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National Hospital Ambulatory Medical Care Survey: 2006 Outpatient Department Summary

by Esther Hing, M.P.H.; Margaret J. Hall, Ph.D.; and Jianmin Xu, M.S.; Division of Health Care Statistics

Abstract

Objectives—This report describes ambulatory care visits to hospital outpatient departments (OPDs) in the United States. Statistics are presented on selected hospital, patient, and visit characteristics. Selected trends in OPD utilization from 1996 through 2006, as well as items new to the 2006 survey, are also presented.

Methods—The data presented in this report were collected in the 2006 National Hospital Ambulatory Medical Care Survey (NHAMCS), a national probability sample survey of visits to emergency departments (EDs) and OPDs of nonfederal short-stay and general hospitals in the United States. Sample data were weighted to produce annual national estimates.

Results—During 2006, an estimated 102.2 million visits were made to hospital OPDs in the United States, about 34.7 visits per 100 persons. Females had higher OPD visit rates (41.2 per 100 persons) than males (28.0 visits per 100 persons). Black or African-American persons had higher OPD visit rates (63.5 visits per 100 persons) than white persons (31.3 visits per 100 persons). Visit rates to OPD clinics for preventive care were highest for children under 1 year of age (43.2 visits per 100 persons). About one-third of OPD visits (31.1%) were made by patients relying on Medicaid or the State Children's Health Insurance Program (SCHIP). The preventive care visit rate for Medicaid or SCHIP patients (23.3 visits per 100 persons) was almost four or more times higher than for patients using other payment sources (3.5 to 6.0 visits per 100 persons). For the first time since the survey began in 1992, diabetes mellitus was the leading primary diagnosis at OPD visits, ahead of essential hypertension. About one-half of OPD visits (51.4%) were made by patients with one or more comorbid chronic conditions. From 1996–2006, the percentage of visits made by adults aged 18 years and over with chronic diabetes increased by 43%, and visits among adults with hypertension as a chronic condition increased by 51%.

Keywords: outpatient department visits • diagnoses • injury • medications • ICD–9–CM

Introduction

Ambulatory medical care is the predominant method of providing health care services in the United States and occurs in a wide range of settings. The largest proportion of ambulatory medical care visits occurs in physician offices (80%), whereas approximately 9% of all ambulatory medical care visits in the United States occur in OPDs (1).

This report presents the most current nationally representative data on OPD care in the United States. Information about OPD utilization during 2006 and selected trend data are presented. Data are from NHAMCS, the longest continuously running nationally representative survey of hospital ED and OPD utilization.

NHAMCS was inaugurated in 1992 to gather, analyze, and disseminate information about the health care provided by hospital EDs and OPDs. NHAMCS is part of the ambulatory component of the National Health Care Surveys (NHCS), a family of surveys that measure health care utilization across various types of providers. More

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information about NHCS can be found at the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) home page: www.cdc.gov/nchs.

An OPD is a hospital facility where nonurgent ambulatory medical care is provided under the supervision of a physician. The following are examples of the types of clinics included in NHAMCS: general medicine, surgery, pediatrics, obstetrics and gynecology, substance abuse (excluding methadone maintenance), and others (e.g., psychiatry and neurology). Clinics excluded from NHAMCS include ambulatory surgery centers, chemotherapy, employee health service, renal dialysis, methadone maintenance, and radiology.

Hospital OPD clinics fill an important niche in the health care delivery system in the United States, providing safety-net primary care functions and specialty care. Although one in eight persons in the United States rely on Medicaid or SCHIP, about one in three OPD visits are by Medicaid or SCHIP recipients (2,3). OPD clinics are a major source of ambulatory preventive care for Medicaid patients as well as specialty care for people with other types of insurance. In addition to serving heavier caseloads of black or African-American persons, OPDs handle cases that require intense use of services, such as HIV, alcohol and substance abuse, and congenital anomalies (1). The nature of care provided in OPDs is also different from that provided in physician offices. For example, OPD visits have greater mentions of diagnostic screening services being ordered or provided (3,4). Additional information about OPD utilization is available from the NCHS ambulatory health care website: www.cdc.gov/nchs/nhamcs.htm.

The emphasis for the 2005 and 2006 survey years was on chronic conditions. As in 2005, the 2006 survey collected the following data items related to chronic conditions: check boxes indicating selected chronic diseases, ascertainment of patient enrollment in a disease management program for specified chronic conditions, specific measurements for height and weight (in order to calculate a patient's body mass index for analyses of obesity), and new diagnostic and screening service items to parallel chronic conditions listed (e.g., bone mineral density test for patients with osteoporosis). In addition, the 2005 and 2006 surveys collected information on gestational age, health education items, nonmedication treatment items, new or continued status for each medication, and whether more than one expected source of payment existed. The 2006 survey included new items on stage of cancer and types of cancer screening tests:

- Stage of cancer—in situ, local, regional, distant, or unknown.
- Pap test—conventional, liquid-based, or unspecified.
- Human papillomavirus. deoxyribonucleic acid (HPV DNA) test.

Other reports using NAMCS and NHAMCS data highlight visits to EDs (5) and physician offices (4), and detailed reports have been published on medication use at ambulatory care visits, training for terrorism-related conditions among office-based physicians, ambulance transports and diversions among U.S. EDs, and physician-level estimates (6–10). NHAMCS data have been used in articles examining important topics of interest in public health and health services research (see publications list, last updated July 7, 2008, at www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm.

Individual-year reports and public-use data files are available for downloading from the website. Data from the 2006 NHAMCS will also be available on CD-ROM. These and other products can be obtained from the NCHS Office of Information Services Information Dissemination Staff at 1–800–311–3435, through the Ambulatory and Hospital Care Statistics Branch at 301–458–4600, or by e-mail at cdcinfo@cdc.gov.

Highlights

OPD utilization

- In 2006, approximately 102.2 million visits were made to OPDs for a rate of 34.7 visits per 100 persons (Table 1), a 37% increase since 1996 (25.4 visits per 100 persons) (11).
- About 71.7% of OPD visits were made to voluntary nonprofit hospitals, whereas 27.6% of visits occurred in nonfederal government (i.e., state, county, or city) hospitals (Table 2). About 41.6% of OPD visits occurred in teaching hospitals (Table 2).

Clinic characteristics

- General medicine clinics (including internal medicine, family practice, and primary care clinics) represented 60.8% all OPD visits (Table 2).

Patient characteristics

- In 2006, the visit rate to OPDs was highest for infants under 1 year of age (97.3 visits per 100 persons) (Table 1).
- Visit rates by black or African-American persons were higher than any other race shown (Table 1). The highest race-related visit rates were among black or African-American persons aged 45 years and over (85.0 visits per 100 persons aged 45–64 years, 84.0 visits per 100 persons aged 65–74 years, and 80.2 visits per 100 persons aged 75 years and over).
- Overall, the female visit rate was higher than the rate for males, driven by differences in the 15–44-year-old age groups (Figure 1).
- Private insurance was listed as the most frequent expected source of payment (occurring for 42.3% of OPD visits), followed by Medicaid or SCHIP (31.1%), and Medicare (17.5%) (Table 3).

Continuity of care

- More than one-half of OPD visits (53.0%) were to a provider other than the patient's primary care provider (PCP). The majority of ''new patient'' visits were to non-PCPs (80.6%), and

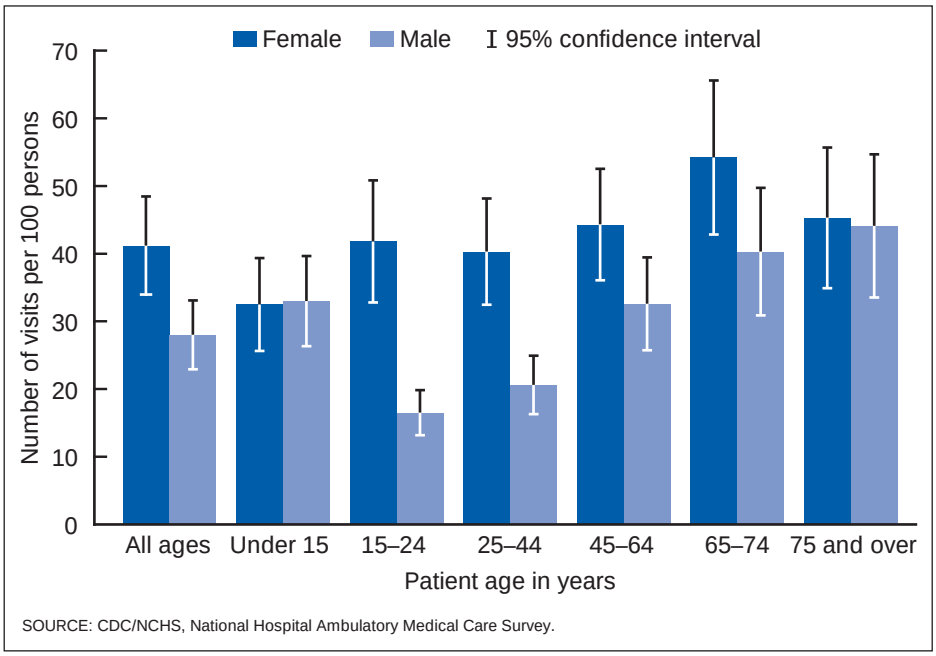


Figure 1. Annual rate of outpatient department visits by patient age and sex: United States, 2006

36.6% of these new visits were referred by another provider. In 41.7% of all visits, the providers indicated that they were the patients' PCPs (Table 4).

- More than one-half of visits to pediatric (53.5%) and general medicine (53.6%) clinics were to PCPs (Table 5).
- Established patients (those with previous visits to the clinic) made 84.6% of OPD visits. Only 46.9% of visits by these patients were to their PCPs (Table 4). The majority of established patients made one or more visits (94.5%) during the last 12 months (data not shown). About 15.4% of visits to OPD clinics were new patients (calculated from Table 4).

Reason for visit

- On the basis of the patient's principal reason for a visit, a progress visit was the most frequently mentioned principal reason for a visit (7.4%), followed by general medical examination (5.0%). The most frequently mentioned reasons related to a symptomatic problem were cough (3.1%) and throat symptoms (2.2%). Diabetes mellitus (2.4%) was the most frequent reason related to a specific disease (Table 6).
- In contrast to the patient's reason for a visit, the major reason for a visit represents the provider's reason for the visit. The intent of this item was to provide a better picture of the general nature of the OPD visit—whether it was a visit for an acute problem of less than 3 months onset, a routine visit for a chronic problem, a visit for flare-up of a chronic problem, a presurgery or postsurgery visit, or a visit for preventive care. Acute problems comprised 36.7% of visits overall, but accounted for 48.9% of the visits by children under 15 years of age. About 31.1% of all visits were for a routine chronic problem, but for persons 65 years of age and over, chronic problems represented approximately 46.2% of all visits. White patients had a higher proportion of visits for acute problems compared with black or African-American patients. Preventive care was the major reason for a visit for one in five visits (19.4%), which included routine prenatal, well-baby, screening, insurance, and general exams (Table 7).
- Visit rates to OPD clinics for preventive care were highest for children under 1 year of age (43.2 visits per 100 persons compared with 4.2 to 10.1 visits per 100 persons in age categories 1 year and over). The female visit rate (9.6 visits per 100 females) for preventive care was more than twice that for males (3.7 visits per 100 males). The preventive care visit rate for black or African-American persons (15.8 visits per 100 persons) was nearly triple that for persons who were white (5.4 visits per 100 persons) or were other races (5.5 visits per 100 persons). Hispanic or Latino persons had a preventive care visit rate that was twice the rate for non-Hispanic or Latino persons (11.9 and 5.8 visits per 100 persons). Medicaid or SCHIP patients used the OPD for preventive care services at a rate four or more times higher than patients with other types of payment sources (Table 8).

