardiac dysrhythmias	427	1,375	1.9	27.6
Organ or tissue replaced by other means	V43	1,361	1.9	29.5
Other dermatoses	702	1,120	1.6	31.0
Heart failure	428	1,081	1.5	32.5
Patient's sex				
Female:				
All visits	400,485	100.0		...
Normal pregnancy	V22	20,657	5.2	5.2
Essential hypertension	401	14,439	3.6	8.8
General medical examination	V70	10,333	2.6	11.3
Acute upper respiratory infections of multiple or unspecified sites	465	9,762	2.4	13.8
Health supervision of infant or child	V20	8,473	2.1	15.9
Suppurative and unspecified otitis media	382	8,214	2.1	18.0
Diabetes mellitus	250	7,304	1.8	19.8
Chronic sinusitis	473	7,030	1.8	21.5
Glaucoma	365	6,611	1.7	23.2
Bronchitis, not specified as acute or chronic	490	6,531	1.6	24.8
Male:				
All visits	269,205	100.0		...
Health supervision of infant or child	V20	8,798	3.3	3.3
Essential hypertension	401	8,749	3.3	6.5
General medical examination	V70	7,989	3.0	9.5
Suppurative and unspecified otitis media	382	7,972	3.0	12.4
Acute upper respiratory infections of multiple or unspecified sites	465	7,166	2.7	15.1
Diabetes mellitus	250	5,489	2.0	17.1
Acute pharyngitis	462	5,055	1.9	19.0
Chronic sinusitis	473	4,540	1.7	20.7
Glaucoma	365	4,432	1.6	22.3
Asthma	493	4,158	1.5	23.9

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*.

Table 10. Number, percent distribution, and cumulative percent of injury-related office visits by patient's age, sex, and ranked principal diagnoses: United States, 1991

<i>Patient's age and sex, principal diagnosis, and ICD-9-CM code¹</i>	<i>Number of visits in thousands</i>	<i>Percent distribution</i>	<i>Cumulative percent</i>
Patient's age			
All ages:			
All injury-related visits	66,066	100.0	. . .
Sprains and strains of joints and adjacent muscles 840-848	14,063	21.3	21.3
Dorsopathies 720-724	5,540	8.4	29.7
Fracture of upper limb 810-819	5,407	8.2	37.9
Contusion with intact skin surface 920-924	4,427	6.7	44.6
Rheumatism, excluding the back 725-729	3,820	5.8	50.3
Fracture of lower limb 820-829	3,197	4.8	55.2
Open wound of head, neck, and trunk 870-879	2,133	3.2	58.4
Arthropathies and related disorders 710-719	2,122	3.2	61.6
Open wound of upper limb 880-887	2,095	3.2	64.8
Dislocation 830-839	1,295	2.0	66.7
Osteopathies, chondropathies, and acquired musculoskeletal deformities 730-739	1,167	1.8	68.5
Burns 940-949	911	1.4	69.9
Superficial injury 910-919	863	1.3	71.2
Open wound of lower limb 890-897	680	1.0	72.2
Intracranial injury, excluding those with skull fracture 850-854	667	1.0	73.2
All other diagnoses	17,680	26.8	100.0
Under 15 years:			
All injury-related visits	7,417	100.0	. . .
Fracture of upper limb 810-819	1,820	24.5	24.5
Open wound of head, neck, and trunk 870-879	896	12.1	36.6
Sprains and strains of joints and adjacent muscles 840-848	851	11.5	48.1
Contusion with intact skin surface 920-924	667	9.0	57.1
All other diagnoses	3,183	42.9	100.0
15-24 years:			
All injury-related visits	10,510	100.0	. . .
Sprains and strains of joints and adjacent muscles 840-848	3,238	30.8	30.8
Fracture of upper limb 810-819	943	9.0	39.8
Contusion with intact skin surface 920-924	692	6.6	46.4
Open wound of upper limb 880-887	607	5.8	52.1
All other diagnoses	5,030	47.9	100.0
25-44 years:			
All injury-related visits	27,126	100.0	. . .
Sprains and strains of joints and adjacent muscles 840-848	6,136	22.6	22.6
Dorsopathies 720-724	3,143	11.6	34.2
Rheumatism, excluding the back 725-729	2,314	8.5	42.7
Contusion with intact skin surface 920-924	1,542	5.7	48.4
Fracture of upper limb 810-819	1,464	5.4	53.8
Open wound of upper limb 880-887	1,003	3.7	57.5
Fracture of lower limb 820-829	946	3.5	61.0
Arthropathies and related disorders 710-719	809	3.0	64.0
Open wound of head, neck, and trunk 870-879	629	2.3	66.3
All other diagnoses	9,141	33.7	100.0
45-64 years:			
All injury-related visits	14,222	100.0	. . .
Sprains and strains of joints and adjacent muscles 840-848	2,891	20.3	20.3
Dorsopathies 720-724	1,739	12.2	32.6
Fracture of lower limb 820-829	999	7.0	39.6
Rheumatism, excluding the back 725-729	896	6.3	45.9
Contusion with intact skin surface 920-924	663	4.7	50.5
All other diagnoses	7,033	49.5	100.0

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*.

Table 10. Number, percent distribution, and cumulative percent of injury-related office visits by patient's age, sex, and ranked principal diagnoses: United States, 1991—Con.

<i>Patient's age and sex, principal diagnosis, and ICD-9-CM code¹</i>	<i>Number of visits in thousands</i>	<i>Percent distribution</i>	<i>Cumulative percent</i>
65 years and over²:			
All injury-related visits	6,792	100.0	...
Sprains and strains of joints and adjacent muscles 840-848	947	13.9	13.9
Contusion with intact skin surface 920-924	863	12.7	26.7
Fracture of upper limb 810-819	782	11.5	38.2
All other diagnoses	4,200	61.8	100.0
Patient's sex			
Female:			
All injury-related visits	29,544	100.0	...
Sprains and strains of joints and adjacent muscles 840-848	7,586	25.7	25.7
Contusion with intact skin surface 920-924	2,398	8.1	33.8
Fracture of upper limb 810-819	2,283	7.7	41.5
Dorsopathies 720-724	2,073	7.0	48.5
Rheumatism, excluding the back 725-729	1,799	6.1	54.6
Fracture of lower limb 820-829	1,701	5.8	60.4
Arthropathies and related disorders 710-719	1,021	3.5	63.8
Open wound of head, neck, and trunk 870-879	886	3.0	66.8
Open wound of upper limb 880-887	722	2.4	69.3
All other diagnoses	9,074	30.7	100.0
Male:			
All injury-related visits	36,522	100.0	...
Sprains and strains of joints and adjacent muscles 840-848	7,586	20.8	20.8
Dorsopathies 720-724	3,467	9.5	30.3
Fracture of upper limb 810-819	3,125	8.6	38.8
Fracture of lower limb 820-829	1,496	4.1	42.9
Open wound of upper limb 880-887	1,373	3.8	46.7
Open wound of head, neck, and trunk 870-879	1,246	3.4	50.1
Arthropathies and related disorders 710-719	1,101	3.0	53.1
Dislocation 830-839	856	2.3	55.4
Superficial injury 910-919	643	1.8	57.2
Osteopathies, chondropathies, and acquired musculoskeletal deformities 730-739	622	1.7	58.9
All other diagnoses	15,007	41.1	100.0

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*.

²Injury-related office visits made by persons in the 65-74 years and 75 years and over age groups have been combined because the frequencies of diagnoses for each age group were too low to produce reliable estimates. Only diagnoses with reliable estimates have been included in this table.

Table 11. Number and percent distribution of office visits by medication therapy and number of medications ordered or provided, according to patient's age and sex: United States, 1991

Visit characteristic	All ages, both sexes	Age						Sex	
		Under 15 years	15-24 years	25-44 years	45-64 years	65-74 years	75 years and over	Female	Male
Medication therapy ordered or provided									
Number of visits in thousands									
All visits	669,689	125,025	61,534	185,267	141,994	83,689	72,181	400,485	269,205
Drug visits ¹	423,675	79,790	36,301	109,111	92,194	56,185	50,095	257,170	166,505
Visits without mention of medication therapy	246,014	45,235	25,233	76,156	49,800	27,504	22,086	143,315	102,700
Number of medications ordered or provided									
None	246,014	45,235	25,233	76,156	49,800	27,504	22,086	143,315	102,700
One	217,786	48,935	22,516	64,253	42,518	22,052	17,511	132,380	85,405
Two	107,800	21,074	9,316	28,990	23,922	13,016	11,482	64,481	43,319
Three	48,520	7,105	3,168	10,137	12,081	8,344	7,685	29,037	19,483
Four	22,176	1,944	1,013	3,294	5,875	4,870	5,181	13,987	8,189
Five	27,393	732	*288	2,436	7,797	7,903	8,236	17,285	10,108
Medication therapy ordered or provided									
Percent distribution									
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Drug visits ¹	63.3	63.8	59.0	58.9	64.9	67.1	69.4	64.2	61.9
Visits without mention of medication therapy	36.7	36.2	41.0	41.1	35.1	32.9	30.6	35.8	38.1
Number of medications ordered or provided									
None	36.7	36.2	41.0	41.1	35.1	32.9	30.6	35.8	38.1
One	32.5	39.1	36.6	34.7	29.9	26.4	24.3	33.1	31.7
Two	16.1	16.9	15.1	15.6	16.8	15.6	15.9	16.1	16.1
Three	7.2	5.7	5.1	5.5	8.5	10.0	10.6	7.3	7.2
Four	3.3	1.6	1.6	1.8	4.1	5.8	7.2	3.5	3.0
Five	4.1	0.6	*0.5	1.3	5.5	9.4	11.4	4.3	3.8

¹Drug visits are visits at which one or more drugs is ordered or provided by the physician.

Table 12. Number, percent, and therapeutic classification of drug mentions by patient's age and sex and the 10 most frequently used generic substances: United States, 1991

<i>Age and sex of patient and generic substance¹</i>	<i>Number of drug mentions in thousands</i>	<i>Percent</i>	<i>Therapeutic classification²</i>
Patient's age			
All ages:			
All drug mentions	804,615	100.0	...
Amoxicillin	33,304	4.1	Penicillins
Acetaminophen	28,387	3.5	General analgesics
Erythromycin	16,060	2.0	Erythromycins and lincosamides
Hydrochlorothiazide	15,727	2.0	Diuretics
Aspirin	13,426	1.7	General analgesics
Ibuprofen	13,321	1.7	Antiarthritics
Phenylephrine	12,900	1.6	Nasal decongestants
Codeine	12,655	1.6	General analgesics
Phenylpropranolamine	11,734	1.5	Nasal decongestants
Albuterol	11,387	1.4	Bronchodilators, antiasthmatics
Under 15 years:			
All drug mentions	123,833	15.4	...
Amoxicillin	19,642	2.4	Penicillins
DIPH-Pertussis-Tetanus vaccine	6,853	0.9	Vaccines and antisera
Polio vaccine	5,621	0.7	Vaccines and antisera
Haemophilus B vaccine	5,600	0.7	Vaccines and antisera
Cefaclor	4,899	0.6	Cephalosporins
Phenylephrine	4,818	0.6	Nasal decongestants
Alcohol	4,795	0.6	General analgesics
Erythromycin	4,771	0.6	Erythromycins and lincosamides
Acetaminophen	4,423	0.5	General analgesics
Pseudoephedrine	4,224	0.5	Nasal decongestants
15-24 years:			
All drug mentions	56,142	7.0	...
Amoxicillin	3,230	0.4	Penicillins
Erythromycin	2,855	0.4	Erythromycins and lincosamides
Acetaminophen	2,769	0.3	General analgesics
Vitamin A	2,749	0.3	Vitamins, minerals
Estradiol	2,564	0.3	Contraceptive agents
Pyridoxine	2,490	0.3	Vitamins, minerals
Riboflavin	2,467	0.3	Vitamins, minerals
Ergocalciferol	2,434	0.3	Vitamins, minerals
Ibuprofen	1,885	0.2	Antiarthritics
Thiamine	1,784	0.2	Vitamins, minerals
25-44 years:			
All drug mentions	178,001	22.1	...
Acetaminophen	8,740	1.1	General analgesics
Amoxicillin	6,055	0.8	Penicillins
Vitamin A	4,927	0.6	Vitamins, minerals
Erythromycin	4,703	0.6	Erythromycins and lincosamides
Ergocalciferol	4,569	0.6	Vitamins, minerals
Pyridoxine	4,455	0.6	Vitamins, minerals
Codeine	4,382	0.5	General analgesics
Riboflavin	4,315	0.5	Vitamins, minerals
Naproxen	4,057	0.5	Antiarthritics
Ibuprofen	3,946	0.5	Antiarthritics
45-64 years:			
All drug mentions	189,094	23.5	...
Acetaminophen	6,993	0.9	General analgesics
Hydrochlorothiazide	4,910	0.6	Diuretics
Estrogens	4,118	0.5	Estrogens and progestins
Aspirin	4,002	0.5	General analgesics
Ibuprofen	3,615	0.4	Antiarthritics

See footnotes at end of table.

Table 12. Number, percent, and therapeutic classification of drug mentions by patient's age and sex and the 10 most frequently used generic substances: United States, 1991—Con.

<i>Age and sex of patient and generic substance¹</i>	<i>Number of drug mentions in thousands</i>	<i>Percent</i>	<i>Therapeutic classification²</i>
45–64 years—Con.:			
Codeine	3,654	0.5	General analgesics
Verapamil	3,162	0.4	Antiarrhythmic agents
Naproxen	3,012	0.4	Antiarthritics
Levothyroxine	2,913	0.4	Agents used to treat thyroid disease
Enalapril	2,719	0.3	Antihypertensive agents
65–74 years:			
All drug mentions	132,111	16.4	...
Hydrochlorothiazide	4,581	0.6	Diuretics
Digoxin	4,461	0.4	Cardiac glycosides
Aspirin	3,327	0.4	General analgesics
Furosemide	2,814	0.3	Diuretics
Acetaminophen	2,692	0.3	General analgesics
Insulin	2,675	0.3	Blood glucose regulators
Verapamil	2,263	0.3	Antiarrhythmic agents
Potassium replacement solution	2,253	0.3	Replenishers and regulators of water and electrolytes
Diltiazem	2,112	0.3	Antianginal agents
Glyburide	2,075	0.3	Blood glucose regulators
75 years and over:			
All drug mentions	125,434	15.6	...
Hydrochlorothiazide	5,196	0.6	Diuretics
Digoxin	4,787	0.6	Cardiac glycosides
Furosemide	4,670	0.6	Diuretics
Aspirin	3,218	0.4	General analgesics
Acetaminophen	2,770	0.3	General analgesics
Triamterene	2,744	0.3	Diuretics
Potassium replacement solution	2,476	0.3	Replenishers and regulators of water and electrolytes
Nitroglycerin	2,460	0.3	Antianginal agents
Timolol	2,300	0.3	Agents used to treat glaucoma
Nifedipine	2,277	0.3	Antianginal agents
Patient's sex			
Female:			
All drug mentions	490,824	61.0	...
Amoxicillin	18,058	2.2	Penicillins
Acetaminophen	16,007	2.0	General analgesics
Hydrochlorothiazide	11,156	1.4	Diuretics
Erythromycin	9,446	1.2	Erythromycins and lincosamides
Vitamin A	9,133	1.1	Vitamins, minerals
Ergocalciferol	8,264	1.0	Vitamins, minerals
Riboflavin	8,208	1.0	Vitamins, minerals
Pyridoxine	7,925	1.0	Vitamins, minerals
Ibuprofen	7,912	1.0	Antiarthritics
Phenylephrine	7,528	0.9	Nasal decongestants
Male:			
All drug mentions	313,791	39.0	...
Amoxicillin	15,246	1.9	Penicillins
Acetaminophen	12,380	1.5	General analgesics
Aspirin	7,064	0.9	General analgesics
Erythromycin	6,614	0.8	Erythromycins and lincosamides
Ibuprofen	5,409	0.7	Antiarthritics
Phenylephrine	5,373	0.7	Nasal decongestants
Codeine	5,278	0.7	General analgesics
Phenylpropanolamine	5,121	0.6	Nasal decongestants
Digoxin	4,970	0.6	Cardiac glycosides
Albuterol	4,929	0.6	Bronchodilators, antiasthmatics

¹Frequency of mention combines single-ingredient agents with mentions of the agent as an ingredient in a combination drug.

²Therapeutic classification is based on the *National Drug Code Directory, 1985 edition* (NDC) (17). In cases where a generic substance had more than one therapeutic use, it was listed under the NDC classification that occurred with the highest frequency.

Table 13. Number and percent distribution of office visits by therapeutic services other than medication ordered or provided, according to patient's age and sex: United States, 1991

Therapeutic services ordered or provided ¹	All ages, both sexes	Age						Sex	
		Under 15 years	15-24 years	25-44 years	45-64 years	65-74 years	75 years and over	Female	Male
Number of visits in thousands									
All visits	669,689	125,025	61,534	185,267	141,994	83,689	72,181	400,485	269,205
Counseling/education and other therapy									
None	448,044	84,707	41,960	122,131	88,024	57,983	53,238	264,163	183,881
Diet ²	76,476	15,964	4,415	16,811	20,534	11,247	7,506	48,318	28,159
Exercise ²	54,617	4,038	4,684	16,510	17,506	7,070	4,808	32,063	22,554
Cholesterol reduction	20,818	*460	*333	3,965	8,683	4,532	2,846	12,697	8,121
Weight reduction	25,761	*585	787	7,558	10,826	3,889	2,115	17,295	8,466
Drug abuse ²	1,570	*206	*225	765	*255	*84	*36	733	838
Alcohol abuse ²	3,187	*248	*217	1,153	1,131	*426	*11	1,094	2,093
Smoking cessation	13,013	*291	959	4,698	5,141	1,280	644	7,333	5,680
Family/social ²	12,486	6,276	985	2,688	1,380	707	*451	6,997	5,489
Growth/development ²	20,580	18,828	951	604	*197	-	-	10,821	9,759
Family planning ²	5,456	*156	2,227	2,949	*123	-	-	5,219	*237
Other counseling	55,911	12,174	6,463	16,613	10,630	5,410	4,621	37,654	18,257
Psychotherapy	17,789	1,572	1,112	7,903	5,289	1,076	837	10,268	7,521
Corrective lenses	7,934	969	597	1,284	1,830	1,667	1,587	4,589	3,345
Hearing aid ²	*440	*35	-	*37	*165	*73	*130	*242	*198
Physiotherapy	16,763	*332	1,883	7,292	4,918	1,281	1,057	8,684	8,079
Other therapy	21,235	2,534	1,952	6,670	4,811	3,044	2,223	12,551	8,684
Percent distribution									
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Counseling/education and other therapy									
None	66.9	67.8	68.2	65.9	62.0	69.3	73.8	66.0	68.3
Diet ²	11.4	12.8	7.2	9.1	14.5	13.4	10.4	12.1	10.5
Exercise ²	8.2	3.2	7.6	8.9	12.3	8.4	6.7	8.0	8.4
Cholesterol reduction	3.1	*0.4	*0.5	2.1	6.1	5.4	3.9	3.2	3.0
Weight reduction	3.8	0.0	1.3	4.1	7.6	4.6	2.9	4.3	3.1
Drug abuse ²	0.2	*0.2	*0.4	0.4	*0.2	*0.1	*0.0	0.2	0.3
Alcohol abuse ²	0.5	*0.2	*0.4	0.6	0.8	*0.5	*0.0	0.3	0.8
Smoking cessation	1.9	*0.2	1.6	2.5	3.6	1.5	0.9	1.8	2.1
Family/social ²	1.9	5.0	1.6	1.5	1.0	0.8	*0.6	1.7	2.0
Growth/development ²	3.1	15.1	1.5	*0.3	*0.1	-	-	2.7	3.6
Family planning ²	0.8	*0.1	3.6	1.6	*0.1	-	-	1.3	*0.1
Other counseling	8.3	9.7	10.5	9.0	7.5	6.5	6.4	9.4	6.8
Psychotherapy	2.7	1.3	1.8	4.3	3.7	1.3	1.2	2.6	2.8
Corrective lenses	1.2	0.8	1.0	0.7	1.3	2.0	2.2	1.1	1.2
Hearing aid ²	*0.1	*0.0	*0.0	*0.0	*0.1	*0.1	*0.2	*0.1	*0.1
Physiotherapy	2.5	*0.3	3.1	3.9	3.5	1.5	1.5	2.2	3.0
Other therapy	3.2	2.0	3.2	3.6	3.4	3.6	3.1	3.1	3.2

¹Numbers may not add to totals because more than one therapeutic service may be reported per visit.

²Category is new in the 1991 National Ambulatory Medical Care Survey.

Table 14. Number and percent distribution of office visits by diagnostic and therapeutic ambulatory surgical procedures scheduled or performed with corresponding standard errors, according to patient's sex: United States, 1991

Diagnostic or therapeutic procedure scheduled or performed and ICD-9-CM code ¹	Patient's sex					
	Both sexes	Standard error	Female	Standard error	Male	Standard error
Number of visits in thousands and corresponding standard error ^{2,3}						
All visits	669,689	20,578	400,485	12,553	269,205	9,497
Visits with procedures	40,548	2,972	23,079	1,676	17,469	1,539
Operations on the nervous system 01-05	1,007	291	642	165	*365	164
Operations on the eye 08-16	6,503	1,802	4,221	1,158	*2,281	707
Operations on the nose, mouth, and pharynx 21-29	1,710	427	847	192	*862	270
Operations on the cardiovascular system 35-39	2,220	*1,455	*1,026	593	*1,194	866
Operations on the digestive system 42-54	4,901	535	2,787	343	2,113	264
Operations on the urinary system 55-59	1,891	249	783	119	1,108	168
Operations on the male genital organs 60-64	765	126	...	...	765	126
Operations on the female genital organs 65-71	3,304	472	3,304	472	...	...
Operations on the musculoskeletal system 76-84	5,051	739	2,692	459	2,359	385
Operations on the integumentary system 85-86	8,948	951	5,043	602	3,905	493
Miscellaneous diagnostic and therapeutic procedures 87-99	5,063	631	2,444	305	2,618	476
Other procedures ⁴	1,901	259	1,059	176	842	162
Visits without procedures	629,141	19,703	377,406	12,068	251,736	8,896
Percent distribution of visits and corresponding standard error ^{2,3}						
All visits	100.0	...	100.0	...	100.0	...
Visits with procedures	6.1	0.4	5.8	0.4	6.5	0.6
Operations on the nervous system 01-05	*0.2	0.0	0.2	0.0	*0.1	0.1
Operations on the eye 08-16	1.0	0.3	1.1	0.3	*0.8	0.3
Operations on the nose, mouth, and pharynx 21-29	0.3	0.1	0.2	0.1	*0.3	0.1
Operations on the cardiovascular system 35-39	*0.3	0.2	0.3	0.2	*0.4	0.3
Operations on the digestive system 42-54	0.7	0.1	0.7	0.1	0.8	0.1
Operations on the urinary system 55-59	0.3	0.0	0.2	0.0	0.4	0.1
Operations on the male genital organs 60-64	0.1	0.0	...	...	0.3	0.1
Operations on the female genital organs 65-71	0.5	0.1	0.8	0.1	...	...
Operations on the musculoskeletal system 76-84	0.8	0.1	0.7	0.1	0.9	0.2
Operations on the integumentary system 85-86	1.3	0.1	1.3	0.2	1.5	0.2
Miscellaneous diagnostic and therapeutic procedures 87-99	0.8	0.1	0.6	0.1	1.0	0.2
Other procedures ⁴	0.3	0.0	0.3	0.0	0.3	0.1
Visits without procedures	93.9	0.4	94.2	0.4	93.5	0.6

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (15).

²Numbers may not add to totals because up to two procedures could be reported per visit. There were an estimated 43.3 million procedures scheduled or performed in all.

³See Appendix I for a discussion of standard errors and the precision of NAMCS estimates.

⁴Includes operations on the endocrine system (ICD-9-CM codes 06-07), operations on the ear (ICD-9-CM codes 18-20), operations on the respiratory system (ICD-9-CM codes 30-34), operations on the hemic and lymphatic system (ICD-9-CM codes 40-41), and obstetrical procedures (ICD-9-CM codes 72-75).

NOTE: The figure "0.0" indicates a quantity greater than zero but less than 0.05.

Table 15. Number and percent distribution of office visits by diagnostic and therapeutic ambulatory surgical procedures scheduled or performed with corresponding standard errors, according to patient's age: United States, 1991

Diagnostic or therapeutic procedure scheduled or performed and ICD-9-CM code ¹	Patient's age							
	All ages	Standard error	Under 25 years	Standard error	25-64 years	Standard error	65 years and over	Standard error
Number of visits in thousands and corresponding standard error ^{2,3}								
All visits	669,689	20,578	186,559	8,725	327,261	11,548	155,870	6,361
Visits with procedures	40,548	2,972	6,976	706	21,804	1,821	11,767	1,228
Operations on the nervous system 01-05	1,007	291	*8	8	*782	270	*217	77
Operations on the eye 08-16	6,503	1,802	*336	215	*1,618	521	*4,548	1,439
Operations on the nose, mouth, and pharynx 21-29	1,710	427	*541	238	899	232	270	66
Operations on the cardiovascular system 35-39	2,220	*1,455	*67	52	*1,345	928	*809	530
Operations on the digestive system 42-54	4,901	535	436	98	3,107	377	1,357	199
Operations on the urinary system 55-59	1,891	249	*96	36	838	134	957	149
Operations on the male genital organs 60-64	765	126	*14	10	568	106	*182	61
Operations on the female genital organs 65-71	3,304	472	578	130	2,570	387	*155	53
Operations on the musculoskeletal system 76-84	5,051	739	937	222	3,106	481	1,008	236
Operations on the integumentary system 85-86	8,948	951	2,049	427	4,754	542	2,146	243
Miscellaneous diagnostic and therapeutic procedures 87-99	5,063	631	1,748	319	2,196	331	1,118	188
Other procedures ⁴	1,901	259	566	122	938	164	397	111
Visits without procedures	629,141	19,703	179,583	8,525	305,457	11,014	144,103	6,016
Percent distribution of visits and corresponding standard error ^{2,3}								
All visits	100.0	...	100.0	...	100.0	...	100.0	...
Visits with procedures	6.1	0.4	3.7	0.4	6.7	0.6	7.5	0.8
Operations on the nervous system 01-05	*0.2	0.0	*0.0	0.0	*0.2	0.1	*0.1	0.1
Operations on the eye 08-16	1.0	0.3	*0.2	0.1	*0.5	0.2	*2.9	1.0
Operations on the nose, mouth, and pharynx 21-29	0.3	0.1	*0.3	0.1	0.3	0.1	0.2	0.0
Operations on the cardiovascular system 35-39	*0.3	0.2	*0.0	0.0	*0.4	0.3	*0.5	0.4
Operations on the digestive system 42-54	0.7	0.1	0.2	0.1	0.9	0.1	0.9	0.1
Operations on the urinary system 55-59	0.3	0.0	*0.1	0.0	0.3	0.0	0.6	0.1
Operations on the male genital organs 60-64	0.1	0.0	*0.0	0.0	0.2	0.0	*0.1	0.0
Operations on the female genital organs 65-71	0.5	0.1	0.3	0.1	0.8	0.1	*0.1	0.0
Operations on the musculoskeletal system 76-84	0.8	0.1	0.5	0.1	0.9	0.2	0.6	0.2
Operations on the integumentary system 85-86	1.3	0.1	1.1	0.2	1.5	0.2	1.4	0.2
Miscellaneous diagnostic and therapeutic procedures 87-99	0.8	0.1	0.9	0.2	0.7	0.1	0.7	0.1
Other procedures ⁴	0.3	0.0	0.3	0.1	0.3	0.1	*0.3	0.1
Visits without procedures	93.9	0.4	96.3	0.4	93.3	0.6	92.5	0.8

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*.

²Numbers may not add to totals because up to two procedures could be reported per visit. There were an estimated 43.3 million procedures scheduled or performed in all.

³See Appendix I for a discussion of standard errors and precision of NAMCS estimates.

⁴Includes operations on the endocrine system (ICD-9-CM codes 06-07), operations on the ear (ICD-9-CM codes 18-20), operations on the respiratory system (ICD-9-CM codes 30-34), operations on the hemic and lymphatic system (ICD-9-CM codes 40-41), and obstetrical procedures (ICD-9-CM codes 72-75).

NOTE: The figure "0.0" indicates a quantity greater than zero but less than 0.05.

