VITAL & HEALTH STATISTICS

# Patterns of Ambulatory Care in Internal Medicine: The National Ambulatory Medical Care Survey

## United States, January 1980–December 1981

Data on the ambulatory medical care provided during visits to office-based internists are presented. Individual practice profiles are drawn for female and male physicians and for different age groups of physicians. Patterns of care are described for physicians in solo or other practices and for those in the four major geographic regions and in metropolitan and nonmetropolitan areas. Descriptors of practice include patient demographic characteristics, prior visit status, and patient condition. Data are also presented on the patient management techniques utilized, including diagnostic services, medication therapy, and nonmedication therapy. Comparisons are made between practice patterns of internists and other specialists.

**Data From the National Health Survey**
**Series 13, No. 80**

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**Symbols**

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| . . . | Category not applicable |
| - | Quantity zero |
| 0.0 | Quantity more than zero but less than 0.05 |
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# Patterns of Ambulatory Care in Internal Medicine: The National Ambulatory Medical Care Survey

by Beulah K. Cypress, Ph.D., Division of Health Care Statistics

## Introduction

### Purpose and background

This report is a presentation of national estimates of the use of ambulatory medical care services provided by nonfederally employed office-based internists in the conterminous United States during the calendar years 1980–81. It is the fifth in a series of reports based on the visit characteristics of various medical and surgical specialties. Previous publications highlighted the visit characteristics of general and family practice, pediatrics, obstetrics and gynecology, and general surgery.[1–4] The data were gathered by the National Center for Health Statistics by means of the National Ambulatory Medical Care Survey, a sample survey of physicians' office visits conducted annually through 1981 by the Division of Health Care Statistics. Data collection and processing for the 1980 and 1981 National Ambulatory Medical Care Surveys were the responsibility of the National Opinion Research Center at the University of Chicago. Sample selection was accomplished with the assistance of the American Medical Association and the American Osteopathic Association.

A report based on 1975 estimates of visits to internists was published in *Vital and Health Statistics,* Series 13, No. 36.[5] However, because the reason for visit coding system was revised in 1977 and the *Ninth Revision of the International Classification of Diseases* was introduced for coding diagnoses in 1979, data from that report may not be strictly comparable to the data in this report.

Detailed information on the background and methodology of the survey was published in *Vital and Health Statistics,* Series 2, No. 61.[6] A description of the 1980 and 1981 surveys, including statistical design, data collection and processing, and estimation procedures, may be found in appendix I of this report. Technical details regarding reliability of estimates are also given in appendix I. Definitions of terms used in the survey are provided in appendix II. Facsimiles of survey instruments appear in appendix III. Prior to data presentation the scope of the survey and limitations of the data are described briefly to assist the reader in interpreting the estimates.

### Scope of the survey

The basic sampling unit for the National Ambulatory Medical Care Survey (NAMCS) is the physician-patient encounter or visit. The current scope of NAMCS includes all office visits within the conterminous United States made by ambulatory patients to nonfederally employed, office-based physicians as classified by the American Medical Association or the American Osteopathic Association. The NAMCS physician universe excludes anesthesiologists, pathologists, radiologists, and physicians principally engaged in teaching, research, or administration. Telephone contacts and visits conducted outside the physician's office also are excluded.

### Source and limitations of the data

The data in this report are based on information obtained from a patient encounter form, the Patient Record (see appendix III), for a sample of visits provided by a national probability sample of office-based physicians. The combined samples for the 1980 and 1981 NAMCS included 5,805 physicians, 1,124 of whom were ineligible because they were out of scope at the time of the survey. Of 4,681 eligible physicians, 3,676 (78.5 percent) participated (see appendix I). There were 871 internists in the sample of whom 158 were out of scope. Of 713 eligible internists, 531 participated (74.5 percent).

Sample physicians listed all office visits during a randomly assigned 7-day reporting period. During the 2-year period, information was recorded on Patient Records for a systematic random sample of 89,447 visits including 12,354 visits to internists.

The 1980 and 1981 NAMCS were conducted in identical fashion using the same instruments, definitions, and procedures. The 2 years of data were combined to provide more reliable estimates; therefore, the estimates of number of visits and drug mentions contained in this report are for a 2-year period, but ratios and rates represent average annual estimates.

The information in this report is derived from a complex sample survey, and the appendixes should be reviewed to insure a proper understanding and interpretation of the statistical estimates presented. Because the statistics are based on a sample of office visits rather than on all visits, they are subject to sampling errors. Therefore, particular attention should be paid to the section "Reliability of estimates." Charts on relative standard errors and instructions for their use are also given.

### Visits by specialty

The percent distribution of 1980–81 office visits, according to medical and surgical specialty, is illustrated in figure 1.

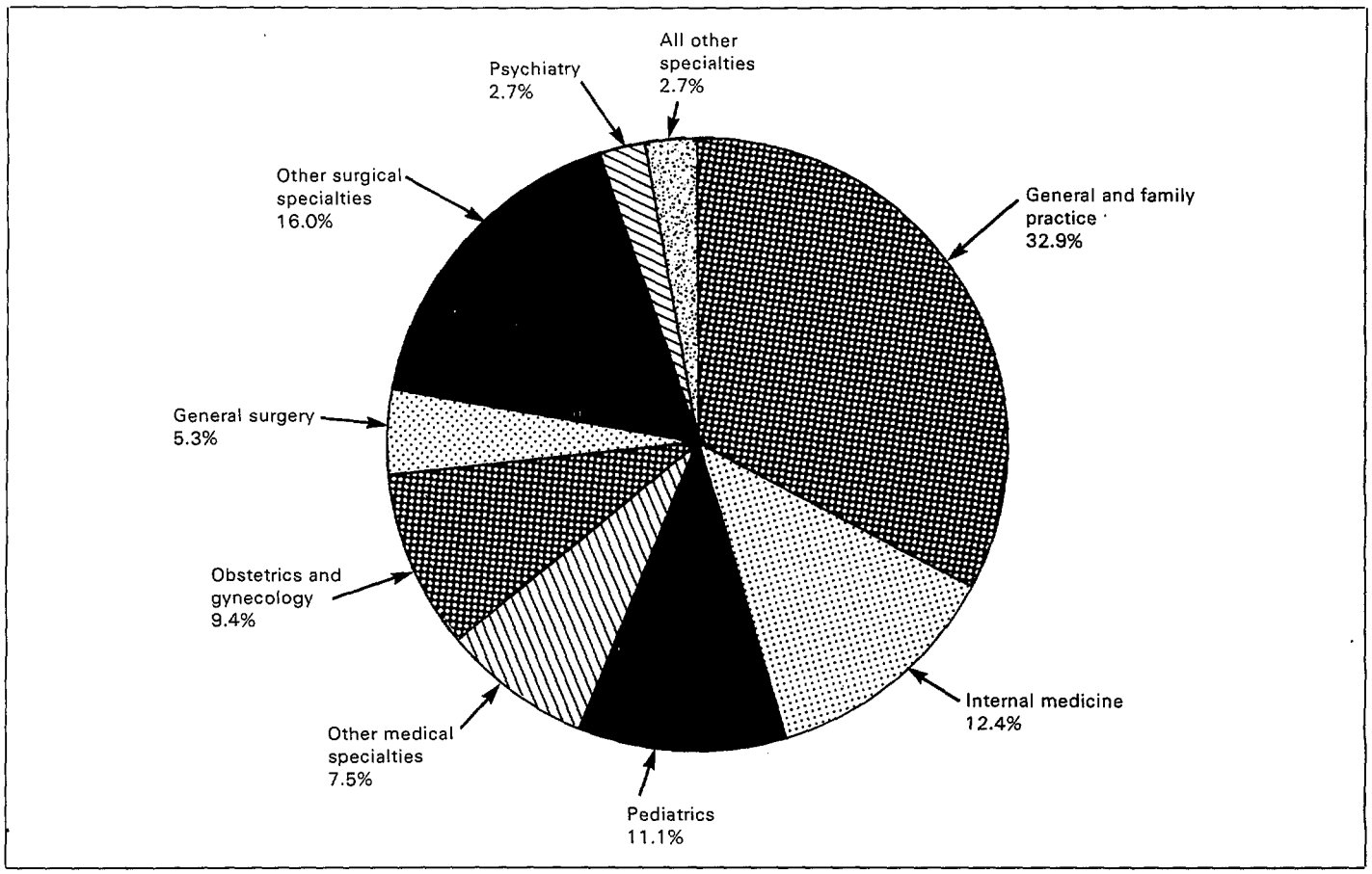



**Figure 1. Percent distribution of office visits by physician specialty: United States, January 1980–December 1981**

There were an estimated 144,172,000 office visits to internists during the 2-year period. They constituted about 12 percent of the visits to all physicians, making internal medicine the second most frequently visited specialty in NAMCS.

## Overview of visit characteristics

In this report separate patterns of ambulatory care are presented for solo and other types of practice, four geographic regions, age and sex of physician, and patient sex and age groups. Patterns are also described for visits that fall into different visit status categories. A general description of visits to internists has not been published since the report based on 1975 data. Therefore, an overview of the characteristics of visits to internists regardless of controlling variables, is offered first. These statistics are shown in the first column of table 1. The percents referred to in the text as "NAMCS average" are proportions based on visits to all specialties in 1980–81 and are derived from data alluded to in previous publications.[1–4] However, a separate summary of 1980–81 data has not been published.

About 71 percent of the visits to internists were made by patients 45 years of age and over, compared with the NAMCS average of 41 percent for such patients, underscoring the major difference between visits to internists and those to general and family physicians, where visits included a broader age range. The median age of patients visiting internists was 57.9 years, compared with 36.4 years for all NAMCS visits. The proportion of visits by females (59 percent) was close to the NAMCS average of 60 percent.

As may be expected when patients are predominantly middle-aged or older, internists treated chronic problems in the majority of their visits (57 percent). Nonillness care accounted for only 10 percent, and acute problems for 32 percent. Blood pressure was measured in 61 percent of internists' visits and electrocardiograms were made in 12 percent, compared with the NAMCS averages of 34 percent and 3 percent, respectively, for these diagnostic services. The relatively frequent use of these tests reflects the higher than average proportion of visits for diseases of the circulatory system (26 percent, compared with 10 percent). The principal (first-listed) diagnoses rendered by physicians during visits are coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM).[7]

Counseling was used proportionately more often by internists than any other nonmedication therapy shown in NAMCS. About 34 percent of their visits included medical counseling; 13 percent included diet counseling. One or more drugs were prescribed in 76 percent of internists' visits, and patients were likely to be treated with more than a single drug in 47 percent of visits. Because the average rate of drug utilization measured in NAMCS increases with each older patient age group, it is

not surprising that 26 percent of internists' visits included three or more drugs, compared with the average of 13 percent for the same number of drugs in all physician visits.

The average duration of internists' visits was 20.3 minutes, which is longer than the NAMCS average of 15.9 minutes. About 40 percent of internists' visits lasted 16 minutes or longer, compared with the average proportion of 27 percent for this duration. Patients were instructed to return at a specified time in 69 percent of the visits, and the same proportion of visits were made by patients returning for care of continuing problems.

# Physician and practice characteristics

## Type and location of practice

About 48 percent of visits to internists were to those in solo practice, representing a decrease from the 54 percent of such visits estimated in 1975. This finding reflects the trend toward multiple practice projected by the Center for Health Services Research and Development of the American Medical Association.[8] The characteristics of visits according to type and location of practice are shown in table 1. Drug mentions are detailed in table 2. There were few remarkable differences among the patterns of practice, and most small differences may be attributed to sampling variability. Physicians in solo practice and those located in the Northeast Region tended to counsel patients regarding diet proportionately more frequently than other physicians did. As table A shows, solo practice visits were more likely to occur in the Northeast Region than in other regions. Thus, there is a correlation in the patterns of visits to physicians in solo practice and those located in the Northeast Region.

Visits to physicians in metropolitan areas were about evenly divided between solo and other types of practice, but visits to physicians in nonmetropolitan areas were more likely to be to those in multiple practice where the proportion of such visits was twice as high as that of visits to solo practices. A similar tendency was observed in visits to general and family practitioners.[1]

Clinical laboratory tests, X-rays, and electrocardiograms were more likely to be ordered or provided by physicians in metropolitan areas than in others. However, the data do not indicate any statistically significant differences in disease categories that might account for this. The greater likelihood of such tests in visits to internists in metropolitan areas may be due to proportionately more internists with subspecialties in cardiovascular diseases, gastroenterology, and pulmonary diseases in these areas. Metropolitan areas may also have a higher concentration of other specialists such as radiologists, and the availability of advanced medical technology in such areas may also be a factor.

Medical counseling was also provided proportionately more often by internists in metropolitan areas. The greater use of these services in metropolitan areas probably accounts for the higher proportion of relatively long visits in that area, because 41 percent of such visits lasted 16 minutes or longer, compared with 34 percent with that duration in nonmetropolitan areas.

Because proportions of disease categories differed minimally among the practice profiles based on type of practice and location, it is not surprising that drug utilization patterns based on these variables were also similar. Estimates of drug utilization in NAMCS are based on the physicians' entries on the Patient Record form. These entries may be brand or generic names of prescription or over-the-counter drugs, or a therapeutic effect. Drug mentions include all new or continued drugs listed in item 11. Physicians may make up to eight such entries. The methodology used to collect and process this drug information is described in *Vital and Health Statistics,* Series 2, No. 90.[9] Drug mentions are listed in table 2 by therapeutic categories that are based on the American Hospital Formulary Service classification system (see appendix IV).[10] The distribution of drug mentions according to type of practice and location are remarkably similar. The percents of drug visits (visits in which one or more drugs were prescribed) that are shown in table B hover around the average of 76 percent for all visits to internists. Drug utilization rates shown in the same table are also similar regardless of the qualifying variable.

**Table A. Number and percent distribution of office visits to internists by type of practice, according to location of physician's practice: United States, January 1980–December 1981**

| Geographic region and area | Number of visits in thousands | Type of practice | | |
|---|---|---|---|---|
| | | Total | Solo | Other[1] |
| | | Percent distribution | | |
| All office visits | 144,172 | 100.0 | 47.5 | 52.5 |
| Geographic region | | | | |
| Northeast | 46,388 | 100.0 | 58.0 | 42.1 |
| North Central | 32,926 | 100.0 | 42.2 | 57.8 |
| South | 36,975 | 100.0 | 40.4 | 59.7 |
| West | 27,883 | 100.0 | 45.8 | 54.2 |
| Area | | | | |
| Metropolitan | 119,871 | 100.0 | 50.8 | 49.2 |
| Nonmetropolitan | 24,301 | 100.0 | 31.4 | 68.6 |

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

## Age and sex of physician

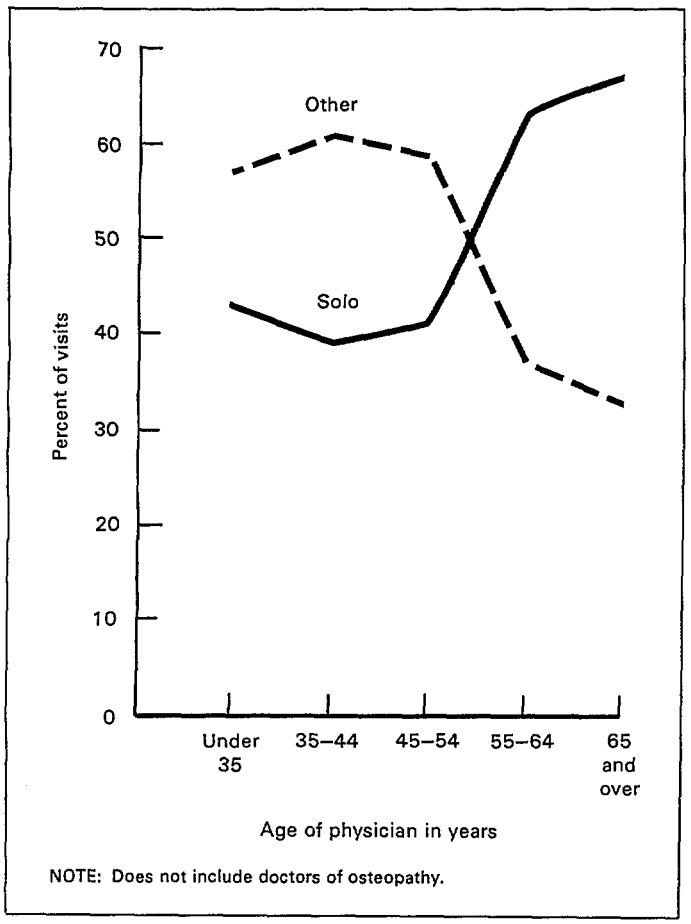
There were 1,362,000 visits to internists who identified themselves as doctors of osteopathy. These visits are not included in tables that relate to the age and sex of the physician because this information was not available for these physicians.

Internists aged 45–64 years had a higher average number of visits per week than their younger and older counterparts

**Table D. Number of office visits to internists, number and percent of drug visits, number of drug mentions, drug mention rate, and drug intensity rate, by age and sex of physician: United States, January 1980–December 1981**

| *Age and sex of physician*[1] | *Office visits* | | | *Drug mentions* | *Drug mention rate*[3] | *Drug intensity rate*[4] |
|---|---|---|---|---|---|---|
| | *All visits* | *Drug visits*[2] | | | | |
| Age | Number in thousands | Number in thousands | Percent | Number in thousands | Rate per visit | Rate per drug visit |
| All ages | 142,810 | 108,830 | 76.2 | 248,864 | 1.74 | 2.29 |
| Under 35 years | 15,051 | 11,404 | 75.8 | 25,423 | 1.69 | 2.23 |
| 35–44 years | 36,800 | 29,323 | 79.7 | 66,323 | 1.80 | 2.26 |
| 45–54 years | 50,340 | 37,048 | 73.6 | 84,953 | 1.69 | 2.29 |
| 55–64 years | 32,323 | 24,614 | 76.2 | 57,800 | 1.79 | 2.35 |
| 65 years and over | 8,295 | 6,442 | 77.7 | 14,365 | 1.73 | 2.23 |
| Sex | | | | | | |
| Female | 5,269 | 4,117 | 78.1 | 8,598 | 1.63 | 2.09 |
| Male | 137,541 | 104,713 | 76.1 | 240,266 | 1.75 | 2.29 |

[1]Does not include doctors of osteopathy.
[2]A visit in which one or more drugs were prescribed.
[3]Drug mentions divided by number of visits.
[4]Drug mentions divided by number of drug visits.




NOTE: Does not include doctors of osteopathy.

**Figure 2. Percent distribution of office visits to internists by type of practice, according to age of physician: United States, January 1980–December 1981**

therapeutic listening (17 percent, compared with 5 percent) and proportionately more medical counseling (53 percent, compared with 33 percent). Because male internists treated proportionately more cardiovascular conditions than females did, they were more likely to prescribe cardiac drugs (10 percent, compared with 5 percent). Female internists, who saw proportionately more patients with musculoskeletal problems, prescribed proportionately more analgesics (16 percent, compared with 10 percent for males).

It has been shown that physicians entering the practice of medicine are likely to join a multiple practice while established physicians tend to remain in solo practice. Female physicians, on the whole, are newer to the profession than males and thus are found in greater proportions in multiple practices. NAMCS data show that 64 percent of the visits to female internists were to those engaged in a group or multiple practice, compared with 52 percent of visits to male internists in the same type of practice. Some research has shown that female physicians tend to join group practices because the flexibility of work schedules in such a setting permits them to combine professional and family responsibilities. It has also been suggested that female physicians are more likely to practice in metropolitan areas, where domestic and child care services are likely to be available, than in other areas. According to NAMCS data, 92 percent of the female internists' visits were in metropolitan areas, compared with 83 percent of those to males.

Table B. Number of office visits to internists, number and percent of drug visits, number of drug mentions, drug mention rate, and drug intensity rate, by type and location of physician's practice: United States, January 1980–December 1981

| Type and location of practice | Office visits | | | Drug mentions | Drug mention rate[2] | Drug intensity rate[3] |
|---|---|---|---|---|---|---|
| | All visits | Drug visits[1] | | | | |
| Type of practice | Number in thousands | Number in thousands | Percent | Number in thousands | Rate per visit | Rate per drug visit |
| All types of practice | 144,172 | 109,799 | 76.2 | 251,370 | 1.74 | 2.29 |
| Solo | 68,479 | 53,468 | 78.1 | 124,653 | 1.82 | 2.33 |
| Other[4] | 75,693 | 56,332 | 74.4 | 126,717 | 1.67 | 2.25 |
| Geographic region | | | | | | |
| Northeast | 46,388 | 35,651 | 76.9 | 75,997 | 1.64 | 2.13 |
| North Central | 32,926 | 26,249 | 79.7 | 64,091 | 1.95 | 2.44 |
| South | 36,975 | 26,929 | 72.8 | 63,682 | 1.72 | 2.36 |
| West | 27,883 | 20,971 | 75.2 | 47,600 | 1.71 | 2.27 |
| Area | | | | | | |
| Metropolitan | 119,871 | 91,435 | 76.3 | 205,182 | 1.71 | 2.24 |
| Nonmetropolitan | 24,301 | 18,364 | 75.6 | 46,188 | 1.90 | 2.52 |

[1]A visit in which one or more drugs were prescribed.
[2]Drug mentions divided by number of visits.
[3]Drug mentions divided by number of drug visits.
[4]Includes partnership, group, and other types of practice.

(table C). Like other female physicians, females in internal medicine averaged fewer visits than male internists did. However, unlike those to other female physicians, visits to female internists did not last longer than visits to males in the same specialty did.

Patterns of practice based on the visit characteristics described in NAMCS are outlined by age and sex of the physician in table 3. Drug mentions are detailed in table D and table 4. Internists 45 years of age and over had a higher proportion of visits by patients 45 years of age and over than younger physicians did. The tendency of older patients to visit older physicians is typical of most specialties, and probably reflects a pattern of continuing patient care.

There was a steady decrease in the proportions of new patients across increasingly older physician age groups that probably reflects the development of an established caseload.

Table C. Average number of office visits per week to internists and mean duration of visit, by age and sex of physician: United States, January 1980–December 1981

| Age and sex of physician[1] | Average number of office visits per physician per week | Mean duration of visit in minutes |
|---|---|---|
| Age | | |
| All ages | 51.4 | 20.3 |
| Under 35 years | 42.8 | 20.0 |
| 35–44 years | 48.7 | 19.6 |
| 45–54 years | 58.3 | 20.5 |
| 55–64 years | 58.0 | 20.2 |
| 65 years and over | 33.0 | 22.5 |
| Sex | | |
| Female | 41.6 | 21.3 |
| Male | 51.8 | 20.2 |

[1]Does not include doctors of osteopathy.

The clinical attributes of practice were very similar for physicians under 45 years of age and for those older despite the somewhat older caseload of the latter group. There was less variation in the profiles of the internists' age groups than there was in those of other primary care physicians. But similar to those of other specialists, proportions of visits to internists in solo practice increased after age 44 years (figure 2), reflecting the preference of younger physicians for multiple practice.

Differences between the practice patterns of female and male internists were more pronounced than those by physician's age were. Female internists treated female patients in 70 percent of their visits in contrast to 58 percent seen by male internists. Patients visiting female internists were younger than those visiting male internists. About 41 percent were aged 15–44 years, compared with 27 percent the same age who visited males. Female internists were also more likely than their male counterparts were to see new patients (23 percent for the former, compared with 12 percent for the latter). The "young, female, new patient" dominated pattern is typical of most female physicians. Clinical patterns were affected by the patient demographic pattern associated with the sex of the physician. Diseases of the circulatory system and diseases of the musculoskeletal system and connective tissue were preeminent in visits to all internists, but male internists saw proportionately more patients with the former problems than female physicians did. Female physicians, who had a proportionately higher number of visits by females, saw proportionately more patients with the latter than males did. As a result of the case-mix, male internists made proportionately more blood pressure checks (61 percent) than female internists did (49 percent—still higher than average), and used more electrocardiograms for diagnosis (12 percent, compared with 6 percent). Female internists offered more

# Patient characteristics

## Age, sex, race, and ethnicity

There were no statistically significant differences between the age distributions of visits by female and male patients shown in table 5. The median visit age for females was 58.2 years and for males it was 57.4 years, not a statistically significant difference (table E). The median age of patients who visited internists exceeded the NAMCS average of 36.4 years by about 20 years for each sex. This was also true of visits by black patients although their median visit age was slightly younger than that of white patients visiting internists or other specialists. This appears to be due to the smaller proportion of black patients 65 years of age and over (25 percent) than that of white patients the same age (35 percent).

Only about 4 percent of internists' visits were made by Hispanic patients, and 52 percent of such visits were made by patients under 45 years of age in contrast to only 29 percent by that age group of non-Hispanics. Despite the relatively younger makeup of the Hispanic patient load in internists' offices, the median visit age of Hispanic patients visiting internists was about 13 years older than the NAMCS average for that ethnic group.

## Visit rates

Average annual visit rates by age, sex, race, and ethnicity are shown in table 5. Female patients in all age groups over 14 years of age visited at higher rates than male patients did, but the increase in rates by age was similar for both sexes, as illustrated in figure 3.

**Table E. Median visit age of patients in office visits to internists and to all specialists, by sex, race, and Hispanic origin of patient: January 1980–December 1981**

| *Sex, race, and Hispanic origin of patient* | *Internal medicine* | *All specialists* |
|---|---|---|
| Sex | Median visit age in years | |
| Female | 58.2 | 36.4 |
| Male | 57.4 | 36.4 |
| Race | | |
| White | 58.4 | 36.8 |
| Black | 54.2 | 34.1 |
| Hispanic origin | | |
| Hispanic | 43.9 | 30.1 |
| Non-Hispanic | 58.3 | 36.8 |

From age 25 years to age 64 years, rates did not differ significantly by race, but the rate for white patients (65 years and over was higher than that of black patients the same age (figure 4).

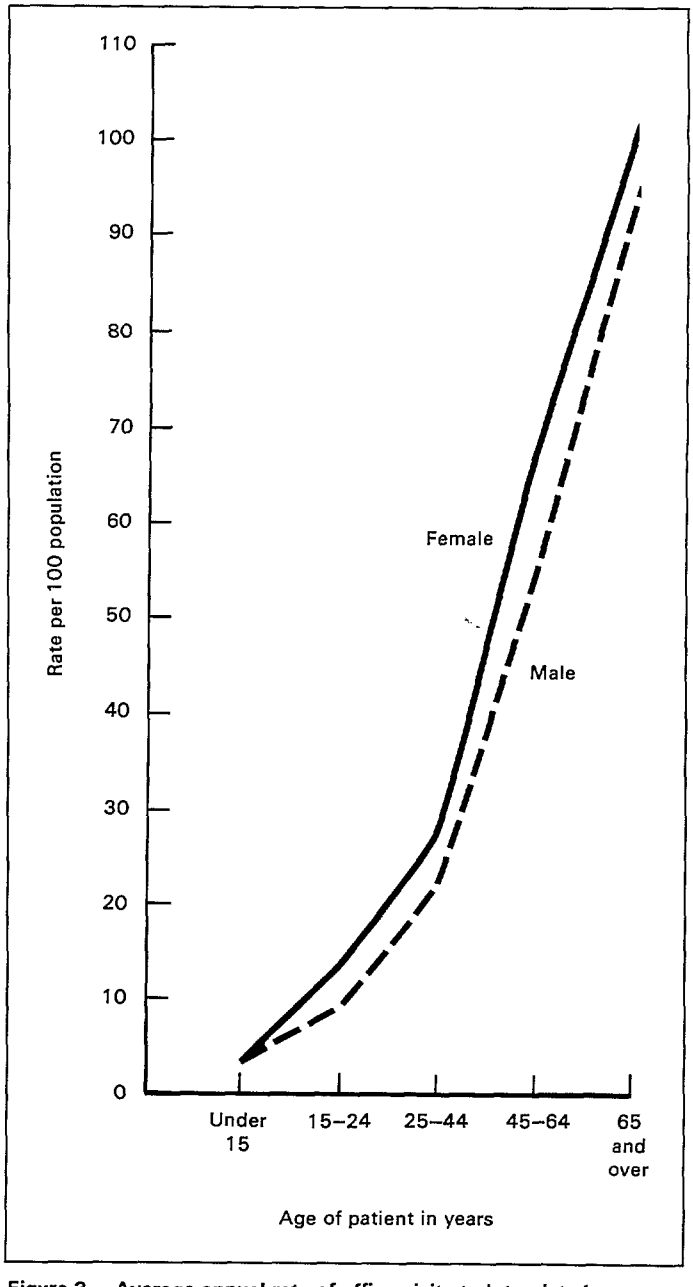



**Figure 3. Average annual rate of office visits to internists by age and sex of patient: United States, January 1980–December 1981**

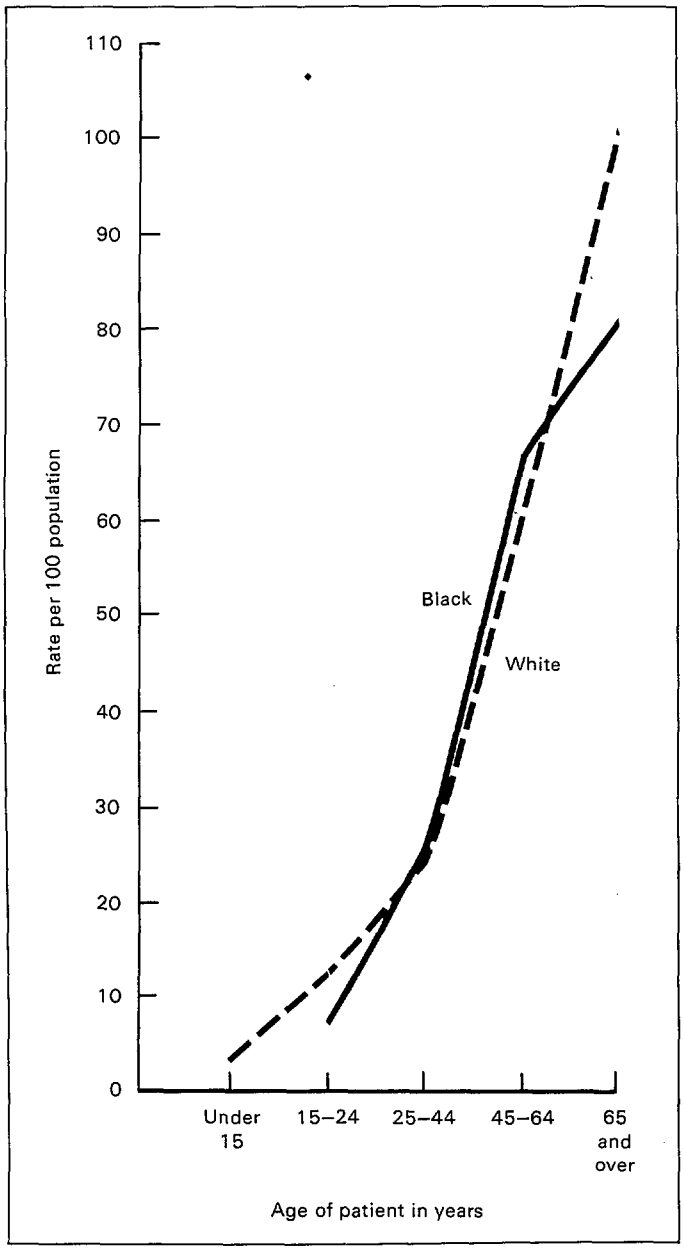



**Figure 4. Average annual rate of office visits to internists by age and race of patient: United States, January 1980–December 1981**

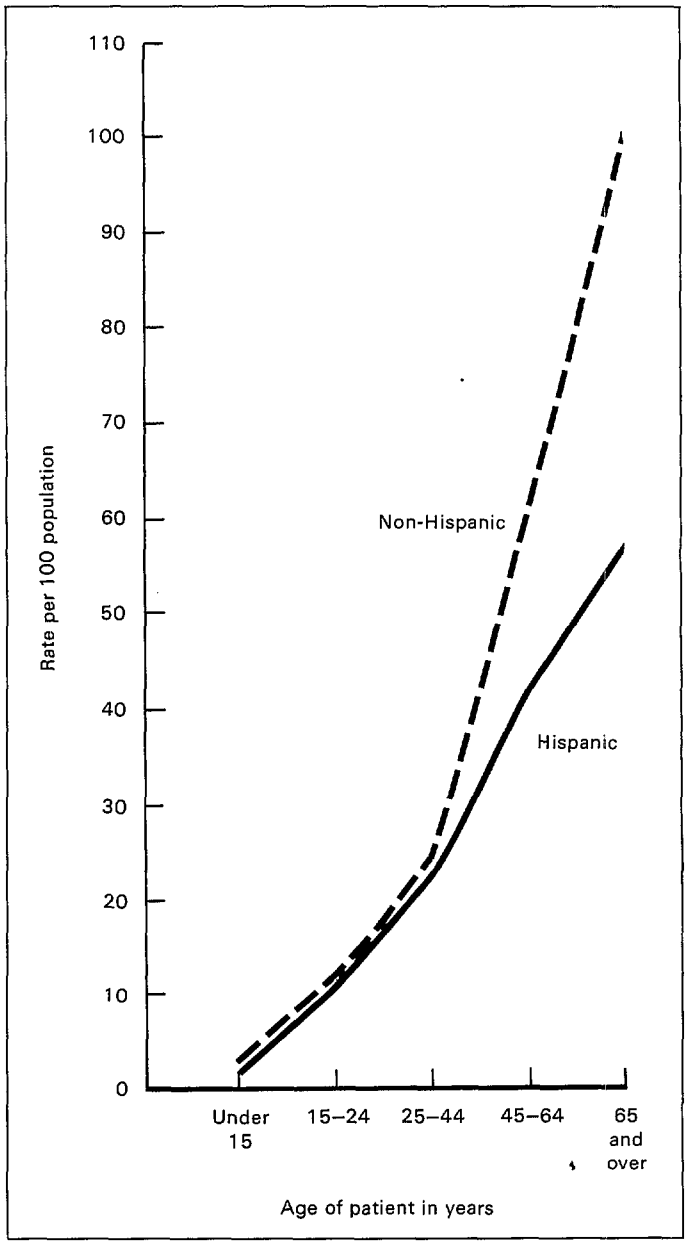



**Figure 5. Average annual rate of office visits to internists by age and Hispanic origin of patient: United States, January 1980–December 1981**

The visit rate curves plotted in figure 5 for Hispanic and non-Hispanic patients are more divergent than those by sex or race. From age 45 years, visit rates of Hispanic patients are considerably lower than those of non-Hispanic patients.