Primary diagnosis at visit

- The most frequently listed major disease category was the supplementary classification (20.3%), used for diagnoses not classifiable to injury or illness (Table 9).
- The six most frequent diagnoses recorded were diabetes mellitus (4.2%); essential hypertension (3.8%); acute upper respiratory infection, excluding pharyngitis (3.8%); routine infant or child health check (3.6%); malignant neoplasms (3.4%); and normal pregnancy (3.0%) (Table 10). For the first time since the onset of the survey in 1992, diabetes mellitus was the leading primary diagnosis at OPD visits, ahead of essential hypertension. Acute upper respiratory infection, including acute pharyngitis, accounted for 5.1% of OPD visits (calculated from Table 10).
- An estimated 9.9 million OPD visits were related to injury, poisoning, or adverse effects of medical treatment, representing 9.7% of all OPD visits and yielding a rate of 3.4 visits per 100 persons (Table 11). Injury rates were statistically similar regardless of age group or sex. Injury rates for patients of ''other race'' were lower

than those for patients who were white or black.

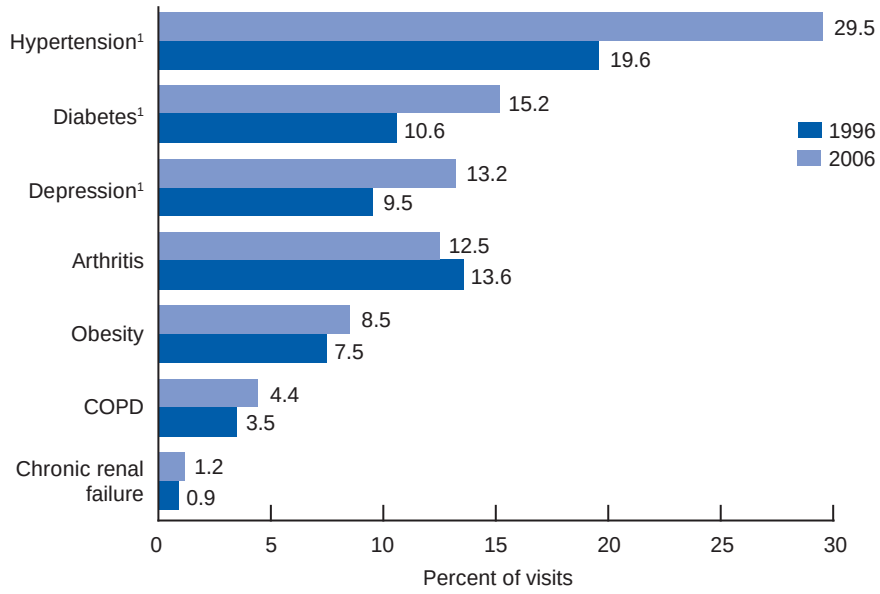
- Table 12 describes the distribution of visits for injury, poisoning, or adverse effects of medical treatment by intent. In 2006, 588,000 visits were for adverse effects of medical care, which include surgical complications and adverse effects of medications, and 262,000 visits were for intentional injuries.

Comorbid conditions

- In 2006, 51.4% of OPD visits were made by patients with one or more comorbid chronic conditions. Hypertension was the most frequent condition (22.8%), followed by diabetes (12.0%), hyperlipidemia (11.7%), and depression (10.8%) (Table 13). Visits by patients with chronic conditions increased with age (Table 13). A higher percentage of visits by females indicated evidence of depression, obesity, and osteoporosis, whereas a higher percentage of visits by males indicated evidence of ischemic heart disease.
- Since 1996, the percentage of visits made by adults aged 18 years and over with hypertension indicated on the medical record increased by 51% (Figure 2). During the same time period, the percentage of visits by adults with diabetes increased by 43%, and the percentage of visits by adults with depression increased by 39%. For the purposes of this comparison, edits applied to 2006 chronic condition check box items were also applied to the 1996 data.

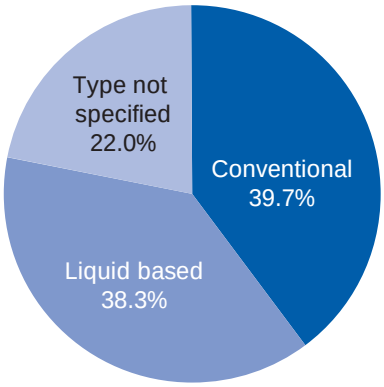
Services provided

- Diagnostic and screening services ordered or provided by hospital staff occurred during 89.8% of OPD visits in 2006. Weight (72.0%) and blood pressure (66.9%) were the most frequent vital signs measured. Complete blood count (15.5%), glucose (8.1%), and lipids or cholesterol (7.5%) were the most frequently ordered blood tests. Urinalysis was ordered or provided at 9.6% of visits and imaging at 17.5% (Table 14).
- For six decades, the Pap test has been used to detect cervical cancer and precancerous cells. Recent research found that the HPV DNA test combined with the Pap test detected precancerous cells (which can lead to cervical cancer) earlier than the Pap test alone (12). In 2006, among visits by females, a higher percentage had a Pap test (5.7%) ordered or provided than an HPV DNA test (0.7%). Among visits with any Pap test, 9.6% of visits also had an HPV DNA test (data not shown).
- The liquid-based Pap test, an alternative to the conventional Pap test, has recently become more popular because it allows testing to be performed for HPV and precancerous cells (13). Among women aged 15 years and over with a Pap test mentioned, the percentage with a conventional Pap test (39.7%) was similar to the percentage with a liquid-based Pap test (38.3%) (Figure 3).
- Blood pressure (BP) status based on guidelines contained in the ‘‘Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure’’ (14) were examined. BP in the moderately high range (140–159 mm Hg systolic or 90–99 mm Hg diastolic) was recorded in 20.0% of adult OPD visits and in the severely high range (160 mm Hg or greater systolic or 100 mm Hg or greater diastolic) in 7.7% of adult OPD visits. Moderate to severe BP elevations were seen more frequently in visits by patients aged 45 years or over than in visits by younger patients. Visits by black or African-American patients had severe BP elevations more frequently than visits by white patients (Table 15).
- Health education was ordered or provided at 49.7% of OPD visits during 2006. Counseling or education related to diet or nutrition (15.4%) and exercise (7.5%) were mentioned most frequently (Table 16).
- From 1996–2006, documented counseling for tobacco use increased from 2.5% to 3.9%. Documented counseling for diet and nutrition (15.4%) also increased in 2006, up from 10.4% in 1996 (11).
- Nonmedication treatment was ordered or provided at 20.7% of visits during 2006. Psychotherapy was ordered or



[1]Difference between 1996 and 2006 percentages is statistically significant ($p < 0.05$).
NOTE: COPD is chronic obstructive pulmonary disease.
SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Figure 2. Percentage of outpatient department visits by adults aged 18 years and over with selected comorbid chronic conditions: United States, 1996 and 2006



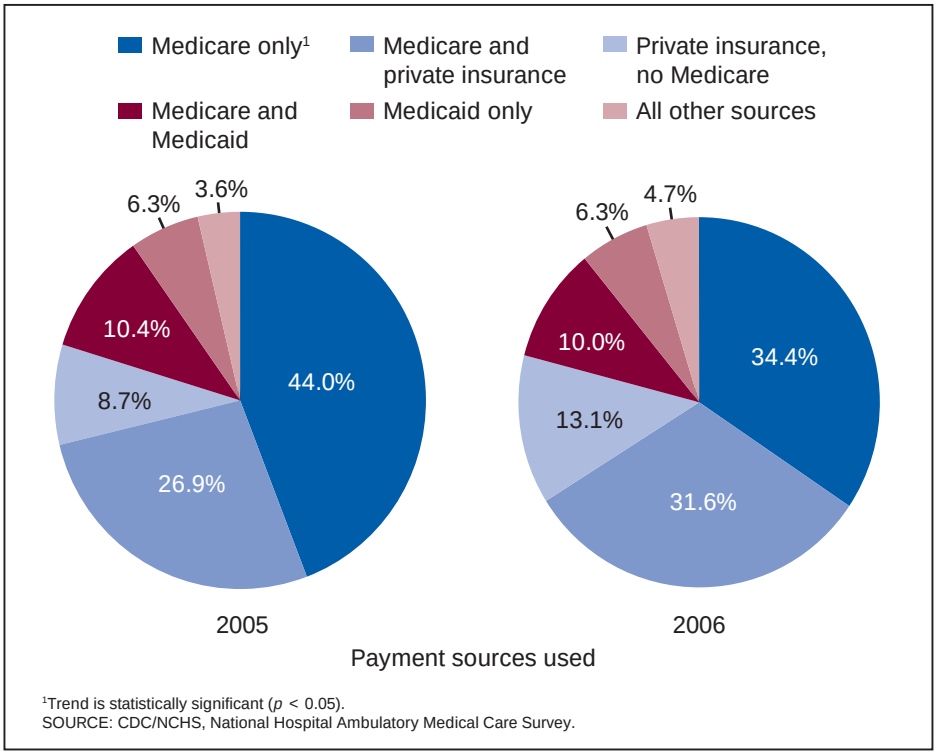
SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Figure 3. Percent distribution of Pap tests ordered or provided at outpatient department visits to females aged 15 years and over, by type of Pap test: United States, 2006

provided at 3.9% of visits and other mental health services were ordered or provided at 3.3% of visits (Table 17).

Medications

- Medications were ordered or prescribed at 76.7 million OPD visits (Table 18). From 1996 through 2006, visits with medications increased from 60.6% to 75.0% (11). Of the visits with medications, 69.4% had multiple drugs prescribed or continued (calculated from Table 18).
- From 1996–2006, the percentage of visits with six or more medications prescribed or provided more than doubled from 5.4% to 14.4% (11).
- A total of 247.7 million drug mentions were documented for an average of 242.4 drug mentions per 100 visits (Table 19). On average, there were 3.2 drug mentions per drug visit (calculated from Table 19).
- Starting in January 2006, implementation of the Medicare Prescription Drug Improvement and Modernization Act (MMA) of 2003 Public Law 108–173 gave many Medicare enrollees access to prescription drug coverage through stand-alone prescription drug plans offered by private insurers. Although the number of drug mentions and percentage of visits with drugs prescribed among patients aged 65 years and over remained the same between 2005 and 2006, the distribution of payment sources used by these patients for drug visits shifted because Medicare beneficiaries had to enroll in a Medicare prescription drug plan in order to receive drug coverage (15). Between 2005 and 2006, the percentage reporting Medicare as the only payment source decreased from 44.0% in 2005 to 34.4% in 2006, whereas the percentage of drug visits with Medicare and private insurance as payment sources appeared to increase (although the difference was not significant) (Figure 4).
- The 2006 survey year is the first year that drug data were processed according to the Multum Lexicon database (for additional information, see the website www.multum.com/Lexicon.htm). On the basis of Multum terminology, the leading therapeutic drug categories were analgesics (12.8 per 100 drug mentions), which includes narcotic and nonnarcotic analgesics as well as nonsteroidal anti-inflammatory drugs, followed by antidepressants (4.7 per 100 drug mentions), antidiabetic agents (4.6 per 100 drug mentions), and antihyperlipidemic agents (4.2 per 100 drug mentions) (Table 20). One should note that Multum therapeutic categories are not comparable with the therapeutic classification used prior to 2006 (see Methods).
- In 2006, 67.6% of all drug mentions were continued prescriptions, 29.0% were new prescriptions, and 3.4% had this information missing (Table 21).
- In Multum terminology, each drug represents a unique combination of active ingredients and is referred to as a drug name. In 2006, the leading drug names mentioned were aspirin (2.3 per 100 drug mentions); ibuprofen (2.3 per 100 drug mentions); albuterol, a bronchodilator (1.8 per 100 drug mentions); atorvastatin, an antihyperlipidemic



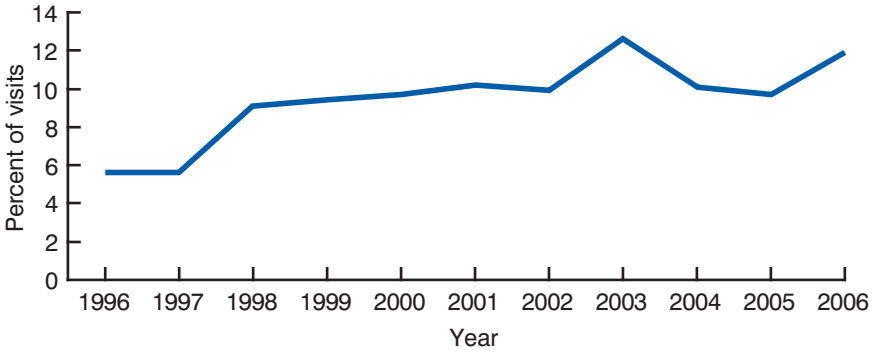
[1]Trend is statistically significant ($p < 0.05$).
SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Figure 4. Percent distribution of payment sources used by patients aged 65 years and over at outpatient department visits when medications were prescribed: United States, 2005 and 2006

agent (1.8 per 100 drug mentions); and acetaminophen (1.8 per 100 drug mentions) (Table 21). Among the most frequently occurring drug names, those most often listed as new medications for the patient were amoxicillin, azithromycin, ibuprofen, acetaminophen, and acetaminophen-hydrocodone. One should note that drug names may represent nongeneric drugs on the market and generic drugs. For example, ''acetaminophen-hydrocodone'' includes drugs entered on the patient record form (PRF) as market names for acetaminophen with hydrocodone (Vicodin, Lortab, etc.) as well as generic acetaminophen-hydrocodone products. Because of the diversity of vitamin products and lack of known specific components of many multivitamins, they are excluded from Table 21.