Table 16. Number and percent distribution of office visits by disposition and duration of visit, according to patient's age and sex: United States, 1991

Visit characteristic	All ages, both sexes	Age						Sex	
		Under 15 years	15-24 years	25-44 years	45-64 years	65-74 years	75 years and over	Female	Male
Disposition of visit ¹		Number of visits in thousands							
All visits	669,689	125,025	61,534	185,267	141,994	83,689	72,181	400,485	269,205
No followup planned	63,538	16,111	7,662	19,988	11,717	4,851	3,210	34,590	28,948
Return at specified time	423,785	64,819	33,944	111,279	94,914	62,325	56,504	255,924	167,860
Return if needed	144,693	41,693	15,522	41,868	26,117	10,939	8,554	86,991	57,702
Telephone followup planned	22,813	4,127	2,671	6,638	5,036	2,451	1,889	14,375	8,438
Referred to other physician	21,783	2,274	2,254	6,629	4,518	3,425	2,682	12,720	9,063
Returned to referring physician	5,594	*286	*323	1,395	1,515	1,083	992	3,280	2,314
Admit to hospital	5,856	*428	*366	1,496	1,754	939	872	3,749	2,107
Other	7,917	1,027	824	2,337	1,937	1,153	639	4,708	3,209
Duration of visit		Number of visits in thousands							
All visits	669,689	125,025	61,534	185,267	141,994	83,689	72,181	400,485	269,205
0 minutes ²	8,469	848	770	2,704	1,920	1,207	1,020	5,090	3,380
1-5 minutes	59,584	12,150	7,369	16,893	12,139	6,258	4,775	34,024	25,560
6-10 minutes	177,511	41,980	18,343	49,273	33,830	18,538	15,547	105,658	71,852
11-15 minutes	211,340	43,285	18,096	55,900	41,753	28,353	23,952	127,367	83,972
16-30 minutes	164,581	23,014	13,496	45,042	38,833	23,099	21,098	100,673	63,909
31-60 minutes	45,110	3,460	3,305	14,652	12,650	5,744	5,300	26,167	18,943
More than 60 minutes	3,094	*288	*154	803	870	*489	*489	1,505	1,588
Disposition of visit ¹		Percent distribution							
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No followup planned	9.5	12.9	12.5	10.8	8.3	5.8	4.4	8.6	10.8
Return at specified time	63.3	51.8	55.2	60.1	66.8	74.5	78.3	63.9	62.4
Return if needed	21.6	33.3	25.2	22.6	18.4	13.1	11.9	21.7	21.4
Telephone followup planned	3.4	3.3	4.3	3.6	3.5	2.9	2.6	3.6	3.1
Referred to other physician	3.3	1.8	3.7	3.6	3.2	4.1	3.7	3.2	3.4
Returned to referring physician	0.8	*0.2	*0.5	0.8	1.1	1.3	1.4	0.8	0.9
Admit to hospital	0.9	*0.3	*0.6	0.8	1.2	1.1	1.2	0.9	0.8
Other	1.2	0.8	1.3	1.3	1.4	1.4	0.9	1.2	1.2
Duration of visit		Percent distribution							
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
0 minutes ²	1.3	0.7	1.3	1.5	1.4	1.4	1.4	1.3	1.3
1-5 minutes	8.9	9.7	12.0	9.1	8.5	7.5	6.6	8.5	9.5
6-10 minutes	26.5	33.6	29.8	26.6	23.8	22.2	21.5	26.4	26.7
11-15 minutes	31.6	34.6	29.4	30.2	29.4	33.9	33.2	31.8	31.2
16-30 minutes	24.6	18.4	21.9	24.3	27.3	27.6	29.2	25.1	23.7
31-60 minutes	6.7	2.8	5.4	7.9	8.9	6.9	7.3	6.5	7.0
More than 60 minutes	0.5	*0.2	*0.3	0.4	0.6	*0.6	*0.7	0.4	0.6

¹Numbers may not add to totals because more than one disposition may be reported per visit.

²Visits of 0 minutes duration are those in which there was no face-to-face contact between the physician and the patient.

Table 17. Number and percent distribution of office visits by selected patient and visit characteristics, according to six physician specialties: United States, 1991

<i>Selected characteristic</i>	<i>All specialties</i>	<i>General and family practice</i>	<i>Internal medicine</i>	<i>Pediatrics</i>	<i>Obstetrics and gynecology</i>	<i>Ophthalmology</i>	<i>Orthopedic surgery</i>
	Number of visits in thousands						
All visits	669,689	164,857	102,923	74,646	56,834	41,207	35,932
	Percent distribution						
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Age							
Under 15 years	18.7	17.7	2.4	92.6	0.9	6.5	11.5
15-24 years	9.2	10.8	5.9	4.5	21.5	3.7	11.3
25-44 years	27.7	29.7	25.4	1.1	60.8	13.4	34.6
45-64 years	21.2	21.9	28.6	1.1	12.3	21.4	24.8
65-74 years	12.5	10.3	20.1	0.3	3.2	24.2	10.0
75 years and over	10.8	9.7	17.6	0.4	1.3	30.8	7.9
Sex							
Female	59.8	61.0	59.2	48.4	98.1	60.4	50.2
Male	40.2	39.0	40.8	51.6	1.9	39.6	49.8
Race							
White	87.8	89.0	83.8	77.7	86.3	93.0	92.7
Black	8.7	7.8	10.4	17.8	9.7	5.4	5.1
Asian/Pacific Islander	3.0	2.4	5.6	4.1	3.8	1.3	2.1
American Indian/Eskimo/Aleut	0.5	0.7	0.3	0.4	0.2	0.3	*0.1
Prior-visit status							
New patient	16.7	12.8	12.5	7.8	15.2	20.3	32.1
Old patient, new problem	21.5	33.5	25.1	35.9	18.1	9.0	9.0
Old patient, old problem	61.8	53.7	62.4	56.3	66.7	70.7	58.9
Referral status							
Referred by other physician	6.2	1.8	2.3	2.3	5.0	8.3	16.2
Not referred	93.8	98.2	97.7	97.7	95.1	91.7	83.8
Geographic region							
Northeast	23.1	16.6	26.8	24.5	22.4	21.5	26.2
Midwest	24.9	34.9	21.1	20.5	24.5	31.2	19.5
South	28.8	26.5	30.2	32.0	31.9	26.3	30.0
West	23.2	22.1	21.9	23.0	21.2	21.0	24.3

Table 18. Number and percent distribution of office visits by selected patient and visit characteristics, according to seven other physician specialties: United States, 1991

<i>Selected characteristic</i>	<i>All specialties</i>	<i>Dermatology</i>	<i>General surgery</i>	<i>Otolaryngology</i>	<i>Psychiatry</i>	<i>Urological surgery</i>	<i>Cardiovascular diseases</i>	<i>Neurology</i>	<i>Other</i>
Number of visits in thousands									
All visits	669,689	29,659	21,285	19,101	15,720	12,758	11,629	6,798	76,341
Percent distribution									
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Age									
Under 15 years	18.7	6.7	3.4	28.7	8.6	4.1	*0.7	11.6	7.9
15–24 years	9.2	15.2	5.7	8.1	7.5	3.5	1.7	7.7	8.9
25–44 years	27.7	28.2	25.8	26.0	44.4	19.9	12.6	35.6	32.3
45–64 years	21.2	22.0	32.9	19.5	32.5	26.6	31.6	25.2	25.9
65–74 years	12.5	15.6	18.6	10.0	4.1	26.3	32.0	11.3	15.0
75 years and over	10.8	12.4	13.5	7.6	2.9	19.6	21.4	8.6	10.0
Sex									
Female	59.8	56.0	59.3	52.2	55.9	27.3	46.5	56.8	56.9
Male	40.2	44.0	40.7	47.8	44.1	72.7	53.5	43.2	43.1
Race									
White	87.8	92.0	91.4	92.8	89.8	94.1	90.3	91.2	90.2
Black	8.7	4.3	5.7	4.2	9.0	4.9	4.0	6.8	7.6
Asian/Pacific Islander	3.0	3.4	2.8	2.9	0.8	*0.7	4.0	*1.5	1.3
American Indian/Eskimo/Aleut	0.5	*0.3	*0.1	*0.2	*0.3	*0.3	1.7	*0.6	0.9
Prior-visit status									
New patient	16.7	23.0	22.0	30.0	12.7	24.4	13.4	37.0	22.4
Old patient, new problem	21.5	15.8	15.3	9.3	–	6.6	7.8	3.7	9.7
Old patient, old problem	61.8	61.2	62.7	60.7	87.3	69.0	78.8	59.4	67.9
Referral status									
Referred by other physician	6.2	8.9	19.0	17.4	5.8	17.3	7.4	31.8	8.3
Not referred	93.8	91.1	81.0	82.6	94.2	82.7	92.6	68.2	91.7
Geographic region									
Northeast	23.1	21.7	14.8	16.9	31.8	20.9	27.2	17.5	33.9
Midwest	24.9	16.8	30.9	24.6	8.6	13.4	21.4	19.9	19.9
South	28.8	21.9	34.7	27.0	27.1	34.2	27.8	29.2	28.5
West	23.2	39.6	19.6	31.5	32.5	31.5	23.7	33.4	17.7

Table 19. Number and percent distribution of office visits by patient's principal reason for visit, according to six physician specialties: United States, 1991

<i>Principal reason for visit and RVC code¹</i>	<i>All specialties</i>	<i>General and family practice</i>	<i>Internal medicine</i>	<i>Pediatrics</i>	<i>Obstetrics and gynecology</i>	<i>Ophthalmology</i>	<i>Orthopedic surgery</i>
	Number of visits in thousands						
All visits	669,689	164,857	102,923	74,646	56,834	41,207	35,932
	Percent distribution						
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Symptom module S001–S999	57.6	64.6	59.7	61.1	27.3	39.8	66.2
General symptoms S001–S099	6.6	7.7	7.3	11.9	2.6	0.5	2.9
Symptoms referable to psychological/mental disorders S100–S199	2.7	1.7	1.8	0.7	0.3	–	*0.0
Symptoms referable to the nervous system (excluding sense organs) S200–S259	3.1	3.9	5.2	1.3	0.8	1.8	0.9
Symptoms referable to the cardiovascular/lymphatic system S260–S299	0.5	0.6	1.1	0.2	*0.1	*0.0	–
Symptoms referable to the eyes and ears S300–S399	6.5	5.0	2.9	10.9	*0.2	37.1	–
Symptoms referable to the respiratory system S400–S499	11.5	17.6	14.3	23.7	0.9	*0.0	*0.1
Symptoms referable to the digestive system S500–S639	4.0	5.7	6.5	5.0	1.4	–	–
Symptoms referable to the genitourinary system S640–S829	4.7	4.0	3.7	0.7	18.5	–	*0.1
Symptoms referable to the skin, hair, and nails S830–S899	6.5	5.4	3.8	4.8	1.8	0.3	0.7
Symptoms referable to the musculoskeletal system S900–S999	11.4	13.1	13.1	1.9	0.7	*0.1	61.6
Disease module D001–D999	9.7	7.1	12.6	5.6	3.5	16.4	1.4
Diagnostic/screening and preventive module X100–X599	15.1	13.6	11.2	24.3	56.2	17.9	1.2
Treatment module T100–T899	9.8	6.2	9.6	2.3	6.4	18.6	11.8
Injuries and adverse effects module J001–J999	3.1	3.6	1.9	2.4	0.4	1.3	16.2
Test results module R100–R700	1.0	1.2	1.1	0.1	2.8	0.4	*0.1
Administrative module A100–A140	1.1	2.3	0.7	1.8	*0.1	*0.0	–
Other ² U990–U999	2.7	1.4	3.3	2.5	3.3	5.5	3.1

¹Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (14).

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

Table 20. Number and percent distribution of office visits by patient's principal reason for visit, according to seven other physician specialties: United States, 1991

Principal reason for visit and RVC code ¹	All specialties	Dermatology	General surgery	Otolaryngology	Psychiatry	Urological surgery	Cardio-vascular diseases	Neurology	Other
	Number of visits in thousands								
All visits	669,689	29,659	21,285	19,101	15,720	12,758	11,629	6,798	76,341
	Percent distribution								
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Symptom module S001-S999	57.6	77.1	46.7	68.1	73.4	60.4	42.6	83.9	53.6
General symptoms S001-S099	6.6	1.3	4.8	4.8	1.7	3.8	15.0	7.0	9.3
Symptoms referable to psychological/mental disorders S100-S199	2.7	-	*0.3	*0.0	68.5	4.0	*1.0	3.2	1.5
Symptoms referable to the nervous system (excluding sense organs) S200-S259	3.1	-	1.8	4.3	2.1	*0.3	3.1	45.5	2.4
Symptoms referable to the cardiovascular/lymphatic system S260-S299	0.5	*0.4	0.9	*0.1	-	*0.1	4.6	-	*0.4
Symptoms referable to the eyes and ears S300-S399	6.5	0.5	0.7	32.9	*0.0	*0.1	*0.8	2.6	2.6
Symptoms referable to the respiratory system S400-S499	11.5	*0.3	3.0	21.7	*0.1	*0.9	9.2	*0.4	11.4
Symptoms referable to the digestive system S500-S639	4.0	1.2	9.5	1.6	*0.4	1.8	2.6	*0.7	4.2
Symptoms referable to the genitourinary system S640-S829	4.7	*0.4	9.0	-	*0.4	44.2	*1.0	*0.3	2.5
Symptoms referable to the skin, hair, and nails S830-S899	6.5	70.8	7.4	1.5	-	1.9	*0.5	*0.1	3.7
Symptoms referable to the musculoskeletal system S900-S999	11.4	2.2	9.3	1.1	*0.2	3.4	4.8	24.0	15.5
Disease module D001-D999	9.7	9.7	16.3	6.1	2.6	9.4	12.9	6.6	20.6
Diagnostic/screening and preventive module X100-X599	15.1	1.1	7.5	2.8	-	8.4	10.5	*1.2	5.7
Treatment module T100-T899	9.8	8.6	21.4	16.6	21.5	16.9	25.1	3.8	11.8
Injuries and adverse effects module J001-J999	3.1	1.1	3.6	1.7	*0.3	*0.8	*0.5	*1.0	3.3
Test results module R100-R700	1.0	*0.2	2.2	*0.6	-	1.0	2.3	*1.4	*0.9
Administrative module A100-A140	1.1	*0.1	0.6	-	*0.2	*0.2	-	0.1	1.4
Other ² U990-U999	2.7	2.2	1.8	4.1	2.0	3.0	6.1	2.0	2.8

¹Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (14).

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

Table 21. Number, percent, and cumulative percent of office visits by physician specialty and the 10 principal reasons for visit most frequently mentioned by patients: United States, 1991

<i>Physician specialty, principal reason for visit, and RVC code¹</i>	<i>Number of visits in thousands</i>	<i>Percent</i>	<i>Cumulative percent</i>
General and family practice			
All visits	164,857	100.0	...
Cough S440	9,863	6.0	6.0
Symptoms referable to throat S455	8,103	4.9	10.9
General medical examination X100	6,219	3.8	14.7
Back symptoms S905	4,752	2.9	17.6
Earache or ear infection S355	4,096	2.5	20.1
Stomach pain, cramps, and spasms S545	3,961	2.4	22.5
Blood pressure test X320	3,659	2.2	24.7
Skin rash S860	3,527	2.1	26.8
Headache, pain in head S210	3,252	2.0	28.8
Physical examination required for employment A100	3,006	1.8	30.6
Internal medicine			
All visits	102,903	100.0	...
General medical examination X100	4,391	4.3	4.3
Cough S440	4,319	4.2	8.5
Hypertension D510	3,419	3.3	11.8
Back symptoms S905	3,296	3.2	15.0
Symptoms referable to throat S455	3,218	3.1	18.1
Blood pressure test X320	3,122	3.0	21.1
Stomach pain, cramps, and spasms S545	2,941	2.9	24.0
Headache, pain in head S210	2,636	2.6	26.6
Chest pain and related symptoms (not referable to body system) S050	2,269	2.2	28.8
Skin rash S860	2,027	2.0	30.8
Pediatrics			
All visits	74,646	100.0	...
Well baby examination X105	10,118	13.6	13.6
Cough S440	6,943	9.3	22.9
Fever S010	6,759	9.1	32.0
General medical examination X100	6,250	8.4	40.3
Earache or ear infection S355	4,640	6.2	46.5
Symptoms referable to throat S455	3,474	4.7	51.2
Nasal congestion S400	2,959	4.0	55.2
Head cold, upper respiratory infection (coryza) S445			
Skin rash S860	2,531	3.4	58.6
Other symptoms referable to the ears, not elsewhere classified S365	2,346	3.1	61.7
Obstetrics and gynecology			
All visits	56,834	100.0	...
Routine prenatal examination X205	17,496	30.8	30.8
General medical examination X100	7,292	12.8	43.6
Postoperative visit T205	1,611	2.8	46.5
Postpartum examination X215	1,554	2.7	49.2
Pap smear X365	1,525	2.7	51.9
For cytology findings R300	1,502	2.6	54.5
Gynecological examination X225	1,313	2.3	56.8
Symptoms of infertility S815	1,311	2.3	59.1
Uterine and vaginal bleeding S755	1,153	2.0	61.2
Other vaginal symptoms S765	1,114	2.0	63.1
Ophthalmology			
All visits	41,207	100.0	...
Vision dysfunctions S305	9,254	22.5	...
Eye examination X230	3,416	8.3	8.3
Postoperative visit T205	3,031	7.4	15.6
Other and unspecified diagnostic tests X370	2,571	6.2	21.9
Glaucoma D415	2,569	6.2	28.1
Cataract D410	2,513	6.1	34.2
Abnormal sensations of the eye S320	2,132	5.2	39.4
Other symptoms referable to the eye, not elsewhere classified S335	1,198	2.9	42.3
General medical examination X100	1,084	2.6	44.9
Abnormal appearance of eyes S340	794	1.9	46.8

¹Based on A Reason for Visit Classification for Ambulatory Care (RVC) (14).

Table 21. Number, percent, and cumulative percent of office visits by physician specialty and the 10 principal reasons for visit most frequently mentioned by patients: United States, 1991—Con.

<i>Physician specialty, principal reason for visit, and RVC code¹</i>	<i>Number of visits in thousands</i>	<i>Percent</i>	<i>Cumulative percent</i>
Orthopedic surgery			
All visits	35,932	100.0	...
Knee symptoms S925	5,148	14.3	14.3
Shoulder symptoms S940	2,861	8.0	22.3
Postoperative visit T205	2,162	6.0	28.3
Hand and finger symptoms S960	2,095	5.8	34.1
Low back symptoms S910	1,998	5.6	39.7
Back symptoms S905	1,784	5.0	44.6
Foot and toe symptoms S935	1,662	4.6	49.3
Wrist symptoms S955	1,253	3.5	52.7
Ankle symptoms S930	1,137	3.2	55.9
Neck symptoms S900	1,051	2.9	58.8
Accident, not otherwise specified J810	962	2.7	61.5
Dermatology			
All visits	29,659	100.0	...
Acne or pimples S830	4,085	13.8	13.8
Skin rash S860	3,186	10.7	24.5
Skin lesion S865	2,522	8.5	33.0
Other symptoms referable to skin S880	2,256	7.6	40.7
Discoloration or pigmentation S835	2,138	7.2	47.9
Other growths of skin S855	1,430	4.8	52.7
Warts, not otherwise specified S850	1,242	4.2	56.9
Symptoms of skin moles S845	1,204	4.1	60.9
Skin irritations, not elsewhere classified S870	1,184	4.0	64.9
Symptoms referable to hair and scalp S890	1,008	3.4	68.3
General surgery			
All visits	21,285	100.0	...
Postoperative visit T205	2,949	13.9	13.9
Lump or mass of breast S805	1,180	5.5	19.4
Hernia of abdominal cavity D660	1,003	4.7	24.2
Stomach pain, cramps, and spasms S545	980	4.6	28.8
Suture—insertion, removal T555	681	3.2	32.0
Skin lesion S865	627	2.9	34.9
Leg symptoms S920	434	2.0	36.9
General medical examination X100	418	2.0	38.9
Symptoms referable to anus-rectum S605	398	1.9	40.8
Breast examination X220	354	1.7	42.4
Psychiatry			
All visits	15,720	100.0	...
Depression S110	4,930	31.4	31.4
Anxiety and nervousness S110	2,716	17.3	48.7
Behavioral disturbances S130	821	5.2	53.9
Other symptoms relating to psychological and mental disorders, not elsewhere classified S165	725	4.6	58.5
Marital problems T705	626	4.0	62.5
Psychotherapy T410	497	3.2	65.6
Disturbances of sleep S135	400	2.5	68.2
Medication, other and unspecified kinds T115	354	2.3	70.4
Anger S115	304	1.9	72.4
Functional psychoses D305	302	1.9	74.3
Otolaryngology			
All visits	19,101	100.0	...
Earache or ear infection S355	2,238	11.7	11.7
Postoperative visit T205	2,195	11.5	23.2
Hearing dysfunctions S345	1,506	7.9	31.1
Symptoms referable to throat S455	1,089	5.7	36.8
Plugged feeling in ear S360	1,080	5.7	42.4
Other symptoms referable to ears, not elsewhere classified S365	822	4.3	46.7

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC) (14)*.

Table 21. Number, percent, and cumulative percent of office visits by physician specialty and the 10 principal reasons for visit most frequently mentioned by patients: United States, 1991—Con.

<i>Physician specialty, principal reason for visit, and RVC code¹</i>	<i>Number of visits in thousands</i>	<i>Percent</i>	<i>Cumulative percent</i>
Otolaryngology—Cont.			
Nasal congestion S400	819	4.3	51.0
Sinus problems S410	749	3.9	54.9
Allergy, not otherwise specified S090	647	3.4	58.3
Discharge from ear S350	545	2.9	61.1
Cardiovascular diseases			
All visits	11,629	100.0	...
Chest pain and related symptoms (not referable to body system) S050	1,205	10.4	10.4
Abnormal pulsations and palpitations S260	479	4.1	14.5
General medical examination X100	470	4.0	18.5
Ischemic heart disease D515	465	4.0	22.5
Shortness of breath S415	441	3.8	26.3
Postoperative visit T205	395	3.4	29.7
Hypertension D510	387	3.3	33.0
Other heart disease D520	294	2.5	35.6
Tiredness, exhaustion S015	265	2.3	37.8
Counseling, not otherwise specified T605	219	1.9	39.7
Urological surgery			
All visits	12,758	100.0	...
Other urinary dysfunctions S660	1,097	8.6	8.6
Frequency and urgency of urination S645	927	7.3	15.9
Postoperative visit T205	773	6.1	21.9
Symptoms of prostate S710	698	5.5	27.4
Abnormalities of urine S640	602	4.7	32.1
Incontinence of urine (enuresis) S655	541	4.2	36.4
Psychosexual disorders S160	508	4.0	40.3
Painful urination S650	486	3.8	44.1
Cancer, urinary and male genital tract D125	387	3.0	47.2
Symptoms of scrotum and testes S715	383	3.0	50.2
Neurology			
All visits	6,798	100.0	...
Headache, pain in head S210	1,219	17.9	17.9
Convulsions S205	718	10.6	28.5
Neck symptoms S900	367	5.4	33.9
Leg symptoms S920	339	5.0	38.9
Disturbances of sensation S220	334	4.9	43.8
Back symptoms S905	319	4.7	48.5
Vertigo, dizziness S225	300	4.4	52.9
Abnormal involuntary movements S200	288	4.2	57.1
Low back symptoms S910	177	2.6	59.7
Disorders of motor functions S095	159	2.3	62.1
All other specialties			
All visits	76,341	100.0	...
Glaucoma D415	3,842	5.0	8.8
Allergy, not otherwise specified S090	2,743	3.6	12.4
General medical examination X100	2,535	3.3	15.7
Cough S440	2,421	3.2	18.9
Back symptoms S905	2,083	2.7	21.6
Diabetes mellitus D205	2,039	2.7	24.3
Postoperative visit T205	1,976	2.6	26.9
Low back symptoms S910	1,598	2.1	29.0
Symptoms referable to throat S455	1,550	2.0	31.0
Asthma D625	1,409	1.8	32.8

¹Based on A Reason for Visit Classification for Ambulatory Care (RVC) (14).

Table 22. Number and percent distribution of office visits by selected diagnostic and screening services ordered or provided, according to six physician specialties: United States, 1991

<i>Diagnostic and screening services ordered or provided¹</i>	<i>All specialties</i>	<i>General and family practice</i>	<i>Internal medicine</i>	<i>Pediatrics</i>	<i>Obstetrics and gynecology</i>	<i>Ophthalmology</i>	<i>Orthopedic surgery</i>
Number of visits in thousands							
All visits	669,689	164,857	102,923	74,646	56,834	41,207	35,932
Percent distribution							
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	35.2	24.8	16.5	62.0	8.8	26.6	62.0
Blood pressure check	43.2	61.6	73.1	14.0	77.9	2.8	5.8
Urinalysis	12.7	11.3	12.1	9.5	47.5	*0.0	1.4
EKG—resting ²	2.8	2.6	6.1	—	0.5	0.6	0.8
EKG—exercise ²	0.4	0.3	0.9	—	—	—	—
Mammogram	1.7	1.4	3.0	*0.1	8.0	—	—
Chest x ray	2.4	2.9	4.1	0.8	0.5	*0.0	1.0
Other radiology ²	5.5	5.0	4.8	1.5	2.6	1.7	29.4
Allergy testing ²	0.2	*0.2	—	*0.1	*0.0	—	*0.0
Spirometry ²	0.4	0.3	0.9	0.3	*0.1	—	—
Pap test	4.2	3.6	2.9	0.2	32.6	—	—
Strep throat test ²	2.0	3.3	1.9	6.6	0.5	—	—
HIV serology ³	0.2	0.3	*0.2	*0.1	0.5	—	—
Cholesterol measure	4.0	4.4	9.6	0.9	3.7	*0.1	*0.1
Other lab test ²	17.1	17.7	29.3	13.1	22.5	1.0	1.6
Hearing test ²	1.4	1.0	*0.3	4.8	*0.0	*0.2	*0.0
Visual acuity	6.0	1.3	*0.4	5.1	—	68.8	—
Mental status exam ²	1.3	*0.2	*0.1	0.6	*0.0	*0.0	0.5
Other service	10.1	9.4	5.9	7.5	17.3	28.1	4.6

¹Numbers may not add to totals because more than one category may be reported per visit.

²Category is new in the 1991 National Ambulatory Medical Care Survey.

³HIV is human immunodeficiency virus.

Table 23. Number and percent distribution of office visits by selected diagnostic and screening services ordered or provided, according to seven other physician specialties: United States, 1991

<i>Diagnostic and screening services ordered or provided¹</i>	<i>All specialties</i>	<i>Dermatology</i>	<i>General surgery</i>	<i>Otolaryngology</i>	<i>Psychiatry</i>	<i>Urological surgery</i>	<i>Cardio-vascular diseases</i>	<i>Neurology</i>	<i>Other</i>
Number of visits in thousands									
All visits	669,689	29,659	21,285	19,101	15,720	12,758	11,629	6,798	76,341
Percent distribution									
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	35.2	79.9	57.4	71.2	50.1	24.7	7.8	32.7	39.3
Blood pressure check	43.2	2.7	23.1	2.2	12.3	17.1	78.3	34.7	42.7
Urinalysis	12.7	*0.4	6.9	1.1	4.2	62.9	4.9	*1.1	10.9
EKG—resting ²	2.8	—	5.6	*0.2	4.1	*0.6	33.1	*0.3	2.3
EKG—exercise ²	0.4	—	*0.2	—	*0.4	*0.1	8.0	*0.1	*0.2
Mammogram	1.7	—	4.8	—	—	*0.1	1.2	*0.1	0.5
Chest x ray	2.4	*0.0	6.8	0.7	*0.2	*0.5	10.8	*0.1	4.1
Other radiology ²	5.5	0.6	6.1	4.7	—	7.1	5.5	8.8	6.9
Allergy testing ²	0.2	*0.1	—	1.4	—	*0.1	*0.2	—	0.8
Spirometry ²	0.4	—	*0.1	*0.1	—	—	*0.2	—	1.1
Pap test	4.2	—	0.8	—	—	*0.4	—	—	0.7
Strep throat test ²	2.0	—	—	*0.3	—	*0.4	—	—	1.1
HIV serology ³	0.2	*0.2	*0.3	—	*0.1	*0.3	*0.9	—	*0.1
Cholesterol measure	4.0	*0.3	2.2	—	*0.2	*0.1	8.6	*0.6	6.8
Other lab test ²	17.1	14.4	15.5	4.4	4.0	17.1	23.0	12.8	21.7
Hearing test ²	1.4	*0.0	*0.1	15.7	—	*0.1	*0.3	*1.1	0.7
Visual acuity	6.0	*0.1	*0.2	*0.1	*0.2	—	*0.8	3.2	7.0
Mental status exam ²	1.3	*0.0	*0.1	—	40.3	—	*0.1	12.6	*0.2
Other service	10.1	2.8	5.4	3.4	1.1	6.3	13.8	26.7	13.8

¹Numbers may not add to totals because more than one category may be reported per visit.

