Vital and Health Statistics

National Ambulatory Medical Care Survey: 1989 Summary

Series 13: Data From the National Health Survey No. 110

Based on data collected from a national sample of office-based physicians, statistics are presented on the provision and utilization of ambulatory medical care services in physicians' offices during 1989. Ambulatory medical care services are described in terms of patient characteristics, physician practice characteristics, and visit characteristics. A summary of trends in office-based ambulatory medical care from 1975–89 is included.

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

Hyattsville, Maryland
April 1992
DHHS Publication No. (PHS) 92-1771

Copyright Information

Permission has been obtained from the copyright holders to reproduce certain quoted material in this report. Further reproduction of this material is prohibited without specific permission of the copyright holders. All other material contained in this report is in the public domain and may be used and reprinted without special permission; citation as to source, however, is appreciated.

Suggested citation

Schappert SM. National Ambulatory Medical Care Survey: 1989 summary. National Center for Health Statistics. Vital Health Stat 13(110). 1992.

Library of Congress Cataloging-in-Publication Data

National ambulatory medical care survey : 1989 summary.
p. cm. – (Vital and health statistics. Series 13, Data from the National Health Survey ; 110) (DHHS publication ; no. (PHS) 92-1771)
Includes bibliographical references.
ISBN 0-8406-0457-2
1. National Ambulatory Medical Care Survey (U.S.) 2. Ambulatory medical care – United States – Utilization – Statistics. 3. Medical care surveys – United States. 4. United States – Statistics, Medical. I. National Center for Health Statistics (U.S.) II. Series. III. Series: DHHS publication ; no. (PHS) 92-1771.
[DNLM: 1. Ambulatory Care – United States – statistics. 2. Health Surveys – United States. W2 A N148vm no. 110]
RA407.3.A349 no. 110
362.1'0973'021 s – dc20
[362.1'2'0973021]
DNLM/DLC
for Library of Congress 91-45227
CIP

ISBN 0-16-036219-9

For sale by the U.S. Government Printing Office
Superintendent of Documents, Mail Stop: SSOP, Washington, DC 20402-9328
ISBN 0-16-036219-9

National Center for Health Statistics

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

Jacob J. Feldman, Ph.D., *Associate Director for Analysis and Epidemiology*

Gail F. Fisher, Ph.D., *Associate Director for Planning and Extramural Programs*

Peter L. Hurley, *Associate Director for Vital and Health Statistics Systems*

Robert A. Israel, *Associate Director for International Statistics*

Stephen E. Nieberding, *Associate Director for Management*

Charles J. Rothwell, *Associate Director for Data Processing and Services*

Monroe G. Sirken, Ph.D., *Associate Director for Research and Methodology*

David L. Larson, *Assistant Director, Atlanta*

Division of Health Care Statistics

W. Edward Bacon, Ph.D., *Director*

Thomas McLemore, *Deputy Director*

James Delozier, *Chief, Ambulatory Care Statistics Branch*

Manoochehr K. Nozary, *Chief, Technical Services Branch*

Cooperation of the U.S. Bureau of the Census

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

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

Contents

Introduction 1

Scope of the survey 1

Office-based care as related to patient characteristics 2

Office-based care as related to physician practice characteristics 7

Office-based care as related to patient's principal reason for visit 10

Office-based care as related to physician's diagnosis and treatment 12

A summary of trends in office-based ambulatory care, 1975–89 14

Text tables

A. Number and percent distribution of office visits, mean duration of physician-patient contact, and standard error (S.E.) of mean contact duration by patient's age, sex, and prior-visit status: United States, 1989 4

B. Number and percent distribution of drug mentions for the 20 most frequently used generic substances: United States, 1989 6

C. Number and percent distribution of office visits, mean duration of physician-patient contact, and standard error (S.E.) of mean contact duration by physician specialty: United States, 1989 7

D. Number, percent distribution, and rate of office visits by patient's prior-visit status according to physician specialty: United States, 1989 8

E. Percent distribution of office visits by nature of care rendered according to physician specialty: United States, 1989 8

F. Number and percent distribution of drug visits and drug mentions by physician specialty: United States, 1989 8

G. Number and percent distribution of office visits by 10 most frequent morbidity-related principal reasons for visit according to patient's sex: United States, 1989 10

H. Number, percent, cumulative percent, mean duration of physician-patient contact, and standard error (S.E.) of mean contact duration of office visits by 60 principal reasons for visit most often mentioned by patients: United States, 1989 11

J. Number and percent distribution of office visits by 10 most frequent morbidity-related principal diagnoses according to patient's sex: United States, 1989 12

K. Number, percent, cumulative percent, mean duration of physician-patient contact, and standard error (S.E.) of mean contact duration of office visits by the 60 principal diagnoses most frequently rendered by physicians: United States, 1989 13

L. Number and percent distribution of office visits to ambulatory care physicians by selected principal reasons for visit: United States, 1975–89 16

M. Number and percent distribution of office visits to ambulatory care physicians by selected principal diagnoses: United States, 1975–89 17

Text figures

1. Visits to office-based physicians by patient's age and sex: United States, 1989 2

2. Annual rate of visits to office-based physicians by patient's age and sex: United States, 1989 2

3. Annual rate of visits to office-based physicians by physician specialty: United States, 1989 3

4. Visit rates for selected physician specialties by patient's sex: United States, 1989 3

5. Visits to office-based physicians by patient's reason for visit: United States, 1989 4

6. Visits to office-based physicians by principal diagnosis: United States, 1989 5

7. Office visits by physician specialty: United States, 1989 7
8. Change in annual visit rate by patient's age: United States, 1975–89 14
9. Change in distribution of office visits by patient's age: United States, 1975–89 15
10. Visits to selected physician specialties: United States, 1975–89 15

References 18

List of detailed tables 19

Appendixes

I. Technical notes 56
II. Definitions of terms 64
III. Survey instruments 68

Symbols

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

National Ambulatory Medical Care Survey: 1989 Summary

by Susan M. Schappert, M.A., Division of Health Care Statistics

Introduction

This report presents national estimates of the utilization of ambulatory medical care services provided by office-based physicians in the United States during 1989, as well as an overview of trends in the utilization of these services during 1975–89. The estimates found in this report are based on data collected using the National Ambulatory Medical Care Survey, a probability sample survey conducted by the Division of Health Care Statistics of the National Center for Health Statistics, Centers for Disease Control.

The National Ambulatory Medical Care Survey (NAMCS) began in 1973 and was conducted annually through 1981. It was next conducted in 1985 and has resumed an annual schedule with the 1989 implementation. Summary reports for previous data years are available (1–9), as are supplemental reports on special topics (10).

This report is divided into five sections. The utilization of ambulatory medical care services for 1989 is discussed in terms of 1) patient characteristics, 2) physician practice characteristics, 3) patient's reason for visit, and 4) physician's diagnosis and treatment. The fifth section of the report summarizes trends in national ambulatory medical care utilization through the years 1975–89. The report concludes with a series of appendixes that contain technical information pertaining to the 1989 survey. The appendixes include a description of the statistical design of the survey, guidelines for judging the precision of the estimates, definitions of terms used in the survey, and copies of the survey instruments. A complete description of the background and methodology of the survey is available in a previously published document (11). Because the estimates presented in this report are based on a sample of office visits rather than on the entire universe of such visits, they are subject to sampling variability. For this reason, the reader is urged to consult the Technical notes in Appendix I on reliability of the estimates and the accompanying charts of relative standard errors.

Scope of the survey

The basic sampling unit for the NAMCS is the physician-patient encounter or visit. Only visits to the offices of nonfederally employed physicians who were classified by the American Medical Association or the American Osteopathic Association as "office-based, patient care" were included. Physicians specializing in anesthesiology, pathology, or radiology were not included in the sample, nor were visits to hospital-based physicians or physicians primarily engaged in training, research, or administration. Telephone contacts and visits made outside the physician's office were also excluded.

It has been estimated that about 67 percent of all ambulatory medical care contacts (excluding telephone contacts) occur in physicians' offices, and an additional 17 percent occur in non-hospital-based clinics and health maintenance organizations (12). Therefore, the current NAMCS design provides data on the vast majority of visits for ambulatory medical care services in the United States. However, plans are underway to expand the scope of the survey to encompass hospital outpatient and emergency departments in order to provide a more complete picture of ambulatory medical care utilization in the future. For additional information pertaining to the source and limitations of the NAMCS survey data, survey methodology, etc., see Appendix I.

Office-based care as related to patient characteristics

During the 12-month period from March 1989–February 1990 there were an estimated 692.7 million office visits made to nonfederally employed office-based physicians in the United States, an increase of 56 million visits, or 8.8 percent, from the 1985 estimate. The addition of Alaska and Hawaii to the survey population in 1989 accounted for part of this increase. The overall annual visit rate (number of office visits per person per year) was 2.8 in 1989 and has not changed significantly since 1975.

Detailed data on office visits by patient's age, sex, and race are displayed in table 1. Females accounted for about 60 percent of all office visits made during 1989. Correspondingly, the annual visit rate was higher for females (3.3 visits) than for males (2.3 visits). Females in every age group with the exception of the youngest represented a larger proportion of total office visits than did males (figure 1). However, female and male visit rates did not differ significantly for the youngest (less than 15 years) as well as the two oldest (65–74 years of age and 75 years of age and over) age groups. Female visit rates were higher than male visit rates for the age groups 15–24 years, 25–44 years, and 45–64 years (figure 2).

In general, visit rates were found to increase with age after the age of 24 years, with persons aged 75 years and over having the highest rate of 5.9 visits per year. Persons aged 15–24 years had the lowest visit rate of any age group, at 1.9 visits per person per year.

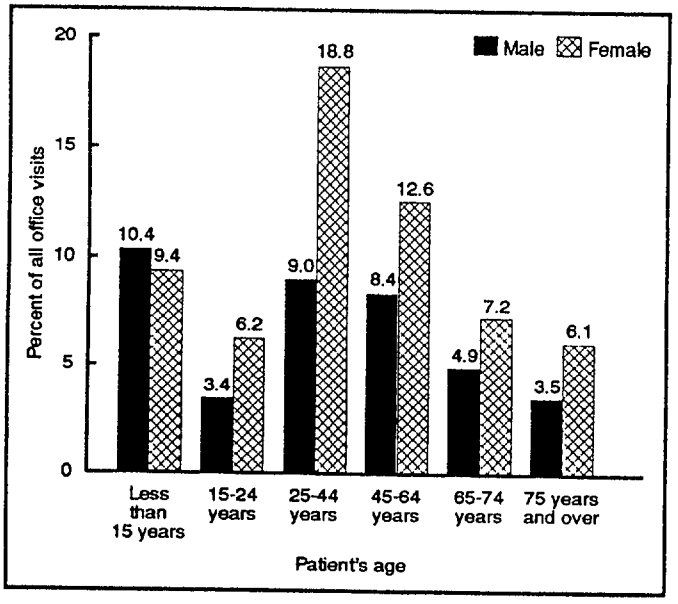


Figure 1. Visits to office-based physicians by patient's age and sex: United States, 1989

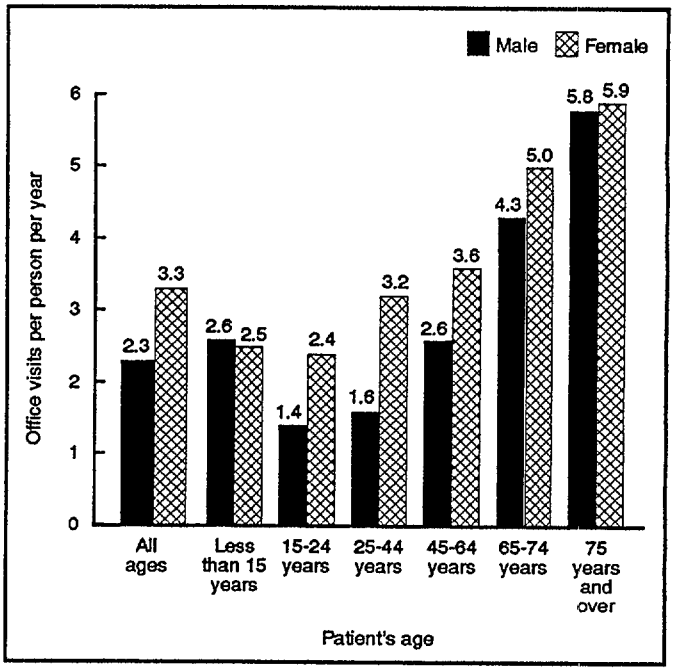


Figure 2. Annual rate of visits to office-based physicians by patient's age and sex: United States, 1989

Together, males and females aged 65 years and over accounted for about 22 percent of all patient visits in 1989. The visit rate for females aged 65 years and over was 5.4 compared with 3.0 for the female population under 65 years of age. For males, the visit rate for those aged 65 years and over was 4.8 compared with 2.0 for the male population under 65 years of age.

The white population accounted for about 85 percent of all office visits in 1989, down significantly from the estimate of 90 percent in 1985. The addition of Alaska and Hawaii to the 1989 sample design increased the proportion of visits by Asians and Pacific Islanders and decreased the proportion of visits by white persons. Asians and Pacific Islanders were estimated to have made about 19 million visits in 1989, or 2.7 percent of the total, which was more than double their 1.2 percent share in 1985.

Another factor which accounts in part for the decrease in visits by the white population is a methodological one. The 1989 NAMCS survey added the category of

"unspecified" to the race item. Previously, unspecified responses had been randomly imputed a race designation. If the same procedure had been utilized with the 1989 data, the percentage of office visits made by white persons would have been 87.5 percent.

The black population, which comprised about 12 percent of the United States population in 1989, made an estimated 9 percent of all office visits. Visit rates for black persons followed a pattern similar to that found among white persons, with higher rates for females and older persons. Interestingly, despite the fact that the white population, overall, had a higher visit rate than the black population, this difference was noted only in the youngest age categories (less than 15 years of age and 15–24 years of age). Visit rates for white and black persons in all of the remaining age categories were not found to differ significantly for 1989.

Table 2 shows office visits by geographic region—Northeast, Midwest, South, and West—according to patient's age, sex, and race.

About 94 percent of all office visits (an estimated 651.4 million) were made to doctors of medicine, and 6 percent (an estimated 41.3 million visits) were made to doctors of osteopathy. General and family practice physicians received about 29.8 percent of all office visits, and showed a significantly higher overall visit rate than all other listed specialties (figure 3). Pediatricians, internal medicine specialists, and obstetricians and gynecologists received a combined total of 32.4 percent of all office visits; overall, visit rates for these three specialties were higher than for all other listed specialties with the exception of general and family practice, but were not found to differ significantly from each other.

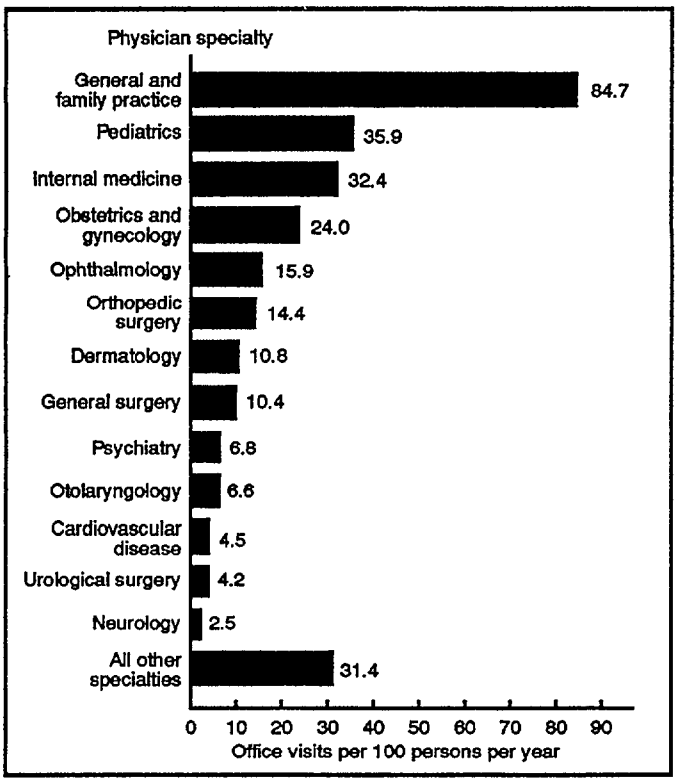


Figure 3. Annual rate of visits to office-based physicians by specialty: United States, 1989

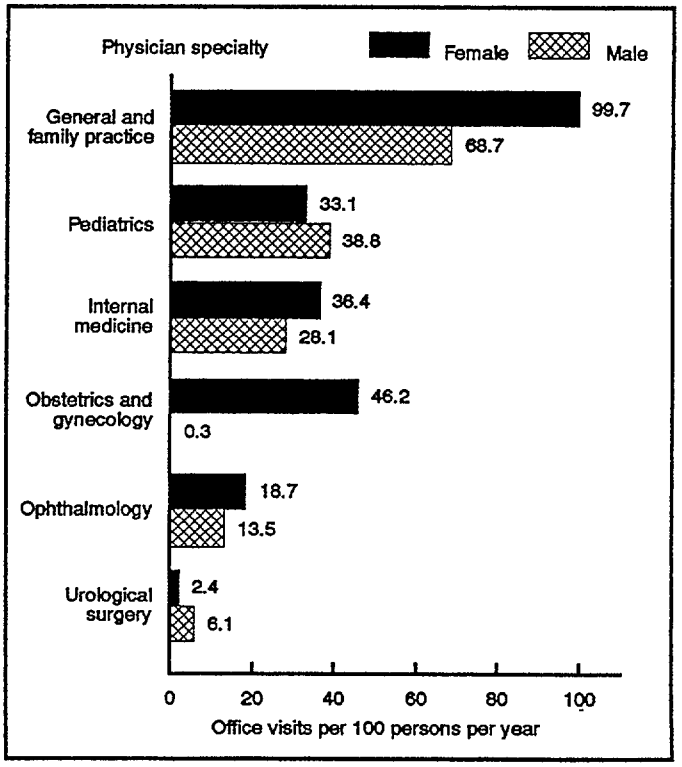


Figure 4. Visit rates for selected physician specialties by patient's sex: United States, 1989

The annual visit rate to general and family practice physicians was higher for females (99.7 visits per 100 persons) than for males (68.7 visits per 100 persons) (figure 4). For most of the 13 specialties examined in this report, visit rates for males and females did not differ significantly, the exceptions being a higher male visit rate for urological surgery and a higher female visit rate for obstetrics and gynecology. More detailed data on visits by physician specialty according to patient's age and sex are displayed in table 3.

Table 4 shows office visits by patient's prior-visit status (that is, whether the patient had been seen before and, if so, for the same problem), patient's expected source of payment, and duration of physician-patient contact. Duration of contact was estimated by the physician following the visit and covers only that time actually spent in face-to-face contact between the patient and the physician.

About 84 percent of visits were made by patients who had seen the physician on a prior occasion, and 61 percent were made by patients returning for care of an "old" (previously treated) problem. The percentage of patients returning for care of an old problem ranged from 45.8 percent of patients aged less than 15 years to about 77.4 percent of patients aged 75 years and over.

Expected sources of payment were most often "self-pay" (32.0 percent of visits) and commercial insurance (32.9 percent of visits) for all age groups with the exception of the two oldest age groups. For persons over the age of 64 years, Medicare was the most frequently expected source of payment. It should be noted that physicians were asked to check all of the applicable payment categories for this item, so that multiple payment sources could be coded for each visit.

About 70 percent of office visits lasted 15 minutes or less. (Visits categorized with a duration of "0 minutes" were those in which no face-to-face contact with the doctor occurred.) More than half (52.1 percent) of the youngest patients (less than 15 years of age) had visits which lasted 10 minutes or less. The mean duration of physician-patient contact was 16.2 minutes. Table A displays mean duration of physician-patient contact by patient's age, sex, and prior-visit status. As might be expected, mean duration of contact was highest for new patients, at 19.5 minutes.

Item 9 on the Patient Record (the survey instrument used by participating physicians to record data on their office visits) concerns the patient's reason for visit to the physician. Responses to this item are based on the patient's (or patient surrogate's) own words, and the principal reason is the problem, complaint, or reason listed first on the reporting form. These responses are classified and coded according to *A Reason for Visit Classification for Ambulatory Care* (RVC) (13).

Table A. Number and percent distribution of office visits, mean duration of physician-patient contact, and standard error (S.E.) of mean contact duration by patient's age, sex, and prior-visit status: United States, 1989

Patient and visit characteristics	*Number of visits (in thousands)*	*Percent of visits*	*Mean contact duration (minutes)*[1]	*S.E. of mean contact duration (minutes)*[2]
All patients	692,702	100.0	16.2	0.21
Age				
Under 15 years	137,502	19.8	13.0	0.33
15–24 years	66,868	9.7	15.1	0.31
25–44 years	192,593	27.8	17.0	0.31
45–64 years	145,160	21.0	17.8	0.28
65–74 years	83,692	12.1	17.5	0.31
75 years and over	66,888	9.7	17.0	0.34
Sex				
Female	417,496	60.3	16.3	0.22
Male	275,206	39.7	16.2	0.24
Prior-visit status				
New patient	114,855	16.6	19.5	0.38
Old patient/new problem	155,640	22.5	14.5	0.23
Old patient/old problem	422,207	61.0	16.0	0.28

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

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

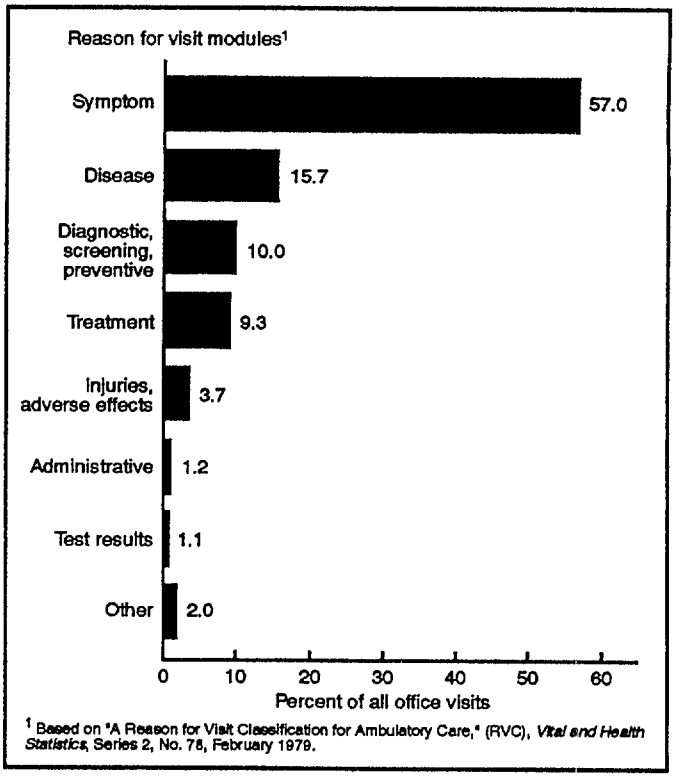


Figure 5. Visits to office-based physicians by patient's reason for visit: United States, 1989

The RVC is divided into the eight modules or groups of reasons displayed in figure 5. More than half (57.0 percent) of all office visits were made by patients who described a symptomatic problem or complaint as the primary reason for their visit. The second most frequently cited module was the diagnostic, screening, and preventive one, with 15.7 percent of visits falling into this category. Females had a significantly higher percentage of visits in this group, which includes routine pregnancy examinations, than did males.

Detailed data on reasons for visit according to patient's age and sex are presented in table 5. Of all symptom categories, those referable to the musculoskeletal and respiratory systems were mentioned most frequently by both males (about 12 percent for each category) and females (about 10 percent for each category). Among the youngest patients (less than 15 years), visits due to respiratory symptoms accounted for 22.0 percent, compared with 11.1 percent for the total population. Musculoskeletal symptoms were cited most frequently by those in each age group over the age of 24 years. Additional tables pertaining to patient's reason for visit are discussed in that section of the report entitled "Office-based care as related to patient's principal reason for visit."

Item 10 on the Patient Record asks physicians to record a principal diagnosis (the diagnosis most closely associated with the patient's most important reason for visit) as well as any other significant current diagnoses. Up to three diagnoses are coded and classified according to the *International Classification of Diseases, 9th Revision,*

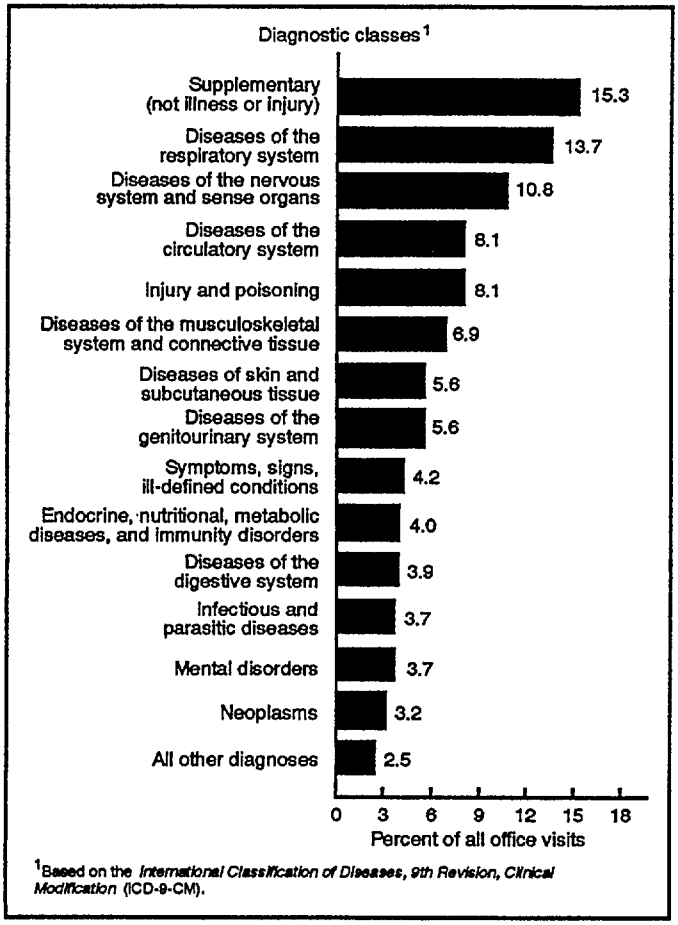


Figure 6. Visits to office-based physicians by principal diagnosis: United States, 1989

Clinical Modification (ICD–9–CM) (14) for each visit. Data on office visits by physician's principal diagnosis are summarized in figure 6 and are presented in greater detail, by patient's age and sex, in table 6.

The largest percentage of office visits fell into the "supplementary" classification (15.3 percent), which covers diagnoses or problems other than those classifiable to disease or injury (for example, general medical examination, well-child examination, and prenatal examination).

Diseases of the respiratory system (13.7 percent of all visits) and diseases of the nervous system and sense organs (10.8 percent) were the second and third most frequently mentioned diagnostic categories. These three categories together accounted for about 41 percent and 38 percent of the diagnoses for males and females, respectively.

Analyzing the distribution of principal diagnoses within the male and female populations, males had a substantially higher percentage of diagnoses than females in the injury and poisoning category. Males also had higher percentages of diagnoses in the categories of infectious and parasitic diseases, diseases of the nervous system and sense organs, diseases of the circulatory system, diseases of the respiratory system, and diseases of the skin and subcutaneous tissue. Females, on the other hand, had higher percentages of diagnoses than males in the categories of diseases of the genitourinary system and in the supplementary classification. No significant differences between males and females were found for any of the other diagnostic categories.

For the youngest patients (less than 15 years of age), diseases of the respiratory system were the most frequent diagnosis (25.3 percent). Supplementary classifications were reported most frequently among those aged 15–24 years and 25–44 years. Circulatory disease was the most frequently listed diagnosis for each age group after the age of 44 years. Additional data on diagnoses are discussed in that section of the report entitled "Office-based care as related to physician's diagnosis and treatment."

Table 7 characterizes office visits in terms of diagnostic and therapeutic services ordered or provided by the physician, as well as visit disposition. Blood pressure check was the most frequently performed diagnostic service, occurring at 34.9 percent of the visits, and was found to occur at a significantly higher percentage of female visits than male visits.

The 1989 NAMCS added some new service categories for tests and procedures generally used for screening and early detection of disease. These categories are footnoted in table 7. All other diagnostic and screening service categories were included in the 1985 NAMCS and/or prior survey years. The list of diagnostic and screening services is revised periodically to reflect the changing needs of data users, recommendations of advisors, and anticipated future health data needs.

Among the new service categories for 1989 were breast palpation and mammogram (ordered or provided at 9.0 percent and 2.6 percent, respectively, of female visits), digital rectal exam (3.6 percent of visits), and cholesterol measures (3.6 percent of visits).

About 37 percent of office visits included the provision or ordering of some form of counseling, defined to include formal and informal counseling, advice, and patient education. As a new item on the 1989 NAMCS, physicians were asked to check the appropriate categories when counseling was a significant part of the visit or if a patient was instructed to seek the service elsewhere. Weight reduction counseling was the category most frequently checked (6.3 percent of visits), and occurred at a higher percentage of female visits than of male visits.

Only about 19.3 percent of visits included some type of non-medication therapy ordered or provided by the physician, with psychotherapy being mentioned for 3.2 percent of visits. Ambulatory surgery was ordered or provided at 1.9 percent of visits, a significant decrease from the estimate of 6.6 percent of visits in 1985. The reason for this decrease is unknown at present, but may be the result of a different interpretation of the question by respondents rather than a real decline in the volume of ambulatory surgery. More detailed data on ambulatory surgery are being collected on the 1991 NAMCS and should shed further light on this issue.

About 60 percent of all office visits involved new or continuing medication therapy. "Medication" as defined in the NAMCS is interchangeable with the term "drug" and covers prescription as well as nonprescription preparations, including immunization and desensitizing agents, which are ordered or provided by the physician at the visit either on a new or continuing basis. "Drug visits" are visits during which at least one medication was ordered or provided by the physician.

Females had a slightly higher percentage of drug visits than males did. By age, the youngest patients (less than 15 years) did not differ significantly in percentage of drug visits from persons aged 45–64 years, 65–74 years, and 75 years and over. On the other hand, the percentage of drug visits was significantly lower for persons aged 15–24 years and 25–44 years. Rates for these two groups did not differ significantly.

Table B displays the 20 most frequently used generic substances for drug mentions reported in the NAMCS, while table 8 lists the generic ingredients most frequently ordered or provided by the physician according to patient's age and sex.

The term "drug mention" refers to each preparation reported by the physician on the Patient Record form. Because physicians may prescribe more than one drug per visit, the total number of drug mentions will generally exceed the total number of drug visits.

In both of these tables, drug products containing more than one ingredient are listed in the data for each ingredient. For example, a combination product containing acetaminophen and codeine appears in the count for both acetaminophen and codeine in the tables. Additional discussion of data on drug visits can be found in that section of the report entitled "Office-based care as related to physician practice characteristics" and in tables F, 21, and 22.

It should also be noted that the NAMCS drug database allows classification by a diverse group of variables including specific product name; generic class; entry form chosen by the physician, that is, brand name, generic name, or the desired therapeutic effect; prescription status, that is, whether a drug is prescription or nonprescription; federally controlled substance status; composition status, that is, single or multiple ingredient; and therapeutic category. A report is available which describes the collection and processing of drug data for the NAMCS (15). Future reports will present detailed drug data from the 1989 NAMCS.

The majority of office visits (about 65 percent) included plans for a scheduled followup, most often in person (61.3 percent). The percentage of patients who were asked to make a return visit increased with age. For patients aged 65 years and over, about 75 percent of visits included a scheduled return visit. Patients were referred to another physician about 3 percent of the time, while only 1 percent of visits resulted in admission to a hospital.

Table B. Number and percent distribution of drug mentions for the 20 most frequently used generic substances: United States, 1989

Rank	*Generic substance*[1]	*Number of mentions in thousands*[1]	*Percent of total mentions*
	Total mentions	730,756	100.0
1	Amoxicillin	34,851	4.8
2	Acetaminophen	23,780	3.3
3	Erythromycin	19,569	2.7
4	Hydrochlorothiazide	15,889	2.2
5	Codeine	12,118	1.7
6	Phenylephrine	11,638	1.6
7	Ibuprofen	11,569	1.6
8	Aspirin	10,916	1.5
9	Phenylpropanolamine	10,641	1.5
10	Trimethoprim	10,302	1.4
11	Naproxen	10,295	1.4
12	Sulfamethoxazole	10,201	1.4
13	Furosemide	9,970	1.4
14	Digoxin	9,227	1.3
15	Estradiol	9,051	1.2
16	Chlorpheniramine	8,896	1.2
17	Riboflavin	8,878	1.2
18	Vitamin A	8,859	1.2
19	Theophylline	8,776	1.2
20	Ergocalciferol	8,347	1.1

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

Office-based care as related to physician practice characteristics

In this section, data on office-based ambulatory care are presented for the 13 most visited physician specialties: general and family practice, pediatrics, internal medicine, obstetrics and gynecology, ophthalmology, orthopedic surgery, dermatology, general surgery, psychiatry, otolaryngology, cardiovascular disease, urological surgery, and neurology. Visits to these 13 specialties accounted for about 89 percent of all office-based visits for ambulatory care in 1989. Figure 7 shows the distribution of office visits by physician specialty.

Within each specialty, data have been classified by patient characteristics (tables 9 and 10); patient's principal reason for visit (tables 11 and 12); physician's principal diagnosis (tables 13 and 14); selected diagnostic services (tables 15 and 16); selected visit characteristics (tables 17 and 18); and selected therapeutic services (tables 19 and 20).