## Prior visit status

In table 6 visits are distributed by prior visit status according to the variables of sex, age, race, and ethnicity. Proportions of visits by new patients 15 years of age and over decreased with each older age group. Concomitantly, visits by patients the physician had seen before visiting for the same problem (old patients, old problems) increased. The return visit rate (the ratio of all old patient visits to new patient visits) is a simple index derived from these statistics. Patients 65 years of age and over made about 15 return visits to the same physician for each initial visit by patients the same age. By contrast, this ratio was only about 4 to 1 for patients 25–44 years of age.

Return visit rates by sex, race, or ethnicity were not as disparate as those by age.

# Patient condition and management

## Sex of the patient

Many of the differences between patterns of care for female and male patients that were observed in other specialty studies dissolve as the physician's caseload ages. With more than half of their visits made by patients over 57 years of age, the average internist's practice is largely in geriatrics, even though that may not be a designated area of specialization. When prenatal care is no longer the leading diagnosis for female patients, when members of both sexes become equally at risk of hypertension and heart disease, and visits for chronic gerontological illnesses exceed those for acute self-limiting ones, profiles of care for female and male patients tend to converge. Table 7 shows that proportions of the major reasons for visit were almost identical based on the patient's sex. For both sexes the majority of major reasons concerned chronic problems, with less nonillness care (about 9 percent) than average (18 percent). Proportions of visits by principal reason for visit modules were also within sampling variability for visits by female and male patients. In NAMCS patients' reasons for visit are recorded as closely as possible in the patient's own words in item 6 of the Patient Record. The reason given by the patient, which in the physician's judgment is most responsible for the visit, is the first-listed or principal reason for the visit. Reasons for visit are coded and grouped in eight modules according to a classification system that is detailed in *A reason for visit classification for ambulatory care.*[11] These modules are listed in table 7. Specific reasons for visit are listed in table 8 and shown separately for each sex in table 9. General examination was the principal reason for visit in 10 percent of all visits and was the leading reason for both sexes. Blood pressure test, hypertension (usually a followup visit after the patient has been given a diagnosis), and chest pain were the next most frequent reasons given by female and male patients. Proportions of visits for other reasons, although listed in descending order of their NAMCS estimates, do not differ sufficiently to consider them as listed in rank order.

Proportions of visits by principal diagnosis category are shown in table 10. Here too, patterns by sex of the patient were very much alike, with diseases of the circulatory system accounting for the largest share of visits regardless of sex. However, while male patients (29 percent of visits) were more likely than females were (23 percent) to be diagnosed with circulatory conditions; visits by female patients (13 percent) were more likely than those by males (8 percent) to be for diseases of the musculoskeletal system.

The list of specific diagnoses in table 11 shows that essential hypertension accounted for the largest proportion of all visits (13 percent), with the same proportion for females' visits and 12 percent for males' (table 12). Other forms of chronic ischemic heart disease accounted for 6 percent of males' visits, compared with 3 percent of those by females. Osteoarthrosis and rheumatoid arthritis together accounted for 6 percent of females' visits, compared with 3 percent of the visits by males for the same two diagnoses.

Proportions of diagnostic services ordered or provided during visits were similar for both sexes, except that male patients were more likely than females to be given electrocardiograms, as may be expected with their higher proportions of heart conditions (table 13).

The sex of the patient made little difference in the pattern of therapeutic services, including medication therapy. The proportions of drug visits made by female and male patients and their drug utilization rates were similar (table F). The only statistically significant differences found in drug use were for the therapeutic categories generally prescribed for the diagnoses likely to be associated with one sex or the other (table 14). Higher proportions of antineoplastic agents and central nervous system drugs were prescribed for female patients, and proportionately more cardiac drugs and vasodilating agents were prescribed for male patients. The specific drugs named by internists are shown in table 15. This list is based on the physicians' entries on the Patient Record form. Thus, the table includes both brand names and generic entities depending on the physician's method of prescribing. As expected, cardiac drugs (inderal, lanoxin, digoxin, and isordil) are prominent on the list, as are diuretics (lasix, dyazide, and hydrochlorothiazide). The most frequent hypotensive agent mentioned was aldomet. Aspirin and prednisone were the most commonly named anti-inflammatory agents. Physicians may select from a wide range of pharmaceuticals, many of them used for the same therapeutic effect. Thus, 100 different medications constituted two-thirds of the drugs mentioned by internists, with almost no differences among their proportions.

Information on the duration and disposition of visits is provided in table 16. Like many other variables measured in NAMCS, these do not clearly distinguish visits by female patients from those by males because proportions are very close.

## Age of the patient

There is a sharper distinction among patterns when the patient's age group is the qualifying variable than when the sex of

**Table F. Number of office visits to internists, number and percent of drug visits, number of drug mentions, drug mention rate, and drug intensity rate, by selected characteristics of patient: United States, January 1980–December 1981**

| Characteristic | Office visits | | | Drug mentions | Drug mention rate[2] | Drug intensity rate[3] |
|---|---|---|---|---|---|---|
| | All visits | Drug visits[1] | | | | |
| Sex | Number in thousands | Number in thousands | Percent | Number in thousands | Rate per visit | Rate per drug visit |
| Both sexes[4] | 144,172 | 109,799 | 76.2 | 251,370 | 1.74 | 2.29 |
| Female | 84,798 | 65,449 | 77.2 | 151,001 | 1.78 | 2.31 |
| Male | 59,374 | 44,350 | 74.7 | 100,369 | 1.69 | 2.26 |
| Age | | | | | | |
| Under 15 years | 3,027 | 2,222 | 73.4 | 3,463 | 1.14 | 1.56 |
| 15–24 years | 9,346 | 5,825 | 62.3 | 9,354 | 1.00 | 1.61 |
| 25–44 years | 29,866 | 20,381 | 68.2 | 37,232 | 1.25 | 1.83 |
| 45–64 years | 53,543 | 41,292 | 77.1 | 95,148 | 1.78 | 2.30 |
| 65 years and over | 48,389 | 40,080 | 82.8 | 106,174 | 2.19 | 2.65 |
| Race | | | | | | |
| White | 129,061 | 97,863 | 75.8 | 223,157 | 1.73 | 2.28 |
| Black | 13,498 | 10,647 | 78.9 | 25,451 | 1.89 | 2.39 |
| Hispanic origin | | | | | | |
| Hispanic | 5,100 | 3,660 | 71.8 | 7,149 | 1.40 | 1.95 |
| Non-Hispanic | 139,072 | 106,139 | 76.3 | 244,221 | 1.76 | 2.30 |
| Prior visit status | | | | | | |
| New patient | 17,451 | 10,195 | 58.4 | 17,556 | 1.01 | 1.72 |
| Old patient, new problem | 28,133 | 20,489 | 72.8 | 40,633 | 1.45 | 1.98 |
| Old patient, old problem | 98,588 | 79,115 | 80.2 | 193,181 | 1.96 | 2.44 |

[1]A visit in which one or more drugs were prescribed.
[2]Drug mentions divided by number of visits.
[3]Drug mentions divided by number of drug visits.
[4]Includes races not identified as white or black not shown as separate categories.

the patient is involved. As table 7 shows, the proportion of visits for routine chronic problems ranges from a low of 20 percent of the visits by patients 15–24 years of age to a high of 56 percent of those by patients 65 years and over. At the same time proportions of visits for acute problems and nonillness care decline as the patient's age group advances.

The most frequent specific principal reasons for visit given by patients are shown by age group in table 17, and physicians' diagnoses are categorized in table 10. It should come as no surprise that proportions of visits for diseases of the circulatory system and musculoskeletal system increased with advancing age. It can be seen in table 18 that essential hypertension was the most frequent diagnosis for all age groups over 24 years of age and that diabetes mellitus and other forms of chronic ischemic heart disease were the next two leading problems for these patients. Four forms of heart disease together accounted for 7 percent of visits by patients 45–64 years old and 14 percent of those by patients 65 years and over. Rheumatoid arthritis and osteoarthrosis are also prominent for all age groups 25 years of age and over.

Blood pressure measurement was increasingly likely with each older age group, and patients 45 years and over had proportionately more electrocardiograms than those younger did. As with most physicians, medication was the foremost therapy used by internists. The proportion of visits in which one or more drugs were mentioned by internists increased from 62 percent of visits by patients 15–24 years of age to 83 percent of those by patients 65 years and over (table F). Furthermore, the older the patients, the more likely they were to have three or more drugs prescribed (figure 6). This is clearly related to

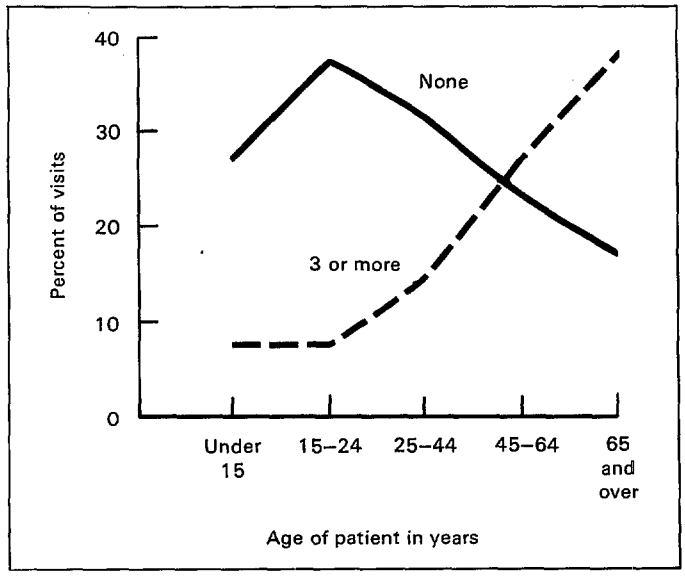



**Figure 6. Percent of office visits to internists by number of medications and age of patient: United States, January 1980–December 1981**

the commonly accepted correlation between age and multiple chronic illnesses for the elderly. The larger proportions of cardiovascular drugs and diuretics used by patients 45 years and over than by those younger reflect the diagnoses associated with middle-aged and elderly patients. The decreasing proportions of antihistamines as patients age reflect the decreasing amount of acute conditions.

Emphasis on followup care as patients become older is evidenced by the larger proportions of middle-aged and elderly patients scheduled for return visits.

### Prior visit status

Patterns of care according to the status of the patient's visit are differentiated by the same characteristics that distinguished those by age. It was shown in the introductory overview of this report that 68 percent of all visits to internists were made by patients the physician had seen before (old patients) returning for care of old problems (table 1). Such return visits were more likely to be made by middle-aged and elderly patients than by younger patients because 79 percent of those visits were made by patients 45 years of age and over. The majority (58 percent) of the average internist's new patients were under 45 years of age. Because visit status is correlated with age, the pattern for return visits is like that for middle-aged and elderly patients, and the pattern for new patients resembles that of the younger group. For example, new patients were more likely to visit for acute problems (51 percent) and nonillness care (23 percent) than old patients with old problems were (15 percent and 8 percent, respectively). As seen in the statistics for patients over 44 years, returning patients presented chronic problems proportionately more frequently than new patients did. The acute problems of new patients were likely to be diagnosed as diseases of the respiratory system (14 percent), while old patients visited for chronic problems of the circulatory system (33 percent). In most aspects the prior visit status variables correlated closely with the age groups. Complete statistics on each visit status group are presented in tables 7, 10, 13, 14, and 16.

### Reason for visit and diagnostic services

The relationship between the diagnostic services ordered or provided during internists' visits and the reason for the visit is explored in table 19. Except for the limited history and/or examination, blood pressure check, and mental status examination, services were proportionately most frequent when nonillness care was the major reason for the visit. These data reflect the general examination reasons typically found during nonillness visits. Blood pressure was measured by internists in more than half of all visits whether the major reason was an acute or chronic problem, or nonillness care.

### Principal diagnosis and therapeutic services

For the typical case-mix in the office-based practice of internal medicine, nonmedication therapy is limited. Medical counseling was offered proportionately more frequently than any other therapy, and it occurred in from 29 to 42 percent of visits depending on the diagnosis (table 20). Diet counseling was proportionately more frequent when patients had endocrine, nutritional, and metabolic diseases (39 percent) or diseases of the digestive system (28 percent) than when other conditions were treated. This was not unexpected because diet is an integral part of the treatment for such illnesses. Patients with diseases of the circulatory system were also counseled regarding diet in 17 percent of their visits.

Medication was the principal therapy used by internists. Only when diagnoses were in the supplementary classification (chiefly examinations) was medication less likely to be used (67 percent of such visits included no mention of medication). For each of the disease categories shown in table 20, at least two of three visits included one or more drugs. The percent of drug visits is the complement of the "none" category. The diagnostic groups with the proportionately highest number of drug visits were diseases of the respiratory system with 89 percent and diseases of the circulatory system with 87 percent. The intensity of drug utilization may be evaluated by the distribution categorized by the number of drugs mentioned during a visit, although it is possible that some of the drugs may be prescribed for conditions that are concomitant with the principal diagnoses. As patients age, a multiplicity of illnesses are increasingly likely. Except when patients visited for neoplasms or diseases of the circulatory system, a single drug was the most likely number to be ordered or prescribed. In visits with a principal diagnosis of neoplasms, three or more drugs were prescribed in 29 percent of visits. In those for diseases of the circulatory system, 39 percent included three or more drugs. The specific drugs mentioned during visits for certain diagnoses were published in *Vital and Health Statistics,* Series 13, No. 71.[12]

### Principal diagnosis and duration, disposition

Statistics are distributed by visit duration intervals and the disposition of the visit according to diagnosis category in table 21. For most disease categories the largest proportion of visits fell in the duration interval of 11–15 minutes; however, the mean duration of visits was affected by the patient's prior visit status (table 22). The mean duration of all visits was 20.3 minutes, but visits were longer when new patients (29.7 minutes) than when old patients visited (about 19 minutes). This was true for every group of diseases and was probably related to the more intensive workup required when physicians examined patients they had not seen before. It is noteworthy that only when general medical examination was the principal diagnosis did the visit average 40.9 minutes for old patients with old problems, compared with 21.5 minutes for new patients with the same diagnosis. These data suggest that general examinations given old patients were probably more intensive because of known conditions that required careful evaluation in the course of a comprehensive examination.

Table 22 also includes the mean duration for the most commonly rendered specific principal diagnoses. Internists spent, on the average, more time with new patients who had heart disease, allergic rhinitis, chronic airway obstruction, rheumatoid arthritis, and osteoarthrosis than they did with patients with other diagnoses.

# Conclusion

## Comparison with other specialties

Internists averaged less visits per week (51.4) than did general and family practitioners (86.8), obstetrician-gynecologists (68.5), or pediatricians (106.9); however, the average duration of internists' visits was longer than that of other specialists. For all four of the specialties shown in table G, female internists had fewer visits in an average week than their male counterparts did, but except for internists, these female physicians spent more time with their patients than male physicians did. The mean durations of visits to female and male internists were close. Each of the specialties shown in table H had proportionately more visits to those in solo practice when physicians were 55 years of age and older, a trend toward multiple practice by young physicians that was projected by the American Medical Association and confirmed by NAMCS visit data.

Data on the visit characteristics of internists, general and family practitioners, obstetrician-gynecologists, and pediatricians are shown in table 23. Compared with the other three specialists, the average internist's case-mix was more likely to consist of patients over 44 years of age, with chronic problems of the circulatory or musculoskeletal systems. Internists were less likely than pediatricians and general and family practitioners were to treat acute problems or to have patients visiting for nonillness care. It is apparent that the age or sex distributions of the visits to various specialists determined the shape of the individual profiles of care. The pattern of internal medicine and that of general and family practice were more alike than that of internal medicine was with the other two specialties. Most differences between internal medicine and general and family practice may be attributed to the age range of their patient loads. Table J shows that the median visit age was higher for internists than for any of the other specialists. The population of the United States and the percents of visits to internists and to general and family practitioners are plotted by

**Table G. Average number of visits per week and mean duration of visit, by selected physician specialty and sex of physician: United States, January 1980–December 1981**

| *Specialty and sex of physician*[1] | *Average number of office visits per physician per week* | *Mean duration of visit in minutes* |
|---|---|---|
| Internal medicine | | |
| Both sexes | 51.4 | 20.3 |
| Female | 41.6 | 21.3 |
| Male | 51.8 | 20.2 |
| General and family practice | | |
| Both sexes | 86.8 | 13.5 |
| Female | 52.0 | 16.7 |
| Male | 88.3 | 13.4 |
| Obstetrics and gynecology | | |
| Both sexes | 68.5 | 13.9 |
| Female | 49.0 | 17.1 |
| Male | 69.5 | 13.8 |
| Pediatrics | | |
| Both sexes | 106.9 | 12.8 |
| Female | 95.8 | 14.6 |
| Male | 108.9 | 12.5 |

[1]Does not include doctors of osteopathy.

**Table H. Percent of office visits to solo practitioners by selected physician specialty and age of physician: United States, January 1980–December 1981**

| | *Physician specialty* | | | |
|---|---|---|---|---|
| *Age of physician*[1] | *Internal medicine* | *General and family practice* | *Obstetrics and gynecology* | *Pediatrics* |
| | Percent of visits to solo practitioner | | | |
| Under 35 years | 43.1 | 25.5 | 38.3 | 32.8 |
| 35–44 years | 39.7 | 31.4 | 44.6 | 30.3 |
| 45–54 years | 41.0 | 65.5 | 34.7 | 35.4 |
| 55–64 years | 62.9 | 72.7 | 57.9 | 49.8 |
| 65 years and over | 67.3 | 88.5 | 81.3 | 77.9 |

[1]Does not include doctors of osteopathy.

**Table J. Median visit age by selected physician specialty: United States, January 1980–December 1981**

| *Physician specialty* | *Median visit age in years* |
|---|---|
| Internal medicine | 57.9 |
| General and family practice | 39.9 |
| Obstetrics and gynecology | 28.4 |
| Pediatrics | 3.6 |

age in figure 7. The shape of the curve for general and family practice approximates the shape of the population curve, but the curve for internal medicine shows a disproportionately high percent of visits at the upper age range and a disproportionately low percent at the younger end. However, the visit rates of all age groups were higher for general and family physicians than for internists (table K). Although patients 45 years of age and over dominated the caseloads of internists, there were 61 visits per 100 persons 45–64 years old in the population to internists, compared with 109 for the same age group to general and family physicians. Patients 65 years of age and over also had a higher visit rate to general and family practitioners (151) than they did to internists (99). The tendency of some patients to make more return visits than others may contribute to differences in visit rates. The return visit rates (the ratio of visits by old patients to those by new patients) for patients 45–64 years old were similar for internists and general and family practitioners, but the return visit rate for patients 65 years of age and over was higher for the latter practice than for internal medicine.

Drug mentions for the same four specialties are listed in table 24. As expected, drug utilization followed the path of the diagnoses most evident in each specialty. It is noteworthy that central nervous system drugs constituted the same proportion of mentions for both internists and general and family practitioners (18 percent). The average number of drugs mentioned during drug visits (drug intensity rate) was higher for internists than for general and family physicians beginning with the age group 45–64 years, and higher than that of obstetrician-gynecologists for all age groups (figure 8). The greater use of drug therapy by internists was probably because of the dominance of their practice by older patients with multiple chronic illnesses. As figure 9 shows the majority of internists' visits concerned chronic problems, while general and family practitioners and pediatricians were more likely to encounter acute problems than other kinds. For obstetrician-gynecologists, nonillness care was foremost.

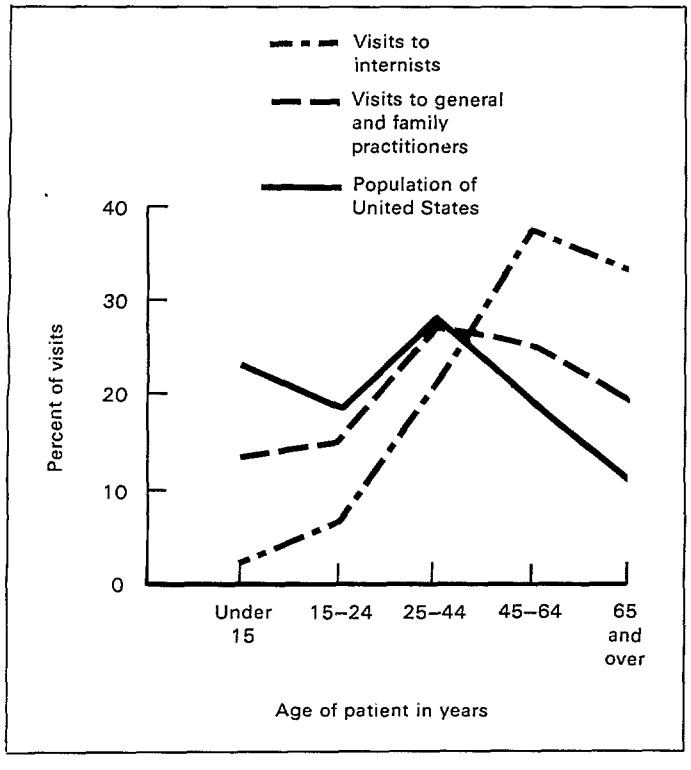



**Figure 7. Percent distribution of office visits by selected physician specialty and the United States population by age of patient: United States, January 1980–December 1981**

**Table K. Visit rate per 100 population and return visit rate, by age of patient and selected physician specialty: United States, January 1980–December 1981**

| Age of patient | Physician specialty: Internal medicine | General and family practice | Obstetrics and gynecology |
|---|---|---|---|
| | Visit rate per 100 population | | |
| All ages | 32.4 | 85.7 | [1]46.8 |
| Under 15 years | 2.9 | 52.0 | 1.5 |
| 15–24 years | 11.5 | 69.1 | 81.1 |
| 25–44 years | 23.8 | 82.4 | 94.7 |
| 45–64 years | 60.9 | 108.6 | 21.9 |
| 65 years and over | 98.7 | 150.7 | 9.1 |
| | Return visit rate[2] | | |
| All ages | 7.3 | 7.9 | 7.5 |
| Under 15 years | 2.4 | 5.7 | 6.5 |
| 15–24 years | 2.1 | 4.9 | 5.4 |
| 25–44 years | 3.8 | 5.9 | 8.9 |
| 45–64 years | 11.2 | 12.2 | 9.7 |
| 65 years and over | 15.4 | 20.6 | 6.3 |

[1]Based on the female population.
[2]Old patient visits divided by new patient visits.

Although internists accounted for only 12 percent of all visits to office-based physicians in 1980–81, they had a disproportionate share of the total visits for certain conditions. For the selected diagnoses shown in table L, at least 30 percent of the visits to all physicians for these problems were to internists. Internists had the majority of all visits for rheumatoid arthritis and other inflammatory polyarthropathies (57 percent), and from 34 percent to 42 percent of those for the heart conditions listed in table L. They exceeded all other specialties in the number of visits for malignant neoplasm of female breast (40 percent), acute myocardial infarction (39 percent), angina pectoris (40 percent), and other forms of chronic ischemic heart disease (42 percent).

## Comparison with prior years data

The difference between the internists' proportion of all physician visits in 1975[5] and that of 1980–81 represents a small, but statistically significant, increase; the reader is cautioned, however, that a difference between two points in time does not necessarily indicate a trend. A brief analysis of trends from 1975 through 1980 was published in *Vital and Health Statistics,* Series 13, No. 66, and indicated little significant variation in the proportions of visits to internists over the 6-year period.[13]

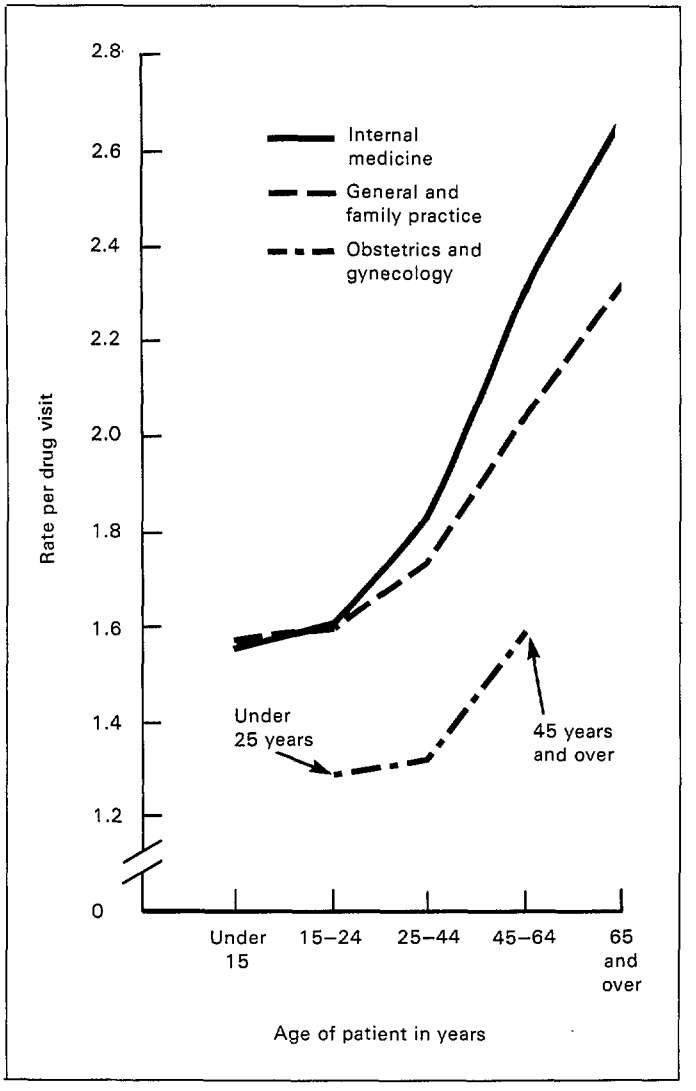



**Figure 8. Drug intensity rate by age of patient and selected physician specialty: United States, January 1980–December 1981**

Some of the salient characteristics of visits to internists are shown in table 25 with their proportions for 1975 and 1980–81. In the more recent data collection period, there were proportionately more visits by patients 65 years of age and over than there were in 1975 (figure 10). The proportion of visits to internists in solo practice declined from 54 percent in 1975 to 48 percent in 1980–81. There was also a small, but statistically significant, difference in visits to internists in metropolitan areas, which accounted for about 85 percent of their visits in 1975, compared with 83 percent in 1980–81.

Except for a small increase in visits for diseases of the musculoskeletal system (11 percent, compared with 9 percent in 1975), there was little difference in the pattern of diseases treated by internists in the two time periods. What appears to be a large increase in the proportion of medical counseling given should be interpreted with caution as it was probably the result of definitional differences between the two surveys.