²Category is new in the 1991 National Ambulatory Medical Care Survey.

³HIV is human immunodeficiency virus.

Table 24. Number and percent distribution of office visits by principal diagnosis, according to six physician specialties: United States, 1991

<i>Principal diagnosis and ICD-9-CM code¹</i>	<i>All specialties</i>	<i>General and family practice</i>	<i>Internal medicine</i>	<i>Pediatrics</i>	<i>Obstetrics and gynecology</i>	<i>Ophthalmology</i>	<i>Orthopedic surgery</i>
Number of visits in thousands							
All visits	669,689	164,857	102,923	74,646	56,834	41,207	35,932
Percent distribution							
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases 001-139	3.7	4.4	3.6	8.3	3.4	0.9	*0.1
Neoplasms 140-239	3.5	1.0	1.5	0.3	1.9	0.6	*0.3
Endocrine, nutritional, and metabolic diseases and immunity disorders 240-279	4.1	5.2	8.2	0.4	1.7	2.6	*0.2
Mental disorders 290-319	3.9	2.9	2.5	0.9	0.4	0.1	*0.1
Diseases of the nervous system and sense organs 320-389	11.6	7.2	4.4	14.9	*0.2	75.0	4.3
Diseases of the circulatory system 390-459	7.5	9.2	19.4	0.3	0.7	*0.0	*0.1
Diseases of the respiratory system 460-519	13.8	19.7	15.7	28.2	1.2	*0.1	*0.1
Diseases of the digestive system 520-579	3.4	4.3	5.2	2.9	0.5	-	-
Diseases of the genitourinary system 580-629	5.9	4.6	6.0	0.6	23.8	-	-
Diseases of the skin and subcutaneous tissue 680-709	5.9	4.6	3.7	3.5	0.7	0.5	1.2
Diseases of the musculoskeletal system and connective tissue 710-739	6.8	8.0	9.0	0.8	0.3	-	36.9
Symptoms, signs, and ill-defined conditions 780-799	3.8	5.0	5.6	3.4	2.1	0.6	0.6
Injury and poisoning 800-999	8.0	8.8	7.2	3.4	0.7	2.2	45.4
Supplementary classification V01-V82	15.1	11.9	5.9	29.0	54.5	14.5	8.5
All other diagnoses ²	1.4	1.2	0.9	1.5	5.1	*0.1	1.2
Unknown ³	1.6	2.1	1.3	1.6	2.7	2.6	1.0

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (15).

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

³Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

Table 25. Number and percent distribution of office visits by principal diagnosis, according to seven other physician specialties: United States, 1991

Principal diagnosis and ICD-9-CM code ¹	All specialties	Dermatology	General surgery	Otolaryngology	Psychiatry	Urological surgery	Cardio-vascular diseases	Neurology	Other
	Number of visits in thousands								
All visits	669,689	29,659	21,285	19,101	15,720	12,758	11,629	6,798	76,341
	Percent distribution								
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases 001-139	3.7	11.1	1.5	*0.5	-	2.0	*0.7	*1.2	1.3
Neoplasms 140-239	3.5	16.2	13.7	4.2	-	14.0	*0.9	*0.7	10.5
Endocrine, nutritional, and metabolic diseases and immunity disorders 240-279	4.1	*0.1	2.8	*0.1	*0.3	*0.6	4.5	*1.2	8.6
Mental disorders 290-319	3.9	*0.1	*0.5	*0.1	96.1	4.4	*0.6	7.8	1.7
Diseases of the nervous system and sense organs 320-389	11.6	*0.2	2.1	39.6	*0.4	1.8	*0.8	37.1	8.7
Diseases of the circulatory system 390-459	7.5	2.3	8.9	-	-	1.1	54.9	4.2	6.7
Diseases of the respiratory system 460-519	13.8	*0.3	3.2	30.4	-	*0.8	7.0	*0.3	18.5
Diseases of the digestive system 520-579	3.4	*0.2	16.6	3.5	-	1.1	2.9	*0.1	4.1
Diseases of the genitourinary system 580-629	5.9	*0.1	11.3	-	*0.2	53.7	*0.7	*0.3	3.0
Diseases of the skin and subcutaneous tissue 680-709	5.9	63.7	8.0	1.9	-	*0.7	*0.6	*0.0	4.5
Diseases of the musculoskeletal system and connective tissue 710-739	6.8	*0.1	4.0	*0.5	-	*0.6	3.2	13.9	9.0
Symptoms, signs, and ill-defined conditions 780-799	3.8	0.8	5.7	4.7	*0.2	4.6	8.4	21.7	2.9
Injury and poisoning 800-999	8.0	1.0	5.4	3.8	*0.2	2.1	*0.9	6.7	10.9
Supplementary classification V01-V82	15.1	2.9	14.1	9.4	1.6	10.7	11.7	3.0	6.8
All other diagnoses ²	1.4	0.6	1.2	*0.6	-	*0.6	*0.4	*0.4	1.5
Unknown ³	1.6	*0.4	1.2	0.7	1.1	1.1	1.8	*1.3	1.4

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*.

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

³Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

Table 26. Number, percent, and cumulative percent of office visits by physician specialty and 10 principal diagnoses most frequently rendered: United States, 1991

<i>Physician specialty, principal diagnosis, and ICD-9-CM code¹</i>	<i>Number of visits in thousands</i>	<i>Percent</i>	<i>Cumulative percent</i>
General and family practice			
All visits	164,857	100.0	...
Essential hypertension 401	7,957	4.8	4.8
Acute upper respiratory infections of multiple or unspecified sites 465	5,701	3.5	8.3
General medical examination V70	5,678	3.4	11.7
Suppurative and unspecified otitis media 382	5,020	3.0	14.8
Bronchitis, not specified as acute or chronic 490	4,665	2.8	17.6
Acute pharyngitis 462	4,469	2.7	20.3
Chronic sinusitis 473	4,230	2.6	22.9
Diabetes mellitus 250	3,285	2.0	24.9
Health supervision of infant or child V20	3,099	1.9	26.8
Sprains and strains of other and unspecified parts of back 847	2,858	1.7	28.5
Internal medicine			
All visits	102,923	100.0	...
Essential hypertension 401	11,069	10.8	10.8
Diabetes mellitus 250	4,597	4.5	15.2
Chronic sinusitis 473	2,704	2.6	17.8
Acute upper respiratory infections of multiple or unspecified sites 465	2,543	2.5	20.3
Bronchitis, not specified as acute or chronic 490	2,000	1.9	22.3
Acute pharyngitis 462	1,873	1.8	24.1
Asthma 493	1,817	1.8	25.9
Other and unspecified disorders of back 724	1,769	1.7	27.6
Cardiac dysrhythmias 427	1,702	1.7	29.3
Other forms of chronic ischemic heart disease 414	1,679	1.6	30.9
Pediatrics			
All visits	74,646	100.0	...
Health supervision of infant or child V20	13,854	18.6	18.6
Suppurative and unspecified otitis media 382	8,099	10.8	29.4
Acute upper respiratory infections of multiple or unspecified sites 465	6,673	8.9	38.4
General medical examination V70	3,776	5.1	43.5
Acute pharyngitis 462	3,255	4.4	47.8
Chronic sinusitis 473	2,723	3.6	51.5
Bronchitis, not specified as acute or chronic 490	1,865	2.5	54.0
Asthma 493	1,718	2.3	56.3
Personal history of certain other diseases V12	1,624	2.2	58.4
Viral infection in conditions classified elsewhere 079	1,528	2.0	60.5
Obstetrics and gynecology			
All visits	56,834	100.0	...
Normal pregnancy V22	18,152	31.9	31.9
General medical examination V70	4,048	7.1	39.1
Disorders of menstruation and other abnormal bleeding from female genital tract 626	2,442	4.3	43.4
Special investigations and examinations V72	2,042	3.6	47.0
Inflammatory disease of cervix, vagina, and vulva 616	1,847	3.2	50.2
Menopausal and postmenopausal disorders 627	1,770	3.1	53.4
Pain and other symptoms associated with female genital organs 625	1,693	3.0	56.3
Postpartum care and examination V24	1,603	2.8	59.1
Infertility, female 628	1,075	1.9	61.0
Noninflammatory disorders of cervix 622	931	1.6	62.6
Ophthalmology			
All visits	41,207	100.0	...
Cataract 366	7,403	18.0	18.0
Glaucoma 365	7,090	17.2	35.2
Disorders of refraction and accommodation 367	5,357	13.0	48.2
Organ or tissue replaced by other means V43	2,548	6.2	54.4
Other retinal disorders 362	1,864	4.5	58.9
Other disorders of eye 379	1,690	4.1	63.0
Disorders of conjunctiva 372	1,455	3.5	66.5

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*.

Table 26. Number, percent, and cumulative percent of office visits by physician specialty and 10 principal diagnoses most frequently rendered: United States, 1991—Con.

<i>Physician specialty, principal diagnosis, and ICD-9-CM code¹</i>	<i>Number of visits in thousands</i>	<i>Percent</i>	<i>Cumulative percent</i>	
Ophthalmology—Cont.:				
Special investigations and examinations	V72	1,217	3.0	69.5
Inflammation of eyelids	373	1,116	2.7	72.2
Diabetes mellitus	250	981	2.4	74.6
Orthopedic surgery				
All visits		35,932	100.0	...
Peripheral enthesopathies and allied syndromes	726	2,165	6.0	6.0
Other disorders of synovium, tendon, and bursa	727	1,703	4.7	10.8
Fracture of radius and ulna	813	1,450	4.0	14.8
Osteoarthritis and allied disorders	715	1,348	3.8	18.6
Sprains and strains of other and unspecified parts of back	847	1,281	3.6	22.1
Mononeuritis of upper limb and mononeuritis multiplex	354	1,102	3.1	25.2
Dislocation of knee	836	1,088	3.0	28.2
Intervertebral disc disorders	722	1,074	3.0	31.2
Sprains and strains of knee and leg	844	999	2.8	34.0
Sprains and strains of ankle and foot	845	999	2.8	36.7
Dermatology				
All visits		29,659	100.0	...
Diseases of sebaceous glands	706	5,842	19.7	19.7
Other dermatoses	702	3,656	12.3	32.0
Contact dermatitis and other eczema	692	2,459	8.3	40.3
Other malignant neoplasm of skin	173	2,263	7.6	47.9
Other diseases due to viruses and chlamydiae	078	1,932	6.5	54.5
Benign neoplasm of skin	216	1,577	5.3	59.8
Psoriasis and similar disorders	696	1,359	4.6	64.4
Erythematous conditions	695	829	2.8	67.2
Diseases of hair and hair follicles	704	823	2.8	69.9
Other hypertrophic and atrophic conditions of skin	701	807	2.7	72.6
General surgery				
All visits		21,285	100.0	...
Inguinal hernia	550	1,135	5.3	5.3
Other disorders of breast	611	1,123	5.3	10.6
Other postsurgical states	V45	1,103	5.2	15.8
Benign mammary dysplasias	610	959	4.5	20.3
Malignant neoplasm of female breast	174	815	3.8	24.1
Other hernia of abdominal cavity without mention of obstruction or gangrene	553	539	2.5	26.7
Follow-up examination	V67	537	2.5	29.2
Cholelithiasis	574	487	2.3	31.5
Diseases of sebaceous glands	706	421	2.0	33.5
Hemorrhoids	455	391	1.8	35.3
Psychiatry				
All visits		15,720	100.0	...
Affective psychoses	296	4,317	27.5	27.5
Neurotic disorders	300	3,293	20.9	48.4
Depressive disorder, not elsewhere classified	311	1,942	12.4	60.8
Personality disorders	301	1,739	11.1	71.8
Schizophrenic disorders	295	1,214	7.7	79.5
Adjustment reaction	309	1,036	6.6	86.1
Disturbance of emotions specific to childhood and adolescence	313	421	2.7	88.8
Acute reaction to stress	799	319	2.0	90.8
Hyperkinetic syndrome of childhood	314	188	1.2	92.0
Personal history of mental disorder	V11	144	0.9	92.9
Otolaryngology				
All visits		19,101	100.0	...
Nonsuppurative otitis media and eustachian tube disorders	381	2,136	11.2	11.2
Disorders of external ear	380	1,713	9.0	20.2
Suppurative and unspecified otitis media	382	1,567	8.2	28.4

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*.

Table 26. Number, percent, and cumulative percent of office visits by physician specialty and 10 principal diagnoses most frequently rendered: United States, 1991—Con.

<i>Physician specialty, principal diagnosis, and ICD-9-CM code¹</i>	<i>Number of visits in thousands</i>	<i>Percent</i>	<i>Cumulative percent</i>	
Otolaryngology—Cont.				
Allergic rhinitis	477	1,259	6.6	34.9
Chronic sinusitis	473	1,079	5.6	40.6
Chronic disease of tonsils and adenoids	474	841	4.4	45.0
Hearing loss	389	742	3.9	48.9
Follow-up examination	V67	589	3.1	52.0
Other postsurgical states	V45	577	3.0	55.0
Chronic pharyngitis and nasopharyngitis	472	444	2.3	57.3
Cardiovascular diseases				
All visits		11,629	100.0	...
Other forms of chronic ischemic heart disease	414	1,843	15.8	15.8
Essential hypertension	401	1,242	10.7	26.5
Cardiac dysrhythmias	427	875	7.5	34.1
Symptoms involving respiratory system and other chest symptoms	786	521	4.5	38.5
Angina pectoris	413	504	4.3	42.8
Heart failure	428	407	3.5	46.3
Other postsurgical states	V45	387	3.3	49.7
Other diseases of endocardium	424	270	2.3	52.0
Hypertensive heart disease	402	246	2.1	54.1
Cardiomyopathy	425	244	2.1	56.2
Urological surgery				
All visits		12,758	100.0	...
Hyperplasia of prostate	600	1,938	15.2	15.2
Malignant neoplasm of prostate	185	1,122	8.8	24.0
Other disorders of urethra and urinary tract	599	1,055	8.3	32.3
Inflammatory diseases of prostate	601	677	5.3	37.6
Urethral stricture	598	557	4.4	41.9
Sexual deviations and disorders	302	556	4.4	46.3
Contraceptive management	V25	513	4.0	50.3
Cystitis	595	462	3.6	53.9
Calculus of kidney and ureter	592	420	3.3	57.2
Symptoms involving urinary system	688	385	3.0	60.2
Neurology				
All visits		6,798	100.0	...
General symptoms	780	975	14.3	14.3
Migraine	346	661	9.7	24.1
Symptoms involving head and neck	784	407	6.0	30.0
Parkinson's disease	332	346	5.1	35.1
Mononeuritis of upper limb and mononeuritis multiplex	354	283	4.2	39.3
Other and unspecified disorders of back	724	233	3.4	42.7
Multiple sclerosis	340	223	3.3	46.0
Sprains and strains of other and unspecified parts of back	847	218	3.2	49.2
Other disorders of soft tissues	729	194	2.9	52.1
Other disorders of cervical region	723	170	2.5	54.6
All other specialties				
All visits		76,341	100.0	...
Allergic rhinitis	477	4,391	5.8	5.8
Glaucoma	365	3,856	5.1	10.8
Asthma	493	3,613	4.7	15.5
Diabetes mellitus	250	3,105	4.1	19.6
Malignant neoplasm of female breast	174	2,354	3.1	22.7
General medical examination	V70	2,342	3.1	25.8
Essential hypertension	401	2,059	2.7	28.5
Acute upper respiratory infections of multiple or unspecified sites	465	1,290	1.7	30.1
Other disorders of soft tissues	729	1,193	1.6	31.7
Intervertebral disc disorders	722	1,168	1.5	33.2

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC)* (14).

Table 27. Number and percent distribution of office visits by therapeutic services ordered or provided, according to six physician specialties: United States, 1991

<i>Therapeutic services ordered or provided</i>	<i>All specialties</i>	<i>General and family practice</i>	<i>Internal medicine</i>	<i>Pediatrics</i>	<i>Obstetrics and gynecology</i>	<i>Ophthalmology</i>	<i>Orthopedic surgery</i>
Number of visits in thousands							
All visits	669,689	164,857	102,923	74,646	56,834	41,207	35,932
Percent distribution							
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Medication therapy							
Drug visits ¹	63.3	72.2	81.6	69.5	47.7	46.4	25.9
One drug mention	32.5	36.3	31.9	42.5	35.7	28.5	20.3
Two drug mentions	16.1	19.6	22.1	17.3	10.2	9.0	4.1
Three drug mentions	7.2	9.2	9.9	7.0	1.3	4.9	1.1
Four drug mentions	3.3	3.6	6.8	2.0	*0.2	2.7	*0.3
Five drug mentions	4.1	3.4	11.0	0.7	0.3	1.2	*0.2
Visits without mention of medication	36.7	27.8	18.4	30.5	52.3	53.6	74.1
Counseling/education and other therapy ²							
None	66.9	67.1	65.2	61.7	61.3	77.1	56.4
Diet ³	11.4	15.0	17.8	17.2	12.3	*0.2	1.4
Exercise ³	8.2	10.4	13.4	4.0	8.8	*0.1	19.6
Cholesterol reduction	3.1	4.4	7.7	0.6	1.3	-	-
Weight reduction	3.8	5.9	7.6	0.6	2.8	*0.0	0.9
Drug abuse ³	0.2	0.4	0.2	0.3	*0.1	*0.1	*0.1
Alcohol abuse ³	0.5	0.8	0.8	0.4	0.4	*0.0	-
Smoking cessation	1.9	2.9	2.9	0.3	3.2	*0.1	*0.2
Family/social ³	1.9	2.1	1.1	6.4	1.3	*0.1	-
Growth/development ³	3.1	2.1	*0.2	20.8	1.3	-	1.0
Family planning ³	0.8	0.7	*0.2	0.4	6.1	-	-
Other counseling	8.3	5.9	7.9	12.3	19.3	1.5	5.5
Psychotherapy	2.7	0.9	1.5	0.3	0.3	0.3	0.5
Corrective lenses	1.2	*0.0	-	-	-	18.9	-
Hearing aid ³	0.1	*0.0	*0.1	-	*0.0	*0.0	-
Physiotherapy	2.5	2.3	3.7	0.2	*0.2	-	14.8
Other therapy	3.2	3.5	2.1	1.2	1.5	2.1	8.0

¹Drug visits are visits at which one or more medications is ordered or provided by the physician. Includes new and continuing medications.

²Numbers may not add to totals because more than one category may be reported per visit.

³Category is new in the 1991 National Ambulatory Medical Care Survey.

Table 2B. Number and percent distribution of office visits by therapeutic services ordered or provided, according to seven other physician specialties: United States, 1991

<i>Therapeutic services ordered or provided</i>	<i>All specialties</i>	<i>Dermatology</i>	<i>General surgery</i>	<i>Otolaryngology</i>	<i>Psychiatry</i>	<i>Urological surgery</i>	<i>Cardiovascular diseases</i>	<i>Neurology</i>	<i>Other</i>
Number of visits in thousands									
All visits	669,689	29,659	21,285	19,101	15,720	12,758	11,629	6,798	76,341
Percent distribution									
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Medication therapy									
Drug visits ¹	63.3	57.2	32.5	45.8	64.6	39.9	80.4	61.9	67.8
One drug mention	32.5	26.7	16.3	30.6	39.0	31.6	14.1	38.9	29.3
Two drug mentions	16.1	17.8	7.5	12.2	16.1	6.1	16.5	15.0	17.5
Three drug mentions	7.2	8.4	5.1	2.2	6.2	1.3	12.7	4.5	10.2
Four drug mentions	3.3	2.6	1.2	*0.6	2.6	*0.5	12.5	2.5	4.1
Five drug mentions	4.1	1.8	2.4	*0.2	*0.7	*0.4	24.6	*1.0	6.6
Visits without mention of medication	36.7	42.8	67.5	54.2	35.4	60.1	19.6	38.1	32.2
Counseling/education and other therapy ²									
None	66.9	81.1	79.6	87.1	9.1	84.1	63.3	73.1	72.3
Diet ³	11.4	0.5	7.0	1.4	2.6	2.4	24.9	6.4	9.2
Exercise ³	8.2	*0.2	3.5	*0.4	2.8	1.0	14.7	7.5	6.4
Cholesterol reduction	3.1	*0.1	2.3	*0.2	*0.7	*0.1	12.6	*1.4	2.9
Weight reduction	3.8	*0.1	3.5	*0.1	2.7	*0.3	9.4	2.9	4.3
Drug abuse ³	0.2	*0.0	*0.2	–	1.2	*0.1	*0.1	*0.6	*0.2
Alcohol abuse ³	0.5	–	*0.3	*0.1	1.7	*0.1	0.6	*0.2	*0.2
Smoking cessation	1.9	*0.2	1.1	1.3	2.1	*0.3	3.3	*0.4	2.3
Family/social ³	1.9	*0.4	*0.3	*0.1	8.4	*0.3	1.6	2.7	0.6
Growth/development ³	3.1	–	*0.0	*0.1	*0.6	*0.0	–	*0.7	*0.1
Family planning ³	0.8	*0.1	*0.1	–	*0.1	*0.7	–	*0.3	*0.1
Other counseling	8.3	11.8	6.1	7.5	10.7	11.1	6.2	7.1	6.3
Psychotherapy	2.7	*0.1	*0.2	*0.1	80.8	–	*0.1	*0.9	1.6
Corrective lenses	1.2	–	–	*0.1	*0.4	–	–	–	–
Hearing aid ³	0.1	–	–	1.0	*0.1	–	–	–	–
Physiotherapy	2.5	*0.1	*0.4	*0.0	*0.3	*0.3	*0.8	4.2	4.0
Other therapy	3.2	6.2	4.9	2.3	4.6	2.2	1.2	2.8	4.2

¹Drug visits are visits at which one or more medications is ordered or provided by the physician. Includes new and continuing medications.

²Numbers may not add to totals because more than one category may be reported per visit.

³Category is new in the 1991 National Ambulatory Medical Care Survey.

Table 29. Number and percent distribution of drug mentions by therapeutic classification, according to six physician specialties: United States, 1991

<i>Therapeutic classification¹</i>	<i>All specialties</i>	<i>General and family practice</i>	<i>Internal medicine</i>	<i>Pediatrics</i>	<i>Obstetrics and gynecology</i>	<i>Ophthalmology</i>	<i>Orthopedic surgery</i>
Number of drug mentions in thousands							
All drug mentions	804,615	222,158	193,229	81,746	35,507	32,259	12,115
Antimicrobial agents	119,663	44,167	18,355	25,825	3,670	1,219	333
Cardiovascular-renal drugs	124,554	34,121	51,565	525	707	1,477	384
Drugs used for relief of pain	85,132	25,571	23,824	4,254	1,642	499	7,389
Respiratory tract drugs	80,758	28,101	16,573	15,842	1,084	1,288	*53
Hormones and related agents	76,507	21,397	19,613	2,066	11,720	821	1,697
Psychopharmacologic drugs	49,588	13,216	11,872	641	757	*166	309
Skin/mucous membrane	43,912	9,086	3,294	4,661	2,355	318	460
Metabolic and nutrient agents	36,964	7,168	11,245	1,637	9,520	504	*59
Ophthalmic agents	35,260	1,984	828	1,452	*115	22,215	-
Gastrointestinal agents	34,157	10,604	12,373	1,563	475	250	*130
Immunologic agents	28,440	6,735	3,296	17,196	*48	*33	-
Neurologic drugs	16,372	4,152	5,104	249	*88	*20	547
Hematologic agents	10,571	2,842	3,755	228	1,550	-	*15
Other and unclassified ²	62,735	13,013	11,532	5,609	1,778	3,447	740
Percent distribution							
All drug mentions	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Antimicrobial agents	14.9	19.9	9.5	31.6	10.3	3.8	2.7
Cardiovascular-renal drugs	15.5	15.4	26.7	0.6	2.0	4.6	3.2
Drugs used for relief of pain	10.6	11.5	12.3	5.2	4.6	1.5	61.0
Respiratory tract drugs	10.0	9.6	8.6	19.4	3.1	4.0	*0.4
Hormones and related agents	9.5	5.9	10.1	2.5	33.0	2.5	14.0
Psychopharmacologic drugs	6.2	5.9	6.1	0.8	2.1	*0.0	2.5
Skin/mucous membrane	5.5	4.1	1.7	5.7	6.6	1.0	3.8
Metabolic and nutrient agents	4.6	3.2	5.8	2.0	26.8	1.6	*0.5
Ophthalmic agents	4.4	0.9	0.4	1.8	*0.3	66.9	-
Gastrointestinal agents	4.2	4.8	6.4	1.9	1.3	0.8	*0.0
Immunologic agents	3.5	3.0	1.7	21.0	*0.1	*0.1	-
Neurologic drugs	2.0	1.9	2.6	0.3	*0.2	*0.1	4.5
Hematologic agents	1.3	1.3	1.9	0.3	4.4	-	*0.1
Other and unclassified ²	7.8	5.9	6.0	6.9	5.0	10.7	6.1

¹Therapeutic class is based on the standard drug classification used in the *National Drug Code Directory, 1985 Edition (17)*.

²Includes anesthetics, antidotes, radiopharmaceuticals/contrast media, oncolytics, otologics, antiparasitics, and unclassified/miscellaneous drugs.

Table 30. Number and percent distribution of drug mentions by therapeutic classification, according to seven other physician specialties: United States, 1991

<i>Therapeutic classification</i> ¹	<i>All specialties</i>	<i>Dermatology</i>	<i>General surgery</i>	<i>Otolaryngology</i>	<i>Psychiatry</i>	<i>Urological surgery</i>	<i>Cardiovascular diseases</i>	<i>Neurology</i>	<i>Other</i>
Number of drug mentions in thousands									
All drug mentions	804,615	31,609	13,498	12,405	16,320	6,616	30,029	6,625	110,498
Antimicrobial agents	119,663	6,751	1,636	3,760	—	*10	839	*168	10,302
Cardiovascular-renal drugs	124,554	336	2,423	*185	327	872	15,600	697	15,335
Drugs used for relief of pain	85,132	293	2,507	644	187	722	3,300	1,329	12,972
Respiratory tract drugs	80,758	824	718	2,808	*78	*91	1,089	*101	12,109
Hormones and related agents	76,507	1,958	1,268	349	*117	451	1,566	*219	13,229
Psychopharmacologic drugs	49,588	411	685	*85	12,993	206	1,073	1,371	5,802
Skin/mucous membrane	43,912	17,524	552	1,428	*51	*122	*120	*50	3,890
Metabolic and nutrient agents	36,964	*145	874	*104	*104	*117	2,288	*104	3,095
Ophthalmic agents	35,260	215	*97	489	—	*30	*73	*28	7,458
Gastrointestinal agents	34,157	*87	1,059	261	*114	283	1,297	*103	5,561
Immunologic agents	28,440	*23	250	—	—	*32	*140	*8	680
Neurologic drugs	16,372	*9	200	*26	1,567	*74	*157	1,945	2,234
Hematologic agents	10,571	*87	280	*9	*14	*14	838	*70	869
Other and unclassified ²	62,735	2,948	949	2,258	768	3,593	1,648	430	16,962
Percent distribution									
All drug mentions	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Antimicrobial agents	14.9	21.4	12.1	30.3	—	*0.1	2.8	*0.0	9.3
Cardiovascular-renal drugs	15.5	1.1	17.9	*0.0	2.0	13.2	52.0	10.5	13.9
Drugs used for relief of pain	10.6	0.9	18.6	5.2	1.1	10.9	11.0	20.1	11.7
Respiratory tract drugs	10.0	6.2	5.3	22.6	*0.5	*1.4	3.6	*1.5	11.0
Hormones and related agents	9.5	1.3	9.4	2.8	*0.7	6.8	5.2	*0.0	12.0
Psychopharmacologic drugs	6.2	1.3	5.1	*0.7	79.6	3.1	3.6	20.7	5.3
Skin/mucous membrane	5.5	55.4	4.1	11.5	*0.3	*1.8	*0.4	*0.8	3.5
Metabolic and nutrient agents	4.6	*0.0	6.5	*0.8	*0.6	*1.8	7.6	*1.6	2.8
Ophthalmic agents	4.4	0.7	*0.7	3.9	—	*0.5	*0.2	*0.4	6.7
Gastrointestinal agents	4.2	*0.3	7.8	2.1	*0.7	4.3	4.3	*1.6	5.0
Immunologic agents	3.5	*0.1	1.9	—	—	*0.5	0.5	*0.1	0.6
Neurologic drugs	2.0	*0.0	1.5	*0.2	9.6	*1.1	0.5	29.4	2.0
Hematologic agents	1.3	*0.3	2.1	*0.1	*0.1	*0.0	2.8	*1.1	0.8
Other and unclassified ²	7.8	9.3	7.0	18.2	4.7	54.3	5.5	6.5	15.4

¹Therapeutic class is based on the standard drug classification used in the *National Drug Code Directory, 1985 Edition* (17).