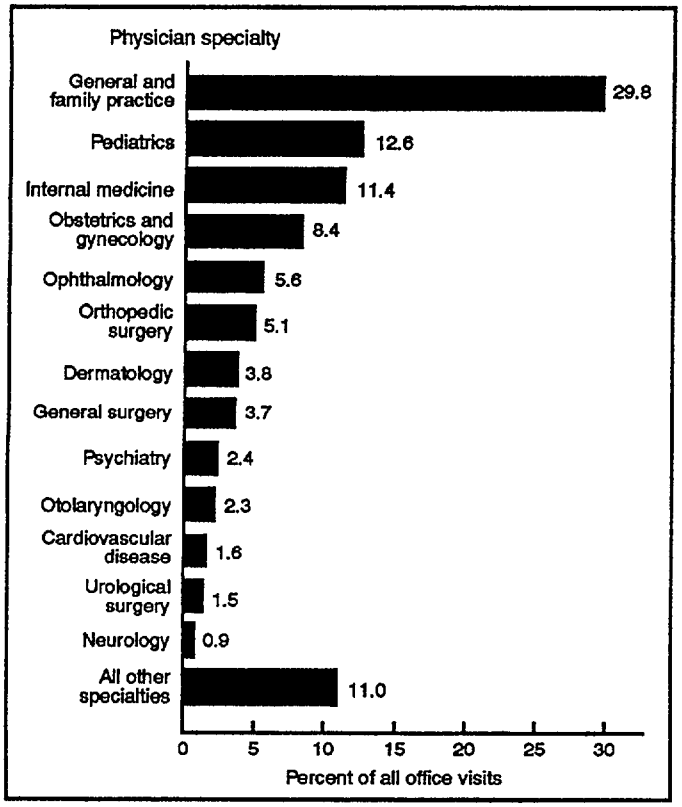


Figure 7. Office visits by physician specialty: United States, 1989

Table C. Number and percent distribution of office visits, mean duration of physician-patient contact, and standard error (S.E.) of mean contact duration by physician specialty: United States, 1989

Physician specialty	Number of visits in thousands	Percent of visits	Mean contact duration (minutes)[1]	S.E. of mean contact duration (minutes)[2]
All specialties	692,702	100.0	16.2	0.21
General and family practice	206,301	29.8	14.9	0.35
Pediatrics	87,411	12.6	12.6	0.51
Internal medicine	78,816	11.4	17.9	0.78
Obstetrics and gynecology	58,381	8.4	15.3	0.60
Ophthalmology	38,761	5.6	17.2	0.88
Orthopedic surgery	35,148	5.1	13.9	0.63
Dermatology	26,319	3.8	12.2	0.63
General surgery	25,379	3.7	14.6	0.45
Psychiatry	16,616	2.4	42.7	1.67
Otolaryngology	15,956	2.3	14.3	0.70
Cardiovascular disease	10,840	1.6	23.0	1.28
Urological surgery	10,157	1.5	17.6	0.98
Neurology	6,105	0.9	26.6	0.93
Other	76,511	11.0	18.3	0.68

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

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

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

The mean duration of physician-patient contact for each of the 13 most visited specialties is shown in table C. Mean duration ranged from 12.2 minutes for dermatologists to 42.7 minutes for psychiatrists.

Table D characterizes visits to these specialties by the patient's prior-visit status and also displays the return visit rate for each specialty. The return visit rate can be explained as follows: visits were characterized as falling into one of two categories—"new-problem visits," which are those made either by new or previously seen patients for the care of new problems, or "return visits for old problems," which involve previously seen patients returning for the care of previously treated problems.The return visit rate refers to the ratio of return visits to new problem

Table D. Number, percent distribution, and rate of office visits by patient's prior-visit status according to physician specialty: United States, 1989

Physician specialty	Number of visits in thousands	Percent of new problem visits	Percent of return visits for old problems	Return visit rate[1]
All specialties	692,702	39.0	61.0	1.6
General and family practice	206,301	44.6	55.4	1.2
Pediatrics	87,411	55.4	44 6	0.8
Internal medicine	78,816	40.6	59.4	1.5
Obstetrics and gynecology	58,381	29.9	70.1	2.3
Ophthalmology	38,761	30.2	69.8	2.3
Orthopedic surgery	35,148	30.4	69.6	2.3
Dermatology	26,319	38.5	61.5	1.6
General surgery	25,379	33.1	66.9	2.0
Psychiatry	16,616	6.6	93.4	14.2
Otolaryngology	15,956	40.0	60.0	1.5
Cardiovascular disease	10,840	23.8	76.2	3.2
Urological surgery	10,157	27.5	72.5	2.6
Neurology	6,105	36.9	63.1	1.7
Other	76,511	32.1	67.9	2.1

[1]Return visit rate is the ratio of visits made by previously seen patients for the care of previously treated problems to visits made for the treatment of new problems. "New problem" visits may be made by either old or new patients.

visits. Among the 13 listed specialties, psychiatrists showed the highest rate of return visits during the year, with about 14 visits for old problems for every new problem visit.

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

Table F presents data on drug visits and drug mentions by physician specialty. "Drug visits" are visits during which at least one medication was ordered or provided by the physician (see table 7), while "drug mentions" refer to the total number of medications listed by the physician on the Patient Record. There were about 730.8 million

Table E. Percent distribution of office visits by nature of care rendered according to physician specialty: United States, 1989

Physician specialty	Number of visits in thousands	Percent of visits	Morbidity-related diagnosis[1]	Nonmorbidity-related diagnosis[2]	Ratio of morbidity-related care to other care
All specialties	692,702	100.0	82.9	15.3	5.4
General and family practice	206,301	29.8	85.5	12.5	6.9
Pediatrics	87,411	12.6	73.3	25.5	2.9
Internal medicine	78,816	11.4	92.5	5.4	17.1
Obstetrics and gynecology	58,381	8.4	40.8	56.1	0.7
Ophthalmology	38,761	5.6	89.2	9.9	9.0
Orthopedic surgery	35,148	5.1	90.3	8.8	10.2
Dermatology	26,319	3.8	97.2	1.5	62.8
General surgery	25,379	3.7	86.7	12.4	7.0
Psychiatry	16,616	2.4	96.8	2.8	34.1
Otolaryngology	15,956	2.3	89.1	9.9	9.0
Cardiovascular disease	10,840	1.6	91.5	7.0	13.0
Urological surgery	10,157	1.5	89.5	8.9	10.1
Neurology	6,105	0.9	97.6	1.4	68.5
Other	76,510	11.0	88.3	8.3	10.7

[1]"Morbidity-related diagnosis" refers to visits with a primary diagnosis of illness or injury (ICD–9–CM codes 001–999).
[2]"Nonmorbidity-related diagnosis" refers to visits with a primary diagnosis which is not classifiable to disease or injury. Examples include visits for general medical or routine prenatal examination or health supervision of an infant or child (ICD–9–CM supplementary classification codes V01–V82).

Table F. Number and percent distribution of drug visits and drug mentions by physician specialty: United States, 1989

Physician specialty	Number of drug visits in thousands[1]	Percent distribution	Number of drug mentions in thousands[2]	Percent distribution	Percent drug visits[3]
All specialties	416,789	100.0	730,756	100.0	60.2
General and family practice	145,947	35.0	258,914	35.4	70.7
Internal medicine	59,412	14.1	125,641	17.2	75.4
Pediatrics	58,673	14.3	84,514	11.6	67.1
Obstetrics and gynecology	25,989	6.2	34,736	4.8	44.5
Dermatology	17,261	2.3	32,237	4.4	65.6
Ophthalmology	15,462	4.1	23,896	3.3	39.9
Orthopedic surgery	9,628	3.7	12,587	1.7	27.4
Cardiovascular disease	8,891	1.9	25,585	3.5	82.0
General surgery	8,414	2.1	15,249	2.1	33.2
Psychiatry	8,119	2.0	13,351	1.8	48.9
Otolaryngology	7,861	1.9	12,601	1.7	49.3
Urological surgery	4,331	1.0	5,804	0.8	42.6
Neurology	3,676	0.9	6,578	0.9	60.2
Other	43,123	10.3	79,063	10.8	56.4

[1]"Drug visits" are those at which one or more drugs was ordered or provided by the physician.
[2]"Drug mentions" refer to the total number of medications listed by the physician on the Patient Record. Because more than one medication may be ordered or provided per visit, the number of drug mentions will generally exceed the number of drug visits
[3]"Percent drug visits" is the number of drug visits divided by the number of office visits multiplied by 100.

drug mentions in 1989, or 1.8 drug mentions for every visit at which one or more medications was prescribed. As noted earlier, drugs were ordered or provided at about 60 percent of all office visits.

Drug mentions within each of the 13 aforementioned physician specialties are displayed by therapeutic classification in tables 21 and 22. This classification is adapted from the therapeutic classification of the National Drug Code, 1982 (16). In cases where a drug could apply to more than one therapeutic category, the decision was made to assign it to the category for which it is most often prescribed.

Additional information on physician specialty can be found in tables 3 and 28, as well as in that section of the report entitled "A summary of trends in office-based ambulatory care, 1975–89."

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

As mentioned previously, the 1989 NAMCS Patient Record includes an item which asks the reporting physician to list "the patient's complaint(s), symptom(s), or other reason(s) for *this* visit (in patient's own words)." The intent is to obtain information on how the patient defines his or her own problem. In cases where a visit occurs for reasons other than a complaint or symptom, (for example, annual checkup, routine prenatal or postnatal care) the physician is asked to enter the reason for the visit.

Responses are coded according to a nosology developed for the National Ambulatory Medical Care Survey and outlined in *A Reason for Visit Classification for Ambulatory Care* (RVC) (13). Up to three reasons are coded for each visit in the order in which they are listed on the Patient Record by the physician.

Data presented in this report on reason for visit include only the principal (first-listed) reason for visit recorded on the Patient Record. Reasons for visit referring to complaints or symptoms are termed "morbidity-related" throughout this report.

Table G displays the 10 most frequently mentioned morbidity-related principal reasons for visit by patient's sex. (It is important to keep in mind that the rank ordering found in this and subsequent tables in this report may not be entirely reliable, since near estimates may not be statistically different due to sampling variability.)

The most frequent morbidity-related reason for visit for both sexes was cough, cited at 3.2 percent of female visits and 4.2 percent of male visits. Males and females shared 7 out of the 10 most frequently cited morbidity-related reasons for visit. Differences were found in the greater prominence of stomach pain, headache, and neck symptoms for females and knee symptoms, nasal congestion, and chest pain for males.

Table H lists the 60 most frequently mentioned principal reasons for visit overall, accounting for 64.8 percent of all visits. Table H also shows the mean duration of physician-patient contact for these visits.

Of the 10 most frequently mentioned reasons for visit to an office-based physician, 4 reasons, comprising 12.0 percent of all visits, were not symptom-related, but rather came under the "diagnostic/screening and preventive" and "treatment" categories. These reasons included the most frequently mentioned general medical examination (4.0 percent of all visits), routine prenatal examination, postoperative visit, and well-baby examination.

Table G. Number and percent distribution of office visits by 10 most frequent morbidity-related principal reasons for visit according to patient's sex: United States, 1989

Principal reason for visit and RVC code[1]	*Number of visits in thousands*	*Percent distribution*
Females		
All principal reasons	417,496	100.0
Cough .S440	13,476	3.2
Symptoms referable to throat .S455	10,435	2.5
Stomach pain, cramps, and spasms .S545	8,761	2.1
Earache or ear infection .S355	8,125	1.9
Back symptoms .S905	7,720	1.8
Skin rash .S860	6,925	1.7
Headache, pain in head .S210	6,802	1.6
Vision dysfunction .S305	6,364	1.5
Fever .S010	5,399	1.3
Neck symptoms .S900	5,178	1.2
Males		
All principal reasons	275,206	100.0
Cough .S440	11,521	4.2
Symptoms referable to throat .S455	6,537	2.4
Earache or ear infection .S355	6,343	2.3
Fever .S010	6,235	2.3
Back symptoms .S905	6,024	2.2
Skin rash .S860	5,400	2.0
Knee symptoms .S925	5,209	1.9
Nasal congestion .S400	3,895	1.4
Vision dysfunction .S305	3,889	1.4
Chest pain and related symptoms (not referable to body system) .S050	3,821	1.4

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

The other 6 reasons listed among the 10 most commonly reported reasons were symptomatic in nature and included cough (the most frequently listed morbidity-related reason, accounting for 3.5 percent of all visits); symptoms referable to the throat; earache or ear infection; back symptoms; skin rash; and stomach pain, cramps, and spasms. Together, these six reasons accounted for 13.8 percent of all visits to office-based physicians in 1989.

More detailed data on reasons for visit are presented in table 23, which lists the 10 most frequent principal reasons for visit to a physician according to patient's age and sex. It is interesting to note that only general medical examination and cough appeared among the 10 most frequent reasons for visit for each age group. Only among the youngest age group (less than 15 years) were fever and earache or ear infection listed among the 10 most frequent reasons for visit. Routine pregnancy examination was the most frequently mentioned reason for visit among persons aged 15–24 years and 25–44 years. Depression was listed among the 10 most frequent reasons only among those

Table H. Number, percent, cumulative percent, mean duration of physician-patient contact, and standard error (S.E.) of mean contact duration of office visits by 60 principal reasons for visit most often mentioned by patients: United States, 1989

Rank	Reason for visit and RVC code[1]	Number of visits in thousands	Percent of visits	Cumulative percent	Mean contact duration of visit (minutes)[2]	S.E. of mean contact duration in minutes
1	General medical examination .X100	27,909	4.0	4.0	20.0	0.60
2	Cough .S440	24,997	3.6	7.6	12.8	0.37
3	Routine prenatal examination .X205	24,056	3.5	11.1	12.6	0.57
4	Symptoms referable to throat .S455	16,972	2.5	13.6	12.5	0.32
5	Postoperative visit .T205	16,660	2.4	16.0	12.2	0.40
6	Well-baby examination .X105	14,831	2.1	18.1	14.9	0.77
7	Earache or ear infection .S355	14,468	2.1	20.2	11.7	0.44
8	Back symptoms .S905	13,744	2.0	22.2	15.9	0.52
9	Skin rash .S860	12,325	1.8	24.0	11.8	0.38
10	Stomach pain, cramps, and spasms .S545	12,313	1.8	25.8	18.0	0.58
11	Fever .S010	11,634	1.7	27.5	12.9	0.46
12	Vision dysfunctions .S305	10,253	1.5	29.0	20.6	1.15
13	Hypertension .D510	10,055	1.5	30.5	15.6	1.00
14	Knee symptoms .S925	9,816	1.4	31.9	15.3	0.60
15	Blood pressure test .X320	9,792	1.4	33.3	13.4	0.47
16	Headache, pain in head .S210	9,609	1.4	34.7	17.3	0.90
17	Head cold, upper respiratory infection (coryza) .S445	8,669	1.3	36.0	12.5	0.54
18	Nasal congestion .S400	8,647	1.2	37.2	13.4	0.68
19	Chest pain and related symptoms (not referable to body system) .S050	8,399	1.2	38.4	21.1	0.73
20	Neck symptoms .S900	8,112	1.2	39.6	15.2	0.90
21	Depression .S110	7,350	1.1	40.7	36.4	1.85
22	Physical examination required for employment .A100	7,118	1.0	41.7	14.9	1.06
23	Other symptoms referable to the ears, not elsewhere classified .S365	6,607	1.0	42.7	10.8	0.45
24	Leg symptoms .S920	6,336	0.9	43.6	16.6	0.55
25	Allergy medication .T100	6,184	0.9	44.5	11.4	1.73
26	Skin lesion .S865	6,053	0.9	45.4	14.6	0.71
27	Low back symptoms .S910	6,049	0.9	46.3	18.0	0.80
28	Foot and toe symptoms .S935	6,043	0.9	47.2	14.4	0.49
29	No complaint .U997	5,829	0.8	48.0	15.5	0.90
30	Diabetes mellitus .D205	5,812	0.8	48.8	17.0	0.94
31	Vertigo, dizziness .S225	5,654	0.8	49.6	17.6	0.80
32	Shoulder symptoms .S940	5,480	0.8	50.4	16.7	1.01
33	Hand and finger symptoms .S960	5,209	0.8	51.2	15.7	0.72
34	Acne or pimples .S830	4,774	0.7	51.9	10.3	0.68
35	Anxiety and nervousness .S100	4,633	0.7	52.6	31.3	1.69
36	Tiredness, exhaustion .S015	4,544	0.7	53.3	20.7	1.11
37	Allergy, not otherwise specified .S090	4,538	0.7	54.0	15.2	3.07
38	Eye examination .X230	4,520	0.7	54.7	19.4	1.42
39	Pap smear .X365	4,162	0.6	55.3	19.6	0.93
40	Diarrhea .S595	3,961	0.6	55.9	15.4	1.37
41	Shortness of breath .S415	3,742	0.5	56.4	19.7	0.93
42	Medication, other and unspecified kinds .T115	3,596	0.5	56.9	15.7	3.21
43	Prophylactic inoculations .X400	3,528	0.5	57.4	9.9	0.78
44	Warts, not otherwise specified .S850	3,393	0.5	57.9	12.6	0.77
45	Abnormal sensations of the eye .S320	3,358	0.5	58.4	14.0	0.75
46	Pain, site not referable to specific body system .S055	3,240	0.5	58.9	16.4	0.93
47	Suture-insertion, removal .T555	3,229	0.5	59.4	9.8	0.58
48	For other and unspecified test results .R700	3,227	0.5	59.9	17.4	0.88
49	Other blood test .X315	3,152	0.5	60.4	13.8	1.21
50	Otitis media .D450	2,874	0.4	60.8	9.7	0.71
51	Hip symptoms .S915	2,835	0.4	61.2	16.8	0.75
52	Sinus problems .S410	2,806	0.4	61.6	13.5	1.11
53	Arthritis .D900	2,751	0.4	62.0	17.5	1.21
54	Other vaginal symptoms .S765	2,715	0.4	62.4	17.0	0.82
55	Wrist symptoms .S955	2,691	0.4	62.8	14.1	0.67
56	Painful urination .S650	2,602	0.4	63.2	15.4	0.61
57	Pain and related symptoms, generalized, site unspecified .S060	2,559	0.4	63.6	17.7	0.93
58	Cataract .D410	2,540	0.4	64.0	16.1	1.25
59	Vomiting .S530	2,528	0.4	64.4	15.4	1.66
60	Other growths of skin .S855	2,504	0.4	64.8	13.6	0.98

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

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

aged 25–44 years. Hypertension, vision dysfunction, and blood pressure testing were listed among the first 10 reasons for visit among those aged 45–64 years, 65–74 years, and 75 years and over. Postoperative visits and back symptoms were noted among the 10 most frequent reasons for visit in each age group after the age of 24.

Males and females shared 8 of 10 reasons for visit among the 10 reasons most frequently listed for each sex. Differences were in visits for routine pregnancy examinations and stomach pain, cramps, and spasms for women and fever and knee symptoms for men.Tables 24–26 examine the top 25 morbidity-related reasons for visit in terms of patient's age and sex, prior-visit status, and selected diagnostic services.

Additional information on reasons for visit can be found in tables 5 and 12.

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

As noted earlier, the 1989 NAMCS Patient Record includes an item which asks the responding physician to record his or her "best assessment of diagnosis associated with the patient's most important complaint/reason" for the current visit. A final or provisional diagnosis is preferred; however, if necessary, a diagnosis may be expressed in "problem" terms. Space is provided in the item for a second and third diagnosis if applicable.

Diagnostic information is coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (14). The data presented in this report pertain to the first-listed diagnosis on the Patient Record, since it is most directly related to the patient's principal reason for visit. The term "morbidity-related" refers to diagnoses that are classifiable to ICD–9–CM codes 001–999, pertaining to disease or injury. Non-morbidity-related diagnoses, that is, diagnoses coded with ICD–9–CM supplementary classifications V01–V82, refer to visits for reasons which are not related to disease or injury. Some examples of these diagnoses are visits due to normal pregnancy and health supervision of an infant or child.

Table J shows the 10 most frequently listed morbidity-related principal diagnoses by patient's sex. As previously mentioned, the rank ordering found in this and other tables throughout this report may be somewhat unreliable since near estimates may not be statistically different due to sampling variability.

Males and females shared 6 of the 10 most frequently reported morbidity-related principal diagnoses; furthermore, essential hypertension, suppurative and unspecified otitis media, acute upper respiratory infections, and diabetes mellitus were listed first, second, third, and fourth for both sexes. Neurotic disorders, chronic sinusitis, and disorders of refraction and accommodation showed up in the 10 most frequently reported morbidity-related principal diagnoses for females, while sprains and strains of other and unspecified parts of back, other forms or chronic ischemic heart disease, and diseases of sebaceous glands appeared among the 10 most frequently reported morbidity-related principal diagnoses for males.

Table K provides a rank ordering of the 60 most frequently rendered principal diagnoses, accounting for 58.0 percent of all visits. Table K also displays the mean duration of physician-patient contact for visits at which these diagnoses were rendered.

Table J. Number and percent distribution of office visits by 10 most frequent morbidity-related principal diagnoses according to patient's sex: United States, 1989

Principal diagnosis and ICD–9–CM code[1]	*Number of visits in thousands*	*Percent distribution*
Females		
All principal diagnoses	417,496	100.0
Essential hypertension .401	16,901	4.0
Suppurative and unspecified otitis media .382	9,917	2.4
Acute upper respiratory infections .465	8,217	2.0
Diabetes mellitus .250	7,617	1.8
Acute pharyngitis .462	6,632	1.6
Allergic rhinitis .477	6,385	1.5
Bronchitis, not specified as acute or chronic .490	6,136	1.5
Neurotic disorders .300	5,756	1.4
Chronic sinusitis .473	5,673	1.4
Disorders of refraction and accommodation .367	4,761	1.1
Males		
All principal diagnoses	275,206	100.0
Essential hypertension .401	10,807	3.9
Suppurative and unspecified otitis media .382	10,116	3.7
Acute upper respiratory infections .465	7,548	2.7
Diabetes mellitus .250	5,619	2.0
Allergic rhinitis .477	5,247	1.9
Bronchitis, not specified as acute or chronic .490	5,024	1.8
Acute pharyngitis .462	4,327	1.6
Sprains and strains of other and unspecified parts of back .847	3,491	1.3
Other forms of chronic ischemic heart disease .414	3,468	1.3
Diseases of sebaceous glands .706	3,410	1.2

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

The most frequent diagnosis, essential hypertension, was rendered at 27.7 million office visits, or 4.0 percent of all visits. Among visits with a principal diagnosis of hypertension, 45.5 percent of the patients were aged 65 years and over, and 61.0 percent of the patients were female.

Three of the 10 most frequently listed diagnoses—normal pregnancy, general medical examination, and health supervision of an infant or child—were not related to illness or injury, but rather fell into the supplementary classification described above. They accounted for about 59.4 million office visits, or 8.6 percent.

Four respiratory diseases were listed among the 10 most common principal diagnoses, with acute upper respiratory infections, allergic rhinitis, bronchitis, and pharyngitis together accounting for about 49.5 million visits, or 7.2 percent of the total.

Suppurative and unspecified otitis media and diabetes mellitus rounded out the list of the 10 most frequently

Table K. Number, percent, cumulative percent, mean duration of physician-patient contact, and standard error (S.E.) of mean contact duration of office visits by the 60 principal diagnoses most frequently rendered by physicians: United States, 1989

Rank	Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Percent of visits	Cumulative percent	Mean contact duration (minutes)[2]	S.E. of mean contact duration (minutes)
1	Essential hypertension .401	27,708	4.0	4.0	16.2	0.48
2	Normal pregnancy .V22	23,578	3.4	7.4	12.4	0.49
3	General medical examination .V70	20,166	2.9	10.3	16.4	0.79
4	Suppurative and unspecified otitis media .382	20,033	2.9	13.2	11.5	0.36
5	Acute upper respiratory infections .465	15,765	2.3	15.5	12.5	0.36
6	Health supervision of infant or child .V20	15,669	2.3	17.8	15.4	0.58
7	Diabetes mellitus .250	13,237	1.9	19.7	17.3	0.73
8	Allergic rhinitis .477	11,631	1.7	21.4	15.5	1.19
9	Bronchitis, not specified as acute or chronic .490	11,160	1.6	23.0	12.8	0.59
10	Acute pharyngitis .462	10,958	1.6	24.6	12.3	0.50
11	Chronic sinusitis .473	8,700	1.3	25.9	12.9	0.44
12	Neurotic disorders .300	8,511	1.2	27.1	36.2	1.52
13	Diseases of sebaceous glands .706	8,146	1.2	28.3	12.1	0.66
14	Disorders of refraction and accommodation .367	7,686	1.1	29.4	19.3	1.43
15	Sprains and strains of other and unspecified parts of back .847	7,614	1.1	30.5	14.6	1.14
16	Other postsurgical states .V45	7,216	1.0	31.5	13.0	0.68
17	Asthma .493	6,822	1.0	32.5	17.3	1.10
18	Contact dermatitis and other eczema .692	6,542	0.9	33.4	11.9	0.58
19	Cataract .366	6,335	0.9	34.3	19.7	1.22
20	Osteoarthrosis and allied disorders .715	6,259	0.9	35.2	17.5	0.69
21	Other forms of chronic ischemic heart disease .414	5,712	0.8	36.0	18.1	0.58
22	General symptoms .780	5,550	0.8	36.8	19.2	0.84
23	Other disorders of urethra and urinary tract .599	5,547	0.8	37.6	16.0	0.53
24	Other and unspecified disorders of back .724	5,442	0.8	38.4	17.2	0.94
25	Glaucoma .365	4,952	0.7	39.1	16.1	1.49
26	Other noninfectious gastroenteritis and colitis .558	4,918	0.7	39.8	14.3	0.89
27	Acute tonsillitis .463	4,793	0.7	40.5	11.7	0.43
28	Disorders of lipoid metabolism .272	4,780	0.7	41.2	18.1	0.92
29	Other diseases due to viruses and chlamydiae .078	4,704	0.7	41.9	12.6	0.69
30	Other and unspecified arthropathies .716	4,660	0.7	42.6	15.9	0.82
31	Peripheral enthesopathies and allied syndromes .726	4,471	0.6	43.2	14.8	0.93
32	Certain adverse effects not elsewhere classified .995	4,423	0.6	43.8	15.3	1.76
33	Special investigations and examinations .V72	4,261	0.6	44.4	18.8	0.77
34	Disorders of external ear .380	4,247	0.6	45.0	13.2	0.55
35	Observation and evaluation for suspected conditions .V71	4,230	0.6	45.6	18.2	7.94
36	Personal history of certain other diseases .V12	4,187	0.6	46.2	11.4	0.84
37	*Affective psychoses* .296	4,155	0.6	46.8	37.8	2.83
38	Disorders of conjunctiva .372	4,077	0.6	47.4	11.5	0.59
39	Other dermatoses .702	3,901	0.6	48.0	12.0	0.76
40	Chronic airway obstruction, not elsewhere classified .496	3,769	0.5	48.5	16.1	0.71
41	Viral infection in conditions classified elsewhere .079	3,747	0.5	49.0	12.6	0.65
42	Other ill-defined, unknown causes of morbidity, mortality .799	3,734	0.5	49.5	15.2	3.14
43	Symptoms involving respiratory system and other chest symptoms .786	3,723	0.5	50.0	20.4	1.36
44	Inflammatory disease of cervix, vagina, and vulva .616	3,667	0.5	50.5	17.6	0.77
45	Followup examination .V67	3,569	0.5	51.0	11.2	0.74
46	Organ or tissue replaced by other means .V43	3,429	0.5	51.5	13.5	1.31
47	Pneumonia, organism unspecified .486	3,382	0.5	52.0	13.8	0.71
48	Other disorders of synovium, tendon, and bursa .727	3,342	0.5	52.5	15.5	0.61
49	Sprains and strains of sacroiliac region .846	3,341	0.5	53.0	16.8	0.89
50	Symptoms involving head and neck .784	3,318	0.5	53.5	16.9	0.73
51	Intervertebral disc disorders .722	3,311	0.5	54.0	16.3	1.21
52	Nonsuppurative otitis media and Eustachian tube disorders .381	3,299	0.5	54.5	11.9	0.55
53	Other disorders of soft tissues .729	3,244	0.5	55.0	18.3	1.63
54	Other symptoms involving abdomen and pelvis .789	3,229	0.5	55.5	19.8	1.09
55	Menopausal and postmenopausal disorders .627	3,153	0.5	56.0	18.8	1.10
56	*Cardiac dysrhythmias* .427	3,104	0.4	56.4	19.7	0.95
57	Malignant neoplasm of female breast .174	3,026	0.4	56.8	19.4	1.97
58	Obesity and other hyperalimentation .278	2,931	0.4	57.2	16.9	1.29
59	Disorders of menstruation and other abnormal bleeding from female genital tract .626	2,830	0.4	57.6	18.3	0.97
60	Benign neoplasm of skin .216	2,813	0.4	58.0	16.0	0.85

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

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

listed principal diagnoses, accounting for 2.9 percent (about 20.2 million visits) and 1.9 percent (about 13.2 million visits) of the total, respectively.

Tables 27, 28, and 29 provide rank orderings of the 10 most frequently listed principal diagnoses by patient's age and sex, by physician specialty, and by patient's prior-visit status, respectively.

Tables 30–34 examine major ICD–9 coding groups as well as selected principal diagnoses at the three-digit coding level according to patient's age and sex, prior-visit status, selected diagnostic services, selected therapeutic services, and disposition of visit.

Additional information pertaining to principal diagnosis and treatment can be found in tables 6, 7, 13–16, 19–22, and 26.

A summary of trends in office-based ambulatory care, 1975–89

In 1975 the estimated total of office visits to ambulatory care physicians was 567.6 million. By 1989 the total had increased by 22 percent to an estimated 692.7 million visits. Most of this increase appears to have taken place in the 1980's. From 1975 to 1981, the total had varied around a mean of 575 million visits before increasing by 51.2 million visits between 1981 and 1985 and by an additional 56.3 million visits between 1985 and 1989. Some of this increase was due to the inclusion of Alaska and Hawaii in the survey population in 1989.

Despite the increase in number of annual visits to office-based physicians, the overall visit rate has been stable since 1975 with about 2.7 visits per person per year. In general, females, whites, and older persons have had consistently higher visit rates than males, blacks and other races, and younger persons. Visit rates by age, sex, and race for 1975–89 are presented in table 35.

Overall, visit rates within most years of the 1975–81 period did not appear to differ statistically for persons in the two youngest age groups (less than 15 years and 15–24 years). For 1985 and 1989, however, visit rates for persons aged 15–24 years were the lowest of any age group within each of these 2 years. The difference appears to be related to a decrease in the female visit rate, rather than the male rate, and may be due in part to a significant decrease in the visit rate for prenatal care (ICDA–8 code Y06; ICD–9 codes V22, V23) for females aged 15–24 years between 1975 and 1989. Additional years of data will be needed to evaluate the significance of these changes.

Examining visit rates by age and sex, the generally higher rates for females were consistent for all but two age groups during this time period. Visit rates did not appear to differ significantly for males and females under the ages of 15 years and 65 years and over in any survey year.

Looking at differences in visit rates by race, it is interesting to note that while, in general, white persons had higher visit rates than others, this trend was not consistent for all age groups. Visit rates for white persons tended to be consistently higher over the years only for the two youngest age groups (less than 15 years and 15–24 years). Differences in rates between older age groups varied over the years; in 1989 there were no significant differences noted between white persons and others in any age group after the age of 24 years.

It should be kept in mind that the coding of the race item was changed in the 1989 NAMCS to include a new "unspecified" category. In previous survey years, blank responses for this item were randomly imputed a race designation. About 3.1 percent of visits were recorded with an "unspecified" race designation for 1989 and were not included in the analysis above.

Several other significant changes stand out among age-specific visit rates over this time period. The visit rate for persons aged 65 years and over increased from 4.3 visits per year in 1975 to 5.2 visits per year in 1989, while the rate for persons aged less than 15 years increased from 1.9 to 2.6 visits per year (figure 8). Increases in each age group were consistent for males and females.

Furthermore, examining these changes by race shows significant increases in visit rates for persons aged 65 years and over in 1989 compared with 1975 only among the black and other populations. For persons aged less than 15 years, however, significant increases were noted among both the white and the black and other populations.