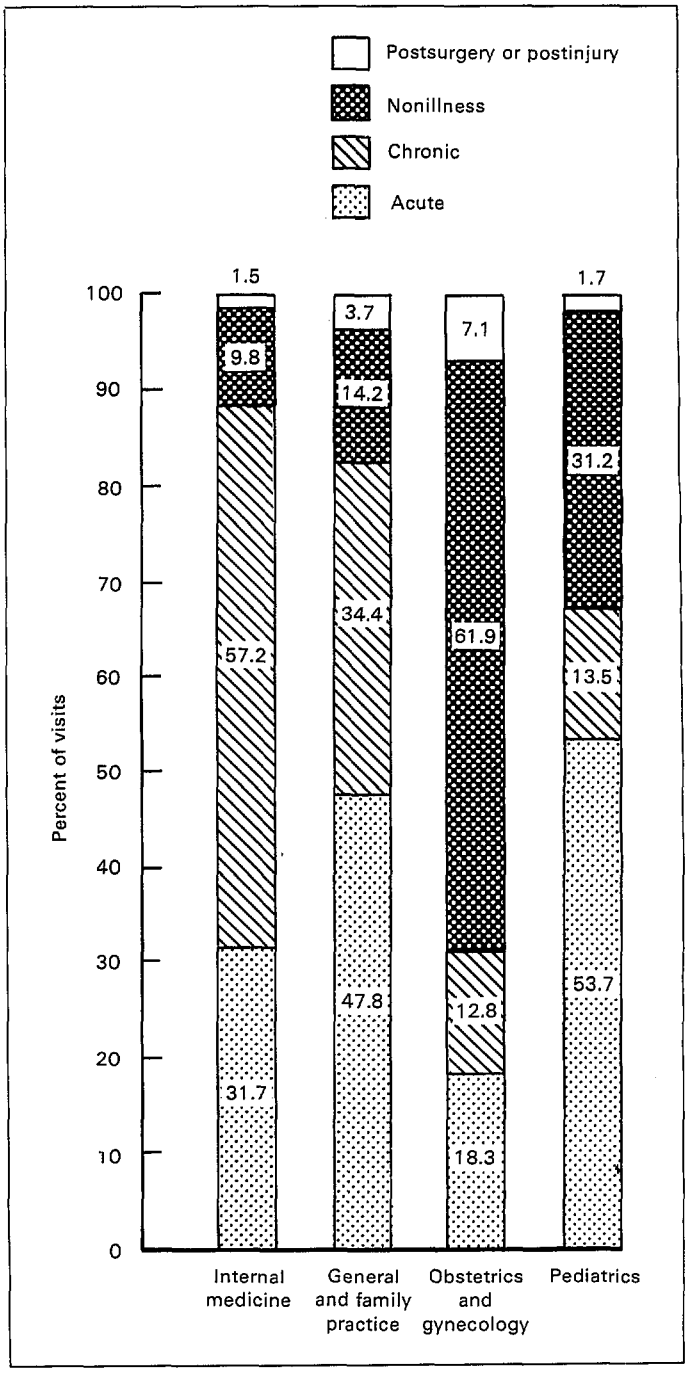



**Figure 9. Percent distribution of office visits by major reason for visit, according to selected physician specialties: United States, January 1980–December 1981**

The average number of visits per week to female internists increased from 37.6 in 1977 to 41.6 in 1980–81.[14] At the same time, the average number of weekly visits to male internists dropped from 58.5 to 51.8. In 1977 female internists spent more time, on the average, with patients than male internists did (23.5 minutes, compared with 18.7 minutes), but in 1980–81 the means converged to close to 20 minutes for each sex.

**Table L. Percent of office visits to all physician specialties by selected principal diagnoses rendered in office visits to internists: United States, January 1980–December 1981**

| *Principal diagnosis and ICD–9–CM code*[1] | *Percent of office visits to all physician specialties* |
|---|---|
| Malignant neoplasm of female breast . . . . . 174 | 40.4 |
| Diabetes mellitus . . . . . 250 | 35.0 |
| Essential hypertension . . . . . 401 | 33.5 |
| Hypertensive heart disease . . . . . 402 | 34.0 |
| Acute myocardial infarction . . . . . 410 | 38.9 |
| Angina pectoris . . . . . 413 | 40.0 |
| Other forms of chronic ischemic heart disease . . . . . 414 | 42.2 |
| Cardiac dysrhythmias . . . . . 427 | 37.7 |
| Heart failure . . . . . 428 | 36.6 |
| Chronic airway obstruction, not elsewhere classified . . . . . 496 | 30.1 |
| Rheumatoid arthritis and other inflammatory polyarthropathies . . . . . 714 | 57.1 |
| Osteoarthrosis and allied disorders . . . . . 715 | 32.3 |

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM.)[7]

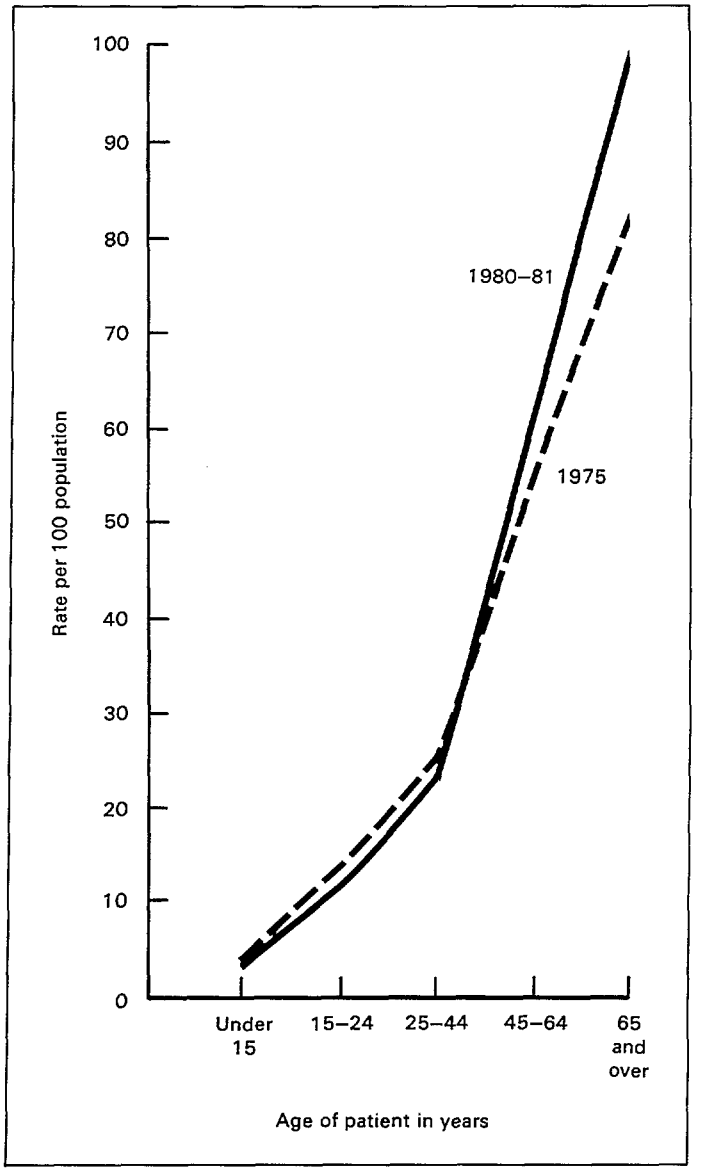



**Figure 10. Average annual rate of office visits to internists by age of patient: United States, 1975 and 1980–81**

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# List of detailed tables

**Table 1. Number of office visits to internists by type and location of physician's practice and percent distribution by selected visit characteristics, according to type and location of physician's practice: United States, January 1980–December 1981**

| Characteristic | All types of practice | Type of practice | | Geographic region | | | | Area | |
|---|---|---|---|---|---|---|---|---|---|
| | | Solo | Other[1] | Northeast | North Central | South | West | Metropolitan | Non-metropolitan |
| | Number in thousands | | | | | | | | |
| All visits | 144,172 | 68,479 | 75,693 | 46,388 | 32,926 | 36,975 | 27,883 | 119,871 | 24,301 |
| | Percent distribution | | | | | | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Sex of patient | | | | | | | | | |
| Female | 58.8 | 60.4 | 57.4 | 58.3 | 57.5 | 60.0 | 59.6 | 59.0 | 58.2 |
| Male | 41.2 | 39.7 | 42.6 | 41.7 | 42.5 | 40.0 | 40.4 | 41.1 | 41.8 |
| Age of patient | | | | | | | | | |
| Under 15 years | 2.1 | 2.1 | 2.1 | 2.1 | 3.5 | 1.1 | 1.7 | 1.6 | 4.5 |
| 15–24 years | 6.5 | 6.5 | 6.5 | 7.8 | 6.9 | 5.4 | 5.3 | 6.7 | 5.6 |
| 25–44 years | 20.7 | 18.9 | 22.4 | 23.2 | 19.3 | 31.1 | 17.8 | 21.4 | 17.5 |
| 45–64 years | 37.1 | 37.2 | 37.0 | 36.4 | 36.9 | 38.3 | 37.2 | 37.2 | 37.0 |
| 65 years and over | 33.6 | 35.3 | 32.0 | 30.6 | 33.4 | 34.1 | 38.0 | 33.2 | 35.4 |
| Prior visit status | | | | | | | | | |
| New patient | 12.1 | 10.9 | 13.2 | 12.4 | 11.1 | 13.0 | 11.6 | 12.6 | 9.7 |
| Old patient, new problem | 19.5 | 20.0 | 19.1 | 19.9 | 20.4 | 19.2 | 18.2 | 19.1 | 21.3 |
| Old patient, old problem | 68.4 | 69.1 | 67.7 | 67.7 | 68.4 | 67.9 | 70.2 | 68.3 | 68.9 |
| Referral status | | | | | | | | | |
| Referred by another physician | 3.6 | 3.0 | 4.2 | 3.0 | 3.2 | 4.8 | 3.8 | 3.8 | 3.0 |
| Not referred by another physician | 96.4 | 97.0 | 95.8 | 97.1 | 96.8 | 95.2 | 96.2 | 96.2 | 97.0 |
| Major reason for visit | | | | | | | | | |
| Acute problem | 31.6 | 33.4 | 29.9 | 32.1 | 30.9 | 31.7 | 31.4 | 32.1 | 28.9 |
| Chronic problem, routine | 45.0 | 43.7 | 46.2 | 45.9 | 46.0 | 42.4 | 45.7 | 44.4 | 47.9 |
| Chronic problem, flareup | 12.2 | 11.9 | 12.4 | 11.6 | 12.2 | 13.4 | 11.4 | 12.1 | 12.5 |
| Postsurgery or postinjury | 1.5 | 2.0 | 1.2 | 1.3 | *1.3 | 2.0 | 1.6 | 1.6 | *1.3 |
| Nonillness care | 9.8 | 9.1 | 10.3 | 9.1 | 9.6 | 10.6 | 10.0 | 9.8 | 9.4 |
| Principal reason for visit and RVC code[2] | | | | | | | | | |
| Symptom module ..... S001–S999 | 54.9 | 57.3 | 52.6 | 55.6 | 57.0 | 51.5 | 55.5 | 55.7 | 50.6 |
| Disease module ..... D001–D999 | 13.1 | 12.8 | 13.3 | 14.8 | 11.1 | 11.9 | 14.0 | 13.3 | 12.0 |
| Diagnostic, screening, and preventive module ..... X100–X599 | 17.9 | 15.8 | 19.7 | 15.6 | 17.1 | 21.5 | 17.6 | 17.4 | 20.0 |
| Treatment module ..... T100–T899 | 7.5 | 6.9 | 8.1 | 6.4 | 7.0 | 9.4 | 7.6 | 7.1 | 9.8 |
| Injuries and adverse effects module ..... J001–J999 | 1.4 | 1.6 | 1.3 | 1.4 | 1.8 | *1.2 | *1.4 | 1.4 | *1.5 |
| Test results module .... R100–R700 | 0.8 | *0.6 | 1.1 | *0.6 | *0.8 | *0.8 | *1.4 | 0.7 | *1.3 |
| Administrative module ..... A100–A140 | 1.8 | 2.1 | 1.5 | 2.2 | 2.0 | 1.5 | *1.3 | 1.6 | 2.8 |
| Other[3] | 2.6 | 2.9 | 2.4 | 3.4 | 3.2 | 2.4 | *1.2 | 2.8 | *2.0 |
| Diagnostic service[4] | | | | | | | | | |
| None | 4.2 | 4.3 | 4.0 | 5.2 | 4.0 | 3.0 | 4.1 | 4.3 | 3.3 |
| Limited history and/or examination | 62.7 | 60.9 | 64.4 | 64.2 | 64.0 | 58.9 | 63.8 | 61.8 | 67.1 |
| General history and/or examination | 18.1 | 19.7 | 16.7 | 19.2 | 15.8 | 21.1 | 15.1 | 19.0 | 13.5 |
| Pap test | 3.2 | 3.0 | 3.4 | 2.0 | 4.0 | 3.3 | 4.1 | 3.1 | 3.9 |
| Clinical laboratory test | 34.3 | 33.3 | 35.2 | 32.3 | 34.7 | 37.4 | 33.2 | 36.2 | 25.0 |
| X-ray | 13.5 | 11.5 | 15.2 | 11.8 | 10.2 | 17.6 | 14.7 | 14.2 | 9.8 |
| Blood pressure check | 61.0 | 62.7 | 59.5 | 61.6 | 59.1 | 58.6 | 65.6 | 60.6 | 63.4 |
| Electrocardiogram | 12.1 | 12.1 | 12.0 | 10.9 | 8.9 | 16.0 | 12.5 | 12.7 | 9.0 |
| Vision test | 1.6 | 2.1 | 1.1 | 1.8 | *1.1 | 2.0 | *1.1 | 1.6 | *1.3 |
| Endoscopy | 1.5 | 1.7 | 1.3 | 1.3 | 1.5 | 1.9 | *1.1 | 1.5 | *1.2 |
| Mental status examination | 1.1 | 1.0 | 1.1 | *0.9 | *0.6 | 1.3 | *1.6 | 1.2 | *0.5 |
| Other | 3.5 | 3.5 | 3.6 | 4.4 | 3.3 | 2.1 | 4.2 | 3.7 | 2.7 |

See footnotes at end of table.

**Table 1. Number of office visits to internists by type and location of physician's practice and percent distribution by selected visit characteristics, according to type and location of physician's practice: United States, January 1980–December 1981—Con.**

| Characteristic | All types of practice | Type of practice | | Geographic region | | | | Area | |
|---|---|---|---|---|---|---|---|---|---|
| | | Solo | Other[1] | Northeast | North Central | South | West | Metropolitan | Non-metropolitan |
| Nonmedication therapy[4] | Percent distribution | | | | | | | | |
| None | 52.1 | 48.8 | 55.1 | 47.8 | 56.7 | 58.5 | 45.6 | 50.5 | 60.2 |
| Physiotherapy | 4.2 | 4.8 | 3.6 | 3.5 | 6.0 | 4.2 | 3.0 | 4.3 | 3.6 |
| Office surgery | 1.9 | 1.7 | 2.0 | 2.9 | 2.2 | *1.1 | *0.8 | 1.8 | 2.0 |
| Family planning | *0.3 | *0.2 | *0.4 | *0.2 | *0.5 | *0.4 | *0.1 | *0.3 | *0.4 |
| Psychotherapy or therapeutic listening | 5.2 | 5.3 | 5.1 | 4.8 | 5.1 | 6.0 | 4.7 | 5.5 | 3.7 |
| Diet counseling | 12.9 | 16.2 | 9.9 | 16.7 | 10.1 | 12.4 | 10.6 | 13.4 | 10.5 |
| Family or social counseling | 2.0 | 1.7 | 2.3 | 2.7 | 1.5 | 1.4 | 2.3 | 2.1 | *1.6 |
| Medical counseling | 33.6 | 36.1 | 31.3 | 36.0 | 28.3 | 29.2 | 41.7 | 35.2 | 25.7 |
| Other | 1.0 | 1.0 | 1.0 | 1.4 | *0.8 | 1.0 | *0.8 | 1.0 | *0.9 |
| Number of medications | | | | | | | | | |
| None | 23.8 | 21.9 | 25.6 | 23.2 | 20.3 | 27.2 | 24.8 | 23.7 | 24.4 |
| 1 | 29.2 | 28.1 | 30.1 | 31.7 | 28.1 | 27.7 | 28.3 | 29.6 | 26.9 |
| 2 | 20.6 | 21.8 | 19.5 | 21.6 | 21.1 | 18.8 | 20.6 | 21.1 | 18.2 |
| 3 | 12.1 | 13.3 | 11.0 | 11.9 | 13.5 | 10.7 | 12.6 | 12.0 | 12.2 |
| 4 or more | 14.3 | 14.9 | 13.8 | 11.7 | 17.1 | 15.7 | 13.7 | 13.5 | 18.3 |
| Principal diagnosis and ICD–9–CM code[5] | | | | | | | | | |
| Infectious and parasitic diseases 001–139 | 1.8 | 1.6 | 2.0 | 2.1 | 2.1 | 1.5 | *1.5 | 1.9 | *1.6 |
| Neoplasms 140–239 | 4.1 | 2.8 | 5.2 | 3.7 | 3.9 | 5.8 | 2.6 | 4.1 | 3.9 |
| Endocrine, nutritional and metabolic diseases, and immunity disorders 240–279 | 8.7 | 9.6 | 7.9 | 10.0 | 8.9 | 7.3 | 8.2 | 8.8 | 8.2 |
| Mental disorders 290–319 | 3.3 | 3.5 | 3.1 | 3.3 | 3.3 | 3.1 | 3.4 | 3.2 | 3.6 |
| Diseases of the nervous system and sense organs 320–389 | 2.8 | 3.1 | 2.6 | 3.0 | 3.3 | 2.5 | 2.4 | 2.8 | 2.7 |
| Diseases of the circulatory system 390–459 | 25.5 | 26.8 | 24.3 | 25.1 | 24.9 | 23.5 | 29.4 | 26.1 | 22.3 |
| Diseases of the respiratory system 460–519 | 11.7 | 11.5 | 11.7 | 14.4 | 9.5 | 9.9 | 11.9 | 11.9 | 10.5 |
| Diseases of the digestive system 520–579 | 6.2 | 6.5 | 6.0 | 5.8 | 5.9 | 6.7 | 6.8 | 6.2 | 6.4 |
| Diseases of the genitourinary system 580–629 | 3.3 | 3.3 | 3.3 | 2.8 | 4.0 | 3.1 | 3.7 | 3.3 | 3.2 |
| Diseases of the skin and subcutaneous tissue 680–709 | 2.3 | 2.5 | 2.2 | 2.4 | 2.6 | 2.1 | 2.0 | 2.2 | 2.7 |
| Diseases of the musculoskeletal system and connective tissue 710–739 | 11.2 | 11.6 | 10.8 | 10.4 | 12.9 | 10.2 | 11.8 | 11.8 | 8.1 |
| Symptoms, signs, and ill-defined conditions 780–799 | 5.2 | 4.5 | 5.8 | 4.4 | 4.4 | 6.5 | 5.7 | 5.0 | 5.9 |
| Injury and poisoning 800–999 | 3.7 | 4.2 | 3.2 | 4.1 | 4.3 | 3.0 | 3.2 | 3.8 | 3.4 |
| Supplementary classification V01–V82 | 7.8 | 6.4 | 9.1 | 6.3 | 7.8 | 11.7 | 5.2 | 6.6 | 13.9 |
| All other diagnoses | 1.4 | 1.2 | 1.5 | 1.1 | 1.4 | 1.5 | *1.5 | 1.3 | *1.5 |
| Unknown diagnoses | 1.1 | 0.9 | 1.3 | 1.0 | *1.0 | 1.7 | *0.7 | 0.9 | 1.9 |
| Duration of visit | | | | | | | | | |
| 0 minutes[6] | 2.3 | 3.0 | 1.6 | 1.8 | 1.7 | 4.1 | *1.4 | 2.3 | 2.1 |
| 1–5 minutes | 5.6 | 5.6 | 5.7 | 7.7 | 6.2 | 4.0 | 3.7 | 5.1 | 8.0 |
| 6–10 minutes | 17.3 | 16.1 | 18.3 | 15.6 | 23.0 | 13.1 | 18.8 | 15.9 | 24.2 |
| 11–15 minutes | 35.4 | 34.0 | 36.8 | 35.8 | 39.6 | 30.2 | 36.8 | 36.1 | 32.2 |
| 16–30 minutes | 28.6 | 30.8 | 26.5 | 30.5 | 21.8 | 31.6 | 29.4 | 30.1 | 21.2 |
| 31 minutes or longer | 10.9 | 10.6 | 11.1 | 8.6 | 7.7 | 17.1 | 9.9 | 10.6 | 12.4 |

See footnotes at end of table.

**Table 1. Number of office visits to internists by type and location of physician's practice and percent distribution by selected visit characteristics, according to type and location of physician's practice: United States, January 1980–December 1981—Con.**

| Characteristic | All types of practice | Type of practice | | Geographic region | | | | Area | |
|---|---|---|---|---|---|---|---|---|---|
| | | Solo | Other[1] | Northeast | North Central | South | West | Metropolitan | Non-metropolitan |
| Disposition of visit[7] | Percent distribution | | | | | | | | |
| No followup planned | 7.8 | 7.8 | 7.8 | 8.2 | 9.2 | 7.9 | 5.4 | 7.5 | 9.2 |
| Return at specified time | 68.7 | 69.2 | 68.2 | 70.3 | 67.1 | 66.8 | 70.4 | 69.0 | 66.9 |
| Return if needed | 16.7 | 16.3 | 17.1 | 14.0 | 17.9 | 17.0 | 19.5 | 16.6 | 17.3 |
| Telephone followup planned | 6.5 | 7.0 | 6.0 | 6.7 | 6.1 | 7.1 | 5.7 | 7.2 | 3.0 |
| Referred to other physician | 4.2 | 3.5 | 4.9 | 4.8 | 3.5 | 3.6 | 5.1 | 4.4 | 3.3 |
| Returned to referring physician | 0.9 | 1.0 | 0.8 | 1.0 | *0.7 | *0.9 | *1.0 | 1.0 | *0.5 |
| Admit to hospital | 1.7 | 1.5 | 1.9 | 1.3 | 1.4 | 2.8 | *1.4 | 1.4 | 3.3 |
| Other | 0.3 | *0.3 | *0.4 | *0.5 | *0.2 | *0.5 | *0.2 | *0.3 | *0.7 |

[1]Includes partnership, group, and other types of practice.
[2]Based on *A reason for visit classification for ambulatory care* (RVC).[11]
[3]Includes blanks; problems, complaints not elsewhere classified; entries of "none"; and illegible entries.
[4]Percents will not total 100.0 because more than 1 service or therapy may have been rendered during a visit.
[5]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM).[7]
[6]Represents visits in which there was no face-to-face encounter between patient and physician.
[7]Percents will not total 100.0 because more than 1 disposition was possible.

**Table 2. Number of drug mentions in office visits to internists by type and location of physician's practice and percent distribution by therapeutic category, according to type and location of physician's practice: United States, January 1980–December 1981**

| Therapeutic category[1] | All types of practice | Type of practice | | Geographic region | | | | Area | |
|---|---|---|---|---|---|---|---|---|---|
| | | Solo | Other[2] | Northeast | North Central | South | West | Metropolitan | Non-metropolitan |
| | Number in thousands | | | | | | | | |
| All categories | 251,370 | 124,653 | 126,717 | 75,997 | 64,091 | 63,682 | 47,600 | 205,182 | 46,188 |
| | Percent distribution | | | | | | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Antihistamine drugs | 3.2 | 3.2 | 3.3 | 4.0 | 3.0 | 2.9 | 2.7 | 3.3 | 2.9 |
| Anti-infective agents | 6.4 | 6.4 | 6.3 | 6.8 | 6.1 | 6.1 | 6.6 | 6.4 | 6.3 |
| Antibiotics | 5.2 | 5.4 | 5.1 | 5.8 | 4.8 | 4.9 | 5.3 | 5.2 | 5.2 |
| Sulfonamides | 0.6 | 0.6 | 0.7 | *0.5 | *0.6 | *0.6 | *0.9 | 0.6 | *0.6 |
| Antineoplastic agents | 2.3 | 1.0 | 3.5 | 2.5 | 1.8 | 3.1 | 1.4 | 2.3 | 2.2 |
| Autonomic drugs | 3.8 | 3.7 | 4.0 | 3.8 | 4.4 | 3.7 | 3.1 | 3.9 | 3.4 |
| Blood formation and coagulation | 1.4 | 1.4 | 1.5 | 1.4 | 1.5 | 1.5 | 1.3 | 1.4 | 1.4 |
| Antianemia drugs | 0.6 | 0.6 | 0.6 | 0.7 | 0.7 | *0.6 | *0.4 | 0.6 | *0.7 |
| Coagulants and anti-coagulants | 0.8 | 0.8 | 0.8 | 0.7 | 0.8 | 0.9 | 1.0 | 0.8 | *0.8 |
| Cardiovascular drugs | 21.8 | 22.3 | 21.2 | 21.9 | 20.5 | 23.0 | 21.6 | 21.1 | 24.7 |
| Cardiac drugs | 9.8 | 10.0 | 9.7 | 9.4 | 9.5 | 10.6 | 9.9 | 9.4 | 11.6 |
| Hypotensive agents | 6.7 | 6.7 | 6.7 | 7.3 | 6.1 | 6.3 | 7.1 | 6.8 | 6.2 |
| Vasodilating agents | 5.1 | 5.5 | 4.7 | 5.0 | 4.8 | 5.9 | 4.5 | 4.7 | 6.7 |
| Central nervous system drugs | 17.9 | 17.6 | 18.1 | 16.9 | 19.3 | 18.1 | 17.3 | 17.8 | 18.4 |
| Analgesics and antipyretics | 10.4 | 9.7 | 11.2 | 10.2 | 11.8 | 9.6 | 10.2 | 10.5 | 10.1 |
| Anticonvulsants | 0.5 | 0.5 | 0.5 | *0.4 | *0.6 | *0.4 | *0.6 | 0.5 | *0.5 |
| Psychotherapeutic agents | 2.3 | 2.3 | 2.2 | 1.7 | 2.3 | 3.2 | 1.9 | 2.3 | 2.4 |
| Respiratory and cerebral stimulants | 0.3 | 0.4 | *0.2 | *0.3 | *0.4 | *0.2 | *0.5 | 0.2 | *0.7 |
| Sedatives and hypnotics | 4.3 | 4.7 | 4.0 | 4.2 | 4.2 | 4.7 | 4.1 | 4.2 | 4.7 |
| Electrolytic, caloric, and water balance | 15.7 | 15.9 | 15.5 | 15.6 | 15.9 | 13.8 | 18.1 | 16.1 | 13.7 |
| Expectorants and cough preparations | 1.7 | 1.7 | 1.7 | 1.9 | 1.8 | 1.6 | 1.4 | 1.8 | 1.4 |
| Eye, ear, nose and throat preparations | 0.7 | 0.7 | 0.7 | 0.9 | 0.7 | *0.5 | *0.6 | 0.7 | *0.5 |
| Gastrointestinal drugs | 4.8 | 5.1 | 4.6 | 4.2 | 5.4 | 5.4 | 4.2 | 4.6 | 6.1 |
| Antacids and adsorbents | 1.0 | 1.0 | 1.1 | 0.8 | 1.2 | 1.2 | 1.0 | 1.0 | 1.2 |
| Antiflatulents | 0.6 | 0.5 | 0.8 | 0.6 | 0.9 | *0.5 | *0.5 | 0.6 | *0.7 |
| Cathartics and laxatives | 0.7 | 0.8 | 0.6 | 0.6 | *0.5 | 1.2 | *0.5 | 0.7 | *0.9 |
| Hormones and synthetic substitutes | 9.7 | 9.7 | 9.6 | 9.2 | 9.2 | 10.1 | 10.5 | 9.8 | 9.2 |
| Adrenals | 3.1 | 3.1 | 3.1 | 2.9 | 2.4 | 3.7 | 3.6 | 3.2 | 2.6 |
| Estrogens | 0.9 | 0.9 | 0.8 | *0.3 | 0.9 | 1.1 | 1.4 | 0.8 | 1.1 |
| Insulins and anti-diabetic agents | 3.5 | 3.6 | 3.4 | 4.0 | 3.4 | 3.3 | 3.1 | 3.5 | 3.6 |
| Thyroid and antithyroid | 1.8 | 1.7 | 1.8 | 1.8 | 1.9 | 1.4 | 2.2 | 1.8 | 1.6 |
| Serums, toxoids and vaccines | 1.1 | 1.4 | 0.9 | 1.2 | 1.1 | 0.9 | 1.5 | 1.1 | 1.0 |
| Skin and mucous membrane preparations | 2.6 | 2.7 | 2.5 | 2.7 | 2.9 | 2.6 | 2.1 | 2.6 | 2.6 |
| Spasmolytic agents | 2.1 | 2.0 | 2.2 | 2.4 | 1.9 | 1.9 | 2.4 | 2.2 | 1.8 |
| Vitamins | 2.2 | 2.6 | 1.7 | 2.4 | 2.1 | 1.8 | 2.4 | 2.2 | 2.0 |
| Other, unclassified, or undetermined | 2.6 | 2.6 | 2.7 | 2.2 | 2.4 | 3.3 | 2.8 | 2.7 | 2.4 |

[1]Based on the classification system of the American Hospital Formulary Service (see appendix IV).
[2]Includes partnership, group, and other types of practice.