²Includes anesthetics, antidotes, radiopharmaceuticals/contrast media, oncolytics, otologics, antiparasitics, and unclassified/miscellaneous drugs.

Table 31. Number and percent distribution of office visits by diagnostic and therapeutic ambulatory surgical procedures scheduled or performed with corresponding standard errors, according to selected medical specialties: United States, 1991

<i>Diagnostic or therapeutic procedure scheduled or performed and ICD-9-CM code</i> ¹	<i>All specialties</i> ²	<i>Standard error</i>	<i>Medical specialties</i>	<i>Standard error</i>	<i>Surgical specialties</i>	<i>Standard error</i>
Number of visits in thousands and corresponding standard error ^{3,4}						
All visits	669,689	20,578	410,169	16,608	198,654	8,379
Visits with procedures	40,548	2,972	15,467	1,998	23,578	2,089
Operations on the nervous system 01-05	1,007	291	*157	82	*803	279
Operations on the eye 08-16	6,503	1,802	*217	84	6,064	1,788
Operations on the nose, mouth, and pharynx 21-29	1,710	427	290	73	1,419	421
Operations on the cardiovascular system 35-39	*2,220	1,455	*1,940	1,452	*210	67
Operations on the digestive system 42-54	4,901	535	2,896	439	1,981	307
Operations on the urinary system 55-59	1,891	249	*142	62	1,749	242
Operations on the male genital organs 60-64	765	126	*97	62	668	109
Operations on the female genital organs 65-71	3,304	472	*308	102	2,996	460
Operations on the musculoskeletal system 76-84	5,051	739	1,174	284	3,853	683
Operations on the integumentary system 85-86	8,948	951	5,761	761	2,677	359
Miscellaneous diagnostic and therapeutic procedures 87-99	5,063	631	2,206	367	2,377	383
Other procedures ⁵	1,901	259	*458	142	1,315	204
Visits without procedures	629,141	19,703	394,702	16,071	175,076	7,794
Percent distribution of visits and corresponding standard error ^{3,4}						
All visits	100.0	...	100.0	...	100.0	...
Visits with procedures	6.1	0.4	3.8	0.5	11.9	1.0
Operations on the nervous system 01-05	*0.2	0.0	*0.0	0.0	*0.0	0.1
Operations on the eye 08-16	1.0	0.3	*0.0	0.0	3.1	0.9
Operations on the nose, mouth, and pharynx 21-29	0.3	0.1	0.1	0.0	*0.7	0.2
Operations on the cardiovascular system 35-39	*0.3	0.2	*0.0	0.4	*0.0	0.0
Operations on the digestive system 42-54	0.7	0.1	0.7	0.1	1.0	0.2
Operations on the urinary system 55-59	0.3	0.0	*0.0	0.0	0.9	0.1
Operations on the male genital organs 60-64	0.1	0.0	*0.0	0.0	0.3	0.1
Operations on the female genital organs 65-71	0.5	0.1	*0.0	0.0	1.5	0.2
Operations on the musculoskeletal system 76-84	0.8	0.1	0.3	0.1	1.9	0.4
Operations on the integumentary system 85-86	1.3	0.1	1.4	0.2	1.3	0.2
Miscellaneous diagnostic and therapeutic procedures 87-99	0.8	0.1	0.5	0.1	1.2	0.2
Other procedures ⁵	0.3	0.0	*0.0	0.0	0.7	0.1
Visits without procedures	93.9	0.4	96.2	0.5	88.1	1.0

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (15).

²Included in the total are an estimated 1.5 million procedures scheduled or performed at visits to physicians in specialties other than medical and surgical. However, data for this group have been omitted from the table as a separate category because the low frequencies of procedures at the 2-digit coding level resulted in estimates that were, without exception, statistically unreliable.

³Numbers may not add to totals because up to two procedures could be reported per visit. There were an estimated 43.3 million procedures scheduled or performed in all.

⁴See Appendix 1 for a discussion of standard errors and precision of NAMCS estimates.

⁵Includes operations on the endocrine system (ICD-9-CM codes 06-07), operations on the ear (ICD-9-CM codes 18-20), operations on the respiratory system (ICD-9-CM codes 30-34), operations on the hemic and lymphatic system (ICD-9-CM codes 40-41), and obstetrical procedures (ICD-9-CM codes 72-75).

Table 32. Number and percent distribution of office visits by disposition and duration of visit, according to six physician specialties: United States, 1991

<i>Visit characteristic</i>	<i>All specialties</i>	<i>General and family practice</i>	<i>Internal medicine</i>	<i>Pediatrics</i>	<i>Obstetrics and gynecology</i>	<i>Ophthalmology</i>	<i>Orthopedic surgery</i>
Number of visits in thousands							
All visits	669,689	164,857	102,923	74,646	56,834	41,207	35,932
Percent distribution							
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Disposition of visit ¹							
No follow-up planned	9.5	13.7	6.3	13.3	6.3	7.3	7.6
Return at specified time	63.3	48.9	67.8	49.9	72.0	77.4	70.0
Return if needed	21.6	31.5	18.3	37.0	16.8	12.1	17.1
Telephone follow-up planned	3.4	4.6	2.9	3.5	3.1	1.3	1.2
Referred to other physician	3.3	4.6	5.9	1.8	1.8	1.4	1.9
Returned to referring physician	0.8	0.3	0.8	*0.1	0.8	1.5	0.7
Admit to hospital	0.9	0.6	1.1	0.2	1.6	*0.2	0.9
Other	1.2	0.7	0.7	0.6	1.2	1.4	2.2
Duration of visit							
0 minutes ²	1.3	1.6	2.0	0.5	0.6	*0.2	—
1–5 minutes	8.9	7.8	11.1	7.3	8.0	7.9	8.0
6–10 minutes	26.5	31.3	24.3	33.0	26.7	23.6	26.0
11–15 minutes	31.6	31.0	34.2	38.4	34.3	29.2	38.8
16–30 minutes	24.6	24.6	24.0	18.9	26.0	28.5	23.8
More than 30 minutes	7.2	3.7	4.4	1.9	4.4	10.6	3.3

¹Numbers may not add to totals because more than one category may be reported per visit.

²Visits of 0 minutes duration are those in which there was no face-to-face contact between the physician and the patient.

Table 33. Number and percent distribution of office visits by disposition and duration of visit, according to seven other physician specialties: United States, 1991

<i>Visit characteristic</i>	<i>All specialties</i>	<i>Dermatology</i>	<i>General surgery</i>	<i>Otolaryngology</i>	<i>Psychiatry</i>	<i>Urological surgery</i>	<i>Cardiovascular diseases</i>	<i>Neurology</i>	<i>Other</i>
Number of visits in thousands									
All visits	669,689	29,659	21,285	19,101	15,720	12,758	11,629	6,798	76,341
Percent distribution									
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Disposition of visit ¹									
No follow-up planned	9.5	11.1	10.7	9.1	2.3	5.4	4.2	6.9	7.8
Return at specified time	63.3	64.9	61.4	61.2	93.8	70.3	79.0	69.0	74.2
Return if needed	21.6	19.6	14.2	19.6	5.2	14.3	8.6	10.7	11.4
Telephone follow-up planned	3.4	4.0	2.4	3.7	1.0	5.2	4.9	8.3	3.4
Referred to other physician	3.3	1.1	3.6	0.7	*0.3	2.1	5.2	4.3	2.6
Returned to referring physician	0.8	0.6	2.9	1.0	*0.1	1.4	3.0	6.1	1.1
Admit to hospital	0.9	—	2.9	1.1	*0.1	1.7	1.4	*0.2	1.4
Other	1.2	*0.2	4.4	4.8	—	2.8	1.7	*0.5	1.4
Duration of visit									
0 minutes ²	1.3	0.5	*0.1	*0.4	—	1.0	*0.6	—	3.3
1–5 minutes	8.9	13.7	18.9	13.8	*0.2	7.2	1.6	*0.1	9.5
6–10 minutes	26.5	38.0	28.1	29.8	—	24.0	12.4	4.0	18.7
11–15 minutes	31.6	27.7	25.1	31.3	8.6	30.9	31.1	17.5	27.8
16–30 minutes	24.6	17.7	23.4	21.1	18.4	29.5	43.3	41.5	28.0
More than 30 minutes	7.2	2.4	4.3	3.5	72.9	7.3	11.0	37.0	12.7

¹Numbers may not add to totals because more than one category may be reported per visit.

²Visits of 0 minutes duration are those in which there was no face-to-face contact between the physician and the patient.

Table 34. Number and percent distribution of office visits for the 25 morbidity-related principal reasons for visit most frequently mentioned by patients, by patient's age and sex: United States, 1991

Principal reason for visit and RVC code ¹	Number of visits in thousands	Age							Sex	
		Total	Under 15 years	15-24 years	25-44 years	45-64 years	65-74 years	75 years and over	Female	Male
Percent distribution										
All visits	669,689	100.0	18.7	9.2	27.7	21.2	12.5	10.8	59.8	40.2
Cough S440	24,263	100.0	42.5	6.8	21.1	14.9	8.3	6.3	59.5	40.5
Symptoms referable to throat S455	17,882	100.0	37.3	18.2	28.4	10.9	3.4	*1.7	61.4	38.6
Earache or ear infection S355	13,404	100.0	60.9	9.9	15.6	7.3	*3.8	*2.4	57.8	42.2
Back symptoms S905	12,977	100.0	*2.2	9.5	37.4	26.7	14.0	10.2	58.4	41.6
Skin rash S860	12,119	100.0	30.3	8.2	30.2	14.9	9.7	6.6	54.8	45.2
Stomach pain, cramps, and spasms S545	11,106	100.0	12.5	10.5	33.9	19.8	13.1	10.2	65.9	34.1
Fever S010	10,318	100.0	86.8	*3.2	*5.2	*3.2	*0.9	*0.8	46.2	53.8
Headache, pain in head S210	10,128	100.0	10.7	12.2	43.4	22.7	6.5	*4.6	60.4	39.6
Vision dysfunction S305	10,011	100.0	7.5	*3.9	14.5	22.4	22.5	29.2	59.3	40.7
Knee symptoms S925	9,522	100.0	*5.3	11.5	28.4	28.0	14.3	12.6	51.8	48.2
Nasal congestion S400	8,444	100.0	53.3	9.5	19.7	9.0	*4.8	*3.6	53.6	46.4
Head cold, upper respiratory infection (coryza) S445	7,616	100.0	42.3	*5.3	21.8	17.1	*7.0	*6.5	59.2	40.8
Neck symptoms S900	7,193	100.0	*6.0	8.4	41.9	31.8	7.5	*4.4	57.1	42.9
Depression S110	7,060	100.0	*5.5	*5.9	49.2	26.4	*6.9	*6.1	65.8	34.2
Low back symptoms S910	7,051	100.0	*3.1	13.9	36.7	33.4	7.7	*5.2	46.8	53.2
Shoulder symptoms S940	6,825	100.0	*3.0	9.2	28.8	36.7	13.8	8.5	49.1	50.9
Chest pain and related symptoms (not related to body system) S050	6,785	100.0	*3.6	*4.9	23.7	36.4	17.2	14.2	55.7	44.3
Hypertension D510	6,699	100.0	*0.9	*1.5	14.3	36.4	25.8	21.1	60.7	39.3
Glaucoma D415	6,508	100.0	*0.4	-	9.1	20.1	34.0	36.5	60.5	39.5
Leg symptoms S920	6,368	100.0	*4.9	*5.8	20.7	30.3	19.0	19.3	53.9	46.1
Hand and finger symptoms S960	5,893	100.0	*6.2	19.3	26.5	23.7	14.0	10.4	47.1	52.9
Skin lesion S865	5,632	100.0	*8.6	*5.7	16.7	22.9	26.2	19.8	54.4	45.6
Diabetes mellitus D205	5,561	100.0	*2.1	*0.9	14.9	33.8	35.5	12.8	57.4	42.6
Vertigo, dizziness S225	5,417	100.0	*3.0	*4.8	19.4	27.9	18.6	26.3	67.2	32.8
Foot and toe symptoms S935	5,397	100.0	*6.9	*5.2	31.8	31.8	15.3	*9.1	58.9	41.1

¹Based on A Reason for Visit Classification for Ambulatory Care (RVC) (14).

Table 35. Number and percent distribution of office visits by patient's prior-visit status, and return visit rate, according to the 25 morbidity-related principal reasons for visit most frequently mentioned by patients: United States, 1991

Principal reason for visit and RVC code ¹	Total	New problem visits ²	Return visits for old problems	Percent distribution		Return visit rate ³	
				Total	New problem visits ²		
	Number in thousands			Percent distribution			
All visits	669,689	255,991	413,698	100.0	38.2	61.8	1.6
Cough S440	24,263	12,173	12,091	100.0	50.2	49.8	1.0
Symptoms referable to throat S455	17,882	10,689	7,192	100.0	59.8	40.2	0.7
Earache or ear infection S355	13,404	7,019	6,385	100.0	52.4	47.6	0.9
Back symptoms S905	12,977	4,761	8,216	100.0	36.7	63.3	1.7
Skin rash S860	12,119	8,231	3,888	100.0	67.9	32.1	0.5
Stomach pain, cramps, and spasms S545	11,106	6,070	5,036	100.0	54.7	45.3	0.8
Fever S010	10,318	5,889	4,430	100.0	57.1	42.9	0.8
Headache, pain in head S210	10,128	4,252	5,877	100.0	42.0	58.0	1.4
Vision dysfunction S305	10,011	4,680	5,331	100.0	46.7	53.3	1.1
Knee symptoms S925	9,522	4,045	5,477	100.0	42.5	57.5	1.4
Nasal congestion S400	8,444	3,377	5,068	100.0	40.0	60.0	1.5
Head cold, upper respiratory infection (coryza) S445	7,616	4,266	3,350	100.0	56.0	44.0	0.8
Neck symptoms S900	7,193	3,058	4,135	100.0	42.5	57.5	1.4
Depression S110	7,060	1,412	5,648	92.8	20.0	80.0	4.0
Low back symptoms S910	7,051	2,960	4,091	100.0	42.0	58.0	1.4
Shoulder symptoms S940	6,825	3,398	3,427	100.0	49.8	50.2	1.0
Chest pain and related symptoms (not related to body system) S050	6,785	2,680	4,105	100.0	39.5	60.5	1.5
Hypertension D510	6,699	1,155	5,545	100.0	17.2	82.8	4.8
Glaucoma D415	6,508	566	5,942	100.0	8.7	91.3	10.5
Leg symptoms S920	6,368	2,794	3,573	100.0	43.9	56.1	1.3
Hand and finger symptoms S960	5,893	3,082	2,812	100.0	52.3	47.7	0.9
Skin lesion S865	5,632	2,686	2,946	100.0	47.7	52.3	1.1
Diabetes mellitus D205	5,561	830	4,731	100.0	14.9	85.1	5.7
Vertigo, dizziness S225	5,417	2,420	2,998	100.0	44.7	55.3	1.2
Foot and toe symptoms S935	5,397	2,770	2,627	100.0	51.3	48.7	0.9

¹Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (14).

²"New problem" visits may be made by either old or new patients.

³Return visit rate is the ratio of visits made by previously seen patients for the care of previously treated problems to visits made for the treatment of new problems.

Table 36. Number and percent distribution of office visits by diagnostic services ordered or provided, according to the 25 morbidity-related principal reasons for visit most frequently mentioned by patients: United States, 1991

Principal reason for visit and RVC code ¹	Number of visits in thousands	Diagnostic services ordered or provided ²					
		Total	None	Blood pressure check	Lab test ³	Radiology ⁴	Other diagnostic service ⁵
		Percent distribution					
All visits	669,689	100.0	35.2	43.2	40.2	9.7	22.6
Cough S440	24,263	100.0	43.3	43.6	19.4	11.4	8.6
Symptoms referable to throat S455	17,882	100.0	28.0	41.0	51.2	1.7	9.7
Earache or ear infection S355	13,404	100.0	63.6	24.6	9.3	*1.3	14.2
Back symptoms S905	12,977	100.0	33.7	47.2	20.6	21.1	7.2
Skin rash S860	12,119	100.0	57.3	31.8	20.2	*1.3	7.5
Stomach pain, cramps, and spasms S545	11,106	100.0	18.1	59.3	62.9	22.3	18.2
Fever S010	10,318	100.0	62.0	11.4	37.1	*2.5	*5.0
Headache, pain in head S210	10,128	100.0	26.4	54.9	24.8	*9.0	19.3
Vision dysfunction S305	10,011	100.0	22.0	9.3	6.7	*5.2	92.5
Knee symptoms S925	9,522	100.0	46.0	30.5	17.3	25.6	12.3
Nasal congestion S400	8,444	100.0	56.2	28.6	9.3	6.6	12.2
Head cold, upper respiratory infection (coryza) S445	7,616	100.0	43.3	47.8	28.7	*3.4	13.9
Neck symptoms S900	7,193	100.0	49.8	38.0	9.3	12.3	8.6
Depression S110	7,060	100.0	44.5	31.8	16.3	*2.6	37.6
Low back symptoms S910	7,051	100.0	41.2	31.6	9.4	24.3	9.7
Shoulder symptoms S940	6,825	100.0	43.9	35.3	12.0	23.7	14.4
Chest pain and related symptoms (not related to body system) S050	6,785	100.0	10.0	70.4	40.8	24.8	59.3
Hypertension D510	6,699	100.0	*5.5	92.1	59.3	*6.5	17.2
Glaucoma D415	6,508	100.0	*3.7	*0.2	—	—	⁶ 183.3
Leg symptoms S920	6,368	100.0	33.5	49.6	31.4	16.2	16.3
Hand and finger symptoms S960	5,893	100.0	41.7	27.1	18.8	30.7	12.6
Skin lesion S865	5,632	100.0	58.2	27.0	21.1	*3.3	*5.3
Diabetes mellitus D205	5,561	100.0	*5.3	83.9	⁷ 112.7	*4.4	17.1
Vertigo, dizziness S225	5,417	100.0	16.0	69.6	31.5	*8.0	32.9
Foot and toe symptoms S935	5,397	100.0	34.2	41.8	18.5	22.1	*6.2

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC)* (14).

²Numbers may not add to totals because more than one diagnostic service may be reported per visit.

³Includes urinalysis, cholesterol measure, pap test, strep throat test, HIV serology, and other unspecified lab tests.

⁴Includes mammogram, chest x ray, and other unspecified radiology.

⁵Includes EKG—resting, EKG—exercise, hearing test, visual acuity, mental status exam, allergy testing, spirometry, and other unspecified diagnostic services.

⁶95.4 percent of these visits included a visual acuity examination, and 88.0 percent included other unspecified diagnostic services.

⁷65.6 percent of these visits included an unspecified lab test, while cholesterol measure and urinalysis were reported at 22.2 percent and 24.9 percent, respectively.

Table 37. Number, percent distribution, and cumulative percent of office visits by patient's prior-visit status and principal diagnosis: United States, 1991

<i>Prior-visit status, principal diagnosis and ICD-9-CM code¹</i>	<i>Number of visits in thousands</i>	<i>Percent distribution</i>	<i>Cumulative percent</i>
New problem visits²			
All new problem visits	255,991	100.0	...
General medical examination V70	10,637	4.2	4.2
Acute upper respiratory infections of multiple or unspecified sites 465	10,087	3.9	8.1
Suppurative and unspecified otitis media 382	6,939	2.7	10.8
Chronic sinusitis 473	6,529	2.6	13.4
Acute pharyngitis 462	5,996	2.3	15.7
Bronchitis, not specified as acute or chronic 490	4,920	1.9	17.6
Health supervision of infant or child V20	4,345	1.7	19.3
Contact dermatitis and other eczema 692	4,287	1.7	21.0
Normal pregnancy V22	3,818	1.5	22.5
Diseases of sebaceous glands 706	3,399	1.3	23.8
Sprains and strains of other and unspecified parts of back 847	3,381	1.3	25.1
Essential hypertension 401	3,106	1.2	26.4
Disorders of conjunctiva 372	3,056	1.2	27.5
Other noninfectious gastroenteritis and colitis 558	2,993	1.2	28.7
Other disorders of urethra and urinary tract 599	2,742	1.1	29.8
General symptoms 780	2,564	1.0	30.8
Peripheral enthesopathies and allied syndromes 726	2,502	1.0	31.8
Other symptoms involving abdomen and pelvis 789	2,423	0.9	32.7
Disorders of external ear 380	2,373	0.9	33.6
Other disorders of synovium, tendon, and bursa 727	2,350	0.9	34.6
Disorders of refraction and accommodation 367	2,334	0.9	35.5
Other diseases due to viruses and chlamydiae 078	2,326	0.9	36.4
Acute tonsillitis 463	2,120	0.8	37.2
Disorders of menstruation and other abnormal bleeding from female genital tract 626	2,002	0.8	38.0
Diabetes mellitus 250	1,955	0.8	38.7
All other diagnoses	156,808	61.3	100.0
Return visits for conditions previously treated by the physician			
All return visits	413,698	100.0	...
Essential hypertension 401	20,082	4.9	4.9
Normal pregnancy V22	16,838	4.1	8.9
Health supervision of infant or child V20	12,926	3.1	12.0
Diabetes mellitus 250	10,838	2.6	14.7
Glaucoma 365	9,794	2.4	17.0
Suppurative and unspecified otitis media 382	9,246	2.2	19.3
General medical examination V70	7,684	1.9	21.1
Allergic rhinitis 477	7,475	1.8	22.9
Asthma 493	7,148	1.7	24.7
Acute upper respiratory infections of multiple or unspecified sites 465	6,841	1.7	26.3
Diseases of sebaceous glands 706	6,065	1.5	27.8
Cataract 366	5,673	1.4	29.1
Chronic sinusitis 473	5,041	1.2	30.4
Acute pharyngitis 462	5,020	1.2	31.6
Neurotic disorders 300	4,969	1.2	32.8
Other forms of chronic ischemic heart disease 414	4,916	1.2	34.0
Other postsurgical states V45	4,843	1.2	35.1
Bronchitis, not specified as acute or chronic 490	4,838	1.2	36.3
Special investigations and examinations V72	4,686	1.1	37.4
Follow-up examination V67	4,303	1.0	38.5
Osteoarthritis and allied disorders 715	4,238	1.0	39.5
Affective psychoses 296	4,095	1.0	40.5
General symptoms 780	3,537	0.9	41.3
Disorders of lipid metabolism 272	3,456	0.8	42.2
Intervertebral disc disorders 722	3,348	0.8	43.0
All other diagnoses	235,798	57.0	100.0

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*.

²"New problem" visits may be made by either old or new patients.

Table 38. Number and percent distribution of office visits by patient's age and sex, according to selected principal diagnoses: United States, 1991

Principal diagnosis and ICD-9-CM code ¹	Number of visits in thousands	Age							Sex		
		Total	Under 15 years	15-24 years	25-44 years	45-64 years	65-74 years	75 years and over	Female	Male	
			Percent distribution								
All visits	669,689	100.0	18.7	9.2	27.7	21.2	12.5	10.8	59.8	40.2	
Infectious and parasitic diseases 001-139	24,570	100.0	35.9	14.2	29.3	11.3	5.3	4.0	56.9	43.1	
Neoplasms 140-239	23,308	100.0	3.4	3.2	18.6	31.2	25.1	18.5	59.1	40.9	
Endocrine, nutritional, and metabolic diseases and immunity disorders 240-279	27,312	100.0	2.0	2.0	23.0	35.2	25.5	12.3	64.7	35.3	
Diabetes mellitus 250	12,793	100.0	*1.5	*1.1	11.0	35.7	34.5	16.2	57.1	42.9	
Mental disorders 290-319	26,167	100.0	9.2	5.7	43.9	29.5	6.6	5.0	56.2	43.8	
Neurotic disorders 300	6,220	100.0	*5.1	*3.8	49.2	32.3	*5.8	*3.7	64.8	35.2	
Diseases of the nervous system and sense organs 320-389	77,724	100.0	27.9	5.1	16.5	18.0	14.7	17.8	56.1	43.9	
Glaucoma 365	11,043	100.0	*0.2	-	7.0	22.5	31.7	38.5	60.8	39.2	
Cataract 366	7,540	100.0	*0.3	*0.3	*1.6	15.5	37.4	44.9	60.2	39.8	
Disorders of refraction and accommodation 367	5,420	100.0	19.3	13.4	27.3	29.5	*6.0	*4.5	56.8	43.2	
Suppurative and unspecified otitis media 382	16,185	100.0	79.2	6.1	7.7	4.3	*1.2	*1.6	50.7	49.3	
Diseases of the circulatory system 390-459	50,226	100.0	*0.7	1.0	10.4	32.5	28.3	27.1	55.6	44.4	
Essential hypertension 401	23,188	100.0	*0.6	*1.2	12.3	37.0	25.2	23.7	62.3	37.7	
Other forms of chronic ischemic heart disease 414	5,713	100.0	*0.1	-	*1.9	29.8	37.0	31.2	44.5	55.5	
Diseases of the respiratory system 460-519	92,100	100.0	35.6	9.2	26.2	15.4	7.4	6.2	57.8	42.2	
Acute pharyngitis 462	11,015	100.0	43.7	13.8	27.1	10.5	*3.7	*1.2	54.1	45.9	
Acute upper respiratory infections of multiple and unspecified sites 465	16,928	100.0	57.7	7.6	18.5	10.0	3.6	*2.6	57.7	42.3	
Chronic sinusitis 473	11,570	100.0	26.6	7.1	36.4	21.3	*4.7	*3.9	60.8	39.2	
Allergic rhinitis 477	9,405	100.0	20.9	12.4	44.9	15.6	*4.1	*2.1	61.3	38.7	
Bronchitis, not specified as acute or chronic 490	9,757	100.0	28.4	7.4	26.7	19.3	11.3	6.9	66.9	33.1	
Asthma 493	8,804	100.0	30.8	10.4	26.2	17.5	7.8	7.2	52.8	47.2	
Diseases of the digestive system 520-579	22,724	100.0	15.7	6.2	27.9	22.9	15.2	12.1	52.9	47.1	
Diseases of the genitourinary system 580-629	39,308	100.0	3.4	11.2	37.8	25.0	14.2	8.4	77.0	23.0	
Diseases of the skin and subcutaneous tissue 680-709	39,578	100.0	12.7	15.1	28.8	21.3	13.2	8.9	56.1	43.9	
Contact dermatitis and other eczema 692	7,049	100.0	17.8	8.8	30.2	26.7	10.0	*6.6	57.4	42.6	
Diseases of sebaceous glands 706	9,464	100.0	9.3	37.8	33.2	10.6	7.0	*2.1	61.4	38.6	
Diseases of the musculoskeletal system and connective tissue 710-739	45,829	100.0	4.1	6.0	31.9	31.6	13.7	12.6	58.2	41.8	
Osteoarthritis and allied disorders 715	5,513	100.0	*0.8	*1.4	6.9	30.3	32.3	28.3	70.3	29.7	
Other and unspecified disorders of back 724	5,197	100.0	*1.5	10.5	40.9	26.9	*9.7	10.4	51.9	48.1	
Symptoms, signs, and ill-defined conditions 780-799	25,694	100.0	15.0	6.9	28.6	23.0	13.2	13.4	60.0	40.0	
General symptoms 780	6,101	100.0	17.7	*7.1	29.0	24.1	10.2	11.9	55.8	44.1	
Injury and poisoning 800-999	53,400	100.0	15.1	16.8	35.3	20.1	7.7	5.0	46.9	53.1	
Sprains and strains of other and unspecified parts of back 847	6,381	100.0	*2.3	19.0	42.5	23.6	10.9	*1.7	53.5	46.5	
Supplementary classification V01-V82	101,433	100.0	29.1	13.9	33.4	12.4	5.8	5.5	68.2	31.8	
Health supervision of infant or child V20	17,271	100.0	98.7	*1.3	...	...	...	...	49.1	50.9
Normal pregnancy V22	20,657	100.0	0.6	33.4	65.8	*0.1	-	-	100.0	...	
Other postsurgical states V45	5,354	100.0	5.6	*4.8	27.1	32.7	12.0	17.8	56.6	43.4	
General medical examination V70	18,321	100.0	29.1	13.6	33.3	17.1	4.3	*2.8	56.4	43.6	
Special investigations and examinations V72	6,318	100.0	10.5	14.6	41.6	17.7	9.5	*6.1	79.5	20.5	
All other diagnoses ²	9,292	100.0	25.9	14.7	35.9	8.3	*5.3	9.9	76.1	23.9	
Unknown ³	11,025	100.0	17.7	13.9	27.9	20.3	10.1	10.1	69.6	30.4	

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (15).