Changes were also noted in the age distribution of the patient population. A higher percentage of visits was made in 1989 than in 1975 by persons aged less than 15 years, by those aged 25–44 years, and by those aged 65 years and over. Conversely, a lower percentage of visits

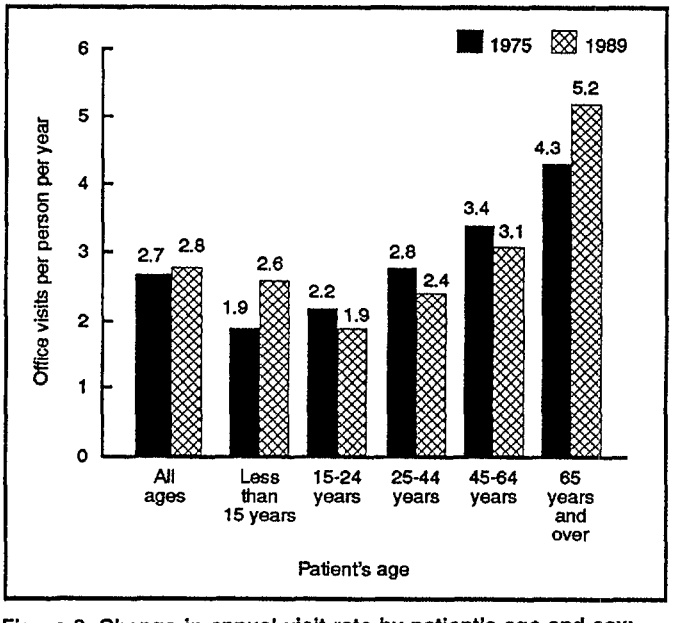


Figure 8. Change in annual visit rate by patient's age and sex: United States, 1975–89

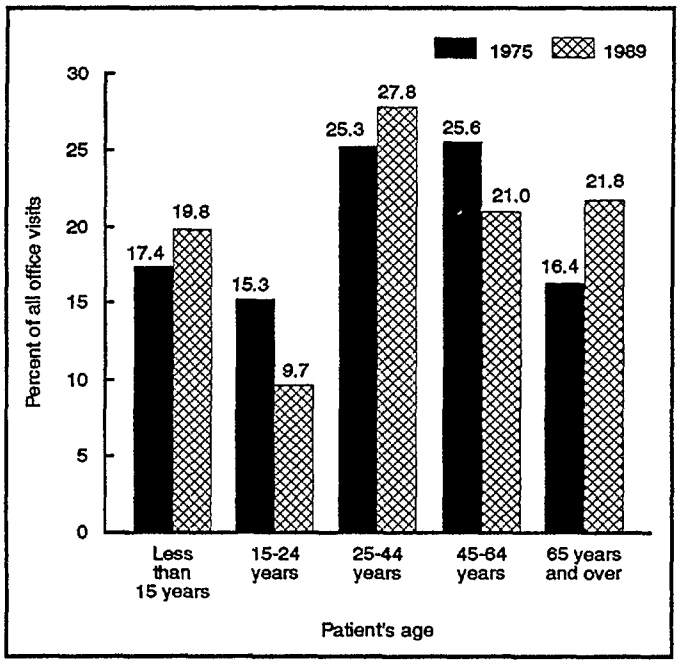


Figure 9. Change in distribution of office visits by patient's age: United States, 1975–89

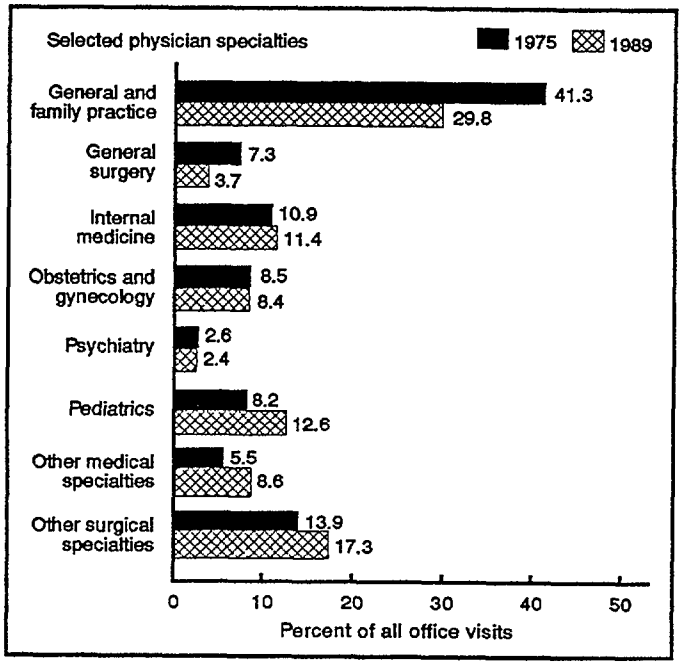


Figure 10. Visits to selected physician specialties: United States, 1975–89

was made by those aged 15–24 years and by those aged 45–64 years in 1989 than in 1975 (figure 9).

Another important development during the 1975–89 time period was the decreasing percentage of visits to generalists and the corresponding rise in the percentage of visits to medical and surgical specialists. In 1975, 41.3 percent of all office visits were made to general and family practice physicians, compared with only 30.5 percent in 1985. For 1989, however, the proportion of visits to general and family practice physicians accounted for 29.8 percent of all office visits. This is not statistically different from the 1985 share, and perhaps signals the leveling-off of a trend which paralleled the decline in the proportion of general and family practice physicians during the same period (17). The proportion of visits to general surgeons also decreased substantially, from 7.3 percent in 1975 to 3.7 percent in 1989 (figure 10).

In conjunction with the declining proportion of visits to generalists, visits to pediatricians, other medical specialists, and other surgical specialists increased between 1975 and 1985. However, between 1985 and 1989, of the 13 most visited specialties, only pediatricians showed a significant increase, from 11.4 to 12.6 percent of all office visits.

The proportion of visits by new patients varied slightly around a mean of 15 percent between 1975 and 1981, before increasing to 16.9 percent in 1985. It remained constant at 16.6 percent for 1989.

The majority of visits were made by patients returning for the care of problems that had been previously treated by the same physician. This percentage remained relatively constant between 1975 and 1989, with a mean of about 62 percent of all visits.

Of the 20 most frequently mentioned principal reasons for visit in 1989 (listed in table H), 18 also appeared in comparable lists for 1981 and 1985, and 13 appeared in the list for 1975.

Selected reasons for visit between 1975 and 1989 are displayed in table L. During this time period visits for well-baby exams increased by 78.9 percent, from 8.3 million visits in 1975 to 14.8 million visits in 1989. On the other hand, a decrease was noted in the number of visits for gynecological examinations, which accounted for 2.0 percent of all visits in 1975, but only 0.9 percent in 1989. Some of the variability of these estimates has been attributed in part to revisions made in 1979 to the reason for visit classification system and coding procedures used in the processing of NAMCS data.

Of the 20 most common principal diagnoses in 1989 (listed in table K), 16 appeared in comparable lists for 1981 and 1985, and 13 appeared in the list for 1975.

Selected principal diagnoses for 1975–89 are displayed in table M. Between 1975 and 1985, visits with diagnoses of benign neoplasm of skin, cataract, glaucoma, and otitis media had shown significant increases (8). From 1985 to 1989, visits with a diagnosis of otitis media continued to increase as a proportion of all visits, from 2.9 percent in 1985 to 3.4 percent in 1989. No significant change was found in the proportion of diagnoses for benign neoplasm of skin, cataract, or glaucoma from 1985 to 1989.

However, from 1985 to 1989, significant increases were noted in the percentage of visits with a diagnosis of pneumonia, chronic sinusitis, allergic rhinitis, and bronchitis. An increase in the proportion of visits for disorders of lipoid metabolism during the same period may be

Table L. Number and percent distribution of office visits to ambulatory care physicians by selected principal reasons for visit: United States, 1975–89

Selected principal reason for visit and RVC code[1]	*SC code*[2]	*1975*	*1980*	*1985*	*1989*
		Number of visits in thousands			
All visits		567,600	575,745	636,386	692,702
General medical examination .X100	900	13,395	33,853	30,821	27,909
Physical examination .A100–A130	901	10,122	7,700	7,250	7,748
Gynecological examination .X225,X365	904	11,092	8,522	4,886	6,415
Prenatal examination .X205	905	22,065	25,347	25,747	24,056
Well-baby examination .X105	906	8,291	9,936	16,447	14,831
Cough .S440	311	13,607	13,233	16,134	24,997
Sore throat .S455	520	15,279	14,337	16,371	16,972
Vision dysfunctions .S305	700,701	7,124	6,659	9,266	10,253
Vertigo .S225	69	6,315	5,550	5,267	5,654
Rash and allergic skin reactions .S860,D825	112	9,827	11,174	12,930	14,486
Hypertension .D510	205	7,715	6,813	8,814	10,055
Fatigue .S015,S020	4	10,466	6,370	6,036	6,968
Acne .S830	100	3,640	7,643	4,933	4,774
Fever .S010	2	7,015	9,499	9,050	11,634
Headache, pain in head .S210	56	10,198	8,279	8,683	9,609
Chest pain and related symptoms .S050	322	9,751	7,909	8,099	8,399
Pain in upper extremities .S940–S960	405	14,933	12,128	15,495	16,568
Back pain .S905,S910	415	17,067	15,080	17,195	19,793
Abdominal pain .S545,S550	540	14,862	10,964	11,392	12,313
Pain in lower extremities .S915–S935	400	21,229	18,789	22,332	27,127
All other reasons	...	333,607	335,961	379,236	412,141
		Percent distribution			
All visits		100.0	100.0	100.0	100.0
General medical examination .X100	900	2.4	5.9	4.8	4.0
Physical examination .A100–A130	901	1.8	1.3	1.1	1.1
Gynecological examination .X225,X365	904	2.0	1.5	0.8	0.9
Prenatal examination .X205	905	3.9	4.4	4.0	3.5
Well-baby examination .X105	906	1.5	1.7	2.6	2.1
Cough .S440	311	2.4	2.3	2.5	3.6
Sore throat .S455	520	2.7	2.5	2.6	2.5
Vision dysfunctions .S305	700,701	1.3	1.2	1.5	1.5
Vertigo .S225	69	1.1	1.0	0.8	0.8
Rash and allergic skin reactions .S860,D825	112	1.7	1.9	2.0	2.1
Hypertension .D510	205	1.4	1.2	1.4	1.5
Fatigue .S015,S020	4	1.8	1.1	0.9	1.0
Acne .S830	100	0.6	1.3	0.8	0.7
Fever .S010	2	1.2	1.7	1.4	1.7
Headache, pain in head .S210	56	1.8	1.4	1.4	1.4
Chest pain and related symptoms .S050	322	1.7	1.4	1.3	1.2
Pain in upper extremities .S940–S960	405	2.6	2.1	2.4	2.4
Back pain .S905,S910	415	3.0	2.6	2.7	2.9
Abdominal pain .S545,S550	540	2.6	1.9	1.8	1.8
Pain in lower extremities .S915–S935	400	3.7	3.3	3.5	3.9
All other reasons	...	58.8	58.3	59.6	59.4

[1]Based on "A Reason for Visit Classification for Ambulatory Care" (RVC), *Vital and Health Statistics*, Series 2, No. 78, Feb. 1979.
[2]1975 codes based on "The National Ambulatory Medical Care Survey Symptom Classification" (SC), *Vital and Health Statistics*, Series 2, No. 63, 1974.

related to the increasing attention being focused on dietary cholesterol.

Visits with a diagnosis of obesity had appeared to decrease significantly in 1981 and 1985. Between 1985 and 1989 no additional change was found in the proportion of visits with this diagnosis.

When comparing diagnoses from 1975 to 1989, it is necessary to keep in mind that from 1975 to 1978, NAMCS diagnoses were coded according to the *Eighth Revision — International Classification of Diseases* (ICDA–8) (18), while from 1979–89, the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (14) was used. Due to changes made in the ninth revision, there is not always a one-to-one correspondence between diagnostic codes used in 1975 and 1989. Diagnostic categories presented here, however, were chosen to minimize the impact of these changes. The effect of such coding changes on NAMCS data is discussed in a previous publication (8).

Finally, the mean duration of physician-patient contact (time spent by the physician in face-to-face contact with the patient) increased slightly over the years. In 1975 the mean contact duration was 15 minutes. By 1985 it had increased to 16.5 minutes and remained at 16.2 minutes for 1989.

Table M. Number and percent distribution of office visits to ambulatory care physicians by selected principal diagnoses: United States, 1975–89

Selected principal diagnosis and ICD–9–CM code[1]	*ICDA–8 code*[2]	*1975*	*1980*	*1985*	*1989*
		Number of visits in thousands			
All visits		567,600	575,745	636,386	692,702
Prenatal care .V22,V23	Y06	20,851	26,318	24,349	23,868
Benign neoplasm of the skin .216	216	814	1,798	2,258	2,813
Diabetes mellitus .250	250	9,671	9,551	12,302	13,237
Disorders of lipoid metabolism .272				937	4,780
Obesity .278	277	7,569	8,081	3,345	2,931
Neurotic disorders .300	300	13,641	11,251	9,320	8,511
Disorders of refraction and accommodation .367	370	8,169	6,271	8,268	7,686
Cataract .366	374	2,059	3,216	6,285	6,335
Glaucoma .365	375	1,973	3,281	4,304	4,952
Otitis media .381,382	381	9,899	14,570	18,696	23,332
Essential hypertension .401	401	22,824	25,136	26,049	27,708
Chronic ischemic heart disease .412,414	412	12,513	7,313	7,123	5,987
Angina .413	413	1,738	1,731	2,323	2,384
Acute respiratory infections of multiple or unspecified sites .460–466	460–466	37,599	33,937	35,043	38,509
Chronic sinusitis .473	503	4,320	3,552	5,675	8,700
Pneumonia, organism unspecified .486	486	1,923	1,661	1,607	3,382
Influenza .487	470–474	6,123	3,203	2,539	2,298
Asthma .493	493	4,633	5,921	6,503	6,822
Bronchitis, not specified as acute or chronic .490	490	6,872	6,024	7,563	11,160
Allergic rhinitis .477	507	7,675	8,439	7,835	11,631
Contact dermatitis and other eczema .692	692	9,667	5,720	5,837	6,542
Diseases of sebaceous glands .706	706	5,593	10,578	8,104	8,146
Arthropathies and related disorders .710–719	710–718	17,765	14,027	16,239	17,176
Sprains and strains of joints and adjacent muscles .840–848	840–848	13,157	12,707	14,567	19,493
All other diagnoses	...	340,552	351,459	399,315	424,319
		Percent distribution			
All visits		100.0	100.0	100.0	100.0
Prenatal care .V22,V23	Y06	3.7	4.6	3.8	3.4
Benign neoplasm of the skin .216	216	0.1	0.3	0.3	0.4
Diabetes mellitus .250	250	1.7	1.7	1.9	1.9
Disorders of lipoid metabolism .272				0.1	0.7
Obesity .278	277	1.3	1.4	0.5	0.4
Neurotic disorders .300	300	2.4	1.9	1.5	1.2
Disorders of refraction and accommodation .367	370	1.4	1.1	1.3	1.1
Cataract .366	374	0.4	0.6	1.0	0.9
Glaucoma .365	375	0.3	0.6	0.7	0.7
Otitis media .381,382	381	1.7	2.5	2.9	3.4
Essential hypertension .401	401	4.0	4.4	4.1	4.0
Chronic ischemic heart disease .412,414	412	2.2	1.3	1.1	0.9
Angina .413	413	0.3	0.3	0.4	0.3
Acute respiratory infections of multiple or unspecified sites .460–466	460–466	6.6	5.9	5.5	5.6
Chronic sinusitis .473	503	0.8	0.6	0.9	1.3
Pneumonia, organism unpsecifed .486	486	0.3	0.3	0.3	0.5
Influenza .487	470–474	1.1	0.6	0.4	0.3
Asthma .493	493	0.8	1.0	1.0	1.0
Bronchitis, not specified as acute or chronic .490	490	1.2	1.1	1.2	1.6
Allergic rhinitis .477	507	1.4	1.5	1.2	1.7
Contact dermatitis and other eczema .692	692	1.7	1.0	0.9	0.9
Diseases of sebaceous glands .706	706	1.0	1.8	1.3	1.2
Arthropathies and related disorders .710–719	710–718	3.1	2.4	2.5	2.5
Sprains and strains of joints and adjacent muscles .840–848	840–848	2.3	2.2	2.3	2.8
All other diagnoses	...	60.2	60.9	62.9	61.3

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

[2] Based on *Eighth Revision, International Classification of Diseases*, Adapted for Use in the United States, (ICDA–8), National Center for Health Statistics, PHS Pub. No. 1693. Public Health Service. Washington: U.S. Government Printing Office. 1967.

References

1. Koch H, McLemore T. The National Ambulatory Medical Care Survey: 1975 summary, United States, January–December 1975. National Center for Health Statistics. Vital Health Stat 13(33). 1978.
2. Koch H, Gagnon R, Ezzati T. The National Ambulatory Medical Care Survey: 1976 summary, United States, 1976. Advance data from vital and health statistics; no 30. Hyattsville, Maryland: National Center for Health Statistics. 1978.
3. Ezzati T, McLemore T. The National Ambulatory Medical Care Survey: 1977 summary, United States, January–December 1977. National Center for Health Statistics. Vital Health Stat 13(44). 1980.
4. Koch H, McLemore T. The National Ambulatory Medical Care Survey: 1978 summary, United States, 1978. Advance data from vital and health statistics; no 60. Hyattsville, Maryland: National Center for Health Statistics. 1980.
5. McLemore T, Koch H. The National Ambulatory Medical Care Survey: 1980 summary, United States, 1980. Advance data from vital and health statistics; no 77. Hyattsville, Maryland: National Center for Health Statistics. 1982.
6. Gagnon RO, DeLozier JE, McLemore T. The National Ambulatory Medical Care Survey, United States: 1979 summary. National Center for Health Statistics. Vital Health Stat 13(66). 1982.
7. Lawrence T, McLemore T. The National Ambulatory Medical Care Survey: 1981 summary, United States, 1981. Advance data from vital and health statistics; no 88. Hyattsville, Maryland: National Center for Health Statistics. 1983.
8. Nelson C, McLemore T. The National Ambulatory Medical Care Survey, United States, 1975–81 and 1985 trends. National Center for Health Statistics. Vital Health Stat 13(93). 1988.
9. DeLozier JE, Gagnon RO. The National Ambulatory Medical Care Survey: 1989 summary. Advance data from vital and health statistics; no 203. Hyattsville, Maryland: National Center for Health Statistics. 1991.
10. National Center for Health Statistics. Catalog of publications 1980–89. Hyattsville, Maryland. 1990.
11. Tenney JB, White KL, Williamson JW. National Ambulatory Medical Care Survey: Background and methodology, United States, 1967–72. National Center for Health Statistics. Vital Health Stat 2(61). 1974.
12. Adams PF, Benson V. Current estimates from the National Health Interview Survey, 1989. National Center for Health Statistics. Vital Health Stat 10(176). 1990.
13. Schneider D, Appleton L, McLemore T. A reason for visit classification for ambulatory care. National Center for Health Statistics. Vital Health Stat 2(78). 1979.
14. Public Health Service and Health Care Financing Administration. International Classification of Diseases, 9th Revision, clinical modification. Washington: Public Health Service. 1980.
15. Koch H, Campbell WH. The collection and processing of drug information: National Ambulatory Medical Care Survey, United States, 1980. National Center for Health Statistics. Vital Health Stat 2(90). 1982.
16. Food and Drug Administration. National drug code directory, 1982 edition. Washington: Public Health Service. 1982.
17. Department of Physician Data Services. Physician characteristics and distribution in the United States, 1990 edition (PCD). American Medical Association. Division of Survey and Data Resources. 1990. Also prior editions.
18. National Center for Health Statistics. Eighth Revision International Classification of Diseases, adapted for use in the United States. Washington: National Center for Health Statistics. 1967.
19. Massey JT, Moore TF, Parsons VL, Tadros W. Design and estimation for the National Health Interview Survey, 1985–94. National Center for Health Statistics. Vital Health Stat 2(110). 1989.
20. Shah BV. SESUDAAN: Standard errors program for computing standardized rates from sample survey data. Research Triangle Institute. Research Triangle Park, North Carolina. 1981.
21. Gardocki GJ, McLemore T, DeLozier JE. The National Ambulatory Medical Care Complement Survey, United States, 1980. National Center for Health Statistics. Vital Health Stat 13(77). 1984.

List of detailed tables

1. Number, percent distribution, and annual rate of office visits by patient's age, sex, race, and geographic region: United States, 1989 21
2. Number and percent distribution of office visits by patient's age and sex according to geographic region: United States, 1989 22
3. Number, percent distribution, and annual rate of office visits by physician specialty according to patient's age and sex: United States, 1989 23
4. Number and percent distribution of office visits by patient's prior-visit status, expected source of payment, and duration of physician-patient contact according to patient's age and sex: United States, 1989 . 24
5. Number and percent distribution of office visits by patient's principal reason for visit according to patient's age and sex: United States, 1989 25
6. Number and percent distribution of office visits by patient's principal diagnosis according to patient's age and sex: United States, 1989 26
7. Number and percent distribution of office visits by selected diagnostic and therapeutic services and disposition of visit according to patient's age and sex: United States, 1989 27
8. Number, percent, and cumulative percent of drug mentions for the 10 most frequently used generic substances according to patient's age and sex: United States, 1989 28
9. Number and percent distribution of office visits by patient's age, sex, race, prior-visit status, referral status, and geographic region according to six most visited physician specialties: United States, 1989..... 30
10. Number and percent distribution of office visits by patient's age, sex, race, prior-visit status, referral status, and geographic region according to seven other physician specialties: United States, 1989 30
11. Number and percent distribution of office visits by patient's principal reason for visit according to six most visited physician specialties: United States, 1989. 31
12. Number and percent distribution of office visits by patient's principal reason for visit according to seven other physician specialties: United States, 1989 32
13. Number and percent distribution of office visits by principal diagnosis according to six most visited physician specialties: United States, 1989 33
14. Number and percent distribution of office visits by principal diagnosis according to seven other physician specialties: United States, 1989 33
15. Number and percent distribution of office visits by selected diagnostic services according to six most visited physician specialties: United States, 1989..... 34
16. Number and percent distribution of office visits by selected diagnostic services according to seven other physician specialties: United States, 1989 34
17. Number and percent distribution of office visits by duration of physician-patient contact and disposition of visit according to six most visited physician specialties: United States, 1989 35
18. Number and percent distribution of office visits by duration of physician-patient contact and disposition of visit according to seven other physician specialties: United States, 1989 35
19. Number and percent distribution of office visits by selected therapeutic services according to six most visited physician specialties: United States, 1989..... 36
20. Number and percent distribution of office visits by selected therapeutic services according to seven other physician specialties: United States, 1989 37
21. Number and percent distribution of drug mentions by therapeutic classification according to six most visited physician specialties: United States, 1989 38
22. Number and percent distribution of drug mentions by therapeutic classification according to seven other physician specialties: United States, 1989 38
23. Number and percent distribution of office visits by 10 most frequent principal reasons for visit according to patient's age and sex: United States, 1989..... 39
24. Number and percent distribution of office visits by 25 most frequent morbidity-related principal reasons for visit according to patient's age and sex: United States, 1989 41
25. Number and percent distribution of office visits and return visit rate by 25 most frequent morbidity-related principal reasons for visit according to patient's prior-visit status: United States, 1989..... 41
26. Number and percent distribution of office visits by 25 most frequent morbidity-related principal reasons for visit according to selected diagnostic services: United States, 1989 42
27. Number and percent distribution of office visits by 10 most frequent principal diagnoses according to patient's age and sex: United States, 1989 43
28. Number, percent, and cumulative percent of office visits by 10 most frequent principal diagnoses ren-

dered by physicians according to physician specialty: United States, 1989 45
29. Number, percent, and cumulative percent of office visits for 25 most frequent principal diagnoses by patient's prior-visit status: United States, 1989 48
30. Number and percent distribution of office visits by selected principal diagnoses according to patient's age and sex: United States, 1989 49
31. Number and percent distribution of office visits by selected principal diagnoses according to patient's prior-visit status and return visit rate: United States, 1989 50
32. Number and percent distribution of office visits by selected principal diagnoses according to selected diagnostic services: United States, 1989 51
33. Number and percent distribution of office visits by selected principal diagnoses according to selected therapeutic services: United States, 1989 52
34. Number and percent distribution of office visits by selected principal diagnoses according to disposition of visit: United States, 1989 53
35. Annual rate of office visits to ambulatory care physicians by patient's age, sex, and race: United States, 1975–89 54

Table 1. Number, percent distribution, and annual rate of office visits by patient's age, sex, race, and geographic region: United States, 1989

Patient characteristic	Number of visits in thousands	Percent distribution of visits	Number of visits per person per year[1]
All patients	692,702	100.0	2.8
Age			
Under 15 years	137,502	19.8	2.6
15–24 years	66,868	9.7	1.9
25–44 years	192,593	27.8	2.4
45–64 years	145,160	21.0	3.1
65–74 years	83,692	12.1	4.7
75 years and over	66,888	9.7	5.9
Sex and age			
Female	417,496	60.3	3.3
Under 15 years	65,138	9.4	2.5
15–24 years	43,065	6.2	2.4
25–44 years	130,222	18.8	3.2
45–64 years	87,076	12.6	3.6
65–74 years	49,560	7.2	5.0
75 years and over	42,435	6.1	5.9
Male	275,206	39.7	2.3
Under 15 years	72,364	10.4	2.6
15–24 years	23,803	3.4	1.4
25–44 years	62,370	9.0	1.6
45–64 years	58,084	8.4	2.6
65–74 years	34,133	4.9	4.3
75 years and over	24,453	3.5	5.8
Race			
White	587,976	84.9	2.9
Black	62,146	9.0	2.1
Asian/Pacific Islander	18,948	2.7	---
American Indian/Eskimo/Aleut	2,233	0.3	---
Unspecified	21,398	3.1	---
Race and age			
White	587,976	84.9	2.9
Under 15 years	113,038	16.3	2.6
15–24 years	55,368	8.0	1.9
25–44 years	161,056	23.2	2.4
45–64 years	124,565	18.0	3.1
65–74 years	74,290	10.7	4.6
75 years and over	59,658	8.6	5.8
Black	62,146	9.0	2.1
Under 15 years	13,044	1.9	1.6
15–24 years	6,861	1.0	1.3
25–44 years	19,035	2.7	2.1
45–64 years	12,846	1.9	2.7
65–74 years	5,558	0.8	3.6
75 years and over	4,802	0.7	5.3
Asian/Pacific Islander	18,948	2.7	---
Under 15 years	4,477	0.6	---
15–24 years	1,841	0.3	---
25–44 years	5,929	0.9	---
45–64 years	3,761	0.5	---
65–74 years	1,890	0.3	---
75 years and over	1,049	0.2	---
Race and sex			
White	587,976	84.8	2.9
Female	352,836	50.9	3.4
Male	235,140	33.9	2.4
Black	62,146	8.9	2.1
Female	38,985	5.6	2.4
Male	23,161	3.3	1.7
Asian/Pacific Islander	18,948	2.7	---
Female	11,293	1.6	---
Male	7,655	1.1	---
Geographic region			
Northeast	130,000	18.8	2.7
Midwest	182,075	26.3	3.1
South	225,075	32.5	2.7
West	155,552	22.5	3.0

[1] Based on U.S. Bureau of the Census estimates of the civilian, noninstitutionalized population of the United States for July 1, 1989.

Table 2. Number and percent distribution of office visits by patient's age and sex according to geographic region: United States, 1989

Patient characteristic	*All visits in thousands*	*Northeast*	*Midwest*	*South*	*West*
		Number of visits in thousands			
All visits	692,702	130,000	182,075	225,075	155,552
		Percent distribution			
Total	100.0	100.0	100.0	100.0	100.0
Age					
Under 15 years	19.8	21.9	19.4	18.3	20.8
15–24 years	9.6	8.8	10.0	10.1	9.2
25–44 years	27.6	25.5	29.2	27.9	28.0
45–64 years	21.0	22.1	19.6	21.4	20.9
65–74 years	12.1	11.6	12.2	12.4	11.9
75 years and over	9.7	10.0	9.5	9.9	9.2
Sex and age					
Female	60.3	58.5	60.9	61.0	60.0
Under 15 years	9.4	10.1	8.9	8.9	10.1
15–24 years	6.2	5.0	6.4	6.6	6.5
25–44 years	18.8	16.9	19.9	18.8	19.1
45–64 years	12.6	13.4	11.9	12.6	12.6
65–74 years	7.2	6.8	7.5	7.5	6.5
75 years and over	6.1	6.3	6.2	6.6	5.2
Male	39.7	41.5	39.1	39.0	40.0
Under 15 years	10.4	11.9	10.5	9.4	10.6
15–24 years	3.4	3.8	3.6	3.6	2.7
25–44 years	9.0	8.6	9.3	9.0	8.9
45–64 years	8.4	8.7	7.7	8.8	8.4
65–74 years	4.9	4.8	4.8	4.8	5.3
75 years and over	3.5	3.7	3.2	3.3	4.0
Race					
White	84.9	86.2	89.6	84.0	79.5
Black	9.0	8.7	7.1	13.6	4.6
Asian/Pacific Islander	2.7	1.2	0.9	0.6	9.1
American Indian/Eskimo/Aleut	0.3	0.1	0.5	0.1	0.7
Unspecified	3.1	3.7	1.9	1.6	6.1

Table 3. Number, percent distribution, and annual rate of office visits by physician specialty according to patient's age and sex: United States, 1989

Physician specialty	Total	Age						Sex	
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male
	Number of visits in thousands								
All visits	692,702	137,502	66,868	192,593	145,160	83,692	66,888	417,496	275,206
General and family practice	206,301	32,604	22,988	58,963	47,935	24,264	19,546	125,206	81,095
Pediatrics	87,411	81,781	4,266	808	413	*51	*92	41,593	45,818
Internal medicine	78,816	1,253	5,008	19,352	22,824	15,758	14,621	45,674	33,142
Obstetrics and gynecology	58,381	*246	12,128	38,284	6,123	1,184	415	58,017	364
Ophthalmology	38,761	2,201	1,464	5,843	8,867	9,584	10,802	23,427	15,335
Orthopedic surgery	35,148	3,426	4,936	12,227	8,400	3,544	2,615	16,834	18,314
Dermatology	26,319	2,365	4,193	8,144	6,120	3,127	2,370	15,594	10,726
General surgery	25,379	1,047	1,715	6,702	8,197	4,690	3,028	15,350	10,029
Psychiatry	16,616	862	1,597	8,654	4,203	1,039	261	9,889	6,728
Otolaryngology	15,956	3,254	1,486	4,324	3,562	1,901	1,428	8,968	6,988
Cardiovascular disease	10,840	*21	234	995	3,460	3,464	2,665	5,290	5,550
Urological surgery	10,157	551	363	2,300	2,595	2,351	1,997	2,978	7,180
Neurology	6,105	282	550	2,316	1,639	753	566	3,567	2,539
Other	76,511	7,609	5,941	23,679	20,821	11,980	6,481	45,110	31,400
	Percent distribution of visits								
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
General and family practice	29.8	23.7	34.4	30.6	33.0	29.0	29.2	30.0	29.5
Pediatrics	12.6	59.5	6.4	0.4	*0.3	*0.1	*0.1	10.0	16.6
Internal medicine	11.4	0.9	7.5	10.0	15.7	18.8	21.9	10.9	12.0
Obstetrics and gynecology	8.4	*0.2	18.1	19.9	4.2	1.4	*0.6	13.9	*0.1
Ophthalmology	5.6	1.6	2.2	3.0	6.1	11.5	16.1	5.6	5.6
Orthopedic surgery	5.1	2.5	7.4	6.3	5.8	4.2	3.9	4.0	6.7
Dermatology	3.8	1.7	6.3	4.2	4.2	3.7	3.5	3.7	3.9
General surgery	3.7	0.8	2.6	3.5	5.6	5.6	4.5	3.7	3.6
Psychiatry	2.4	0.6	2.4	4.5	2.9	1.2	*0.4	2.4	2.4
Otolaryngology	2.3	2.4	2.2	2.2	2.5	2.3	2.1	2.1	2.5
Cardiovascular disease	1.6	*0.0	*0.4	0.5	2.4	4.1	4.0	1.3	2.0
Urological surgery	1.5	0.4	*0.5	1.2	1.8	2.8	3.0	0.7	2.6
Neurology	0.9	*0.2	0.8	1.2	1.1	0.9	0.8	0.9	0.9
Other	11.0	5.5	8.9	12.3	14.3	14.3	9.7	10.8	11.4
	Visit rate per 100 persons[1]								
All visits	284.4	255.3	188.1	244.4	314.8	469.4	587.2	332.6	233.2
General and family practice	84.7	60.5	64.7	74.8	103.9	136.1	171.6	99.7	68.7
Pediatrics	35.9	151.9	12.0	1.0	0.9	*0.3	*0.8	33.1	38.8
Internal medicine	32.4	2.3	14.1	24.6	49.5	88.4	128.4	36.4	28.1
Obstetrics and gynecology	24.0	*0.5	34.1	48.6	13.3	6.6	3.6	46.2	0.3
Ophthalmology	15.9	4.1	4.1	7.4	19.2	53.8	94.8	18.7	13.0
Orthopedic surgery	14.4	6.4	13.9	15.5	18.2	19.9	23.0	13.4	15.5
Dermatology	10.8	4.4	11.8	10.3	13.3	17.5	20.8	12.4	9.1
General surgery	10.4	1.9	4.8	8.5	17.8	26.3	26.6	12.2	8.5
Psychiatry	6.8	1.6	4.5	11.0	9.1	5.8	2.3	7.9	5.7
Otolaryngology	6.6	6.0	4.2	5.5	7.7	10.7	12.5	7.1	5.9
Cardiovascular disease	4.5	*0.0	0.7	1.3	7.5	19.4	23.4	4.2	4.7
Urological surgery	4.2	1.0	1.0	2.9	5.6	13.2	17.5	2.4	6.1
Neurology	2.5	0.5	1.5	2.9	3.6	4.2	5.0	2.8	2.2
Other	31.4	14.1	16.7	30.1	45.2	67.2	56.9	35.9	26.6

[1]Visit rates are based on U.S. Bureau of the Census national estimates of the civilian, noninstitutionalized U.S. population for July 1, 1989.