Providers seen and visit disposition

- Patients were attended by a physician at 78.7% of visits. They saw a registered nurse or licensed practical nurse at 47.5% of visits (Table 22). No physician was seen at 21.7 million OPD visits (calculated from Table 22).
- Patients were attended by a mid-level provider (physician assistant or nurse practitioner or midwife) at 16.1% of visits. Since 1996, the percentage of visits solely attended by a physician has not changed, but the percentage of visits solely attended by a mid-level provider increased by 112%, from 5.6% to 11.9% in 2006 (Figure 5).
- In almost two-thirds of OPD visits (63.7%), patients were told to return to the clinic by appointment. Return to the clinic, PRN (as needed), accounted for 27.1% of visits and ''referred to other physician'' accounted for 14.1% of visits (Table 23). Less than 1% of visits resulted in hospital admission (0.4%) or referral to an ED (0.5%).



NOTES: Nurse practitioner includes certified nurse midwife. Trend is statistically significant ($p < 0.05$).
SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Figure 5. Trend in outpatient department visits where patient is seen only by a physician assistant or nurse practitioner: United States, 1996–2006

Methods

Data source

The data presented in this report are from the 2006 NHAMCS, a national probability sample survey conducted by the NCHS Division of Health Care Statistics. The survey was conducted from January 2, 2006, through December 31, 2006. The NHAMCS data collection is authorized under Section 306 of the Public Health Service Act (Title 42 U.S. Code 242k). Participation is voluntary.

Data collected in the NHAMCS are consistent with the Privacy Rule of the Health Insurance Portability and Accountability Act. No personally identifying information, such as patient's name, address, or Social Security number, is collected in NHAMCS. All information collected is held in the strictest confidence according to law (Section 308(d) of the Public Health Service Act [42, U.S. Code, 242m (d)]) and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107–347). Approval for the NHAMCS protocol was renewed by the NCHS Research Ethics Review Board in February 2006. Waivers of the requirements to obtain informed consent of patients and patient authorization for release of patient medical record data by health care providers were granted.

The target universe of NHAMCS is in-person visits made in the United States to EDs and OPDs of nonfederal short-stay hospitals (hospitals with an average stay of fewer than 30 days) and those whose specialty is general (medical or surgical) or children's general. EDs that operate 24 hours a day are considered within the scope of the ED component; EDs that operate fewer than 24 hours are included in the OPD component of NHAMCS. The hospital sampling frame for 2006 consisted of hospitals listed in the 1991 Verispan Hospital Database updated using hospital data from Verispan, L.L.C.—specifically their ''Healthcare Market Index, Updated May 15, 2003'' and their ''Hospital Market Profiling Solution, Second Quarter, 2003.'' These products were formerly known as the SMG Hospital Database. Using the 2003 data to update the 2006 sample allowed for the inclusion of hospitals that had opened or changed their eligibility status since the previous sample was updated for 2001.

In 2006, a multistage probability sample was used to collect information on visits to OPDs. NHAMCS has a four-stage design that involves 1) geographic primary sampling units (PSUs), 2) hospitals that have EDs or OPDs within PSUs, 3) emergency service areas (ESAs) within EDs and clinics within OPDs, and 4) patient visits within ESAs and clinics (16). The PSU sample consists of 112 PSUs that comprise a probability subsample of PSUs used in the 1985–1994 National Health Interview Survey (NHIS). All together, a sample of 486 hospitals was

selected for the 2006 NHAMCS, 278 of which were in scope and had eligible OPDs. Of the in-scope OPDs, 236 of them participated, yielding an unweighted OPD response rate of 85.6%. A sample of 1,223 clinics was selected from the OPDs that participated in the study. Clinic staff were asked to complete a PRF on a sample of visits during the 4-week reporting period (see Figure 6). In 2006, 1,058 clinics provided 35,105 PRFs. Of the 1,058 clinics providing PRFs, 1,038 responded fully or adequately, yielding a clinic sampling response rate of 84.9% and an overall unweighted two-stage sampling response rate of 72.7%, adjusted to exclude clinics and OPDs that participated at a minimal level.

The U.S. Census Bureau was responsible for data collection. Data processing and medical coding were performed by Constella Group Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10% quality control sample of survey records was independently keyed and coded. Coding error rates ranged between 0.3% and 1.1% for various survey items.

Verbatim medical data collected in the survey were coded as follows:

- Patient's reason for visit—The patient's main complaint, symptom, or reason for visiting the OPD was coded according to *A Reason for Visit Classification for Ambulatory Care* (17). Up to three reasons could be coded per visit.
- Diagnosis—Hospital staff were asked to record the primary diagnosis or problem associated with the patient's most important reason for the current visit and any other significant current diagnoses. Up to three diagnoses were coded according to the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM) (18).
- Medications—Hospital staff were instructed to record all new or continued medications ordered, supplied, or administered at the visit. This included prescription and nonprescription preparations, immunizations, desensitizing agents, and anesthetics. In this survey, recorded medications are referred to as drug mentions and are coded according to a classification system developed at NCHS (19). As used in NHAMCS, the term ''drug'' is interchangeable with the term ''medication.'' 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 NHAMCS. Therapeutic classification of drugs is based on the Multum Lexicon's second-level therapeutic categories, including any drug mentions coded at third-level therapeutic categories (see www.multum.com/Lexicon.htm). Drugs may have more than one therapeutic application. Although Multum allows up to five therapeutic categories per drug, in this report, a maximum of four therapeutic categories for each drug is examined because the number of drugs with five therapeutic categories is small. Generic ingredients of drug mentions were coded according to the drug_id nomenclature included in Multum.

Estimation

Because of the complex multistage design of NHAMCS, a sample weight is computed for each sample visit that takes all stages of design into account. The survey data are inflated or weighted to produce unbiased national annual estimates. The visit weight includes four basic components: inflation by reciprocals of selection probabilities, adjustment for nonresponse, population ratio adjustments, and weight smoothing. Starting in 2004, changes were made to the nonresponse adjustment factor to account for the seasonality of the reporting period. Extra weights for nonresponding hospitals were shifted to responding hospitals in reporting periods within the same quarter of the year. The shift in nonresponse adjustment did not significantly affect any of the overall annual estimates. Detailed information on estimation for NHAMCS can be found elsewhere (20).

The standard error is primarily a measure of the sampling variability that occurs by chance because only a sample rather than an entire universe is surveyed. Estimates of the sampling variability for this report were calculated using Taylor approximations in SUDAAN, which take into account the complex sample design of NHAMCS. A description of the software and its approach has been published (21). The standard errors of statistics presented in this report are included in each of the tables.

Tests of significance

In this report, the determination of statistical inference is based on the two-tailed *t*-test. The Bonferroni inequality was used to establish the critical value for statistically significant differences (0.05 level of significance) based on the number of possible comparisons within a particular variable (or combination of variables) of interest. A weighted least-squares regression analysis was used to determine the significance of trends at the 0.05 level.

Nonsampling errors

As in any survey, results are subject to sampling and nonsampling errors. Nonsampling errors include reporting and processing errors as well as biases due to nonresponse and incomplete response. 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 to encourage uniform reporting, attention was given to the phrasing of items, terms, and definitions. Also, pretesting of most data items and survey procedures was performed. Quality control procedures and consistency and edit checks reduced errors in data coding and processing.

Item nonresponse rates in NHAMCS are generally low (5% or less). However, levels of nonresponse can vary considerably in the survey. Most nonresponse occurs when the needed information is not available in the medical record or is unknown to the

person filling out the survey instrument. Nonresponse can also result when the information is available, but survey procedures are not followed and the item is left blank. In this report, some tables include a combined entry of ''unknown or blank'' to display missing data. For items where combined item nonresponse is between 30%–50%, percent distributions are not discussed in the text; however, the information is shown in the tables. These data should be interpreted with caution. If nonresponse is random, the observed distribution for the reported item (i.e., excluding cases for which the information is unknown) would be close to the true distribution. However, if nonresponse is not random, the observed distribution could vary significantly from the actual distribution. Researchers need to decide how best to treat items with high levels of missing responses. For items with nonresponse greater than 50%, data are not presented.

Weighted item nonresponse rates (i.e., if the item was left blank or the unknown box was marked) were 5.0% or less for all data items with the following exceptions: whether a doctor was the patient's primary care provider (5.3%), intent of injury (9.3%), use of tobacco (13.3%), referral status (17.1%), gestation week (30.8%), enrollment in a disease management program (45.0%), and stage of cancer (52.3%).

For some items, missing values were imputed by randomly assigning a value from PRFs with similar characteristics. Imputations were based on geographic region, OPD volume by clinic type, and three-digit ICD–9–CM codes for primary diagnosis. Imputations were performed for the following variables—birth year (1.2%), sex (0.6%), race (12.8%), ethnicity (18.4%), whether the patient had been seen in the clinic before (1.3%), and how many visits there were in the last 12 months (6.7%). In contrast to the imputation method used to impute race and ethnicity in previous years, a hierarchical procedure was used in 2006. Cases missing race (or ethnicity) were initially assigned a donor's value after matching donor and recipient by three-digit ICD–9–CM codes for primary diagnosis and ZIP Code of the patient making the sampled visit; if no donor was found after several matching rounds, imputation procedures based on geographic region, OPD volume by clinic type, and three-digit ICD–9–CM codes for primary diagnosis were applied. If race and ethnicity were missing, both were imputed from the same donor.

Use of tables

The tables present only the first-listed reason for visit and diagnosis. One should note that estimates differing in ranked order may not be significantly different from one another. For items related to diagnostic and screening services, procedures, providers seen, and disposition, hospital staff were asked to check all of the applicable categories for each item. Therefore, multiple responses could be coded for each visit.

In this report, estimates are not presented if they are based on fewer than 30 cases in the sample data; only an asterisk (*) appears in the tables. Estimates based on 30 or more cases include an asterisk (*) if the RSE of the estimate exceeds 30%.

In the tables, estimates of OPD visits have been rounded to the nearest thousand. Consequently, estimates will not always add to totals. Rates and percentages were calculated from original unrounded figures and do not necessarily agree with figures calculated from rounded data.

Several of the tables in this report present rates of OPD visits per population. The population figures used in calculating these rates are based on U.S. Census Bureau monthly postcensal estimates of the civilian noninstitutional population of the United States as of July 1, 2006. These population estimates are based on postcensal estimates from the 2000 census and are available from the U.S. Census Bureau.