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

³Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

Table 39. Number and percent distribution of office visits by patient's prior-visit status, and return visit rate, according to selected principal diagnoses: United States, 1991

Principal diagnosis and ICD-9-CM code ¹	Total	New problem visits ²		Return visits for old problems		Return visit rate ³	
		Total	New problem visits ²	Total	Return visits for old problems		
	Number in thousands		Percent distribution				
All visits	669,689	255,991	413,698	100.0	38.2	61.8	1.6
Infectious and parasitic diseases 001-139	24,570	14,792	9,778	100.0	38.2	61.8	0.7
Neoplasms 140-239	23,308	5,885	17,423	100.0	60.3	39.8	3.0
Endocrine, nutritional, and metabolic diseases and immunity disorders 240-279	27,312	4,910	22,402	100.0	18.0	82.0	4.6
Diabetes mellitus 250	12,793	1,955	10,838	100.0	15.3	84.7	5.5
Mental disorders 290-319	26,167	5,857	20,310	100.0	22.4	77.6	3.5
Neurotic disorders 300	6,220	1,250	4,969	100.0	20.1	79.9	4.0
Diseases of the nervous system and sense organs 320-389	77,724	29,178	48,546	100.0	37.5	62.5	1.7
Glaucoma 365	11,043	1,249	9,794	100.0	11.3	88.7	7.8
Cataract 366	7,540	1,867	5,673	100.0	24.8	75.2	3.0
Disorders of refraction and accommodation 367	5,420	2,334	3,086	100.0	43.1	56.9	1.3
Suppurative and unspecified otitis media 382	16,185	6,939	9,246	100.0	42.9	57.1	1.3
Diseases of the circulatory system 390-459	50,226	8,464	41,762	100.0	16.9	83.1	4.9
Essential hypertension 401	23,188	3,106	20,082	100.0	13.4	86.6	6.5
Other forms of chronic ischemic heart disease 414	5,713	797	4,916	100.0	14.0	86.0	6.2
Diseases of the respiratory system 460-519	92,100	42,336	49,764	100.0	46.0	54.0	1.2
Acute pharyngitis 462	11,015	5,996	5,020	100.0	54.4	45.6	0.8
Acute upper respiratory infections of multiple and unspecified sites 465	16,928	10,087	6,841	100.0	59.6	40.4	0.7
Chronic sinusitis 473	11,570	6,529	5,041	100.0	56.4	43.6	0.8
Allergic rhinitis 477	9,405	1,930	7,475	100.0	20.5	79.5	3.9
Bronchitis, not specified as acute or chronic 490	9,757	4,920	4,838	100.0	50.4	49.6	1.0
Asthma 493	8,804	1,656	7,148	100.0	18.8	81.2	4.3
Diseases of the digestive system 520-579	22,724	11,447	11,277	100.0	50.4	49.6	1.0
Diseases of the genitourinary system 580-629	39,308	17,368	21,940	100.0	44.2	55.8	1.3
Diseases of the skin and subcutaneous tissue 680-709	39,578	18,268	21,310	100.0	46.2	53.8	1.2
Contact dermatitis and other eczema 692	7,049	4,287	2,761	100.0	60.8	39.2	0.6
Diseases of sebaceous glands 706	9,464	3,399	6,065	100.0	35.9	64.1	1.8
Diseases of the musculoskeletal system and connective tissue 710-739	45,829	17,356	28,473	100.0	46.2	53.8	1.6
Osteoarthritis and allied disorders 715	5,513	1,275	4,238	100.0	23.1	76.9	3.3
Other and unspecified disorders of back 724	5,197	1,871	3,326	100.0	36.0	64.0	1.8
Symptoms, signs, and ill-defined conditions 780-799	25,694	12,468	13,226	100.0	48.5	51.5	1.1
General symptoms 780	6,101	2,564	3,537	100.0	42.0	58.0	1.4
Injury and poisoning 800-999	53,400	29,818	23,582	100.0	55.8	44.2	0.8
Sprains and strains of other and unspecified parts of back 847	6,381	3,381	3,000	100.0	53.0	47.0	0.9
Supplementary classification V01-V82	101,433	30,389	71,043	100.0	30.0	70.0	2.3
Health supervision of infant or child V20	17,271	4,345	12,926	100.0	25.2	74.8	3.0
Normal pregnancy V22	20,657	3,818	16,838	100.0	18.5	81.5	4.4
Other postsurgical states V45	5,354	512	4,843	100.0	9.6	90.4	9.5
General medical examination V70	18,321	10,637	7,684	100.0	58.1	41.9	0.7
Special investigations and examinations V72	6,318	1,632	4,686	100.0	25.8	74.2	2.9
All other diagnoses ⁴	9,292	3,016	6,276	100.0	32.5	67.5	2.1
Unknown ⁵	11,025	4,438	6,587	100.0	40.3	59.7	1.5

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*.

²"New problem" visits may be made either by new or old patients.

³Return visit rate is the ratio of visits made by previously seen patients for the care of previously treated problems to visits made for the treatment of new problems.

⁴Includes 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).

⁵Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

Table 40. Number and percent distribution of office visits by therapeutic services ordered or provided, according to selected principal diagnoses: United States, 1991

Principal diagnosis and ICD-9-CM code ²	Number of visits in thousands	Therapeutic services ordered or provided ¹								
		Counseling and education							Other	
		Total	None	Diet	Exercise	Weight reduction	Cholesterol reduction	Other counseling and education ³	Other therapy ⁴	
Percent distribution										
All visits	669,689	100.0	66.9	11.4	8.2	3.8	3.1	16.8	4.4	
Infectious and parasitic diseases 001-139	24,570	100.0	77.5	9.4	2.6	*1.0	*0.7	14.4	*1.0	
Neoplasms 140-239	23,308	100.0	77.8	4.1	*2.4	*1.6	*2.0	16.2	*2.4	
Endocrine, nutritional, and metabolic diseases and immunity disorders 240-279	27,312	100.0	50.1	39.7	23.2	18.9	17.2	9.9	1.5	
Diabetes mellitus 250	12,793	100.0	47.9	43.4	24.8	17.6	12.4	9.0	*4.5	
Mental disorders 290-319	26,167	100.0	21.2	6.2	6.6	3.6	*1.6	33.7	7.6	
Neurotic disorders 300	6,220	100.0	23.2	*7.1	*7.1	*3.1	*1.6	27.6	13.8	
Diseases of the nervous system and sense organs 320-389	77,724	100.0	79.2	3.2	2.2	1.1	0.8	8.0	18.9	
Glaucoma 365	11,043	100.0	93.1	-	-	-	-	*1.5	7.7	
Cataract 366	7,540	100.0	77.5	-	-	-	-	*5.6	17.0	
Disorders of refraction and accommodation 367	5,420	100.0	41.1	-	-	-	-	-	57.7	
Suppurative and unspecified otitis media 382	16,185	100.0	86.8	*3.9	*0.5	*0.6	*0.6	11.8	*0.7	
Diseases of the circulatory system 390-459	50,226	100.0	58.4	27.4	18.2	11.3	12.8	12.4	3.1	
Essential hypertension 401	23,188	100.0	54.4	31.7	21.8	13.5	14.0	14.9	*1.7	
Other forms of chronic ischemic heart disease 414	5,713	100.0	60.3	28.9	19.7	10.5	15.2	10.3	*3.7	
Diseases of the respiratory system 460-519	92,100	100.0	81.4	5.5	3.2	2.0	1.5	12.9	7.7	
Acute pharyngitis 462	11,015	100.0	84.2	3.9	*2.2	*0.3	*0.7	11.4	*1.7	
Acute upper respiratory infections of multiple and unspecified sites 465	16,928	100.0	76.0	6.5	*2.5	*0.9	*1.4	18.8	*1.6	
Chronic sinusitis 473	11,570	100.0	88.8	*3.7	*3.2	*1.3	*1.3	6.7	*0.6	
Allergic rhinitis 477	9,405	100.0	90.7	*4.0	*1.7	*1.1	*0.7	*0.0	*0.5	
Bronchitis, not specified as acute or chronic 490	9,757	100.0	78.5	6.2	*2.4	*3.3	*3.6	15.5	*1.8	
Asthma 493	8,804	100.0	76.0	6.3	*4.8	*5.3	*2.3	14.4	*4.9	
Diseases of the digestive system 520-579	22,724	100.0	62.2	26.4	6.1	5.5	2.8	15.7	*2.4	
Diseases of the genitourinary system 580-629	39,308	100.0	72.1	9.3	4.1	3.0	*1.4	21.4	7.5	
Diseases of the skin and subcutaneous tissue 680-709	39,578	100.0	79.6	3.7	*1.2	*1.1	*1.1	12.7	8.6	
Contact dermatitis and other eczema 692	7,049	100.0	80.1	*5.7	*2.0	*2.7	*3.1	12.7	*2.3	
Diseases of sebaceous glands 706	9,464	100.0	80.6	*4.7	*0.7	*0.5	*0.5	12.8	*4.5	
Diseases of the musculoskeletal system and connective tissue 710-739	45,829	100.0	56.0	8.9	22.3	5.9	3.4	7.3	6.4	
Osteoarthritis and allied disorders 715	5,513	100.0	61.1	21.2	23.3	13.8	10.5	*4.8	*7.5	
Other and unspecified disorders of back 724	5,197	100.0	50.6	*7.5	24.3	*8.8	*1.7	*9.5	*8.2	
Symptoms, signs, and ill-defined conditions 780-799	25,694	100.0	71.6	13.8	6.2	4.0	3.5	14.6	5.1	
General symptoms 780	6,101	100.0	75.5	11.2	*6.6	*2.8	*3.4	11.8	*5.3	
Injury and poisoning 800-999	53,400	100.0	61.3	2.9	12.1	2.7	*0.9	7.3	14.5	
Sprains and strains of other and unspecified parts of back 847	6,381	100.0	36.4	*4.6	23.5	*4.3	*1.3	*5.6	13.7	
Supplementary classification V01-V82	101,433	100.0	60.2	16.7	8.6	2.1	1.6	36.1	4.4	
Health supervision of infant or child V20	17,271	100.0	32.4	42.0	6.5	*0.5	*1.3	88.2	*0.9	
Normal pregnancy V22	20,657	100.0	60.3	18.2	12.4	*1.6	*0.2	30.2	-	
Other postsurgical states V45	5,354	100.0	66.6	*5.1	10.5	*3.3	*1.8	*9.3	14.2	
General medical examination V70	18,321	100.0	66.6	14.4	10.6	*3.0	*2.5	37.8	*0.6	
Special investigations and examinations V72	6,318	100.0	70.1	*7.4	*5.5	*3.0	*2.4	24.2	*1.1	
All other diagnoses ⁵	9,292	100.0	57.5	16.6	6.6	*3.1	*0.6	35.5	9.0	
Unknown ⁶	11,025	100.0	78.0	5.7	*4.1	*2.3	*2.7	9.8	10.3	

¹Numbers may not add to totals because more than one category may be reported per visit.

²Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*.

³Includes counseling in the following areas: drug abuse, alcohol abuse, smoking cessation, family/social, growth/development, family planning, and other unspecified counseling.

⁴Includes psychotherapy, physiotherapy, corrective lenses, hearing aid, and other therapy.

⁵Includes 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).

⁶Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

Table 41. Number and percent distribution of office visits by medication therapy ordered or provided and ambulatory surgery scheduled or performed, according to selected principal diagnoses: United States, 1991

Principal diagnosis and ICD-9-CM code ¹	Number of visits in thousands	One or more medications ordered or provided at the visit			Ambulatory surgery scheduled or performed at the visit			
		Total	Yes	No	Total	Yes	No	
			Percent distribution					
All visits	669,689	100.0	63.3	36.7	100.0	6.2	93.8	
Infectious and parasitic diseases 001-139	24,570	100.0	72.0	28.0	100.0	2.3	97.7	
Neoplasms 140-239	23,308	100.0	41.7	58.3	100.0	15.2	84.8	
Endocrine, nutritional and metabolic diseases and immunity disorders 240-279	27,312	100.0	77.8	22.2	100.0	2.3	97.8	
Diabetes mellitus 250	12,793	100.0	80.4	19.6	100.0	*2.4	100.0	
Mental disorders 290-319	26,167	100.0	68.6	31.4	100.0	*0.3	99.7	
Neurotic disorders 300	6,220	100.0	65.6	34.4	100.0	—	100.0	
Diseases of the nervous system and sense organs 320-389	77,724	100.0	64.6	35.4	100.0	9.1	90.9	
Glaucoma 365	11,043	100.0	83.8	16.2	100.0	7.9	92.1	
Cataract 366	7,540	100.0	38.6	61.4	100.0	22.2	77.8	
Disorders of refraction and accommodation 367	5,420	100.0	6.1	93.9	100.0	*3.0	97.0	
Suppurative and unspecified otitis media 382	16,185	100.0	91.4	8.7	100.0	*1.4	98.6	
Diseases of the circulatory system 390-459	50,226	100.0	81.9	18.1	100.0	4.0	96.0	
Essential hypertension 401	23,188	100.0	86.6	13.4	100.0	*1.0	99.0	
Other forms of chronic ischemic heart disease 414	5,713	100.0	82.6	17.4	100.0	*1.9	98.1	
Diseases of the respiratory system 460-519	92,100	100.0	86.9	13.1	100.0	1.1	98.9	
Acute pharyngitis 462	11,015	100.0	84.7	15.3	100.0	*0.1	99.9	
Acute upper respiratory infections of multiple and unspecified sites 465	16,928	100.0	85.4	14.6	100.0	*0.6	94.4	
Chronic sinusitis 473	11,570	100.0	92.0	8.0	100.0	*2.6	97.4	
Allergic rhinitis 477	9,405	100.0	85.5	14.5	100.0	*0.1	99.9	
Bronchitis, not specified as acute or chronic 490	9,757	100.0	95.6	4.4	100.0	*0.3	99.7	
Asthma 493	8,804	100.0	91.9	8.1	100.0	*0.3	99.7	
Diseases of the digestive system 520-579	22,724	100.0	62.7	37.3	100.0	*10.4	89.6	
Diseases of the genitourinary system 580-629	39,308	100.0	55.6	44.4	100.0	13.7	86.3	
Diseases of the skin and subcutaneous tissue 680-709	39,578	100.0	69.3	30.7	100.0	10.5	89.5	
Contact dermatitis and other eczema 692	7,049	100.0	90.3	9.7	100.0	*1.5	98.5	
Diseases of sebaceous glands 706	9,464	100.0	72.1	27.9	100.0	16.8	83.2	
Diseases of the musculoskeletal system and connective tissue 710-739	45,829	100.0	63.6	36.4	100.0	7.8	92.2	
Osteoarthritis and allied disorders 715	5,513	100.0	72.6	27.4	100.0	11.3	88.7	
Other and unspecified disorders of back 724	5,197	100.0	71.8	28.2	100.0	*1.2	98.8	
Symptoms, signs, and ill-defined conditions 780-799	25,694	100.0	61.3	38.7	100.0	5.5	94.5	
General symptoms 780	6,101	100.0	63.3	36.7	100.0	*0.6	99.4	
Injury and poisoning 800-999	53,400	100.0	47.5	52.5	100.0	10.1	89.9	
Sprains and strains of other and unspecified parts of back 847	6,381	100.0	61.2	38.8	100.0	*0.4	99.6	
Supplementary classification V01-V82	101,433	100.0	41.9	58.1	100.0	3.2	96.8	
Health supervision of infant or child V20	17,271	100.0	53.4	46.6	100.0	—	100.0	
Normal pregnancy V22	20,657	100.0	41.9	58.1	100.0	*2.5	97.5	
Other postsurgical states V45	5,354	100.0	34.4	65.6	100.0	*6.5	93.5	
General medical examination V70	18,321	100.0	26.7	73.3	100.0	*1.3	98.7	
Special investigations and examinations V72	6,318	100.0	40.9	59.1	100.0	*0.4	99.6	
All other diagnoses ²	9,292	100.0	48.5	51.5	100.0	7.8	92.2	
Unknown ³	11,025	100.0	45.4	54.6	100.0	*3.0	97.0	

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (15).

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

³Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

Table 42. Number, percent distribution, and cumulative percent of office visits by selected therapeutic services ordered or provided and ranked principal diagnoses: United States, 1991

<i>Therapeutic service ordered or provided, principal diagnosis, and ICD-9-CM code¹</i>	<i>Number of visits in thousands</i>	<i>Percent distribution</i>	<i>Cumulative percent</i>
Diet counseling and education	76,476	100.0	...
Essential hypertension 401	7,342	9.6	9.6
Health supervision of infant or child V20	7,255	9.5	19.1
Diabetes mellitus 250	5,558	7.3	26.4
Normal pregnancy V22	3,767	4.9	31.3
General medical examination V70	2,635	3.4	34.7
Disorders of lipid metabolism 272	2,029	2.7	37.4
Obesity and other hyperalimentation 278	1,732	2.3	39.6
Other forms of chronic ischemic heart disease 414	1,650	2.2	41.8
Other noninfectious gastroenteritis and colitis 558	1,350	1.8	43.6
Hypertensive heart disease 402	1,337	1.7	45.3
Functional digestive disorders, not elsewhere classified 564	1,324	1.7	47.0
Osteoarthritis and allied disorders 715	1,169	1.5	48.6
Acute upper respiratory infections of multiple or unspecified sites 465	1,092	1.4	50.0
Intestinal infections due to other organisms 008	785	1.0	51.0
Migraine 346	774	1.0	52.0
Heart failure 428	716	0.9	53.0
General symptoms 780	684	0.9	53.9
Suppurative and unspecified otitis media 382	633	0.8	54.7
Bronchitis, not specified as acute or chronic 490	608	0.8	55.5
All other diagnoses	34,036	44.5	100.0
Exercise counseling and education	54,617	100.0	...
Essential hypertension 401	5,044	9.2	9.2
Diabetes mellitus 250	3,171	5.8	15.0
Normal pregnancy V22	2,570	4.7	19.7
General medical examination V70	1,937	3.5	23.3
Sprains and strains of other and unspecified parts of back 847	1,501	2.7	26.0
Obesity and other hyperalimentation 278	1,466	2.7	28.7
Osteoarthritis and allied disorders 715	1,283	2.3	31.1
Intervertebral disc disorders 722	1,265	2.3	33.4
Other and unspecified disorders of back 724	1,262	2.3	35.7
Peripheral enthesopathies and allied syndromes 726	1,145	2.1	37.8
Health supervision of infant or child V20	1,129	2.1	39.9
Other forms of chronic ischemic heart disease 414	1,123	2.1	41.9
Disorders of lipid metabolism 272	1,087	2.0	43.9
Migraine 346	778	1.4	45.3
Hypertensive heart disease 402	757	1.4	46.7
Other disorders of synovium, tendon, and bursa 727	637	1.2	47.9
All other diagnoses	28,462	52.1	100.0
Weight reduction counseling and education	25,761	100.0	...
Essential hypertension 401	3,134	12.2	12.2
Diabetes mellitus 250	2,258	8.8	20.9
Obesity and other hyperalimentation 278	1,613	6.3	27.2
Osteoarthritis and allied disorders 715	763	3.0	30.2
Disorders of lipid metabolism 272	756	2.9	33.1
Other forms of chronic ischemic heart disease 414	601	2.3	35.4
All other diagnoses	16,636	64.6	100.0
Cholesterol reduction counseling and education	20,818	100.0	...
Essential hypertension 401	3,238	15.6	15.6
Disorders of lipid metabolism 272	2,127	10.2	25.8
Diabetes mellitus 250	1,585	7.6	33.4
Other forms of chronic ischemic heart disease 414	869	4.2	37.6
Hypertensive heart disease 402	591	2.8	40.4
All other diagnoses	12,408	59.6	100.0
Growth/development counseling and education	20,580	100.0	...
Health supervision of infant or child V20	10,091	49.0	49.0
General medical examination V70	2,975	14.5	63.5
Suppurative and unspecified otitis media 382	845	4.1	67.6
Acute upper respiratory infections of multiple or unspecified sites 465	742	3.6	71.2
All other diagnoses	5,927	28.8	100.0

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*.

Table 42. Number, percent distribution, and cumulative percent of office visits by selected therapeutic services ordered or provided and ranked principal diagnoses: United States, 1991—Con.

<i>Therapeutic service ordered or provided, principal diagnosis, and ICD-9-CM code¹</i>	<i>Number of visits in thousands</i>	<i>Percent distribution</i>	<i>Cumulative percent</i>
Smoking cessation counseling and education	19,013	100.0	...
Essential hypertension 401	938	4.9	4.9
Bronchitis not specified as acute or chronic 490	687	3.6	8.5
Normal pregnancy V22	603	3.2	11.7
Chronic airway obstruction, not elsewhere classified 496	601	3.2	14.9
General medical examination V70	599	3.2	18.0
All other diagnoses	15,585	82.0	100.0
Family/social counseling and education	12,486	100.0	...
Health supervision of infant or child V20	2,846	22.8	22.8
Neurotic disorders; depressive disorder not elsewhere classified; adjustment reaction; hyperkinetic syndrome of childhood; affective psychoses; disturbance of emotions specific to childhood; personality disorders 300,311,309,314,296,313,301	1,925	15.4	38.2
General medical examination V70	1,207	9.7	47.9
All other diagnoses	6,508	52.1	100.0
Family planning counseling and education	5,456	100.0	...
Contraceptive management V25	1,079	19.8	19.8
Postpartum care and examination V24	*570	10.4	30.2
All other diagnoses	3,807	69.8	100.0
Psychotherapy	17,789	100.0	...
Affective psychoses 296	3,873	21.8	21.8
Neurotic disorders 300	3,286	18.5	40.2
Depressive disorder, not elsewhere classified 311	1,843	10.4	50.6
Personality disorders 301	1,619	9.1	59.7
Schizophrenic disorders 295	1,123	6.3	66.0
Adjustment reaction 313	1,060	6.0	72.0
All other diagnoses	4,985	28.0	100.0
Physiotherapy	16,763	100.0	...
Sprains and strains of other and unspecified parts of back 847	2,145	12.8	12.8
Sprains and strains of sacroiliac region 846	1,500	8.9	21.7
Intervertebral disc disorders 722	1,515	9.0	30.8
Other and unspecified disorders of back 724	840	5.0	35.8
Peripheral enthesopathies and allied syndromes 726	682	4.1	39.9
Other disorders of cervical region 723	611	3.6	43.5
All other diagnoses	9,470	56.5	100.0
Ambulatory surgery	40,548	100.0	...
Cataract 366	1,639	4.0	4.0
Diseases of the sebaceous glands 706	1,592	3.9	8.0
Chronic renal failure 585	1,339	3.3	11.3
Disorders of the external ear 380	1,222	3.0	14.3
Other malignant neoplasm of skin 173	906	2.2	16.5
Glaucoma 365	870	2.1	18.7
Other disorders of synovium, tendon, and bursa 727	812	2.0	20.7
Mononeuritis of upper limb and mononeuritis multiplex 354	750	1.8	22.5
Fracture of one or more phalanges of hand 682	682	1.7	24.2
Peripheral enthesopathies and allied syndromes 726	642	1.6	25.8
Other dermatoses 702	623	1.5	27.3
Hemorrhoids 455	616	1.5	28.8
All other diagnoses	28,850	71.2	100.0

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*.

Table 43. Number and percent distribution of drug mentions by therapeutic classification: United States, 1991

<i>Therapeutic classification¹</i>	<i>Number of drug mentions in thousands</i>	<i>Percent distribution</i>
All drug mentions	804,615	100.0
Cardiovascular-renal drugs	124,554	15.5
Antihypertensive agents	45,462	5.7
Diuretics	28,913	3.6
Antianginal agents	22,888	2.8
Cardiac glycosides	10,446	1.3
Antiarrhythmic agents	9,398	1.2
Agents used in peripheral or cerebral vascular disorders	4,308	0.5
Other	3,139	0.4
Antimicrobial agents	119,663	14.9
Penicillins	37,470	4.7
Cephalosporins	23,822	3.0
Erythromycins and lincosamides	19,801	2.5
Tetracyclines	10,374	1.3
Sulfanomides and trimethoprim	10,025	1.2
Urinary tract antiseptics	5,288	0.7
Miscellaneous antibacterial agents	4,463	0.6
Antiviral agents	3,307	0.4
Antifungal agents for systemic mycoses	2,878	0.4
Other	2,235	0.3
Drugs used for relief of pain	85,132	10.6
General analgesics	43,667	5.4
Antiarthritics	37,696	4.7
Drugs used in gout	2,988	0.4
Other	*780	*0.1
Respiratory tract drugs	80,758	10.0
Bronchodilators, antiasthmatics	24,992	3.1
Nasal decongestants	20,084	2.5
Antitussives, expectorants, mucolytics	18,323	2.3
Antihistamines	17,300	2.2
Other	*60	*0.1
Hormones and related agents	76,507	9.5
Adrenal corticosteroids	24,180	3.0
Blood glucose regulators	17,186	2.1
Estrogens and progestins	13,254	1.6
Agents used to treat thyroid disease	10,843	1.3
Contraceptive agents	8,516	1.1
Other	2,528	0.3
Psychopharmacological drugs	49,588	6.2
Antidepressants	19,722	2.5
Antianxiety agents	16,209	2.0
Antipsychotic drugs	5,824	0.7
Sedatives and hypnotics	5,282	0.7
CNS stimulants, anorexiant	2,551	0.3
Skin/mucous membrane	43,912	5.5
Dermatologics	41,053	5.1
Other	2,859	0.4
Metabolic and nutrient agents	36,964	4.6
Vitamins, minerals	18,579	2.3
Replenishers and regulators of water and electrolytes	8,948	1.1
Agents used to treat hyperlipidemia	8,631	1.1
Other	*806	*0.1
Ophthalmic drugs	35,260	4.4
Ocular anti-infective and anti-inflammatory agents	14,726	1.8
Agents used to treat glaucoma	13,121	1.6
Miscellaneous ophthalmic preparations	5,521	0.7
Mydriatics and cycloplegics	1,892	0.2

¹Therapeutic classification is based on the standard drug classification used in the *National Drug Code Directory, 1995 Edition (17)*.

Table 43. Number and percent distribution of drug mentions by therapeutic classification: United States, 1991—Con.

<i>Therapeutic classification</i> ¹	<i>Number of drug mentions in thousands</i>	<i>Percent distribution</i>
Gastrointestinal agents	34,157	4.2
Agents used in disorders of upper GI tract	17,615	2.2
Miscellaneous gastrointestinal agents	9,707	1.2
Laxatives	3,737	0.5
Antidiarrheal agents	2,155	0.3
Other	*942	*0.1
Immunologic agents	28,440	3.5
Vaccines and antiserum	27,959	3.5
Other	*481	*0.1
Neurologic drugs	16,372	2.0
Hematologic agents	10,571	1.3
Other and unclassified ²	62,737	7.8

¹Therapeutic classification is based on the standard drug classification used in the *National Drug Code Directory, 1985 Edition (17)*.

²Includes anesthetics, antidotes, radiopharmaceuticals/contrast media oncolytics, otologics, antiparasitics, and unclassified/miscellaneous drugs.