**Table 3. Number of office visits to internists by age and sex of physician and percent distribution by selected visit characteristics, according to age and sex of physician: United States, January 1980–December 1981**

| Characteristic | All ages | Age of physician[1] | | | | | Sex of physician | |
|---|---|---|---|---|---|---|---|---|
| | | Under 35 years | 35–44 years | 45–54 years | 55–64 years | 65 years and over | Female | Male |
| | Number in thousands | | | | | | | |
| All visits | 142,810 | 15,051 | 36,800 | 50,340 | 32,323 | 8,295 | 5,269 | 137,541 |
| | Percent distribution | | | | | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Sex of patient | | | | | | | | |
| Female | 58.9 | 59.7 | 60.4 | 59.1 | 56.2 | 59.8 | 70.2 | 58.4 |
| Male | 41.1 | 40.3 | 39.6 | 40.9 | 43.8 | 40.2 | 29.8 | 41.6 |
| Age of patient | | | | | | | | |
| Under 15 years | 2.1 | 2.8 | 2.1 | 1.5 | 2.8 | *2.1 | *3.0 | 2.1 |
| 15–24 years | 6.5 | 9.0 | 7.1 | 5.6 | 6.1 | 5.6 | 11.4 | 6.3 |
| 25–44 years | 20.7 | 23.6 | 27.0 | 17.8 | 17.7 | 17.4 | 29.5 | 20.4 |
| 45–64 years | 37.2 | 36.0 | 36.9 | 38.2 | 38.4 | 29.9 | 36.0 | 37.3 |
| 65 years and over | 33.5 | 28.5 | 26.9 | 36.9 | 35.0 | 45.1 | 20.3 | 34.0 |
| Prior visit status | | | | | | | | |
| New patient | 12.1 | 20.3 | 14.3 | 11.8 | 7.8 | 6.2 | 22.9 | 11.7 |
| Old patient, new problem | 19.6 | 17.8 | 19.0 | 17.7 | 21.8 | 28.1 | 21.1 | 19.5 |
| Old patient, old problem | 68.3 | 61.9 | 66.7 | 70.5 | 70.4 | 65.6 | 56.0 | 68.8 |
| Referral status | | | | | | | | |
| Referred by another physician | 3.7 | 6.3 | 4.2 | 3.4 | 2.8 | *1.6 | *5.3 | 3.6 |
| Not referred by another physician | 96.4 | 93.7 | 95.8 | 96.6 | 97.2 | 98.4 | 94.7 | 96.4 |
| Major reason for visit | | | | | | | | |
| Acute problem | 31.5 | 31.3 | 31.5 | 30.8 | 30.8 | 38.8 | 35.1 | 31.4 |
| Chronic problem, routine | 45.1 | 44.3 | 45.5 | 46.3 | 44.4 | 40.3 | 40.3 | 45.3 |
| Chronic problem, flareup | 12.0 | 13.3 | 13.4 | 11.9 | 11.5 | 6.5 | 11.5 | 12.1 |
| Postsurgery or postinjury | 1.6 | *1.7 | 1.3 | 1.4 | 1.9 | *1.7 | *1.3 | 1.6 |
| Nonillness care | 9.8 | 9.4 | 8.3 | 9.6 | 11.3 | 12.7 | 11.8 | 9.7 |
| Principal reason for visit module and RVC code[2] | | | | | | | | |
| Symptom module S001–S999 | 54.8 | 58.6 | 57.7 | 51.6 | 54.4 | 55.2 | 54.8 | 54.8 |
| Disease module D001–D999 | 13.0 | 12.8 | 13.9 | 13.6 | 11.2 | 12.8 | 17.3 | 12.8 |
| Diagnostic, screening, and preventive module X100–X599 | 17.9 | 14.3 | 15.3 | 20.3 | 18.7 | 18.8 | 15.2 | 18.0 |
| Treatment module T100–T899 | 7.6 | 6.1 | 7.7 | 8.0 | 7.7 | 6.2 | *5.1 | 7.7 |
| Injuries and adverse effects module J001–J999 | 1.4 | *1.4 | 1.5 | 1.2 | 1.4 | *2.5 | *2.0 | 1.4 |
| Test results module R100–R700 | 0.8 | *0.7 | *1.2 | *0.9 | *0.6 | *0.1 | *0.8 | 0.8 |
| Administrative module A100–A140 | 1.8 | *2.4 | *1.2 | 2.0 | 2.0 | *1.5 | *3.3 | 1.8 |
| Other[3] | 2.7 | 3.7 | 1.5 | 2.4 | 4.0 | *2.9 | *1.5 | 2.7 |
| Diagnostic service[4] | | | | | | | | |
| None | 4.2 | 2.5 | 2.2 | 3.0 | 8.5 | 6.8 | *5.1 | 4.2 |
| Limited history and/or examination | 62.8 | 63.0 | 65.2 | 65.9 | 55.3 | 61.9 | 64.3 | 62.7 |
| General history and/or examination | 18.0 | 21.0 | 18.9 | 17.1 | 16.8 | 19.6 | 17.3 | 18.1 |
| Pap test | 3.2 | *2.7 | 2.9 | 3.1 | 3.6 | *4.4 | *7.7 | 3.0 |
| Clinical laboratory test | 34.3 | 35.8 | 34.5 | 35.3 | 31.5 | 35.0 | 37.7 | 34.1 |
| X-ray | 13.5 | 9.8 | 14.2 | 15.9 | 11.6 | 10.4 | 17.4 | 13.4 |
| Blood pressure check | 60.8 | 51.0 | 62.9 | 65.7 | 58.7 | 47.5 | 49.3 | 61.2 |
| Electrocardiogram | 12.1 | 7.2 | 10.8 | 13.9 | 12.5 | 14.0 | *5.8 | 12.3 |
| Vision test | 1.6 | *0.9 | *1.1 | 1.7 | 2.4 | *1.0 | *1.8 | 1.6 |
| Endoscopy | 1.5 | *0.7 | *0.9 | 1.7 | 2.3 | *1.1 | *0.6 | 1.5 |
| Mental status examination | 1.1 | *0.1 | 1.8 | *0.6 | 1.6 | *0.2 | *1.0 | 1.1 |
| Other | 3.6 | *2.8 | 3.9 | 4.1 | 3.1 | *1.5 | *0.7 | *3.7 |

See footnotes at end of table.

**Table 3. Number of office visits to internists by age and sex of physician and percent distribution by selected visit characteristics, according to age and sex of physician: United States, January 1980–December 1981—Con.**

| Characteristic | All ages | Age of physician[1] | | | | | Sex of physician | |
|---|---|---|---|---|---|---|---|---|
| | | Under 35 years | 35–44 years | 45–54 years | 55–64 years | 65 years and over | Female | Male |
| | Percent distribution | | | | | | | |
| Nonmedication therapy[4] | | | | | | | | |
| None | 52.5 | 55.7 | 47.2 | 54.4 | 53.0 | 56.6 | 27.6 | 53.5 |
| Physiotherapy | 3.8 | 4.0 | 4.3 | 3.4 | 3.9 | *2.8 | *2.4 | 3.8 |
| Office surgery | 1.8 | *2.0 | 1.8 | 1.2 | 2.3 | *3.4 | *3.0 | 1.8 |
| Family planning | *0.3 | *0.2 | *0.7 | *0.1 | *0.1 | *0.3 | *1.9 | *0.2 |
| Psychotherapy or therapeutic listening | 5.2 | 4.7 | 7.2 | 4.2 | 4.6 | 5.5 | 17.4 | 4.7 |
| Diet counseling | 12.8 | 7.6 | 15.5 | 12.0 | 13.4 | 13.1 | 17.9 | 12.6 |
| Family or social counseling | 2.0 | *1.6 | 2.5 | 1.7 | 2.3 | *1.4 | *2.3 | 2.0 |
| Medical counseling | 33.4 | 31.6 | 36.1 | 34.7 | 31.0 | 25.2 | 52.9 | 32.6 |
| Other | 1.0 | *1.4 | *1.0 | 1.1 | *0.7 | *0.8 | *1.4 | 1.0 |
| Number of medications | | | | | | | | |
| None | 23.8 | 24.2 | 20.3 | 26.4 | 23.9 | 22.3 | 21.9 | 23.9 |
| 1 | 29.3 | 30.0 | 30.6 | 28.8 | 28.0 | 30.4 | 30.7 | 29.2 |
| 2 | 20.6 | 20.4 | 22.5 | 19.2 | 20.3 | 22.0 | 26.1 | 20.4 |
| 3 | 12.1 | 12.5 | 11.9 | 11.4 | 12.9 | 12.9 | 11.1 | 12.1 |
| 4 or more | 14.3 | 13.0 | 14.7 | 14.3 | 14.9 | 12.4 | 10.3 | 14.5 |
| Principal diagnosis and ICD–9–CM code[5] | | | | | | | | |
| Infectious and parasitic diseases 001–139 | 1.8 | 2.5 | 2.1 | 1.4 | 1.7 | 2.6 | *2.7 | 1.8 |
| Neoplasms 140–239 | 4.1 | 7.2 | 3.7 | 4.9 | 2.5 | 1.5 | *1.3 | 4.2 |
| Endocrine, nutritional and metabolic diseases, and immunity disorders 240–279 | 8.6 | 9.9 | 9.5 | 8.5 | 7.7 | 7.4 | 8.7 | 8.6 |
| Mental disorders 290–319 | 3.3 | 3.2 | 3.9 | 2.3 | 4.2 | 3.8 | *4.4 | 3.3 |
| Diseases of the nervous system and sense organs 320–389 | 2.8 | 3.9 | 2.4 | 2.6 | 3.1 | 3.2 | *1.6 | 2.9 |
| Diseases of the circulatory system 390–459 | 25.5 | 19.7 | 25.8 | 26.2 | 26.1 | 28.9 | 20.4 | 25.7 |
| Diseases of the respiratory system 460–519 | 11.7 | 9.4 | 11.8 | 9.7 | 14.9 | 14.9 | 9.2 | 11.8 |
| Diseases of the digestive system 520–579 | 6.2 | 5.2 | 6.3 | 6.8 | 5.9 | 6.4 | *6.3 | 6.2 |
| Diseases of the genitourinary system 580–629 | 3.3 | 3.9 | 3.1 | 3.0 | 3.9 | 2.4 | *5.4 | 3.2 |
| Diseases of the skin and subcutaneous tissue 680–709 | 2.3 | 3.1 | 2.2 | 2.0 | 2.5 | 3.0 | *2.7 | 2.3 |
| Diseases of the musculoskeletal system and connective tissue 710–739 | 11.1 | 13.7 | 12.6 | 11.4 | 8.6 | 7.1 | 18.9 | 10.8 |
| Symptoms, signs, and ill-defined conditions 780–799 | 5.2 | 5.9 | 6.2 | 5.1 | 3.7 | 5.4 | *4.2 | 5.2 |
| Injury and poisoning 800–999 | 3.6 | 4.4 | 3.1 | 3.8 | 3.5 | 3.9 | *4.4 | 3.6 |
| Supplementary classification V01–V82 | 7.9 | 5.2 | 5.2 | 9.7 | 9.3 | 7.7 | 8.6 | 7.8 |
| All other diagnoses | 1.3 | 1.5 | 1.3 | 1.5 | 1.1 | *1.5 | *0.6 | 1.4 |
| Unknown diagnoses | 1.1 | *1.2 | *1.0 | 1.1 | 1.5 | *0.3 | *0.7 | 1.1 |
| Duration of visit | | | | | | | | |
| 0 minutes[6] | 2.3 | 2.3 | 2.0 | 2.9 | 1.8 | *1.5 | *0.9 | 2.3 |
| 1–5 minutes | 5.7 | 6.8 | 3.1 | 6.4 | 7.5 | *3.8 | *2.3 | 5.8 |
| 6–10 minutes | 17.3 | 17.0 | 20.6 | 17.8 | 14.6 | 11.1 | *5.2 | 17.8 |
| 11–15 minutes | 35.5 | 33.7 | 36.5 | 35.5 | 36.6 | 29.8 | 37.7 | 35.4 |
| 16–30 minutes | 28.4 | 29.5 | 27.8 | 26.2 | 28.6 | 41.7 | 46.6 | 27.7 |
| 31 minutes or longer | 10.9 | 10.8 | 10.1 | 11.3 | 10.9 | 12.0 | *7.3 | 11.0 |
| Disposition of visit[7] | | | | | | | | |
| No followup planned | 7.8 | 9.3 | 4.8 | 7.6 | 9.6 | 12.8 | 8.3 | 7.8 |
| Return at specified time | 68.5 | 64.3 | 69.1 | 70.3 | 69.8 | 58.5 | 65.2 | 68.7 |
| Return if needed | 16.8 | 18.9 | 19.3 | 16.3 | 14.3 | 14.3 | 17.6 | 16.8 |
| Telephone followup planned | 6.5 | 5.4 | 8.3 | 6.3 | 4.1 | 10.8 | *5.4 | 6.5 |
| Referred to other physician | 4.2 | 4.7 | 4.9 | 3.6 | 4.2 | *4.6 | *7.5 | 4.1 |
| Returned to referring physician | 0.9 | *1.4 | *1.0 | *0.9 | *0.7 | *0.3 | *0.9 | 0.9 |
| Admit to hospital | 1.7 | *1.9 | 1.7 | 2.1 | 1.4 | *0.7 | *0.6 | 1.8 |
| Other | 0.4 | *0.3 | *0.2 | *0.5 | *0.2 | *0.5 | *0.2 | 0.4 |
| Type of practice[8] | | | | | | | | |
| Solo | 47.4 | 43.1 | 39.7 | 41.0 | 62.9 | 67.3 | 36.4 | 47.8 |
| Other[8] | 52.6 | 56.9 | 60.4 | 59.0 | 37.1 | 32.7 | 63.7 | 52.2 |

See footnotes at end of table.

**Table 3. Number of office visits to internists by age and sex of physician and percent distribution by selected visit characteristics, according to age and sex of physician: United States, January 1980–December 1981—Con.**

| Characteristic | All ages | Age of physician[1] | | | | | Sex of physician | |
|---|---|---|---|---|---|---|---|---|
| | | Under 35 years | 35–44 years | 45–54 years | 55–64 years | 65 years and over | Female | Male |
| Geographic region | Percent distribution | | | | | | | |
| Northeast | 32.0 | 27.8 | 28.1 | 32.4 | 34.5 | 44.9 | 35.6 | 31.9 |
| North Central | 22.6 | 37.8 | 19.5 | 16.5 | 30.9 | 12.8 | 13.3 | 22.9 |
| South | 25.9 | 15.1 | 30.9 | 31.7 | 18.9 | 15.4 | 30.2 | 25.7 |
| West | 19.5 | 19.3 | 21.5 | 19.4 | 15.7 | 26.9 | 20.9 | 19.5 |
| Area | | | | | | | | |
| Metropolitan | 83.0 | 73.7 | 83.7 | 84.7 | 81.9 | 90.7 | 92.4 | 82.6 |
| Nonmetropolitan | 17.0 | 26.3 | 16.3 | 15.3 | 18.1 | 9.3 | 7.6 | 17.4 |

[1]Does not include doctors of osteopathy.
[2]Based on *A reason for visit classification for ambulatory care* (RVC).[11]
[3]Includes blanks; problems, complaints not elsewhere classified; entires of "none"; and illegible entries.
[4]Percents will not total 100.0 because more than 1 service or therapy may have been rendered during a visit.
[5]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM).[7]
[6]Represents visits in which there was no face-to-face encounter between patient and physician.
[7]Percents will not total 100.0 because more than 1 disposition was possible.
[8]Includes partnership, group, and other types of practice.

**Table 4. Number of drug mentions in office visits to internists by age and sex of physician and percent distribution by therapeutic category, according to age and sex of physician: United States, January 1980–December 1981**

| Therapeutic category[1] | All ages | Age of physician[2] | | | | | Sex of physician | |
|---|---|---|---|---|---|---|---|---|
| | | Under 35 years | 35–44 years | 45–54 years | 55–64 years | 65 years and over | Female | Male |
| | Number in thousands | | | | | | | |
| All categories | 248,864 | 25,423 | 66,323 | 84,953 | 57,800 | 14,365 | 8,598 | 240,266 |
| | Percent distribution | | | | | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Antihistamine drugs | 3.2 | 2.8 | 3.1 | 2.8 | 4.2 | 4.0 | *2.4 | 3.3 |
| Anti-infective agents | 6.3 | 6.5 | 6.2 | 6.2 | 5.8 | 9.1 | 9.3 | 6.2 |
| Antibiotics | 5.2 | 5.5 | 5.1 | 5.1 | 4.5 | 7.8 | 7.0 | 5.1 |
| Sulfonamides | 0.6 | *0.4 | *0.6 | 0.6 | *0.7 | *0.9 | *1.1 | 0.6 |
| Antineoplastic agents | 2.3 | 5.1 | 2.3 | 3.1 | *0.4 | *0.1 | *0.9 | 2.3 |
| Autonomic drugs | 3.8 | 3.8 | 4.3 | 3.8 | 3.6 | *2.5 | *3.7 | 3.8 |
| Blood formation and coagulation | 1.4 | 1.8 | 1.1 | 1.5 | 1.5 | *2.0 | *0.9 | 1.5 |
| Antianemia drugs | 0.6 | *0.8 | *0.4 | 0.6 | *0.7 | *1.0 | *0.4 | 0.6 |
| Coagulants and anticoagulants | 0.8 | *1.0 | *0.7 | 0.9 | 0.8 | *1.1 | *0.5 | 0.8 |
| Cardiovascular drugs | 21.8 | 17.9 | 22.4 | 21.8 | 23.2 | 21.2 | 13.8 | 22.1 |
| Cardiac drugs | 9.9 | 8.0 | 9.7 | 10.1 | 10.8 | 8.6 | 5.1 | 10.0 |
| Hypotensive agents | 6.7 | 5.6 | 7.2 | 6.7 | 6.6 | 7.0 | 6.7 | 6.7 |
| Vasodilating agents | 5.1 | 4.2 | 5.4 | 4.8 | 5.7 | 5.4 | *2.1 | 5.2 |
| Central nervous system drugs | 18.0 | 22.2 | 18.0 | 17.2 | 17.6 | 16.2 | 21.3 | 17.8 |
| Analgesics and antipyretics | 10.5 | 13.8 | 11.2 | 10.6 | 8.7 | 8.2 | 15.8 | 10.3 |
| Anticonvulsants | 0.5 | *0.6 | *0.4 | *0.4 | *0.8 | *0.4 | *0.9 | 0.5 |
| Psychotherapeutic agents | 2.3 | 2.8 | 2.2 | 1.9 | 2.7 | *2.3 | *2.1 | 2.3 |
| Respiratory and cerebral stimulants | 0.3 | *0.1 | *0.3 | *0.3 | *0.5 | *0.4 | *0.4 | 0.3 |
| Sedatives and hypnotics | 4.3 | 4.9 | 3.9 | 4.0 | 4.9 | 4.7 | 2.1 | 4.4 |
| Electrolytic, caloric, and water balance | 15.6 | 12.5 | 15.3 | 15.9 | 16.9 | 15.3 | 12.7 | 15.7 |
| Expectorants and cough preparations | 1.7 | *1.1 | 1.6 | 2.0 | 1.6 | *2.5 | *1.4 | 1.7 |
| Eye, ear, nose and throat preparations | 0.7 | *0.6 | *0.4 | 0.8 | 0.9 | *0.8 | *0.5 | 0.7 |
| Gastrointestinal drugs | 4.8 | 5.1 | 4.5 | 5.0 | 4.8 | 5.0 | *4.1 | 4.9 |
| Antacids and adsorbents | 1.1 | *1.5 | 0.8 | 1.2 | 0.9 | *1.0 | *1.5 | 1.0 |
| Antiflatulents | 0.6 | *0.9 | *0.6 | 0.7 | *0.6 | *0.2 | *0.4 | 0.6 |
| Cathartics and laxatives | 0.7 | *0.4 | 0.8 | 0.7 | *0.7 | *0.8 | *0.1 | 0.7 |
| Hormones and synthetic substitutes | 9.6 | 10.3 | 9.8 | 9.8 | 9.2 | 8.2 | 14.7 | 9.4 |
| Adrenals | 3.0 | 3.3 | 3.9 | 3.1 | 2.1 | *1.9 | 5.8 | 2.9 |
| Estrogens | 0.9 | *1.3 | *0.4 | 0.9 | 1.2 | *0.6 | *0.8 | 0.9 |
| Insulins and anti-diabetic agents | 3.5 | 3.3 | 3.1 | 3.9 | 3.4 | 3.7 | *4.6 | 3.5 |
| Thyroid and antithyroid | 1.8 | 2.0 | 1.9 | 1.5 | 2.1 | *1.6 | *2.3 | 1.8 |
| Serums, toxoids and vaccines | 1.1 | *0.4 | 0.9 | 1.3 | 1.2 | *2.4 | *1.1 | 1.1 |
| Skin and mucous membrane preparations | 2.6 | 2.6 | 2.8 | 2.5 | 2.5 | *3.0 | *5.0 | 2.5 |
| Spasmolytic agents | 2.1 | 1.6 | 2.6 | 2.0 | 2.0 | *1.7 | *1.5 | 2.1 |
| Vitamins | 2.2 | 2.5 | 1.9 | 2.0 | 2.2 | 4.3 | 2.0 | 2.2 |
| Other, unclassified, or undetermined | 2.8 | 3.2 | 2.8 | 2.3 | 2.4 | *1.7 | 4.7 | 2.7 |

[1]Based on the classification system of the American Hospital Formulary Service (see appendix IV).
[2]Does not include doctors of osteopathy.

**Table 5. Number of office visits to internists by sex, race, and Hispanic origin of patient, percent distribution by age of patient, according to sex, race, and Hispanic origin of patient, and average annual rate of office visits by sex, race, Hispanic origin, and age of patient: United States, January 1980–December 1981**

| Age of patient | Both sexes | Sex | | Race | | | Hispanic origin | |
|---|---|---|---|---|---|---|---|---|
| | | Female | Male | White | Black | All other | Hispanic | Non-Hispanic |
| | Number of visits in thousands | | | | | | | |
| All ages | 144,172 | 84,798 | 59,374 | 129,061 | 13,498 | 1,613 | 5,100 | 139,072 |
| | Percent distribution | | | | | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Under 15 years | 2.1 | 1.7 | 2.7 | 2.0 | 3.1 | *3.8 | *3.2 | 2.1 |
| 15–24 years | 6.5 | 6.7 | 6.2 | 6.5 | 5.6 | *12.1 | 13.2 | 6.2 |
| 25–44 years | 20.7 | 20.3 | 21.3 | 20.1 | 25.7 | 32.6 | 35.6 | 20.2 |
| 45–64 years | 37.1 | 36.6 | 37.9 | 36.8 | 41.2 | 28.6 | 32.4 | 37.3 |
| 65 years and over | 33.6 | 34.7 | 31.9 | 34.7 | 24.5 | *23.0 | 15.7 | 34.2 |
| | Visit rate per 100 population | | | | | | | |
| All ages | 32.4 | 36.8 | 27.6 | 33.8 | 25.9 | 14.6 | 17.6 | 33.3 |
| Under 15 years | 2.9 | 2.9 | 3.1 | 3.1 | 2.7 | *2.0 | 1.8 | 3.1 |
| 15–24 years | 11.5 | 13.7 | 9.2 | 12.3 | 7.0 | *9.2 | 10.6 | 11.4 |
| 25–44 years | 23.8 | 26.8 | 20.7 | 24.0 | 25.2 | 14.5 | 22.4 | 24.1 |
| 45–64 years | 60.9 | 67.1 | 54.0 | 60.9 | 67.1 | 27.9 | 42.2 | 61.4 |
| 65 years and over | 98.7 | 101.8 | 94.3 | 100.9 | 81.0 | *60.1 | 56.7 | 100.6 |

**Table 6. Number of office visits to internists and return visit rate by selected patient characteristics and percent distribution by prior visit status, according to selected patient characteristics: United States, January 1980–December 1981**

| Characteristic | Number of visits in thousands | Prior visit status | | | | Return visit rate[1] |
|---|---|---|---|---|---|---|
| | | Total | New patient | Old patient, new problem | Old patient, old problem | |
| Sex | | Percent distribution | | | | |
| Both sexes | 144,172 | 100.0 | 12.1 | 19.5 | 68.4 | 7.3 |
| Female | 84,798 | 100.0 | 11.4 | 19.7 | 68.9 | 7.8 |
| Male | 59,374 | 100.0 | 13.1 | 19.2 | 67.7 | 6.7 |
| Age | | | | | | |
| Under 15 years | 3,027 | 100.0 | 29.5 | 29.6 | 41.0 | 2.4 |
| 15–24 years | 9,346 | 100.0 | 32.4 | 30.0 | 37.7 | 2.1 |
| 25–44 years | 29,866 | 100.0 | 20.7 | 25.2 | 54.1 | 3.8 |
| 45–64 years | 53,543 | 100.0 | 8.2 | 17.9 | 73.9 | 11.2 |
| 65 years and over | 48,389 | 100.0 | 6.1 | 15.2 | 78.8 | 15.4 |
| Race | | | | | | |
| White | 129,061 | 100.0 | 11.5 | 19.9 | 68.6 | 7.7 |
| Black | 13,498 | 100.0 | 16.6 | 16.0 | 67.4 | 5.0 |
| All other | 1,613 | 100.0 | *22.5 | *20.5 | 57.1 | *3.4 |
| Hispanic origin | | | | | | |
| Hispanic | 5,100 | 100.0 | 23.2 | 23.2 | 53.6 | 3.3 |
| Non-Hispanic | 139,072 | 100.0 | 11.7 | 19.4 | 68.9 | 7.5 |

[1]Old patient visits divided by new patient visits.

**Table 7. Number of office visits to internists by sex and age of patient and prior visit status and percent distribution by major reason for visit and principal reason for visit module, according to sex and age of patient and prior visit status: United States, January 1980–December 1981**

| Major reason for visit and principal reason for visit module | Both sexes | Sex | | Age | | | | | Prior visit status | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | Old patient | |
| | | Female | Male | Under 15 years | 15–24 years | 25–44 years | 45–64 years | 65 years and over | New patient | New problem | Old problem |
| | Number in thousands | | | | | | | | | | |
| All visits | 144,172 | 84,798 | 59,374 | 3,027 | 9,346 | 29,866 | 53,543 | 48,389 | 17,451 | 28,133 | 98,588 |
| | Percent distribution | | | | | | | | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Major reason for visit | | | | | | | | | | | |
| Acute problem | 31.6 | 32.1 | 30.8 | 46.6 | 51.7 | 43.2 | 28.2 | 23.2 | 51.2 | 75.9 | 15.4 |
| Chronic problem, routine | 45.0 | 45.1 | 44.8 | 27.2 | 20.0 | 32.0 | 48.1 | 55.5 | 15.9 | 7.9 | 60.7 |
| Chronic problem, flareup | 12.2 | 12.5 | 11.7 | 5.9 | 7.7 | 11.7 | 13.1 | 12.7 | 9.2 | 5.6 | 14.6 |
| Postsurgery or postinjury | 1.5 | 1.3 | 2.0 | *1.5 | *2.6 | 1.6 | 1.5 | 1.4 | *0.9 | 1.7 | 1.6 |
| Nonillness care | 9.8 | 9.0 | 10.9 | 18.8 | 18.1 | 11.6 | 9.1 | 7.2 | 22.8 | 9.0 | 7.7 |
| Principal reason for visit and RVC code[1] | | | | | | | | | | | |
| Symptom module... S001–S999 | 54.9 | 57.2 | 51.5 | 62.9 | 65.4 | 59.8 | 52.0 | 52.4 | 61.2 | 79.1 | 46.8 |
| Disease module.... D001–D999 | 13.1 | 12.6 | 13.7 | 5.4 | 5.2 | 11.6 | 14.3 | 14.6 | 9.3 | 4.1 | 16.3 |
| Diagnostic, screening, and preventive module.... X100–X599 | 17.9 | 17.2 | 18.7 | 17.3 | 9.8 | 13.9 | 19.7 | 19.9 | 14.2 | 7.4 | 21.5 |
| Treatment module... T100–T899 | 7.5 | 7.3 | 7.9 | *6.6 | *4.5 | 6.9 | 8.2 | 7.8 | 2.9 | 2.4 | 9.8 |
| Injuries and adverse effects module ..... J001–J999 | 1.4 | 1.3 | 1.7 | *1.9 | *3.5 | 2.0 | 1.1 | 1.1 | 2.7 | 3.8 | 0.5 |
| Test results module ..... R100–R700 | 0.8 | 0.8 | 0.9 | *0.1 | *0.5 | *1.0 | *0.8 | *0.8 | *0.4 | *0.1 | 1.1 |
| Administrative module ..... A100–A140 | 1.8 | 1.2 | 2.7 | *5.1 | 9.8 | 3.2 | 1.0 | *0.1 | 8.4 | 2.2 | 0.5 |
| Other[2] | 2.6 | 2.4 | 2.9 | *0.7 | *1.3 | *.16 | 2.9 | 3.3 | *0.9 | *0.9 | 3.5 |

[1]Based on *A reason for visit classification for ambulatory care* (RVC).[11]
[2]Includes blanks; problems, complaints not elsewhere classified; entries of "none"; and illegible entries.