Table 4. Number and percent distribution of office visits by patient's prior-visit status, expected source of payment, and duration of physician-patient contact according to patient's age and sex: United States, 1989

Visit characteristic	Number of visits in thousands	Percent distribution of all visits	Age						Sex	
			Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male
			Number of visits in thousands							
All visits	692,702	...	137,502	66,868	192,593	145,160	83,692	66,888	417,496	275,206
			Percent distribution							
Total	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Prior-visit status										
New patient	114,855	16.6	15.8	25.7	20.5	15.1	11.0	8.2	15.5	18.2
Old patient and new problem	155,640	22.5	38.5	25.6	19.9	17.0	15.5	14.5	22.2	22.8
Old patient and old problem	422,207	61.0	45.8	48.7	59.6	68.0	73.6	77.4	62.3	58.9
Expected source of payment[1]										
Commercial insurance	227,668	32.9	28.7	32.6	38.6	38.4	26.1	21.5	33.3	32.3
Blue Cross/Blue Shield	78,080	11.3	8.9	10.2	11.4	13.3	11.8	11.9	11.7	10.7
Self-pay	221,666	32.0	37.5	33.1	33.7	36.0	20.8	20.0	32.5	31.2
Medicare	126,304	18.2	*0.6	0.6	1.3	6.5	70.7	80.7	18.3	18.2
Health maintenance organization	104,811	15.1	19.3	16.5	17.6	15.4	8.0	6.3	14.8	15.6
Medicaid	53,699	7.8	14.4	10.8	5.4	4.1	6.0	8.0	8.6	6.4
Other	38,439	5.5	4.1	7.9	7.7	6.2	2.9	2.1	4.2	7.6
No charge	13,007	1.9	1.0	1.4	2.0	2.2	2.5	2.5	2.0	1.7
Unknown	14,495	2.1	2.0	2.3	2.5	2.2	1.4	1.4	2.2	2.0
Duration of contact										
0 minutes	15,484	2.2	1.2	1.5	3.2	2.3	2.3	1.9	2.0	2.6
1–5 minutes	65,153	9.4	14.1	12.6	9.4	7.1	6.1	5.9	9.1	9.8
6–10 minutes	191,103	27.6	36.8	30.0	25.9	23.5	23.8	24.6	27.4	27.9
11–15 minutes	215,017	31.0	30.5	28.5	30.1	31.3	33.3	33.9	31.2	30.9
16–30 minutes	164,845	23.8	15.4	22.7	23.7	28.1	27.7	28.4	24.6	22.7
31 minutes or more	41,100	5.9	1.9	4.7	7.7	7.7	6.8	5.4	5.8	6.1

[1]Total may exceed total number of visits because more than one payment source may be recorded per patient.

Table 5. Number and percent distribution of office visits by patient's principal reason for visit according to patient's age and sex: United States, 1989

Principal reason for visit and RVC code[1]	Number of visits in thousands	Percent distribution of all visits	Age						Sex	
			Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male
			Number of visits in thousands							
All visits	692,702	...	137,502	66,868	192,593	145,160	83,692	66,888	417,496	275,206
			Percent distribution							
Total	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Symptom module .S001–S999	394,876	57.0	64.2	56.0	55.9	56.5	52.0	53.8	56.0	58.6
General symptoms .S001–S099	46,493	6.7	9.6	4.7	5.8	6.5	6.2	6.4	6.2	7.5
Symptoms referable to psychological/mental disorders .S100–S199	18,060	2.6	1.3	2.0	4.0	3.4	1.9	1.3	2.5	2.7
Symptoms referable to the nervous system (excluding sense organs) .S200–S259	20,122	2.9	1.1	2.8	3.4	3.3	3.2	4.1	3.1	2.6
Symptoms referable to the cardiovascular/ lymphatic system .S260–S299	4,057	0.6	0.4	*0.3	0.5	0.7	0.9	0.9	0.6	0.6
Symptoms referable to the eyes and ears .S300–S399	47,493	6.9	13.3	4.1	3.9	5.3	7.0	7.8	6.4	7.5
Symptoms referable to the respiratory system .S400–S499	76,682	11.1	22.0	10.7	8.0	8.3	8.2	7.6	10.3	12.1
Symptoms referable to the digestive system .S500–S639	31,544	4.6	5.1	4.0	4.2	4.3	4.8	5.0	4.6	4.4
Symptoms referable to the genitourinary system .S640–S829	32,030	4.6	1.6	7.4	6.7	4.8	3.3	3.4	6.2	2.2
Symptoms referable to the skin, hair, and nails .S830–S899	43,240	6.2	5.8	8.9	6.4	5.4	4.9	5.5	6.0	6.6
Symptoms referable to the musculoskeletal system .S900–S999	75,155	10.8	3.0	10.9	12.9	14.5	11.7	11.8	10.0	12.2
Disease module .D001–D999	69,606	10.0	6.4	5.1	7.8	12.3	16.8	15.6	9.6	10.7
Diagnostic/screening and preventive module .X100–X599	108,572	15.7	17.5	20.2	18.8	11.5	12.1	11.8	18.7	11.0
Treatment module .T100–T899	64,487	9.3	4.7	6.3	9.2	11.7	12.6	12.6	9.2	9.4
Injuries and adverse effects module .J001–J999	25,583	3.7	4.0	7.0	4.4	2.8	2.2	1.8	2.5	5.4
Test results module .R100–R700	7,527	1.1	*0.2	1.0	1.3	1.7	1.2	0.9	1.2	0.9
Administrative module .A100–A140	8,325	1.2	1.9	3.1	1.2	0.7	*0.1	*0.1	0.7	1.9
Other[2] .U990–U999	13,725	2.0	1.0	1.3	1.3	2.8	3.1	3.4	1.9	2.0

[1]Based on "A Reason for Visit Classification for Ambulatory Care" (RVC), Vital and Health Statistics, Series 2, No. 78, Feb. 1979.
[2]Includes problems and complaints not elsewhere classified, entries of "none," blanks, and illegible entries.

Table 6. Number and percent distribution of office visits by patient's principal diagnosis according to patient's age and sex: United States, 1989

Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Percent distribution of all visits	Age						Sex	
			Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male
			Number of visits in thousands							
All visits	692,702	...	137,502	66,868	192,593	145,160	83,692	66,888	417,496	275,206
			Percent distribution							
Total	..	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases .001–139	25,466	3.7	7.4	5.9	3.5	1.9	1.5	0.8	3.4	4.1
Neoplasms .140–239	22,319	3.2	0.5	1.3	2.4	4.6	6.9	5.7	3.1	3.4
Endocrine, nutritional, and metabolic diseases and immunity disorders .240–279	27,863	4.0	0.7	1.0	3.0	6.6	8.0	5.9	4.2	3.8
Mental disorders .290–319	25,386	3.7	1.5	3.3	6.0	4.7	2.1	1.6	3.6	3.7
Diseases of the nervous system and sense organs .320–389	74,557	10.8	17.9	5.4	6.5	8.8	12.2	16.3	10.2	11.6
Diseases of the circulatory system .390–459	56,014	8.1	*0.3	0.8	3.1	13.4	18.7	20.9	7.5	9.0
Diseases of the respiratory system .460–519	94,593	13.7	25.3	13.1	11.7	10.5	9.4	8.0	12.9	14.8
Diseases of the digestive system .520–579	26,743	3.9	3.6	2.0	3.8	4.4	4.5	4.6	3.6	4.2
Diseases of the genitourinary system .580–629	38,472	5 6	1.3	7.2	8.1	6.7	4.5	4.0	7.5	2.7
Diseases of the skin and subcutaneous tissue .680–709	38,640	5 6	4.7	8.9	5.8	5.3	4.8	4.9	5.2	6.1
Diseases of the musculoskeletal system and connective tissue .710–739	47,906	6.9	1.4	4.9	6.8	10.5	9.7	9.5	6.9	6.9
Symptoms, signs, and ill-defined conditions .780–799	28,883	4.2	4.0	4.0	4.1	4.6	3.8	4.6	4.1	4.2
Injury and poisoning .800–999	55,936	8.1	6.9	14.4	10.7	7.0	4.4	3.7	6.2	10.9
Supplementary classification .V01–V82	105,642	15.3	21 3	23.9	19.9	8.2	6.9	6.6	17.6	11.8
All other diagnoses[2]	11,210	1.6	1.8	2.3	2.3	0.8	0.8	1.4	2.0	1.0
Unknown and blank[3]	13,073	1.9	1.4	1.8	2.3	2.0	1.7	1.4	1.9	1.9

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

[2]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–799).

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

Table 7. Number and percent distribution of office visits by selected diagnostic and therapeutic services and disposition of visit according to patient's age and sex: United States, 1989

Selected visit characteristics	Number of visits in thousands	Percent distribution of all visits	Age						Sex	
			Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male
	Number of visits in thousands									
All visits	692,702	...	137,502	66,868	192,593	145,160	83,692	66,888	417,496	275,206
		Percent distribution								
Total	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Diagnostic/screening services[1]										
None	265,834	38.4	64.6	36.8	35.4	32.8	25.7	22.3	34.7	43.9
Pap test	32,766	4.7	*0.1	7.6	9.3	4.9	2.2	1.0	7.8	...
Pelvic exam	51,965	7.5	*0.2	14.8	15.1	6.3	3.0	1.6	12.4	...
Breast palpation[2]	37,929	5.5	*0.1	7.0	9.6	6.6	4.1	2.7	9.0	*0.1
Mammogram[2]	10,655	1.5	*0.0	*0.2	1.9	3.1	2.0	1.0	2.6	...
Visual acuity	45,192	6.5	4.2	4.3	4.2	6.7	10.6	14.6	5.9	7.5
Blood pressure check	241,899	34.9	7.4	37.7	40.3	42.0	44.6	45.6	38.9	28.9
Urinalysis	87,716	12.7	6.1	18.4	18.0	12.0	9.7	10.5	14.8	9.4
Chest x-ray	18,419	2.7	1.4	1.3	2.1	3.3	4.3	4.7	2.3	3.1
Digital rectal exam[2]	25,071	3.6	*0.3	2.9	4.8	5.2	4.7	3.2	4.0	3.0
Proctoscopy/sigmoidoscopy	3,134	0.5	*0.0	*0.1	0.3	0.8	0.9	0.9	0.4	0.6
Stool blood exam[2]	15,576	2.2	*0.3	0.9	2.1	4.2	3.1	2.9	2.4	2.1
Oral glucose tolerance[2]	3,056	0.4	*0.0	*0.5	0.6	0.5	0.8	*0.3	0.5	0.3
Cholesterol measure[2]	24,828	3.6	0.6	1.3	3.2	6.3	6.2	4.0	3.6	3.5
HIV serology[3]	1,013	0.1	*0.0	*0.2	*0.2	*0.2	--	*0.0	*0.1	*0.2
Other blood test	88,210	12.7	6.9	9.7	11.5	16.2	18.4	17.0	13.1	12.1
Other	176,242	25.4	22.9	27.9	24.8	24.7	27.0	29.6	25.1	26.0
Counseling/advice[1,2]										
None	435,792	62.9	62.6	65.5	62.9	59.3	64.2	67.2	62.1	64.2
Weight reduction	43,853	6.3	0.9	2.5	6.3	11.6	9.6	6.0	7.2	5.1
Cholesterol reduction	21,533	3.1	*0.2	*0.5	1.7	6.6	6.2	4.1	2.8	3.5
Smoking cessation	15,109	2.2	*0.3	2.1	2.5	3.8	2.3	1.3	1.9	2.5
HIV transmission	1,044	0.2	*0.1	*0.3	0.3	*0.1	*0.0	*0.0	*0.1	0.2
Breast self-exam	15,779	2.3	*0.1	2.6	3.8	3.1	1.7	0.9	3.8	*0.0
Other	193,272	27.9	36.2	28.7	27.2	24.7	23.3	24.9	27.5	28.5
Nonmedication therapy[1]										
None	558,986	80.7	88.2	81.2	76.2	78.4	81.3	82.1	81.3	79.8
Psychotherapy	22,182	3.2	0.9	2.8	5.6	4.0	1.9	1.5	3.3	3.0
Corrective lenses	8,572	1.2	0.6	*0.7	0.9	1.7	1.9	2.2	1.2	1.3
Ambulatory surgery	13,095	1.9	0.7	2.2	2.2	2.3	2.4	1.9	1.8	2.1
Physiotherapy	16,204	2.3	*0.3	2.4	3.5	3.1	2.1	1.7	2.1	2.8
Other	78,797	11.4	9.5	11.7	12.9	11.5	10.7	11.1	11.0	12.0
Number of new or continued drugs ordered or provided by physician per visit										
None	275,913	39.8	37.0	44.4	44.8	38.1	37.4	33.7	39.1	40.9
One	230,077	33.2	40.6	34.3	33.1	30.7	28.5	28.6	33.7	32.4
Two	108,720	15.7	17.1	14.6	14.3	16.6	15.3	16.5	15.6	15.8
Three–five	77,992	11.2	5.3	6.8	7.9	14.6	18.7	21.1	11.5	10.8
Disposition[1]										
No followup planned	66,377	9.6	17.9	12.7	9.0	6.5	4.6	4.0	8.6	11.1
Return at specified time	424,583	61.3	45.0	55.4	60.5	66.7	74.1	75.3	62.8	59.0
Return if needed	160,282	23.1	32.0	25.4	23.7	20.6	16.1	15.2	23.0	23.4
Telephone followup planned	24,962	3.6	3.6	3.5	3.8	4.0	2.8	3.3	3.8	3.2
Referred to other physician	20,071	2.9	1.8	3.0	3.1	3.7	2.6	3.3	2.8	3.0
Returned to referring physician	6,138	0.9	0.5	*0.4	0.7	1.2	1.5	1.3	0.9	0.9
Admit to hospital	7,163	1.0	0.5	*0.7	0.9	1.2	1.6	1.9	0.9	1.2
Other	15,536	2.2	1.3	2.3	2.4	2.5	2.4	2.9	2.2	2.4

[1]Total may exceed total number of visits because more than one category may be reported per visit.
[2]Category is new in the 1989 NAMCS.
[3]HIV is human immunodeficiency virus.

Table 8. Number, percent, and cumulative percent of drug mentions for the 10 most frequently used generic substances according to patient's age and sex: United States, 1989

Rank	Generic substance[1]	Number of mentions in thousands[1]	Percent of total mentions
	Total mentions	730,756	100.0
	All ages		
1	Amoxicillin	34,851	4.8
2	Acetaminophen	23,780	3.3
3	Erythromycin	19,569	2.7
4	Hydrochlorothiazide	15,889	2.2
5	Codeine	12,118	1.7
6	Phenylephrine	11,638	1.6
7	Ibuprofen	11,569	1.6
8	Aspirin	10,916	1.5
9	Phenylpropanolamine	10,641	1.5
10	Trimethoprim	10,302	1.4
	Less than 15 years		
	All mentions	126,562	17.3
1	Amoxicillin	21,634	3.0
2	Erythromycin	8,051	1.1
3	DIPH Pertussis Tetanus vaccine	6,257	0.9
4	Phenylephrine	5,727	0.8
5	Polio vaccine	5,403	0.7
6	Phenylpropanolamine	5,120	0.7
7	Cefaclor	5,100	0.7
8	Trimethoprim	4,100	0.6
9	Sulfamethoxazole	4,079	0.6
10	Acetaminophen	3,841	0.5
	15–24 years		
	All mentions	57,639	7.9
1	Erythromycin	2,992	0.4
2	Estradiol	2,785	0.4
3	Amoxicillin	2,599	0.4
4	Acetaminophen	2,252	0.3
5	Ergocalciferol	2,036	0.3
6	Vitamin A	1,998	0.3
7	Norethindrone	1,859	0.3
8	Placebo	1,779	0.2
9	Riboflavin	1,766	0.2
10	Pyridoxine	1,739	0.2
	25–44 years		
	All mentions	170,740	23.4
1	Acetaminophen	8,162	1.1
2	Amoxicillin	5,986	0.8
3	Vitamin A	5,227	0.7
4	Ergocalciferol	4,948	0.7
5	Riboflavin	4,935	0.7
6	Pyroxidine	4,913	0.7
7	Estradiol	4,825	0.7
8	Naproxen	4,182	0.6
9	Thiamine	4,103	0.6
10	Erythromycin	4,027	0.6
	45–64 years		
	All mentions	171,266	23.4
1	Hydrochlorothiazide	5,651	0.8
2	Acetaminophen	4,896	0.7
3	Estrogens	3,955	0.5
4	Codeine	3,011	0.4
5	Aspirin	2,861	0.4
6	Erythromycin	2,724	0.4
7	Amoxicillin	2,682	0.4
8	Triamterene	2,634	0.4
9	Naproxen	2,602	0.4
10	Ibuprofen	2,564	0.4

Table 8. Number, percent, and cumulative percent of drug mentions for the 10 most frequently used generic substances according to patient's age and sex: United States, 1989—Con.

Rank	Generic substance[1]	Number of mentions in thousands[1]	Percent of total mentions
	65–74 years		
	All mentions	109,227	14.9
1	Hydrochlorothiazide	4,421	0.6
2	Furosemide	2,890	0.4
3	Acetaminophen	2,729	0.4
4	Digoxin	2,526	0.3
5	Aspirin	2,500	0.3
6	Triamterene	2,300	0.3
7	Insulin	2,216	0.3
8	Diltiazem	1,902	0.3
9	Potassium replacement solutions	1,901	0.3
10	Atenolol	1,862	0.3
	75 years and over		
	All mentions	95,322	13.0
1	Digoxin	4,293	0.6
2	Furosemide	4,098	0.6
3	Hydrochlorothiazide	4,060	0.6
4	Potassium replacement solutions	2,578	0.4
5	Nitroglycerin	2,128	0.3
6	Aspirin	2,107	0.3
7	Triamterene	2,036	0.3
8	Acetaminophen	1,901	0.3
9	Captoril	1,806	0.2
10	Theophylline	1,745	0.2
	Females		
	All mentions	446,192	61.1
1	Amoxicillin	19,055	2.6
2	Acetaminophen	14,142	1.9
3	Erythromycin	11,403	1.6
4	Hydrochlorothiazide	10,780	1.5
5	Estradiol	8,926	1.2
6	Vitamin A	8,006	1.1
7	Riboflavin	7,751	1.1
8	Ergocalciferol	7,671	1.0
9	Pyroxidine	7,336	1.0
10	Codeine	7,020	1.0
	Males		
	All mentions	284,564	38.9
1	Amoxicillin	15,795	2.2
2	Acetaminophen	9,639	1.3
3	Erythromycin	8,166	1.1
4	Hydrochlorothiazide	5,108	0.7
5	Codeine	5,098	0.7
6	Aspirin	5,071	0.7
7	Phenylephrine	5,027	0.7
8	Ibuprofen	4,634	0.6
9	Phenylpropanolamine	4,443	0.6
10	Theophylline	4,359	0.6

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

Table 9. Number and percent distribution of office visits by patient's age, sex, race, prior-visit status, referral status, and geographic region according to six most visited physician specialties: United States, 1989

Patient and visit characteristics	All visits in thousands	Percent distribution of all visits	General and family practice	Pediatrics	Internal medicine	Obstetrics and gynecology	Ophthalmology	Orthopedic surgery
			Number of visits in thousands					
All visits	692,702	...	206,301	87,411	78,816	58,381	38,761	35,148
Age			Percent distribution					
All ages	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Less than 15 years	137,502	19.8	15.8	93.6	1.6	*0.4	5.7	9.7
15–24 years	66,868	9.7	11.1	4.9	6.4	20.8	3.8	14.0
25–44 years	192,593	27.8	28.6	0.9	24.6	65.6	15.1	34.8
45–64 years	145,160	21.0	23.2	0.5	29.0	10.5	22.9	23.9
65–74 years	83,692	12.1	11.8	*0.1	20.0	2.0	24.7	10.1
75 years and over	66,888	9.7	9.5	*0.1	18.6	0.7	27.9	7.4
Sex								
Female	417,496	60.3	60.7	47.6	58.0	99.4	60.4	47.9
Male	275,206	39.7	39.3	52.4	42.0	0.6	39.6	52.1
Prior-visit status								
New patient	114,855	16.6	14.5	11.4	15.7	13.5	19.4	22.6
Old patient and new problem	155,640	22.5	30.1	44.0	25.0	16.4	10.8	7.8
Old patient and old problem	422,207	61.0	55.4	44.6	59.4	70.1	69.8	69.6
Referral status								
Referred by other physician	37,643	5.4	1.8	1.5	3.4	4.4	6.4	11.8
Not referred	655,059	94.6	98.2	98.5	96.6	95.6	93.6	88.2
Geographic region								
Northeast	130,000	18.8	14.5	26.4	20.6	17.0	23.3	16.5
Midwest	182,075	26.3	32.9	18.1	26.0	23.8	31.0	17.3
South	225,075	32.5	34.9	29.3	24.6	34.6	26.3	42.3
West	155,551	22.5	17.6	26.2	28.8	24.6	19.4	24.0

Table 10. Number and percent distribution of office visits by patient's age, sex, race, prior-visit status, referral status, and geographic region according to seven other physician specialties: United States, 1989

Patient and visit characteristics	All visits in thousands	Percent distribution of all visits	Dermatology	General surgery	Psychiatry	Otolaryn-gology	Cardio-vascular disease	Urological surgery	Neurology	Other
			Number of visits in thousands							
All visits	692,702	...	26,319	25,379	16,616	15,956	10,840	10,157	6,105	76,511
Age			Percent distribution							
All ages	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Less than 15 years	137,502	19.8	9.0	4.1	5.2	20.4	*0.2	5.4	4.6	9.9
15–24 years	66,868	9.7	15.9	6.8	9.6	9.3	2.2	3.6	9.0	7.8
25–44 years	192,593	27.8	30.9	26.4	52.1	27.1	9.2	22.6	37.9	30.9
45–64 years	145,160	21.0	23.3	32.3	25.3	22.3	31.9	25.5	26.8	27.2
65–74 years	83,692	12.1	11.9	18.5	6.3	11.9	32.0	23.1	12.3	15.7
75 years and over	66,888	9.7	9.0	11.9	1.6	8.9	24.6	19.7	9.3	8.5
Sex										
Female	417,496	60.3	59.2	60.5	59.5	56.2	48.8	29.3	58.4	59.0
Male	275,206	39.7	40.8	39.5	40.5	43.8	51.2	70.7	41.6	41.0
Prior-visit status										
New patient	114,855	16.6	25.2	19.0	6.1	33.1	12.9	22.0	31.3	21.0
Old patient and new problem	155,640	22.5	13.3	14.0	*0.5	6.9	10.8	5.6	5.6	11.1
Old patient and old problem	422,207	61.0	61.5	66.9	93.4	60.0	76.2	72.5	63.1	67.9
Referral status										
Referred by other physician	37,643	5.4	8.4	14.6	2.2	16.8	10.1	15.2	29.4	9.5
Not referred	655,059	94.6	91.6	85.4	97.8	83.2	89.9	84.8	70.6	90.5
Geographic region										
Northeast	130,000	18.8	17.2	22.4	36.9	20.5	22.7	17.6	29.3	13.5
Midwest	182,075	26.3	24.6	16.7	27.1	20.4	13.8	27.2	26.8	28.1
South	225,075	32.5	29.6	38.9	20.1	38.3	32.9	37.2	28.8	34.6
West	155,551	22.5	28.5	22.0	15.9	20.8	30.6	18.0	15.1	23.8

Table 11. Number and percent distribution of office visits by patient's principal reason for visit according to six most visited physician specialties: United States, 1989

Principal reason for visit and RVC code[1]	*All visits in thousands*	*Percent distribution of all visits*	*General and family practice*	*Pediatrics*	*Internal medicine*	*Obstetrics and gynecology*	*Ophthalmology*	*Orthopedic surgery*
			Number of visits in thousands					
All visits	692,702	...	206,301	87,411	78,816	58,381	38,761	35,148
			Percent distribution					
Total	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Symptom module .S001–S999	394,876	57.0	60.3	64.0	57.2	25.7	44.6	71.2
General symptoms .S001–S099	46,493	6.7	7.4	10.4	8.2	2.5	0.6	2.0
Symptoms referable to psychological/mental disorders .S100–S199	18,060	2.6	1.7	1.3	1.5	*0.1	*0.1	*0.1
Symptoms referable to the nervous system (excluding sense organs) .S200–S259	20,122	2.9	4.0	1.0	4.8	0.5	0.9	0.8
Symptoms referable to the cardiovascular/lymphatic system .S260–S299	4,057	0.6	0.7	0.5	1.4	*0.1	–	–
Symptoms referable to the eyes and ears .S300–S399	47,493	6.9	4.9	13.1	1.9	*0.1	42.6	*0.2
Symptoms referable to the respiratory system .S400–S499	76,682	11.1	15.4	23.1	13.7	0.7	–	*0.2
Symptoms referable to the digestive system .S500–S639	31,544	4.6	5.1	6.0	7.9	2.3	–	*0.1
Symptoms referable to the genitourinary system .S640–S829	32,030	4.6	3.9	1.6	2.7	18.1	–	0.3
Symptoms referable to the skin, hair, and nails .S830–S899	43,240	6.2	5.0	5.6	2.9	0.8	0.5	1.0
Symptoms referable to the musculoskeletal system .S900–S999	75,155	10.8	12.2	1.5	12.3	0.6	–	66.7
Disease module .D001–D999	69,606	10.0	9.4	6.5	14.1	2.9	15.3	3.3
Diagnostic/screening and preventive module .X100–X599	108,572	15.7	14.6	22.1	12.4	58.4	16.3	0.3
Treatment module .T100–T899	64,487	9.3	6.4	2.9	7.2	7.1	16.9	9.9
Injuries and adverse effects module .J001–J999	25,583	3.7	4.4	2.3	2.6	*0.2	2.9	14.3
Test results module .R100–R700	7,527	1.1	1.2	*0.1	1.8	2.7	*0.1	*0.2
Administrative module .A100–A140	8,325	1.2	2.4	1.1	1.5	*0.0	*0.1	*0.0
Other[2] .U990–U999	13,725	2.0	1.4	1.0	3.3	2.9	3.9	0.7

[1]Based on "A Reason for Visit Classification for Ambulatory Care" (RVC), Vital and Health Statistics, Series 2, No. 78, Feb. 1979.
[2]Includes problems and complaints not elsewhere classified, entries of "none," illegible entries, and blanks.

Table 12. Number and percent distribution of office visits by patient's principal reason for visit according to seven other physician specialties: United States, 1989

Principal reason for visit and RVC code[1]	All visits in thousands	Percent distribution of all visits	Dermatology	General surgery	Psychiatry	Otolaryn-gology	Cardio-vascular disease	Urological surgery	Neurology	Other
			Number of visits in thousands							
All visits	692,702	...	26,319	25,379	16,616	15,956	10,840	10,157	6,105	76,511
			Percent distribution							
Total	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Symptom module .S001–S999	394,876	57.0	76.8	50.8	67.5	73.5	50.2	60.9	84.7	51.4
General symptoms .S001–S099	46,493	6.7	0.8	5.6	1.0	4.0	18.0	3.7	10.1	10.4
Symptoms referable to psychological/ mental disorders .S100–S199	18,060	2.6	*0.0	0.5	64.0	–	0.9	4.7	3.2	0.8
Symptoms referable to the nervous system (excluding sense organs) .S200–S259	20,122	2.9	*0.0	1.6	0.9	5.5	4.8	*0.4	38.3	2.5
Symptoms referable to the cardiovascular/lymphatic system .S260–S299	4,057	0.6	*0.3	0.4	–	*0.4	6.2	–	*0.1	*0.2
Symptoms referable to the eyes and ears .S300–S399	47,493	6.9	1.3	1.2	–	32.1	*0.6	*0.2	2.9	2.4
Symptoms referable to the respiratory system .S400–S499	76,682	11.1	0.7	3.8	*0.2	25.9	10.7	*0.6	–	9.0
Symptoms referable to the digestive system .S500–S639	31,544	4.6	1.0	8.7	1.0	2.8	2.2	1.6	*0.7	6.2
Symptoms referable to the genitourinary system .S640–S829	32,030	4.6	0.6	9.7	*0.3	*0.1	1.1	46.3	*0.4	2.8
Symptoms referable to the skin, hair, and nails .S830–S899	43,240	6.2	69.4	8.8	*0.2	1.6	0.9	1.3	*0.4	4.8
Symptoms referable to the musculoskeletal system .S900–S999	75,155	10.8	2.6	10.4	–	1.3	4.7	2.2	28.5	12.1
Disease module .D001–D999	69,606	10.0	13.3	15.3	3.5	6.5	17.0	13.0	7.1	15.7
Diagnostic/screening and preventive module .X100–X599	108,572	15.7	1.4	5.8	*0.3	1.5	12.3	5.5	*0.9	6.4
Treatment module .T100–T899	64,487	9.3	6.4	20.4	25.9	14.3	14.3	16.7	2.9	15.9
Injuries and adverse effects module .J001–J999	25,583	3.7	1.4	3.6	*0.2	2.9	*0.6	*0.3	2.1	5.6
Test results module .R100–R700	7,527	1.1	*0.1	2.1	*0.1	*0.2	2.9	*0.2	*0.2	1.1
Administrative module .A100–A140	8,325	1.2	–	0.5	*0.2	*0.0	*0.4	–	*0.5	1.2
Other[2] .U990–U999	13,725	2.0	0.5	1.4	2.4	1.0	2.3	3.3	1.7	2.9

[1]Based on "A Reason for Visit Classification for Ambulatory Care" (RVC), Vital and Health Statistics, Series 2, No. 78, Feb. 1979.
[2]Includes problems and complaints not elsewhere classified, entries of "none," illegible entries, and blanks.

Table 13. Number and percent distribution of office visits by principal diagnosis according to six most visited physician specialties: United States, 1989

Principal diagnosis and ICD–9–CM code[1]	All visits in thousands	Percent distribution of all visits	General and family practice	Pediatrics	Internal medicine	Obstetrics and gynecology	Ophthalmology	Orthopedic surgery
			Number of visits in thousands					
All principal diagnoses	692,702	...	206,301	87,411	78,816	58,381	38,761	35,148
			Percent distribution					
Total	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases .001–139	25,466	3.7	4.5	7.9	2.2	2.8	1.3	*0.2
Neoplasms .140–239	22,319	3.2	1.0	*0.1	2.5	2.2	0.6	0.4
Endocrine, nutritional, and metabolic diseases and immunity disorders .240–279	27,863	4.0	5.7	0.7	9.6	1.2	2.5	*0.1
Mental disorders .290–319	25,386	3.7	2.2	1.2	2.5	*0.3	–	*0.2
Diseases of the nervous system and sense organs .320–389	74,557	10.8	6.2	17.4	3.5	*0.2	78.6	3.1
Diseases of the circulatory system .390–459	56,014	8.1	11.3	*0.2	19.6	0.6	0.3	0.3
Diseases of the respiratory system .460–519	94,593	13.7	18.0	25.0	15.4	0.6	*0.1	0.3
Diseases of the digestive system .520–579	26,743	3.9	4.1	4.1	7.4	0.6	–	*0.0
Diseases of the genitourinary system .580–629	38,472	5.6	4.8	1.4	3.9	21.4	–	*0.1
Diseases of the skin and subcutaneous tissue .680–709	38,640	5.6	4.1	4.4	2.4	0.5	0.7	1.2
Diseases of the musculoskeletal system and connective tissue .710–739	47,906	6.9	7.9	0.8	10.3	*0.2	0.3	36.2
Symptoms, signs, and ill-defined conditions .780–799	28,883	4.2	4.8	4.6	6.5	2.8	0.4	0.9
Injury and poisoning .800–999	55,936	8.1	9.5	3.8	5.9	*0.4	3.8	46.1
Supplementary classification .V01–V82	105,642	15.3	12.5	25.5	5.4	56.1	9.9	8.8
All other diagnoses[2]	11,210	1.6	1.2	1.7	0.8	6.8	0.7	1.2
Unknown/blank[3]	13,073	1.9	2.0	1.2	2.1	3.1	0.9	1.0

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM).
[2]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–799).
[3]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

Table 14. Number and percent distribution of office visits by principal diagnosis according to seven other physician specialties: United States, 1989

Principal diagnosis and ICD–9 code[1]	All visits in thousands	Percent distribution of all visits	Dermatology	General surgery	Psychiatry	Otolaryngology	Cardiovascular disease	Urological surgery	Neurology	Other
			Number of visits in thousands							
All principal diagnoses	692,702	...	26,319	25,379	16,616	15,956	10,840	10,157	6,105	76,511
			Percent distribution							
Total	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases .001–139	25,466	3.7	12.0	1.7	–	0.7	*0.2	2.2	*0.6	1.7
Neoplasms .140–239	22,319	3.2	13.4	13.0	–	2.8	*0.3	10.9	*0.7	10.5
Endocrine, nutritional, and metabolic diseases and immunity disorders .240–279	27,863	4.0	*0.1	3.2	*0.2	*0.4	3.3	1.0	*0.8	6.3
Mental disorders .290–319	25,386	3.7	–	0.7	93.5	*0.2	1.3	3.1	6.2	1.2
Diseases of the nervous system and sense organs .320–389	74,557	10.8	0.4	1.4	*0.2	35.7	1.5	2.1	37.2	4.2
Diseases of the circulatory system .390–459	56,014	8.1	1.5	9.0	*0.1	*0.4	65.4	*0.8	5.9	8.0
Diseases of the respiratory system .460–519	94,593	13.7	*0.2	3.7	–	31.8	5.6	*0.8	–	21.1
Diseases of the digestive system .520–579	26,743	3.9	*0.3	15.3	0.1	3.6	1.4	*0.5	*0.1	4.7
Diseases of the genitourinary system .580–629	38,472	5.6	*0.0	11.0	–	*0.1	1.3	59.4	*0.4	3.5
Diseases of the skin and subcutaneous tissue .680–709	38,640	5.6	66.4	9.0	–	2.3	*0.6	*0.7	*0.1	4.3
Diseases of the musculoskeletal system and connective tissue .710–739	47,906	6.9	0.5	4.4	*0.2	0.6	3.4	*0.4	16.4	9.3
Symptoms, signs, and ill-defined conditions .780–799	28,883	4.2	0.5	4.7	2.2	6.4	5.1	5.2	17.0	3.7
Injury and poisoning .800–999	55,936	8.1	1.0	8.9	*0.2	3.6	1.4	*0.7	11.5	8.2
Supplementary classification .V01–V82	105,642	15.3	1.5	12.4	2.8	9.9	7.0	8.9	*1.4	8.3
All other diagnoses[2]	11,210	1.6	0.7	0.8	*0.1	0.6	*0.8	1.5	*0.8	1.6
Unknown/blank[3]	13,073	1.9	1.3	0.8	0.4	1.0	1.5	1.7	1.0	3.4

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM).
[2]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–799).
[3]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

Table 15. Number and percent distribution of office visits by selected diagnostic services according to six most visited physician specialties: United States, 1989

Selected diagnostic services[1]	All visits in thousands	Percent distribution of all visits	General and family practice	Pediatrics	Internal medicine	Obstetrics and gynecology	Ophthalmology	Orthopedic surgery
			Number of visits in thousands					
All visits	692,702	...	206,301	87,411	78,816	58,381	38,761	35,148
			Percent distribution					
Total	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	265,834	38.4	33.1	67.1	17.3	4.9	6.2	62.7
Pap test	32,766	4.7	3.7	*0.2	2.3	36.0	–	*0.1
Pelvic exam	51,965	7.5	5.1	0.5	2.7	60.4	–	*0.2
Breast palpation[2]	37,929	5.5	3.6	0.4	3.8	33.8	–	*0.0
Mammogram[2]	10,655	1.5	1.1	*0.0	2.5	6.4	*0.2	*0.0
Visual acuity	45,192	6.5	1.4	3.8	3.3	*0.4	87.3	–
Blood pressure check	241,899	34.9	47.1	7.0	64.2	72.0	1.5	1.9
Urinalysis	87,716	12.7	13.4	6.7	14.2	45.7	*0.1	*0.2
Chest x-ray	18,419	2.7	3.2	1.2	6.5	*0.1	*0.0	*0.2
Digital rectal exam[2]	25,071	3.6	3.0	*0.1	4.7	13.6	–	*0.2
Proctoscopy/sigmoidoscopy	3,134	0.5	0.3	–	1.0	*0.1	*0.0	–
Stool blood examination[2]	15,576	2.2	2.5	0.4	5.2	4.3	*0.0	*0.1
Oral glucose tolerance[2]	3,056	0.4	0.7	*0.0	*0.2	1.5	*0.1	*0.0
Cholesterol measure[2]	24,828	3.6	4.0	0.7	9.9	4.7	–	*0.0
HIV serology[3]	1,013	0.1	*0.1	*0.1	*0.1	0.5	*0.0	–
Other blood test	88,210	12.7	13.8	7.4	25.4	15.6	*0.2	0.5
Other	176,242	25.4	21.7	21.4	25.1	31.0	53.3	35.6

[1]Total may exceed total number of visits because more than one category may be reported per visit.
[2]Category is new in the 1989 NAMCS.
[3]HIV is human immunodeficiency virus.