Table 44. Number, percent, and therapeutic classification of drug mentions by treatment status and the 20 generic substances most frequently utilized at office visits: United States, 1991

<i>Treatment status and generic substance¹</i>	<i>Number of drug mentions in thousands</i>	<i>Percent</i>	<i>Therapeutic classification²</i>
All drug mentions	804,615	100.0	
New medications³			
All new medications	308,341	38.3	...
Amoxicillin	24,397	3.0	Penicillins
Acetaminophen	13,083	1.6	General analgesics
Erythromycin	12,132	1.5	Erythromycins and lincosamides
Phenylephrine	9,338	1.2	Nasal decongestants
Guaifenesin	7,776	1.0	Antitussives, expectorants, mucolytics
Phenylpropanolamine	7,653	1.0	Nasal decongestants
Codeine	7,633	0.9	General analgesics
Cefaclor	6,712	0.8	Cephalosporins
Trimethoprim	6,607	0.8	Sulfanomides and trimethoprim
Sulfamethoxazole	6,577	0.8	Sulfanomides and trimethoprim
Naproxen	6,259	0.8	Antiarthritics
Ibuprofen	6,061	0.8	Antiarthritics
Hydrocortisone	5,680	0.7	Dermatologics
Cephalexin	5,346	0.7	Cephalosporins
Alcohol	5,270	0.7	Antitussives, expectorants, mucolytics
Pseudoephedrine	5,140	0.6	Antitussives, expectorants, mucolytics
Neomycin	4,459	0.6	Dermatologics
Chlorpheniramine	4,309	0.5	Nasal decongestants
Polymixin B	3,951	0.5	Dermatologics
Doxycycline	3,914	0.5	Tetracyclines
Continuing medications⁴			
All continuing medications	426,474	53.0	...
Hydrochlorothiazide	13,437	1.7	Diuretics
Acetaminophen	13,183	1.6	General analgesics
Aspirin	9,149	1.1	General analgesics
Digoxin	8,805	1.1	Cardiac glycosides
Furosemide	8,372	1.0	Diuretics
Levothyroxine	7,482	0.9	Agents used to treat thyroid disease
Albuterol	7,416	0.9	Bronchodilators, antiasthmatics
Amoxicillin	6,943	0.9	Penicillins
Triamterene	6,857	0.9	Diuretics
Vitamin A	6,819	0.8	Vitamins, minerals
Verapamil	6,800	0.8	Antiarrhythmic agents
Insulin	6,646	0.8	Blood glucose regulators
Riboflavin	6,459	0.8	Vitamins, minerals
Pyridoxine	6,251	0.8	Vitamins, minerals
Ergocalciferol	6,102	0.8	Vitamins, minerals
Theophylline	6,009	0.7	Bronchodilators, antiasthmatics
Enalapril	6,002	0.7	Antihypertensive agents
Estrogens	5,995	0.7	Estrogens and progestins
Nifedipine	5,938	0.7	Antianginal agents
Diltiazem	5,858	0.7	Antianginal agents

¹Frequency of mentions combines single-ingredient agents with mentions of the agent as an ingredient in a combination drug.

²Therapeutic classification is based on the *National Drug Code Directory, 1985 edition* (NDC) (17). In cases where a generic substance had more than one therapeutic use, it was listed under the NDC classification that occurred with the highest frequency.

³New medications are those for which the patient does not have a current prescription.

⁴Continuing medications are those which the physician has instructed the patient to continue, regardless of whether a refill prescription was ordered at the visit.

Table 45. Number and percent distribution of drug mentions by medication status, according to therapeutic classification: United States, 1991

Therapeutic classification ²	Number of drug mentions in thousands	Total	New medication ¹		
			Yes	No	Unknown
			Percent distribution		
All drug mentions	804,615	100.0	38.3	53.0	8.7
Cardiovascular-renal drugs	124,554	100.0	9.0	83.2	7.8
Antimicrobial agents	119,663	100.0	72.1	21.8	6.1
Drugs used for relief of pain	85,132	100.0	41.2	50.6	8.2
Respiratory tract drugs	80,758	100.0	55.9	37.9	6.2
Hormones and related agents	76,507	100.0	25.0	67.9	7.1
Psychopharmacological drugs	49,588	100.0	24.0	69.6	6.4
Skin/mucous membrane	43,912	100.0	63.6	28.9	7.5
Metabolic and nutrient agents	36,964	100.0	18.2	73.3	8.4
Ophthalmic drugs	35,260	100.0	33.7	60.0	6.2
Gastrointestinal agents	34,157	100.0	37.5	53.1	9.4
Immunologic agents	28,440	100.0	40.2	26.5	33.4
Neurologic drugs	16,372	100.0	33.1	60.6	6.3
Hematologic agents	10,571	100.0	14.3	78.5	7.2
Other and unclassified ³	62,735	100.0	35.0	50.6	14.4

¹Physicians were asked to specify, for each medication ordered or provided at the current visit, whether the medication was a new or continuing prescription. Continued medications include those which were to be continued by the patient, even if a refill was not specifically ordered at the visit.

²Therapeutic classification is based on the standard drug classification used in the *National Drug Code Directory, 1985 Edition* (17).

³Includes anesthetics, antidotes, radiopharmaceuticals/contrast media, oncology, otology, antiparasitics, and unclassified/miscellaneous drugs.

Table 46. Number and percent distribution of office visits by disposition of visit, according to selected principal diagnoses: United States, 1991

Principal diagnosis and ICD-9-CM code ²	Number of visits in thousands	Disposition of visit ¹				
		Total	Return at specified time	Return if needed	Other ³	No follow-up planned
		Percent distribution				
All visits	669,689	100.0	63.3	21.6	9.6	9.5
Infectious and parasitic diseases 001-139	24,570	100.0	43.7	37.8	7.5	14.7
Neoplasms 140-239	23,308	100.0	77.2	8.6	13.0	5.2
Endocrine, nutritional, and metabolic diseases and immunity disorders 240-279	27,312	100.0	84.7	7.4	9.8	3.2
Diabetes mellitus 250	12,793	100.0	92.2	*3.8	7.8	*1.4
Mental disorders 290-319	26,167	100.0	82.4	10.7	6.6	3.8
Neurotic disorders 300	6,220	100.0	81.2	12.6	*5.8	*3.9
Diseases of the nervous system and sense organs 320-389	77,724	100.0	68.0	19.8	7.7	7.9
Glaucoma 365	11,043	100.0	96.0	*1.5	*4.9	*0.9
Cataract 366	7,540	100.0	85.2	*5.9	*6.9	*4.8
Disorders of refraction and accommodation 367	5,420	100.0	51.6	26.6	*3.4	19.3
Suppurative and unspecified otitis media 382	16,185	100.0	60.8	30.0	5.5	7.0
Diseases of the circulatory system 390-459	50,226	100.0	83.9	9.1	9.9	2.5
Essential hypertension 401	23,188	100.0	85.8	8.4	7.9	*2.3
Other forms of chronic ischemic heart disease 414	5,713	100.0	87.4	*6.2	11.7	*1.5
Diseases of the respiratory system 460-519	92,100	100.0	44.6	38.2	7.2	12.8
Acute pharyngitis 462	11,015	100.0	23.2	51.9	8.9	18.5
Acute upper respiratory infections of multiple and unspecified sites 465	16,928	100.0	33.0	46.3	3.9	18.4
Chronic sinusitis 473	11,570	100.0	33.0	51.7	7.3	12.4
Allergic rhinitis 477	9,405	100.0	76.6	16.1	*4.6	5.9
Bronchitis, not specified as acute or chronic 490	9,757	100.0	39.4	43.2	7.5	13.4
Asthma 493	8,804	100.0	73.2	21.0	*4.4	*2.9
Diseases of the digestive system 520-579	22,724	100.0	49.8	27.9	17.2	9.6
Diseases of the genitourinary system 580-629	39,308	100.0	58.9	22.1	16.1	8.1
Diseases of the skin and subcutaneous tissue 680-709	39,578	100.0	56.4	26.5	7.8	11.5
Contact dermatitis and other eczema 692	7,049	100.0	38.4	39.2	*6.4	18.5
Diseases of sebaceous glands 706	9,464	100.0	68.5	17.0	7.5	9.7
Diseases of the musculoskeletal system and connective tissue 710-739	45,829	100.0	62.9	22.3	13.1	*5.9
Osteoarthritis and allied disorders 715	5,513	100.0	67.8	17.9	13.4	*7.3
Other and unspecified disorders of back 724	5,197	100.0	56.8	26.1	16.1	*4.5
Symptoms, signs, and ill-defined conditions 780-799	25,694	100.0	59.5	20.1	19.9	6.6
General symptoms 780	6,101	100.0	57.9	17.8	25.5	*6.2
Injury and poisoning 800-999	53,400	100.0	60.7	22.6	8.0	11.0
Sprains and strains of other and unspecified parts of back 847	6,381	100.0	60.6	27.4	*6.0	10.0
Supplementary classification V01-82	101,433	100.0	67.0	16.7	5.6	15.1
Health supervision of infant or child V20	17,271	100.0	84.1	20.4	*2.4	4.7
Normal pregnancy V22	20,657	100.0	93.8	2.9	4.8	*0.7
Other postsurgical states V45	5,354	100.0	76.3	12.1	*8.0	*5.8
General medical examination V70	18,321	100.0	35.0	21.9	5.5	40.7
Special investigations and examinations V72	6,318	100.0	52.7	27.6	10.4	12.7
All other diagnoses ⁴	9,292	100.0	70.3	13.3	18.2	*3.9
Unknown ⁵	11,025	100.0	58.4	21.0	9.3	16.1

¹Numbers may not add to totals because more than one disposition may be coded per visit.

²Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*.

³Includes the following dispositions: telephone followup planned, referred to other physician, returned to referring physician, admitted to hospital, and other unspecified dispositions.

⁴Includes 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).

⁵Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

Table 47. Number, percent, and annual rate of office visits by selected principal diagnoses, according to selected years: United States, 1985-91

<i>Principal diagnosis and ICD-9-CM code¹</i>	<i>1985</i>	<i>1989</i>	<i>1991</i>
	Number of visits in thousands		
All visits	636,386	692,702	669,689
Essential hypertension 401	26,049	27,708	23,188
Normal pregnancy V22	24,182	23,578	20,657
Health supervision of infant or child V20	17,088	15,669	17,271
Suppurative and unspecified otitis media 382	15,607	20,033	16,185
General medical examination V70	14,916	20,166	18,321
Acute upper respiratory infections of multiple or unspecified sites 465	14,691	15,765	16,928
Diabetes mellitus 250	12,302	13,237	12,793
Neurotic disorders 300	9,320	8,511	6,220
Acute pharyngitis 462	9,302	10,958	11,015
Disorders of refraction and accommodation 367	8,268	7,686	5,420
Diseases of sebaceous glands 706	8,104	8,146	9,464
Allergic rhinitis 477	7,835	11,631	9,405
Bronchitis, not specified as acute or chronic 490	7,563	11,160	9,757
Other forms of chronic ischemic heart disease 414	6,732	5,712	5,713
Asthma 493	6,503	6,822	8,804
Cataract 366	6,285	6,335	7,540
Special investigations and examinations V72	5,838	4,261	6,318
Contact dermatitis and other eczema 692	5,837	6,542	7,048
Chronic sinusitis 473	5,675	8,700	11,570
Osteoarthritis and allied disorders 715	5,522	6,259	5,513
Sprains and strains of other and unspecified parts of back 847	5,322	7,614	6,381
General symptoms 780	4,874	5,550	6,101
Glaucoma 365	4,304	4,952	11,043
	Percent		
All visits	100.0	100.0	100.0
Essential hypertension 401	4.1	4.0	3.5
Normal pregnancy V22	3.8	3.4	3.1
Health supervision of infant or child V20	2.7	2.3	2.6
Suppurative and unspecified otitis media 382	2.5	2.9	2.4
General medical examination V70	2.3	2.9	2.7
Acute upper respiratory infections of multiple or unspecified sites 465	2.3	2.3	2.5
Diabetes mellitus 250	1.9	1.9	1.9
Neurotic disorders 300	1.5	1.2	0.9
Acute pharyngitis 462	1.5	1.6	1.6
Disorders of refraction and accommodation 367	1.3	1.1	0.8
Diseases of sebaceous glands 706	1.3	1.2	1.4
Allergic rhinitis 477	1.2	1.7	1.4
Bronchitis, not specified as acute or chronic 490	1.2	1.6	1.5
Other forms of chronic ischemic heart disease 414	1.1	0.8	0.9
Asthma 493	1.0	1.0	1.3
Cataract 366	1.0	0.9	1.1
Special investigations and examinations V72	0.9	0.6	0.9
Contact dermatitis and other eczema 692	0.9	0.9	1.1
Chronic sinusitis 473	0.9	1.3	1.7
Osteoarthritis and allied disorders 715	0.9	0.9	0.8
Sprains and strains of other and unspecified parts of back 847	0.8	1.1	1.0
General symptoms 780	0.8	0.8	0.9
Glaucoma 365	0.7	0.7	1.6
	Number of visits per 100 persons ²		
All visits	274.1	284.4	269.3
Essential hypertension 401	11.2	11.4	9.3
Normal pregnancy V22	10.4	9.7	8.3
Health supervision of infant or child V20	7.4	6.4	6.9
Suppurative and unspecified otitis media 382	6.7	8.2	6.5
General medical examination V70	6.4	8.3	7.4
Acute upper respiratory infections of multiple or unspecified sites 465	6.3	6.5	6.8
Diabetes mellitus 250	5.3	5.4	5.1
Neurotic disorders 300	4.0	3.5	2.5
Acute pharyngitis 462	4.0	4.5	4.4

See footnotes at end of table.

Table 47. Number, percent, and annual rate of office visits by selected principal diagnoses, according to selected years: United States, 1985-91—Con.

<i>Principal diagnosis and ICD-9-CM code¹</i>	<i>1985</i>	<i>1989</i>	<i>1991</i>	
		Number of visits per 100 persons ²		
Disorders of refraction and accommodation	367	3.6	3.2	2.2
Diseases of sebaceous glands	706	3.5	3.3	3.8
Allergic rhinitis	477	3.4	4.8	3.8
Bronchitis, not specified as acute or chronic	490	3.3	4.6	3.9
Other forms of chronic ischemic heart disease	414	2.9	2.3	2.3
Asthma	493	2.8	2.8	3.5
Cataract	366	2.7	2.6	3.0
Special investigations and examinations	V72	2.5	1.7	2.5
Contact dermatitis and other eczema	692	2.5	2.7	2.8
Chronic sinusitis	473	2.4	3.6	4.7
Osteoarthritis and allied disorders	715	2.4	2.6	2.2
Sprains and strains of other and unspecified parts of back	847	2.3	3.1	2.6
General symptoms	780	2.1	2.3	2.5
Glaucoma	365	1.9	2.0	4.4

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*.

²Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1 of each year.

Appendixes

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Appendix I

Technical notes

This report is based on data collected during the period January 1991–December 1991 in the National Ambulatory Medical Care Survey (NAMCS), a sample survey of office-based physicians conducted by the Division of Health Care Statistics of the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention. The NAMCS survey design and procedures are presented in the following sections.

Statistical design

Scope of the survey

The target population of the 1991 NAMCS includes office visits made in the United States by ambulatory patients to nonfederally employed physicians who are principally engaged in office-based patient care practice, but not in the specialties of anesthesiology, pathology, or radiology. Included are visits to physicians in solo, partnership, and group practice settings, and visits that occur in private, nonhospital-based clinics and health maintenance organizations (HMO's). Not included are visits made to hospital-based clinics and government-operated facilities, telephone contacts, and nonoffice visits.

Sample design

The NAMCS utilizes a three-stage survey design that involves probability samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within physician practices. The first-stage sample consisted of 112 PSU's that comprise a probability subsample of PSU's used in the 1985–94 National Health Interview Survey (NHIS). A PSU is a county, a group of counties or county equivalents (such as parishes or independent cities), or towns and townships (for some PSU's in New England). The PSU strata were defined within four geographic regions by metropolitan statistical area (MSA) or non-MSA status by using the 1980 Census of Population data and a computer program that minimized the between-PSU variances for NHIS stratification variables. (MSA is defined by the U.S. Office of Management and Budget on the basis of the 1980 Census.) From the strata thus formed, the PSUs were selected with probability proportional to the projected 1985 population. For details of the NHIS PSU sample design, see Massey et al. (18).

The second stage consisted of a probability sample of practicing physicians, selected from the masterfiles 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 and subspecialties of anesthesiology, pathology, and radiology.

The 1991 NAMCS physician universe included 286,132 doctors of medicine and 46,891 doctors of osteopathy. Eligible physicians were stratified into the following 15 groups:

- General and family practice
- Doctors of osteopathy
- Internal medicine
- Pediatrics
- General surgery
- Obstetrics and gynecology
- Orthopedic surgery
- Cardiovascular diseases
- Dermatology
- Urological surgery
- Psychiatry
- Neurology
- Ophthalmology
- Otolaryngology
- Other specialties

The number of physicians selected from each stratum was calculated to produce strata with similar levels of precision. The 1991 NAMCS physician sample included 2,540 physicians. Sample physicians were screened at the time of the survey to ensure that they met the aforementioned criteria; 653 physicians did not meet the criteria and were, therefore, ruled out of scope (ineligible) for the study. Reasons for being out of scope include the following: the physician is deceased; retired; employed in teaching, research, or administration; or engages mainly in hospital-based rather than office-based practice. Of the 1,887 in scope (eligible) physicians, 1,354 (71.8 percent) participated in the study. Of the participating physicians, 216 saw no patients during their assigned reporting period because of vacations, illnesses, or other reasons for being temporarily out of office-based practice. The physician universe, sample size, and response data by physician strata are shown in table I.

Table I. Number of physicians in the universe, total sample, sample response categories, and response rate by physician strata: National Ambulatory Medical Care Survey, 1991

Physician strata	Universe ¹	Sample					Response rate ²
		Total	Out of scope	In scope	Non-respondents	Respondents	
							Percent
All strata	334,714	2,540	653	1,887	533	1,354	72
General and family practice	57,754	364	115	249	73	176	71
Osteopathy	14,558	264	58	206	51	155	75
Internal medicine	46,891	206	56	150	56	94	63
Pediatrics	28,117	177	65	112	26	86	77
General surgery	19,356	229	62	167	36	131	78
Obstetrics and gynecology	25,422	171	37	134	38	96	72
Orthopedic surgery	14,237	116	8	108	34	74	69
Cardiovascular diseases	11,027	125	28	97	39	58	60
Dermatology	6,217	101	16	85	17	68	80
Urological surgery	7,366	117	18	99	29	70	71
Psychiatry	23,058	105	38	67	14	53	79
Neurology	5,758	98	15	83	28	55	66
Ophthalmology	13,149	108	23	85	22	63	74
Otorhinolaryngology	6,433	105	20	85	27	58	68
All other specialties	55,371	254	94	160	43	117	73

¹These data are derived from the American Medical Association and the American Osteopathic Association and represent the total number of physicians eligible for the NAMCS.

²Response rate is the number of physicians responding divided by the number of physicians in scope.

The third stage was the selection of patient visits within the annual practices of the sample physicians. This stage involved two steps. First, the total physician sample was divided into 52 random subsamples of approximately equal size; then 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 reporting week. The visit sampling rate varied for this final step from a 100-percent sample for very small practices to a 20-percent sample for very large practices. The method for determining the visit sampling rate is described later in this appendix and in the Induction Interview form in appendix III. The 1991 NAMCS responding sample physicians completed 33,795 Patient Records.

Data collection and processing

Field procedures

The U.S. Bureau of the Census, Housing Surveys Branch, participated with NCHS staff in planning the survey and collecting survey data. The Census Bureau was responsible for carrying out all field operations and provided trained field representatives who worked closely with sample physicians.

Both mail and telephone contacts were used to enlist sample physicians for NAMCS. Initially, physicians were sent introductory letters from the Director of NCHS (see appendix III). When appropriate, a letter from the physician's specialty organization endorsing the survey and urging participation was enclosed with the NCHS letter. Approximately 2 weeks prior to the physician's assigned reporting period, a field representative telephoned the physician to briefly explain the study and arrange an appointment for a personal interview. Physicians who did not initially respond were usually recon-

tacted via telephone or special explanatory letter and requested to reconsider participation in the study.

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

The field representative telephoned the sample physician prior to and during the assigned reporting week to answer questions that might have arisen and to ensure that survey procedures were going smoothly. At the end of the reporting week, the participating physician mailed the completed survey materials to the field representative who edited the forms for completeness before transmitting them for central data processing. Problems of missing or incomplete data were resolved through telephone followup by the field representative to the sample physicians.

Data collection

The actual data collection for NAMCS was carried out by the sample physicians, often assisted by their office staff. Two data collection forms were employed by the physicians: the Patient Log and the Patient Record (see appendix III). The Patient Log was used to sequentially list all patients seen in the physician's office during the assigned reporting week and served as the sampling frame to indicate the office visits for which data were to be recorded on the Patient Records. A perforation between the patient's name on the Patient Log and

patient visit information on the Patient Record permitted the physician to detach and retain the listing of patients, thus assuring the anonymity of the patients.

Based on the physician's estimate of the expected number of office visits and expected number of days in practice during the assigned reporting week, each physician was assigned a visit sampling rate. The visit sampling rates were designed so that about 30 Patient Records would be completed by each physician during the assigned reporting week. Physicians expecting 10 or fewer visits each day recorded data for all visits, while those expecting more than 10 visits per day recorded data for every second, third, or fifth visit based on the predetermined sampling interval. These visit sampling procedures minimized the physician's data collection workload and maintained approximately equal reporting levels among sample physicians regardless of practice size. For physicians recording data for every second, third, or fifth patient visit, a random start was provided on the first page of the Patient Log so that predesignated sample visits recorded on each succeeding page of the Patient Log provided a systematic random sample of patient visits during the reporting period.

Data processing

In addition to followups for missing and inconsistent data made by the field staff, numerous clerical edits were performed on data received for central data processing. These manual edit procedures reduced item nonresponse rates to 2 percent or less for most data items.

Information contained in item 10 ("Patient's complaint(s), symptom(s), or other reason(s) for this visit") of the Patient Record was coded according to *A Reason for Visit Classification for Ambulatory Care (RVC)* (14). The physician's diagnosis (item 11 of the Patient Record) was coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)* (15). A maximum of three entries were coded from each of these items.

Quality control for the medical coding operation involved a two-way 100 percent independent verification procedure. A dependent verification procedure was used to review and adjudicate all records with coding discrepancies.

Data on ambulatory surgical procedures (item 14 of the Patient Record) were classified and coded according to volume 3 of the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)* (15). Up to two ambulatory procedures were coded for each visit. Quality control for this item was identical to that described for patient's reason for visit and physician's diagnosis.

The NAMCS medication data (item 15 of the Patient Record) was classified and coded according to a scheme developed at NCHS based on the Drug Product Information File maintained by the American Druggist Blue Book Data Center. A description of the drug coding scheme and of the NAMCS drug data processing procedures has been published (16). A two-way 100 percent independent verification procedure was used to control the medication coding operation. As an additional quality control, all Patient Records with differences between drug coders or with illegible drug entries were reviewed and adjudicated.

Information from the Induction Interview form and Patient Records was keypunched with 100 percent verification and converted to computer tape. Extensive computer consistency and edit checks were performed to ensure complete and accurate data. Incomplete data items were imputed by assigning a value from a randomly selected Patient Record with similar characteristics; patient sex and age, physician specialty, and broad diagnostic categories were used as the basis for these imputations.

Estimation procedures

Statistics from the NAMCS were derived by a multistage estimation procedure that 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) ratio adjustment to fixed totals. Each component is briefly described below.

Inflation by reciprocals of probabilities of selection

Because the survey utilized a three-stage sample design, three probabilities of selection existed: (1) the probability of selecting the PSU, (2) the probability of selecting the physician within the PSU, and (3) the probability of selecting the office visit within the physician's practice. The overall probability of including a physician in the sample was the product of the probability of the PSU being selected multiplied by the probability of the physician being selected. The probability of selecting the physician within a PSU was 1.0 for physicians in nonmetropolitan areas and was the PSU weight divided by the sampling interval for physicians in metropolitan areas. The probability of selecting the office visit was defined as the number of office visits during the physician's assigned 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 NAMCS data were adjusted to account for sample physicians who were in scope but did not participate in the study. This adjustment was calculated to minimize the impact of response 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 the 15 physician strata. The ratio adjustment was a multiplication factor that had as its numerator the number of physicians in the universe in each physician specialty strata and as its denominator the estimated number of physicians in that particular specialty strata. The numerator was based on figures obtained from the AMA and AOA masterfiles, and the denominator was based on data from the sample.

Reliability of estimates

As in any survey, results are subject to both sampling and nonsampling errors. Nonsampling errors include reporting and processing errors, as well as biases due to nonresponse or incomplete response. The magnitude of the nonsampling errors cannot be computed. However, these errors were kept to a minimum by procedures built into the operation of the survey. To eliminate ambiguities and encourage uniform reporting, attention was given to the phrasing of questions, terms, and definitions. Also, extensive pretesting of most data items and survey procedures was performed. The steps taken to reduce bias in the data are discussed in the sections on field procedures and data collection. Quality control procedures and consistency and edit checks, discussed in the data processing section, reduced errors in data coding and processing. Because survey results are subject to sampling and nonsampling errors, the total error will be larger than the error due to sampling variability alone.

Because 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, definitions, 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, but 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 of 100 that it would be less than 2 1/2 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. In this report, an asterisk (*) precedes any estimate with more than a 30-percent relative standard error.

Estimates of sampling variability were calculated with SESUDAAN software, which computes standard errors by using a first-order Taylor approximation of the deviation of estimates from their expected values. A description of the software and the approach it uses has been published (19).

Approximate relative standard errors for aggregate estimates are presented in figures I and II. 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 and II should be interpreted as approximate rather than exact for any specific estimate. This applies to all estimates in this report with the exception of those related to ambulatory surgical procedures, discussed below. Directions for determining approximate relative standard errors follow.

Estimates of aggregates

Figure I presents approximate relative standard errors for aggregate estimates of office visits, and figure II presents approximate relative standard errors for aggregate estimates of drug mentions. In each figure, curve A represents the relative standard errors appropriate for estimates based on all physicians, and curves B–D represent relative standard errors appropriate for estimates based on the individual physician group indicated.

Alternatively, relative standard errors (RSE's) for aggregate estimates may be calculated using the following general formula, where x is the aggregate of interest in thousands, and A and B are the appropriate coefficients from table II.

$$RSE(x) = \sqrt{A + \frac{B}{x}} \cdot 100.0$$

Estimates of percents

Approximate relative standard errors (in percent) for estimates of percents may be calculated from figures I and II as follows. From the appropriate curve, obtain the relative standard error of the numerator and denominator of the percent. Square each of the RSE values, subtract the resulting value for the denominator from the resulting value for the numerator, and extract the square root. This approximation is valid if the RSE of the denominator is less than 0.05 or if the RSE's of the numerator and denominator are both less than 0.10.

Alternatively, RSE's for percents may be calculated using the following general formula, where p is the percent of interest and x is the denominator of the percent in thousands, using the appropriate coefficient from table II.