Estimates presented in the tables and figures for specific race categories reflect visits where only a single race was reported. Denominators used in computing estimates of visit rates by expected source of payment were obtained from the 2006 NHIS. Individuals reporting multiple insurance categories in the NHIS were counted in each category they reported, with the exception of Medicaid and SCHIP, which were combined into a single category.

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Table 1. Number, percent distribution, and annual rate of outpatient department visits with corresponding standard errors, by patient characteristics: United States, 2006

Patient characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[1]	Standard error of rate
All visits	102,208	9,079	100.0	. . .	34.7	3.1
Age						
Under 15 years	19,864	2,068	19.4	1.2	32.7	3.4
Under 1 year	4,015	506	3.9	0.4	97.3	12.3
1–4 years	6,149	703	6.0	0.5	37.8	4.3
5–14 years	9,700	1,011	9.5	0.6	24.1	2.5
15–24 years	12,012	1,208	11.8	0.5	29.0	2.9
25–44 years	25,104	2,456	24.6	0.8	30.6	3.0
45–64 years	28,707	2,770	28.1	0.9	38.6	3.7
65 years and over	16,522	1,752	16.2	1.0	46.4	4.9
65–74 years	8,931	958	8.7	0.6	47.8	5.1
75 years and over	7,591	868	7.4	0.6	44.8	5.1
Sex and age						
Female	61,952	5,495	60.6	0.8	41.2	3.7
Under 15 years	9,628	1,047	9.4	0.7	32.5	3.5
15–24 years	8,551	940	8.4	0.5	41.8	4.6
25–44 years	16,712	1,643	16.4	0.6	40.3	4.0
45–64 years	16,924	1,596	16.6	0.6	44.3	4.2
65–74 years	5,478	587	5.4	0.4	54.2	5.8
75 years and over	4,658	546	4.6	0.4	45.3	5.3
Male	40,256	3,730	39.4	0.8	28.0	2.6
Under 15 years	10,236	1,062	10.0	0.6	33.0	3.4
15–24 years	3,461	357	3.4	0.2	16.5	1.7
25–44 years	8,391	902	8.2	0.4	20.6	2.2
45–64 years	11,782	1,256	11.5	0.5	32.6	3.5
65–74 years	3,453	412	3.4	0.3	40.3	4.8
75 years and over	2,933	360	2.9	0.3	44.1	5.4
Race and age[2]						
White	73,814	7,049	72.2	2.4	31.3	3.0
Under 15 years	14,093	1,653	13.8	1.1	30.5	3.6
15–24 years	8,241	896	8.1	0.5	25.7	2.8
25–44 years	17,583	1,791	17.2	0.7	27.1	2.8
45–64 years	20,649	2,082	20.2	0.9	33.4	3.4
65–74 years	7,058	814	6.9	0.5	44.2	5.1
75 years and over	6,191	738	6.1	0.5	41.3	4.9
Black or African American	23,468	3,176	23.0	2.3	63.5	8.6
Under 15 years	4,587	603	4.5	0.5	49.5	6.5
15–24 years	3,223	514	3.2	0.4	52.6	8.4
25–44 years	6,250	1,056	6.1	0.8	60.0	10.1
45–64 years	6,921	1,073	6.8	0.8	85.0	13.2
65–74 years	1,463	215	1.4	0.2	84.0	12.3
75 years and over	1,023	166	1.0	0.1	80.2	13.0
Asian	2,673	541	2.6	0.5	20.4	4.1
Native Hawaiian or Other Pacific Islander	*468	202	*0.5	0.2	*90.1	38.9
American Indian or Alaska Native	*399	128	*0.4	0.1	*14.0	4.5
Multiple races	1,386	386	1.4	0.4	29.7	8.3
Ethnicity[2]						
Hispanic or Latino	17,595	2,313	17.2	1.9	40.2	5.3
Not Hispanic or Latino	84,614	7,992	82.8	1.9	33.8	3.2

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

[1]Visit rates are based on the July 1, 2006, set of estimates of the civilian noninstitutionalized population of the United States as developed by the Population Division, U.S. Census Bureau.

[2]The race groups white, black or African-American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than typically found for self-reported race in household surveys.

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

Table 2. Number, percent distribution, and annual rate of outpatient department visits with corresponding standard errors, by hospital characteristics and clinic type: United States, 2006

Hospital characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[1,2]	Standard error of rate
All visits	102,208	9,079	100.0	. . .	34.7	3.1
Ownership						
Voluntary	73,276	7,835	71.7	4.6	24.9	2.7
Government	28,232	5,409	27.6	4.6	9.6	1.8
Proprietary	*700	371	*0.7	0.4	*0.2	0.1
Teaching hospital status						
Teaching hospital	42,519	6,282	41.6	5.0	14.5	2.1
Nonteaching hospital[3]	59,690	7,499	58.4	5.0	20.3	2.5
Geographic region						
Midwest	33,316	5,829	32.6	4.5	51.1	8.9
South	29,469	5,040	28.8	4.2	27.6	4.7
Northeast	27,003	3,953	26.4	3.5	50.1	7.3
West	12,420	2,976	12.2	2.8	18.2	4.4
Metropolitan status[4]						
MSA	86,336	8,522	84.5	3.8	35.3	3.5
Non-MSA	15,872	4,180	15.5	3.8	32.1	8.5
Clinic type[5]						
General medicine[6]	62,128	6,413	60.8	2.4	21.1	2.2
Surgery	11,751	1,728	11.5	1.2	4.0	0.6
Pediatrics	11,025	1,403	10.8	1.1	3.7	0.5
Obstetrics and gynecology	9,407	1,369	9.2	1.1	3.2	0.5
Substance abuse and other[7]	7,897	1,176	7.7	1.2	2.7	0.4

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

[1]Visit rates are based on the July 1, 2006, set of estimates of the civilian noninstitutionalized population of the United States as developed by the Population Division, U.S. Census Bureau.

[2]Population estimates of MSA status are based on data from the 2006 National Heath Interview Survey, National Center for Health Statistics, and are adjusted to the U.S. Census Bureau definition of core-based statistical areas as of December 2006. See www.census.gov/population/www/estimates/metrodef.html for more about MSA definitions.

[3]In 2006, nonteaching hospitals included hospitals with unknown or blank teaching status because this information could not be separately identified. In prior years, the percentage unknown or blank was small.

[4]MSA is metropolitan statistical area.

[5]Only clinics under the supervision of a physician were included. Clinics specializing in radiology, laboratory services, physical rehabilitation, or other ancillary services were excluded.

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

[7]Other includes psychiatric, mental health, and miscellaneous specialty clinics.

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

Table 3. Number and percentage of outpatient department visits with corresponding standard errors, by expected source(s) of payment: United States, 2006

Expected source(s) of payment	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	102,208	9,079	100.0	. . .
Private insurance	43,210	4,971	42.3	2.7
Medicaid or SCHIP[2]	31,788	3,057	31.1	2.0
Medicare	17,878	1,676	17.5	0.9
Medicare and Medicaid	3,308	462	3.2	0.4
No insurance[3]	10,422	2,390	10.2	2.0
Self-pay	6,547	919	6.4	0.7
No charge or charity	*3,902	1,941	*3.8	1.8
Worker's compensation	772	201	0.8	0.2
Other	4,554	870	4.5	0.7
Unknown	4,330	707	4.2	0.6

. . . Category not applicable.
* Figure does not meet standards of reliability or precision.
[1]Combined total of individual sources exceeds ''All visits'' because more than one may be reported per visit.
[2]SCHIP is State Children's Health Insurance Program.
[3]No insurance is defined as having only self-pay, no charge, or charity as payment sources.
NOTE: Numbers may not add to totals because of rounding.

Table 4. Number and percent distribution of outpatient department visits with corresponding standard errors, by selected visit characteristics, according to prior visit status: United States, 2006

Prior visit status, primary care provider, and referral status	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	102,208	9,079	100.0	0.0
Visit to PCP[1]	42,653	5,152	41.7	3.0
Visit to non-PCP[1]	54,178	5,490	53.0	3.0
Referred for this visit	18,846	2,334	18.4	1.6
Not referred for this visit	26,057	3,551	25.5	2.6
Unknown if referred	9,275	1,675	9.1	1.5
Unknown if PCP[1] visit	5,377	928	5.3	0.9
Established patient				
All visits	86,450	7,700	100.0	0.0
Visit to PCP[1]	40,548	4,924	46.9	3.1
Visit to non-PCP[1]	41,478	4,145	48.0	3.0
Referred for this visit	13,083	1,844	15.1	1.7
Not referred for this visit	21,581	2,741	25.0	2.5
Unknown if referred	6,814	1,294	7.9	1.4
Unknown if PCP[1] visit	4,424	821	5.1	0.9
New patient				
All visits	15,758	2,073	100.0	0.0
Visit to PCP[1]	2,105	337	13.4	2.1
Visit to non-PCP[1]	12,700	1,910	80.6	2.6
Referred for this visit	5,763	756	36.6	4.3
Not referred for this visit	*4,476	1,483	*28.4	6.7
Unknown if referred	2,461	460	15.6	2.7
Unknown if PCP[1] visit	953	161	6.0	1.1

* Figure does not meet standards of reliability or precision.
[1]PCP is patient's primary care physician or provider as indicated by a positive response to the question, ''Are you the patient's primary care physician/provider?''
NOTE: Numbers may not add to totals because of rounding.

Table 5. Percent distribution of outpatient department visits with corresponding standard errors by primary care provider and referral status, according to type of clinic: United States, 2006

Type of clinic[1]	Total	Visit to PCP[2]	Visit to non-PCP[2,3]			Unknown if PCP[2] visit
			Referred for this visit	Not referred for this visit	Unknown if referred	
			Percent distribution			
All visits	100.0	41.7	18.4	25.5	9.1	5.3
General medicine[4]	100.0	53.6	11.8	20.7	8.5	5.4
Surgery	100.0	*6.7	39.6	36.0	13.5	*4.4
Pediatrics	100.0	53.5	18.4	17.9	4.3	*5.8
Obstetrics and gynecology	100.0	25.8	22.5	36.2	10.8	4.7
Substance abuse or other[5]	100.0	*2.8	34.2	45.5	12.0	*5.5
			Standard error of percent			
All visits	...	3.0	1.6	2.6	1.5	0.9
General medicine[4]	...	4.5	1.7	3.6	2.3	1.1
Surgery	...	3.0	4.5	4.2	2.4	1.3
Pediatrics	...	5.5	3.4	3.4	0.9	2.0
Obstetrics and gynecology	...	4.8	3.5	4.9	2.6	1.1
Substance abuse and other[5]	...	0.9	6.5	7.3	3.0	2.2

* Figure does not meet standards of reliability or precision.

. . . Category not applicable.

[1]Only clinics under the supervision of a physician were included. Clinics specializing in radiology, laboratory services, physical rehabilitation, or other ancillary services were excluded.

[2]PCP is patient's primary care physician or provider as indicated by a positive response to the question, ''Are you the patient's primary care physician/provider?''

[3]Referral status only asked for visits to nonprimary care physicians or providers.

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

[5]Other includes psychiatric, mental health, and miscellaneous specialty clinics.

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

Table 6. Number and percent distribution of outpatient department visits with corresponding standard errors, by the 20 principal reasons for visit most frequently mentioned by patients: United States, 2006

Principal reason for visit and RVC code[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	102,208	9,079	100.0	. . .
Progress visit, not otherwise specified T800	7,542	1,161	7.4	1.0
General medical examination X100	5,105	619	5.0	0.4
Prenatal examination, routine X205	3,519	510	3.4	0.4
Cough S440	3,137	464	3.1	0.3
Diabetes mellitus D205	2,416	513	2.4	0.5
Medication, other and unspecified kinds T115	2,306	325	2.3	0.2
Symptoms referable to throat S455	2,291	481	2.2	0.4
Counseling, not otherwise specified T605	1,720	332	1.7	0.3
Well-baby examination X105	1,551	220	1.5	0.2
Postoperative visit T205	1,528	247	1.5	0.2
Stomach and abdominal pain, cramps and spasms S545	1,508	211	1.5	0.2
Hypertension D510	1,387	228	1.4	0.2
Earache or ear infection S355	1,373	211	1.3	0.2
Gynecological examination X225	1,306	212	1.3	0.2
Fever S010	1,278	208	1.3	0.2
Headache, pain in head S210	1,124	145	1.1	0.1
Skin rash S860	1,120	153	1.1	0.1
Knee symptoms S925	1,062	193	1.0	0.1
Prophylactic inoculations X400	1,055	267	1.0	0.2
Back symptoms S905	1,053	142	1.0	0.1
All other reasons	58,826	5,453	57.6	1.1

. . . Category not applicable.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (17).