Table 16. Number and percent distribution of office visits by selected diagnostic services according to seven other physician specialties: United States, 1989

Selected diagnostic services[1]	All visits in thousands	Percent distribution of all visits	Dermatology	General surgery	Psychiatry	Otolaryngology	Cardiovascular disease	Urological surgery	Neurology	Other
			Number of visits in thousands							
All visits	692,702	...	26,319	25,379	16,616	15,956	10,840	10,157	6,105	76,511
			Percent distribution							
Total	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	265,834	38.4	80.6	59.5	92.6	62.7	11.2	16.1	32.7	44.3
Pap test	32,766	4.7	–	1.4	–	–	*0.4	*0.1	–	2.1
Pelvic exam	51,965	7.5	–	2.2	–	–	*0.5	3.3	–	3.5
Breast palpation[2]	37,929	5.5	–	9.0	–	*0.2	3.1	*0.1	–	6.2
Mammogram[2]	10,655	1.5	–	4.0	–	–	*0.7	–	*0.1	1.8
Visual acuity	45,192	6.5	–	1.2	–	1.8	1.0	*0.2	1.9	2.1
Blood pressure check	241,899	34.9	1.3	23.0	0.8	4.0	71.7	13.9	38.5	34.4
Urinalysis	87,716	12.7	*0.1	6.1	*0.1	0.7	8.9	70.1	*0.4	8.4
Chest x-ray	18,419	2.7	*0.1	2.9	–	0.9	10.8	*0.6	*0.3	4.3
Digital rectal examination[2]	25,071	3.6	–	4.8	–	–	2.7	18.7	–	4.7
Proctoscopy/sigmoidoscopy	3,134	0.5	*0.0	2.0	–	–	*0.3	*0.2	–	1.5
Stool blood examination[2]	15,576	2.2	–	2.2	–	–	3.0	*0.1	–	3.2
Oral glucose tolerance[2]	3,056	0.4	*0.0	*0.1	–	*0.1	1.1	–	*0.1	*0.3
Cholesterol measure[2]	24,828	3.6	*0.2	1.0	–	–	19.7	*0.1	*1.2	3.6
HIV serology[3]	1,013	0.1	–	*0.1	*0.5	*0.1	*0.2	*0.2	–	*0.3
Other blood test	88,210	12.7	2.5	9.0	2.2	1.6	27.2	6.2	10.3	21.1
Other	176,242	25.4	16.1	17.5	4.6	32.6	45.2	30.8	43.2	21.5

[1]Total may exceed total number of visits because more than one category may be reported per visit.
[2]Category is new in the 1989 NAMCS.
[3]HIV is human immunodeficiency virus.

Table 17. Number and percent distribution of office visits by duration of physician-patient contact and disposition of visit according to six most visited physician specialties: United States, 1989

Visit characteristics	All visits in thousands	Percent distribution of all visits	General and family practice	Pediatrics	Internal medicine	Obstetrics and gynecology	Ophthalmology	Orthopedic surgery
			Number of visits in thousands					
All visits	692,702	...	206,301	87,411	78,816	58,381	38,761	35,148
			Percent distribution					
Duration of visit	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Zero minutes	15,484	2.2	1.9	*0.3	1.7	0.8	0.9	*0.1
1–5 minutes	65,153	9.4	8.7	15.0	5.0	11.0	9.2	14.2
6–10 minutes	191,103	27.6	30.4	38.5	20.2	27.4	22.9	28.2
11–15 minutes	215,017	31.0	32.4	28.9	39.1	29.5	30.0	34.7
16–30 minutes	164,845	23.8	24.0	15.8	27.1	27.7	30.3	20.6
More than 30 minutes	41,100	6.0	2.7	1.5	6.8	3.7	6.7	2.3
Disposition of visit[1]								
No followup planned	66,377	9.6	11.5	19.5	6.8	5.3	6.6	8.0
Return at specified time	424,583	61.3	54.1	42.7	65.3	75.1	74.2	65.9
Return if needed	160,282	23.1	30.3	32.5	19.7	17.6	13.3	19.4
Telephone followup planned	24,962	3.6	3.3	4.6	8.0	3.3	1.5	1.2
Refer to other physician	20,071	2.9	3.6	1.9	4.6	2.5	2.3	1.4
Return to referring physician	6,139	0.9	0.2	0.4	*0.4	0.5	0.7	0.8
Admit to hospital	7,163	1.0	0.5	*0.3	1.0	1.2	0.5	1.5
Other	15,536	2.2	0.8	0.8	1.4	2.6	4.9	3.2

[1]Total may exceed total number of visits because more than one category may be reported per visit.

Table 18. Number and percent distribution of office visits by duration of physician-patient contact and disposition of visit according to seven other physician specialties: United States, 1989

Visit characteristics	All visits in thousands	Percent distribution of all visits	Dermatology	General surgery	Psychiatry	Otolaryngology	Cardiovascular disease	Urological surgery	Neurology	Other
			Number of visits in thousands							
All visits	692,702	...	26,319	25,379	16,616	15,956	10,840	10,157	6,105	76,511
			Percent distribution							
Duration of contact	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Zero minutes	15,484	2.2	0.9	2.5	–	3.6	2.7	1.5	*0.4	9.5
1–5 minutes	65,153	9.4	17.0	14.8	–	8.7	*0.6	9.0	*0.5	6.0
6–10 minutes	191,103	27.6	40.6	28.7	–	32.9	12.2	22.1	6.4	22.1
11–15 minutes	215,017	31.0	26.2	28.7	5.1	33.6	31.5	27.0	28.8	29.8
15–30 minutes	164,845	23.8	13.2	22.2	21.8	19.1	39.8	33.8	37.8	25.2
More than 30 minutes	41,100	6.0	2.2	3.1	73.1	2.1	13.1	6.6	26.1	7.5
Disposition of visit[1]										
No followup planned	66,377	9.6	9.6	6.5	0.9	10.2	3.3	3.1	8.8	6.1
Return at specified time	424,583	61.3	64.4	66.9	94.7	53.9	80.8	73.8	68.7	65.0
Return if needed	160,282	23.1	22.0	17.1	2.7	23.3	14.8	13.9	9.5	18.0
Telephone followup planned	24,962	3.6	3.7	1.8	1.1	2.6	2.9	1.9	3.5	2.9
Refer to other physician	20,071	2.9	0.7	3.1	*0.4	2.0	2.8	1.5	3.5	3.4
Return to referring physician	6,139	0.9	*0.2	1.8	*0.4	1.6	5.6	1.9	9.4	2.7
Admit to hospital	7,163	1.0	–	3.9	0.8	1.3	1.8	3.7	*1.0	2.0
Other	15,536	2.2	*0.3	6.1	1.4	8.7	2.6	4.6	3.4	4.5

[1]Total may exceed total number of visits because more than one category may be reported per visit.

Table 19. Number and percent distribution of office visits by selected therapeutic services according to six most visited physician specialties: United States, 1989

Visit characteristics	All visits in thousands	Percent distribution of all visits	General and family practice	Pediatrics	Internal medicine	Obstetrics and gynecology	Ophthalmology	Orthopedic surgery
			Number of visits in thousands					
All visits	692,702	...	206,301	87,411	78,816	58,381	38,761	35,148
			Percent distribution					
Counseling/advice[1,2]	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	435,792	62.9	63.0	55.2	61.2	52.7	74.0	65.8
Weight reduction	43,853	6.3	10.1	0.7	13.1	4.5	0.3	1.8
Cholesterol reduction	21,533	3.1	4.2	*0.2	8.0	2.2	*0.1	*0.0
Smoking cessation	15,109	2.2	3.7	0.4	3.2	1.8	*0.2	*0.2
HIV transmission	1,044	0.2	*0.1	*0.1	*0.3	*0.3	–	*0.1
Breast self-exam	15,779	2.3	1.7	0.4	2.1	12.0	–	*0.0
Other	193,272	27.9	23.9	43.6	21.1	34.7	25.6	32.6
Nonmedication therapy[2]								
None	558,986	80.7	83.6	91.0	88.7	90.7	68.6	62.6
Psychotherapy	22,182	3.2	1.4	0.4	1.9	*0.3	*0.0	0.6
Corrective lenses	8,572	1.2	*0.0	*0.0	0.1	–	21.4	–
Ambulatory surgery	13,095	1.9	0.8	*0.1	0.5	1.4	1.9	2.3
Physiotherapy	16,204	2.3	2.8	*0.2	2.9	*0.1	–	11.7
Other	78,797	11.4	12.2	8.3	6.4	7.4	9.1	24.7
Number of new or continued drugs ordered or provided per visit								
None	275,913	39.8	29.3	32.9	24.6	55.5	60.1	72.6
One	230,077	33.2	36.9	44.3	32.7	33.4	24.1	21.0
Two	108,720	15.7	20.4	17.5	19.2	8.1	11.4	4.8
Three–five	77,992	11.2	13.5	5.4	23.5	3.1	4.3	1.6

[1]Category is new on the 1989 NAMCS.
[2]Total may exceed total number of visits because more than one category may be reported per visit.

Table 20. Number and percent distribution of office visits by selected therapeutic services according to seven other physician specialties: United States, 1989

Visit characteristics	All visits in thousands	Percent distribution of all visits	Dermatology	General surgery	Psychiatry	Otolaryngology	Cardiovascular disease	Urological surgery	Neurology	Other
			Number of visits in thousands							
All visits	692,702	...	26,319	25,379	16,616	15,956	10,840	10,157	6,105	76,511
			Percent distribution							
Counseling/advice[1,2]	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
None	435,792	62.9	76.4	63.9	61.0	72.6	45.5	62.6	68.9	69.6
Weight reduction	43,853	6.3	*0.3	4.3	3.4	*0.5	18.7	1.4	4.5	5.8
Cholesterol reduction	21,533	3.1	*0.1	1.8	*0.3	*0.5	19.3	*0.3	*0.8	3.0
Smoking cessation	15,109	2.2	*0.1	1.9	*0.3	2.8	5.3	1.1	2.6	2.1
HIV transmission	1,044	0.2	*0.1	*0.1	0.6	–	–	*0.0	–	*0.0
Breast self-exam	15,779	2.3	*0.0	6.8	–	*0.3	0.9	*0.1	–	1.8
Other	193,272	27.9	23.2	25.3	35.8	24.4	33.3	35.8	25.4	21.5
Nonmedication therapy[2]										
None	558,986	80.7	64.9	75.2	3.4	83.0	85.8	77.8	66.8	84.0
Psychotherapy	22,182	3.2	*0.2	0.4	93.3	*0.0	0.9	*0.7	7.6	0.8
Corrective lenses	8,572	1.2	–	*0.0	–	*0.6	*0.2	–	–	*0.0
Ambulatory surgery	13,095	1.9	14.9	9.0	–	2.5	–	5.4	*0.1	1.7
Physiotherapy	16,204	2.3	0.4	2.0	*0.2	*0.3	1.4	–	13.3	2.8
Other	78,797	11.4	20.7	13.9	8.8	13.7	12.2	16.4	15.2	10.9
Medication therapy			Number of visits in thousands							
Drug visits[3]	416,789	...	17,261	8,414	8,119	7,861	8,891	4,331	3,676	43,123
Drug mentions[4]	730,756	...	32,237	15,249	13,351	12,601	25,585	5,804	6,578	79,063
			Percent distribution[5]							
Drug visits	416,789	60.2	65.6	33.2	48.9	49.3	82.0	42.6	60.2	56.4
Number of new or continued drugs ordered or provided per visit										
None	275,913	39.8	34.4	66.8	57.4	50.7	18.0	57.4	39.8	43.6
One	230,077	33.2	31.2	19.1	31.5	31.1	20.8	31.5	31.8	30.5
Two	108,720	15.7	18.8	7.2	8.6	11.1	17.5	8.6	17.3	14.1
Three–five	77,992	11.2	15.6	6.9	2.5	7.1	43.8	2.5	11.1	11.8

[1]Category is new on the 1989 NAMCS.

[2]*Total may exceed total number of visits because more than one category may be reported per visit.*

[3]"Drug visit" refers to a visit in which one or more drugs was ordered or provided by the physician.

[4]"Drug mention" refers to each mention of a medication ordered or provided at the visit by the physician. Because more than one medication may be prescribed per visit, the total number of drug mentions will generally exceed the number of drug visits.

[5]Percent distribution of drug visits is the number of drug visits divided by the number of office visits multiplied by 100.

Table 21. Number and percent distribution of drug mentions by therapeutic classification according to six most visited physician specialties: United States, 1989

Therapeutic classification[1]	All drug mentions in thousands	Percent distribution of all visits	General and family practice	Pediatrics	Internal medicine	Obstetrics and gynecology	Ophthalmology	Orthopedic surgery
			Number of drug mentions in thousands					
All drug mentions	730,756	...	258,914	84,514	125,641	34,736	23,896	12,587
			Percent distribution					
Total	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Antimicrobial	122,046	16.7	18.8	37.5	10.0	12.0	5.1	4.0
Cardiovascular-renal	109,235	14.9	16.2	0.5	28.6	1.4	2.6	1.4
Pain relief	78,216	10.7	12.3	4.2	12.1	6.0	1.7	60.8
Respiratory tract	71,584	9.8	11.6	18.7	8.7	1.8	0.7	0.8
Hormones and related agents	63,577	8.7	8.0	1.5	10.7	33.9	2.0	10.8
Dermatologic	47,960	6.6	4.5	6.7	1.9	8.8	1.9	7.5
Psychopharmacological	38,236	5.2	4.9	1.4	4.6	1.2	0.3	1.1
Metabolic and nutrient	31,770	4.3	4.0	2.2	4.7	24.2	1.1	0.5
Gastrointestinal	29,770	4.1	4.6	1.9	7.2	1.0	0.3	0.7
Ophthalmic	25,674	3.5	1.1	2.4	0.6	*0.1	76.6	0.9
Immunologic	19,408	2.7	1.9	15.1	*0.4	*0.4	–	–
Neurologic	14,118	1.9	2.4	*0.2	1.9	*0.2	–	6.1
Hematologic	10,114	1.4	1.5	0.8	1.6	2.7	0.3	0.4
Other and unclassified	69,048	9.4	8.0	6.9	7.1	6.3	7.3	5.1

[1]Therapeutic class based on the standard drug classification used in the *National Drug Code Directory, 1982 Edition.*

Table 22. Number and percent distribution of drug mentions by therapeutic classification according to seven other physician specialties: United States, 1989

Therapeutic classification[1]	All drug mentions in thousands	Percent distribution of all visits	Dermatology	General surgery	Psychiatry	Otolaryngology	Cardiovascular disease	Urological surgery	Neurology	Other
			Number of drug mentions in thousands							
All drug mentions	730,756	...	32,237	15,249	13,351	12,601	25,585	5,804	6,578	79,063
			Percent distribution							
Total	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Antimicrobial	122,046	16.7	14.9	14.0	*0.2	31.8	2.7	50.3	1.7	10.7
Cardiovascular-renal	109,235	14.9	*0.3	22.2	1.6	1.8	55.7	9.9	10.6	12.9
Pain relief	78,216	10.7	0.4	14.9	0.7	3.7	10.2	6.0	23.9	12.6
Respiratory tract	71,584	9.8	2.2	7.0	*0.3	16.7	3.5	2.6	*1.1	11.1
Hormones and related agents	63,577	8.7	4.3	7.7	1.0	4.5	6.0	7.5	3.9	11.5
Dermatologic	47,960	6.6	59.3	3.8	–	10.1	*0.2	2.5	*0.3	3.4
Psychopharmacological	38,236	5.2	1.4	3.1	85.4	0.7	3.4	3.1	19.7	4.0
Metabolic and nutrient	31,770	4.3	0.4	4.0	0.6	*0.5	7.6	1.3	*0.6	2.6
Gastrointestinal	29,770	4.1	*0.2	6.9	0.8	1.5	2.7	3.1	3.3	5.2
Ophthalmic	25,674	3.5	1.6	0.8	–	2.1	*0.1	*0.5	–	0.8
Immunologic	19,408	2.7	*0.0	1.2	–	–	*0.2	1.1	–	1.0
Neurologic	14,118	1.9	*0.0	1.9	6.0	*0.2	*0.5	*0.1	25.0	1.8
Hematologic	10,114	1.4	*0.1	1.9	*0.1	*0.2	1.8	–	*1.1	2.0
Other and unclassified	69,048	9.4	14.7	10.8	3.5	26.1	5.3	12.1	8.7	20.4

[1]Therapeutic class based on the standard drug classification used in the *National Drug Code Directory, 1982 Edition.*

Table 23. Number and percent distribution of office visits by 10 most frequent principal reasons for visit according to patient's age and sex: United States, 1989

Principal reason for visit and RVC code[1]	*Number of visits in thousands*	*Percent distribution*
Less than 15 years		
All visits	137,502	100.0
Well-baby examination .X105	14,831	10.8
Cough .S440	12,653	9.2
Fever .S010	9,738	7.1
Earache or ear infection .S355	9,489	6.9
Symptoms referable to throat .S455	6,668	4.8
General medical examination .X100	5,507	4.0
Other symptoms referable to ears, not elsewhere classified .S365	4,691	3.4
Skin rash .S860	4,603	3.3
Nasal congestion .S400	4,234	3.1
Head cold, upper respiratory infection (coryza) .S455	3,894	2.8
15–24 years		
All visits	66,868	100.0
Routine prenatal examination .X205	7,115	10.6
Symptoms referable to throat .S455	3,055	4.6
Acne or pimples .S830	2,214	3.3
General medical examination .X100	1,950	2.9
Physical examination required for employment .A100	1,834	2.7
Stomach pain, cramps, and spasms .S545	1,748	2.6
Cough .S440	1,712	2.6
Knee symptoms .S925	1,318	2.0
Headache, pain in head .S210	1,288	1.9
Postoperative visit .T205	1,096	1.6
25–44 years		
All visits	192,593	100.0
Routine prenatal examination .X205	16,680	8.7
General medical examination .X100	7,938	4.1
Back symptoms .S905	5,372	2.8
Postoperative visit .T205	4,612	2.4
Symptoms referable to throat .S455	4,450	2.3
Stomach pain, cramps, and spasms .S545	3,843	2.0
Headache, pain in head .S210	3,840	2.0
Cough .S440	3,674	1.9
Neck symptoms .S900	3,653	1.9
Depression .S110	3,603	1.9
45–64 years		
All visits	145,160	100.0
General medical examination .X100	6,429	4.4
Postoperative visit .T205	4,158	2.9
Hypertension .D510	4,099	2.8
Blood pressure test .X320	3,954	2.7
Back symptoms .S905	3,888	2.7
Cough .S440	3,507	2.4
Stomach pain, cramps, and spasms .S545	2,770	1.9
Knee symptoms .S925	2,523	1.7
Vision dysfunctions .S305	2,498	1.7
Chest pain and related symptoms (not referable to body system) .S050	2,384	1.6
65–74 years		
All visits	83,692	100.0
General medical examination .X100	3,558	4.3
Postoperative visit .T205	3,018	3.6
Vision dysfunctions .S305	2,767	3.3
Blood pressure test .X320	2,556	3.1
Hypertension .D510	2,464	2.9
Diabetes mellitus .D205	1,880	2.2
Cough .S440	1,842	2.2
Chest pain and related symptoms (not referable to body system) .S050	1,822	2.2
Back symptoms .S905	1,656	2.0
Stomach pain, cramps, and spasms .S545	1,504	1.8

Table 23. Number and percent distribution of office visits by 10 most frequent principal reasons for visit according to patient's age and sex: United States, 1989—Con.

Principal reason for visit and RVC code[1]	*Number of visits in thousands*	*Percent distribution*
75 years and over		
All visits	66,888	100.0
Postoperative visit .T205	2,816	4.2
Vision dysfunctions .S305	2,596	3.9
General medical examination .X100	2,527	3.8
Blood pressure test .X320	2,144	3.2
Hypertension .D510	1,851	2.8
Cough .S440	1,610	2.4
Back symptoms .S905	1,509	2.3
Skin lesion .S865	1,470	2.2
Vertigo, dizziness .S225	1,448	2.2
Stomach pain, cramps, and spasms .S545	1,237	1.8
Females		
All visits	417,496	100.0
Routine prenatal examination .X205	24,028	5.8
General medical examination .X100	17,794	4.3
Cough .S440	13,476	3.2
Symptoms referable to throat .S455	10,435	2.5
Postoperative visit .T205	10,130	2.4
Stomach pain, cramps, and spasms .S545	8,751	2.1
Earache or ear infection .S355	8,125	1.9
Back symptoms .S905	7,720	1.8
Well-baby examination .X105	6,983	1.7
Skin rash .S860	6,925	1.7
Males		
All visits	275,206	100.0
Cough .S440	11,521	4.2
General medical examination .X100	10,115	3.7
Well-baby examination .X105	7,845	2.9
Symptoms referable to throat .S455	6,537	2.4
Postoperative visit .T205	6,530	2.4
Earache or ear infection .S355	6,343	2.3
Fever .S010	6,235	2.3
Back symptoms .S905	6,024	2.2
Skin rash .S860	5,400	2.0
Knee symptoms .S925	5,209	1.9

[1]Based on "A Reason for Visit Classification for Ambulatory Care" (RVC), Vital and Health Statistics, Series 2, No. 78, Feb. 1979.

Table 24. Number and percent distribution of office visits by 25 most frequent morbidity-related principal reasons for visit according to patient's age and sex: United States, 1989

Principal reason for visit and RVC code[1]	Number of visits in thousands	Age						Sex	
		Total	Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male
		Percent distribution								
All principal reasons for visit	692,702	100.0	19.9	9.7	27.8	21.0	12.1	9.7	60.3	39.7
Cough .S440	24,997	100.0	50.6	6.8	14.7	14.0	7.4	6.4	53.9	46.1
Symptoms referable to throat .S455	15,972	100.0	39.3	18.0	26.2	11.3	*3.1	*2.0	61.5	38.5
Earache or ear infection .S355	14,468	100.0	65.6	7.2	15.6	8.0	*3.0	*0.6	56.2	43.8
Back symptoms .S905	13,744	100.0	*1.9	7.7	39.1	28.3	12.1	11.0	56.2	43.8
Skin rash .S860	12,325	100.0	37.4	8.1	25.4	18.0	6.0	5.2	56.2	43.8
Stomach pain, cramps, and spasms .S545	12,313	100.0	9.8	14.2	31.2	22.5	12.2	10.0	71.2	28.8
Fever .S010	11,634	100.0	83.7	*2.7	6.7	4.5	*1.4	*1.1	46.4	53.6
Vision dysfunction .S305	10,253	100.0	5.2	2.1	16.1	24.4	27.0	25.3	62.1	37.9
Hypertension .D510	10,055	100.0	*0.9	*0.2	15.2	40.8	24.5	18.4	58.2	41.8
Knee symptoms .S925	9,816	100.0	7.9	13.4	30.2	25.7	12.3	10.4	46.9	53.1
Headache, pain in head .S210	9,609	100.0	10.4	13.4	40.0	21.2	7.1	7.9	70.8	29.2
Head cold, upper respiratory infection (coryza) .S445	8,669	100.0	44.9	9.6	18.2	13.6	7.1	6.6	56.3	43.7
Nasal congestion .S400	8,647	100.0	49.0	7.7	21.8	11.6	7.4	*2.6	55.0	45.0
Chest pain and related symptoms .S050	8,399	100.0	*4.3	8.1	25.1	28.4	21.7	12.3	54.5	45.5
Neck symptoms .S900	8,112	100.0	*2.5	11.0	45.0	24.2	10.6	6.6	63.8	36.2
Depression .S110	7,350	100.0	*4.8	7.1	49.0	26.7	8.5	*3.9	65.8	34.2
Other symptoms referable to ears .S365	6,607	100.0	71.0	*3.6	10.5	*7.0	*3.7	*4.2	44.4	55.6
Leg symptoms .S920	6,336	100.0	*7.1	*5.7	20.3	30.0	19.1	17.8	58.5	41.5
Skin lesion .S865	6,053	100.0	11.2	*4.5	20.0	24.0	16.1	24.3	57.5	42.5
Low back symptoms .S910	6,049	100.0	*0.3	8.5	44.4	27.7	*8.1	10.9	50.4	49.6
Foot and toe symptoms .S935	6,043	100.0	9.3	11.7	27.7	24.8	13.9	12.6	56.1	43.9
Diabetes mellitus .D205	5,812	100.0	*0.3	*1.6	13.1	33.0	32.4	19.5	57.2	42.8
Vertigo, dizziness .S225	5,654	100.0	*1.1	*5.0	22.7	23.6	22.1	25.6	67.6	32.4
Shoulder symptoms .S940	5,480	100.0	*3.3	*7.9	32.7	33.4	13.9	*8.8	48.7	51.3
Hand and finger symptoms .S960	5,209	100.0	10.9	12.1	30.7	28.2	13.4	*4.7	52.4	47.6

[1]Based on "A Reason for Visit Classification for Ambulatory Care" (RVC), Vital and Health Statistics, Series 2, No. 78, Feb. 1979.

Table 25. Number and percent distribution of office visits and return visit rate by 25 most frequent morbidity-related principal reasons for visit according to patient's prior-visit status: United States, 1989

Principal reason for visit and RVC code[1]	Number of visits in thousands	New problem visits in thousands	Return visits in thousands	Return visit rate	New patient visits	Old patient/ new problem visits	Old patient/ old problem visits	Total
					Percent distribution			
All principal reasons for visit	692,702	270,495	422,207	1.6	16.6	22.5	61.0	100.0
Cough .S440	24,997	14,703	10,294	0.7	14.2	44.6	41.2	100.0
Symptoms referable to throat .S455	16,972	11,725	5,247	0.4	21.5	47.6	30.9	100.0
Earache or ear infection .S355	14,468	8,120	6,348	0.8	18.9	37.2	43.9	100.0
Back symptoms .S905	13,744	5,263	8,481	1.6	17.6	20.7	61.7	100.0
Skin rash .S860	12,325	9,063	3,262	0.4	26.5	47.0	26.5	100.0
Stomach pain, cramps, and spasms .S545	12,313	6,971	5,342	0.8	23.7	32.9	43.4	100.0
Fever .S010	11,634	7,985	3,649	0.5	15.3	53.3	31.4	100.0
Vision dysfunction .S305	10,253	4,302	5,950	1.4	26.3	15.7	58.0	100.0
Hypertension .D510	10,055	755	9,300	12.3	*4.1	*3.5	92.5	100.0
Knee symptoms .S925	9,816	3,636	6,180	1.7	16.1	21.0	63.0	100.0
Headache, pain in head .S210	9,609	4,575	5,034	1.1	18.8	28.8	52.4	100.0
Head cold, upper respiratory infection (coryza) .S445	8,669	5,322	3,347	0.6	16.8	44.6	38.6	100.0
Nasal congestion .S400	8,647	4,615	4,032	0.9	13.2	40.1	46.6	100.0
Chest pain and related symptoms .S050	8,399	3,795	4,604	1.2	17.2	28.0	54.8	100.0
Neck symptoms .S900	8,112	2,734	5,378	2.0	19.5	14.2	66.3	100.0
Depression .S110	7,350	593	6,757	11.4	*5.2	*2.8	91.9	100.0
Other symptoms referable to ears .S365	6,607	1,996	4,611	2.3	11.5	18.7	69.8	100.0
Leg symptoms .S920	6,336	2,265	4,071	1.8	15.1	20.7	64.3	100.0
Skin lesion .S865	6,053	2,962	3,090	1.0	20.7	28.2	51.1	100.0
Low back symptoms .S910	6,049	2,598	3,451	1.3	19.4	23.5	57.0	100.0
Foot and toe symptoms .S935	6,043	3,303	2,740	0.8	25.0	29.6	45.3	100.0
Diabetes mellitus .D205	5,812	603	5,209	8.6	*5.3	*5.1	89.6	100.0
Vertigo, dizziness .S225	5,654	2,530	3,124	1.2	16.1	28.6	55.2	100.0
Shoulder symptoms .S940	5,480	2,394	3,086	1.3	18.0	25.7	56.3	100.0
Hand and finger symptoms .S960	5,209	2,663	2,547	1.0	28.2	23.0	48.9	100.0

[1]Based on "A Reason for Visit Classification for Ambulatory Care" (RVC), Vital and Health Statistics, Series 2, No. 78, Feb. 1979.

Table 26. Number and percent distribution of office visits by 25 most frequent morbidity-related principal reasons for visit according to selected diagnostic services: United States, 1989

Principal reason for visit and RVC code[1]	Number of visits in thousands	Total	Blood pressure check	Urinalysis	Other blood test	No diagnostic services
		Percent distribution				
All principal reasons for visit	692,702	100.0	34.9	12.7	12.7	38.4
Cough .S440	24,997	100.0	27.8	2.7	7.8	54.2
Symptoms referable to throat .S455	15,972	100.0	26.9	*2.4	6.2	33.3
Earache or ear infection .S355	14,468	100.0	12.7	*1.2	*1.6	72.6
Back symptoms .S905	13,744	100.0	32.9	9.7	7.3	42.3
Skin rash S860	12,325	100.0	17.7	*3.9	6.9	65.9
Stomach pain, cramps, and spasms .S545	12,313	100.0	47.1	23.1	22.4	21.2
Fever .S010	11,634	100.0	12.3	5.6	14.6	46.5
Vision dysfunction .S305	10,253	100.0	*3.5	*0.1	*1.7	*3.8
Hypertension .D510	10,055	100.0	79.8	9.3	20.2	14.0
Knee symptoms .S925	9,816	100.0	15.6	*3.6	6.4	50.7
Headache, pain in head .S210	9,609	100.0	50.5	7.4	9.9	30.0
Head cold, upper respiratory infection (coryza) .S445	8,669	100.0	32.8	*2.8	9.5	48.8
Nasal congestion .S400	8,647	100.0	19.8	*4.0	6.8	63.0
Chest pain and related symptoms .S050	8,399	100.0	59.0	10.6	20.4	18.4
Neck symptoms .S900	8,112	100.0	27.5	*1.5	6.3	54.7
Depression .S110	7,350	100.0	11.3	*1.3	*2.9	81.8
Other symptoms referable to ears .S365	6,607	100.0	*6.4	*1.6	*3.5	72.5
Leg symptoms .S920	6,336	100.0	42.2	*7.2	15.2	33.9
Skin lesion .S865	6,053	100.0	17.8	*2.1	*3.8	64.1
Low back symptoms .S910	6,049	100.0	34.9	17.3	*5.1	42.4
Foot and toe symptoms .S935	6,043	100.0	27.9	*4.5	*6.3	40.4
Diabetes mellitus .D205	5,812	100.0	76.2	14.5	52.3	*6.1
Vertigo, dizziness .S225	5,654	100.0	64.1	13.0	24.8	19.5
Shoulder symptoms .S940	5,480	100.0	25.2	*6.1	*7.1	51.6
Hand and finger symptoms .S960	5,209	100.0	13.6	*0.9	*7.0	52.7

[1]Based on "A Reason for Visit Classification for Ambulatory Care" (RVC), Vital and Health Statistics, Series 2, No. 78, Feb. 1979.