**Table 8. Number and percent distribution of office visits to internists by most frequent principal reasons for visit: United States, January 1980–December 1981**

| *Principal reason for visit and RVC code*[1] | | *Number of visits in thousands* | *Percent distribution* |
|---|---|---|---|
| Total | | 144,172 | 100.0 |
| General medical examination | X100 | 14,951 | 10.4 |
| Blood pressure test | X320 | 5,939 | 4.1 |
| Chest pain and related symptoms (not referable to a specific body system) | S050 | 5,292 | 3.7 |
| Hypertension | D510 | 5,149 | 3.6 |
| Abdominal pain, cramps, and spasms | S550 | 3,450 | 2.4 |
| Cough | S440 | 3,342 | 2.3 |
| Headache, pain in head | S210 | 3,163 | 2.2 |
| Diabetes mellitus | D205 | 2,970 | 2.1 |
| Back symptoms | S905 | 2,957 | 2.1 |
| Symptoms referable to throat | S455 | 2,709 | 1.9 |
| Vertigo—dizziness | S225 | 2,554 | 1.8 |
| Tiredness, exhaustion | S015 | 2,353 | 1.6 |
| Leg symptoms | S920 | 2,219 | 1.5 |
| Shortness of breath | S415 | 2,065 | 1.4 |
| Knee symptoms | S925 | 1,854 | 1.3 |
| Symptoms of unspecified joints | S970 | 1,731 | 1.2 |
| Shoulder symptoms | S940 | 1,648 | 1.1 |
| Head cold, upper respiratory infection (coryza) | S445 | 1,647 | 1.1 |
| General weakness | S020 | 1,646 | 1.1 |
| Ischemic heart disease | D515 | 1,571 | 1.1 |
| Arthritis | D900 | 1,413 | 1.0 |
| Neck symptoms | S900 | 1,389 | 1.0 |
| Low back symptoms | S910 | 1,340 | 0.9 |
| Abnormal pulsations and palpitations | S260 | 1,317 | 0.9 |
| Anxiety and nervousness | S100 | 1,287 | 0.9 |
| Skin rash | S860 | 1,254 | 0.9 |
| Physical examination required for employment | A100 | 1,211 | 0.8 |
| Hand and finger symptoms | S960 | 1,088 | 0.8 |
| Chemotherapy | T425 | 1,049 | 0.7 |
| Other blood test | X315 | 976 | 0.7 |
| Depression | S110 | 975 | 0.7 |
| Weight gain | S040 | 920 | 0.6 |
| Pain and related symptoms, generalized, site unspecified | S060 | 908 | 0.6 |
| Nasal congestion | S400 | 905 | 0.6 |
| Fever | S010 | 903 | 0.6 |
| Foot and toe symptoms | S935 | 903 | 0.6 |
| Stomach pain, cramps, and spasms | S545 | 889 | 0.6 |
| Nausea | S525 | 888 | 0.6 |
| Pain, site not referable to a specific body system | S055 | 880 | 0.6 |
| Diarrhea | S595 | 868 | 0.6 |
| Medication, other and unspecified kinds | T115 | 864 | 0.6 |
| Earache, or ear infection | S355 | 814 | 0.6 |
| Symptoms referable to anus-rectum | S605 | 773 | 0.5 |
| Postoperative visit | T205 | 771 | 0.5 |
| For other and unspecified test results | R700 | 758 | 0.5 |
| General ill feeling | S025 | 734 | 0.5 |
| Symptoms of fluid abnormalities | S035 | 724 | 0.5 |
| Infections | T110 | 692 | 0.5 |
| Labored or difficult breathing (dyspnea) | S420 | 685 | 0.5 |
| Heart examination | X235 | 685 | 0.5 |
| Diseases of the thyroid gland | D200 | 674 | 0.5 |
| Arm symptoms | S945 | 661 | 0.5 |
| Allergy medication | T100 | 606 | 0.4 |
| Hip symptoms | S915 | 566 | 0.4 |
| Glucose level determination | X310 | 540 | 0.4 |
| Disturbances of sensation | S220 | 537 | 0.4 |
| Painful urination | S650 | 524 | 0.4 |
| Prophylactic innoculations | X400 | 494 | 0.3 |
| Skin irritations, not elsewhere classified | S870 | 484 | 0.3 |
| Physical examination required for school | A110 | 461 | 0.3 |
| Ankle symptoms | S930 | 452 | 0.3 |
| Residual | | 40,100 | 27.8 |

[1]Based on *A reason for visit classification for ambulatory care* (RVC).[11]

**Table 9. Number and percent distribution of office visits to internists by sex of patient and most frequent principal reasons for visit: United States, January 1980–December 1981**

| *Sex and principal reason for visit and RVC code*[1] | *Number of visits in thousands* | *Percent distribution* |
|---|---|---|
| Female | | |
| Total | 84,798 | 100.0 |
| General medical examination X100 | 8,219 | 9.7 |
| Blood pressure test X320 | 3,367 | 4.0 |
| Hypertension D510 | 3,059 | 3.6 |
| Chest pain and related symptoms (not referable to body system) S050 | 2,563 | 3.0 |
| Headache, pain in head S210 | 2,289 | 2.7 |
| Abdominal pain, cramps, and spasms S550 | 2,267 | 2.7 |
| Back symptoms S905 | 1,862 | 2.2 |
| Cough S440 | 1,854 | 2.2 |
| Symptoms referable to throat S455 | 1,794 | 2.1 |
| Diabetes mellitus D205 | 1,720 | 2.0 |
| Vertigo—dizziness S225 | 1,544 | 1.8 |
| Tiredness, exhaustion S015 | 1,511 | 1.8 |
| Leg symptoms S920 | 1,432 | 1.7 |
| Knee symptoms S925 | 1,287 | 1.5 |
| Symptoms of unspecified joints S970 | 1,243 | 1.5 |
| Shoulder symptoms S940 | 1,087 | 1.3 |
| General weakness S020 | 1,042 | 1.2 |
| Shortness of breath S415 | 1,032 | 1.2 |
| Arthritis D900 | 992 | 1.2 |
| Neck symptoms S900 | 945 | 1.1 |
| Head cold, upper respiratory infection (coryza) S445 | 922 | 1.1 |
| Chemotherapy T425 | 823 | 1.0 |
| Abnormal pulsations and palpitations S260 | 820 | 1.0 |
| Hand and finger symptoms S960 | 784 | 0.9 |
| Weight gain S040 | 765 | 0.9 |
| Depression S110 | 745 | 0.9 |
| Low back symptoms S910 | 745 | 0.9 |
| Anxiety and nervousness S100 | 737 | 0.9 |
| Skin rash S860 | 689 | 0.8 |
| Pain and related symptoms, generalized, site unspecified S060 | 639 | 0.8 |
| Nausea S525 | 638 | 0.8 |
| Fever S010 | 588 | 0.7 |
| Diarrhea S595 | 581 | 0.7 |
| Diseases of the thyroid gland D200 | 579 | 0.7 |
| Stomach pain, cramps, and spasms S545 | 566 | 0.7 |
| Other blood test X315 | 566 | 0.7 |
| Ischemic heart disease D515 | 546 | 0.6 |
| Earache, or ear infection S355 | 512 | 0.6 |
| Nasal congestion S400 | 509 | 0.6 |
| Injections T110 | 493 | 0.6 |
| Female—Con. | | |
| Medication, other and unspecified kinds T115 | 492 | 0.6 |
| Physical examination required for employment A100 | 462 | 0.5 |
| Symptoms of fluid abnormalities S035 | 456 | 0.5 |
| Residual | 29,032 | 34.2 |
| Male | | |
| Total | 59,374 | 100.0 |
| General medical examination X100 | 6,732 | 11.3 |
| Chest pain and related symptoms (not referable to body system) S050 | 2,730 | 4.6 |
| Blood pressure test X320 | 2,572 | 4.3 |
| Hypertension D510 | 2,090 | 3.5 |
| Cough S440 | 1,488 | 2.5 |
| Diabetes mellitus D205 | 1,250 | 2.1 |
| Abdominal pain, cramps, and spasms S550 | 1,183 | 2.0 |
| Back symptoms S905 | 1,095 | 1.8 |
| Shortness of breath S415 | 1,033 | 1.7 |
| Ischemic heart disease D515 | 1,026 | 1.7 |
| Vertigo—dizziness S225 | 1,010 | 1.7 |
| Symptoms referable to throat S455 | 915 | 1.5 |
| Headache, pain in head S210 | 874 | 1.5 |
| Tiredness, exhaustion S015 | 841 | 1.4 |
| Leg symptoms S920 | 788 | 1.3 |
| Physical examination required for employment A100 | 749 | 1.3 |
| Head cold, upper respiratory infection (coryza) S445 | 725 | 1.2 |
| General weakness S020 | 604 | 1.0 |
| Low back symptoms S910 | 595 | 1.0 |
| Knee symptoms S925 | 567 | 1.0 |
| Skin rash S860 | 566 | 1.0 |
| Shoulder symptoms S940 | 560 | 0.9 |
| Anxiety and nervousness S100 | 550 | 0.9 |
| Foot and toe symptoms S935 | 541 | 0.9 |
| Abnormal pulsations and palpitations S260 | 497 | 0.8 |
| Symptoms of unspecified joints S970 | 487 | 0.8 |
| Pain, site not referable to a specific body system S055 | 480 | 0.8 |
| Neck symptoms S900 | *444 | 0.7 |
| Arthritis D900 | *421 | 0.7 |
| Residual | 25,961 | 43.7 |

[1] Based on *A reason for visit classification for ambulatory care* (RVC).[11]

**Table 10. Number of office visits to internists by sex and age of patient and prior visit status, old problem rate by principal diagnosis categories, and percent distribution by principal diagnosis categories, according to sex and age of patient and prior visit status: United States, January 1980–December 1981**

| Principal diagnoses and ICD–9–CM code[1] | Both sexes | Sex | | Age | | | | | Prior visit status | | | Old problem rate[2] per new problem visit |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Female | Male | Under 15 years | 15–24 years | 25–44 years | 45–64 years | 65 years and over | New patient | Old patient | | |
| | | | | | | | | | | New problem | Old problem | |
| | Number in thousands | | | | | | | | | | | |
| All visits | 144,172 | 84,798 | 59,374 | 3,027 | 9,346 | 29,866 | 53,543 | 48,389 | 17,451 | 28,133 | 98,588 | 2.2 |
| | Percent distribution | | | | | | | | | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | ... |
| Infectious and parasitic diseases 001–139 | 1.8 | 1.8 | 1.8 | *4.0 | 6.8 | 2.8 | 1.3 | *0.8 | 3.2 | 4.2 | 0.9 | 0.5 |
| Neoplasms 140–239 | 4.1 | 4.1 | 4.0 | *2.5 | *1.0 | 2.3 | 4.5 | 5.3 | 2.1 | *1.1 | 5.2 | 7.7 |
| Endocrine, nutritional and metabolic diseases, and immunity disorders 240–279 | 8.7 | 9.0 | 8.3 | *5.4 | *5.0 | 8.4 | 10.2 | 8.2 | 7.0 | 3.4 | 10.5 | 4.8 |
| Mental disorders 290–319 | 3.3 | 3.6 | 2.9 | *1.9 | *3.4 | 6.3 | 2.8 | 2.0 | 4.7 | 3.2 | 3.1 | 1.8 |
| Diseases of the nervous system and sense organs 320–389 | 2.8 | 3.0 | 2.5 | *7.7 | *3.5 | 4.0 | 2.0 | 2.4 | 2.9 | 4.6 | 2.3 | 1.3 |
| Diseases of the circulatory system 390–459 | 25.5 | 23.3 | 28.7 | *5.5 | *4.7 | 12.1 | 27.9 | 36.4 | 12.2 | 8.0 | 32.8 | 7.4 |
| Diseases of the respiratory system 460–519 | 11.7 | 10.6 | 13.2 | 31.5 | 18.0 | 15.9 | 10.4 | 7.9 | 13.5 | 20.4 | 8.8 | 1.1 |
| Diseases of the digestive system 520–579 | 6.2 | 6.2 | 6.2 | *3.8 | 6.8 | 7.8 | 6.5 | 4.9 | 6.3 | 8.5 | 5.6 | 1.6 |
| Diseases of the genitourinary system 580–629 | 3.3 | 4.0 | 2.3 | *2.4 | 7.0 | 4.0 | 3.1 | 2.5 | 3.9 | 4.8 | 2.8 | 1.4 |
| Diseases of the skin and subcutaneous tissue 680–709 | 2.3 | 2.3 | 2.3 | *2.0 | *4.3 | 2.9 | 1.8 | 2.1 | *2.4 | 5.9 | 1.3 | 0.6 |
| Diseases of the musculoskeletal system and connective tissue 710–739 | 11.2 | 13.2 | 8.4 | *5.7 | 5.2 | 9.7 | 12.5 | 12.2 | 10.6 | 9.6 | 11.8 | 2.5 |
| Symptoms, signs, and ill-defined conditions 780–799 | 5.2 | 5.2 | 5.2 | *1.7 | 6.2 | 6.9 | 4.8 | 4.6 | 6.9 | 8.3 | 4.0 | 1.1 |
| Injury and poisoning 800–999 | 3.7 | 3.6 | 3.9 | *5.6 | 7.3 | 4.5 | 3.4 | 2.7 | 5.4 | 7.9 | 2.2 | 0.7 |
| Supplementary classification V01–V82 | 7.8 | 7.6 | 8.2 | *14.2 | 17.2 | 9.8 | 7.0 | 5.2 | 15.5 | 7.9 | 6.4 | 1.3 |
| All other diagnoses | 1.4 | 1.4 | 1.2 | *2.2 | *1.3 | *1.3 | 1.0 | 1.7 | *2.2 | *0.7 | 1.4 | ... |
| Unknown diagnoses | 1.1 | 1.2 | 1.0 | *4.0 | *2.4 | *1.2 | *0.8 | 1.0 | *1.2 | 1.7 | 0.9 | ... |

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM).[7]
[2]Old problem visits divided by new problem and new patient visits.

**Table 11. Number and percent distribution of office visits to internists by most frequent principal diagnoses: United States, January 1980–December 1981**

| Principal diagnosis and ICD–9–CM code[1] | Number of visits in thousands | Percent distribution |
|---|---|---|
| Total | 144,172 | 100.0 |
| Essential hypertension 401 | 18,030 | 12.5 |
| Diabetes mellitus 250 | 7,105 | 4.9 |
| General medical examination V70 | 6,064 | 4.2 |
| Other forms of chronic ischemic heart disease 414 | 5,672 | 3.9 |
| Osteoarthrosis and allied disorders 715 | 3,384 | 2.3 |
| Acute upper respiratory infections of multiple or unspecified sites 465 | 3,092 | 2.1 |
| Rheumatoid arthritis and other inflammatory polyarthropathies 714 | 3,060 | 2.1 |
| Neurotic disorders 300 | 2,162 | 1.5 |
| Allergic rhinitis (including hay fever) 477 | 2,085 | 1.4 |
| Obesity and other hyperalimentation 278 | 1,710 | 1.2 |
| Hypertensive heart disease 402 | 1,643 | 1.1 |
| Bronchitis, not specified as acute or chronic 490 | 1,621 | 1.1 |
| Symptoms involving respiratory system and other chest symptoms 786 | 1,607 | 1.1 |
| Cardiac dysrhythmias 427 | 1,598 | 1.1 |
| Asthma 493 | 1,523 | 1.1 |
| General symptoms 780 | 1,397 | 1.0 |
| Angina pectoris 413 | 1,395 | 1.0 |
| Other disorders of soft tissues 729 | 1,370 | 1.0 |
| Functional digestive disorders, not elsewhere classified 564 | 1,298 | 0.9 |
| Chronic airway obstruction, not elsewhere classified 496 | 1,283 | 0.9 |
| Malignant neoplasm of female breast 174 | 1,276 | 0.9 |
| Acute pharyngitis 462 | 1,274 | 0.9 |
| Peripheral enthesopathies and allied syndromes 726 | 1,250 | 0.9 |
| Heart failure 428 | 1,242 | 0.9 |
| Other and unspecified arthropathies 716 | 1,215 | 0.8 |
| Other and unspecified disorders of back 724 | 1,189 | 0.8 |
| Other disorders of urethra and urinary tract 599 | 1,181 | 0.8 |
| Other noninfectious gastroenteritis and colitis 558 | 950 | 0.7 |
| Spondylosis and allied disorders 721 | 935 | 0.6 |
| Other ill-defined and unknown causes of morbidity and mortality 799 | 934 | 0.6 |
| Chronic sinusitis 473 | 923 | 0.6 |
| Observation and evaluation for suspected conditions V71 | 893 | 0.6 |
| Followup examination[2] V67 | 892 | 0.6 |
| Influenza 487 | 843 | 0.6 |
| Certain adverse effects, not elsewhere classified[3] 995 | 830 | 0.6 |
| Other symptoms involving abdomen and pelvis 789 | 797 | 0.6 |
| Depressive disorder, not elsewhere classified 311 | 749 | 0.5 |
| Acquired hypothyroidism 244 | 746 | 0.5 |
| Special investigations and examinations V72 | 725 | 0.5 |
| Gastritis and duodenitis 535 | 701 | 0.5 |
| Acute bronchitis and bronchiolitis 466 | 698 | 0.5 |
| Ill-defined descriptions and complications of heart disease 429 | 678 | 0.5 |
| Sprains and strains of sacroiliac region 846 | 672 | 0.5 |
| Acute myocardial infarction 410 | 663 | 0.5 |
| Pneumonia, organism unspecified 486 | 631 | 0.4 |
| Strains and sprains of other and unspecified parts of back 847 | 631 | 0.4 |
| Viral infection in conditions classified elsewhere and of unspecified site 079 | 628 | 0.4 |
| Peptic ulcer, site unspecified 533 | 627 | 0.4 |
| Phlebitis and thrombophlebitis 451 | 619 | 0.4 |
| Other and unspecified disorders of joint 719 | 614 | 0.4 |
| Diffuse diseases of connective tissue 710 | 611 | 0.4 |
| Symptoms involving skin and other integumentary tissue 782 | 607 | 0.4 |
| Other disorders of synovium, tendon, and bursa 727 | 585 | 0.4 |
| Contact dermatitis and other eczema 692 | 583 | 0.4 |
| Symptoms involving head and neck 784 | 561 | 0.4 |
| Thyrotoxicosis with or without goiter 242 | 528 | 0.4 |
| Malignant neoplasm of trachea, bronchus, and lung 162 | 526 | 0.4 |
| Diverticula of intestine 562 | 519 | 0.4 |
| Disorders of external ear 380 | 511 | 0.4 |
| Cystitis 595 | 497 | 0.3 |
| Special symptoms or syndromes, not elsewhere classified[4] 307 | 492 | 0.3 |
| Duodenal ulcer 532 | 490 | 0.3 |
| Other and unspecified anemias 285 | 479 | 0.3 |
| Suppurative and unspecified otitis media 382 | 467 | 0.3 |
| Menopausal and postmenopausal disorders 627 | 463 | 0.3 |
| Gout 274 | 454 | 0.3 |
| Other hernia of abdominal cavity without mention of obstruction or gangrene 553 | 453 | 0.3 |
| Residual | 42,241 | 29.3 |

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM).[7]
[2]Chiefly V67.0, followup examination following surgery.
[3]Chiefly 995.3, allergy unspecified.
[4]Chiefly 307.81, tension headache.

**Table 12. Number and percent distribution of office visits to internists by sex of patient and most frequent principal diagnoses: United States, January 1980–December 1981**

| *Sex, principal diagnosis, and ICD–9–CM code*[1] | *Number of visits in thousands* | *Percent distribution* |
|---|---|---|
| Female | | |
| Total | 84,798 | 100.0 |
| Essential hypertension 401 | 10,755 | 12.7 |
| Diabetes mellitus 250 | 3,893 | 4.6 |
| General medical examination V70 | 3,070 | 3.6 |
| Osteoarthrosis and allied disorders 715 | 2,653 | 3.1 |
| Rheumatoid arthritis and other inflammatory arthropathies 714 | 2,262 | 2.7 |
| Other forms of chronic ischemic heart disease 414 | 2,257 | 2.7 |
| Acute upper respiratory infections of multiple or unspecified sites 465 | 1,808 | 2.1 |
| Neurotic disorders 300 | 1,476 | 1.7 |
| Malignant neoplasm of female breast 174 | 1,276 | 1.5 |
| Obesity and other hyperalimentation 278 | 1,222 | 1.4 |
| Asthma 493 | 1,025 | 1.2 |
| Other disorders of urethra and urinary tract 599 | 1,014 | 1.2 |
| Hypertensive heart disease 402 | 1,007 | 1.2 |
| Other disorders of soft tissues 729 | 985 | 1.2 |
| Functional digestive disorders, not elsewhere classified 564 | 930 | 1.1 |
| Cardiac dysrhythmias 427 | 925 | 1.1 |
| Allergic rhinitis (including hay fever) 477 | 918 | 1.1 |
| Symptoms involving respiratory system and other chest symptoms 786 | 878 | 1.0 |
| Bronchitis, not specified as acute or chronic 490 | 749 | 0.9 |
| Acute pharyngitis 462 | 742 | 0.9 |
| Peripheral enthesopathies and allied syndromes 726 | 735 | 0.9 |
| General symptoms 780 | 708 | 0.8 |
| Other and unspecified arthropathies 716 | 696 | 0.8 |
| Other ill-defined and unknown causes of morbidity and mortality 799 | 696 | 0.8 |
| Heart failure 428 | 685 | 0.8 |
| Other and unspecified disorders of back 724 | 674 | 0.8 |
| Acquired hypothyroidism 244 | 646 | 0.8 |
| Followup examination[2] V67 | 619 | 0.7 |
| Chronic sinusitis 473 | 617 | 0.7 |
| Influenza 487 | 576 | 0.7 |
| Spondylosis and allied disorders 721 | 575 | 0.7 |
| Observation and evaluation for suspected conditions V71 | 553 | 0.7 |
| Angina pectoris 413 | 552 | 0.7 |
| Other symptoms involving abdomen and pelvis 789 | 551 | 0.7 |
| Diffuse diseases of connective tissue 710 | 537 | 0.6 |
| Other noninfectious gastroenteritis and colitis 558 | 534 | 0.6 |
| Chronic airway obstruction, not elsewhere classified 496 | 533 | 0.6 |
| Special investigations and examinations V72 | 521 | 0.6 |
| Depressive disorder, not elsewhere classified 311 | 512 | 0.6 |
| Certain adverse effects, not elsewhere classified[3] 995 | 509 | 0.6 |
| Menopausal and postmenopausal disorders 627 | 463 | 0.5 |
| Residual | 32,461 | 38.3 |
| Male | | |
| Total | 59,374 | 100.0 |
| Essential hypertension 401 | 7,276 | 12.3 |
| Other forms of chronic ischemic heart disease 414 | 3,415 | 5.8 |
| Diabetes mellitus 250 | 3,212 | 5.4 |
| General medical examination V70 | 2,994 | 5.0 |
| Acute upper respiratory infections of multiple or unspecified sites 465 | 1,284 | 2.2 |
| Allergic rhinitis 477 | 1,167 | 2.0 |
| Bronchitis, not specified as acute or chronic 490 | 872 | 1.5 |
| Angina pectoris 413 | 843 | 1.4 |
| Rheumatoid arthritis and other inflammatory polyarthropathies 714 | 798 | 1.3 |
| Chronic airway obstruction, not elsewhere classified 496 | 750 | 1.3 |
| Osteoarthrosis and allied disorders 715 | 731 | 1.2 |
| Symptoms involving respiratory system and other chest symptoms 786 | 729 | 1.2 |
| General symptoms 780 | 689 | 1.2 |
| Neurotic disorders 300 | 686 | 1.2 |
| Cardiac dysrhythmias 427 | 673 | 1.1 |
| Hypertensive heart disease 402 | 636 | 1.1 |
| Heart failure 428 | 558 | 0.9 |
| Acute pharyngitis 462 | 532 | 0.9 |
| Other and unspecified arthropathies 716 | 519 | 0.9 |
| Other and unspecified disorders of back 724 | 516 | 0.9 |
| Peripheral enthesopathies and allied syndromes 726 | 515 | 0.9 |
| Acute myocardial infarction 410 | 500 | 0.8 |
| Asthma 493 | 498 | 0.8 |
| Obesity and other hyperalimentation 278 | 488 | 0.8 |
| Other noninfectious gastroenteritis and colitis 558 | *416 | 0.7 |
| Residual | 28,077 | 47.3 |

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM).[7]
[2]Chiefly V67.0, followup examination following surgery.
[3]Chiefly 995.3, allergy unspecified.

**Table 13. Number of office visits to internists by sex and age of patient and prior visit status, percent of visits by diagnostic services, nonmedication therapy, sex and age of patient, and prior visit status, and percent distribution by number of medications, according to sex and age of patient and prior visit status: United States, January 1980–December 1981**

| Service or therapy | Both sexes | Sex | | Age | | | | | Prior visit status | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | Old patient | |
| | | Female | Male | Under 15 years | 15–24 years | 25–44 years | 45–64 years | 65 years and over | New patient | New problem | Old problem |
| | Number in thousands | | | | | | | | | | |
| All visits | 144,172 | 84,798 | 59,374 | 3,027 | 9,346 | 29,866 | 53,543 | 48,389 | 17,451 | 28,133 | 98,588 |
| Diagnostic service[1] | Percent of visits | | | | | | | | | | |
| None | 4.2 | 4.2 | 4.1 | *3.8 | 5.9 | 5.9 | 3.6 | 3.4 | *1.5 | 1.9 | 5.3 |
| Limited history and/or examination | 62.7 | 63.7 | 61.3 | 66.2 | 59.0 | 59.6 | 62.5 | 65.4 | 40.0 | 69.9 | 64.7 |
| General history and/or examination | 18.1 | 17.5 | 19.0 | 24.3 | 23.2 | 21.3 | 17.7 | 15.2 | 50.0 | 16.6 | 12.9 |
| Pap test | 3.2 | 5.4 | - | *0.5 | *3.1 | 3.3 | 3.6 | 2.9 | 4.9 | 3.5 | 2.8 |
| Clinical laboratory test | 34.3 | 35.0 | 33.3 | 30.7 | 39.2 | 35.5 | 34.8 | 32.4 | 51.9 | 31.5 | 32.0 |
| X-ray | 13.5 | 12.8 | 14.3 | *7.5 | 12.5 | 15.9 | 13.8 | 12.1 | 28.6 | 18.1 | 9.5 |
| Blood pressure test | 61.0 | 60.5 | 61.8 | 25.5 | 42.8 | 51.9 | 65.2 | 67.8 | 56.2 | 53.8 | 64.0 |
| Electrocardiogram | 12.1 | 10.2 | 14.8 | *3.3 | 5.3 | 10.4 | 13.6 | 13.3 | 21.2 | 10.4 | 10.9 |
| Vision test | 1.6 | 1.1 | 2.2 | *2.0 | *4.7 | 2.3 | 1.4 | *0.6 | 5.1 | 1.9 | 0.8 |
| Endoscopy | 1.5 | 1.1 | 1.9 | *0.3 | *0.8 | *1.2 | 1.9 | 1.4 | *1.1 | 2.4 | 1.3 |
| Mental status examination | 1.1 | 1.1 | 1.0 | - | *1.3 | 1.5 | 0.9 | 1.0 | *2.2 | *0.5 | 1.0 |
| Other | 3.5 | 3.3 | 3.9 | *3.8 | *4.4 | 3.3 | 4.0 | 2.9 | 3.6 | 3.1 | 3.7 |
| Nonmedication therapy[1] | | | | | | | | | | | |
| None | 52.1 | 51.9 | 52.5 | 57.5 | 54.3 | 50.1 | 51.5 | 53.4 | 51.3 | 52.8 | 52.1 |
| Physiotherapy | 4.2 | 4.2 | 4.1 | *3.3 | *4.0 | 4.2 | 3.9 | 4.5 | 5.2 | 5.1 | 3.7 |
| Office surgery | 1.9 | 1.7 | 2.1 | *5.8 | *2.7 | 3.2 | 1.1 | 1.4 | 3.3 | 2.7 | 1.4 |
| Family planning | *0.3 | *0.5 | - | - | *2.4 | *0.6 | *0.0 | *0.0 | *0.4 | *0.5 | *0.2 |
| Psychotherapy or therapeutic listening | 5.2 | 5.9 | 4.1 | *0.5 | *4.7 | 6.4 | 5.8 | 4.1 | 3.6 | 3.7 | 5.9 |
| Diet counseling | 12.9 | 13.3 | 12.3 | *7.5 | 9.3 | 12.0 | 15.3 | 11.8 | 11.6 | 9.3 | 14.2 |
| Family or social counseling | 2.0 | 2.2 | 1.8 | *2.5 | *2.6 | 2.3 | 2.2 | 1.6 | *1.7 | *1.2 | 2.3 |
| Medical counseling | 33.6 | 32.9 | 34.6 | 28.8 | 29.8 | 32.0 | 34.3 | 34.9 | 34.7 | 32.9 | 33.6 |
| Other | 1.0 | 0.9 | 1.1 | *1.3 | *1.3 | *1.5 | *0.8 | *0.8 | *0.8 | 1.7 | 0.8 |
| Number of medications | Percent distribution | | | | | | | | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| None | 23.8 | 22.8 | 25.3 | 26.6 | 37.7 | 31.7 | 22.9 | 17.2 | 41.6 | 27.2 | 19.8 |
| 1 | 29.2 | 29.0 | 29.4 | 43.7 | 35.6 | 34.2 | 28.2 | 24.9 | 30.6 | 33.6 | 27.7 |
| 2 | 20.6 | 21.2 | 19.8 | 21.9 | 19.0 | 19.9 | 22.0 | 19.7 | 17.7 | 20.7 | 21.1 |
| 3 | 12.1 | 12.3 | 11.7 | *5.3 | 5.6 | 8.9 | 12.6 | 15.1 | 7.3 | 10.2 | 13.4 |
| 4 or more | 14.3 | 14.7 | 13.8 | *2.6 | *2.1 | 5.2 | 14.2 | 23.2 | *2.7 | 8.3 | 18.1 |

[1]Percents will not total 100.0 because more than 1 service or therapy may have been rendered during a visit.