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

Table 7. Number and percent distribution of outpatient department visits with corresponding standard errors, by major reason for visit, according to selected patient and visit characteristics: United States, 2006

Patient and visit characteristics	Total number of visits in thousands	Total	Acute problem	Chronic problem routine	Chronic problem flare-up	Pre- or postsurgery or injury followup	Preventive care[1]	Unknown or blank
				Percent distribution				
All visits	102,208	100.0	36.7	31.1	6.8	4.3	19.4	1.7
Age								
Under 15 years	19,864	100.0	48.9	17.6	3.7	2.0	24.8	*2.8
Under 1 year	4,015	100.0	40.8	*10.4	*1.7	*1.7	44.4	*
1–4 years	6,149	100.0	54.5	14.2	3.0	2.0	23.9	*2.4
5–14 years	9,700	100.0	48.8	22.8	4.9	2.2	17.3	*3.9
15–24 years	12,012	100.0	38.9	16.0	4.7	3.5	34.8	*2.1
25–44 years	25,104	100.0	37.3	27.2	7.0	4.3	22.6	1.5
45–64 years	28,707	100.0	32.2	41.4	8.4	5.4	11.5	1.1
65 years and over	16,522	100.0	27.4	46.2	8.8	5.9	10.3	1.4
65–74 years	8,931	100.0	27.5	45.7	8.2	5.8	11.2	1.6
75 years and over	7,591	100.0	27.4	46.8	9.4	5.9	9.2	*1.2
Sex								
Female	61,952	100.0	35.3	28.7	6.7	4.3	23.4	1.7
Male	40,256	100.0	38.9	34.9	6.9	4.4	13.2	*1.7
Race[2]								
White	73,814	100.0	38.9	30.5	7.1	4.4	17.3	*1.8
Black or African American	23,468	100.0	30.6	32.9	5.9	4.1	24.9	1.6
Other	4,926	100.0	33.4	31.1	6.1	4.6	23.8	*1.0
Ethnicity[2]								
Hispanic or Latino	17,595	100.0	33.2	25.4	6.0	4.1	29.6	*1.7
Not Hispanic or Latino	84,614	100.0	37.5	32.3	6.9	4.4	17.2	*1.7
Expected source(s) of payment[3]								
Private insurance	43,210	100.0	41.2	29.5	6.9	5.0	15.4	*1.9
Medicaid or SCHIP[4]	31,788	100.0	32.3	30.3	6.3	3.4	25.7	*1.8
Medicare	17,878	100.0	27.3	47.0	10.2	4.7	9.4	*1.4
No insurance[5]	10,422	100.0	39.7	24.7	5.5	3.7	25.3	1.0
Other[5]	8,540	100.0	37.5	31.9	5.1	4.6	18.7	2.2
				Standard error of percent				
All visits	9,079	. . .	2.0	1.5	0.4	0.5	1.2	0.5
Age								
Under 15 years	2,068	. . .	2.6	2.0	0.5	0.4	2.0	1.5
Under 1 year	506	. . .	3.5	3.5	0.6	0.5	3.8	. . .
1–4 years	703	. . .	3.0	2.0	0.5	0.4	2.3	1.4
5–14 years	1,011	. . .	3.1	2.5	0.9	0.5	1.8	2.0
15–24 years	1,208	. . .	3.5	1.7	0.8	0.7	3.0	0.8
25–44 years	2,456	. . .	2.7	1.9	0.6	0.6	1.8	0.4
45–64 years	2,770	. . .	2.0	1.9	0.7	0.7	0.9	0.3
65 years and over	1,752	. . .	1.5	2.0	0.7	0.8	1.3	0.3
65–74 years	958	. . .	1.9	2.4	0.9	1.0	1.6	0.5
75 years and over	868	. . .	1.9	2.2	0.9	1.0	1.6	0.4
Sex								
Female	5,495	. . .	2.1	1.4	0.5	0.6	1.5	0.5
Male	3,730	. . .	2.1	1.8	0.5	0.6	0.9	0.6
Race[2]								
White	7,049	. . .	2.4	1.7	0.5	0.6	1.2	0.6
Black or African American	3,176	. . .	1.7	2.2	0.7	0.4	1.7	0.5
Other	872	. . .	3.5	3.0	1.0	1.0	2.9	0.5

See footnotes at end of table.

Table 7. Number and percent distribution of outpatient department visits with corresponding standard errors, by major reason for visit, according to selected patient and visit characteristics: United States, 2006—Con.

Patient and visit characteristics	Total number of visits in thousands	Total	Acute problem	Chronic problem routine	Chronic problem flare-up	Pre- or postsurgery or injury followup	Preventive care[1]	Unknown or blank
Ethnicity[2]				Standard error of percent				
Hispanic or Latino	2,313	. . .	1.9	2.7	0.9	0.9	2.8	0.5
Not Hispanic or Latino	7,992	. . .	2.2	1.6	0.4	0.5	1.1	0.5
Expected source(s) of payment[3]								
Private insurance	4,971	. . .	2.7	1.8	0.5	0.8	1.3	0.6
Medicaid or SCHIP[4]	3,057	. . .	1.8	1.7	0.6	0.5	1.9	0.7
Medicare	1,676	. . .	1.5	1.8	0.8	0.6	1.1	0.4
No insurance[5]	2,390	. . .	3.3	3.0	0.7	0.7	2.6	0.3
Other[6]	1,153	. . .	3.4	3.5	0.8	0.7	2.5	0.5

* Figure does not meet standards of reliability or precision.

. . . Category not applicable.

[1]Preventive care includes routine prenatal, general medical, well-baby, screening, and insurance examinations (see question 4c in Figure 6).

[2]Other race includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. All race categories include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to the 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. However, the percentage of visit records with multiple races indicated is small and lower than what is typically found for self-reported race.

[3]Combined total of individual sources exceeds ''All visits'' because more than one may be reported per visit.

[4]SCHIP is State Children's Health Insurance Program.

[5]''No insurance'' is defined as having only self-pay, no charge, or charity as payment sources.

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

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

Table 8. Number, percent distribution, and annual rate of preventive care outpatient department visits with corresponding standard errors, by selected patient and visit characteristics: United States, 2006

Patient and visit characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[1]	Standard error of rate
All preventive care visits[2]	19,786	2,218	100.0	. . .	6.7	0.8
Age						
Under 15 years	4,934	608	24.9	1.8	8.1	1.0
Under 1 year	1,784	248	9.0	1.0	43.2	6.0
1–4 years	1,470	222	7.4	0.8	9.0	1.4
5–14 years	1,680	228	8.5	0.8	4.2	0.6
15–24 years	4,182	568	21.1	1.4	10.1	1.4
25–44 years	5,662	736	28.6	1.4	6.9	0.9
45–64 years	3,310	443	16.7	1.3	4.5	0.6
65 years and over	1,698	308	8.6	1.2	4.8	0.9
Sex and age						
Female	14,468	1,688	73.1	1.6	9.6	1.1
Under 15 years	2,523	337	12.8	1.1	8.5	1.1
15–24 years	3,682	531	18.6	1.5	18.0	2.6
25–44 years	4,957	662	25.1	1.4	12.0	1.6
45–64 years	2,252	321	11.4	1.0	5.9	0.8
65 years and over	1,053	158	5.3	0.6	5.2	0.8
Male	5,318	645	26.9	1.6	3.7	0.4
Under 15 years	2,410	297	12.2	1.0	7.8	1.0
15–24 years	500	83	2.5	0.3	2.4	0.4
25–44 years	705	130	3.6	0.5	1.7	0.3
45–64 years	1,058	171	5.3	0.6	2.9	0.5
65 years and over	645	191	3.3	0.9	4.2	1.3
Race[3]						
White	12,762	1,551	64.5	3.3	5.4	0.7
Black or African American	5,853	961	29.6	3.2	15.8	2.6
Other	1,171	207	5.9	1.0	5.5	1.0
Ethnicity[3]						
Hispanic or Latino	5,204	858	26.3	3.1	11.9	2.0
Not Hispanic or Latino	14,582	1,729	73.7	3.1	5.8	0.7
Expected source(s) of payment[4]						
Medicaid or SCHIP[5]	8,178	1,011	41.3	3.2	23.3	2.9
Private insurance	6,666	1,008	33.7	3.6	3.5	0.5
No insurance[6]	2,637	685	13.3	2.7	6.0	1.6
Medicare	1,688	271	8.5	1.0	4.4	0.7
Other[7]	1,600	308	8.1	1.3	. . .	. . .

. . . Category not applicable.

[1]Visit rates for age, sex, race, and ethnicity are based on the July 1, 2006, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. Visit rates by source(s) of payment are based on the 2006 National Health Interview Survey estimates of health insurance.

[2]Preventive care includes routine prenatal, general medical, well-baby, screening, and insurance examinations (see question 4c in Figure 6).

[3]Other race includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. All race categories include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to the 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. However, the percentage of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

[4]Combined total of individual sources exceeds ''All visits'' because more than one may be reported per visit.

[5]SCHIP is State Children's Health Insurance Program.

[6]No insurance is defined as having only self-pay, no charge, or charity as payment sources. The visit rate was calculated using ''uninsured'' as the denominator from the 2006 estimates of health insurance coverage from the National Health Interview Survey.

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

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

Table 9. Number and percent distribution of outpatient department visits with corresponding standard errors, by primary diagnosis classified by major disease category: United States, 2006

Major disease category and ICD–9–CM code range[1]		Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits		102,208	9,079	100.0	. . .
Infectious and parasitic diseases	001–139	3,892	635	3.8	0.5
Neoplasms	140–239	4,311	888	4.2	0.8
Endocrine, nutritional, metabolic diseases, and immunity disorders	240–279	7,086	833	6.9	0.6
Mental disorders	290–319	7,337	1,022	7.2	1.0
Diseases of the nervous system and sense organs	320–389	6,189	669	6.1	0.4
Diseases of the circulatory system	390–459	6,633	833	6.5	0.6
Diseases of the respiratory system	460–519	10,784	1,646	10.6	1.2
Diseases of the digestive system	520–579	3,151	439	3.1	0.3
Diseases of the genitourinary system	580–629	4,356	535	4.3	0.3
Diseases of the skin and subcutaneous tissue	680–709	3,548	470	3.5	0.4
Diseases of the musculoskeletal system and connective tissue	710–739	7,161	973	7.0	0.6
Symptoms, signs, and ill-defined conditions	780–799	6,700	689	6.6	0.3
Injury and poisoning	800–999	5,882	853	5.8	0.6
Supplementary classification[2]	V01–V85	20,744	2,281	20.3	1.2
All other diagnoses[3]		3,909	495	3.8	0.4
Unknown[4]		524	123	0.5	0.1

. . . Category not applicable.

[1]Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM) (18).

[2]Includes general medical examination, routine prenatal examination, health supervision of an infant or child, and other diagnoses not classifiable to injury or illness.

[3]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); certain conditions originating in perinatal period (760–779); and entries not codable to ICD–9–CM (e.g., illegible entries, left against medical advice, transferred, entries of "none," or "no diagnoses") (V99).

[4]Includes blank diagnoses.