Table 27. Number and percent distribution of office visits by 10 most frequent principal diagnoses according to patient's age and sex: United States, 1989

Principal diagnosis and ICD–9–CM code[1]	*Number of visits in thousands*	*Percent distribution*	*Cumulative percent*
Less than 15 years			
All principal diagnoses	137,502	100.0	...
Suppurative and unspecified otitis media .382	16,944	12.3	12.3
Health supervision of infant or child .V20	15,434	11.2	23.5
Acute upper respiratory infections .465	7,803	5.7	29.2
General medical examination .V70	6,306	4.6	33.8
Acute pharyngitis .462	5,944	4.3	38.1
Bronchitis, not specified as acute or chronic .490	4,440	3.2	41.3
Personal history of certain other diseases .V12	3,114	2.3	43.6
Acute tonsillitis .463	2,861	2.1	45.7
Other noninfectious gastroenteritis and colitis .558	2,580	1.9	47.6
Viral infection in conditions classified elsewhere .079	2,348	1.7	49.3
15–24 years			
All principal diagnoses	66,868	100.0	...
Normal pregnancy .V22	7,042	10.5	10.5
General medical examination .V70	3,709	5.5	16.0
Diseases of sebaceous glands .706	2,952	4.4	20.4
Acute upper respiratory infections .465	1,384	2.1	22.5
Sprains and strains of other and unspecified parts of back .847	1,236	1.8	24.3
Other diseases due to viruses and chlamydiae .078	1,221	1.8	26.1
Allergic rhinitis .477	1,219	1.8	27.9
Acute tonsillitis .463	1,152	1.7	29.6
Acute pharyngitis .462	1,127	1.7	31.3
Chronic sinusitis .473	996	1.5	32.8
25–44 years			
All principal diagnoses	192,593	100.0	...
Normal pregnancy .V22	16,346	8.5	8.5
General medical examination .V70	6,768	3.5	12.0
Allergic rhinitis .477	5,114	2.7	14.7
Sprains and strains of other and unspecified parts of back .847	4,584	2.4	17.1
Neurotic disorders .300	4,117	2.1	19.2
Essential hypertension .401	3,312	1.7	20.9
Acute upper respiratory infections .465	2,906	1.5	22.4
Diseases of sebaceous glands .706	2,856	1.5	23.9
Chronic sinusitis .473	2,835	1.5	25.4
Acute pharyngitis .462	2,558	1.3	26.7
45–64 years			
All principal diagnoses	145,160	100.0	...
Essential hypertension .401	11,539	7.9	7.9
Diabetes mellitus .250	4,542	3.1	11.0
Neurotic disorders .300	2,443	1.7	12.7
General medical examination .V70	2,419	1.7	14.4
Disorders of refraction and accommodation .367	2,373	1.6	16.0
Menopausal and postmenopausal disorders .627	2,167	1.5	17.5
Other postsurgical states .V45	2,154	1.5	19.0
Allergic rhinitis .477	2,086	1.4	20.4
Acute upper respiratory infections .465	2,035	1.4	21.8
Disorders of lipoid metabolism .272	2,025	1.4	23.2
65–74 years			
All principal diagnoses	83,692	100.0	...
Essential hypertension .401	6,932	8.3	8.3
Diabetes mellitus .250	4,002	4.8	13.1
Cataract .366	2,332	2.8	15.9
Other forms of chronic ischemic heart disease .414	1,942	2.3	18.2
Osteoarthrosis and allied disorders .715	1,893	2.3	20.5
Glaucoma .365	1,416	1.7	22.2
Chronic airway obstruction, not elsewhere classified .496	1,364	1.6	23.8
Disorders of lipoid metabolism .272	1,338	1.6	25.4
Other and unspecified arthropathies .716	1,289	1.5	26.9
Organ or tissue replaced by means other than transplant .V43	1,253	1.5	28.4

Table 27. Number and percent distribution of office visits by 10 most frequent principal diagnoses according to patient's age and sex: United States, 1989—Con.

Principal diagnosis and ICD–9–CM code[1]	*Number of visits in thousands*	*Percent distribution*	*Cumulative percent*
75 years and over			
All principal diagnoses	66,888	100.0	. . .
Essential hypertension .401	5,693	8.5	8.5
Cataract .366	3,122	4.7	13.2
Diabetes mellitus .250	2,878	4.3	17.5
Osteoarthrosis and allied disorders .715	2,236	3.3	20.8
Glaucoma .365	2,029	3.0	23.8
Other forms of chronic ischemic heart disease .414	1,625	2.4	26.2
Organ or tissue replaced by means other than transplant .V43	1,471	2.2	28.4
Heart failure .428	1,298	1.9	30.3
Other and unspecified arthropathies .716	1,142	1.7	32.0
Chronic airway obstruction, not elsewhere classified .496	1,112	1.7	33.7
Females			
All principal diagnoses	. . .	. . .	. . .
Normal pregnancy .V22	23,578	5.6	5.6
Essential hypertension .401	16,901	4.0	9.6
General medical examination .V70	10,826	2.6	12.2
Suppurative and unspecified otitis media .382	9,917	2.4	14.6
Acute upper respiratory infections .465	8,217	2.0	16.6
Diabetes mellitus .250	7,617	1.8	18.4
Health supervision of infant or child .V20	7,031	1.7	20.1
Acute pharyngitis .462	6,632	1.6	21.7
Allergic rhinitis .477	6,385	1.5	23.2
Bronchitis, not specified as acute or chronic .490	6,136	1.5	24.7
Males			
All principal diagnoses	275,206	100.0	. . .
Essential hypertension .401	10,807	3.9	3.9
Suppurative and unspecified otitis media .382	10,116	3.7	7.6
General medical examination .V70	9,340	3.4	11.0
Health supervision of infant or child .V20	8,638	3.1	14.1
Acute upper respiratory infections .465	7,548	2.7	16.8
Diabetes mellitus .250	5,619	2.0	18.8
Allergic rhinitis .477	5,247	1.9	20.7
Bronchitis, not specified as acute or chronic .490	5,024	1.8	22.5
Acute pharyngitis .462	4,327	1.6	24.1
Sprains and strains of other and unspecified parts of back .847	3,491	1.3	25.4

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

Table 28. Number, percent, and cumulative percent of office visits by 10 most frequent principal diagnoses rendered by physicians according to physician specialty: United States, 1989

Rank	Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Percent of visits	Cumulative percent
	General and family practice			
	All principal diagnoses	206,301	100.0	...
1	Essential hypertension .401	14,836	7.2	7.2
2	General medical examination .V70	7,180	3.5	10.7
3	Acute upper respiratory infections .465	6,942	3.4	14.1
4	Diabetes mellitus .250	5,818	2.8	16.9
5	Suppurative and unspecified otitis media .382	5,534	2.7	19.6
6	Normal pregnancy .V22	4,923	2.4	22.0
7	Bronchitis, not specified as acute or chronic .490	4,819	2.3	24.3
8	Acute pharyngitis .462	4,697	2.3	26.6
9	Chronic sinusitis .473	3,992	1.9	28.5
10	Sprains and strains of other and unspecified parts of back .847	3,553	1.7	30.2
	Pediatrics			
	All principal diagnoses	87,411	100.0	...
1	Health supervision of infant or child .V20	12,679	14.5	14.5
2	Suppurative and unspecified otitis media .382	12,151	13.9	28.4
3	Acute upper respiratory infections .465	4,723	5.4	33.8
4	General medical examination .V70	4,470	5.1	38.9
5	Acute pharyngitis .462	3,861	4.4	43.3
6	Personal history of certain other diseases .V12	2,721	3.1	46.4
7	Other noninfectious gastroenteritis and colitis .558	2,599	3.0	49.4
8	Acute tonsillitis .463	2,096	2.4	51.8
9	Viral infection in conditions classified elsewhere .079	1,915	2.2	54.0
10	Chronic sinusitis .473	1,877	2.1	56.1
	Internal medicine			
	All principal diagnoses	78,816	100.0	...
1	Essential hypertension .401	7,583	9.6	9.6
2	Diabetes mellitus .250	3,797	4.8	14.4
3	Acute upper respiratory infections .465	2,825	3.6	18.0
4	General medical examination .V70	2,392	3.0	21.0
5	Osteoarthrosis and allied disorders .715	1,939	2.5	23.5
6	Disorders of lipoid metabolism .272	1,751	2.2	25.7
7	Bronchitis, not specified as acute or chronic .490	1,730	2.2	27.9
8	Other forms of chronic ischemic heart disease .414	1,665	2.1	30.0
9	Chronic sinusitis .473	1,350	1.7	31.7
10	Other and unspecified arthropathies .716	1,270	1.6	33.3
	Obstetrics and gynecology			
	All principal diagnoses	58,381	100.0	...
1	Normal pregnancy .V22	18,505	31.7	31.7
2	General medical examination .V70	4,169	7.1	38.8
3	Disorders of menstruation .626	2,127	3.6	42.4
4	Special investigations and examinations .V72	2,082	3.6	46.0
5	Menopausal and postmenopausal disorders .627	1,771	3.0	49.0
6	Inflammatory disease of cervix, vagina, and vulva .616	1,725	3.0	52.0
7	Contraceptive management .V25	1,715	2.9	54.9
8	Postpartum care and examination .V24	1,537	2.6	57.5
9	Pain and other symptoms associated with female genital organs .625	1,434	2.5	60.0
10	Other postsurgical states .V45	1,109	1.9	61.9
	Ophthalmology			
	All principal diagnoses	38,761	100.0	...
1	Disorders of refraction and accommodation .367	7,537	19.4	19.4
2	Cataract .366	6,003	15.5	34.9
3	Glaucoma .365	4,940	12.7	47.6
4	Organ or tissue replaced by other means .V43	2,948	7.6	55.2
5	Other disorders of eye .379	2,363	6.1	61.3
6	Disorders of conjunctiva .372	1,876	4.8	66.1
7	Other retinal disorders .362	1,721	4.4	70.5
8	Inflammation of eyelids .373	1,138	2.9	73.4
9	Disorders of iris and ciliary body .364	907	2.3	75.7
10	Diabetes mellitus .250	898	2.3	78.0

Table 28. Number, percent, and cumulative percent of office visits by 10 most frequent principal diagnoses rendered by physicians according to physician specialty: United States, 1989—Con.

Rank	Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Percent of visits	Cumulative percent
	Orthopedic surgery			
	All principal diagnoses	35,148	100.0	...
1	Sprains and strains of other and unspecified parts of back .847	1,991	5.7	5.7
2	Peripheral enthesopathies and allied syndromes .726	1,962	5.6	11.3
3	Intervertebral disc disorders .722	1,724	4.9	16.2
4	Fracture of radius and ulna .813	1,529	4.6	20.8
5	Osteoarthrosis and allied disorders .715	1,448	4.2	25.0
6	Other disorders of synovium, tendon, and bursa .727	1,367	3.9	28.9
7	Dislocation of knee .836	1,255	3.6	32.5
8	Other postsurgical states .V45	1,183	3.4	35.9
9	Sprains and strains of knee and leg .844	1,175	3.3	39.2
10	Other and unspecified disorders of back .724	1,068	3.0	42.2
	Dermatology			
	All principal diagnoses	26,319	100.0	...
1	Diseases of sebaceous glands .706	5,438	20.7	20.7
2	Other dermatoses .702	3,151	12.0	32.7
3	Contact dermatitis and other eczema .692	2,419	9.2	41.9
4	Other diseases due to viruses and chlamydiae .078	2,059	7.8	49.7
5	Benign neoplasm of skin .216	1,532	5.8	55.5
6	Psoriasis and similar disorders .696	1,428	5.4	60.9
7	Other malignant neoplasm of skin .173	1,276	4.8	65.7
8	Diseases of hair and hair follicles .704	947	3.6	69.3
9	Other hypertrophic and atrophic conditions of skin .701	694	2.6	71.9
10	Erythematous conditions .695	686	2.6	74.5
	General surgery			
	All principal diagnoses	25,379	100.0	...
1	Benign mammary dysplasias .610	1,124	4.4	4.4
2	Other postsurgical states .V45	1,034	4.1	8.5
3	Inguinal hernia .550	998	3.9	12.4
4	Other disorders of breast .611	884	3.5	15.9
5	Malignant neoplasm of female breast .174	821	3.2	19.1
6	Essential hypertension .401	654	2.6	21.7
7	Followup examination .V67	641	2.5	24.2
8	Other hernia of abdominal cavity without mention of obstruction or gangrene .553	587	2.3	26.5
9	Diseases of sebaceous glands .706	587	2.3	28.8
10	Sprains and strains of other and unspecified parts of back .847	561	2.2	31.0
	Psychiatry			
	All principal diagnoses	16,616	100.0	...
1	Neurotic disorders .300	5,442	32.8	32.8
2	Affective psychoses .296	3,982	24.0	56.8
3	Personality disorders .301	1,492	9.0	65.8
4	Schizophrenic disorders .295	1,118	6.7	72.5
5	Adjustment reaction .309	1,104	6.6	79.1
6	Depressive disorder, not elsewhere classified .311	811	4.9	84.0
7	Hyperkinetic syndrome of childhood .314	424	2.6	86.6
8	Other family circumstances .V61	255	1.5	88.1
9	Acute reaction to stress .799	231	1.4	89.5
10	Other ill-defined and unknown causes of morbidity and mortality .799	195	1.2	90.7
	Otolaryngology			
	All principal diagnoses	15,956	100.0	...
1	Disorders of external ear .380	1,460	9.1	9.1
2	Suppurative and unspecified otitis media .382	1,069	6.7	15.8
3	Nonsuppurative otitis media and Eustachian tube disorders .381	1,063	6.7	22.5
4	Allergic rhinitis .477	983	6.2	28.7
5	Other postsurgical states .V45	833	5.2	33.9
6	Chronic sinusitis .473	799	5.0	38.9
7	Chronic pharyngitis and nasopharyngitis .472	722	4.5	43.4
8	Hearing loss .389	595	3.7	47.1
9	Chronic disease of tonsils and adenoids .474	508	3.2	50.3
10	Symptoms involving head and neck .784	493	3.1	53.4

Table 28. Number, percent, and cumulative percent of office visits by 10 most frequent principal diagnoses rendered by physicians according to physician specialty: United States, 1989—Con.

Rank	Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Percent of visits	Cumulative percent
	Cardiovascular disease			
	All principal diagnoses	10,840	100.0	...
1	Other forms of chronic ischemic heart disease .414	2,078	19.2	19.2
2	Essential hypertension .401	1,444	13.3	32.5
3	Angina pectoris .413	824	7.6	40.1
4	Cardiac dysrhythmias .427	804	7.4	47.5
5	Other diseases of endocardium .424	381	3.5	51.0
6	Symptoms involving respiratory system and other chest symptoms .786	293	2.7	53.7
7	Heart failure .428	293	2.7	56.4
8	Observation and evaluation for suspected conditions .V71	268	2.5	58.9
9	Other postsurgical states .V45	244	2.2	61.1
10	Hypertensive heart disease .402	237	2.2	63.3
	Urological surgery			
	All principal diagnoses	10,157	100.0	...
1	Hyperplasia of prostate .600	1,180	11.6	11.6
2	Other disorders of urethra and urinary tract .599	953	9.4	21.0
3	Urethral stricture .598	609	6.0	27.0
4	Malignant neoplasm of prostate .185	603	5.9	32.9
5	Inflammatory diseases of prostate .601	593	5.8	38.7
6	Cystitis .595	520	5.1	43.8
7	Calculus of kidney and ureter .592	498	4.9	48.7
8	Symptoms involving urinary system .688	424	4.2	52.9
9	Sexual deviations and disorders .302	307	3.0	55.9
10	Urethritis, not sexually transmitted, and urethral syndrome .597	260	2.6	58.5
	Neurology			
	All principal diagnoses	6,105	100.0	...
1	General symptoms .780	634	10.4	10.4
2	Multiple sclerosis .340	514	8.4	18.8
3	Other and unspecified disorders of back .724	431	7.1	25.9
4	Sprains and strains of other and unspecified parts of back .847	335	5.5	31.4
5	Parkinson's disease .332	299	4.9	36.3
6	Migraine .346	298	4.9	41.2
7	Symptoms involving head and neck .784	273	4.5	45.7
8	Mononeuritis of upper limb and mononeuritis multiplex .354	267	4.4	50.1
9	Other disorders of cervical region .723	232	3.8	53.9
10	Special symptoms or syndromes, not elsewhere classified .307	158	2.6	56.5
	All other specialties			
	All principal diagnoses	76,511	100.0	...
1	Allergic rhinitis .477	6,754	8.8	8.8
2	Essential hypertension .401	2,752	3.6	12.4
3	Asthma .493	2,202	2.9	15.3
4	Diabetes mellitus .250	2,020	2.6	17.9
5	Malignant neoplasm of female breast .174	1,888	2.5	20.4
6	Other postsurgical states .V45	1,702	2.2	22.6
7	Bronchitis, not specified as acute or chronic .490	1,624	2.1	24.7
8	General medical examination .V70	1,582	2.1	26.8
9	Rheumatoid arthritis and other inflammatory polyarthropathies .714	1,223	1.6	28.4
10	Chronic airway obstruction, not elsewhere classified .496	1,189	1.6	30.0

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

Table 29. Number, percent, and cumulative percent of office visits for the 25 most frequent principal diagnoses by patient's prior-visit status: United States, 1989

Rank	Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Percent of visits	Cumulative percent
	New problem visits			
	All new problem diagnoses	270,495	100.0	...
1	Acute upper respiratory infections .465	10,691	4.0	4.0
2	General medical examination .V70	10,609	3.9	7.9
3	Suppurative and unspecified otitis media .382	9,307	3.4	11.3
4	Acute pharyngitis .462	8,279	3.1	14.4
5	Bronchitis, not specified as acute or chronic .490	6,774	2.5	16.9
6	Health supervision of infant or child .V20	5,610	2.1	19.0
7	Chronic sinusitis .473	4,850	1.8	20.8
8	Contact dermatitis and other eczema .692	4,072	1.5	22.3
9	Other noninfectious gastroenteritis and colitis .558	3,768	1.4	23.7
10	Essential hypertension .401	3,441	1.3	25.0
11	Normal pregnancy .V22	3,378	1.2	26.2
12	Other disorders of urethra and urinary tract .599	3,265	1.2	27.4
13	Diseases of sebaceous glands .706	3,153	1.2	28.6
14	Disorders of conjunctiva .372	3,015	1.1	29.7
15	Disorders of refraction and accommodation .367	3,006	1.1	30.8
16	Acute tonsillitis .463	2,981	1.1	31.9
17	Viral infection in conditions classified elsewhere .079	2,824	1.0	32.9
18	Sprains and strains of other and unspecified parts of back .847	2,663	1.0	33.9
19	Other diseases due to viruses and chlamydiae .078	2,594	1.0	34.9
20	Disorders of external ear .380	2,549	0.9	35.8
21	Allergic rhinitis .477	2,176	0.8	36.6
22	General symptoms .780	2,158	0.8	37.4
23	Streptococcal sore throat and scarlet fever .726	2,128	0.8	38.2
24	Peripheral enthesopathies and allied syndromes .726	2,110	0.8	39.0
25	Other disorders of synovium, tendon, and bursa .727	2,087	0.8	39.8
	Return visits for old problems			
	All return visit diagnoses	422,207	100.0	...
1	Essential hypertension .401	24,267	5.7	5.7
2	Normal pregnancy .V22	20,201	4.8	10.5
3	Diabetes mellitus .250	12,199	2.9	13.4
4	Suppurative and unspecified otitis media .382	10,726	2.5	15.9
5	Health supervision of infant or child .V20	10,059	2.4	18.3
6	General medical examination .V70	9,558	2.3	20.6
7	Allergic rhinitis .477	9,455	2.2	22.8
8	Neurotic disorders .300	7,143	1.7	24.5
9	Other postsurgical states .V45	6,517	1.5	26.0
10	Asthma .493	5,338	1.3	27.3
11	Other forms of chronic ischemic heart disease .414	5,247	1.2	28.5
12	Acute upper respiratory infections .465	5,074	1.2	29.7
13	Diseases of sebaceous glands .706	4,993	1.2	30.9
14	Sprains and strains of other and unspecified parts of back .847	4,951	1.2	32.1
15	Cataract .366	4,946	1.2	33.3
16	Osteoarthrosis and allied disorders .715	4,725	1.1	34.4
17	Disorders of refraction and accommodation .367	4,679	1.1	35.5
18	Glaucoma .365	4,422	1.0	36.5
19	Bronchitis, not specified as acute or chronic .490	4,386	1.0	37.5
20	Affective psychoses .296	4,003	0.9	38.4
21	Disorders of lipoid metabolism .272	3,968	0.9	39.3
22	Chronic sinusitis .473	3,849	0.9	40.2
23	Other and unspecified disorders of back .724	3,683	0.9	41.1
24	Chronic airway obstruction, not elsewhere classified .496	3,619	0.9	42.0
25	Personal history of certain other diseases .V12	3,456	0.8	42.8

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

Table 30. Number and percent distribution of office visits by selected principal diagnoses according to patient's age and sex: United States, 1989

Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Total	Age						Sex	
			Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male
		Percent distribution								
All principal diagnoses	692,702	100.0	19.9	9.7	27.8	21.0	12.1	9.7	60.3	39.7
Infectious and parasitic diseases .001–139	25,466	100.0	40.1	15.4	26.7	10.7	5.0	*2.0	56.1	43.9
Neoplasms .140–239	22,319	100.0	2.9	3.8	20.5	29.8	25.9	17.0	58.4	41.6
Endocrine, nutritional, and metabolic diseases and immunity disorders .240–279	27,863	100.0	3.6	2.4	21.1	34.6	24.2	14.2	62.8	37.2
Diabetes mellitus .250	13,237	100.0	*0.7	*1.3	11.7	34.3	30.2	21.7	57.5	42.5
Disorders of lipoid metabolism .272	4,780	100.0	*1.0	*1.4	18.8	42.4	28.0	*8.5	55.8	44.2
Mental disorders .290–319	25,386	100.0	7.9	8.6	45.3	26.9	7.0	4.2	59.8	40.2
Neurotic disorders .300	8,511	100.0	*2.3	9.1	48.4	28.7	7.4	*4.1	67.6	32.4
Diseases of nervous system and sense organs .320–389	74,557	100.0	33.1	4.8	16.7	17.1	13.7	14.6	57.1	42.9
Suppurative and unspecified otitis media .382	20,033	100.0	84.6	*2.6	6.7	4.1	*1.3	*0.6	49.5	50.5
Disorders of refraction and accommodation .367	7,686	100.0	13.9	7.9	29.3	30.9	13.1	5.1	61.9	38.1
Cataract .366	6,335	100.0	–	*0.3	*2.8	10.8	36.8	49.3	63.5	36.5
Glaucoma .365	4,952	100.0	–	–	*3.7	26.7	28.6	41.0	63.9	36.1
Diseases of circulatory system .390–459	56,014	100.0	*0.8	*0.9	10.7	34.6	28.0	25.0	56.0	44.0
Essential hypertension .401	27,708	100.0	*0.5	*0.3	12.0	41.6	25.0	20.5	61.0	39.0
Other forms of chronic ischemic heart disease .414	5,712	100.0	–	–	*3.2	34.4	34.0	28.5	39.3	60.7
Diseases of respiratory system .460–519	94,593	100.0	36.8	9.2	23.9	16.2	8.3	5.7	56.9	43.1
Acute upper respiratory infections .465	15,765	100.0	49.5	8.8	18.4	12.9	5.4	4.9	52.1	47.9
Allergic rhinitis .477	11,631	100.0	17.0	10.5	44.0	17.9	7.2	*3.4	54.9	45.1
Bronchitis, not specifed as acute or chronic .490	11,160	100.0	39.8	8.5	19.1	17.5	9.7	5.5	55.0	45.0
Acute pharyngitis .462	10,958	100.0	54.2	10.3	23.3	8.7	*2.1	*1.3	60.5	39.5
Chronic sinusitis .473	8,700	100.0	23.8	11.5	32.6	20.6	7.3	*4.2	65.2	34.8
Asthma .493	6,822	100.0	23.5	8.7	32.7	21.1	8.6	*5.4	64.0	36.0
Acute tonsillitis .463	4,793	100.0	59.7	24.0	13.0	*2.4	*0.9	–	56.2	43.8
Diseases of digestive system .520–579	26,743	100.0	18.3	4.9	27.4	24.0	14.0	11.5	56.6	43.4
Other noninfectious gastroenteritis and colitis .558	4,918	100.0	52.5	*6.7	15.7	11.4	*6.4	*7.3	58.9	41.1
Diseases of genitourinary system .580–629	38,472	100.0	4.8	12.5	40.6	25.4	9.9	6.9	80.9	19.1
Other disorders of urethra and urinary tract .599	5,547	100.0	12.7	16.9	29.1	20.0	*8.1	13.1	81.2	18.8
Diseases of skin and subcutaneous tissue .680–709	38,640	100.0	16.8	15.4	28.9	19.9	10.4	8.6	56.5	43.5
Diseases of sebaceous glands .706	8,146	100.0	9.9	36.2	35.1	11.5	*4.9	*2.4	58.1	41.9
Contact dermatitis and other eczema .692	6,542	100.0	25.1	11.6	31.7	19.3	*6.0	*6.3	56.3	43.7
Diseases of musculoskeletal system and connective tissue .710–739	47,906	100.0	4.1	6.8	27.2	31.8	16.9	13.3	60.1	39.9
Osteoarthrosis and allied disorders .715	6,259	100.0	*1.6	*0.6	*5.0	26.8	30.2	35.7	62.8	37.2
Other and unspecified disorders of back .724	5,442	100.0	*1.0	*5.4	43.0	31.2	10.8	*8.7	61.2	38.8
Symptoms, signs, and ill-defined conditions .780–799	28,883	100.0	18.8	9.1	27.5	23.0	11.0	10.6	59.9	40.1
General symptoms .780	5,550	100.0	11.4	*5.3	28.1	26.9	13.1	15.2	56.0	44.0
Injury and poisoning .800–999	55,936	100.0	16.9	17.2	36.7	18.2	6.6	4.5	46.5	53.5
Sprains and strains of other and unspecified parts of back .847	7,614	100.0	*1.2	16.2	60.2	17.5	*3.8	*1.1	54.2	45.8
Supplementary classification .V01–V82	105,642	100.0	27.7	15.1	36.2	11.3	5.5	4.2	69.4	30.6
Normal pregnancy .V22	23,578	100.0	*0.3	29.9	69.3	*0.5	–	–	100.0	. . .
General medical examination .V70	20,166	100.0	31.3	18.4	33.6	12.0	3.3	*1.5	53.7	46.3
Health supervision of infant or child .V20	15,669	100.0	98.5	*1.5	–	–	–	–	44.9	55.1
Other postsurgical states .V45	7,216	100.0	*3.9	8.8	33.7	29.9	15.3	8.4	62.3	37.7

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

Table 31. Number and percent distribution of office visits by selected principal diagnoses according to patient's prior-visit status and return visit rate: United States, 1989

Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	New problem visits in thousands	Return visits in thousands	Return visit rate	New patient visits	Old patient/ new problem visits	Old patient/ old problem visits	Total
					Percent distribution			
All principal diagnoses	692,702	270,495	422,207	1.6	16.6	22.5	61.0	100.0
Infectious and parasitic diseases .001–039	25,466	17,229	8,238	0.5	22.6	45.1	32.3	100.0
Neoplasms .140–239	22,319	5,259	17,060	3.2	13.8	9.7	76.4	100.0
Endocrine, nutritional, and metabolic diseases and immunity disorders 240–279	27,863	4,518	23,345	5.2	8.9	7.3	83.8	100.0
Diabetes mellitus .250	13,237	1,038	12,199	11.8	5.0	*2.9	92.2	100.0
Disorders of lipoid metabolism .272	4,780	777	4,003	5.2	*8.1	*8.2	83.8	100.0
Mental disorders .290–319	25,386	4,546	20,840	4.6	10.0	7.9	82.1	100.0
Neurotic disorders .300	8,511	1,369	7,143	5.2	6.3	9.8	83.9	100.0
Diseases of nervous system and sense organs 320–389	74,557	30,250	44,308	1.5	18.9	21.7	59.4	100.0
Suppurative and unspecified otitis media .382	20,033	9,307	10,727	1.2	13.0	33.4	53.5	100.0
Disorders of refraction and accommodation .367	7,686	3,006	4,679	1.6	30.3	8.9	60.9	100.0
Cataract .366	6,335	1,389	4,946	3.6	15.0	*6.9	78.1	100.0
Glaucoma .365	4,952	*530	4,422	8.3	*6.3	*4.4	89.3	100.0
Diseases of circulatory system .390–459	56,014	9,311	46,703	5.0	8.5	8.1	83.4	100.0
Essential hypertension .401	27,708	3,441	24,267	7.1	6.0	6.5	87.6	100.0
Other forms of chronic ischemic heart disease .414	5,712	*465	5,247	11.3	*4.0	*4.1	91.9	100.0
Diseases of respiratory system .460–519	94,593	48,104	46,489	1.0	14.8	36.1	49.1	100.0
Acute upper respiratory infection .465	15,765	10,691	5,074	0.5	17.3	50.5	32.2	100.0
Allergic rhinitis .477	11,631	2,176	9,455	4.3	8.2	10.5	81.3	100.0
Bronchitis, not specified as acute or chronic .490	11,160	6,774	4,386	0.6	13.9	46.8	39.3	100.0
Acute pharyngitis .462	10,958	8,279	2,680	0.3	17.0	58.5	24.5	100.0
Chronic sinusitis .473	8,700	4,850	3,849	0.8	19.3	36.5	44.2	100.0
Asthma .493	6,822	1,483	5,338	3.6	13.7	8.1	78.3	100.0
Acute tonsillitis .463	4,793	2,981	1,812	0.6	19.8	42.3	37.8	100.0
Diseases of digestive system .520–579	26,743	14,112	12,631	0.9	19.4	33.4	47.2	100.0
Other noninfectious gastroenteritis and colitis .558	4,918	3,768	1,150	0.3	13.3	63.3	23.4	100.0
Diseases of genitourinary system .580–629	38,472	17,665	20,807	1.2	20.5	25.4	54.1	100.0
Other disorders of urethra and urinary tract .599	5,547	3,265	2,282	0.7	23.6	35.2	41.1	100.0
Diseases of skin and subcutaneous tissue .680–709	38,640	19,252	19,388	1.0	21.9	27.9	50.2	100.0
Diseases of sebaceous glands .706	8,146	3,153	4,993	1.6	23.8	14.9	61.3	100.0
Contact dermatitis and other eczema .692	6,542	4,072	2,470	0.6	23.4	38.8	37.8	100.0
Diseases of musculoskeletal system and connective tissue .710–739	47,906	17,215	30,691	1.8	17.1	18.8	64.1	100.0
Osteoarthrosis and allied disorders .715	6,259	1,534	4,725	3.1	11.4	13.1	75.5	100.0
Other and unspecified disorders of back .724	5,442	1,759	3,684	2.1	15.0	17.3	67.7	100.0
Symptoms, signs, and ill-defined conditions .780–799	28,883	14,326	14,557	1.0	19.9	29.7	50.4	100.0
General symptoms .780	5,550	2,158	3,392	1.6	13.8	25.1	61.1	100.0
Injury and poisoning .800–999	55,936	27,714	28,222	1.0	22.6	27.0	50.5	100.0
Sprains and strains of other and unspecified parts of back .847	7,614	2,663	4,951	1.9	20.3	14.7	65.0	100.0
Supplementary classification .V01–V82	105,642	31,394	74,248	2.4	15.0	14.7	70.3	100.0
Normal pregnancy .V22	23,578	3,378	30,301	9.0	9.3	5.0	85.7	100.0
General medical examination .V70	20,166	10,609	9,558	0.9	30.3	22.3	47.4	100.0
Health supervision of infant or child .V20	15,669	5,610	10,059	1.8	12.5	23.3	64.2	100.0
Other postsurgical states .V45	7,216	699	6,517	9.3	*4.0	*5.7	90.3	100.0

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

Table 32. Number and percent distribution of office visits by selected principal diagnoses according to selected diagnostic services: United States, 1989