**Table 14. Number of drug mentions in office visits to internists by sex and age of patient and prior visit status and percent distribution by therapeutic category, according to sex and age of patient and prior visit status: United States, January 1980–December 1981**

| Therapeutic category[1] | Both sexes | Sex | | Age | | | | | Prior visit status | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | Old patient | |
| | | Female | Male | Under 15 years | 15–24 years | 25–44 years | 45–64 years | 65 years and over | New patient | New problem | Old problem |
| | Number in thousands | | | | | | | | | | |
| All categories | 251,370 | 151,001 | 100,369 | 3,463 | 9,354 | 37,232 | 95,148 | 106,174 | 17,556 | 40,633 | 193,181 |
| | Percent distribution | | | | | | | | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Antihistamine drugs | 3.2 | 3.2 | 3.3 | 20.0 | 8.4 | 6.7 | 2.5 | 1.7 | 6.2 | 4.9 | 2.6 |
| Anti-infective agents | 6.4 | 6.1 | 6.8 | 23.6 | 24.9 | 11.4 | 5.4 | 3.3 | 14.0 | 15.8 | 3.7 |
| Antibiotics | 5.2 | 4.9 | 5.7 | 21.2 | 21.7 | 9.7 | 4.4 | 2.4 | 12.2 | 13.7 | 2.8 |
| Sulfonamides | 0.6 | 0.6 | 0.6 | *2.5 | *1.9 | *0.9 | 0.6 | 0.5 | *1.0 | 1.3 | 0.5 |
| Antineoplastic agents | 2.3 | 2.8 | 1.4 | *2.7 | *0.8 | 1.7 | 3.2 | 1.7 | *1.0 | *0.2 | 2.8 |
| Autonomic drugs | 3.8 | 4.1 | 3.4 | *4.2 | 7.6 | 6.4 | 3.5 | 2.8 | 5.8 | 5.0 | 3.4 |
| Blood formation and coagulation | 1.4 | 1.3 | 1.6 | *0.1 | *0.7 | 1.7 | 1.1 | 1.7 | *0.9 | *0.9 | 1.6 |
| Antianemia drugs | 0.6 | 0.7 | *0.4 | *0.1 | *0.5 | *1.0 | *0.3 | 0.7 | *0.5 | *0.4 | 0.7 |
| Coagulants and anti-coagulants | 0.8 | 0.6 | 1.2 | - | *0.2 | *0.6 | 0.8 | 1.0 | *0.4 | *0.5 | 0.9 |
| Cardiovascular drugs | 21.8 | 19.4 | 25.4 | *2.1 | *3.8 | 9.4 | 22.4 | 27.8 | 12.3 | 13.0 | 24.5 |
| Cardiac drugs | 9.8 | 8.6 | 11.7 | *1.0 | *2.1 | 4.2 | 9.5 | 13.1 | 5.0 | 6.4 | 11.0 |
| Hypotensive agents | 6.7 | 6.7 | 6.8 | *0.8 | *1.3 | 3.7 | 7.7 | 7.5 | 3.9 | 3.8 | 7.6 |
| Vasodilating agents | 5.1 | 4.0 | 6.7 | *0.3 | *0.3 | 1.4 | 5.0 | 7.1 | 3.5 | 2.7 | 5.7 |
| Central nervous system drugs | 17.9 | 19.2 | 15.9 | *11.5 | 14.6 | 22.1 | 17.8 | 16.9 | 19.9 | 18.9 | 17.5 |
| Analgesics and anti-pyretics | 10.4 | 11.2 | 9.4 | *10.1 | 8.6 | 11.9 | 10.1 | 10.4 | 13.6 | 12.3 | 9.8 |
| Anticonvulsants | 0.5 | 0.4 | 0.7 | *0.4 | *0.5 | *0.9 | *0.4 | 0.5 | *0.4 | *0.2 | 0.6 |
| Psychotherapeutic agents | 2.3 | 2.6 | 1.8 | *0.3 | *1.5 | 3.4 | 2.3 | 2.0 | *1.5 | 1.8 | 2.5 |
| Respiratory and cerebral stimulants | 0.3 | 0.4 | *0.2 | - | *0.7 | *0.6 | *0.4 | *0.2 | *0.4 | *0.2 | 0.4 |
| Sedatives and hypnotics | 4.3 | 4.6 | 3.8 | *0.7 | *3.4 | 5.4 | 4.7 | 3.8 | 4.1 | 4.3 | 4.3 |
| Electrolytic, caloric, and water balance | 15.7 | 15.7 | 15.8 | *3.0 | *2.1 | 8.2 | 17.1 | 18.7 | 8.8 | 8.3 | 17.9 |
| Expectorants and cough preparations | 1.7 | 1.6 | 2.0 | *4.0 | *4.0 | 3.8 | 1.4 | 1.0 | 3.5 | 5.0 | 0.8 |
| Eye, ear, nose and throat preparations | 0.7 | 0.7 | 0.7 | *0.8 | *2.0 | 1.6 | *0.4 | 0.6 | *1.4 | 1.4 | 0.5 |
| Gastrointestinal drugs | 4.8 | 4.8 | 4.9 | *3.1 | 8.4 | 5.7 | 4.8 | 4.4 | 5.6 | *5.7 | 4.6 |
| Antacids and adsorbents | 1.0 | 1.0 | 1.0 | *1.1 | *1.6 | 1.3 | 1.1 | 0.9 | *1.7 | 1.1 | 1.0 |
| Antiflatulents | 0.6 | 0.5 | 0.8 | *0.3 | *0.9 | *0.9 | 0.7 | 0.5 | *0.4 | *0.6 | 0.7 |
| Cathartics and laxatives | 0.7 | 0.9 | 0.5 | *0.9 | *1.4 | *0.5 | 0.6 | 0.9 | *0.9 | *0.8 | 0.7 |
| Hormones and synthetic substitutes | 9.7 | 10.7 | 8.1 | *6.9 | 7.6 | 9.4 | 10.5 | 9.3 | 7.1 | 7.9 | 10.3 |
| Adrenals | 3.1 | 3.3 | 2.8 | *3.2 | *2.9 | 4.0 | 3.2 | 2.6 | *2.2 | 3.0 | 3.2 |
| Estrogens | 0.9 | 1.2 | *0.3 | - | *2.0 | *0.5 | *0.0 | *0.0 | *0.4 | *1.1 | 0.8 |
| Insulins and anti-diabetic agents | 3.5 | 3.2 | 3.9 | *1.2 | *1.6 | 2.3 | 3.8 | 4.0 | *2.4 | 1.9 | 3.9 |
| Thyroid and antithyroid | 1.8 | 2.5 | 0.7 | *0.8 | *1.1 | 1.8 | 1.9 | 1.7 | *1.2 | 1.3 | 1.9 |
| Serums, toxoids and vaccines | 1.1 | 1.1 | 1.1 | *8.1 | *1.7 | *0.7 | 0.8 | 1.3 | *1.5 | 1.3 | 1.1 |
| Skin and mucous membrane preparations | 2.6 | 2.6 | 2.6 | *3.8 | 8.0 | 3.9 | 2.4 | 1.8 | 5.2 | 5.7 | 1.7 |
| Spasmolytic agents | 2.1 | 1.8 | 2.7 | *3.1 | *1.9 | 1.4 | 2.0 | 2.5 | *2.3 | 1.7 | 2.2 |
| Vitamins | 2.2 | 2.4 | 1.9 | *0.8 | *1.7 | 2.1 | 1.9 | 2.6 | *1.4 | 1.3 | 2.4 |
| Other, unclassified, or undetermined | 2.6 | 2.5 | 2.4 | *2.2 | *2.8 | 3.8 | 2.8 | 1.9 | 3.1 | 3.0 | 2.4 |

[1]Based on the classification system of the American Hospital Formulary Service (see appendix IV).

**Table 15. Number and percent distribution of drug mentions in office visits to internists by the 100 most frequently named drugs: United States, January 1980–December 1981**

| Name of drug[1] | Number of mentions in thousands | Percent distribution | Name of drug[1] | Number of mentions in thousands | Percent distribution |
|---|---|---|---|---|---|
| All mentions | 251,370 | 100.0 | Methotrexate | 1,085 | 0.4 |
| Inderal | 9,678 | 3.9 | Dilantin | 1,079 | 0.4 |
| Lasix | 7,560 | 3.0 | Orinase | 1,071 | 0.4 |
| Dyazide | 7,414 | 2.9 | Theo-dur | 1,061 | 0.4 |
| Lanoxin | 5,525 | 2.2 | Cytoxan | 1,036 | 0.4 |
| Hydrochlorothiazide | 5,045 | 2.0 | Dalmane | 1,033 | 0.4 |
| Aldomet | 4,856 | 1.9 | Donnatal | 1,015 | 0.4 |
| Insulin | 4,710 | 1.9 | Antivert | 1,012 | 0.4 |
| Digoxin | 4,550 | 1.8 | Esidrix | 985 | 0.4 |
| Isordil | 4,194 | 1.7 | Keflex | 923 | 0.4 |
| Aspirin | 3,907 | 1.6 | Nitro-bid | 897 | 0.4 |
| Prednisone | 3,791 | 1.5 | Tranxene | 891 | 0.4 |
| Valium | 3,640 | 1.4 | Enduron | 870 | 0.3 |
| Nitroglycerin | 3,335 | 1.3 | Darvocet-N | 869 | 0.3 |
| Tagamet | 2,831 | 1.1 | Quinidine | 854 | 0.3 |
| Hygroton | 2,815 | 1.1 | Zomax | 841 | 0.3 |
| Motrin | 2,398 | 1.0 | Sorbitrate | 832 | 0.3 |
| Lopressor | 2,378 | 0.9 | Phenergan | 812 | 0.3 |
| Synthroid | 2,243 | 0.9 | Aldactone | 810 | 0.3 |
| Hydrodiuril | 2,196 | 0.9 | Brethine | 797 | 0.3 |
| Naprosyn | 2,182 | 0.9 | Robitussin | 797 | 0.3 |
| Potassium | 2,144 | 0.9 | Benadryl | 772 | 0.3 |
| Indocin | 2,072 | 0.8 | Librium | 771 | 0.3 |
| Clinoril | 2,001 | 0.8 | Butazolidin | 748 | 0.3 |
| Tetracycline | 1,976 | 0.8 | Norpace | 746 | 0.3 |
| Coumadin | 1,976 | 0.8 | Metamucil | 737 | 0.3 |
| Allergy relief or shots | 1,846 | 0.7 | Xylocaine | 731 | 0.3 |
| Aldactazide | 1,833 | 0.7 | Phenobarbital | 729 | 0.3 |
| Diabinese | 1,805 | 0.7 | Tolinase | 727 | 0.3 |
| Slow-K | 1,652 | 0.7 | E-mycin | 716 | 0.3 |
| Tylenol | 1,604 | 0.6 | Librax | 711 | 0.3 |
| Fluorouracil | 1,535 | 0.6 | Ascriptin | 705 | 0.3 |
| Tylenol with codeine | 1,515 | 0.6 | Nalfon | 670 | 0.3 |
| Ampicillin | 1,515 | 0.6 | Depo-Medrol | 645 | 0.3 |
| Persantine | 1,481 | 0.6 | Pen-Vee K | 643 | 0.3 |
| Apresoline | 1,390 | 0.6 | Actifed | 643 | 0.3 |
| Vitamin B-12 | 1,336 | 0.5 | K-Lyte | 630 | 0.3 |
| Elavil | 1,334 | 0.5 | Flexeril | 603 | 0.2 |
| Erythromycin | 1,329 | 0.5 | Decadron | 602 | 0.2 |
| Penicillin | 1,281 | 0.5 | Bactrim | 600 | 0.2 |
| Zyloprim | 1,231 | 0.5 | Triavil | 588 | 0.2 |
| Mylanta | 1,214 | 0.5 | Fiorinal | 586 | 0.2 |
| Diuril | 1,211 | 0.5 | Tolectin | 582 | 0.2 |
| Aldoril | 1,194 | 0.5 | Drixoral | 571 | 0.2 |
| Premarin | 1,193 | 0.5 | Sudafed | 566 | 0.2 |
| Minipress | 1,169 | 0.5 | Vibramycin | 559 | 0.2 |
| Corgard | 1,153 | 0.5 | Dimetapp | 557 | 0.2 |
| Influenza virus vaccine type A, B | 1,138 | 0.5 | Pronestyl | 553 | 0.2 |
| Catapres | 1,128 | 0.4 | Bufferin | 543 | 0.2 |
| Thyroid | 1,116 | 0.4 | Hydralazine | 535 | 0.2 |
| Maalox | 1,109 | 0.4 | Residual | 83,302 | 33.1 |

[1]Based on the physician's entry on the Patient Record form.

**Table 16. Number of office visits to internists by sex and age of patient and prior visit status, percent distribution by duration of visit, according to sex and age of patient and prior visit status, and percent of visits by disposition of visit, sex and age of patient, and prior visit status: United States, January 1980–December 1981**

| Duration and disposition | Both sexes | Sex | | Age | | | | | Prior visit status | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | Old patient | |
| | | Female | Male | Under 15 years | 15–24 years | 25–44 years | 45–64 years | 65 years and over | New patient | New problem | Old problem |
| | Number in thousands | | | | | | | | | | |
| All visits | 144,172 | 84,798 | 59,374 | 3,027 | 9,346 | 29,866 | 53,543 | 48,389 | 17,451 | 28,133 | 98,588 |
| | Percent distribution | | | | | | | | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Duration of visit | | | | | | | | | | | |
| 0 minutes[1] | 2.3 | 2.5 | 2.0 | *0.1 | *1.3 | 2.2 | 2.7 | 2.2 | *0.4 | *0.9 | 3.0 |
| 1–5 minutes | 5.6 | 6.0 | 5.1 | *12.9 | 9.9 | 7.5 | 5.0 | 3.9 | 3.1 | 5.4 | 6.1 |
| 6–10 minutes | 17.3 | 16.5 | 18.3 | 28.9 | 20.2 | 17.5 | 17.6 | 15.4 | 10.2 | 19.8 | 17.8 |
| 11–15 minutes | 35.4 | 35.5 | 35.4 | 34.7 | 31.2 | 32.2 | 36.2 | 37.5 | 21.8 | 38.5 | 37.0 |
| 16–30 minutes | 28.6 | 28.9 | 28.1 | 17.5 | 28.4 | 27.9 | 27.4 | 31.0 | 34.4 | 28.3 | 27.6 |
| 31 minutes or longer | 10.9 | 10.6 | 11.2 | *6.0 | 9.0 | 12.8 | 11.1 | 10.1 | 30.1 | 7.1 | 8.5 |
| Disposition of visit[2] | | | | | Percent of visits | | | | | | |
| No followup planned | 7.8 | 7.0 | 8.9 | 15.7 | 21.6 | 11.7 | 5.9 | 4.4 | 19.4 | 13.1 | 4.2 |
| Return at specified time | 68.7 | 69.2 | 67.8 | 44.4 | 39.7 | 54.1 | 74.1 | 78.8 | 47.1 | 43.8 | 79.6 |
| Return if needed | 16.7 | 17.1 | 16.2 | 33.4 | 27.5 | 23.0 | 14.2 | 12.5 | 20.1 | 29.4 | 12.5 |
| Telephone followup planned | 6.5 | 6.6 | 6.3 | 6.2 | 10.3 | 8.5 | 5.5 | 5.5 | 9.1 | 10.8 | 4.8 |
| Referred to other physician | 4.2 | 4.2 | 4.3 | *4.7 | 5.8 | 5.8 | 4.0 | 3.1 | 5.0 | 7.0 | 3.3 |
| Returned to referring physician | 0.9 | 0.9 | 0.9 | *2.7 | *0.3 | *1.1 | 1.0 | *0.6 | 3.9 | *0.3 | 0.5 |
| Admit to hospital | 1.7 | 1.8 | 1.7 | *1.8 | *0.6 | 1.6 | 1.7 | 2.0 | *2.3 | 2.4 | 1.4 |
| Other | 0.3 | *0.4 | *0.2 | - | *0.7 | *0.4 | *0.2 | *0.4 | *0.4 | *0.2 | *0.4 |

[1]Represents visits in which there was no face-to-face encounter between patient and physician.
[2]Percents will not total 100.0 because more than 1 disposition was possible.

**Table 17. Number and percent distribution of office visits to internists by age of patient and most frequent principal reasons for visit: United States, January 1980–December 1981**

| *Principal reason for visit and RVC code*[1] | *Number of visits in thousands* | *Percent distribution* |
|---|---|---|
| **Under 25 years** | | |
| Total | 12,373 | 100.0 |
| General medical examination X100 | 944 | 7.6 |
| Symptoms referable to throat S455 | 786 | 6.4 |
| Cough S440 | 587 | 4.7 |
| Physical examination required for school A110 | *439 | *3.5 |
| Headache, pain in head S210 | *402 | *3.3 |
| Physical examination required for employment A100 | *373 | *3.0 |
| Residual | 8,842 | 71.5 |
| **25–44 years** | | |
| Total | 29,866 | 100.0 |
| General medical examination X100 | 2,531 | 8.5 |
| Chest pain and related symptoms (not referable to body system) S050 | 1,116 | 3.7 |
| Symptoms referable to throat S455 | 1,062 | 3.6 |
| Abdominal pain, cramps, spasms S550 | 1,040 | 3.5 |
| Headache, pain in head S210 | 959 | 3.2 |
| Cough S440 | 761 | 2.5 |
| Blood pressure test X320 | 733 | 2.5 |
| Hypertension D510 | 614 | 2.1 |
| Back symptoms S905 | 612 | 2.0 |
| Tiredness, exhaustion S015 | 601 | 2.0 |
| Physical examination required for employment A100 | 570 | 1.9 |
| Head cold, upper respiratory infection (coryza) S445 | 453 | 1.5 |
| Weight gain S040 | *435 | *1.5 |
| *Residual* | 18,379 | 61.5 |
| **45–64 years** | | |
| Total | 53,543 | 100.0 |
| General medical examination X100 | 5,601 | 10.5 |
| Blood pressure test X320 | 3,161 | 5.9 |
| Hypertension D510 | 2,377 | 4.4 |
| Chest pain and related symptoms (not referable to body system) S050 | 2,287 | 4.3 |
| Diabetes mellitus D205 | 1,336 | 2.5 |
| Abdominal pain, cramps, spasms S550 | 1,272 | 2.4 |
| Back symptoms S905 | 1,090 | 2.0 |
| Headache, pain in head S210 | 1,048 | 2.0 |
| Cough S440 | 1,025 | 1.9 |
| Tiredness, exhaustion S015 | 971 | 1.8 |
| Leg symptoms S920 | 794 | 1.5 |
| **45–64 years—Con.** | | |
| Knee symptoms S925 | 735 | 1.4 |
| Arthritis D900 | 716 | 1.3 |
| Symptoms of unspecified joints S970 | 684 | 1.3 |
| Vertigo—dizziness S225 | 676 | 1.3 |
| Anxiety and nervousness S100 | 673 | 1.3 |
| Shoulder symptoms S940 | 661 | 1.3 |
| Abnormal pulsations and palpitations S260 | 638 | 1.2 |
| Symptoms referable to throat S455 | 631 | 1.2 |
| Head cold, upper respiratory infection (coryza) S445 | 609 | 1.1 |
| Chemotherapy T425 | 593 | 1.1 |
| Shortness of breath S415 | 585 | 1.1 |
| Low back symptoms S910 | 560 | 1.0 |
| Neck symptoms S900 | 533 | 1.0 |
| Ischemic heart disease D515 | 521 | 1.0 |
| General weakness S020 | 456 | 0.9 |
| Residual | 23,310 | 43.5 |
| **65 years and over** | | |
| Total | 48,389 | 100.0 |
| General medical examination X100 | 5,875 | 12.1 |
| Hypertension D510 | 2,053 | 4.2 |
| Blood pressure test X320 | 1,950 | 4.0 |
| Chest pain and related symptoms (not referable to a specific body system) S050 | 1,699 | 3.5 |
| Vertigo—dizziness S225 | 1,411 | 2.9 |
| Shortness of breath S415 | 1,286 | 2.7 |
| Diabetes mellitus D205 | 1,154 | 2.4 |
| General weakness S020 | 983 | 2.0 |
| Leg symptoms S920 | 979 | 2.0 |
| Cough S440 | 969 | 2.0 |
| Ischemic heart disease D515 | 962 | 2.0 |
| Back symptoms S905 | 955 | 2.0 |
| Abdominal pain, cramps, spasms S550 | 803 | 1.7 |
| Headache, pain in head S210 | 753 | 1.6 |
| Knee symptoms S925 | 687 | 1.4 |
| Tiredness, exhaustion S015 | 626 | 1.3 |
| Symptoms of unspecified joints S970 | 576 | 1.2 |
| Arthritis D900 | 544 | 1.1 |
| Shoulder symptoms S940 | 543 | 1.1 |
| Abnormal pulsations and palpitations S260 | 503 | 1.0 |
| Other blood test X315 | 500 | 1.0 |
| Residual | 22,578 | 46.7 |

[1]Based on *A reason for visit classification for ambulatory care* (RVC).[11]

**Table 18. Number and percent distribution of office visits to internists by age of patient and most frequent principal diagnoses: United States, January 1980–December 1981**

| *Principal diagnosis, and ICD–9–CM code*[1] | *Number of visits in thousands* | *Percent distribution* |
|---|---|---|
| **Under 25 years** | | |
| Total | 12,373 | 100.0 |
| General medical examination V70 | 1,234 | 10.0 |
| Acute upper respiratory infections of multiple or unspecified cites 465 | 611 | 4.9 |
| Acute pharyngitis 462 | *443 | 3.6 |
| Allergic rhinitis (including hay fever) 477 | *330 | 2.7 |
| Residual | 9,755 | 78.8 |
| **25–44 years** | | |
| Total | 29,866 | 100.0 |
| Essential hypertension 401 | 2,156 | 7.2 |
| General medical examination V70 | 1,643 | 5.5 |
| Acute upper respiratory infections of multiple or unspecified sites 465 | 1,164 | 3.9 |
| Allergic rhinitis (including hay fever) 477 | 1,020 | 3.4 |
| Neurotic disorders 300 | 880 | 2.9 |
| Diabetes mellitus 250 | 840 | 2.8 |
| Obesity and other hyperalimentation 278 | 683 | 2.3 |
| Rheumatoid arthritis and other inflammatory polyarthropathies 714 | 585 | 2.0 |
| General symptoms 780 | 541 | 1.8 |
| Functional digestive disorders, not elsewhere classified 564 | *447 | 1.5 |
| Residual | 19,907 | 66.7 |
| **45–64 years** | | |
| Total | 53,543 | 100.0 |
| Essential hypertension 401 | 8,199 | 15.3 |
| Diabetes mellitus 250 | 3,157 | 5.9 |
| Other forms of chronic ischemic heart disease 414 | 2,077 | 3.9 |
| General medical examination V70 | 1,819 | 3.4 |
| Rheumatoid arthritis and other inflammatory polyarthropathies 714 | 1,517 | 2.8 |
| Osteoarthrosis and allied disorders 715 | 1,255 | 2.3 |
| Acute upper respiratory infections of multiple or unspecified sites 465 | 874 | 1.6 |
| Neurotic disorders 300 | 868 | 1.6 |
| Malignant neoplasm of female breast 174 | 704 | 1.3 |
| Angina pectoris 413 | 678 | 1.3 |
| Bronchitis, not specified as acute or chronic 490 | 639 | 1.2 |
| **45–64 years—Con.** | | |
| Hypertensive heart disease 402 | 619 | 1.2 |
| Symptoms involving respiratory system and other chest symptoms 786 | 593 | 1.1 |
| Other disorders of soft tissue 729 | 576 | 1.1 |
| Allergic rhinitis (including hay fever) 477 | 570 | 1.1 |
| Obesity and other hyperalimentation 278 | 568 | 1.1 |
| Cardiac dysrhythmias 427 | 527 | 1.0 |
| Chronic airway obstruction, not elsewhere classified 496 | 519 | 1.0 |
| Other and unspecified arthropathies 716 | 514 | 1.0 |
| Peripheral enthesopathies and allied symptoms 726 | 510 | 1.0 |
| Asthma 493 | 497 | 0.9 |
| Spondylosis and allied disorders 721 | 468 | 0.9 |
| Residual | 25,795 | 48.2 |
| **65 years and over** | | |
| Total | 48,389 | 100.0 |
| Essential hypertension 401 | 7,407 | 15.3 |
| Other forms of chronic ischemic heart disease 414 | 3,420 | 7.1 |
| Diabetes mellitus 250 | 2,914 | 6.0 |
| Osteoarthrosis and allied disorders 715 | 2,049 | 4.2 |
| General medical examination V70 | 1,368 | 2.8 |
| Cardiac dyrhythmias 427 | 974 | 2.0 |
| Hypertensive heart disease 402 | 957 | 2.0 |
| Rheumatoid arthritis and other inflammatory polyarthropathies 714 | 853 | 1.8 |
| Heart failure 428 | 844 | 1.7 |
| Chronic airway obstruction, not elsewhere classified 496 | 746 | 1.5 |
| Angina pectoris 413 | 650 | 1.3 |
| Symptoms involving respiratory system and other chest symptoms 786 | 550 | 1.1 |
| Other and unspecified arthropathies 716 | 510 | 1.1 |
| Peripheral enthesopathies and allied syndromes 726 | 502 | 1.0 |
| Bronchitis, not specified as acute or chronic 490 | 474 | 1.0 |
| Residual | 24,171 | 50.0 |

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM).[7]

**Table 19. Number of office visits to internists by major reason for visit and principal reason for visit modules and percent of visits by diagnostic services and major reason for visit and principal reason for visit modules: United States, January 1980–December 1981**

| *Major reason for visit and principal reason for visit module* | *Number of visits in thousands* | *Diagnostic service*[1] | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | *None* | *Limited history and/or examination* | *General history and/or examination* | *Pap test* | *Clinical laboratory test* | *X-ray* | *Blood pressure check* | *Electrocardiogram* | *Vision test* | *Endoscopy* | *Mental status examination* | *Other* |
| | | Percent of visits | | | | | | | | | | | |
| Major reason for visit | | | | | | | | | | | | | |
| Acute problem | 45,500 | 2.5 | 68.8 | 17.5 | 2.0 | 32.7 | 17.7 | 53.7 | 10.5 | *0.9 | 1.8 | 1.2 | 3.2 |
| Chronic problem, routine | 64,845 | 5.7 | 64.2 | 11.8 | 2.0 | 31.2 | 6.7 | 65.7 | 8.2 | *0.6 | *0.7 | 0.8 | 3.2 |
| Chronic problem, flareup | 17,543 | *2.5 | 69.1 | 16.5 | *1.7 | 33.9 | 15.5 | 61.3 | 13.5 | *0.5 | *1.1 | *1.2 | 4.7 |
| Postsurgery or postinjury | 2,222 | *3.9 | 75.6 | *8.4 | *0.9 | *19.8 | *11.1 | 44.6 | *4.7 | *3.1 | *0.3 | *0.3 | 4.0 |
| Nonillness care | 14,063 | 4.6 | 25.9 | 52.6 | 14.6 | 56.8 | 28.6 | 65.6 | 34.5 | 8.9 | 4.6 | *1.8 | 4.9 |
| Principal reason for visit module and RVC code[2] | | | | | | | | | | | | | |
| Symptom module S001–S999 | 79,072 | 2.9 | 68.5 | 17.0 | 2.3 | 32.2 | 15.5 | 58.4 | 11.2 | 0.8 | 1.3 | 1.2 | 3.1 |
| Disease module D001–D999 | 18,815 | 3.2 | 65.9 | 13.0 | *1.6 | 35.1 | 7.7 | 67.8 | 9.1 | *0.6 | *0.9 | *1.2 | 5.2 |
| Diagnostic, screening, and preventive module X100–X599 | 25,735 | 4.5 | 48.5 | 25.5 | 8.5 | 40.6 | 15.5 | 70.7 | 20.5 | 2.2 | 2.9 | *0.9 | 3.9 |
| Treatment module T100–T899 | 10,846 | 14.2 | 59.9 | 9.5 | *0.5 | 32.9 | 5.2 | 47.8 | 5.3 | *0.3 | *0.2 | *0.4 | *2.6 |
| Injuries and adverse effects module J001–J999 | 2,064 | *3.4 | 72.9 | *8.7 | - | *14.8 | 17.5 | 42.3 | *3.5 | *0.6 | - | *0.3 | *1.7 |
| Test results module R100–R700 | 1,190 | *10.8 | 44.7 | *15.6 | *2.4 | 51.0 | *13.2 | 51.0 | *6.3 | - | - | - | *2.1 |
| Administrative module A100–A140 | 2,592 | *1.3 | 33.5 | 57.5 | *1.2 | 48.9 | *14.0 | 63.6 | *10.8 | 31.5 | *1.4 | *0.4 | *10.5 |
| Other[3] | 3,384 | *3.1 | 51.4 | 18.6 | *4.9 | 29.6 | *7.1 | 65.0 | 14.4 | *1.4 | *3.0 | *0.5 | *1.5 |

[1]Percents will not total 100.0 because more than 1 service may have been rendered during a visit.
[2]Based on *A reason for visit classification for ambulatory care* (RVC).[11]
[3]Includes blanks; problems, complaints not elsewhere classified; entries of "none"; and illegible entries.

**Table 20. Number of office visits to internists by principal diagnosis categories, percent of visits by selected nonmedication therapy and principal diagnosis categories, and percent distribution by number of medications, according to principal diagnosis categories: United States, January 1980–December 1981**

| Principal diagnoses and ICD–9–CM code[1] | Number of visits in thousands | Nonmedication therapy[2] | | | | | | Number of medications | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | None | Physiotherapy | Office surgery | Psychotherapy or therapeutic listening | Diet counseling | Medical counseling | Total | None | 1 | 2 | 3 or more |
| | | Percent of visits | | | | | | Percent distribution | | | | |
| Infectious and parasitic diseases ..... 001–139 | 2,638 | 59.1 | *1.0 | *3.8 | *2.2 | *6.4 | 33.9 | 100.0 | 23.2 | 43.4 | 21.4 | 12.0 |
| Neoplasms ..... 140–239 | 5,843 | 50.1 | *0.5 | *1.7 | 11.4 | *3.3 | 41.8 | 100.0 | 32.3 | 24.3 | 14.7 | 28.7 |
| Endocrine, nutritional and metabolic diseases, and immunity disorders ..... 240–279 | 12,550 | 39.7 | *1.1 | *0.2 | 3.5 | 38.5 | 34.6 | 100.0 | 24.1 | 32.5 | 16.4 | 27.1 |
| Mental disorders ..... 290–319 | 4,743 | 30.6 | *1.7 | *0.4 | 34.3 | *5.6 | 33.0 | 100.0 | 26.8 | 34.2 | 23.2 | 15.9 |
| Diseases of the nervous system and sense organs..... 320–389 | 4,036 | 56.0 | *4.2 | *6.9 | *6.7 | *5.2 | 29.0 | 100.0 | 19.4 | 33.1 | 22.6 | 24.9 |
| Diseases of the circulatory system ..... 390–459 | 36,744 | 51.0 | 1.6 | *0.2 | 3.9 | 17.0 | 36.9 | 100.0 | 13.1 | 23.5 | 24.0 | 39.4 |
| Diseases of the respiratory system..... 460–519 | 16,790 | 65.1 | *1.7 | *1.3 | *2.3 | 5.4 | 29.6 | 100.0 | 11.5 | 31.8 | 31.2 | 25.4 |
| Diseases of the digestive system ..... 520–579 | 8,959 | 43.5 | *1.5 | *1.0 | *4.6 | 28.0 | 36.9 | 100.0 | 24.5 | 30.4 | 18.9 | 26.2 |
| Diseases of the genitourinary system..... 580–629 | 4,792 | 52.5 | *3.5 | *1.9 | *2.7 | *7.2 | 37.2 | 100.0 | 25.5 | 42.7 | 14.2 | 17.6 |
| Diseases of the skin and subcutaneous tissue ..... 680–709 | 3,317 | 50.3 | *5.9 | *8.4 | *5.0 | *8.2 | 36.1 | 100.0 | 24.0 | 35.8 | 21.4 | 18.9 |
| Diseases of the musculoskeletal system and connective tissue..... 710–739 | 16,148 | 45.9 | 18.4 | 2.8 | 4.8 | 6.7 | 36.1 | 100.0 | 13.7 | 34.7 | 21.5 | 30.1 |
| Symptoms, signs, and ill-defined conditions..... 780–799 | 7,456 | 55.6 | *2.1 | *0.8 | 6.2 | 7.4 | 33.7 | 100.0 | 38.9 | 28.4 | 15.8 | 16.8 |
| Injury and poisoning ..... 800–999 | 5,325 | 42.3 | 17.3 | *7.3 | *3.4 | *3.8 | 36.4 | 100.0 | 30.0 | 32.0 | 19.7 | 18.3 |
| Supplementary classification ..... V01–V82 | 11,263 | 74.0 | *0.3 | 4.3 | *2.2 | 5.3 | 15.4 | 100.0 | 67.1 | 19.3 | 7.8 | 5.8 |

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM).[7]
[2]Percents will not total 100.0 because more than 1 therapy may have been rendered during a visit.