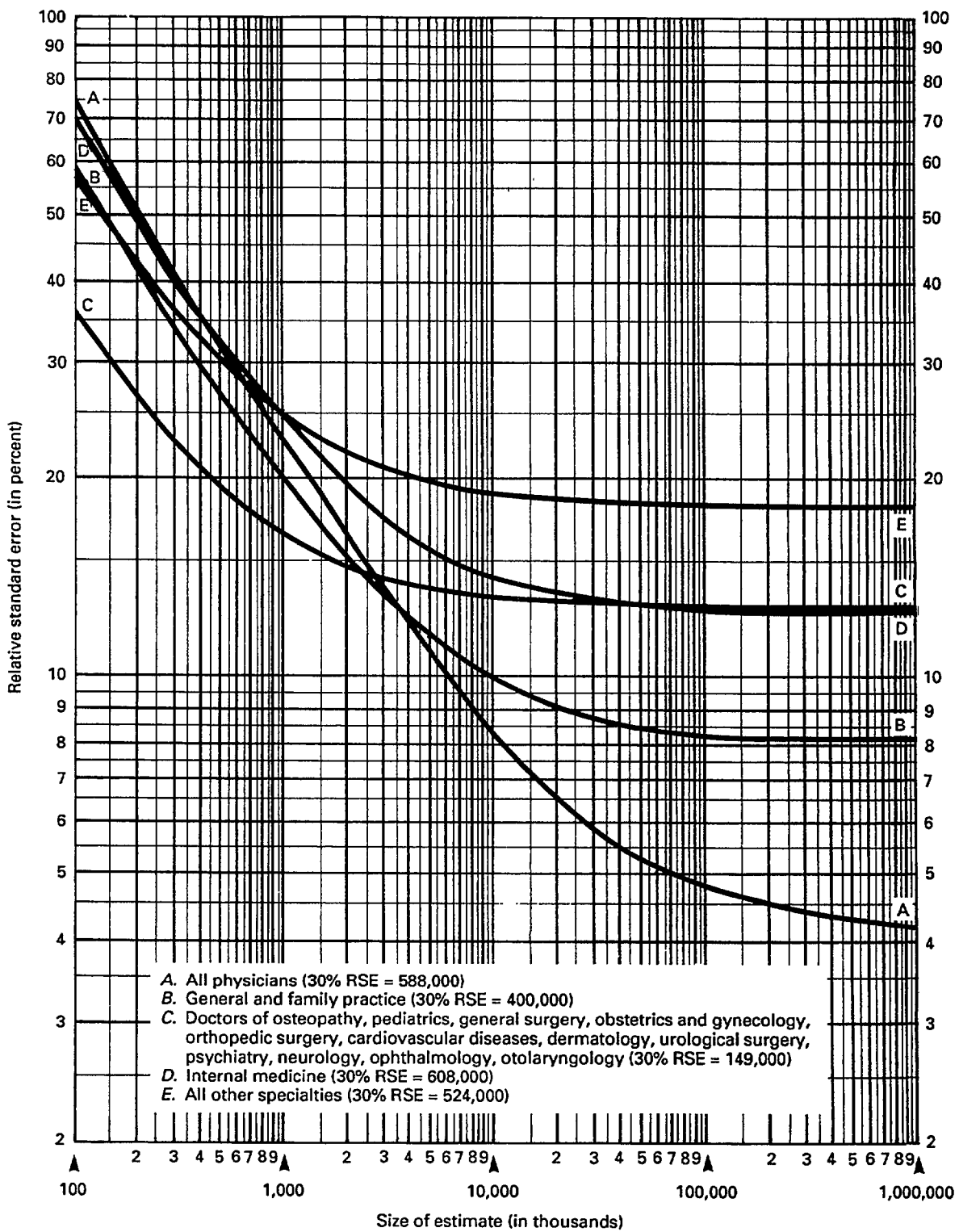
$$RSE(p) = \sqrt{\frac{B \cdot (1-p)}{p \cdot x}} \cdot 100.0$$

Reliability of estimates relating to ambulatory surgical procedures

The 1991 NAMCS included a new item on the Patient Record form that instructed physicians to record up to two diagnostic or therapeutic ambulatory surgical procedures that were scheduled or performed at the office visit. Estimates relating to ambulatory surgical procedures have been presented in tables throughout this report with specific standard errors calculated using SESUDAAN software (20), rather than using the generalized variance curves that approximate relative standard errors for most NAMCS estimates. The decision to provide specific standard errors for these estimates was made following a statistical analysis of the data that resulted from this survey item. The analysis suggested that a generalized variance curve would be of limited utility, given the nature of the data in question.

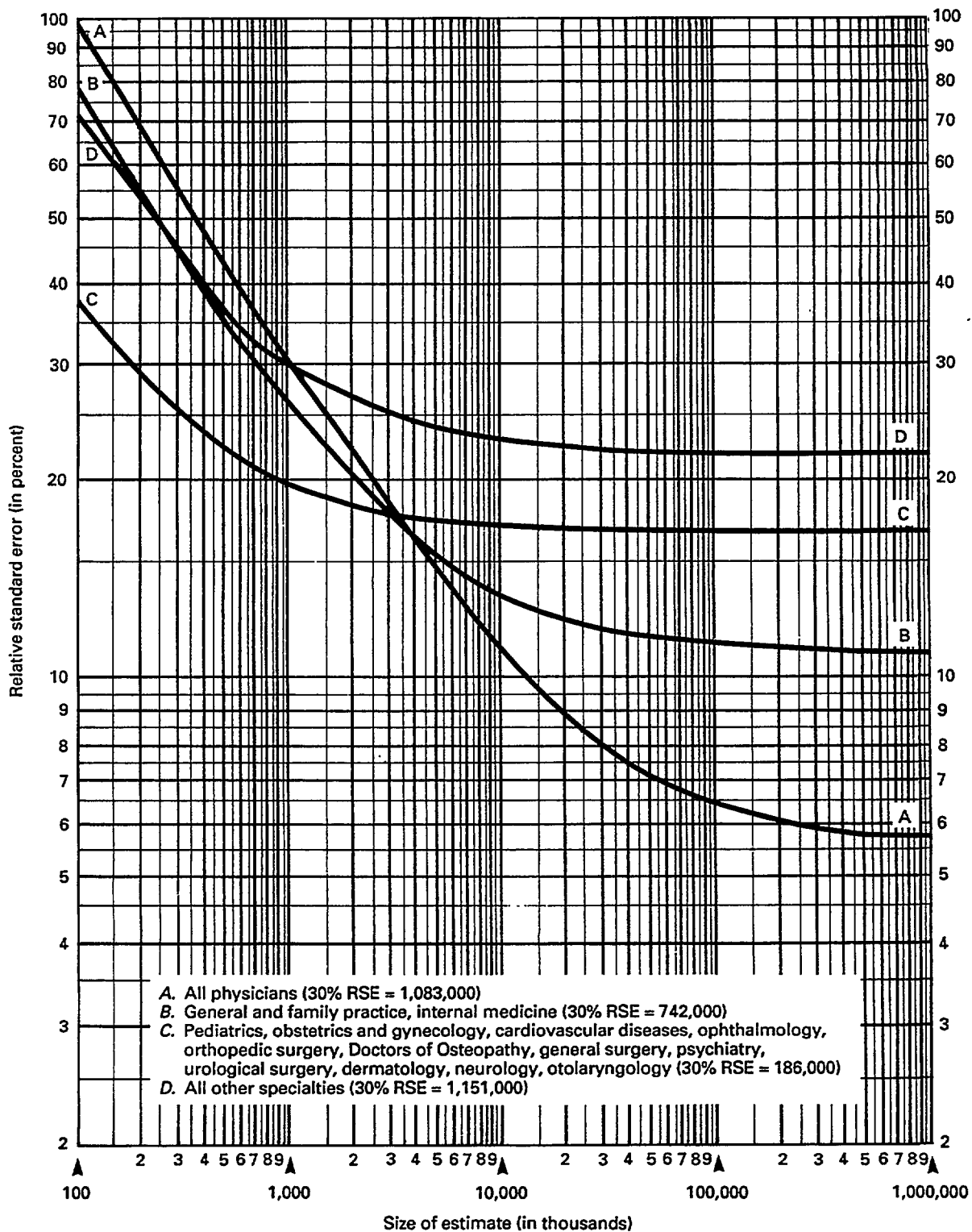
Estimates of rates where numerator is not a subclass of denominator

Approximate relative standard errors for rates in which the denominator is the total U.S. population or one or more of



EXAMPLE OF USE OF TABLE: An estimate of 9 million visits to general and family practice physicians (read on scale at bottom of chart) has a relative standard error of 10.2 percent (read from curve B on scale at left of chart) or a standard error of 918,000 office visits (10.2 percent of 9 million office visits.)

Figure I. Approximate relative standard errors for estimated numbers of office visits based on all physicians (A) and on individual physician groups (B-E): National Ambulatory Medical Care Survey, 1991.



- A. All physicians (30% RSE = 1,083,000)
- B. General and family practice, internal medicine (30% RSE = 742,000)
- C. Pediatrics, obstetrics and gynecology, cardiovascular diseases, ophthalmology, orthopedic surgery, Doctors of Osteopathy, general surgery, psychiatry, urological surgery, dermatology, neurology, otolaryngology (30% RSE = 186,000)
- D. All other specialties (30% RSE = 1,151,000)

EXAMPLE OF USE OF TABLE: An estimate of 20 million drug mentions by pediatricians (read on scale at bottom of chart) has a relative standard error of 16.9 percent (read from curve C on scale at left of chart) or a standard error of 3,380,000 drug mentions (16.9 percent of 20 million drug mentions).

Figure II. Approximate relative standard errors for estimated numbers of drug mentions based on all physicians (A) and on individual physician groups (B-D): National Ambulatory Medical Survey, 1991.

the age-sex-race groups of the total population are equivalent to the relative standard error of the numerator that can be obtained from figures I or II.

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 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.

Tests of significance

In this report, the determination of statistical inference is based on the t-test. The Bonferroni inequality was used to establish the critical value for statistically significant differences (0.05 level of significance). Terms relating to differences such as “greater than” and “less than” 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 and rate computation

The population figures used in computing annual visit rates are presented in table III. The figures are based on the July 1, 1991 estimates of the civilian noninstitutionalized population of the United States.

Rounding of numbers

Estimates presented in this report are rounded to the nearest thousand. For this reason, detailed figures within tables do not always add to totals. Rates and percents are calculated on the basis of the original, unrounded figures and may not agree precisely with percents calculated from rounded data.

Systematic bias

No formal attempt was undertaken to determine or measure systematic bias in the 1991 NAMCS data. It should be noted, however, that there are several factors affecting the data that indicate these data underrepresent the total number of office visits. Some of these factors are briefly discussed below:

- Physicians who participated in NAMCS generally did a thorough and conscientious job in keeping the Patient Log; however, a postsurvey evaluation study conducted in the 1985 NAMCS among a random sample of participating physicians indicates that a small number of patient visits may have been accidentally omitted from the Patient Log; although this number is quite small, such omissions would result in an undercoverage of office visits. The

Table II. Coefficients appropriate for determining relative standard errors by type of estimate and physician groups: National Ambulatory Medical Care Survey, 1991

Type of estimate and physician group	Coefficient for visits in thousands	
	A	B
Visits		
Overall totals	0.001744284	51.82697927
General and family practice	0.006617364	33.29640705
Internal medicine	0.01573396	45.10067385
Doctors of osteopathy, pediatrics, obstetrics and gynecology, general surgery, orthopedic surgery, cardiovascular diseases, psychiatry, urological surgery, dermatology, neurology, ophthalmology, otolaryngology	0.0163602	10.90230286
All other	0.03340709	29.631108
Drug mentions		
Overall totals	0.003224617	93.92631687
General and family practice, internal medicine	0.0125584	57.64543271
Doctors of osteopathy, general surgery, orthopedic surgery, cardiovascular diseases, urological surgery, dermatology, neurology, ophthalmology, otolaryngology, obstetrics and gynecology, pediatrics, psychiatry	0.02784109	11.55212504
All other	0.0483582	46.53697419

same postsurvey study indicates that the inclusion of patient visits which did not actually occur was infrequent and would have a negligible effect on survey estimates.

- As previously stated, the physician universe for the 1991 NAMCS included all non-Federal, office-based, patient care physicians on the AMA and AOA masterfiles. The NAMCS was designed to provide statistically unbiased estimates of office visits to this designated population. Not included in the universe were physicians who were classified as federally employed or hospital-based, or who were principally engaged in research, teaching, administration, or other nonpatient care activity. Consequently, ambulatory patient visits in an office setting to these physicians would not be included in NAMCS estimates. In an attempt to measure the number of office visits to 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 (in scope) for the 1980 NAMCS. Details of the Complement Survey methodology and results have been published (20). Results indicate that about 17 percent of the Complement Survey physicians saw some ambulatory patients in an office setting and that an estimated 69 million office visits were made to these physicians in 1980.

Comparison of diagnostic data from items 11 and 13

Item 13 of the 1991 NAMCS Patient Record form was a short checklist of four medical conditions—depression, hyper-

Table III. Population figures used in computing annual visit rates shown in this report by selected demographic characteristics: July 1, 1991

Characteristics	All ages	Under 15 years	15-24 years	25-44 years	45-64 years	65-74 years	75 years and over
Race and sex		Number in thousands					
All races	248,713	55,628	34,534	81,098	47,162	18,301	11,991
Female	127,988	27,153	17,403	41,257	24,536	10,118	7,522
Male	120,724	28,475	17,131	39,841	22,626	8,183	4,469
White	208,202	44,707	27,726	67,944	40,628	16,323	10,874
Female	106,616	21,823	13,881	34,135	209,086	8,975	6,816
Male	101,586	22,284	13,845	33,809	19,642	7,348	4,058
Black	30,896	8,755	5,077	9,640	4,861	1,609	954
Female	16,461	4,304	2,649	5,294	2,690	915	610
Male	14,435	4,451	2,428	4,346	2,171	694	344
Other	9,614	2,166	1,731	3,514	1,673	368	163
Female	4,911	1,026	873	1,828	860	227	96
Male	4,704	1,140	858	1,686	655	130	66
Region							
Northeast	50,300	...	...	...	...	...	...
Midwest	59,735	...	...	...	...	...	...
South	84,008	...	...	...	...	...	...
West	54,670	...	...	...	...	...	...

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

tension, hypercholesterolemia, and depression—which physicians were instructed to fill out for the patient regardless of what was recorded as the physician’s diagnosis in item 11. In item 11, physicians were asked to report the principal diagnosis, which is the one most closely associated with the patient’s most important reason for the current visit, as well as up to two additional diagnoses existing at the time of the visit, whether they were of direct concern to that visit or not.

An analysis was undertaken to ascertain the amount of correspondence that existed between diagnostic data recorded in items 11 and 13. Because diagnostic data reported in item 11 were coded using the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (15)*, it was first necessary to determine which ICD-9-CM codes had relevance to each of the four conditions listed in item 13. The codes used to compare diagnostic data between these two data items are listed below. It was recognized that not all cases coded to certain of the diagnostic codes listed below would necessarily have the condition of interest (for example, other and unspecified hyperlipidemia might include cases of hypercholesterolemia but could also include other conditions not of interest to this analysis), but it was necessary to take them into account in order to be as comprehensive in the analysis as possible.

Visits with a mention of hypertension in item 13 were compared with visits showing a first, second, or third diagnosis in item 11 of any of the following ICD-9-CM codes: essential hypertension (401.0-401.9); hypertensive heart disease (402.00-402.91); hypertensive renal disease (403.00-403.91); hypertensive heart and renal disease (404.00-404.93); secondary hypertension (405.01-405.99); and hypertension complicating pregnancy, childbirth, and the puerperium (642.00-642.94).

Visits with a mention of hypercholesterolemia in item 13 were compared with visits showing a first, second, or third

diagnosis of pure hypercholesterolemia (272.0); mixed hypercholesterolemia (272.2); and other and unspecified hyperlipidemia (272.4).

Visits with a mention of depression in item 13 were compared with visits showing a first, second, or third diagnosis of senile dementia with depressive features (290.21); affective psychoses, excluding mania without depression, (296.20-296.89); depressive type psychosis (298.0); neurotic depression (300.4); chronic depressive personality disorder (301.12); cyclothymic disorder (301.13); brief depressive reaction (309.0); prolonged depressive reaction (309.1); adjustment reaction with mixed emotional features (309.28); depressive disorder, not elsewhere classified (311); and mental disorders complicating pregnancy, childbirth, and the puerperium (648.40-648.44).

Finally, visits with a mention of obesity in item 13 were compared with visits citing a first, second, or third diagnosis of congenital hypothyroidism (243); acquired hypothyroidism (244.0-244.9); panhypopituitarism (253.2); other anterior pituitary disorders (253.4); other disorders of neurohypophysis (253.6); iatrogenic pituitary disorders (253.7); other disorders of the pituitary and other syndromes of diencephalohypophysal origin (253.8); unspecified disorder of pituitary and hypothalamus (253.9); Cushing’s syndrome (255.0); other adrenal hypofunction (255.5); other specified disorders of adrenal glands (255.8); unspecified disorder of adrenal glands (255.9); other combinations of endocrine dysfunction (258.1); other specified polyglandular dysfunction (258.8); polyglandular dysfunction, unspecified (258.9); unspecified endocrine disorder (259.9); obesity (278.0); and edema or excessive weight gain in pregnancy without mention of hypertension (646.10-646.14). Preliminary results from this analysis have been reported in earlier sections of this report and will be explored further in a subsequent publication.

Appendix II

Definition of terms

Terms relating to the survey

Office—Premises identified by physicians as locations for their ambulatory practices, customarily including consultation, examination, or treatment spaces the patients associate with a particular physician. Responsibility over time for patient care and professional services rendered 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—A duly licensed doctor of medicine or doctor of osteopathy. For purposes of this National Ambulatory Medical Care Survey, physicians are classified as in scope or out of scope as follows:

- *In scope*—Physicians currently in practice who spend some time caring for ambulatory patients in office locations except as excluded below.
- *Out of scope*—

Physicians who treat patients only indirectly, including specialists in anesthesiology, pathology, forensic pathology, radiology, therapeutic radiology, and diagnostic radiology.

Physicians who are federally employed, including those physicians who work for the Department of Veterans Affairs or who are in military service.

Physicians who treat patients only in institutional settings, such as nursing homes and hospitals.

Physicians employed full time in industry or by institutions and having no private practice, for example, physicians who work for the Ford Motor Company.

Physicians who spend no time seeing ambulatory patients or whose patient care activity is secondary to another principal activity, such as teaching, administration, or research.

Patient—A person under a physician's care for health reasons. For purposes of this National Ambulatory Medical Care Survey, patients are defined as in scope or out of scope as follows:

- *In scope*—A patient seen by an in-scope physician or a staff member in the physician's office except as excluded below.
- *Out of scope*—

Patients seen by a physician in a hospital, nursing home, or other extended care institution, or in the patient's home.

NOTE: If the physician has a private office (which fits definition of "office") located in a hospital, the ambulatory patients seen there are considered in scope.

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

Patients who contact and receive advice from the physician via telephone.

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

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

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

Drug mention—The physician's entry of a pharmaceutical agent ordered or provided—by any route of administration—for prevention, diagnosis, or treatment. Generic as well as brand name drugs are included, as are nonprescription as well as prescription drugs. Along with all new drugs, the physician also records continued medication, if the patient was specifically instructed during the visit to continue the medication.

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 physician masterfiles maintained by the American Medical Association or the American Osteopathic Association.

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

<i>Region</i>	<i>States included</i>
Northeast	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont
Midwest	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin
South	Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia
West	Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming.

Terms relating to the Patient Record

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

Race—Physicians were instructed to mark the category they judged to be the most appropriate for each patient based on observation or prior knowledge. The following 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/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, including for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- **American Indian/Eskimo/Aleut**—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—Category judged by the physician to be the 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.
- **Not Hispanic**—A person not of Hispanic origin.

Expected source(s) of payment—The source(s) that to the best of the physician's knowledge describes how charges incurred this visit will be paid:

- **Patient-paid**—Charges billed directly to the patient that will not be reimbursed by a third party. Includes "copayments" and "deductibles." Does not include prepaid plans for which no copayment is charged.

- **Medicare**—Charges paid in part or in full by a Medicare plan, including payments made directly to the physician, as well as payments reimbursed to the patient.
- **Medicaid**—Charges paid in part or in full by a Medicaid plan, including payments made directly to the physician, as well as payments reimbursed to the patient.
- **Private/commercial insurance**—Charges paid by a private insurance company, including payments made directly to the physician, as well as payments reimbursed to the patient. If charges are covered under a Blue Cross/Blue Shield-sponsored prepaid plan, the physician is requested to check off both the private/commercial insurance and the "HMO/other prepaid" category.
- **HMO/other prepaid**—Charges included under a health maintenance organization (HMO) plan or other prepayment plan, including independent practice associations (IPA's) and preferred provider organizations (PPO's).
- **Other government**—Charges paid under any other local, state, or Federal health care program, such as workers' compensation programs and CHAMPUS.
- **No charge**—Visits for which no fee is charged (not including visits paid for as part of a total care package; for example, post-operative visits included in a surgical fee, pregnancy visits for which a flat fee was charged, and HMO and prepaid systems).
- **Other**—All other sources of payment not in the preceding categories, for example, private charitable institutions.
- **Unknown**—This category indicates that none of the previous source of payment categories was checked.

Was patient referred for this visit by another physician?—Referrals are any visits that are made at 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.

Is this visit injury related?—The physician was instructed to check "YES" if any part of this visit was for acute or followup care of an injury.

Does patient smoke cigarettes?—The physician was instructed to check "YES" if it is known that the patient currently smokes cigarettes, regardless of quantity. "NO" is checked if it is known that the patient currently does not smoke cigarettes.

Patient's complaint(s), symptom(s), or other reason(s) for this visit (in patient's own words)—The patient's 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. "Most important" refers to that problem which in the physician's judgment was most responsible for the patient's visit.

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

- **Blood pressure check**—Self-explanatory.
- **Urinalysis**—Any physical, chemical, or microscopic examination of urine.
- **EKG—resting**—An electrocardiogram performed when the patient is at rest. Electrocardiography is the graphic

recording from the body surface of the potential of electric currents generated by the heart as a means of studying the action of the heart muscle.

- *EKG—exercise*—An electrocardiogram performed on the patient following a specified amount of exercise. See *EKG—resting*.
- *Mammogram*—A radiograph, or x ray, of the breast for diagnostic or screening purposes.
- *Chest x ray*—Single or multiple x rays of the chest for diagnostic or screening purposes. Excludes fluoroscopy and studies of ribs, bony thorax, and spine.
- *Other radiology*—Any other types of x rays or gamma rays that are taken for diagnostic or screening purposes.
- *Allergy testing*—Diagnostic methods used in determining a patient's reaction to substances that are capable of inducing allergy or specific hypersensitivity. Includes the skin test, in which various substances are applied to the patient's skin via patch or scratch tests in order to provoke a suspected allergic reaction.
- *Spirometry*—Measurement of the breathing capacity of the lungs by means of a spirometer.
- *Pap test*—Papanicolaou test.
- *Strep throat test*—Laboratory test used to identify the presence of a streptococcus responsible for causing a severe sore throat that may be accompanied by high fever, swelling of neck glands, and rash.
- *HIV serology*—The study of the HIV antigen-antibody reaction in vitro.
- *Cholesterol measure*—A blood test taken to measure the level of cholesterol in a patient's blood.
- *Other lab test*—Self-explanatory.
- *Hearing test*—Self-explanatory.
- *Visual acuity test*—Self-explanatory.
- *Mental status exam*—Diagnostic tool used in assessing the patient's mental condition.
- *Other*—Any other diagnostic services not included or listed in the preceding categories.

Physician's diagnosis—The physician's best assessment of diagnosis of the patient's most important problem, complaint, or symptom. In the event of multiple diagnoses, the physician was instructed to list them in order of decreasing importance. The term "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 patient's reason for visit.

Have you seen the patient before?—"Seen before" means provided care for at any time in the past. The second part of item 12 refers to the patient's current episode of illness.

Does patient now have any of the following: depression, hypertension, hypercholesterolemia, obesity—The physician was asked to check all that apply, regardless of any entry made in item 11, physician's diagnoses.

Ambulatory surgical procedures—The physician was asked to record up to two ambulatory surgical procedures scheduled

or performed at this visit, including, but not limited to, suture of wounds, reduction of fractures, application or removal of casts, incision and draining of abscesses, application of supportive materials for fractures and sprains, irrigations, aspirations, dilations, and excisions. Procedures that were performed were to be recorded before procedures that were scheduled. When reporting two procedures that were performed or two procedures that were scheduled, the physician was asked to record the more complex procedure first. For the first procedure, the physician was asked to check whether it was scheduled or actually performed during the visit, and which type of anesthesia, if any, was used or will be used.

Therapeutic services—Includes counseling/education and other types of nonmedication therapy. Physicians were requested to check any of the applicable categories for which they ordered or provided counseling, advice, education, instructions, or recommendations, or for which they ordered or provided other forms of nonmedication therapy:

- *Diet*
- *Exercise*
- *Cholesterol reduction*
- *Weight reduction*
- *Drug abuse*
- *Alcohol abuse*
- *Smoking cessation*
- *Family/social*
- *Growth/development*
- *Family planning*
- *Other counseling*
- *Psychotherapy*—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.
- *Corrective lenses*—Provision, ordering, or prescription for glasses or contact lenses.
- *Hearing aid*—Provision, ordering, or prescription for hearing aid.
- *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, and manipulative therapy.
- *Other therapy*—Any treatment or therapeutic services, excluding medication, ordered or provided and not included in the specific categories listed.

Medication—The physician was instructed to list all medications, including biologicals, that were ordered, injected, administered, or otherwise provided at this visit. These include prescription and nonprescription drugs, vaccinations, immunizations, and desensitization agents. Physicians were requested to record the same specific drug name (brand or generic) that was used on any prescription or office medical record. Also included are drugs and medications ordered or provided prior to the visit that the physician instructed or expected the patient to continue taking.

- *New medication?*—Indicates whether the medication was newly prescribed for the patient at the time of the visit.

Disposition this visit—Eight categories are provided to describe the physician's disposition of the case. The physician was instructed to check as many of the categories as apply:

- *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. (P.R.N., pro re nata, as necessary.)
- *Telephone followup planned*—Patient was instructed to telephone the physician either on a particular day to report on progress, or at any time if the need should arise.
- *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 instructed to consult again with the referring physician.
- *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 hospital admission.
- *Other*—Any other disposition of the case not included in the preceding categories.

Duration of this visit—Time the physician spent with the patient, not including time the patient spent waiting to see the physician, time the patient spent receiving care from someone other than the physician without the presence of the physician, and time the physician spent in reviewing such things as records and test results. If the patient was provided care by a member of the physician's staff, but did not see the physician during the visit, the duration of the visit was recorded as 0 minutes.

Appendix III

Survey instruments



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, Maryland 20782

NAMCS Endorsing Organizations

American Academy
of Dermatology

Dear Dr. :

American Academy of
Family Physicians

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

American Academy
of Neurology

The purpose of this study 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 resource requirements, and improve medical education.

American Academy
of Ophthalmology

American Academy of
Orthopaedic Surgeons

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 study.

American Academy
of Pediatrics

The NAMCS is authorized by Title 42, United States Code, Section 242k. Participation is voluntary. Although there are no penalties for not participating, each non-response makes the statistics less accurate. All information collected is held in strict confidence as mandated by section 308(d) of the Public Health Service Act and will be used only to prepare statistical summaries.

American College of
Obstetricians and
Gynecologists

American College
of Physicians

Many organizations and leaders in the medical profession, including those shown to the left, have expressed their support for this study. They join me in urging your cooperation in this important research.

American College of
Preventive Medicine

Within a few days, a representative of the Census Bureau, acting as our agent, will telephone you for an appointment to discuss the details of your participation. We greatly appreciate your cooperation.

American Osteopathic
Association

Sincerely yours,

American Psychiatric
Association

Manning Feinleib, M.D., Dr.P.H.
Director

American Society of
Internal Medicine

American Society of
Plastic and Reconstructive
Surgeons, Inc.

American Urological
Association

Association of American
Medical Colleges

American College
of Surgeons

NOTICE — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this phase of the survey is estimated to average 25 minutes per response. If you have any comments regarding the burden estimate or any other aspect of this survey, including suggestions for reducing this burden, send them to the PHS Reports Clearance Officer, Attn: PRA: HHH Building, Rm. 721-B, 200 Independence Ave., S.W., Washington, DC 20201, and to the Office of Management and Budget, Paperwork Reduction Project (0920-0234), Washington, DC 20503.

1. Label	<div style="text-align: right; font-size: small;"> FORM NAMCS-1 (5-15-90) </div> <div style="text-align: center; font-size: x-small;"> U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE NATIONAL CENTER FOR HEALTH STATISTICS CENTERS FOR DISEASE CONTROL </div> <div style="text-align: center; font-weight: bold; font-size: large;"> NATIONAL AMBULATORY MEDICAL CARE SURVEY 1991 PANEL </div>
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2. Physician's telephone numbers (Area code and number)	3. Field Representative information
Office (1)	Telephone screener Code
Office (2)	Induction interview Code

Section I — TELEPHONE SCREENER

4. Record of telephone calls			
Call	Date	Time	Results
1			
2			
3			
4			
5			
6			

5. Final outcome of screening

1 Appointment

Day	Date	Time
Place		

2 Noninterview
 3 Physician moved out of PSU } *Complete Section III, page 10*

Hello, Dr. _____ . I am (Your name). I'm calling for the Public Health Service Centers for Disease Control regarding their study of ambulatory care. You should have received a letter from Dr. Manning Feinleib, Director of the National Center for Health Statistics explaining the study. (Pause) You've probably also received a letter from the Census Bureau. We are acting as field agent for the study.

IF DOCTOR DOES NOT REMEMBER NCHS LETTER:

The National Center for Health Statistics, one of the Centers for Disease Control, has a continuing program to provide information on the health of the American people. As part of this program it is conducting a national study of ambulatory medical care.

The purpose of this study is to collect information about ambulatory patients, their problems, and the resources used for their care. The resulting published data 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. As one of the physicians selected in our national sample, your participation is essential to the success of the study.

This study is authorized by Title 42, United States Code, Section 242K. Participation is voluntary, and there are no penalties for refusing to provide information. All information collected is held in strict confidence, and will be used only to prepare statistical summaries.