Principal diagnosis and ICD–9–CM code [1]	Number of visits in thousands	Total	Blood pressure check	Other blood test	Urinalysis	No diagnostic services
		Percent distribution				
All principal diagnoses	692,702	100.0	34.9	12.7	12.7	38.4
Infectious and parasitic diseases .001–139	25,466	100.0	21.9	10.9	8.3	46.6
Neoplasms .140–239	22,319	100.0	30.2	28.5	9.8	34.6
Endocrine, nutritional, and metabolic diseases and immunity disorders .240–279	27,863	100.0	66.4	42.1	14.8	12.3
Diabetes mellitus .250	13,237	100.0	72.2	54.8	17.4	6.9
Disorders of lipoid metabolism .272	4,780	100.0	69.3	34.7	14.1	*4.8
Mental disorders .290–319	25,386	100.0	21.6	6.1	4.8	69.9
Neurotic disorders .300	8,511	100.0	22.9	*5.1	*3.9	72.1
Diseases of nervous system and sense organs .320–389	74,557	100.0	11.0	3.2	1.9	38.8
Suppurative and unspecified otitis media .382	20,033	100.0	7.2	3.5	*1.3	77.5
Disorders of refraction and accommodation .367	7,686	100.0	*0.5	*0.1	*0.5	*2.3
Cataract .366	6,335	100.0	*5.8	*2.0	*1.6	8.8
Glaucoma .365	4,952	100.0	*3.0	–	–	*3.7
Diseases of circulatory system .390–459	56,014	100.0	72.3	23.0	10.8	14.6
Essential hypertension .401	27,708	100.0	81.8	23.3	13.5	11.2
Other forms of chronic ischemic heart disease .414	5,712	100.0	67.2	25.1	*6.7	14.0
Diseases of respiratory system .460–519	94,593	100.0	28.9	8.6	3.4	48.2
Acute upper respiratory infections .465	15,765	100.0	28.1	8.7	*2.9	55.3
Allergic rhinitis .477	11,631	100.0	14.8	*3.6	*3.5	66.6
Bronchitis, not specified as acute or chronic .490	11,160	100.0	32.3	6.3	*1.6	52.2
Acute pharyngitis .462	10,958	100.0	22.3	9.0	*2.2	30.6
Chronic sinusitis .473	8,700	100.0	35.0	5.9	*4.4	48.1
Asthma .493	6,822	100.0	38.6	9.5	*1.5	45.8
Acute tonsillitis .463	4,793	100.0	19.1	*5.6	*4.2	40.9
Diseases of digestive system .520–579	26,743	100.0	42.0	15.2	8.3	34.1
Other noninfectious gastroenteritis and colitis .558	4,918	100.0	24.4	*8.3	*4.5	43.1
Diseases of genitourinary system .580–629	38,472	100.0	41.9	12.7	46.3	12.9
Other disorders of urethra and urinary tract .599	5,547	100.0	35.1	10.8	87.7	*5.1
Diseases of skin and subcutaneous tissue .680–799	38,640	100.0	14.2	4.8	3.0	71.5
Diseases of sebaceous glands .706	8,146	100.0	*5.8	*4.3	*2.3	79.1
Contact dermatitis and other eczema .692	6,542	100.0	15.6	*2.3	*1.2	71.9
Diseases of musculoskeletal system and connective tissue .710–739	47,906	100.0	32.9	11.7	7.9	43.7
Osteoarthrosis and allied disorders .715	6,259	100.0	45.2	18.7	10.6	31.1
Other and unspecified disorders of back .724	5,442	100.0	34.4	*7.7	12.5	45.6
Symptoms, signs, and ill-defined conditions .780–799	28,883	100.0	41.2	20.9	13.7	29.6
General symptoms .780	5,550	100.0	51.9	28.9	11.4	28.4
Injury and poisoning .800–999	55,936	100.0	18.8	2.0	2.6	52.7
Sprains and strains of other and unspecified parts of back .847	7,614	100.0	22.9	*1.1	*5.1	58.6
Supplementary classification .V01–V82	105,642	100.0	46.1	13.5	29.8	31.9
Normal pregnancy .V22	23,578	100.0	77.3	13.5	58.7	8.0
General medical examination .V70	20,166	100.0	63.5	26.8	45.2	20.8
Health supervision of infant or child .V20	15,669	100.0	15.7	13.9	16.8	61.6
Other postsurgical states .V45	7,216	100.0	17.1	*5.0	*5.6	56.2

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

Table 33. Number and percent distribution of office visits by selected principal diagnoses according to selected therapeutic services: United States, 1989

Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Medication		Counseling and advice					Other
		Total	One or more drugs ordered or provided	Weight counseling	Cholesterol counseling	Smoking cessation	Other counseling	No counseling	Ambulatory surgery
		Percent distribution							
All principal diagnoses	692,702	100.0	60.2	6.3	3.1	2.2	30.3	62.9	1.9
Infectious and parasitic diseases .001–139	25,466	100.0	70.2	2.2	*0.4	*1.3	31.8	65.9	3.1
Neoplasms .140–239	22,319	100.0	38.6	3.0	*1.3	*1.0	29.5	67.6	10.5
Endocrine, nutritional, and metabolic diseases and immunity disorders .240–279	27,863	100.0	67.8	34.7	17.2	3.1	26.0	39.4	*0.7
Diabetes mellitus .250	13,237	100.0	77.9	32.7	9.9	*3.1	31.9	44.2	*0.6
Disorders of lipoid metabolism .272	4,780	100.0	52.5	35.0	63.2	*3.5	14.0	24.1	*0.7
Mental disorders .290-319	25,386	100.0	57.9	5.3	*1.2	*1.7	39.3	56.8	–
Neurotic disorders .300	8,511	100.0	51.0	*4.3	*1.4	*1.6	39.9	56.7	–
Diseases of nervous system and sense organs .320–389	74,557	100.0	59.1	1.1	*0.4	*0.7	26.8	71.7	1.3
Suppurative and unspecified otitis media .382	20,033	100.0	87.5	*0.4	*0.2	*0.4	28.4	70.7	*0.2
Disorders of refraction and accommodation .367	7,686	100.0	*6.3	*0.2	*0.3	*0.1	15.0	84.4	*0.4
Cataract .366	6,335	100.0	34.6	–	–	*0.1	28.8	71.0	*4.5
Glaucoma .365	4,952	100.0	72.9	–	–	*0.1	25.7	74.2	*0.5
Diseases of circulatory system .390–459	56,014	100.0	79.4	20.5	14.8	5.6	25.4	52.3	*0.7
Essential hypertension .401	27,708	100.0	82.7	27.9	17.1	6.5	19.9	50.8	–
Other forms of chronic ischemic heart disease .414	5,712	100.0	83.3	14.2	20.9	*5.1	33.1	48.1	–
Diseases of respiratory system .460–519	94,593	100.0	84.9	2.8	1.4	4.1	22.7	70.9	*0.2
Acute upper respiratory infections .465	15,765	100.0	83.1	*2.6	*1.6	*1.6	24.2	71.4	–
Allergic rhinitis .477	11,631	100.0	81.6	*1.9	17.9	*3.4	54.9	45.1	–
Bronchitis, not specified as acute or chronic .490	11,160	100.0	95.0	*2.7	*1.0	7.4	21.1	69.9	–
Acute pharyngitis .462	10,958	100.0	54.2	8.7	*2.1	*1.3	60.5	39.5	–
Chronic sinusitis .473	8,700	100.0	92.5	*3.7	*1.6	*2.5	17.7	76.8	*0.3
Asthma .493	6,822	100.0	91.6	*4.3	*0.6	*4.2	30.3	62.8	
Acute tonsillitis .463	4,793	100.0	89.0	*1.6	–	*1.1	24.2	73.2	*0.3
Diseases of digestive system .520–579	26,743	100.0	64.9	7.0	2.6	3.1	35.8	43.4	2.2
Other noninfectious gastroenteritis and colitis .558	4,918	100.0	74.4	*1.1	–	*0.5	41.9	56.5	*0.1
Diseases of genitourinary system .580–629	38,472	100.0	55.9	3.9	2.6	1.4	43.7	55.9	3.4
Other disorders of urethra and urinary tract .599	5,547	100.0	75.5	*3.8	*1.2	*0.5	32.6	62.9	*0.9
Diseases of skin and subcutaneous tissue .680–709	38,640	100.0	69.5	1.6	*0.7	*0.7	27.2	71.1	8.4
Diseases of sebaceous glands .706	8,146	100.0	72.8	*1.1	*0.1	*0.3	24.6	74.9	11.4
Contact dermatitis and other eczema .692	6,542	100.0	87.5	*0.5	*0.2	*0.2	34.7	65.2	*2.1
Diseases of musculoskeletal system and connective tissue .710–739	47,906	100.0	64.0	10.3	2.7	1.4	29.3	61.4	*1.1
Osteoarthrosis and allied disorders .715	6,259	100.0	73.9	15.9	*5.0	*1.4	27.5	58.3	*0.5
Other and unspecified disorders of back .724	5,442	100.0	53.0	*3.9	*0.6	*0.7	34.8	61.3	–
Symptoms, signs, and ill-defined conditions .780–799	28,883	100.0	53.8	5.8	2.7	2.3	28.7	64.3	*1.7
General symptoms .780	5,550	100.0	63.7	*5.2	*2.9	*1.7	28.0	65.5	–
Injury and poisoning .800–899	55,936	100.0	44.1	2.1	*0.5	*0.9	29.9	67.4	1.9
Sprains and strains of other and unspecified parts of back .847	7,614	100.0	61.6	12.9	*3.2	*1.4	32.8	57.5	–
Supplementary classification .V01–V82	105,642	100.0	38.7	3.9	1.4	1.9	36.8	60.0	0.6
Normal pregnancy .V22	23,578	100.0	38.8	*2.0	*0.1	2.3	35.0	62.5	–
General medical examination .V70	20,166	100.0	29.8	5.5	3.1	2.8	32.6	61.9	*0.4
Health supervision of infant or child .V20	15,669	100.0	47.8	*0.6	*0.4	*0.2	57.0	42.2	–
Other postsurgical states .V45	7,216	100.0	27.3	*2.3	*1.5	*1.0	28.6	69.0	*0.8

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

Table 34. Number and percent distribution of office visits by selected principal diagnoses according to disposition of visit: United States, 1989

Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Disposition of visit[2]							
		Total	Return visit planned	Return if needed	No followup	Telephone followup	Refer to other physician	Admit to hospital	Other
		Percent distribution							
All principal diagnoses	692,702	100.0	61.3	23.1	9.6	3.6	2.9	1.0	3.1
Infectious and parasitic diseases .001–139	25,466	100.0	37.1	36.8	20.8	5.1	*1.9	*0.3	*1.0
Neoplasms .140–239	22,319	100.0	73.5	9.9	5.0	2.6	6.3	4.2	6.1
Endocrine, nutritional, and metabolic diseases and immunity disorders .240–279	27,863	100.0	82.4	10.6	3.9	5.2	2.0	*0.7	*1.8
Diabetes mellitus .250	13,237	100.0	89.2	7.9	*2.2	*3.4	*1.9	*0.8	*2.4
Disorders of lipoid metabolism .272	4,780	100.0	80.3	*9.3	*6.3	*7.3	*1.7	–	*0.5
Mental disorders .290–319	25,386	100.0	81.6	12.2	3.2	*1.9	*1.6	*1.1	2.3
Neurotic disorders .300	8,511	100.0	79.1	15.0	*4.0	*1.7	*1.4	–	*2.1
Diseases of nervous system and sense organs .320–389	74,557	100.0	63.3	21.3	9.4	2.3	3.1	*0.4	4.2
Suppurative and unspecified otitis media .382	20,033	100.0	60.5	25.9	11.3	*1.8	*1.8	*0.3	*0.8
Disorders of refraction and accommodation .367	7,686	100.0	60.7	21.5	14.9	*1.2	*0.8	–	*2.4
Cataract .366	6,335	100.0	80.8	8.0	*0.6	*1.7	*3.7	*1.6	11.7
Glaucoma .365	4,952	100.0	96.1	*1.2	–	*0.6	*1.2	–	*4.8
Diseases of circulatory system .390–459	56,014	100.0	83.8	11.7	2.6	2.5	3.2	1.6	3.1
Essential hypertension .401	27,708	100.0	88.7	10.2	2.9	*1.3	2.2	–	*1.0
Other forms of chronic ischemic heart disease .414	5,712	100.0	87.8	10.3	*2.1	*3.1	*3.1	*2.1	*5.3
Diseases of respiratory system .460–519	94,593	100.0	41.1	41.2	11.6	5.4	1.1	0.6	2.3
Acute upper respiratory infections .465	15,765	100.0	29.0	51.9	15.4	6.4	*0.9	–	*0.5
Allergic rhinitis .477	11,631	100.0	67.7	18.5	4.5	*1.1	*1.3	–	9.2
Bronchitis, not specified as acute or chronic .490	11,160	100.0	33.8	53.6	11.1	*4.2	*0.7	–	*0.3
Acute pharyngitis .462	10,958	100.0	16.5	59.1	17.0	8.7	*0.4	–	*0.9
Chronic sinusitis .473	8,700	100.0	31.9	43.4	18.0	*4.9	*1.1	*0.8	*1.7
Asthma .493	6,822	100.0	65.5	27.2	*3.9	*5.4	*1.9	*0.4	*0.9
Acute tonsillitis .463	4,793	100.0	33.7	48.0	10.7	*9.9	*0.7	–	*0.6
Diseases of digestive system .520–579	26,743	100.0	54.5	24.0	5.6	8.3	5.5	3.2	6.1
Other noninfectious gastroenteritis and colitis .558	4,918	100.0	28.9	45.2	14.8	12.0	*1.9	–	*1.0
Diseases of genitourinary system .580–629	38,472	100.0	61.3	23.9	4.6	6.1	6.8	1.7	5.2
Other disorders of urethra and urinary tract .599	5,547	100.0	54.8	27.7	*5.0	*8.1	*4.6	*1.6	*6.9
Diseases of skin and subcutaneous tissue .680–799	38,640	100.0	53.6	29.5	11.5	3.4	2.0	*0.5	2.1
Diseases of sebaceous glands .706	8,146	100.0	71.3	18.0	*5.4	*2.7	*1.8	*0.2	*1.1
Contact dermatitis and other eczema .692	6,542	100.0	34.5	45.4	14.3	*5.1	*1.3	–	*1.6
Diseases of musculoskeletal system and connective tissue .710–739	47,906	100.0	60.2	26.6	6.5	2.7	4.5	*1.0	3.4
Osteoarthrosis and allied disorders .715	6,259	100.0	68.0	24.5	*3.2	*2.1	*5.3	*1.5	*2.1
Other and unspecified disorders of back .724	5,442	100.0	62.5	20.9	9.3	*3.3	*3.2	*2.1	*2.9
Symptoms, signs, and ill-defined conditions .780–799	28,883	100.0	55.3	22.5	8.3	7.8	5.7	*1.7	5.0
General symptoms .780	5,550	100.0	62.7	21.5	*5.2	*5.9	*4.2	*2.5	*2.9
Injury and poisoning .800–999	55,936	100.0	58.4	25.5	10.9	2.1	2.4	*0.6	2.3
Sprains and strains of other and unspecified parts of back .847	7,614	100.0	66.5	20.5	9.6	*1.4	*1.9	*0.4	*2.8
Supplementary classification .V01–V82	105,642	100.0	67.1	15.3	15.4	1.5	1.4	*0.4	1.8
Normal pregnancy .V22	23,578	100.0	94.5	3.9	*1.2	*0.3	*1.7	*0.3	*1.3
General medical examination .V70	20,166	100.0	37.8	22.9	36.2	*1.9	*1.5	–	*1.2
Health supervision of infant or child .V20	15,669	100.0	76.1	12.3	11.8	*0.6	*0.4	–	*0.6
Other postsurgical states .V45	7,216	100.0	80.7	10.3	7.5	*1.3	*1.6	*1.0	*4.1

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification*, (ICD–9–CM).
[2]Total may exceed total number of visits because more than one category may be reported per visit.

Table 35. Annual rate of office visits to ambulatory care physicians by patient's age, sex, and race: United States, 1975–89

Patient characteristic	1975	1976	1977	1978	1979	1980	1981	1985	1989
	Visits per person per year[1]								
All visits	2.7	2.8	2.7	2.8	2.6	2.7	2.6	2.7	2.8
Age									
Less than 15 years	1.9	2.1	2.0	2.2	2.0	2.2	2.1	2.3	2.6
15–24 years	2.2	2.3	2.2	2.2	2.1	2.1	2.0	1.9	1.9
25–44 years	2.8	2.8	2.7	2.7	2.6	2.6	2.5	2.5	2.4
45–64 years	3.4	3.4	3.3	3.3	3.0	3.0	3.1	3.1	3.1
65 years and over	4.3	4.3	4.2	4.1	4.0	4.2	4.3	4.9	5.2
Sex									
Female	3.2	3.3	3.2	3.2	3.0	3.1	3.1	3.2	3.3
Less than 15 years	1.8	2.0	2.0	2.1	2.0	2.1	2.1	2.3	2.5
15–24 years	2.9	2.9	2.8	2.8	2.6	2.7	2.6	2.5	2.4
25–44 years	3.6	3.6	3.4	3.5	3.4	3.3	3.2	3.2	3.2
45–64 years	4.0	3.9	3.7	3.7	3.4	3.4	3.5	3.6	3.6
65 years and over	4.5	4.6	4.4	4.2	4.2	4.3	4.5	5.0	5.4
Male	2.2	2.3	2.2	2.3	2.1	2.2	2.2	2.2	2.3
Less than 15 years	2.0	2.2	2.1	2.2	2.1	2.1	2.1	2.3	2.6
15–24 years	1.5	1.6	1.5	1.6	1.5	1.3	1.3	1.3	1.4
25–44 years	1.9	2.0	1.8	1.9	1.8	1.7	1.7	1.6	1.6
45–64 years	2.8	2.8	2.8	2.8	2.5	2.7	2.7	2.6	2.6
65 years and over	4.0	4.0	3.8	4.0	3.6	4.1	4.1	4.6	4.8
Race									
White	2.8	2.9	2.8	2.8	2.7	2.7	2.7	2.9	2.9
Less than 15 years	2.0	2.3	2.2	2.3	2.2	2.4	2.2	2.5	2.6
15–24 years	2.3	2.4	2.3	2.3	2.2	2.2	2.1	2.1	1.9
25–44 years	2.7	2.9	2.7	2.7	2.6	2.6	2.4	2.5	2.4
45–64 years	3.5	3.4	3.4	3.3	3.1	3.1	3.1	3.2	3.1
65 years and over	4.4	4.5	4.3	4.2	4.1	4.3	4.4	5.0	4.6
Black and other	2.2	2.1	2.0	2.2	1.8	2.0	2.0	1.9	2.2
Less than 15 years	1.3	1.4	1.3	1.4	1.2	1.5	1.6	1.3	1.7
15–24 years	1.7	1.7	1.5	1.8	1.3	1.5	1.3	1.3	1.4
25–44 years	2.8	2.6	2.4	2.8	2.5	2.2	2.0	2.0	2.1
45–64 years	3.2	3.0	2.7	3.0	2.3	2.4	2.9	2.5	2.8
65 years and over	3.3	2.9	2.9	3.3	2.8	3.6	3.9	3.4	4.7

[1]Rates are based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States for July 1 of each survey year.

Appendixes

Contents

I. Technical notes 56
Statistical design 56
Data collection and processing 57
Estimation procedures 58
Reliability of estimates 58
Tests of significance 62
Population figures and rate computation 62
Rounding of numbers 62
Systematic bias 62

II. Definitions of terms 64
Terms relating to the survey 64
Terms relating to the Patient Record 65

III. Survey instruments 68
Introductory letter from Director, NCHS 68
Patient Log and Patient Record 69
Induction interview form 70

List of appendix figures

I. Approximate relative standard errors for estimated numbers of office visits based on all physicians and on individual physician groups: National Ambulatory Medical Care Survey, 1989 60

II. Approximate relative standard errors for drug mentions based on all physicians and on individual physician groups: National Ambulatory Medical Care Survey, 1989 61

List of appendix tables

I. Number of physicians in the universe, total sample, sample response categories, and response rate by physician strata: National Ambulatory Medical Care Survey, 1989 57

II. Coefficients appropriate for determining relative standard errors by type of estimate and physician groups: National Ambulatory Medical Care Survey, 1989 59

III. Population figures used in computing annual visit rates shown in this report by selected demographic characteristics: United States, July 1, 1989 62

Appendix I
Technical notes

This report is based on data collected during the period March 1989–February 1990 in the National Ambulatory Medical Care Survey (NAMCS), a sample survey of office-based physicians conducted by the Division of Health Care Statistics of the National Center for Health Statistics (NCHS), Centers for Disease Control. The NAMCS survey design and procedures are presented in the following sections.

Statistical design

Scope of the survey

The target population of the 1989 NAMCS includes office visits made in the United States by ambulatory patients to nonfederally employed physicians who are principally engaged in office-based patient care practice, but not in the specialties of anesthesiology, pathology, or radiology. Telephone contacts and nonoffice visits are not included in the 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 consisted of 112 PSU's that comprose a probability subsample of PSU's used in the 1985–94 National Health Interview Survey (NHIS). A PSU is a county, a group of counties or county equivalents (such as parishes or independent cities), or towns and townships (for some PSU's in New England). PSU strata were defined within four geographic regions by metropolitan statistical area (MSA) or non-MSA status by using the 1980 Census of Population data and a computer program that minimized the between PSU variances for NHIS stratification variables. (MSA is defined by the U.S. Office of Management and Budget on the basis of the 1980 Census.) From the strata thus formed, the PSU's were selected with probability proportional to the projected 1985 population. For details of the NHIS PSU sample design, see Massey et al. (19).

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

- Office-based, as defined by AMA and AOA.
- Principally engaged in patient care activities.
- Nonfederally employed.
- Not in the specialties and subspecialties of anesthesiology, pathology, and radiology.

The 1989 NAMCS physician universe included 304,792 doctors of medicine and 12,720 doctors of osteopathy. Eligible physicians were stratified into 15 groups as follows:

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

The number of physicians selected from each stratum was based on the sample size and the resulting precision level for each specialty stratum in the 1985 NAMCS, with the goal of producing approximately equal levels of precision across all of the strata.

The 1989 NAMCS physician sample included 2,535 physicians. Sample physicians were screened at the time of the survey to ensure that they met the aforementioned criteria; 608 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 or not in an office-based practice. Of the 1,927 in scope (eligible) physicians, 1,421 (73.7 percent) participated in the study. Of the participating physicians, 198 saw no patients during their assigned reporting period because of vacations, illnesses, or other reasons for

Table I. Number of physicians in the universe, total sample, sample response categories, and response rate by physician strata: National Ambulatory Medical Care Survey, 1989

Physician strata	Universe [1]	Sample					
		Total	Out of scope	In scope	Non-respondents	Respondents	Response rate
	Number						Percent
All strata	317,512	2,535	608	1,927	506	1,421	74
General and family practice	55,395	373	94	279	74	205	73
Osteopathy	12,720	247	57	190	55	135	71
Internal medicine	44,409	213	65	148	54	94	64
Pediatrics	24,961	166	46	120	23	97	81
General surgery	20,217	236	57	179	41	138	77
Obstetrics and gynecology	24,810	164	31	133	39	94	71
Orthopedic surgery	14,000	116	23	93	26	67	72
Cardiovascular disease	10,140	118	24	94	33	61	65
Dermatology	5,664	114	17	97	19	78	80
Urological surgery	7,262	118	24	94	23	71	76
Psychiatry	21,879	104	30	74	16	58	78
Neurology	5,326	106	24	82	21	61	74
Ophthalmology	12,730	108	17	91	16	75	82
Otolaryngology	6,152	104	15	89	26	63	71
All other specialties	51,847	248	84	164	40	124	76

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

being temporarily out of office-based practice. The physician universe, sample size, and response data by physician strata 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 from the physician's practice during the assigned reporting week. The visit sampling rate varied for this final step from a 100-percent sample for very small practices to a 20-percent sample for very large practices. The method for determining the visit sampling rate is described later in this appendix and in the induction interview form in Appendix III. The 1989 NAMCS responding sample physicians completed 38,384 Patient Records.

Data collection and processing

Field procedures

Both mail and telephone contacts were used to enlist sample physicians for NAMCS. Initially, physicians were sent an introductory letter from the Director of NCHS (see Appendix III). When appropriate, a letter from the physician's specialty organization endorsing the survey and urging participation was enclosed with the NCHS letter. Approximately 2 weeks before the physician's assigned reporting period, a field representative telephoned the physician to briefly explain the study and arrange an appointment for a personal interview. Physicians who did not initially respond were usually 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 cooperation, delivered survey materials with verbal and printed instructions, and assigned a predetermined Monday–Sunday reporting period. A short induction interview concerning basic practice characteristics, such as type of practice and expected number of office visits, was conducted (see Appendix III). Office staff who were to assist with data collection were invited to attend the instructional session or were offered separate instructional sessions.

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

Data collection

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

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

Data processing

In addition to followups for missing and inconsistent data made by the field staff, clerical edits were performed on data received for central data processing. These manual edit procedures resulted in item nonresponse rates of 5 percent or less for all data items.

Information contained in item 9 (Patient's complaint, symptom, or other reason for visit) of the Patient Record was coded according to *A Reason for Visit Classification for Ambulatory Care* (RVC) (13). Diagnostic information (item 10 of the Patient Record) was coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (14). A maximum of three entries was coded from each of these items. The NAMCS medication data (item 15 of the Patient Record) was classified and coded according to a scheme developed at NCHS based on the Drug Product Information File maintained by the American Druggist Blue Book Data Center. A description of the drug coding scheme and of the NAMCS drug data processing procedures has been published (15).

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

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

Estimation procedures

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

Inflation by reciprocals of probabilities of selection

Because the survey utilized a three-stage sample design, three probabilities of selection existed: (1) the probability of selecting the PSU, (2) the probability of selecting the physician within the PSU, and (3) the probability of selecting the office visit within the physician's practice. The overall probability of including a physician in the sample was the product of the probability of the PSU being selected multiplied by the probability of the physician being selected. The probability of selecting the physician within a PSU was the PSU weight divided by the sampling interval. The probability of selecting the office visit was defined as the number of office visits during the physician's assigned reporting week divided by the number of Patient Records completed. All weekly estimates were inflated by a factor of 52 to derive annual estimates.

Adjustment for nonresponse

Estimates from NAMCS data were adjusted to account for sample physicians who were in scope but did not participate in the study. This adjustment was calculated to minimize the impact of response on final estimates by imputing to nonresponding physicians the practice characteristics of similar responding physicians. For this purpose, physicians were judged similar if they had the same specialty designation and practiced in the same PSU.

Ratio adjustment

A poststratification adjustment was made within each of the 15 physician strata. The ratio adjustment was a multiplication factor that had as its numerator the number of physicians in the universe in each physician specialty strata and as its denominator the estimated number of physicians in that particular specialty strata. The numerator was based on figures obtained from the AMA and AOA masterfiles, and the denominator was based on data from the sample.

Reliability of estimates

As in any survey, results are subject to both sampling and nonsampling errors. Nonsampling errors include reporting and processing errors, as well as biases due to nonresponse or incomplete response. The magnitude of the nonsampling errors cannot be computed. However, these errors were kept to a minimum by procedures built

into the operation of the survey. To eliminate ambiguities and encourage uniform reporting, 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. 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 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 of 100 that the difference would be less than twice the standard error, and about 99 of 100 that it would be less than 2 1/2 times as large.

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

Estimates of sampling variability were calculated with SESUDAAN software which computes standard errors by using a first-order Taylor approximation of the deviation of estimates from their expected values. A description of the software and the approach it uses has been published (20).

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

Estimates of aggregates

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

Table II. Coefficients appropriate for determining relative standard errors by type of estimate and physician groups: National Ambulatory Medical Care Survey, 1989

Type of estimate and physician group	Coefficient	
	A	B
Visits		
Overall totals	0.00161075	48.44516000
Doctors of osteopathy, general surgery, orthopedic surgery, cardiovascular disease, psychiatry, urological surgery, dermatology, neurology, ophthalmology, otolaryngology	0.01798498	8.66482249
Pediatrics, obstetrics, and gynecology	0.01283754	24.17002721
Internal medicine, all other specialties	0.01498303	36.73205078
General and family practice	0.00573033	30.48694805
Drug mentions		
Overall totals	0.00258400	79.97392437
Doctors of osteopathy, general surgery, orthopedic surgery, cardiovascular disease, psychiatry, urological surgery, dermatology, neurology, ophthalmology, otolaryngology	0.03278417	9.67984575
Pediatrics, obstetrics, and gynecology	0.02355989	22.74292891
Internal medicine, all other specialties	0.02100443	61.17468803
General and family practice	0.00717830	53.42315388

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

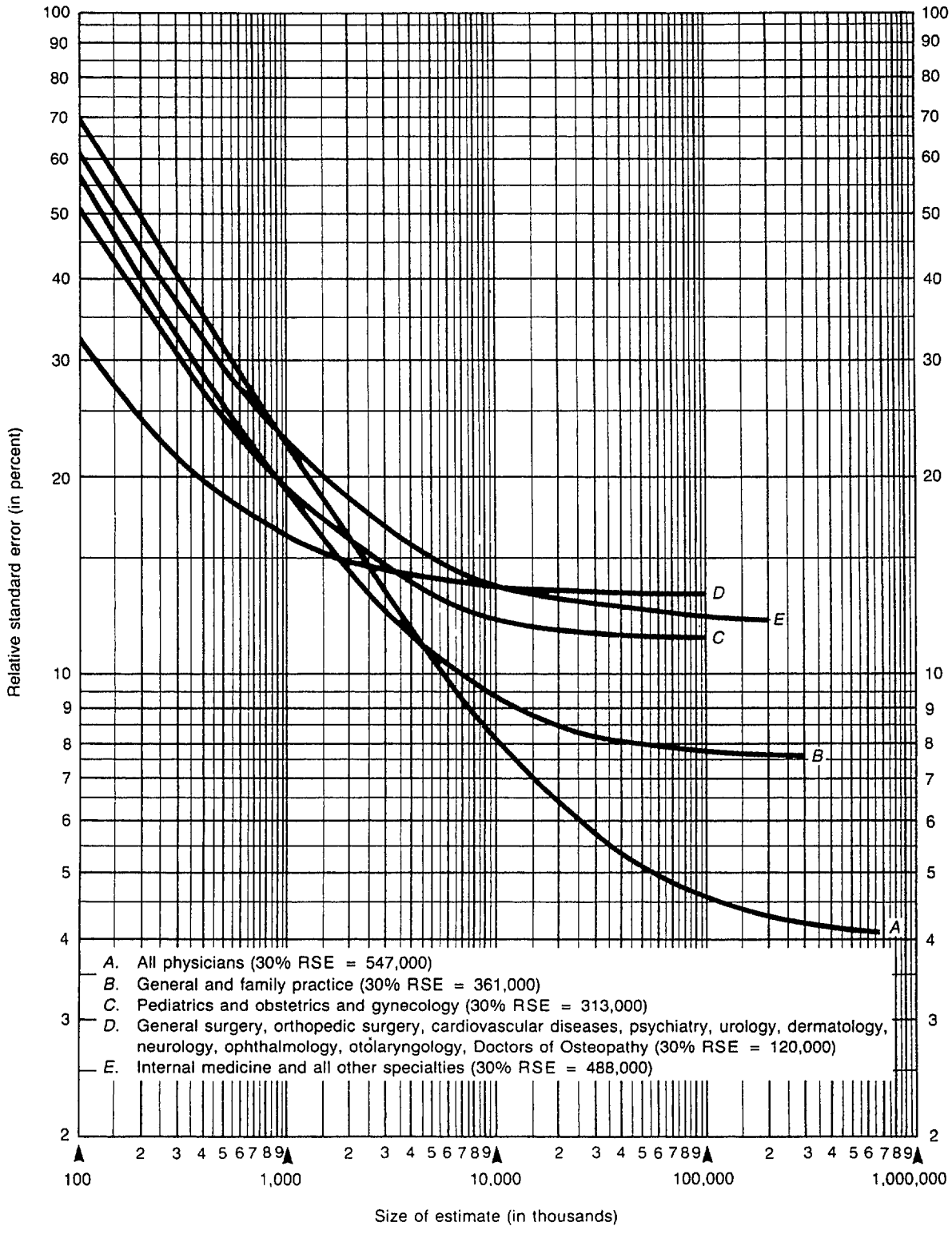
$$\mathrm{RSE}(x) = \sqrt{A + \frac{B}{x}} \cdot 100.0$$

Estimates of percents

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

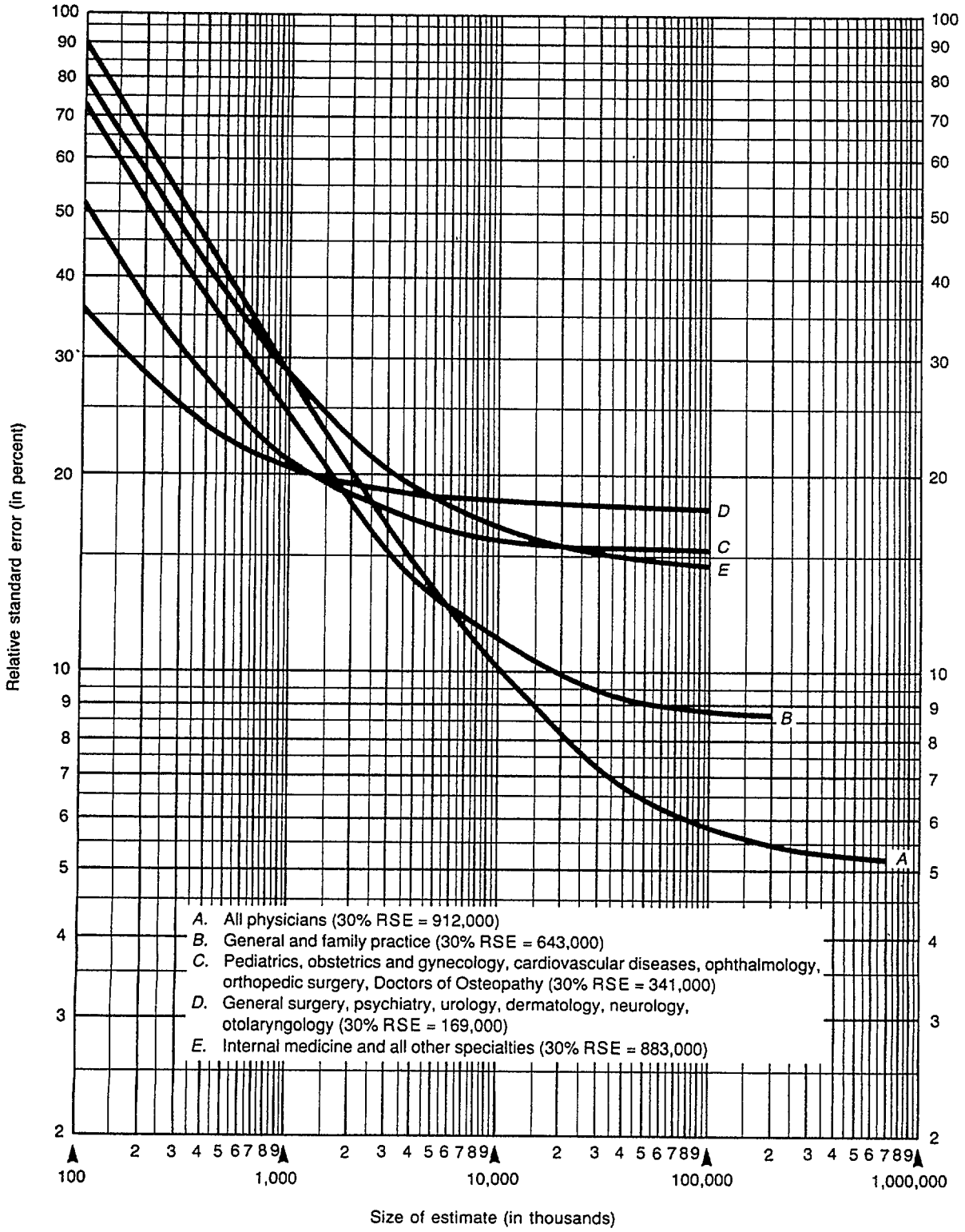
Alternatively, RSE's for percents may be calculated using the following general formula, where p is the percent of interest and x is the denominator of the percent in thousands, using the appropriate coefficient from table II.