**Table 21. Number of office visits to internists by principal diagnosis categories, percent distribution by duration of visit, according to principal diagnosis categories, and percent of visits by disposition of visit and principal diagnosis categories: United States, January 1980–December 1981**

| Principal diagnosis and ICD–9–CM code[1] | Number of visits in thousands | Duration of visit | | | | | | | Disposition of visit[3] | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Total | 0 minutes[2] | 1–5 minutes | 6–10 minutes | 11–15 minutes | 16–30 minutes | 31 minutes or longer | No followup planned | Return at specified time | Return if needed | Telephone followup planned | Referred to other physician | Returned to referring physician | Admit to hospital | Other |
| | | Percent distribution | | | | | | | Percent of visits | | | | | | | |
| Infectious and parasitic diseases . . . . 001–139 | 2,638 | 100.0 | *1.9 | *6.8 | 19.6 | 42.8 | 23.1 | *5.9 | *14.2 | 41.3 | 32.8 | *11.0 | *4.5 | *1.1 | *1.1 | - |
| Neoplasms . . . 140–239 | 5,843 | 100.0 | *4.7 | *4.8 | 15.1 | 30.7 | 34.0 | 10.8 | *3.0 | 85.8 | *4.0 | *3.2 | *3.7 | *1.3 | *4.8 | *0.1 |
| Endocrine, nutritional and metabolic diseases, and immunity disorders . . . 240–279 | 12,550 | 100.0 | 4.2 | 4.6 | 17.0 | 39.3 | 23.5 | 11.5 | *3.4 | 85.3 | 7.3 | 5.0 | *3.0 | *0.4 | *1.5 | *0.1 |
| Mental disorders . . . 290–319 | 4,743 | 100.0 | *0.8 | *2.8 | 12.7 | 32.7 | 28.5 | 22.5 | *5.1 | 63.1 | 26.4 | *6.7 | *8.1 | *1.3 | *0.5 | *0.1 |
| Diseases of the nervous system and sense organs . . . . . 320–389 | 4,036 | 100.0 | *1.4 | *7.1 | 23.1 | 30.7 | 26.6 | 11.1 | *10.1 | 51.5 | 28.8 | *7.3 | *8.0 | *1.6 | *1.9 | - |
| Diseases of the circulatory system . . . . . 390–459 | 36,744 | 100.0 | 2.1 | 3.2 | 17.3 | 39.5 | 29.3 | 8.6 | 2.1 | 88.4 | 8.6 | 4.1 | 2.4 | *0.7 | *1.2 | *0.3 |
| Diseases of the respiratory system . . . . . 460–519 | 16,790 | 100.0 | *1.2 | 12.1 | 23.4 | 34.4 | 22.0 | 7.0 | 10.3 | 53.7 | 28.0 | 9.8 | *1.7 | *0.9 | *1.1 | *0.4 |
| Diseases of the digestive system . . . . . 520–579 | 8,959 | 100.0 | *0.3 | *2.9 | 15.5 | 36.8 | 34.2 | 10.4 | 5.6 | 59.9 | 21.1 | 10.3 | 6.1 | *1.3 | *3.7 | *0.5 |
| Diseases of the genitourinary system . . . . . 580–629 | 4,792 | 100.0 | *1.4 | *7.4 | 16.7 | 35.0 | 28.4 | 11.1 | *7.3 | 59.7 | 21.6 | *7.8 | *8.1 | *0.7 | *2.0 | *0.2 |
| Diseases of the skin and subcutaneous tissue . . . . . 680–709 | 3,317 | 100.0 | *0.5 | *5.6 | 21.1 | 40.4 | 29.1 | 3.3 | *9.2 | 53.2 | 24.8 | *8.2 | *7.0 | *1.5 | *1.4 | *0.3 |
| Diseases of the musculoskeletal system and connective tissue . . . . . 710–739 | 16,148 | 100.0 | *2.3 | 3.5 | 17.1 | 36.0 | 30.3 | 10.9 | 4.8 | 70.4 | 18.3 | 6.7 | 4.8 | *0.8 | *0.4 | *0.3 |
| Symptoms, signs, and ill-defined conditions . . . 780–799 | 7,456 | 100.0 | *1.6 | *3.8 | 12.5 | 33.2 | 34.7 | 14.2 | 8.2 | 58.9 | 19.7 | 9.1 | 6.1 | *1.2 | *4.5 | *0.7 |
| Injury and poisoning . . . 800–999 | 5,325 | 100.0 | *3.3 | *6.9 | 22.4 | 36.5 | 27.2 | *3.6 | 13.5 | 49.4 | 24.1 | 6.7 | 8.9 | *1.1 | *1.4 | *0.3 |
| Supplementary classification . . . . . V01–V82 | 11,263 | 100.0 | *2.9 | 10.2 | 10.5 | 24.1 | 29.7 | 22.7 | 31.5 | 43.9 | 15.9 | 6.1 | 4.7 | *0.7 | *0.5 | *1.0 |

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM).[7]
[2]Represents visits in which there was no face-to-face encounter between patient and physician.
[3]Percents will not total 100.0 because more than 1 disposition was possible.

**Table 22. Mean duration of office visits to internists by prior visit status and principal diagnosis categories: United States, January 1980–December 1981**

| Principal diagnosis and ICD–9–CM code[1] | | Prior visit status | | | |
|---|---|---|---|---|---|
| | | *All patients* | *New patient* | *Old patient, new problem* | *Old patient, old problem* |
| | | Mean duration in minutes | | | |
| All diagnoses | | 20.3 | 29.7 | 18.5 | 19.1 |
| Infectious and parasitic diseases | 001–139 | 17.7 | 22.1 | 16.6 | 16.4 |
| Neoplasms | 140–239 | 20.7 | 40.3 | 24.0 | 19.1 |
| Malignant neoplasm of female breast | 174 | 20.5 | 37.4 | 17.3 | 19.4 |
| Endocrine, nutritional and metabolic diseases, and immunity disorders | 240–279 | 20.1 | 38.6 | 23.7 | 17.5 |
| Diabetes mellitus | 250 | 18.5 | 39.0 | 23.8 | 16.6 |
| Obesity and other hyperalimentation | 278 | 21.2 | 28.4 | 32.5 | 19.1 |
| Mental disorders | 290–319 | 26.5 | 33.6 | 22.5 | 25.8 |
| Neurotic disorders | 300 | 28.3 | 38.2 | 19.2 | 28.3 |
| Diseases of the nervous system and sense organs | 320–389 | 20.3 | 31.1 | 16.0 | 20.4 |
| Diseases of the circulatory system | 390–459 | 19.5 | 34.5 | 23.3 | 18.3 |
| Essential hypertension | 401 | 19.0 | 32.0 | 26.3 | 17.9 |
| Hypertensive heart disease | 402 | 18.4 | 53.2 | 32.7 | 17.0 |
| Angina pectoris | 413 | 22.1 | 42.8 | 18.0 | 20.0 |
| Other forms of chronic ischemic heart disease | 414 | 20.1 | 41.5 | 31.9 | 18.9 |
| Cardiac dysrhythmias | 427 | 21.1 | 54.3 | 22.9 | 19.7 |
| Heart failure | 428 | 20.3 | 31.4 | 30.1 | 18.3 |
| Diseases of the respiratory system | 460–519 | 16.8 | 24.2 | 15.7 | 15.5 |
| Acute pharyngitis | 462 | 14.0 | 16.2 | 12.8 | 15.2 |
| Acute upper respiratory infections of multiple or unspecified sites | 465 | 14.3 | 16.1 | 14.1 | 13.8 |
| Allergic rhinitis (including hay fever) | 477 | 12.4 | 41.7 | 14.0 | 8.9 |
| Bronchitis, not specified as acute or chronic | 490 | 18.1 | 23.9 | 18.0 | 16.2 |
| Asthma | 493 | 18.0 | 37.3 | 13.6 | 16.5 |
| Chronic airway obstruction, not elsewhere classified | 496 | 18.3 | 42.9 | 23.0 | 16.9 |
| Diseases of the digestive system | 520–579 | 20.8 | 30.6 | 21.1 | 18.7 |
| Other noninfectious gastroenteritis and colitis | 558 | 19.4 | 20.0 | 19.0 | 19.7 |
| Functional digestive disorders, not elsewhere classified | 564 | 22.1 | 36.3 | 22.8 | 19.0 |
| Diseases of the genitourinary system | 580–629 | 19.7 | 31.3 | 18.2 | 17.5 |
| Other disorders of urethra and urinary tract | 599 | 18.3 | 28.1 | 17.9 | 15.1 |
| Diseases of the skin and subcutaneous tissue | 680–709 | 16.8 | 20.5 | 16.5 | 15.9 |
| Diseases of the musculoskeletal system and connective tissue | 710–739 | 20.8 | 39.5 | 17.9 | 18.4 |
| Rheumatoid arthritis and other inflammatory polyarthropathies | 714 | 20.8 | 50.4 | 21.7 | 17.8 |
| Osteoarthrosis and allied disorders | 715 | 22.0 | 43.2 | 20.2 | 18.5 |
| Other and unspecified arthropathies | 716 | 18.6 | 22.8 | 17.6 | 18.4 |
| Spondylosis and allied disorders | 721 | 21.9 | 38.2 | 15.7 | 20.2 |
| Other and unspecified disorders of back | 724 | 18.0 | 31.3 | 15.7 | 16.3 |
| Peripheral enthesopathies and allied syndromes | 726 | 19.7 | 36.6 | 17.9 | 17.1 |
| Other disorders of soft tissue | 729 | 19.5 | 26.7 | 15.7 | 20.0 |
| Symptoms, signs, and ill-defined conditions | 780–799 | 22.7 | 33.2 | 21.6 | 20.2 |
| Injury and poisoning | 800–999 | 16.4 | 20.6 | 15.4 | 15.6 |
| Supplementary classification | V01–V82 | 25.9 | 20.9 | 18.3 | 30.9 |
| General medical examination | V70 | 32.0 | 21.5 | 20.7 | 40.9 |

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM).[7]

**Table 23. Number of office visits by selected physician specialties and percent by selected visit characteristics and selected physician specialties: United States, January 1980–December 1981**

| Characteristic | Physician specialty: Internal medicine | General and family practice | Obstetrics and gynecology | Pediatrics |
|---|---|---|---|---|
| | Number in thousands | | | |
| All visits | 144,172 | 381,710 | 109,035 | 128,762 |
| Age of patient | Percent | | | |
| Under 15 years | 2.1 | 13.9 | 0.9 | 91.9 |
| 15–24 years | 6.5 | 14.7 | 30.8 | 6.1 |
| 25–44 years | 20.7 | 27.1 | 56.2 | 1.2 |
| 45–64 years | 37.1 | 25.0 | 9.6 | 0.6 |
| 65 years and over | 33.6 | 19.4 | 2.5 | *0.2 |
| Race | | | | |
| White | 89.5 | 88.7 | 87.2 | 85.9 |
| Black and all other | 10.5 | 11.3 | 12.8 | 14.1 |
| Hispanic origin | | | | |
| Hispanic | 3.5 | 4.6 | 5.6 | 5.8 |
| Non-Hispanic | 96.5 | 95.4 | 94.4 | 94.2 |
| Prior visit status | | | | |
| New patient | 12.1 | 11.3 | 11.8 | 8.7 |
| Old patient, new problem | 19.5 | 32.4 | 17.5 | 37.6 |
| Old patient, old problem | 68.4 | 56.3 | 70.7 | 53.7 |
| Major reason for visit | | | | |
| Acute problem | 31.6 | 47.8 | 18.3 | 53.7 |
| Chronic problem, routine | 45.0 | 25.9 | 8.3 | 9.0 |
| Chronic problem, flareup | 12.2 | 8.5 | 4.5 | 4.5 |
| Postsurgery or postinjury | 1.5 | 3.7 | 7.1 | 1.7 |
| Nonillness care | 9.8 | 14.2 | 61.9 | 31.2 |
| Principal diagnosis category | | | | |
| Infectious parasitic diseases | 1.8 | 3.3 | 3.2 | 6.1 |
| Neoplasms | 4.1 | 1.2 | 1.7 | *0.2 |
| Endocrine, nutritional and metabolic diseases, and immunity disorders | 8.7 | 6.2 | 1.3 | 0.6 |
| Mental disorders | 3.3 | 2.6 | *0.4 | 0.5 |
| Diseases of the nervous system and sense organs | 2.8 | 5.1 | *0.1 | 14.8 |
| Diseases of the circulatory system | 25.5 | 13.1 | 1.3 | *0.3 |
| Diseases of the respiratory system | 11.7 | 17.3 | 0.7 | 28.0 |
| Diseases of the digestive system | 6.2 | 5.6 | 0.7 | 2.9 |
| Diseases of the genitourinary system | 3.3 | 5.3 | 19.1 | 1.3 |
| Diseases of the skin and subcutaneous tissue | 2.3 | 4.0 | 0.5 | 3.8 |
| Diseases of the musculoskeletal system and connective tissue | 11.2 | 7.6 | 0.6 | 0.8 |
| Symptoms, signs, and ill-defined conditions | 5.2 | 3.8 | 1.8 | 3.1 |
| Injury and poisoning | 3.7 | 9.8 | 1.0 | 4.6 |
| Supplementary classification | 7.8 | 13.0 | 62.5 | 31.0 |
| Diagnostic service | | | | |
| Pap test | 3.2 | 3.2 | 29.4 | *0.1 |
| Clinical laboratory test | 34.3 | 21.6 | 42.8 | 25.6 |
| X-ray | 13.5 | 6.7 | 1.6 | 2.3 |
| Blood pressure check | 61.0 | 44.7 | 68.4 | 8.5 |
| Nonmedication therapy | | | | |
| Office surgery | 1.9 | 5.5 | 4.8 | 7.1 |
| Diet counseling | 12.9 | 10.3 | 7.6 | 11.5 |
| Medical counseling | 33.6 | 22.5 | 25.6 | 24.6 |
| Number of medications | | | | |
| None | 23.8 | 26.4 | 58.4 | 28.2 |
| 1 | 29.2 | 34.7 | 30.3 | 40.6 |
| 2 | 20.6 | 22.5 | 8.8 | 23.0 |
| 3 or more | 26.4 | 16.4 | 2.5 | 8.3 |

**Table 24. Number of drug mentions by selected physician specialties and percent distribution by therapeutic categories, according to selected physician specialties: United States, January 1980–December 1981**

| Therapeutic category[1] | Physician specialty | | | |
|---|---|---|---|---|
| | *Internal medicine* | *General and family practice* | *Obstetrics and gynecology* | *Pediatrics* |
| | Number in thousands | | | |
| All categories | 251,370 | 532,065 | 61,204 | 146,515 |
| | Percent distribution | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |
| Antihistamine drugs | 3.2 | 6.8 | 2.2 | 15.2 |
| Anti-infective agents | 6.4 | 17.3 | 15.9 | 30.1 |
| Antibiotics | 5.2 | 15.2 | 9.2 | 26.8 |
| Sulfonamides | 0.6 | 1.3 | 0.9 | 3.1 |
| Antineoplastic agents | 2.3 | 0.1 | *0.1 | *0.1 |
| Autonomic drugs | 3.8 | 4.4 | 1.5 | 2.6 |
| Blood formation and coagulation | 1.4 | 1.3 | 4.7 | 0.4 |
| Antianemia drugs | 0.6 | 0.9 | 4.5 | 0.4 |
| Coagulants and anticoagulants | 0.8 | 0.4 | *0.2 | *0.0 |
| Cardiovascular drugs | 21.8 | 10.0 | 1.9 | *0.2 |
| Cardiac drugs | 9.8 | 3.7 | *0.4 | *0.1 |
| Hypotensive agents | 6.7 | 4.4 | 1.3 | *0.1 |
| Vasodilating agents | 5.1 | 1.8 | *0.2 | - |
| Central nervous system drugs | 17.9 | 17.9 | 7.7 | 4.9 |
| Analgesics and antipyretics | 10.4 | 9.6 | 4.4 | 3.7 |
| Anticonvulsants | 0.5 | 0.3 | *0.0 | *0.2 |
| Psychotherapeutic agents | 2.3 | 2.1 | *0.5 | *0.3 |
| Respiratory and cerebral stimulants | 0.3 | 1.9 | *0.5 | *0.1 |
| Sedatives and hypnotics | 4.3 | 4.0 | 2.3 | 0.7 |
| Electrolytes, caloric, and water balance | 15.7 | 9.2 | 3.0 | 0.6 |
| Expectorants and cough preparations | 1.7 | 3.4 | 0.9 | 6.7 |
| Eye, ear, nose and throat preparations | 0.7 | 1.5 | *0.6 | 3.1 |
| Gastrointestinal drugs | 4.8 | 4.6 | 1.9 | 1.7 |
| Antacids and adsorbents | 1.0 | 0.6 | *0.3 | *0.1 |
| Anti-diarrhea agents | 0.4 | 0.7 | *0.3 | 1.0 |
| Antiflatulents | 0.6 | 0.6 | *0.4 | *0.1 |
| Cathartics and laxatives | 0.7 | 0.6 | *0.6 | *0.1 |
| Hormones and synthetic substitutes | 9.7 | 8.2 | 26.0 | 1.6 |
| Adrenals | 3.1 | 2.8 | *0.3 | 1.3 |
| Estrogens | 0.9 | 1.0 | 6.3 | *0.0 |
| Insulins and anti-diabetic agents | 3.5 | 1.9 | *0.4 | *0.1 |
| Thyroid and antithyroid | 1.8 | 0.9 | *0.6 | *0.1 |
| Serums, toxoids and vaccines | 1.1 | 2.7 | *0.6 | 17.4 |
| Skin and mucous membrane preparations | 2.6 | 4.8 | 10.7 | 5.9 |
| Spasmolytic agents | 2.1 | 1.6 | *0.3 | 2.2 |
| Vitamins | 2.2 | 3.7 | 19.3 | 0.9 |
| Other, unclassified, or undetermined | 2.6 | 2.5 | 2.7 | 6.4 |

[1]Based on the classification of the American Hospital Formulary Service (see appendix IV).

**Table 25. Percent of all physician visits to internists and percent distribution of office visits to internists by selected visit characteristics: United States, 1975 and 1980–81**

| Characteristic | 1975 | 1980–81 |
|---|---|---|
| Percent of all physician visits | 10.9 | 12.4 |
| | Percent distribution | |
| Total | 100.0 | 100.0 |
| Sex of patient | | |
| Female | 59.5 | 58.8 |
| Male | 40.5 | 41.2 |
| Age of patient | | |
| Under 15 years | 3.3 | 2.1 |
| 15–24 years | 8.8 | 6.5 |
| 25–44 years | 21.1 | 20.7 |
| 45–64 years | 37.9 | 37.1 |
| 65 years and over | 28.9 | 33.6 |
| Type of practice | | |
| Solo | 54.3 | 47.5 |
| Other[1] | 45.7 | 52.5 |
| Area | | |
| Metropolitan | 84.6 | 83.1 |
| Nonmetropolitan | 15.4 | 16.9 |
| Principal diagnosis category[2] | | |
| Infectious and parasitic diseases | 2.8 | 1.8 |
| Neoplasms | 3.7 | 4.1 |
| Endocrine, nutritional and metabolic diseases, and immunity disorders | 9.1 | 8.7 |
| Mental disorders | 3.6 | 3.3 |
| Diseases of the nervous system and sense organs | 3.3 | 2.8 |
| Diseases of the circulatory system | 24.9 | 25.5 |
| Diseases of the respiratory system | 11.7 | 11.7 |
| Diseases of the digestive system | 5.5 | 6.2 |
| Diseases of the genitourinary system | 3.8 | 3.3 |
| Diseases of the skin and subcutaneous tissue | 2.6 | 2.3 |
| Diseases of the musculoskeletal system and connective tissue | 8.6 | 11.2 |
| Symptoms, signs, and ill-defined conditions | 6.6 | 5.2 |
| Injury and poisoning | 4.3 | 3.7 |
| Diagnostic service[3] | | |
| Limited history and/or examination | 61.4 | 62.7 |
| General history and/or examination | 20.1 | 18.1 |
| Clinical laboratory test | 38.5 | 34.3 |
| X-ray | 13.1 | 13.5 |
| Blood pressure check | 61.4 | 61.0 |
| Electrocardiogram | 14.0 | 12.1 |
| Vision test | 2.4 | 1.6 |
| Endoscopy | 1.6 | 1.5 |
| Nonmedication therapy[3] | | |
| Office surgery | 1.5 | 1.9 |
| Physiotherapy | 1.1 | 4.2 |
| Medical counseling | 17.8 | 33.6 |
| Psychotherapy or therapeutic listening | 2.7 | 5.2 |
| Duration of visit | | |
| 0 minutes[4] | 0.7 | 2.3 |
| 1–10 minutes | 30.4 | 22.9 |
| 11–15 minutes | 35.6 | 35.4 |
| 16–30 minutes | 24.6 | 28.6 |
| 31 minutes or more | 8.7 | 10.9 |
| Disposition of visit[5] | | |
| No followup planned | 9.1 | 7.8 |
| Return at specified time | 68.4 | 68.7 |
| Return if needed | 16.5 | 16.7 |
| Telephone followup planned | 5.0 | 6.5 |
| Referred to other physician | 4.4 | 4.2 |
| Returned to referring physician | 0.8 | 0.9 |
| Admit to hospital | 1.7 | 1.7 |

[1]Includes partnership, group, and other types of practice.
[2]Percents will not total 100.0 because all categories are not listed.
[3]Percent will not total 100.0 because more than 1 service or therapy may have been rendered during a visit.
[4]Represents visits in which there was no face-to-face encounter between patient and physician.
[5]Percents will not total 100.0 because more than 1 disposition was possible.

# Appendixes

## Contents



### List of appendix figures



### List of appendix tables

# Appendix I
# Technical notes

This report is based on data collected during 1980 and 1981 in the National Ambulatory Medical Care Survey (NAMCS), an annual sample survey of office-based physicians conducted by the Division of Health Care Statistics of the National Center for Health Statistics (NCHS). The two surveys were conducted with identical instruments, definitions, and procedures. Two years of data were combined to increase the reliability of the estimates. The annual survey design and procedures are presented in the following sections.

## Statistical design

### Scope of the survey

The target population of NAMCS includes office visits made within the conterminous 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. Telephone contacts and nonoffice visits are excluded from NAMCS.

### 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 of 87 PSU's was selected by the National Opinion Research Center (NORC) of the University of Chicago, the organization responsible for NAMCS field and data processing operations under contract to NCHS. A PSU is a county, a group of adjacent counties, or a standard metropolitan statistical area (SMSA). A modified probability-proportional-to-size procedure using separate sampling frames for SMSA's and for nonmetropolitan counties was used to select the sample PSU's. Each frame was stratified by region, size of population, and demographic characteristics of the PSU's, and was divided into sequential zones of 1 million residents; then, a random number was drawn to determine which PSU came into the sample from each zone.

The second stage consisted of a probability sample of practicing physicians, selected from the 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 of anesthesiology, pathology, clinical pathology, forensic pathology, radiology, diagnostic radiology, pediatric radiology, or therapeutic radiology

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

During 1980–81 the NAMCS physician sample included 5,805 physicians. Sample physicians were screened at the time of the survey to ensure that they met the aforementioned criteria; 1,124 physicians did not meet the criteria and were, therefore, ruled out of scope (ineligible) for the study. The most common reasons for being out of scope were that the physician was retired, deceased, or employed in teaching, research, or administration. Of the 4,681 inscope (eligible) physicians, 3,676 (78.5 percent) participated in the study. Of the participating physicians, 509 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 sample size and response data by physician specialty are shown in table I.

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. During 1980–81, sample physicians completed 89,447 usable Patient Record forms.

## Data collection and processing

### Field procedures

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

NOTE: Prepared by Thomas McLemore, Division of Health Care Statistics.

Table I. Distribution of physicians in the 1980–81 National Ambulatory Medical Care Survey samples and response rates, by physician specialty

| Physician specialty | Gross total | Out of scope | Net total | Nonrespondents | Respondents | Response rate |
|---|---|---|---|---|---|---|
| All specialties | 5,805 | 1,124 | 4,681 | 1,005 | 3,676 | 78.5 |
| General and family practice | 1,340 | 289 | 1,051 | 272 | 779 | 74.1 |
| Medical specialties | 1,695 | 296 | 1,399 | 298 | 1,101 | 78.7 |
| Internal medicine | 871 | 158 | 713 | 182 | 531 | 74.5 |
| Pediatrics | 414 | 83 | 331 | 42 | 289 | 87.3 |
| Other medical specialties | 410 | 55 | 355 | 74 | 281 | 79.2 |
| Surgical specialties | 1,978 | 246 | 1,732 | 351 | 1,381 | 79.7 |
| General surgery | 521 | 75 | 446 | 115 | 331 | 74.2 |
| Obstetrics and gynecology | 484 | 71 | 413 | 63 | 350 | 84.7 |
| Other surgical specialties | 973 | 100 | 873 | 173 | 700 | 80.2 |
| Other specialties | 792 | 293 | 499 | 84 | 415 | 83.2 |
| Psychiatry | 414 | 96 | 318 | 43 | 275 | 86.5 |
| Other specialties | 378 | 197 | 181 | 41 | 140 | 77.3 |

organization endorsing the survey and urging his 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 explain briefly the study and arrange an appointment for a personal interview. Physicians who did not initially respond were usually recontacted 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 his 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. 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. At this point problems of missing or incomplete data were resolved by telephone followup by the field representative to the sample physician; if no problems were found, field procedures were considered complete regarding the sample physician's participation in NAMCS.

### Data collection

The actual data collection for NAMCS was carried out by the physician, assisted by his office staff when possible. Two data collection forms were employed by the physician: the Patient Log and the Patient Record form (see appendix III). The Patient Log, a sequential listing of patients seen in the physician's office during his assigned reporting week, served as the sampling frame to indicate the office visits for which data were to be recorded. A perforation between the patient's name and patient visit information permitted the physician to detach and retain the listing of patients, thus, assuring the anonymity of the physician's 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 Record forms would be completed by each physician during the assigned reporting week. Physicians expecting 10 or fewer visits per day recorded data for all visits. Those physicians 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 the 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 proved quite efficient, reducing item nonresponse rates to 2 percent or less for most data items.

Information contained in item 6 (Patient's problem or reason for visit) of the Patient Record form was coded according to *A Reason for Visit Classification for Ambulatory Care* (RVC).[11] Diagnostic information (item 9 of the Patient Record form) was coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM).[7] A maximum of three entries were coded from each of these items. Prior to coding, Patient Record forms were grouped into batches with approximately 650 forms per batch. Quality control for the medical coding operation involved a two-way 5-percent independent verification procedure. Error rates were defined as the number of incorrectly coded entries divided by the total number of coded entries. The estimated error rates for the 1980–81 medical coding operation were 1.7 percent for

NOTE: A list of references follows the text.

item 6 and 2.3 percent for item 9. Additionally, a dependent verification procedure was used to review and adjudicate all records in batches with excessive error rates. This procedure further reduced the estimated error rates to 1.6 percent for item 6 and 2.1 percent for item 9.

The NAMCS medication data (item 11 of the Patient Record form) was classified and coded according to a scheme developed at NCHS based on the American Society of Hospital Pharmacists' Drug Product Information File. A description of the new drug coding scheme and of the NAMCS drug data processing procedures is contained in *Vital and Health Statistics*, Series 2, No. 90.[9] A two-way 100 percent independent verification procedure was used to control the medication coding operation. As an additional quality control, all Patient Record forms with differences between drug coders or with illegible drug entries were reviewed and adjudicated at NCHS.

Information from the Induction Interview and Patient Record forms was keypunched with 100 percent verification and converted to computer tape. At this point, extensive computer consistency and edit checks were performed to ensure complete and accurate data. Incomplete data items were imputed by assigning a value from a randomly selected Patient Record form 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 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) a 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 an office visit within the physician's practice. The third probability was defined as the number of office visits during the physician's assigned reporting week divided by the number of Patient Record forms completed. All weekly estimates were inflated by a factor of 52 to derive annual estimates.

### Adjustment for nonresponse

NAMCS data were adjusted to account for sample physicians who were inscope, but did not participate in the study. This adjustment was calculated in order 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 nine physician specialty groups. The ratio adjustment was a multiplication factor that had as its numerator the number of physicians in the universe in each physician specialty group and as its denominator the estimated number of physicians in that particular specialty group. 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

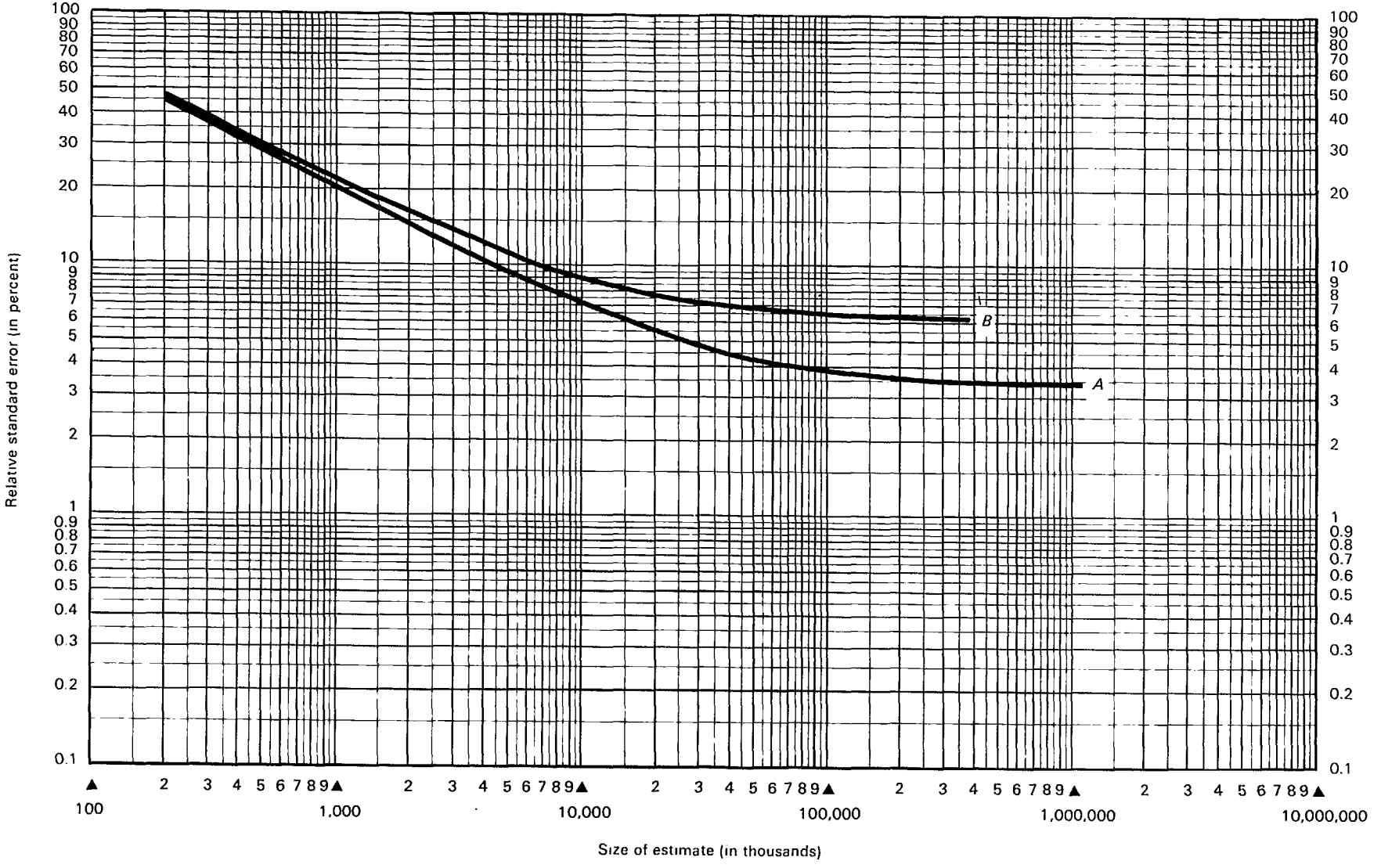
As in any survey, results are subject to both sampling and nonsampling errors. Nonsampling errors include reporting and processing errors, as well as biases due to nonresponse and incomplete response. The magnitude of the nonsampling errors cannot be computed. However, these errors were kept to a minimum by procedures built into the survey's operation. To eliminate ambiguities and encourage uniform reporting, careful 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. However, 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 out of 100 that it would be less than 2½ times as large.