We include in this study most physicians whose practice INCLUDES any AMBULATORY PATIENTS. In order to know whether or not you should be included, I would like to ask you a few questions.

Section I – TELEPHONE SCREENER – Continued

6. REPORTING DATES – Reporting week code appears on the label on page 1. Circle the number of that code below to determine this physician's assigned reporting week and dates.

Reporting week code	Begins Monday	Through Sunday	Reporting week code	Begins Monday	Through Sunday	Reporting week code	Begins Monday	Through Sunday	Reporting week code	Begins Monday	Through Sunday
011	Jan 07	Jan 13	161	Apr 22	Apr 28	311	Aug 05	Aug 11	461	Nov 18	Nov 24
021	Jan 14	Jan 20	171	Apr 29	May 05	321	Aug 12	Aug 18	471	Nov 25	Dec 01
031	Jan 21	Jan 27	181	May 06	May 12	331	Aug 19	Aug 25	481	Dec 02	Dec 08
041	Jan 28	Feb 03	191	May 13	May 19	341	Aug 26	Sep 01	491	Dec 09	Dec 15
051	Feb 04	Feb 10	201	May 20	May 26	351	Sep 02	Sep 08	501	Dec 16	Dec 22
061	Feb 11	Feb 17	211	May 27	Jun 02	361	Sep 09	Sep 15	511	Dec 23	Dec 29
071	Feb 18	Feb 24	221	Jun 03	Jun 09	371	Sep 16	Sep 22	521	Dec 30	Jan 05
081	Feb 25	Mar 03	231	Jun 10	Jun 16	381	Sep 23	Sep 29			
091	Mar 04	Mar 10	241	Jun 17	Jun 23	391	Sep 30	Oct 06			
101	Mar 11	Mar 17	251	Jun 24	Jun 30	401	Oct 07	Oct 13			
111	Mar 18	Mar 24	261	Jul 01	Jul 07	411	Oct 14	Oct 20			
121	Mar 25	Mar 31	271	Jul 08	Jul 14	421	Oct 21	Oct 27			
131	Apr 01	Apr 07	281	Jul 15	Jul 21	431	Oct 28	Nov 03			
141	Apr 08	Apr 14	291	Jul 22	Jul 28	441	Nov 04	Nov 10			
151	Apr 15	Apr 21	301	Jul 29	Aug 04	451	Nov 11	Nov 17			

**END OF
1991 PANEL**

7a. Do you directly care for any ambulatory patients in your practice?

(Mark without asking, if obvious)

- 1 Yes – SKIP to item 8a
- 2 No, does not give direct care [7b – PROBE]
- 3 No, no longer in practice – Determine reason. Then read item 10.

b. PROBE: We include as ambulatory patients, any persons coming to see you for personal health services who are not currently admitted to any health care institution on the premises. Does your practice include any such individuals?

- 1 Yes, cares for ambulatory patients – Go to item 8a
- 2 No, does not give direct care – Determine reason. Then read item 10.

8a. We have your address as (Read address shown on label). Is that the correct address for your office where you see patients?

- 1 Yes – SKIP to item 9
- 2 No, incorrect address – Ask item 8b

b. What is the (correct) address and telephone number of your office where you see ambulatory patients?

Number and street

City State ZIP Code

Telephone (Area code and number)

9. I would like to arrange an appointment with you within the next week or so to discuss the study. It will take about 15 minutes. What would be a good time for you, before Friday, _____ (last Friday before the assigned reporting week)?

(Verify office location, if appropriate.)

Thank you, Dr. _____, I'll see you then. (Record day, date, time, and place of appointment in item 5 on page 1.)

10. Thank you, Dr. _____, but I believe that since you do not (see any ambulatory patients/practice any longer), our questions would not be appropriate for you. I appreciate your time and interest. (Terminate telephone call and complete Section III on page 10.)

SAMPLE PHYSICIAN'S OFFICE SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							
Office No.							

Section II – INDUCTION INTERVIEW

Doctor, before we begin, I would like to give you a little background about this study.

Systematic information about the characteristics and problems of the people who consult physicians in their offices is essential for medical researchers, educators, and others who are concerned with medical education, manpower needs, and the changing nature of health care delivery.

In response to the demand for this information, the Centers for Disease Control, in close consultation with representatives of the medical profession, developed the National Ambulatory Medical Care Survey.

Your part in the study is very simple, carefully designed, and should not take much of your time. It consists of your participation during a specified 7-day period. During that time, you would supply a minimal amount of information about patients you see.

Now, before we get to the actual procedures, I have some questions to ask you about your practice. The answers you give will be used only for classification and analysis. Of course, ALL information you provide for this study will be held in strict confidence.

11a. Your specialty is _____, is that right?
(Specialty from code on label)

- 1 Yes – SKIP to item 12a
2 No

b. What is your specialty (including general practice)?

(Name of specialty)

Code

12a. This study will be concerned with the AMBULATORY patients you will see in your office during the week of Monday, _____ through Sunday, _____.
Are you likely to see any ambulatory patients in your office during that week?

- 1 Yes – SKIP to item 13a
2 No

(For allergists, family practitioners, etc. — if routine care such as allergy shots, blood pressure checks, and so forth will be provided by staff in physician's absence, mark "Yes.")

b. Why is that? Record verbatim.

(If appropriate, read item 12c below and leave form with physician. Otherwise, SKIP to item 13a.)

C. Since it's very important that we include any ambulatory patients that you might see in your office during that week, I'll leave these forms with you — just in case your plans change. I'll check back with your office just before (Starting date) to make sure, and if necessary I can explain them in detail then. Give doctor the "A" patient log folio, and enter folio number in Table B on the bottom of page 5. Then continue with item 13a on page 4.

NOTES

Section II – INDUCTION INTERVIEW – Continued

NOTE – Enter responses to items 13a–g in the appropriate columns in chart below.

13a. At what office locations (will you be seeing/would you normally be seeing) ambulatory patients during that 7-day period?

PROBE: Are there any other office locations at which you (will be seeing/would normally be seeing) ambulatory patients during that 7-day period?

<p>b. Mark (X) whether each location in item 13a is in-scope or out-of-scope. (See chart at right.) If in doubt, PROBE –</p> <p>(1) Is that (clinic/facility/institution) hospital based? (2) Is that (clinic/facility/institution) government operated?</p> <p>Ask 13c once to obtain total for all in-scope locations.</p> <p>c. (During the week of Monday, _____ through Sunday, _____/during a normal week), on how many DAYS (do/would) you expect to see any ambulatory patients? (Only include days at in-scope locations.)</p> <p>Ask 13d–g for EACH in-scope location.</p> <p>d. During (that week/a normal week), approximately how many ambulatory patient visits (do/would) you expect to see in your office practice (at (Address of in-scope office location))?</p> <p>e. 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 (at (Address of in-scope location))?</p> <p>If non-solo ask:</p> <p>f. How many other physicians are associated with you (at this/that location)?</p> <p>g. Do you perform any laboratory testing (in that office)? NOTE: Lab must be administratively connected to office.</p>	In-scope	Out-of-scope
	Private offices	Hospital emergency rooms
	Free-standing clinics (nonhospital based)	Hospital outpatient departments
	Groups, partnerships	School infirmaries
	Neighborhood health centers	Industrial outpatient facilities
	Privately operated clinics (except family planning)	Family planning clinics
	Health maintenance organizations or other prepaid practices such as Kaiser, HIP, Mayo Clinic	Government operated clinics (VD, maternal and child health, etc.)

13a–g. Enter responses in chart below.

Office No.	a. Office locations (Enter street address)	b.		c. Number of days	d. Number of visits	e.		f. Number of other physicians	g.	
		In-scope	Out-of-scope			Solo	Non solo		Lab testing	
									Yes	No
1		1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>
2		1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>
3		1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>
4		1 <input type="checkbox"/>	2 <input type="checkbox"/>			1 <input type="checkbox"/>	2 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>
TOTAL FOR IN-SCOPE LOCATIONS →										

CHECK ITEM A

- 1 All locations out-of-scope – Read CLOSING STATEMENT below
- 2 "Yes" in item 12a – SKIP to Tables A and B on page 5
- 3 "No" in item 12a – SKIP to item 15a on page 7

CLOSING STATEMENT

Thank you, Dr. _____, but I do not believe your practice is within the scope of this study. We appreciate your time and interest. (Terminate interview and complete Sections III and IV on pages 10 and 11.)

NOTES

Section II – INDUCTION INTERVIEW – Continued

Determine proper Patient Log from Table A below. Read down the "Expected TOTAL VISITS during survey week" column to the line corresponding to the total entry in item 13d. Then, read across to the "TOTAL DAYS in practice during week" column corresponding to the total entry in item 13c. CIRCLE the appropriate letter. Circled letter shows which of the four Patient Log forms (A, B, C, D) should be used by this doctor. Transcribe the circled letter to Table B below.

TABLE A (PATIENT LOG)

Log form description	Expected TOTAL VISITS during survey week	TOTAL DAYS in practice during week						
		1	2	3	4	5	6	7
A – Patient Record is to be completed for ALL patients listed on log. B – Patient Record is to be completed for every SECOND patient listed on log. C – Patient Record is to be completed for every THIRD patient listed on log. D – Patient Record is to be completed for every FIFTH patient listed on log.* * In the rare instance the physician will see more than 500 patients during the assigned reporting week, leave two "D" Patient Log Folios with instructions to complete a Patient Record form for only every tenth patient. 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. NOTE: Notify supervisor if this situation arises.	1–12	A	A	A	A	A	A	A
	13–25	B	A	A	A	A	A	A
	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
	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	
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 +	D	D	D	D	D	D	D	

Fill Table B (Folio) below for each in-scope location **before** discussing folio instructions with physician (or assistant). **NOTE:** If doctor expects to see ambulatory patients at more than one in-scope location during assigned week, explain that you will deliver forms to other locations. Fill Table B (Folio) for other locations before delivering forms.

TABLE B (FOLIO)

Office number (Enter office number from item 13.)	Folio					Number of lines stamped "BEGIN NEXT LINE."	OFFICE USE ONLY
	Letter	Number					Number of patient record forms completed

NOTES

Section II – INDUCTION INTERVIEW – Continued

► INSTRUCTIONS:

HAND DOCTOR APPROPRIATE FOLIO AND A COPY OF THE SAMPLE PATIENT RECORD FORM (NAMCS-73), AND EXPLAIN HOW TO FILL OUT THE FORMS.

Cover following points –

(1) Who to list/Who not to list on the Patient Log.

List every ambulatory patient visit to all in-scope locations during the period.

INCLUDE patients doctor doesn't see but who receive care from an assistant, nurse, nurse practitioner, physician assistant, etc.

EXCLUDE patients who do not seek care or services, e.g., they come to pay a bill or leave a specimen.

EXCLUDE telephone contacts with patients.

(2) Explain sampling system. For "A" folio, list everyone on log **and** fill out Patient Record for each patient. For "B," "C," and "D" folios, list everyone on Log but fill out Patient Record only for patient listed at bottom of each page. Emphasize that **all** patients seen during that week must be listed.

Show doctor instruction card in folio pocket.

(3) Go over Patient Record item by item, paying particular attention to –

Item 8 – "Injury related" includes visits for follow-up of previously treated injuries (regardless of when the injury occurred) and visits for flare-ups of problems due to old injuries, as well as visits for recent injuries.

Item 10 – To be recorded in patient's own words. We want the patient's own complaint here, not the doctor's diagnosis. If the patient has no complaint, the physician should enter the reason for the visit.

Item 11a – Diagnosis can be tentative or provisional or expressed as a problem. Doctor **should not** record "Rule Out" diagnosis (R.O.).

Item 11b, c – Enter any other diagnoses, including those not necessarily connected with the visit.

Item 13 – This should be answered regardless of any entry in item 11. Also, it is not necessary to add or delete any entry in item 11 based on response(s) to this item.

Item 14 – Record up to two ambulatory (outpatient) surgical procedures. For the first, check whether provided at this visit or scheduled to be done later. Also check the type of anesthesia that was used or is planned for use. Include minor procedures (e.g., wound care) as well as more complex procedures (e.g., lens extractions, vasectomies). Procedures that were performed should be listed before procedures that were scheduled. If reporting two that were performed, or two that were scheduled, list the more complex procedure first.

Item 16 – Note that medication must be excluded from this item. All other types of counseling/education and other therapy that were either ordered or provided should be included. Be sure to use "other counseling" and "other therapy" as needed.

Item 17 – Record all new or continued medications, using the same brand name or generic name entered on any prescription or office record. Include immunizations, allergy shots, etc. Fill 17a for each medication listed.

Item 19 – Doctor's best estimate of time spent in face-to-face contact with the patient. Answer may be zero (0), if the patient was entirely attended by a nurse or technician and did not see the doctor.

(4) Explain to the doctor, where appropriate, that the receptionist, nurse, or assistant can list patients on the Log as they enter office and check in or when they see the doctor. Aide may also fill out items 1 – 7 on Patient Record.

(5) Instruct doctor to enter number of patients seen and number of PRF's filled in on front of folio – at end of each day.

(6) Before returning forms, doctor should remove log containing patient names.

Section II – INDUCTION INTERVIEW – Continued

14a. During the period Monday, _____ through Sunday, _____ will ANYONE be available to help you fill out these records at (Read locations of in-scope office(s) in item 13a)?

1 Yes – Ask b
2 No – SKIP to item 15a

b. Who will that be?

Name	Position	Location (Enter office number and street name)

15a. Are you currently participating in any prepaid plan such as –	(1) HMO (Health Maintenance Organization)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	b. What percentage of your patient visits are covered by the:
	(2) IPA (Independent Practice Association)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(1) HMO? _____ %
	(3) PPO (Preferred Provider Organization)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(2) IPA? _____ %
	(4) Some other type of prepaid plan? – Specify ↴ _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	(3) PPO? _____ % (4) (Other plan name) _____ %

NOTE – If doctor practices in large group, the following information can be obtained from someone else.

16a. What is the total number of full-time (35 hours or more per week) and part-time (less than 35 hours 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. →	Full-time (35 or more hours/week) (a)	Part-time (Less than 35 hours/week) (b)
	_____ Total number o <input type="checkbox"/> None	_____ Total number o <input type="checkbox"/> None
NOTE: READ CATEGORIES AND RECORD NUMBER OF EACH IN COLUMNS (a) AND (b).		
b. How many of these full-time and part-time employees are –		
(1) A registered nurse?	_____ Number o <input type="checkbox"/> None	_____ Number o <input type="checkbox"/> None
(2) A licensed practical nurse?	_____ Number o <input type="checkbox"/> None	_____ Number o <input type="checkbox"/> None
(3) A nurse's aid?	_____ Number o <input type="checkbox"/> None	_____ Number o <input type="checkbox"/> None
(4) A nurse practitioner?*	_____ Number o <input type="checkbox"/> None	_____ Number o <input type="checkbox"/> None
(5) A physician assistant?***	_____ Number o <input type="checkbox"/> None	_____ Number o <input type="checkbox"/> None
(6) A technician?	_____ Number o <input type="checkbox"/> None	_____ Number o <input type="checkbox"/> None
(7) A secretary or receptionist?	_____ Number o <input type="checkbox"/> None	_____ Number o <input type="checkbox"/> None
(8) Other? – Specify ↴ _____	_____ Number o <input type="checkbox"/> None	_____ Number o <input type="checkbox"/> None

* Certified by American Nursing Association.
** Physician Assistant must be a graduate of an accredited training program for physician assistants (e.g., Medex) or certified by the National Commission on Certification for Physician Assistants.

CHECK ITEM B

1 "Yes" marked for lab testing in item 13g for at least one in-scope office – Read Statement A on page 8.
2 "No" marked in item 13g for ALL in-scope offices – SKIP to Closing Statement, page 9.

Section II – INDUCTION INTERVIEW – Continued

STATEMENT A: **The next few questions are about lab testing in your office** (at (Read in-scope location from 13a on page 4)).

If more than one in-scope location, ask about the one with the MOST visits in item 13d.

17. Who in your office performs lab tests?

Mark (X) all that apply.

MEDICAL ASSISTANT:

Any office staff with some training in the use of laboratory testing equipment, but less training than the other categories.

MEDICAL TECHNICIAN:

An individual with post high school training as a laboratory technician either through a formal course curriculum or through two years laboratory experience as a trainee in a clinical laboratory.

MEDICAL TECHNOLOGIST:

An individual who possesses a current license as a clinical laboratory technologist through the American Society of Clinical Pathologists (ASCP), American Medical Technologist (AMT), or equivalent.

PHYSICIAN ASSISTANT:

A graduate of an accredited training program for physician assistants (physician extenders, Medex, etc.) or certified by the National Commission on Certification for Physician Assistants.

- 1 Medical Assistant
- 2 Medical Technician
- 3 Medical Technologist
- 4 Nurse
- 5 Physician
- 6 Physician Assistant
- 7 Other – Specify _____
- 8 Don't know

NOTE: If "non-solo" is marked in item 13e for the location selected, items 17–22 refer to tests performed by the lab for the entire group practice, not for the sample doctor only.

(The lab must be administratively connected to the doctor's/group's practice. Do not include "outside" labs.)

If you have already asked the lab questions for a doctor previously in the 1991 panel sample, and you are certain that the lab questions are for the same office lab as before, enter the name of the previous sample physician and DO NOT ask the lab questions again this time.

NAME OF PREVIOUS SAMPLE PHYSICIAN _____
(Print name)

OFFICE USE ONLY				
----------------------------	--	--	--	--

STATEMENT B:

Doctor, I have questions about specific tests, whether they are performed in your office and if there are quality control procedures for each. Would you prefer I get this information from you or from someone else?

- 1 Doctor
- 2 Someone else – Specify _____ →

If someone else, READ Closing Statement on page 9. Then complete questions 18a–22 with the person specified by the doctor.

Name
Title

NOTES

Section II – INDUCTION INTERVIEW – Continued

SHOW FLASHCARD 18a. Which, if any, of these tests are performed in your office?	Ask 18b for each Yes in 18a. b. Is quality control performed in office each day that patient samples are tested? *			Ask 18c for each Yes in 18b. c. Are there written instructions if quality control suggests an error? *					
	Yes	No	DK	Yes	No	DK	Yes	No	DK
(1) Dipstick urinalysis/specific gravity/microscopic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(2) Pregnancy tests	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(3) Hemoglobin	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(4) WBC	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(5) Hematocrit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(6) Gonorrhea cultures	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(7) Prothrombin	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(8) Glucose	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(9) Uric Acid	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(10) BUN	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(11) Cholesterol	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(12) Creatinine	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(13) Na/K	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(14) Triglycerides	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(15) Urine screen colony counts	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(16) Occult blood	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(17) RA Latex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(18) Theophylline	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(19) B-strep rapid test	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Other — Specify ONLY if none of the above tests (1 – 19) are performed in office ↴									
(20)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(21)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
(22)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

* Quality control is anything the laboratory performer does to check that the test is working properly on each day patient samples are run.

<p>19. Approximately how many TESTS were performed (yesterday/during your last full day of practice) in your office (where most patients are seen)? <i>NOTE: Many tests can be performed on one specimen.</i></p>	<p align="center">_____ Number</p>
<p>20. Approximately what percentage of TESTS ordered in your practice are sent to an outside lab?</p>	<p align="center">_____ Percent</p>
<p>21. Has your practice enrolled in a laboratory proficiency testing program such as the ones offered by The College of American Pathologists, The American Association of Bioanalysts, or The American Society of Internal Medicine?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p>22. Does your state have regulations governing laboratory testing in your office?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>

CLOSING STATEMENT

Thank you for your time Dr. _____ . I will call you on Monday, _____ to see if (everything is all right/your plans have changed). If you have any questions, please feel free to call me. My telephone number is written in the folio.

Section III – NONINTERVIEW

23. What is the reason the doctor did not participate in this study?

Explanations for noninterview codes 6 and 11 –

Temporarily not practicing – Refers to duration of 3 months or more

Unavailable during reporting period – Absence must be for duration of LESS than 3 months

- 1 Refused/Breakoff – SKIP to item 25a
- 2 Non-office based – Ask item 24
- 3 Sees no ambulatory patients – Ask item 24
- 4 Retired } SKIP to item 28
- 5 Deceased } SKIP to item 28
- 6 Temporarily not practicing – SKIP to item 26
- 7 Can't locate } SKIP to item 28
- 8 Not licensed } SKIP to item 28
- 9 Moved out of U.S.A. } SKIP to item 28
- 10 Other out-of-scope – Specify ▾ } Ask item 24
- 11 Unavailable during reporting period – SKIP to item 26
- 12 Moved out of PSU – SKIP to item 27a

24. Describe physician's practice or medical activities which define him/her as ineligible or out-of-scope.

 _____ } SKIP to item 28

25a. At what point in the interview did the refusal/break-off occur?
 (Mark (X) one.)

- 1 During telephone screening
- 2 During induction interview
- 3 After induction but prior to assigned reporting days
- 4 At reminder call
- 5 During assigned reporting days or mid-week calls
- 6 At follow-up contact

b. By whom?
 (Mark (X) one.)

- 1 Doctor
- 2 Doctor through nurse
- 3 Nurse/Secretary
- 4 Receptionist
- 5 Office manager/Administrator
- 6 Other office staff – Specify ▾

c. What reason was given? (Verbatim)

d. Date refusal/breakoff was reported to supervisor

Month	Day	Year
□ □	□ □	□ □ □ □

e. Conversion attempt result

- 1 No conversion attempt } SKIP to item 28
- 2 Doctor refused } SKIP to item 28
- 3 Doctor agreed to see Field Representative – Complete Section II

26. Why is doctor unavailable or not in practice?

 _____ } SKIP to item 28

27a. What is the physician's new address?

Number and street
City, State, ZIP Code
Telephone

b. Name of Field Representative

RO	PSU	Date transferred
----	-----	------------------

Section IV – DISPOSITION AND SUMMARY

28. FINAL DISPOSITION

- 1 Completed Patient Record Forms
- 2 Out-of-scope (Item 23, codes 2, 3, 4, 5, 6, 8, 9, or 10)
- 3 Refused-Breakoff (Item 23, code 1)
- 4 Unavailable during reporting period (Item 23, code 11)
- 5 Moved out of PSU (Item 23, code 12 – final)
- 6 Can't locate (Item 23, code 7)

FOR TRANSFER CASES MARK –

- Moved out of PSU (Item 23, code 12 – pending)

29. CASE SUMMARY

*1. Number of patient visits during reporting week

2. Number of days during reporting week on which patients were seen ...

*3. Number of patient record forms completed

* Accurate determination of "Number of patient visits during reporting week" is EXTREMELY important. When reviewing the Patient Log, remember **not to count** as visits any lines marked "Begin Next Line," any lines known to have been skipped by the doctor/staff, or any lines or PRF's marked "void," "left before seeing," etc. **Do** remember to include all log entries on the **last used Patient Log**, which often will be attached to an unused Patient Record.

** If doctor was assigned the:

- A Folio: Item 29(3) × 1 = Item 29(1)
- B Folio: Item 29(3) × 2 = Item 29(1) ± 1
- C Folio: Item 29(3) × 3 = Item 29(1) ± 2
- D Folio: Item 29(3) × 5 = Item 29(1) ± 4

Verify Item 29

× _____ = → compare answer with item 29(1)

If comparison is not within specified range, explain difference in NOTES below.

NOTES

D

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 and Human Services
Centers for Disease Control
Public Health Service
National Center for Health Statistics

D

OMB No. 0920-0234
Expires 4-30-93
CDC 64.21D

PATIENT LOG

PATIENT RECORD NATIONAL AMBULATORY MEDICAL CARE SURVEY

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	TIME OF VISIT
1	
2	
3	
4	
5	

1. DATE OF VISIT ____/____/____ Month Day Year		4. COLOR OR RACE 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian / Pacific Islander 4 <input type="checkbox"/> American Indian / Eskimo / Aleut		5. ETHNICITY 1 <input type="checkbox"/> Hispanic origin 2 <input type="checkbox"/> Not Hispanic		6. EXPECTED SOURCE(S) OF PAYMENT [Check all that apply] 1 <input type="checkbox"/> HMO/other prepaid 5 <input type="checkbox"/> Private / commercial 2 <input type="checkbox"/> Medicare 6 <input type="checkbox"/> Patient paid 3 <input type="checkbox"/> Medicaid 7 <input type="checkbox"/> No charge 4 <input type="checkbox"/> Other government 8 <input type="checkbox"/> Other		7. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		8. IS THIS VISIT INJURY RELATED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
2. DATE OF BIRTH ____/____/____ Month Day Year		3. SEX 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> Male		10. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT [In patient's own words] a. Most important: _____ b. Other: _____ c. Other: _____		11. PHYSICIAN'S DIAGNOSES a. Principal diagnosis / problem associated with item 10.a: _____ b. Other: _____ c. Other: _____		12. HAVE YOU OR ANYONE IN YOUR PRACTICE SEEN PATIENT BEFORE? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If yes, for the condition in item 11a? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		13. DOES PATIENT NOW HAVE: [Check all that apply regardless of any entry in item 11] 1 <input type="checkbox"/> None of below 2 <input type="checkbox"/> Depression 3 <input type="checkbox"/> Hypertension 4 <input type="checkbox"/> Hypercholesterolemia 5 <input type="checkbox"/> Obesity	
14. AMBULATORY SURGICAL PROCEDURE(S) [Record any outpatient diagnostic or therapeutic procedure. For the first, check appropriate boxes] a. _____ 1 <input type="checkbox"/> Scheduled 3 <input type="checkbox"/> Local anesthesia 2 <input type="checkbox"/> Performed 4 <input type="checkbox"/> Regional anesthesia 5 <input type="checkbox"/> General anesthesia b. _____			15. DIAGNOSTIC / SCREENING SERVICES [Check all ordered or provided] 1 <input type="checkbox"/> None 11 <input type="checkbox"/> Pap test 2 <input type="checkbox"/> Blood pressure 12 <input type="checkbox"/> Strep throat test 3 <input type="checkbox"/> Urinalysis 13 <input type="checkbox"/> HIV serology 4 <input type="checkbox"/> EKG - resting 14 <input type="checkbox"/> Cholesterol measure 5 <input type="checkbox"/> EKG - exercise 15 <input type="checkbox"/> Other lab test 6 <input type="checkbox"/> Mammogram 16 <input type="checkbox"/> Hearing test 7 <input type="checkbox"/> Chest x-ray 17 <input type="checkbox"/> Visual acuity 8 <input type="checkbox"/> Other radiology 18 <input type="checkbox"/> Mental status exam 9 <input type="checkbox"/> Allergy testing 19 <input type="checkbox"/> Other [Specify] _____ 10 <input type="checkbox"/> Spirometry			16. THERAPEUTIC SERVICES [Check all ordered or provided. Exclude medication] 1 <input type="checkbox"/> None 6 <input type="checkbox"/> Drug abuse 2 <input type="checkbox"/> Diet 7 <input type="checkbox"/> Alcohol abuse 3 <input type="checkbox"/> Exercise 8 <input type="checkbox"/> Smoking cessation 4 <input type="checkbox"/> Cholesterol reduction 9 <input type="checkbox"/> Family / social 5 <input type="checkbox"/> Weight reduction 10 <input type="checkbox"/> Growth / development 11 <input type="checkbox"/> Family planning 12 <input type="checkbox"/> Other counseling OTHER THERAPY: 13 <input type="checkbox"/> Psychotherapy 14 <input type="checkbox"/> Corrective lenses 15 <input type="checkbox"/> Hearing aid 16 <input type="checkbox"/> Physiotherapy 17 <input type="checkbox"/> Other therapy [Specify] _____					
17. MEDICATION [Record all new or continued medications ordered or provided at this visit. Use the same brand name or generic name entered on any Rx or office medical record. Include immunizing and desensitizing agents.] If none, check here <input type="checkbox"/> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____				18. DISPOSITION THIS VISIT [Check all that apply] 1 <input type="checkbox"/> No follow-up planned 2 <input type="checkbox"/> Return at specified time 3 <input type="checkbox"/> Return if needed, P.R.N. 4 <input type="checkbox"/> Telephone follow-up planned 5 <input type="checkbox"/> Referred to other physician 6 <input type="checkbox"/> Returned to referring physician 7 <input type="checkbox"/> Admit to hospital 8 <input type="checkbox"/> Other [Specify] _____				19. DURATION OF THIS VISIT [Time actually spent with physician] _____ Minutes			

* U.S. Government Printing Office: 1994 - 301-019/00003

Record items 1-19 for this patient

CONTINUE LISTING PATIENTS ON NEXT PAGE

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