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



EXAMPLE OF USE OF TABLE: An estimate of 10 million visits to general and family practice physicians (read on scale at bottom of chart) has a relative standard error of 9.4 percent (read from curve B on scale at left of chart) or a standard error of 940,000 office visits (9.4 percent of 10 million office visits).

Figure I. Approximate relative standard errors for estimated numbers of office visits based on all physicians (A) and on individual physician groups (B–E): National Ambulatory Medical Care Survey, 1989.



EXAMPLE OF USE OF TABLE: An estimate of 20 million drug mentions by pediatricians (read on scale at bottom of chart) has a relative standard error of 15.7 percent (read from curve C on scale at left of chart) of 3,140,000 drug mentions (15.7 percent of 20 million drug mentions).

Figure II. Approximate relative standard errors for estimated numbers of drug mentions based on all physicians (A) and on individual physician groups (B–E): National Ambulatory Medical Care Survey, 1989.

Estimates of rates where numerator is not a subclass of 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. The Bonferroni inequality was used to establish the critical value for statistically significant differences (0.05 level of confidence). Terms relating to differences, such as "higher," "less," and so forth, indicate that the differences are statistically significant. Terms such as "similar" or "no difference" mean that no statistical significance exists between the estimates being compared. A lack of comment regarding the difference between any two estimates does not mean that the difference was tested and found to be not significant.

Population figures and rate computation

The population figures used in computing annual visit rates are presented in table III. The figures are based on the July 1, 1989 estimates of the civilian noninstitutionalized population of the United States.

Rounding of numbers

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

Systematic bias

No formal attempt was undertaken to determine or measure systematic bias in the 1989 NAMCS data. It should be noted, however, 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, a postsurvey evaluation study conducted in the 1985 NAMCS among a random sample of participating physicians indicates that a small number of patient visits may have been accidentally omitted from the Patient Log; although this number is quite small, such omissions would result in an undercoverage of office visits. The same postsurvey study indicates that the inclusion of patient visits which did not actually occur was infrequent and would have a negligible effect on survey estimates.
- As previously stated, the physician universe for the 1989 NAMCS included all non-Federal, office-based, patient care physicians on the AMA and AOA masterfiles. The NAMCS was designed to provide statistically unbiased estimates of office visits to this designated population. Not included in the universe

Table III. Population figures used in computing annual visit rates shown in this report by selected demographic characteristics: United States, July 1, 1989

Characteristic	All ages	Less than 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over
Race				Number in thousands			
All races	243,532	53,855	35,548	78,795	46,114	17,828	11,391
Female	125,523	26,287	17,969	40,147	24,044	9,893	7,183
Male	118,009	27,568	17,579	38,648	22,070	7,935	4,208
White	205,312	43,435	29,000	66,543	40,022	15,984	10,328
Female	105,309	21,151	14,580	33,511	20,713	8,839	6,514
Male	100,003	22,284	14,420	33,032	19,309	7,145	3,814
Black	29,891	8,350	5,171	9,204	4,712	1,545	908
Female	15,950	4,110	2,707	5,062	2,606	884	580
Male	13,941	4,240	2,464	4,142	2,107	661	329
Other	8,329	2,070	1,377	3,048	1,380	299	155
Female	4,264	1,026	681	1,574	725	169	89
Male	4,065	1,044	696	1,475	655	130	66
Region							
Northeast	48,930	. . .	. . .	. . .	. . .	. . .	. . .
Midwest	59,540	. . .	. . .	. . .	. . .	. . .	. . .
South	83,148	. . .	. . .	. . .	. . .	. . .	. . .
West	51,913	. . .	. . .	. . .	. . .	. . .	. . .

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

were physicians who were classified as federally employed or hospital-based, or who were principally engaged in research, teaching, administration, or other nonpatient care activity. Consequently, ambulatory patient visits in an office setting to these physicians would not be included in NAMCS estimates. In an attempt to measure the number of office visits to physicians not in the NAMCS universe, a NAMCS Complement Survey was conducted in 1980. This study involved a sample of approximately 2,000 physicians selected from among the 230,000 physicians in the AMA and AOA masterfiles who were not eligible (in scope) for the 1980 NAMCS. Details of the Complement Survey methodology and results have been published (21). 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.

NOTE: A list of references follows the text.

Appendix II
Definitions of terms

Terms relating to the survey

Office—Premises identified by physicians as locations for their ambulatory practices, customarily including consultation, examination, or treatment spaces the patients associate with a particular physician. Responsibility over time for patient care and professional services rendered generally resides with the individual physician rather than with any institution.

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

Physician—A duly licensed doctor of medicine or doctor of osteopathy. For purposes of this National Ambulatory Medical Care Survey, physicians are classified as in scope or out of scope as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Terms relating to the Patient Record

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

Race—Physicians were instructed to mark the category they judged to be the most appropriate for each patient based on observation or prior knowledge. The following definitions were provided to the physician:

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

Ethnicity—Category judged by the physician to be the most appropriate. The following definitions were provided:

- *Hispanic origin*—A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- *Not Hispanic*—A person not of Hispanic origin.

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

- *Self-pay*—Charges billed directly to the patient that will not be reimbursed by a third party. Includes "copayments" and "deductibles." Does not include pre-paid plans for which no copayment is charged.
- *Medicare*—Charges paid in part or in full by a Medicare plan, including payments made directly to the physician, as well as payments reimbursed to the patient.
- *Medicaid*—Charges paid in part or in full by a Medicaid plan, including payments made directly to the physician, as well as payments reimbursed to the patient.
- *Blue Cross/Blue Shield*—Charges paid by Blue Cross or Blue Shield either directly to the physician or reimbursed to the patient. If charges are covered under a Blue Cross/Blue Shield sponsored prepaid plan, the physician is requested to check off both Blue Cross/Blue Shield and the HMO/prepaid category.
- *Other commercial insurance*—Charges paid by a private insurance company, including payments made directly to the physician, as well as payments reimbursed to the patient.
- *HMO/Prepaid plans*—Charges included under a health maintenance organization (HMO) plan or other prepayment plans, including independent practice associations (IPA's) and preferred provider organizations (PPO's).
- *No charge*—Visits for which no fee is charged (not including visits paid for as part of a total care package; for example, postoperative visits included in a surgical fee, pregnancy visits for which a flat fee was charged, and HMO and prepaid systems).
- *Other*—All other sources of payment not in the preceding categories; for example, worker's compensation programs, local welfare, Civilian Health and Medical Programs of Uniformed Services (CHAMPUS), and Veterans Administration.
- *Unknown*—This category indicates that none of the previous source of payment categories was checked.

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

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

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

- *Pap test*—Papanicolaou test.
- *Pelvic exam*—Self-explanatory.

- *Breast palpation*—Manual examination to detect abnormalities.
- *Visual acuity test*—Self-explanatory.
- *Blood pressure check*—Self-explanatory.
- *Urinalysis*—Any physical, chemical, or microscopic examination of urine.
- *Chest x-ray*—Single or multiple x-rays of the chest for diagnostic or screening purposes. Excludes fluoroscopy and studies of ribs, bony thorax, and spine.
- *Digital rectal exam*—Manual examination of the rectum.
- *Proctoscopy/sigmoidoscopy*—Examination of the rectum and sigmoid by means of the sigmoidoscope.
- *Stool blood exam*—Self-explanatory.
- *Oral glucose tolerance*—An oral test taken to measure a patient's glucose level.
- *Cholesterol measure*—A blood test taken to measure the level of cholesterol in a patient's blood.
- *HIV serology*—The study of the HIV antigen-antibody reaction in vitro.
- *Other blood test*—Self-explanatory.
- *Other*—Any other diagnostic services not included or listed in the preceding categories.

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

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

Have you seen the patient before?—"Seen before" means provided care for at any time in the past. The second part of item 11 refers to the patient's current episode of illness.

Counseling/Advice—Physicians were requested to check any of the following categories for which they ordered or provided counseling, advice, education, instructions, or recommendations to the patient during the current visit:

- Weight reduction.
- Cholesterol reduction.
- Smoking cessation.
- HIV transmission.
- Breast self-exam.
- Other.

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

- *Psychotherapy*—All treatments designed to produce a mental or emotional response through suggestion, persuasion, reeducation, reassurance, or support, including psychological counseling, hypnosis, psychoanalysis, and transactional therapy.
- *Corrective lenses*—Provision, ordering, or prescription for glasses or contact lenses.
- *Ambulatory surgery*—Any surgical procedure performed in the office or ordered to be performed elsewhere on an outpatient basis, 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.
- *Physiotherapy*—Any form of physical therapy ordered or provided, including any treatment using heat, light, sound, or physical pressure or movement; for example, ultrasonic, ultraviolet, infrared, whirlpool, diathermy, cold, and manipulative therapy.
- *Other*—Treatments or nonmedication therapies ordered or provided that are not listed or included in the preceding categories.

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

- *New medication?*—Indicates whether the medication was newly prescribed for the patient at the time of the visit.
- *For Dx in item 10?*—Indicates whether the medication was ordered or provided for the principal diagnosis in item 10 of the Patient Record.

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

- *No followup planned*—No return visit or telephone contact was scheduled for the patient's problem.
- *Return at specified time*—Patient was told to schedule an appointment or was instructed to return at a particular time.
- *Return if needed, P.R.N.*—No future appointment was made, but the patient was instructed to make an appointment with the physician if the patient considered it necessary. (P.R.N., pro re nata, as necessary.)
- *Telephone followup planned*—Patient was instructed to telephone the physician either on a particular day to report on progress, or at any time if the need should arise.
- *Referred to other physician*—Patient was instructed to consult or seek care from another physician. The patient may or may not return to this physician at a later date.

- *Returned to referring physician*—Patient was instructed to consult again with the referring physician.
- *Admit to hospital*—Patient was instructed that further care or treatment would be provided in a hospital. No further office visits were expected prior to hospital admission.
- *Other*—Any other disposition of the case not included in the preceding categories.

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

Appendix III
Survey instruments

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

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

NAMCS
Endorsing Organizations

American Academy of Dermatology

American Academy of Family Physicians

American Academy of Neurology

American Academy of Ophthalmology

American Academy of Orthopaedic Surgeons

American Academy of Pediatrics

American College of Obstetricians and Gynecologists

American College of Physicians

American College of Preventive Medicine

American Osteopathic Association

American Psychiatric Association

American Society of Internal Medicine

American Society of Plastic and Reconstructive Surgeons, Inc.

American Urological Association

Association of American Medical Colleges

American College of Surgeons

Dear Dr. :

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 the National Ambulatory Medical Care Survey (NAMCS).

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

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

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

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

Sincerely yours,

M Feinleib

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

B

PATIENT LOG

As each patient arrives, record name and time of visit on the log below. For the patient entered on line #2, also complete the patient record to the right.

	PATIENT'S NAME	TIME OF VISIT
	[redacted]	
2		a.m.
Record items 1-17 for this patient		p.m.

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

B

PATIENT RECORD
NATIONAL AMBULATORY MEDICAL CARE SURVEY

OMB No. 0920-0234
Expires 8-31-89
(PHS) 61058

1. DATE OF VISIT Month / Day / Year

2. ZIP CODE

3. DATE OF BIRTH Month / Day / Year

4. SEX
1 ☐ FEMALE
2 ☐ MALE

5. COLOR OR RACE
1 ☐ WHITE
2 ☐ BLACK
3 ☐ ASIAN/PACIFIC ISLANDER
4 ☐ AMERICAN INDIAN/ ESKIMO/ALEUT

6. ETHNICITY
1 ☐ HISPANIC ORIGIN
2 ☐ NOT HISPANIC

7. EXPECTED SOURCE(S) OF PAYMENT *[Check all that apply]*
1 ☐ SELF-PAY
2 ☐ MEDICARE
3 ☐ MEDICAID
4 ☐ BLUE CROSS/ BLUE SHIELD
5 ☐ OTHER COMMERCIAL INSURANCE
6 ☐ PRE-PAID PLAN HMO/IPA/PPO
7 ☐ NO CHARGE
8 ☐ OTHER *[Specify]*

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

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

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

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

12. DIAGNOSTIC/SCREENING SERVICES *[Check all ordered or provided]*
1 ☐ NONE
2 ☐ PAP TEST
3 ☐ PELVIC EXAM
4 ☐ BREAST PALPATION
5 ☐ MAMMOGRAM
6 ☐ VISUAL ACUITY
7 ☐ BLOOD PRESSURE CHECK
8 ☐ URINALYSIS
9 ☐ CHEST X-RAY
10 ☐ DIGITAL RECTAL EXAM
11 ☐ PROCT/SIGMOIDOSCOPY
12 ☐ STOOL BLOOD EXAM
13 ☐ ORAL GLUCOSE TOL.
14 ☐ CHOLESTEROL MEASURE
15 ☐ HIV SEROLOGY
16 ☐ OTHER BLOOD TEST
17 ☐ OTHER *[Specify]*

13. COUNSELING/ADVICE *[Check all ordered or provided]*
1 ☐ NONE
2 ☐ WEIGHT REDUCTION
3 ☐ CHOLESTEROL REDUCTION
4 ☐ SMOKING CESSATION
5 ☐ HIV TRANSMISSION
6 ☐ BREAST SELF-EXAM
7 ☐ OTHER

14. NON-MEDICATION THERAPY *[Check all ordered or provided]*
1 ☐ NONE
2 ☐ PSYCHOTHERAPY
3 ☐ CORRECTIVE LENSES
4 ☐ AMBULATORY SURGERY
5 ☐ PHYSIOTHERAPY
6 ☐ OTHER *[Specify]*

15. MEDICATION THERAPY *[Record all new or continued medications ordered or provided at this visit. Use the same brand name or generic name entered on any Rx or office medical record. Include immunizing and desensitizing agents.]*

IF NONE, CHECK HERE ☐

	a. NEW MEDICATION? YES	a. NEW MEDICATION? NO	b. FOR DX IN ITEM 10a? YES	b. FOR DX IN ITEM 10a? NO
1.	1 ☐	2 ☐	1 ☐	2 ☐
2.	1 ☐	2 ☐	1 ☐	2 ☐
3	1 ☐	2 ☐	1 ☐	2 ☐
4.	1 ☐	2 ☐	1 ☐	2 ☐
5.	1 ☐	2 ☐	1 ☐	2 ☐

16. 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]*

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

* U.S. GOVERNMENT PRINTING OFFICE:1988-226-197

OMB No. 0920-0234: Approval Expires 8/31/89

NOTICE — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this phase of the survey is estimated to average 15 minutes per response. If you have any comments regarding the burden estimate or any other aspect of this survey, including suggestions for reducing this burden, send them to the Ambulatory Care Statistics Branch, NCHS, 3700 East-West Highway, Hyattsville, MD 20782.

1. Label

FORM **NAMCS-1**
(10-28-88)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
NATIONAL CENTER FOR HEALTH STATISTICS
CENTERS FOR DISEASE CONTROL

NATIONAL AMBULATORY MEDICAL CARE SURVEY

2. Physician's telephone numbers *(Area code and number)*

Office (1)

Office (2)

Home

3. Field Representative information

Telephone screener	Code
Induction interview	Code

Section I — TELEPHONE SCREENER

4. Record of telephone calls

Call	Date	Time	Results
1			
2			
3			
4			

5. Final outcome of screening

1 ☐ Appointment

Day	Date	Time

Place

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

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

IF DOCTOR DOES NOT REMEMBER NCHS LETTER:

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

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

Since practicing physicians are the only reliable source of this information, we need your assistance. As one of the physicians selected in our national sample, your participation is essential to the success of the study.

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

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

Section I — TELEPHONE SCREENER — Continued

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

FIRST QUARTER — 1989

Reporting week code	Begins Monday	Through Sunday
019	January 2	January 8
029	January 9	January 15
039	January 16	January 22
049	January 23	January 29
059	January 30	February 5
069	February 6	February 12
079	February 13	February 19
089	February 20	February 26
099	February 27	March 5
109	March 6	March 12
119	March 13	March 19
129	March 20	March 26
139	March 27	April 2

SECOND QUARTER — 1989

Reporting week code	Begins Monday	Through Sunday
149	April 3	April 9
159	April10	April 16
169	April 17	April 23
179	April 24	April 30
189	May 1	May 7
199	May 8	May 14
209	May 15	May 21
219	May 22	May 28
229	May 29	June 4
239	June 5	June 11
249	June 12	June 18
259	June 19	June 25
269	June 26	July 2

THIRD QUARTER — 1989

Reporting week code	Begins Monday	Through Sunday
279	July 3	July 9
289	July 10	July 16
299	July 17	July 23
309	July 24	July 30
319	July 31	August 6
329	August 7	August 13
339	August 14	August 20
349	August 21	August 27
359	August 28	September 3
369	September 4	September 10
379	September 11	September 17
389	September18	September 24
399	September 25	October 1

FOURTH QUARTER — 1989

Reporting week code	Begins Monday	Through Sunday
409	October 2	October 8
419	October 9	October 15
429	October 16	October 22
439	October 23	October 29
449	October 30	November 5
459	November 6	November 12
469	November 13	November 19
479	November 20	November26
489	November 27	December 9
499	December 4	December 10
509	December 11	December 17
519	December 18	December 24
529	December 25	December 31

FIRST QUARTER — 1990

Reporting week code	Begins Monday	Through Sunday
010	January 1	January 7
020	January 8	January 14
030	January 15	January 21
040	January 22	January 28
050	January 29	February 4
060	February 5	February 11
070	February 12	February 18
080	February 19	February 25
090	February 26	March 4

NOTES

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

(Mark without asking, if obvious)

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

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

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

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

1 ☐ Yes — *SKIP to item 9*
2 ☐ No, incorrect address — *Ask item 8b*

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

Number and street

City State ZIP Code

Telephone *(Area code and number)*

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

(Verify office location, if appropriate.)

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

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

FORM NAMCS-1 (10-26-88)

Section II — INDUCTION INTERVIEW

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

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

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

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

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

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

1 ☐ Yes — *SKIP to item 12a*
2 ☐ No

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

_____
(Name of specialty)

☐☐☐ Code

12a. This study will be concerned with the AMBULATORY patients you will see in your office during the week of Monday,

_____ through Sunday,

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

1 ☐ Yes — *SKIP to item 13a*
2 ☐ No

b. Why is that? *Record verbatim.*

_____

_____

_____

_____

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

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

NOTES

FORM NAMCS-1 (10-28-88)

Section II — INDUCTION INTERVIEW

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

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

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

b. *Mark (X) whether each location in item 13a is in-scope or out-of-scope. (See chart at right.)*

If in doubt, PROBE —

(1) Is that (clinic/facility/institution) hospital based?

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

c. (During the week of Monday, _____ through Sunday, _____ /during a normal week), on how many DAYS (do/would) you expect to see any ambulatory patients? *(Only include days at in-scope locations.)*

*For **each** in-scope location ask the following items d—g:*

d. During (that week/a normal week), how many ambulatory patients (do/would) you expect to see in your office practice (at *(Address of in-scope office location)***)?**

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

If non-solo ask:

f. How many other physicians are associated with you (in your partnership/group practice/ . . .)?

g. Do you perform any laboratory testing (in that office)?

In-scope	Out-of-scope
Private offices	Hospital emergency rooms
Free-standing clinics (nonhospital based)	Hospital outpatient departments
Groups, partnerships	School infirmaries
Neighborhood health center	Industrial outpatient facilities
Privately operated clinics (except family planning)	Family planning clinics
Health maintenance organizations or other prepaid practices such as Kaiser, HIP, Mayo Clinic	Government operated clinics (VD, maternal and child health, etc.)

13a—g. *Enter responses in chart below.*

Office No.	a. Office locations *(Enter complete address)*	b. In-scope	b. Out-of-scope	c. Days	d. Visits	e. Solo	e. Non solo	f. Number of other physicians	g. Lab testing Yes	g. Lab testing No
1		1☐	2☐			1☐	2☐		1☐	2☐
2		1☐	2☐			1☐	2☐		1☐	2☐
3		1☐	2☐			1☐	2☐		1☐	2☐
4		1☐	2☐			1☐	2☐		1☐	2☐
TOTAL FOR IN-SCOPE LOCATIONS →										

CHECK ITEM A

1 ☐ All locations out-of-scope — *SKIP to Section III*
2 ☐ "Yes" in item 12a — *Fill Tables A and B on page 5*
3 ☐ "No" in item 12a — *SKIP to item 15a on page 7*

NOTES

FORM NAMCS-1 (10-28-86)

Section II — INDUCTION INTERVIEW — Continued

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

TABLE A (PATIENT LOG)

Log form description	Expected TOTAL VISITS during survey week	TOTAL DAYS in practice during week						
		1	2	3	4	5	6	7
A — Patient Record is to be completed for ALL patients listed on log.	1—12	A	A	A	A	A	A	A
B — Patient Record is to be completed for every SECOND patient listed on log.	13—25	B	A	A	A	A	A	A
	26—39	C	B	A	A	A	A	A
C — Patient Record is to be completed for every THIRD patient listed on log.	40—52	C	B	B	A	A	A	A
	53—66	D	C	B	B	A	A	A
D — Patient Record is to be completed for every FIFTH patient listed on log.*	66—79	D	C	B	B	B	A	A
	80—92	D	D	C	B	B	B	B
* *In the rare instance the physician will see **more** than **500 patients** during the assigned reporting week, leave two "D" Patient Log Folios with instructions to complete a Patient Record form for only every **tenth** patient. Draw an X through the Patient Record on every other page of the two folio pads, starting with page 1 of the pad. The physician then completes the Patient Log on **every** page, but completes the Patient Record on every **second** page.*	93—105	D	D	C	B	B	B	B
	106—118	D	D	C	C	B	B	B
	119—131	D	D	C	C	B	B	B
	132—145	D	D	D	C	C	B	B
	146—158	D	D	D	C	C	B	B
	159—171	D	D	D	C	C	C	C
***NOTE:** Notify supervisor if this situation arises.*	172—184	D	D	D	C	C	C	C
	185+	D	D	D	D	D	D	D

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

TABLE B (FOLIO)

Office number *(Enter office number from item 13.)*	Folio		No. of lines stamped "SKIP THIS LINE."	OFFICE USE ONLY
	Letter	Number		Number of patient record forms completed

NOTES

Section II — INDUCTION INTERVIEW — Continued

INSTRUCTIONS:

HAND DOCTOR APPROPRIATE FOLIO AND EXPLAIN HOW TO FILL OUT THE FORMS.

Cover following points —

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

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

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

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

EXCLUDE telephone contacts with patients.

(2) Explain sampling system. List everyone on Log but fill out Patient Record only for patient listed at bottom of each page. Emphasize that **all** patients seen during that week must be listed.

Show doctor instruction card in folio pocket.

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

Item 9 — To be recorded in patient's own words. We want the patient's own complaint here, not the doctor's diagnosis. If the patient has no complaint, the physician should enter the reason for the visit.

Item 10a — Diagnosis can be tentative or provisional or expressed as a problem. Doctor **should not** record "Rule Out" diagnosis (R.O.).

Item 10b — Enter any other diagnosis including those not necessarily connected with the visit.

Item 15 — Record all new or continued medications, using the same brand name or generic name entered on any prescription or office record. Include immunizations, allergy shots, etc. Answer 15a and 15b for each medication listed.

Item 17 — Doctor's best estimate of time spent in face-to-face contact with the patient. Answer may be zero (0), if the patient was entirely attended by a nurse or technician and did not see the doctor.

(4) Explain to the doctor, where appropriate, that the receptionist, nurse, or assistant can list patients on the Log as they enter office and check in or when they see the doctor. Aide may also fill out items 1—8 on Patient Record.

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

1 ☐ Yes — *Ask b*
2 ☐ No — *SKIP to item 15a*

b. Who will that be?

Name	Position	Location *(Enter office number and street name)*

NOTES

Section II — INDUCTION INTERVIEW — Continued

15a. Are you currently participating in any prepaid plan such as —

NOTE: Ask 15b for each "Yes" after asking (1)—(4) in 15a.

b. What percentage of your patient visits are covered by the:

(1) HMO (Health Maintenance Organization)? . . .	1 ☐ Yes 2 ☐ No	**(1) HMO?** _____ %
(2) IPA (Independent Practice Association)?	1 ☐ Yes 2 ☐ No	**(2) IPA?** _____ %
(3) PPO (Preferred Provider Organization)?	1 ☐ Yes 2 ☐ No	**(3) PPO?** _____ %
(4) Some other type of prepaid plan? — *Specify* → _____	1 ☐ Yes 2 ☐ No	**(4)** *(Other plan name)* _____ %

CHECK ITEM B

1 ☐ "Yes" marked for lab testing in item 13g for at least one in-scope office — *Read Statement A below.*

2 ☐ "No" marked in item 13g for ALL in-scope offices — *SKIP to Closing Statement, page 9.*

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

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

16. Who in your office performs lab tests?

Mark (X) all that apply.

MEDICAL ASSISTANT:

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

MEDICAL TECHNICIAN:

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

MEDICAL TECHNOLOGIST:

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

PHYSICIAN ASSISTANT:

A graduate of an accredited training program for physician assistants (physician extenders, Medex, etc.) or certified by the National Board of Medical Examiners through the Certification Exam for Assistant to the Primary Care Physician.

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

NOTE: *If "non-solo" is marked in item 13e for the location selected, items 16—21 refer to tests performed by lab for entire group practice, not for the sample doctor only.*

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

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

NAME OF PREVIOUS SAMPLE PHYSICIAN _____
(Print name)

OFFICE USE ONLY | | | | |

NOTES

Section II — INDUCTION INTERVIEW — Continued

STATEMENT B:

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

1 ☐ Doctor
2 ☐ Someone else — *Specify* ⟶

Name
Title

If someone else, READ Closing Statement on page 9. Then complete questions 17a—21 with the person specified by the doctor.

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

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

Section II — INDUCTION INTERVIEW — Continued

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

CLOSING STATEMENT

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

NOTES

Section III — NONINTERVIEW

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

Explanations for noninterview codes 6 and 11 —

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

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

1 ☐ Refused/Breakoff — *SKIP to item 24a*
2 ☐ Non-office based — *Ask item 23*
3 ☐ Sees no ambulatory patients — *Ask item 23*
4 ☐ Retired
5 ☐ Deceased } *SKIP to item 27*
6 ☐ Temporarily not practicing — *SKIP to item 25*
7 ☐ Can't locate
8 ☐ Not licensed
9 ☐ Moved out of U.S.A. } *SKIP to item 27*
10 ☐ Other out-of-scope — *Specify* ↘ _____ } *SKIP to item 23*
11 ☐ Unavailable during reporting period — *SKIP to item 25*
12 ☐ Moved out of PSU — *SKIP to item 26a*

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

_____
_____ } *SKIP to item 27*

24a. At what point in the interview did the refusal/break-off occur? *(Mark (X) one.)*

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

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

1 ☐ Doctor
2 ☐ Doctor through nurse
3 ☐ Nurse/Secretary
4 ☐ Receptionist
5 ☐ Office manager/Administrator
6 ☐ Other office staff — *Specify* ↘ _____

c. What reason was given? *(Verbatim)*

_____
_____

d. Date refusal/breakoff was reported to supervisor

Month ☐☐ Day ☐☐ Year ☐☐

e. Conversion attempt result

1 ☐ No conversion attempt
2 ☐ Doctor refused } *SKIP to item 27*
3 ☐ Doctor agreed to see Field Representative — *Complete Section II*

25. Why is doctor unavailable or not in practice?

_____
_____
_____ } *SKIP to item 27*

26a. What is the physician's new address?

Number and street
City, State, ZIP Code
Telephone

b. Name of interviewer

RO	PSU	Date transferred

FORM NAMCS-1 (10-28-88)

27. FINAL DISPOSITION

1 ☐ Completed Patient Record Forms
2 ☐ Out-of-scope (Item 22, codes 2, 3, 4, 5, 6, 8, 9, or 10)
3 ☐ Refused-Breakoff (Item 22, code 1)
4 ☐ Unavailable during reporting period (Item 22, code 11)
5 ☐ Moved out of PSU (Item 22, code 12)
6 ☐ Can't locate (Item 22, code 7)

28. CASE SUMMARY

1. **Number of patients seen** . . . . . ☐☐☐
2. **Total days in practice during week** . . ☐
3. **Number of patient record forms completed** . . . . . ☐☐☐

NOTES

SAMPLE PHYSICIAN'S OFFICE SCHEDULE

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

☆ U.S. GOVERNMENT PRINTING OFFICE:1992-622-406/60095

Vital and Health Statistics series descriptions

SERIES 1. **Programs and Collection Procedures**—Reports describing the general programs of the National Center for Health Statistics and its offices and divisions and the data collection methods used. They also include definitions and other material necessary for understanding the data.

SERIES 2. **Data Evaluation and Methods Research**—Studies of new statistical methodology including experimental tests of new survey methods, studies of vital statistics collection methods, new analytical techniques, objective evaluations of reliability of collected data, and contributions to statistical theory. Studies also include comparison of U.S. methodology with those of other countries.

SERIES 3. **Analytical and Epidemiological Studies**—Reports presenting analytical or interpretive studies based on vital and health statistics, carrying the analysis further than the expository types of reports in the other series.

SERIES 4. **Documents and Committee Reports**—Final reports of major committees concerned with vital and health statistics and documents such as recommended model vital registration laws and revised birth and death certificates.

SERIES 5. **Comparative International Vital and Health Statistics Reports**—Analytical and descriptive reports comparing U.S. vital and health statistics with those of other countries.

SERIES 6. **Cognition and Survey Measurement**—Reports from the National Laboratory for Collaborative Research in Cognition and Survey Measurement using methods of cognitive science to design, evaluate, and test survey instruments.

SERIES 10. **Data From the National Health Interview Survey**—Statistics on illness, accidental injuries, disability, use of hospital, medical, dental, and other services, and other health-related topics, all based on data collected in the continuing national household interview survey.

SERIES 11. **Data From the National Health Examination Survey and the National Health and Nutrition Examination Survey**—Data from direct examination, testing, and measurement of national samples of the civilian noninstitutionalized population provide the basis for (1) estimates of the medically defined prevalence of specific diseases in the United States and the distributions of the population with respect to physical, physiological, and psychological characteristics and (2) analysis of relationships among the various measurements without reference to an explicit finite universe of persons.

SERIES 12. **Data From the Institutionalized Population Surveys**—Discontinued in 1975. Reports from these surveys are included in Series 13.

SERIES 13. **Data on Health Resources Utilization**—Statistics on the utilization of health manpower and facilities providing long-term care, ambulatory care, hospital care, and family planning services.

SERIES 14. **Data on Health Resources: Manpower and Facilities**—Statistics on the numbers, geographic distribution, and characteristics of health resources including physicians, dentists, nurses, other health occupations, hospitals, nursing homes, and outpatient facilities.

SERIES 15. **Data From Special Surveys**—Statistics on health and health-related topics collected in special surveys that are not a part of the continuing data systems of the National Center for Health Statistics.

SERIES 16. **Compilations of Advance Data From Vital and Health Statistics**—These reports provide early release of data from the National Center for Health Statistics' health and demographic surveys. Many of these releases are followed by detailed reports in the Vital and Health Statistics Series.

SERIES 20. **Data on Mortality**—Various statistics on mortality other than as included in regular annual or monthly reports. Special analyses by cause of death, age, and other demographic variables; geographic and time series analyses; and statistics on characteristics of deaths not available from the vital records based on sample surveys of those records.

SERIES 21. **Data on Natality, Marriage, and Divorce**—Various statistics on natality, marriage, and divorce other than those included in regular annual or monthly reports. Special analyses by demographic variables; geographic and time series analyses; studies of fertility; and statistics on characteristics of births not available from the vital records based on sample surveys of those records.

SERIES 22. **Data From the National Mortality and Natality Surveys**—Discontinued in 1975. Reports from these sample surveys based on vital records are included in Series 20 and 21, respectively.

SERIES 23. **Data From the National Survey of Family Growth**—Statistics on fertility, family formation and dissolution, family planning, and related maternal and infant health topics derived from a periodic survey of a nationwide probability sample of women 15–44 years of age.

SERIES 24. **Compilations of Data on Natality, Mortality, Marriage, Divorce, and Induced Terminations of Pregnancy**—Advance reports of births, deaths, marriages, and divorces are based on final data from the National Vital Statistics System and are published annually as supplements to the Monthly Vital Statistics Report (MVSR). These reports are followed by the publication of detailed data in Vital Statistics of the United States annual volumes. Other reports including induced terminations of pregnancy issued periodically as supplements to the MVSR provide selected findings based on data from the National Vital Statistics System and may be followed by detailed reports in the Vital and Health Statistics Series.

For answers to questions about this report or for a list of titles of reports published in these series, contact:

Scientific and Technical Information Branch
National Center for Health Statistics
Centers for Disease Control
Public Health Service
6525 Belcrest Road, Room 1064
Hyattsville, Md. 20782

301-436-8500

DEPARTMENT OF
HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control
National Center for Health Statistics
6525 Belcrest Road
Hyattsville, Maryland 20782

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

BULK RATE
POSTAGE & FEES PAID
PHS/NCHS
PERMIT NO. G-281

DHHS Publication No. (PHS) 92-1771, Series 13, No. 110