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

Table 10. Number and percent distribution of outpatient department visits with corresponding standard errors, by primary diagnosis group: United States, 2006

Primary diagnosis group and ICD–9–CM code range[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	102,208	9,079	100.0	. . .
Diabetes mellitus 250	4,342	619	4.2	0.5
Essential hypertension 401	3,892	457	3.8	0.3
Acute upper respiratory infections, excluding pharyngitis 460–461,463–466	3,846	604	3.8	0.4
Routine infant or child health check V20.2	3,654	488	3.6	0.4
Malignant neoplasms 140–208,230–234	3,484	782	3.4	0.7
Normal pregnancy[2] V22	3,045	459	3.0	0.4
Arthropathies and related disorders 710–719	2,562	454	2.5	0.4
Spinal disorders 720–724	2,255	344	2.2	0.3
Psychoses, excluding major depressive disorder 290–295,296.0–296.1,296.4–299	1,851	315	1.8	0.3
Potential health hazards related to communicable diseases V01–V09	1,786	482	1.7	0.4
Specific procedures and aftercare V50–V59.9	1,768	230	1.7	0.2
Rheumatism, excluding back 725–729	1,667	275	1.6	0.2
Otitis media and eustachian tube disorders 381–382	1,562	291	1.5	0.2
Chronic sinusitis 473	1,448	363	1.4	0.3
Complications of pregnancy, childbirth, and the puerperium[3] 630–677	1,405	260	1.4	0.2
Acute pharyngitis 462	1,315	277	1.3	0.2
General medical examination V70	1,265	218	1.2	0.2
Potential health hazards related to personal and family history V10–V19	1,252	203	1.2	0.2
Gynecological examination[4] V72.3	1,245	214	1.2	0.2
Heart disease, excluding ischemic 391–392.0,393–398,402,404,415–416,420–429	1,168	314	1.1	0.3
All other diagnoses	57,398	5,118	56.2	1.0

. . . Category not applicable.

[1]Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM) (18). However, certain codes have been combined in this table to better describe the utilization of ambulatory care services.

[2]Among visits by female patients, 4.9% (standard error = 0.6) were for normal pregnancy.

[3]Among visits by female patients, 2.3% (standard error = 0.4) were for complications of pregnancy, childbirth, and the puerperium.

[4]Among visits by female patients, 2.0% (standard error = 0.3) were for gynecological examination.

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

Table 11. Number, percent distribution, and annual rate of outpatient department visits related to injury, poisoning, or adverse effects of medical treatment with corresponding standard errors, by selected patient characteristics: United States, 2006

Patient characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[1]	Standard error of rate
All injury-related visits[2]	9,882	1,246	100.0	. . .	3.4	0.4
Age						
Under 15 years	2,028	308	20.5	1.7	3.3	0.5
Under 1 year	154	37	1.6	0.3	3.7	0.9
1–4 years	571	107	5.8	0.8	3.5	0.7
5–14 years	1,303	203	13.2	1.2	3.2	0.5
15–24 years	1,345	224	13.6	1.1	3.2	0.5
25–44 years	2,716	383	27.5	1.6	3.3	0.5
45–64 years	2,641	350	26.7	1.5	3.6	0.5
65 years and over	1,152	183	11.7	1.4	3.2	0.5
65–74 years	519	94	5.3	0.8	2.8	0.5
75 years and over	633	111	6.4	0.9	3.7	0.7
Sex and age						
Female	4,895	644	49.5	1.6	3.3	0.4
Under 15 years	962	168	19.7	2.1	3.2	0.6
15–24 years	611	117	12.5	1.4	3.0	0.6
25–44 years	1,237	183	25.3	1.7	3.0	0.4
45–64 years	1,299	180	26.5	1.8	3.4	0.5
65–74 years	349	70	7.1	1.2	3.4	0.7
75 years and over	437	88	8.9	1.4	4.2	0.9
Male	4,987	644	50.5	1.6	3.5	0.4
Under 15 years	1,065	165	21.4	1.8	3.4	0.5
15–24 years	735	123	14.7	1.4	3.5	0.6
25–44 years	1,478	226	29.6	2.2	3.6	0.6
45–64 years	1,341	199	26.9	1.8	3.7	0.6
65–74 years	170	45	3.4	0.8	2.0	0.5
75 years and over	197	42	3.9	0.9	3.0	0.6
Race[3]						
White	7,700	1,027	77.9	2.6	3.3	0.4
Black or African American	1,802	334	18.2	2.6	4.9	0.9
Other	380	102	3.8	1.0	1.8	0.5
Ethnicity[3]						
Hispanic or Latino	1,337	188	13.5	1.8	3.1	0.4
Not Hispanic or Latino	8,545	1,161	86.5	1.8	3.4	0.5

. . . Category not applicable.

[1]Visit rates for age, sex, race, and ethnicity are based on the July 1, 2006, set of estimates of the civilian noninstitutionalized population of the United States as developed by the Population Division, U.S. Census Bureau.

[2]Injury-related visits based on responses to item 2 of the patient record form. Injury visits represent 9.7% (standard error = 0.7) of all outpatient department visits.

[3]Other race includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. All race categories include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to the 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. However, the percentage of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

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

Table 12. Number and percent distribution of outpatient department visits related to injury, poisoning, or adverse effects of medical treatment with corresponding standard errors, by intent: United States, 2006

Intent	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All injury-related visits	9,882	1,246	100.0	. . .
Unintentional injuries	6,416	965	64.9	2.8
Adverse effect of medical or surgical care or adverse effect of medicinal drug	588	106	5.9	0.8
Intentional injuries[1]	262	74	2.6	0.7
Injuries of undetermined intent	1,696	236	17.2	2.1
Unknown or blank[2]	921	156	9.3	1.5

. . . Category not applicable.
[1]Includes assault, self-inflicted, and other causes of violence.
[2]Includes illegible entries and blanks.

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

Table 13. Number and percent distribution of outpatient department visits with corresponding standard errors, by selected comorbid chronic conditions according to patient age and sex: United States, 2006

Chronic conditions[1]	Total	Patient age				Patient sex	
		Under 45 years	45–64 years	65–74 years	75 years and over	Female	Male
				Number of visits in thousands			
All visits	102,208	56,980	28,707	8,931	7,591	61,952	40,256
				Percent of visits			
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
One or more chronic conditions	51.4	31.2	71.6	84.9	87.7	52.1	50.4
None	46.0	65.8	26.4	12.9	10.3	45.3	47.1
Unknown	2.6	3.0	2.0	*2.1	2.0	2.6	2.5
Hypertension	22.8	6.5	36.9	51.9	57.8	22.6	23.1
Diabetes	12.0	4.6	18.9	27.1	23.3	12.1	11.8
Hyperlipidemia	11.7	2.7	18.6	32.2	28.2	10.8	12.9
Depression	10.8	8.5	16.0	11.8	7.6	12.5	8.2
Arthritis	9.9	3.3	15.2	21.7	24.5	10.9	8.2
Obesity	7.1	5.7	10.1	9.5	3.0	8.4	5.1
Asthma	6.3	6.9	6.2	4.7	4.5	7.0	5.3
Cancer	6.2	2.7	9.0	15.3	11.8	5.9	6.9
COPD[2]	3.7	1.7	4.9	8.2	9.2	3.3	4.3
Ischemic heart disease	2.2	*0.2	3.1	5.6	9.8	1.6	3.2
CHF[3]	1.6	0.2	2.2	3.7	6.5	1.4	1.9
Cerebrovascular disease	1.2	0.2	1.8	1.9	5.1	1.0	1.5
Osteoporosis	1.7	*	1.5	5.8	9.5	2.6	0.3
Chronic renal failure	0.9	0.3	1.2	1.9	3.4	0.8	1.2
				Standard error in thousands			
All visits	9,079	5,283	2,770	958	868	5,495	3,730
				Standard error of percent			
Total percent	. . .	. . .	. . .	. . .	. . .	. . .	. . .
One or more chronic conditions	1.4	1.1	1.5	1.3	1.6	1.4	1.6
None	1.4	1.3	1.4	1.1	1.5	1.4	1.6
Unknown	0.5	0.7	0.4	0.7	0.6	0.5	0.6
Hypertension	1.2	0.6	1.8	2.3	2.3	1.1	1.4
Diabetes	0.6	0.4	1.2	1.9	2.5	0.7	0.7
Hyperlipidemia	1.1	0.4	1.8	3.0	2.5	1.0	1.4
Depression	0.7	0.7	1.0	1.2	1.0	0.8	0.7
Arthritis	0.8	0.3	1.3	2.1	2.4	1.0	0.8
Obesity	0.5	0.4	0.9	1.5	0.6	0.6	0.5
Asthma	0.4	0.5	0.6	0.8	0.9	0.5	0.4
Cancer	0.9	0.4	1.4	2.9	1.6	0.9	1.1
COPD[2]	0.4	0.4	0.5	1.5	1.4	0.3	0.5
Ischemic heart disease	0.2	0.1	0.4	1.0	1.0	0.2	0.4
CHF[3]	0.2	0.1	0.4	0.7	1.0	0.2	0.3
Cerebrovascular disease	0.2	0.1	0.2	0.4	1.0	0.2	0.2
Osteoporosis	0.3	. . .	0.3	1.0	1.7	0.4	0.1
Chronic renal failure	0.1	0.1	0.2	0.4	0.7	0.1	0.2

* Figure does not meet standards of reliability or precision.

. . . Category not applicable.

[1]Presence of comorbid chronic conditions were based on check box responses.

[2]COPD is chronic obstructive pulmonary disease.

[3]CHF is congestive heart failure.

Table 14. Number and percent distribution of outpatient department visits with corresponding standard errors, by diagnostic and screening services ordered or provided: United States, 2006

Diagnostic and screening services ordered or provided	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	102,208	9,079	. . .	. . .
One or more diagnostic or screening services ordered or provided	91,786	8,568	89.8	1.2
None	8,604	1,166	8.4	1.1
Blanks	1,818	469	1.8	0.4
Examinations				
Skin	11,932	1,846	11.7	1.4
Pelvic	5,856	772	5.7	0.5
Breast	4,599	644	4.5	0.5
Rectal	2,076	375	2.0	0.3
Depression screening	1,365	247	1.3	0.2
Vital signs				
Weight	73,586	7,160	72.0	2.3
Blood pressure	68,387	6,604	66.9	1.7
Temperature	54,739	5,997	53.6	2.8
Height	45,121	5,210	44.1	2.8
Blood tests				
CBC[2]	15,860	1,966	15.5	1.3
Glucose	8,240	1,220	8.1	0.9
Lipids or cholesterol	7,708	1,172	7.5	0.9
Electrolytes	6,770	1,162	6.6	1.0
HgbA1C[3]	4,617	912	4.5	0.8
PSA[4]	1,598	288	1.6	0.2
Other blood test	15,164	1,832	14.8	1.1
Other tests				
Urinalysis	9,837	1,268	9.6	0.9
EKG or ECG[5]	3,733	799	3.7	0.7
Pap test[6]	3,506	512	5.7	0.6
Conventional[6]	1,394	307	2.3	0.5
Liquid-based[6]	1,343	301	2.2	0.4
Type not specified[6]	769	161	1.2	0.2
Chlamydia test	1,508	244	1.5	0.2
Biopsy	1,156	256	1.1	0.2
Spirometry or pulmonary function test	844	197	0.8	0.2
HPV DNA test[7]	492	129	0.7	0.2
Other test or service	14,301	2,253	14.0	1.7
Imaging				
Any imaging	17,893	2,195	17.5	1.2
X ray	8,581	1,167	8.4	0.7
Ultrasound	4,197	599	4.1	0.4
MRI, CT, or PET[8]	3,621	630	3.5	0.5
Mammography	2,272	385	2.2	0.3
Bone mineral density	503	125	0.5	0.1
Other imaging	1,684	304	1.6	0.2

. . . Category not applicable.
[1]Combined total of individual services exceeds ''All visits'' because more than one may be reported per visit.
[2]CBC is complete blood count.
[3]HgbA1C is glycohemoglobin.
[4]PSA is prostate specific antigen.
[5]EKG or ECG is electrocardiogram.
[6]Denominator for percentage is female visits.
[7]HPV is human papillomavirus; DNA is deoxyribonucleic acid. Denominator for percentage is female visits.
[8]MRI is magnetic resonance imaging, CT is computed tomography, and PET is positron emission tomography.