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

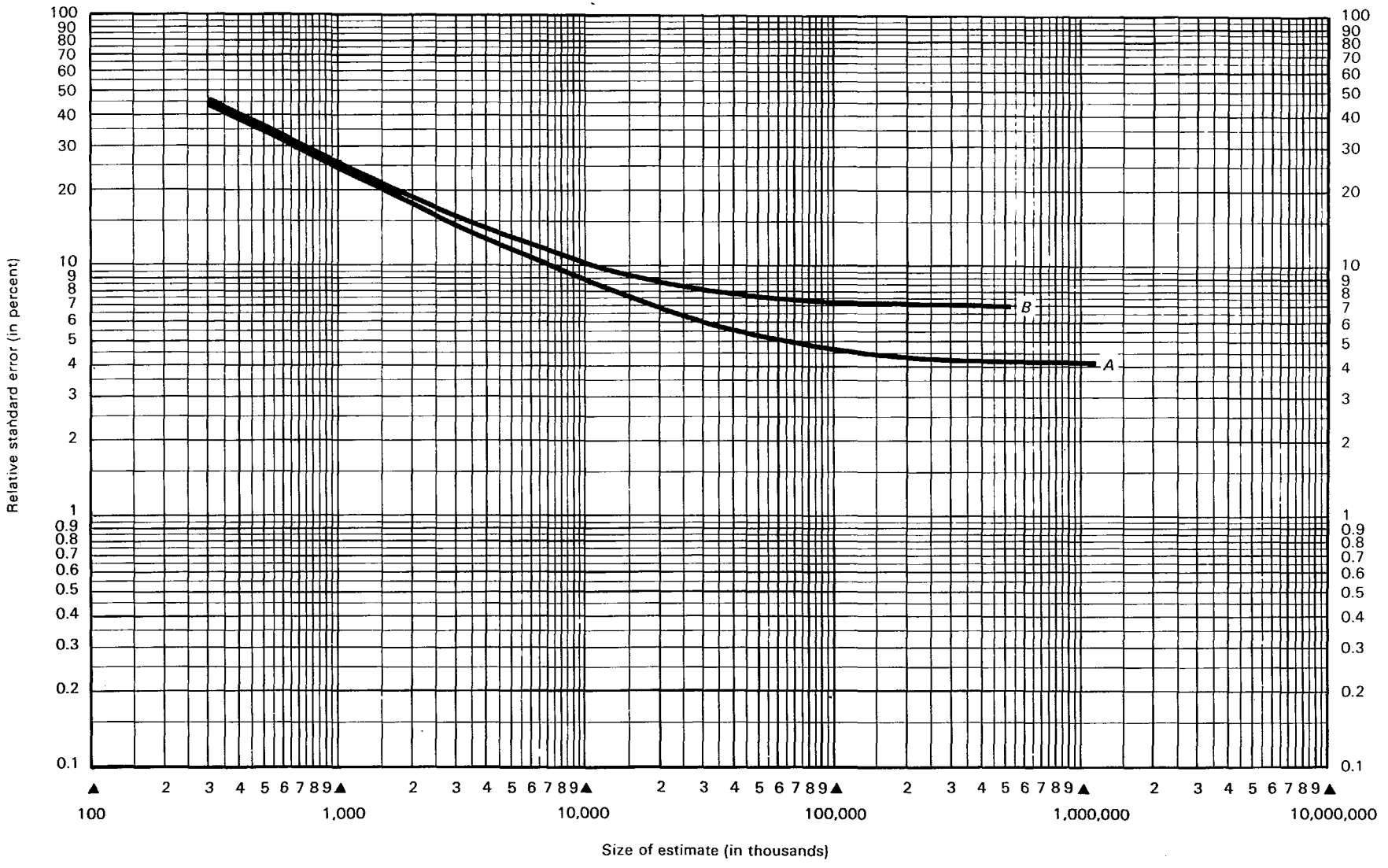
Estimates of sampling variability were calculated using the method of half-sample replication. This method yields overall variability through observation of variability among random subsamples of the total sample. A description of the development and evaluation of the replication technique for error estimation has been published.[15,16] Approximate relative standard errors for aggregate estimates are presented in figures I and II.

NOTE: A list of references follows the text.




EXAMPLE: An estimate of 20 million office visits to general surgeons (read from scale at bottom of chart) has a relative standard error of 7.7 percent (read from curve *B* on scale at left of chart) or a standard error of 1,540,000 office visits (7.7 percent of 20 million visits).

**Figure I. Approximate relative standard errors for estimated numbers of office visits based on all physician specialties (*A*), and individual specialties (*B*), 1980–81 National Ambulatory Medical Care Survey**




EXAMPLE: An estimate of 60 million drug mentions (read from scale at bottom of chart) has a relative standard error of 5.1 percent (read from curve *A* on scale at left of chart) or a standard error of 3,060,000 drug mentions (5.1 percent of 60 million drug mentions).

**Figure II. Approximate relative standard errors for estimated numbers of drug mentions based on all physician specialties (*A*), and individual specialties (*B*), 1980–81 National Ambulatory Medical Care Survey**

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. Directions for determining approximate relative standard errors follow.

#### Estimates of aggregates

Approximate relative standard errors (in percent) for aggregate statistics are presented in figures I and II. The approximate relative standard errors for aggregate estimates of office visits are shown in figure I, and the approximate relative standard errors for aggregate estimates of drug mentions are shown in figure II. In each figure, curve *A* represents the relative standard errors appropriate for estimates based on all physician specialties, and curve *B* represents relative standard errors appropriate for estimates based on an individual physician specialty. For the specific case where the aggregate estimate of interest is the number of mentions of a specific drug, for example, the number of mentions of Dyazide, figure I, curve *B* should be used to obtain approximate relative standard errors.

Instead of using figures I and II, relative standard errors for aggregate estimates may be calculated directly using the following formulae where $x$ is the aggregate estimate of interest in thousands. For visit estimates based on all physician specialties,

$$\mathrm{RSE}(x) = \sqrt{0.001111 + \frac{39.84195}{x}} \cdot 100.0$$

For visit estimates based on an individual physician specialty,

$$\mathrm{RSE}(x) = \sqrt{0.003757 + \frac{42.88175}{x}} \cdot 100.0$$

For drug mention estimates based on all physician specialties,

$$\mathrm{RSE}(x) = \sqrt{0.001647 + \frac{58.48328}{x}} \cdot 100.0$$

For drug mention estimates based on an individual physician specialty,

$$\mathrm{RSE}(x) = \sqrt{0.004696 + \frac{59.50164}{x}} \cdot 100.0$$

#### 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 percents. Square each of the relative standard errors, subtract the resulting value for the denominator from the resulting value for the numerator, and extract the square root. This approximation is valid if the relative standard error of the denominator is less than 0.05 or if the relative standard errors of the numerator and denominator are both less than 0.10.

Alternatively, relative standard errors for percentages may be calculated directly using the following formulae where $p$ is the percent of interest and $x$ is the base of the percent in thousands. For visit percentages based on all physician specialties,

$$\mathrm{RSE}(p) = \sqrt{\frac{39.84195 \cdot (1-p)}{p \cdot x}} \cdot 100.0$$

For visit percentages based on an individual physician specialty,

$$\mathrm{RSE}(p) = \sqrt{\frac{42.88175 \cdot (1-p)}{p \cdot x}} \cdot 100.0$$

For drug mention percentages based on all physician specialties,

$$\mathrm{RSE}(p) = \sqrt{\frac{58.48328 \cdot (1-p)}{p \cdot x}} \cdot 100.0$$

For drug mention percents based on an individual physician specialty,

$$\mathrm{RSE}(p) = \sqrt{\frac{59.50164 \cdot (1-p)}{p \cdot x}} \cdot 100.0$$

#### Estimates of rates where the numerator is not a subclass of the denominator

Approximate relative standard errors for rates in which the denominator is the total United States population or one or more of the age-sex-race groups of the total population are equivalent to the relative standard error of the numerator that can be obtained from 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 with a critical value of 1.96 (0.05 level of significance). Terms relating to differences, such as "higher," and "less" 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.

Table II. Estimates of the civilian noninstitutionalized population of the United States used in computing annual visit rates in this report by age, race, sex, and Hispanic origin: 1980–81

| Race, sex, and Hispanic origin | All ages | Less than 15 years | 15–24 years | 25–44 years | 45–64 years | 65 years and over |
|---|---|---|---|---|---|---|
| Race and sex | | | Numbers in thousands | | | |
| All races | 222,674 | 50,832 | 40,710 | 62,658 | 43,963 | 24,512 |
| Male | 107,429 | 25,976 | 20,076 | 30,487 | 20,849 | 10,042 |
| Female | 115,244 | 24,856 | 20,634 | 32,171 | 23,114 | 14,470 |
| White | 191,052 | 41,693 | 34,229 | 53,973 | 38,993 | 22,165 |
| Male | 92,640 | 21,366 | 17,012 | 26,558 | 18,637 | 9,067 |
| Female | 98,412 | 20,327 | 17,217 | 27,415 | 20,357 | 13,098 |
| Black | 26,107 | 7,627 | 5,430 | 6,870 | 4,143 | 2,039 |
| Male | 12,103 | 3,840 | 2,544 | 3,057 | 1,838 | 826 |
| Female | 14,005 | 3,787 | 2,886 | 3,814 | 2,305 | 1,213 |
| All other | 5,515 | 1,512 | 1,052 | 1,816 | 828 | 308 |
| Male | 2,687 | 770 | 520 | 873 | 375 | 150 |
| Female | 2,829 | 744 | 532 | 943 | 452 | 158 |
| Hispanic origin | | | | | | |
| Hispanic | [1]14,528 | 4,645 | 3,174 | 4,047 | 1,955 | 706 |
| Non-Hispanic | [1]208,507 | 46,525 | 38,028 | 58,081 | 42,233 | 23,640 |

[1]Based on the April 1, 1980, census. Figures will not add to total.

NOTE: Excludes Alaska and Hawaii.

Figures may not add to total due to rounding.

## Population figures and rate computation

The population figures used in computing annual visit rates are presented in table II. The figures are based on an average of the July 1, 1980, and July 1, 1981, estimates of the civilian noninstitutionalized population of the United States provided by the U.S. Bureau of the Census. Because NAMCS includes data for only the conterminous United States, the original population estimates were modified to account for the exclusion of Alaska and Hawaii from the study. For this reason, the population estimates should not be considered official and are presented here solely to provide denominators for rate computations.

Estimates of numbers of visits and drug mentions in this report are for a 2-year period, but ratios and rates represent average annual estimates. For example, the average annual visit rates are calculated as follows. The numerator is obtained by dividing the estimated number of office visits for 1980–81 by 2 to obtain an average annual number of office visits. This number is then divided by the appropriate population figure to obtain an average annual visit rate. As previously discussed, estimates of reliability for average annual visit rates may be calculated from figures I and II.

## 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 necessarily agree precisely with percents calculated from rounded data.

## Systematic bias

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

- Physicians who participated in NAMCS did a thorough and conscientious job in keeping the Patient Log; however, post survey interviews with participating physicians indicate 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 same post survey interviews indicate that the inclusion of patient visits that did not actually occur was infrequent and would have a negligible effect on survey estimates.

- As previously stated, the physician universe for the 1980–81 NAMCS included all nonfederal, 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 to these physicians in an office setting 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 are forthcoming. Preliminary 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.

# Appendix II
# Definitions of certain terms used in the report

## Terms relating to the survey

*Office*—Premises identified by physicians as locations for their ambulatory practices. The responsibility over time for patient care and professional services rendered there generally resides with the individual physician rather than with any institution.

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

*Physician*—Classified as either:

- *In scope*—All duly licensed doctors of medicine or doctors of osteopathy currently in practice who spend some time caring for ambulatory patients at an office location.
- *Out of scope*—Those physicians who treat patients only indirectly, including physicians in the specialties of anesthesiology, pathology, forensic pathology, radiology, therapeutic radiology, and diagnostic radiology, and the following physicians:
  - Physicians who are federally employed, including those physicians in military service.
  - Physicians who treat patients only in an institutional setting, for example, patients in nursing homes and hospitals.
  - Physicians employed full time in industry or by an institution and having no private practice, for example, physicians who work for the Veterans' Administration or the Ford Motor Company.
  - Physicians who spend no time seeing ambulatory patients, for example, physicians who only teach, are engaged in research, or are retired.

*Patients*—Classified as either:

- *In scope*—All patients seen by the physician or a staff member in the office of the physician.
- *Out of scope*—Patients seen by the 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, meeting the definition of "office," located in a hospital, the ambulatory patients seen there are considered in scope.) The following types of patients are considered out of scope:
  - Patients seen by the physician in an institution, including outpatient clinics of hospitals, for whom the institution has 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 only 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 for the purpose of seeking care and rendering health services.

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

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

| *Region* | *States included* |
|---|---|
| Northeast | Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont |
| North Central | 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 Virgina |
| West | Arizona, California, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming |

*Metropolitan status of practice location*—A physician's practice is classified by its location in a metropolitan or nonmetropolitan area. Metropolitan areas are standard metropolitan statistical areas (SMSA's) as defined by the U.S. Office of Management and Budget. The definition of an individual SMSA involves two considerations: first, a city or cities of specified population that constitute the central city and identify the county in which it is located as the central county; second, economic and social relationships with "contiguous" counties that are metropolitan in character so that the periphery of the specific metropolitan area may be determined. SMSA's may

cross State lines. In New England, SMSA's consist of cities and towns rather than counties.

## Terms relating to the Patient Record Form

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

*Race*—White, Black, Asian or Pacific Islander, or American Indian or Alaskan Native. 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 or Pacific Islander*—A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, including, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- *American Indian or Alaskan Native*—A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

*Ethnicity*—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*—Any person not of Hispanic origin.

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

*Major reason for this visit*—The one major reason (selected from the following list) for the patient's visit as judged by the physician:

- *Acute problem*—A visit primarily for a condition or illness having a relatively sudden or recent onset (within 3 months of the visit).
- *Chronic problem, routine*—A visit primarily to receive regular care or examination for a preexisting chronic condition or illness (onset of condition was 3 months or more before the visit).
- *Chronic problem, flareup*—A visit primarily to receive care for a sudden exacerbation of a preexisting chronic condition or illness.
- *Postsurgery or postinjury*—A visit primarily for followup care of injuries or for care required following surgery, for example, removal of sutures or cast.
- *Nonillness care (routine prenatal, general exam, well-baby)*—General health maintenance examinations and routine periodic examinations of presumably healthy persons, both children and adults, including prenatal and postnatal care, annual physicals, well-child examinations, and insurance examinations.

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

- *Limited history and/or examination*—History or physical examination limited to a specific body site or system or concerned primarily with the patient's chief complaint, for example, pelvic examination or eye examination.
- *General history and/or examination*—History or physical examination of a comprehensive nature, including all or most body systems.
- *Pap test*—Papanicolaou test.
- *Clinical lab test*—One or more laboratory procedures or tests, including examination of blood, urine, sputum, smears, exudates, transudates, feces, and gastric content, and including chemistry, serology, bacteriology, and pregnancy test; excludes Pap test.
- *X-ray*—Any single or multiple X-ray examination for diagnostic or screening purposes; excludes radiation therapy.
- *Blood pressure check.*
- *EKG*—Electrocardiogram.
- *Vision test*—Visual acuity test.
- *Endoscopy*—Examination of the interior of any body cavity except ear, nose, and throat by means of an endoscope.
- *Mental status exam*—Any formal, clinical evaluation designed to assess the mental or emotional status of the patient.
- *Other*—All other diagnostic services ordered or provided that are not included in the preceding categories.

*Principal diagnosis*—The physician's diagnosis of the patient's principal problem, complaint, or symptom. In the event of multiple diagnoses, the physician was instructed to list them in order of decreasing importance. 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 patient before?*—"Seen before" means provided care for at any time in the past. Item 10*b* refers to the patient's current episode of illness.

*Medication therapy this visit*—The physician was instructed to list, using brand or generic names, all medications, including drugs, vitamins, hormones, ointments, and suppositories ordered, injected, administered, or provided this visit including prescription and nonprescription drugs, vaccinations, immunization, and desensitization agents. Also included are

drugs and medications ordered or provided prior to the visit that the physician instructed or expected the patient to continue taking. Medications for the principal diagnosis are listed in item 11*a*; all other drugs are listed in item 11*b*.

*Nonmedication therapy*—Physicians were instructed to check any of the following services that were ordered or provided during the current visit:

- *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.
- *Office surgery*—Any surgical procedure performed in the office this visit, including 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.
- *Family planning*—Services, counseling, or advice that might enable patients to determine the number and spacing of their children, including both contraception and infertility services.
- *Psychotherapy or therapeutic listening*—All treatments designed to produce a mental or emotional response through suggestion, persuasion, reeducation, reassurance, or support, including psychological counseling, hypnosis, psychoanalysis, and transactional therapy.
- *Diet counseling*—Instructions, recommendations, or advice regarding diet or dietary habits.
- *Family or social counseling*—Advice regarding problems of family relationships, including marital or parent-child problems, or social problems, including economic, educational, occupational, legal, or social adjustment difficulties.
- *Medical counseling*—Instructions and recommendations regarding any health problem, including advice or counsel about a change of habit or behavior. Physicians were instructed to check this category only if medical counseling was a significant part of the treatment. Family planning, diet counseling, and family or social counseling are excluded.
- *Other*—Treatments or nonmedication therapies ordered or provided that are not listed or included in the preceding categories.

*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.

*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.
- *Telephone followup planned*—Patient was instructed to telephone the physician on a particular day to report either on progress, or if the need arose.
- *Referred to other physician*—Patient was instructed to consult or seek care from another physician. The patient may or may not return to this physician at a later date.
- *Returned to referring physician*—Patient was 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 visit was recorded as 0 minutes.

# Appendix III
# Survey instruments

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

NATIONAL AMBULATORY
MEDICAL CARE SURVEY

Endorsing Organizations

American Academy of Dermatology

American Academy of Family Physicians

American Academy of Neurology

American Academy of Orthopaedic Surgeons

American Academy of Pediatrics

American Association of Neurological Surgeons

American College of Emergency Physicians

American College of Obstetricians and Gynecologists

American College of Physicians

American College of Preventive Medicine

American Osteopathic Association

American Society of Colon and Rectal Surgeons

American Psychiatric Association

American Society of Internal Medicine

American Society of Plastic and Reconstructive Surgeons, Inc.

American Urological Association

Association of American Medical Colleges

National Medical Association

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

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

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

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

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

Sincerely yours,

Dorothy P. Rice
Director

Enclosure

60

C No. 499932

# PATIENT LOG

As each patient arrives, record name and time of visit on the log below. For the patient entered on line #3, also complete the patient record to the right.

| | PATIENT'S NAME | TIME OF VISIT |
|---|---|---|
| 1 | | a.m. / p.m. |
| 2 | | a.m. / p.m. |
| 3 | | a.m. / p.m. |

Record items 1-15 for this patient.

CONTINUE LISTING PATIENTS ON NEXT PAGE

ASSURANCE OF CONFIDENTIALITY—All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to other persons or used for any other purpose

Department of Health, Education, and Welfare
Public Health Service
Office of Health Research, Statistics, and Technology
National Center for Health Statistics

C No. 499932

# PATIENT RECORD
## NATIONAL AMBULATORY MEDICAL CARE SURVEY

**1. DATE OF VISIT** — Month / Day / Year

**2. DATE OF BIRTH** — Month / Day / Year

**3. SEX**
1 ☐ FEMALE
2 ☐ MALE

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

**5. ETHNICITY**
1 ☐ HISPANIC ORIGIN
2 ☐ NOT HISPANIC

**6. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT** *[In patient's own words]*
a. MOST IMPORTANT
b. OTHER

**7. MAJOR REASON FOR THIS VISIT** *[Check one]*
1 ☐ ACUTE PROBLEM
2 ☐ CHRONIC PROBLEM, ROUTINE
3 ☐ CHRONIC PROBLEM, FLAREUP
4 ☐ POST SURGERY/POST INJURY
5 ☐ NON-ILLNESS CARE (ROUTINE PRENATAL, GENERAL EXAM., WELL BABY, ETC.)

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

**9. PHYSICIAN'S DIAGNOSES**
a PRINCIPAL DIAGNOSIS PROBLEM ASSOCIATED WITH ITEM 6a
b OTHER SIGNIFICANT CURRENT DIAGNOSES

**10. HAVE YOU SEEN PATIENT BEFORE?**
1 ☐ YES 2 ☐ NO
IF YES, FOR THE CONDITION IN ITEM 9a?
1 ☐ YES 2 ☐ NO

**11. MEDICATION THERAPY THIS VISIT** ☐ NONE
*[Using brand or generic names, record all new and continued medications ordered, injected, administered, or otherwise provided at this vist. Include immunizing and desensitizing agents]*

| a. FOR PRINCIPAL DIAGNOSES IN ITEM 9a. | b. FOR ALL OTHER REASONS |
|---|---|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |

**12. NON-MEDICATION THERAPY** *[Check all services ordered or provided this visit]*
1 ☐ NONE
2 ☐ PHYSIOTHERAPY
3 ☐ OFFICE SURGERY
4 ☐ FAMILY PLANNING
5 ☐ PSYCHOTHERAPY/ THERAPEUTIC LISTENING
6 ☐ DIET COUNSELING
7 ☐ FAMILY/SOCIAL COUNSELING
8 ☐ MEDICAL COUNSELING
9 ☐ OTHER *(Specify)* _____

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

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

**15. DURATION OF THIS VISIT** *[Time actually spent with physician]*
_____ Minutes

BEGIN DECK 3

CONFIDENTIAL*
NORC-4284

Form Approved
OMB No. 68R1498

FOR OFFICE USE ONLY:
(BATCH NO.) 5-6/
(LOG NO.) 7-10/

NATIONAL AMBULATORY MEDICAL CARE SURVEY
INDUCTION INTERVIEW

(Phys. ID Number) 1-4/

BEFORE STARTING INTERVIEW

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

TIME BEGAN: _____ AM / PM

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

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

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

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

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

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

Is that right?

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

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

_____ (Name of Specialty) 11-13/

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes . . . . . X
No . . . . . Y

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

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

TOTAL IN-SCOPE LOCATIONS: [ ] 14/

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

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

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

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

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

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

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

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

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

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

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

6. HAND DOCTOR HIS FOLIO AND EXPLAIN HOW FORMS ARE TO BE FILLED OUT. SHOW DOCTOR INSTRUCTIONS ON THE POCKET OF FOLIO, ITEMS 8 AND 11 ON CARD5 IN POCKET OF FOLIO AND ITEM DEFINITIONS ON THE BACK OF FOLIO, TO WHICH HE CAN REFER AFTER YOU LEAVE.

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

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

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

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

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

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

A. IF YES: Who would that be?

RECORD NAME, POSITION AND LOCATION.

| NAME | POSITION | LOCATION |
|---|---|---|
| | | |
| | | |
| | | |

PERSONALLY BRIEF EACH PERSON LISTED ABOVE.

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

---

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

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

IF PARTNERSHIP, GROUP, OR OTHER:

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

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

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

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

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

D. CIRCLE ONE:

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

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

BEGIN DECK 4

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

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

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

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

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

---

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

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

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

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

COMMENTS:

INTERVIEWER NUMBER

| | | | | |
|---|---|---|---|---|
| | | | | |

INTERVIEWER'S SIGNATURE

_____

FOR OFFICE USE ONLY:

No. of Patients Seen: | | | | 59-61/

Total Days in Practice during Week: | | 62/

# Appendix IV
# American Hospital Formulary Service classification system and therapeutic category codes

## AMERICAN HOSPITAL FORMULARY SERVICE CLASSIFICATION SYSTEM AND THERAPEUTIC CATEGORY CODES (AHFS#)

**(Classifications in parentheses are provisional but may be used in DPIF)**

AMERICAN HOSPITAL FORMULARY SERVICE CLASSIFICATION SYSTEM

04:00 ANTIHISTAMINE DRUGS

08:00 ANTI-INFECTIVE AGENTS
08:04 Amebacides
08:08 Anthelmintics
08:12 Antibiotics
08:12.02 Aminoglycosides
08:12.04 Antifungal Antibiotics
08:12.06 Cephalosporins
08:12.08 Chloramphenicol
08:12.12 Erythromycins
08:12.16 Penicillins
08:12.24 Tetracyclines
08:12.24 Other Antibiotics
08:16 Antituberculosis Agents
08:18 Antivirals
08:20 Plasmodicides
08:24 Sulfonamides
08:26 Sulfones
08:28 Treponemicides
08:32 Trichomonacides
08:36 Urinary Germicides
08:40 Other Anti-Infective

10:00 ANTINEOPLASTIC AGENTS

12:00 AUTONOMIC DRUGS
12:04 Parasympathomimetic Agents
12:08 Parasympatholytic Agents
12:12 Sympathomimetic Agents
12:16 Sympatholytic Agents
12:20 Skeletal Muscle Relaxants

16:00 BLOOD DERIVATIVES

20:00 BLOOD FORMATION AND COAGULATION
20:04 Antianemia Drugs
20:04.04 Iron Preparations
20:04.08 Liver and Stomach Preparations
20:12 Coagulants and Anticoagulants
20:12.04 Anticoagulants
20:12.08 Antiheparin Agents
20:12.12 Coagulants
20:12.16 Hemostatics
20:40 Thrombolytic Agents

24:00 CARDIOVASCULAR DRUGS
24:04 Cardiac Drugs
24:06 Antilipemic Agents
24:08 Hypotensive Agents
24:12 Vasodilating Agents
24:16 Sclerosing Agents

28:00 CENTRAL NERVOUS SYSTEM DRUGS
28:04 General Anesthetics
28:08 Analgesics and Antipyretics
28:10 Narcotic Antagonists
28:12 Anticonvulsants
28:16 Psychotherapeutic Agents
28:16.04 Antidepressants
28:16.08 Tranquilizers
28:16.12 Other Psychotherapeutic Agents
28:20 Respiratory and Cerebral Stimulants
28:24 Sedatives and Hypnotics

36:00 DIAGNOSTIC AGENTS
36:04 Adrenocortical Insufficiency
36:08 Amyloidosis
36:12 Blood Volume
36:16 Brucellosis
36:18 Cardiac Function
36:24 Circulation Time
36:25 (Cystic Fibrosis)
36:26 Diabetes Mellitus
36:28 Diphtheria
36:30 Drug Hypersensitivity
36:32 Fungi
36:34 Gallbladder Function
36:36 Gastric Function
36:38 Intestinal Absorption
36:40 Kidney Function
36:44 Liver Function
36:48 Lymphogranuloma Venereum
36:52 Mumps
36:56 Myasthenia Gravis
36:60 Myxedema
36:61 Pancreatic Function
36:62 Phenylketonuria
36:64 Pheochromocytoma
36:66 Pituitary Function
36:68 Roentgenography
36:72 Scarlet Fever
36:76 Sweating
36:78 (Thyroid Function)
36:80 Trichinosis
36:84 Tuberculosis
36:88 Urine Contents

40:00 ELECTROLYTIC, CALORIC, AND WATER BALANCE
40:04 Acidifying Agents
40:08 Alkalinizing Agents
40:10 Ammonia Detoxicants
40:12 Replacement Solutions
40:16 Sodium-Removing Resins
40:18 Potassium-Removing Resins
40:20 Caloric Agents
40:24 Salt and Sugar Substitutes
40:28 Diuretics
40:36 Irrigating Solutions
40:40 Uricosuric Agents

44:00 ENZYMES

48:00 EXPECTORANTS AND COUGH PREPARATIONS

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS
52:04 Anti-Infectives
52:04.04 Antibiotics
52:04.06 Antivirals
52:04.08 Sulfonamides
52:04.12 Misc. Anti-Infectives
52:08 Anti-Inflammatory Agents
52:10 Carbonic Anhydrase Inhibitors
52:12 Contact Lens Solutions
52:16 Local Anesthetics
52:20 Miotics
52:24 Mydriatics
52:28 Mouth Washes and Gargles
52:32 Vasoconstrictors
52:36 Unclassified Agents

56:00 GASTROINTESTINAL DRUGS
56:04 Antacids and Adsorbents
56:08 Anti-Diarrhea Agents
56:10 Antiflatulents
56:12 Cathartics and Laxatives
56:16 Digestants
56:20 Emetics and Anti-Emetics
56:24 Lipotropic Agents
56:40 Misc. GI Drugs

60:00 GOLD COMPOUNDS

64:00 HEAVY METAL ANTAGONISTS

68:00 HORMONES AND SYNTHETIC SUBSTITUTES
68:04 Adrenals
68:08 Androgens
68:12 Contraceptives
68:16 Estrogens
68:18 Gonadotropins
68:20 Insulins and Anti-Diabetic Agents
68:20.08 Insulins
68:24 Parathyroid
68:28 Pituitary
68:32 Progestogens
68:34 Other Corpus Luteum Hormones
68:36 Thyroid and Antithyroid

72:00 LOCAL ANESTHETICS

76:00 OXYTOCICS

78:00 RADIOACTIVE AGENTS

80:00 SERUMS, TOXOIDS AND VACCINES
80:04 Serums
80:08 Toxoids
80:12 Vaccines

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS
84:04 Anti-Infectives
84:04.04 Antibiotics
84:04.08 Fungicides
84:04.12 Scabicides and Pediculicides
84:04.16 Misc. Local Anti-Infectives
84:06 Anti-Inflammatory Agents
84:08 Antipruritics and Local Anesthetics
84:12 Astringents
84:16 Cell Stimulants and Proliferants
84:20 Detergents
84:24 Emollients, Demulcents and Protectants
84:24.04 Basic Lotions and Liniments
84:24.08 Basic Oils and Other Solvents
84:24.12 Basic Ointments and Protectants
84:24.16 Basic Powders and Demulcents
84:28 Keratolytic Agents
84:32 Keratoplastic Agents
84:36 Miscellaneous Agents
84:50 Pigmenting & Depigmenting Agents
84:50.04 Depigmenting Agents
84:50.06 Pigmenting Agents
84:80 Sunscreen Agents

86:00 SPASMOLYTIC AGENTS

88:00 VITAMINS
88:04 Vitamin A
88:08 Vitamin B Complex
88:12 Vitamin C
88:16 Vitamin D
88:20 Vitamin E
88:24 Vitamin K Activity
88:28 Multivitamin Preparations

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

94:00 (DEVICES)

96:00 (PHARMACEUTIC AIDS)

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