Table 15. Number and percent distribution of initial blood pressure measurements for adults aged 18 years and over at outpatient department visits where blood pressure was taken with corresponding standard errors, by selected patient characteristics: United States, 2006

Patient characteristics	Number of visits in thousands	Initial blood pressure[1]											
		Percent distribution						Standard error of percent					
		Total	Low	Normal	Mildly high	Moderately high	Severely high	Total	Low	Normal	Mildly high	Moderately high	Severely high
All visits[2]	59,659	100.0	6.8	24.5	41.0	20.0	7.7	. . .	0.4	0.8	1.1	0.8	0.5
Age													
18–24 years	6,518	100.0	14.4	44.6	34.8	5.0	*	. . .	1.2	2.0	1.7	0.7	. . .
25–44 years	19,116	100.0	8.3	32.0	41.4	12.6	5.7	. . .	0.6	1.5	1.4	0.8	0.9
45–64 years	21,499	100.0	4.1	18.5	43.1	25.8	8.5	. . .	0.4	0.9	1.7	1.5	0.7
65–74 years	6,698	100.0	4.3	12.9	42.4	28.7	11.7	. . .	0.8	1.2	2.4	2.0	1.3
75 years and over	5,827	100.0	6.4	12.7	37.3	29.5	14.1	. . .	1.1	1.5	2.4	2.2	1.4
Sex													
Female	38,754	100.0	8.3	27.7	38.8	17.7	7.5	. . .	0.5	1.0	1.1	0.7	0.6
Male	20,905	100.0	4.1	18.6	45.1	24.2	8.0	. . .	0.5	0.9	1.5	1.2	0.9
Race[3]													
White	42,943	100.0	6.7	24.8	41.9	19.6	6.9	. . .	0.4	0.8	1.2	0.9	0.5
Black	13,987	100.0	6.5	22.4	38.8	21.8	10.5	. . .	0.6	1.6	1.5	1.0	1.2
Asian	1,552	100.0	12.8	30.8	33.4	18.7	*	. . .	2.5	3.1	3.1	3.2	. . .
Other	1,177	100.0	7.8	28.7	43.6	12.9	7.1	. . .	2.1	4.1	2.9	2.1	1.4
Ethnicity													
Hispanic or Latino	9,948	100.0	11.2	30.0	38.0	14.8	5.9	. . .	1.0	1.7	1.6	0.9	0.7
Not Hispanic or Latino	49,711	100.0	5.9	23.4	41.6	21.0	8.1	. . .	0.3	0.8	1.1	0.9	0.6

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

[1]Blood pressure (BP) levels were categorized using the following hierarchical definitions: Severely high BP is defined as 160 mm Hg systolic or above or 100 mm Hg diastolic or above. Moderately high BP is defined as 140–159 mm Hg systolic or 90–99 mm Hg diastolic. Mildly high BP is defined as 120–139 mm Hg systolic or 80–89 mm Hg diastolic. Low BP is defined as less than 100 mm Hg systolic or less than 60 mm Hg diastolic. Normal BP is defined as 100–119 mm Hg systolic and 60–79 mm Hg diastolic. BP classification was based on the *Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure* (JNC–7) (14). Mildly high BP corresponds to the JNC–7 prehypertension range. Moderately high BP corresponds to the JNC–7 stage 1 hypertensive range. Severely high BP corresponds to the JNC–7 stage 2 hypertensive range.

[2]Visits where BP was taken represent 76.0 percent (standard error = 1.8) of all outpatient department visits made by adults (18 years of age and over). In 36.9 percent (standard error = 2.1) of visits by children (0–17 years of age), BP was recorded.

[3]Other race includes Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. All race categories may include visits by persons of Hispanic or non-Hispanic origin. Starting with data year 1999, race- and ethnicity-specific estimates have been tabulated according to the 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

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

Table 16. Number and percentage of outpatient department visits with corresponding standard errors, by health education services ordered or provided: United States, 2006

Health education services ordered or provided	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	102,208	9,079	. . .	. . .
One or more health education services listed	50,813	5,347	49.7	2.6
None	49,927	5,111	48.8	2.6
Blank	1,469	439	1.4	0.4
Diet or nutrition	15,696	1,916	15.4	1.3
Exercise	7,711	1,346	7.5	1.0
Growth or development	4,209	610	4.1	0.5
Tobacco use or exposure	3,971	631	3.9	0.4
Stress management	3,687	593	3.6	0.5
Weight reduction	3,380	478	3.3	0.4
Injury prevention	2,862	617	2.8	0.5
Asthma education	1,405	205	1.4	0.2
Other health education	33,429	4,258	32.7	2.9

. . . Category not applicable.
[1]Combined total of individual services exceeds ''All visits'' because more than one may be reported per visit.

Table 17. Number and percentage of outpatient department visits with corresponding standard errors, by nonmedication treatments ordered or provided: United States, 2006

Nonmedication treatments ordered or provided	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	102,208	9,079	. . .	. . .
One or more nonmedication treatments listed	21,202	2,244	20.7	1.2
None	78,454	7,146	76.8	1.3
Psychotherapy	4,022	736	3.9	0.7
Wound care	3,086	445	3.0	0.3
Orthopedic care	2,939	507	2.9	0.4
Physical therapy	1,946	363	1.9	0.3
Excision of tissue	1,181	217	1.2	0.2
Home health care	*961	580	*0.9	0.6
Durable medical equipment	719	138	0.7	0.1
Complementary and alternative medicine (CAM)	458	111	0.4	0.1
Speech or occupational therapy	386	91	0.4	0.1
Radiation therapy	*167	60	*0.2	0.1
Hospice care	*	. . .	*	. . .
Other mental health counseling	3,408	564	3.3	0.5
Other surgical procedures	2,566	433	2.5	0.3
Other nonsurgical procedures	4,927	697	4.8	0.4

. . . Category not applicable.
* Figure does not meet standards of reliability or precision.
[1]Combined total of individual treatments exceeds ''All visits'' because more than one may be reported per visit.

Table 18. Number and percent distribution of outpatient department visits with corresponding standard errors, by medication therapy and number of medications provided or prescribed: United States, 2006

Medication therapy[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	102,208	9,079	100.0	. . .
Visits with mention of medication[2]	76,686	7,474	75.0	1.5
Visits without mention of medication	25,523	2,275	25.0	1.5
Number of medications provided or prescribed				
All visits	102,208	9,079	100.0	. . .
0	25,523	2,275	25.0	1.5
1	23,447	2,228	22.9	0.9
2	15,711	1,573	15.4	0.6
3	10,966	1,144	10.7	0.5
4	6,750	769	6.6	0.4
5	5,087	640	5.0	0.4
6	3,585	470	3.5	0.3
7	3,104	448	3.0	0.3
8	8,036	1,370	7.9	1.0

. . . Category not applicable.
[1]Includes prescription drugs, over-the-counter preparations, immunizations, and desensitizing agents.
[2]Also defined as drug visits.

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

Table 19. Number and percent distribution of drug visits and drug mentions and percentage of drug visits and drug mention rates per 100 visits with corresponding standard errors, by type of clinic: United States, 2006

Clinic type	Drug visits[1]				Drug mentions[2]			Percentage of drug visits[3]			Drug mention rates[4]	
	Number in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Percent	Standard error of percent	Number of drug mentions per 100 visits	Standard error of rate
All visits	76,686	7,474	100.0	. . .	247,727	27,702	100.0	. . .	75.0	1.5	242.4	11.5
General medicine[5]	51,256	5,449	66.8	2.5	178,574	20,073	72.1	2.4	82.5	1.1	287.4	12.9
Pediatrics	7,378	1,017	9.6	1.2	16,943	2,381	6.8	0.9	66.9	2.7	153.7	8.9
Surgery	7,067	1,318	9.2	1.3	25,058	6,035	10.1	1.8	60.1	4.3	213.2	28.6
Obstetrics and gynecology	6,179	1,011	8.1	1.1	11,614	2,179	4.7	0.7	65.7	3.0	123.5	10.1
Substance abuse and other[6]	4,805	732	6.3	0.9	15,539	2,902	6.3	1.0	60.8	6.8	196.8	30.2

. . . Category not applicable.
[1]Visits at which one or more drugs were provided or prescribed.
[2]Number of drugs mentioned at visits (up to eight per visit).
[3]Percentage of visits to the clinic that included one or more drug mentions (number of drug visits divided by number of clinic visits multiplied by 100).
[4]Average number of drugs that were mentioned per 100 visits to each clinic (number of drug mentions divided by total number of visits multiplied by 100).
[5]General medicine clinics include family practice, primary care clinics, and internal medicine and its subspecialties.
[6]Other includes psychiatric, mental health, and miscellaneous specialty clinics.

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

Table 20. Number and percentage of drug mentions for the 20 most frequently occuring therapeutic drug categories at outpatient department visits, with corresponding standard errors: United States, 2006

Therapeutic drug category[1]	Number of occurrences in thousands	Standard error in thousands	Percent of drug mentions[2]	Standard error of percent
Analgesics[3]	31,670	3,753	12.8	1.8
Antidepressants	11,559	1,584	4.7	1.0
Antidiabetic agents	11,516	1,559	4.6	1.1
Antihyperlipidemic agents	10,369	1,470	4.2	0.9
Anxiolytics, sedatives, and hypnotics	8,090	1,079	3.3	0.7
Beta-adrenergic blocking agents	7,688	1,088	3.1	0.7
Bronchodilators	7,529	978	3.0	0.6
Anticonvulsants	7,265	941	2.9	0.6
Proton pump inhibitors	7,209	1,115	2.9	0.8
Antiplatelet agents	7,100	973	2.9	0.6
Diuretics	7,008	849	2.8	0.5
Dermatological agents	6,977	969	2.8	0.7
Antihistamines	6,777	889	2.7	0.5
Angiotensin converting enzyme inhibitors	6,256	825	2.5	0.5
Calcium channel blocking agents	4,715	698	1.9	0.5
Penicillins	4,679	744	1.9	0.5
Viral vaccines	4,261	757	1.7	0.6
Minerals and electrolytes	4,129	648	1.7	0.4
Vitamin and mineral combinations	4,104	794	1.7	0.6
Adrenal cortical steroids	4,035	507	1.6	0.3

[1]Based on Multum Lexicon second-level therapeutic drug category (see www.multum.com/Lexicon.htm).
[2]Based on an estimated 247,727,000 drug mentions at outpatient department visits in 2006.
[3]Includes narcotic and nonnarcotic analgesics and nonsteroidal anti-inflammatory drugs.

Table 21. Number, percent distribution, and therapeutic drug category for the 20 drug names most frequently prescribed at outpatient department visits, by new or continued drug status, with corresponding standard errors: United States, 2006

Drug name[1]	Number of mentions in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Percent distribution				Standard error of percent				Therapeutic drug category[2]
					Total	New	Continued	Unknown	Total	New	Continued	Unknown	
All drug mentions	247,727	27,702	100.0	. . .	100.0	29.0	67.6	3.4	. . .	1.9	1.9	0.4	. . .
Aspirin	5,752	801	2.3	0.1	100.0	8.1	89.4	2.5	. . .	2.3	2.4	0.7	Analgesics or antiplatelet agents
Ibuprofen	5,597	776	2.3	0.2	100.0	55.1	41.2	3.7	. . .	3.3	3.5	0.7	Analgesics
Albuterol	4,426	560	1.8	0.1	100.0	20.5	75.6	4.0	. . .	2.7	3.3	1.0	Bronchodilators
Atorvastatin	4,390	736	1.8	0.2	100.0	3.5	92.0	4.5	. . .	0.9	1.6	1.5	Antihyperlipidemic agents
Acetaminophen	4,372	652	1.8	0.2	100.0	51.9	45.5	2.6	. . .	3.6	3.7	0.7	Analgesics
Metoprolol	3,702	554	1.5	0.1	100.0	9.7	88.4	1.9	. . .	1.9	2.1	0.9	Beta-adrenergic blocking agents
Hydrochlorothiazide	3,569	451	1.4	0.1	100.0	10.1	85.6	4.3	. . .	1.9	2.2	1.4	Diuretics
Lisinopril	3,507	566	1.4	0.1	100.0	6.5	91.7	1.8	. . .	1.5	1.7	0.6	Angiotensin converting enzyme inhibitors
Metformin	3,463	454	1.4	0.1	100.0	6.9	91.5	1.5	. . .	1.7	1.7	0.6	Antidiabetic agents
Acetaminophen-hydrocodone	3,395	457	1.4	0.1	100.0	40.7	57.5	1.8	. . .	4.2	4.2	0.6	Analgesics
Levothyroxine	3,245	494	1.3	0.1	100.0	3.8	91.7	4.5	. . .	0.9	1.4	1.2	Thyroid drugs
Amoxicillin	3,027	476	1.2	0.2	100.0	86.4	9.2	4.4	. . .	1.9	1.8	1.2	Penicillins
Atenolol	2,637	450	1.1	0.1	100.0	8.4	88.7	2.9	. . .	2.1	2.3	1.0	Beta-adrenergic blocking agents
Furosemide	2,447	342	1.0	0.1	100.0	9.3	87.7	3.0	. . .	2.1	2.2	0.9	Diuretics
Warfarin	2,392	463	1.0	0.2	100.0	1.8	95.6	2.6	. . .	1.0	1.6	1.3	Anticoagulants
Amlodipine	2,326	367	0.9	0.1	100.0	5.8	93.1	1.1	. . .	1.8	1.8	0.4	Calcium channel blocking agents
Azithromycin	2,300	337	0.9	0.1	100.0	80.8	17.5	1.7	. . .	4.2	4.1	0.9	Macrolide derivatives
Esomeprazole	2,198	426	0.9	0.1	100.0	15.5	83.4	1.1	. . .	3.2	3.1	0.5	Proton pump inhibitors
Simvastatin	2,053	315	0.8	0.1	100.0	10.0	86.8	3.1	. . .	2.5	2.4	1.2	Antihyperlipidemic agents
Omeprazole	2,049	328	0.8	0.1	100.0	27.1	69.8	3.1	. . .	4.0	4.2	1.5	Proton pump inhibitors
All other	180,881	20,133	73.0	0.6	100.0	31.0	65.4	3.6	. . .	1.9	1.9	0.4	. . .

. . . Category not applicable.
[1]Based on Multum Lexicon terminology, drug name reflects the active ingredient(s) of a drug mention.
[2]Based on Multum Lexicon second-level therapeutic drug category (see www.multum.com/lexicon.htm).

Table 22. Number and percentage of outpatient department visits with corresponding standard errors, by providers seen: United States, 2006

Type of provider	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	102,208	9,079	. . .	. . .
Any physician	80,487	7,553	78.7	1.7
RN[2] or LPN[3]	48,535	5,771	47.5	3.5
Nurse practitioner or midwife	9,623	1,325	9.4	1.1
Physician assistant	6,848	1,493	6.7	1.3
Other provider	24,644	3,195	24.1	2.4

. . . Category not applicable.
[1]Combined total of individual providers exceeds "All visits" because more than one may be reported per visit.
[2]RN is registed nurse.
[3]LPN is licensed practical nurse.
NOTE: Numbers may not add to totals because of rounding.

Table 23. Number and percentage of outpatient department visits with corresponding standard errors, by visit disposition: United States, 2006

Disposition	Number of visits in thousands[1]	Standard error in thousands	Percent distribution	Standard error of percent
All visits	102,208	9,079	. . .	. . .
Return at specified time	65,058	6,057	63.7	2.5
Return if needed, PRN[2]	27,690	3,550	27.1	2.0
Referred to other physician	14,376	2,133	14.1	1.5
No follow-up planned	6,676	837	6.5	0.6
Telephone follow-up planned	*4,232	1,924	*4.1	1.8
Refer to emergency department	553	135	0.5	0.1
Admitted to hospital	362	65	0.4	0.1
Other disposition	1,772	389	1.7	0.4
Blank	1,758	441	1.7	0.4

. . . Category not applicable.
* Figure does not meet standards of reliability or precision.
[1]Combined total of individual dispositions exceeds "All visits" because more than one may be reported per visit.
[2]PRN is "as needed."

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FORM **NHAMCS-100(OPD)** (8-1-2005)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS DATA COLLECTION AGENT FOR THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
2006 OUTPATIENT DEPARTMENT PATIENT RECORD

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

NHAMCS-100(OPD) (8-1-2005)

1. PATIENT INFORMATION

a. Date of visit — Month | Day | Year: | | | 2 0 0

b. ZIP code

c. Date of birth — Month | Day | Year

d. Sex
1 ☐ Female – Is patient pregnant?
1 ☐ Yes - *Specify gestation week* →
OR
LMP Month | Day | Year: | | | 2 0 0
2 ☐ No
3 ☐ Unknown
2 ☐ Male

e. Ethnicity
1 ☐ Hispanic or Latino
2 ☐ Not Hispanic or Latino

f. Race – *Mark (X) one or more.*
1 ☐ White
2 ☐ Black/African American
3 ☐ Asian
4 ☐ Native Hawaiian/ Other Pacific Islander
5 ☐ American Indian/ Alaska Native

g. Tobacco use
1 ☐ Not current → 1 ☐ Never / 2 ☐ Former
2 ☐ Current
3 ☐ Unknown

h. Expected source(s) of payment for this visit – *Mark (X) all that apply.*
1 ☐ Private insurance
2 ☐ Medicare
3 ☐ Medicaid/SCHIP
4 ☐ Worker's compensation
5 ☐ Self-pay
6 ☐ No charge/Charity
7 ☐ Other
8 ☐ Unknown

2. INJURY/POISONING/ ADVERSE EFFECT

Is this visit related to any of the following?
1 ☐ Unintentional injury/ poisoning
2 ☐ Intentional injury/poisoning
3 ☐ Adverse effect of medical/surgical care or adverse effect of medicinal drug
4 ☐ None of the above
5 ☐ Unknown

3. REASON FOR VISIT

Patient's complaint(s), symptom(s), or other reason(s) for this visit – *Use patient's own words.*
(1) Most important:
(2) Other:
(3) Other:

4. CONTINUITY OF CARE

a. Are you the patient's primary care physician/provider?
1 ☐ Yes –*SKIP to item 4b.*
2 ☐ No
3 ☐ Unknown
Was patient referred for this visit?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

b. Has the patient been seen in this clinic before?
1 ☐ Yes, established patient – **How many past visits in the last 12 months?** *Exclude this visit.*
1 ☐ None
2 ☐ 1-2
3 ☐ 3-5
4 ☐ 6+
5 ☐ Unknown
2 ☐ No, new patient

c. Major reason for this visit
1 ☐ New problem (<3 mos. onset)
2 ☐ Chronic problem, routine
3 ☐ Chronic problem, flare-up
4 ☐ Pre-/Post-surgery
5 ☐ Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams)

5. PHYSICIAN'S DIAGNOSIS FOR THIS VISIT

a. As specifically as possible, list diagnoses related to this visit including chronic conditions.
(1) Primary diagnosis:
(2) Other:
(3) Other:

b. Regardless of the diagnoses written in 5a, does the patient now have – *Mark (X) all that apply.*
1 ☐ Arthritis
2 ☐ Asthma
3 ☐ Cancer
0 ☐ In situ
1 ☐ Local
2 ☐ Regional
3 ☐ Distant
4 ☐ Unknown
4 ☐ Cerebrovascular disease
5 ☐ CHF
6 ☐ Chronic renal failure
7 ☐ COPD
8 ☐ Depression
9 ☐ Diabetes
10 ☐ Hyperlipidemia
11 ☐ Hypertension
12 ☐ Ischemic heart disease
13 ☐ Obesity
14 ☐ Osteoporosis
15 ☐ None of the above

c. Status of patient enrollment in a disease management program for any of the conditions marked in 5b.
1 ☐ Currently enrolled
2 ☐ Ordered/advised to enroll at this visit
3 ☐ Not enrolled
4 ☐ Unknown

6. VITAL SIGNS

(1) Height . . . . . ☐ ft/in ☐ cm
(2) Weight . . . . . ☐ lbs ☐ kg
(3) Temperature ☐ °C ☐ °F
(4) Blood pressure ____ / ____

7. DIAGNOSTIC/SCREENING SERVICES

*Mark (X) all **ordered** or **provided** at this visit.*
1 ☐ NONE
Examinations:
2 ☐ Breast
3 ☐ Pelvic
4 ☐ Rectal
5 ☐ Skin
6 ☐ Depression screening
Imaging:
7 ☐ Bone mineral density
8 ☐ Mammography
9 ☐ MRI/CT/PET
10 ☐ Ultrasound
11 ☐ X-ray
12 ☐ Other imaging
Blood tests:
13 ☐ CBC (complete blood count)
14 ☐ Electrolytes
15 ☐ Glucose
16 ☐ HgbA1C (glycohemoglobin)
17 ☐ Lipids/Cholesterol
18 ☐ PSA (prostate specific antigen)
19 ☐ Other blood test
Scope:
20 ☐ Scope procedure (e.g., colonoscopy) - *Specify* →
Other tests:
21 ☐ Biopsy
22 ☐ Chlamydia test
23 ☐ Pap test - conventional
24 ☐ Pap test - liquid-based
25 ☐ Pap test - unspecified
26 ☐ HPV DNA test
27 ☐ EKG/ECG
28 ☐ Spirometry/Pulmonary function test
29 ☐ Urinalysis (UA)
30 ☐ Other test/service - *Specify* →

8. HEALTH EDUCATION

*Mark (X) all **ordered** or **provided** at this visit.*
1 ☐ NONE
2 ☐ Asthma education
3 ☐ Diet/Nutrition
4 ☐ Exercise
5 ☐ Growth/Development
6 ☐ Injury prevention
7 ☐ Stress management
8 ☐ Tobacco use/ Exposure
9 ☐ Weight reduction
10 ☐ Other

9. NON-MEDICATION TREATMENT

*Mark (X) or list all **ordered** or **provided** at this visit.*
1 ☐ NONE
2 ☐ Complementary alternative medicine (CAM)
3 ☐ Durable medical equipment
4 ☐ Home health care
5 ☐ Hospice care
6 ☐ Physical therapy
7 ☐ Radiation therapy
8 ☐ Speech/Occupational therapy
9 ☐ Psychotherapy
10 ☐ Other mental health counseling
11 ☐ Excision of tissue
12 ☐ Orthopedic care
13 ☐ Wound care
Procedures:
14 ☐ Other non-surgical procedures – *Specify* →
15 ☐ Other surgical procedures – *Specify* →

10. MEDICATIONS & IMMUNIZATIONS

☐ NONE **Include Rx and OTC drugs, immunizations, allergy shots, anesthetics, chemotherapy, and dietary supplements that were ordered, supplied, administered or continued during the visit.**

	New	Continued
(1)	1 ☐	2 ☐
(2)	1 ☐	2 ☐
(3)	1 ☐	2 ☐
(4)	1 ☐	2 ☐
(5)	1 ☐	2 ☐
(6)	1 ☐	2 ☐
(7)	1 ☐	2 ☐
(8)	1 ☐	2 ☐

11. PROVIDERS

Mark (X) all providers seen at this visit.
1 ☐ Physician
2 ☐ Physician assistant
3 ☐ Nurse practitioner/ Midwife
4 ☐ RN/LPN
5 ☐ Other

12. VISIT DISPOSITION

Mark (X) all that apply.
1 ☐ No follow-up planned
2 ☐ Return if needed, PRN
3 ☐ Refer to other physician
4 ☐ Return at specified time
5 ☐ Telephone follow-up planned
6 ☐ Refer to emergency department
7 ☐ Admit to hospital
8 ☐ Other

2006 OPD

Figure 6. 2006 Patient Record Form

Suggested citation

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U.S. DEPARTMENT OF
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Centers for Disease Control and Prevention
National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782

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