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National Ambulatory Medical Care Survey: 2000 Summary

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Abstract

Objective—This report describes ambulatory care visits made to physician offices within the United States. Statistics are presented on selected characteristics of the physician's practice, the patient, and the visit. Highlights of trends in physician office visit utilization from 1997 through 2000 are also presented.

Method—The data presented in this report were collected from the 2000 National Ambulatory Medical Care Survey (NAMCS). NAMCS is part of the ambulatory care component of the National Health Care Survey that measures health care utilization across various types of providers. NAMCS is a national probability sample survey of visits to office-based physicians in the United States. Sample data are weighted to produce annual national estimates. Trends are based on NAMCS data from 1997 through 2000.

Results—During 2000, an estimated 823.5 million visits were made to physician offices in the United States, an overall rate of 300.4 visits per 100 persons. Approximately half of the visits were made to the patient's primary care physician. The proportion of office visits where a physician or physician group was the owner of the practice has steadily increased since 1997 (74.3 percent in 1997 versus 88.1 percent in 2000). Of all visits made to these offices in 2000, approximately 57 percent listed private insurance as the primary expected source of payment, and 29 percent were made by patients belonging to a health maintenance organization. There were an estimated 89.9 million injury-related visits during 2000, or 32.8 visits per 100 persons. Blood pressure check was the leading diagnostic screening test (45.3 percent) and males were more likely than females to have no diagnostic or screening services mentioned. The proportion of visits with at least one prescription for cardiovascular-renal drugs, hormones, or metabolic/nutrient drugs has increased since 1997.

Keywords: physician office visits • diagnoses • injury • medications • ICD–9–CM

Introduction

The National Ambulatory Medical Care Survey (NAMCS), which began in 1973, collects data on the utilization of ambulatory medical care services provided by office-based physicians. It was conducted annually until 1981, again in 1985, and resumed an annual schedule in 1989. The NAMCS is complemented by the National Hospital Ambulatory Medical Care Survey (NHAMCS), which was inaugurated in 1992 to expand the scope of data collection to the medical services provided by hospital outpatient and emergency departments. Together, NAMCS and NHAMCS data provide an important tool for tracking ambulatory care utilization in the United States. A third survey, the National Survey of Ambulatory Surgery, was conducted from 1994 through 1996, to focus on the rapidly increasing use of ambulatory surgery centers that are not covered in the NAMCS or the NHAMCS. The NAMCS and NHAMCS are part of the National Health Care Survey, which measures health care utilization across various types of providers. More information about the National Health Care Survey can be found at the National Center for Health Statistics (NCHS) Internet address: www.cdc.gov/nchs/nhcs.htm. More information on the NHAMCS 2000 annual summaries (hospital outpatient and emergency departments) is available (1,2). A separate report combining NAMCS and NHAMCS data provides a comprehensive picture of ambulatory medical care utilization (3). It shows that 80 percent of ambulatory care delivered by non-Federal physicians, as identified by the NAMCS and NHAMCS, is provided in office-based practices. Hospital ambulatory patients are known to differ from office patients in certain demographic and medical characteristics.

This report presents national annual estimates of physician office visits for

2000. Physician practice, patient, and visit characteristics are described.

Data highlights

- In 2000, 823.5 million visits were made to physician offices—about 300.4 visits per 100 persons.
- There was an increasing trend in the proportion of office visits where a physician or physician group was the owner of the practice (74.3 percent in 1997 to 88.1 percent in 2000).
- The trend in the proportion of visits to physician offices owned by a hospital declined since 1997, from 7.6 percent to 2.7 percent.
- The visit rate for white persons (3.2 visits per person) was higher than for black persons (2.1 visits per person).
- Patients who had seen the physician before accounted for 86.2 percent of office visits.
- Patients were referred from another physician or health plan at 16.8 percent of visits.
- Approximately 30 percent of visits were by members of health maintenance organizations.
- Medicare or Medicaid was the expected source of payment at 28.3 percent of all visits.
- General medical examination was the most frequently mentioned reason for visit, accounting for 7.8 percent of all office visits.
- Complementary and alternative medical therapies were ordered or provided at 31.6 million physician office visits, representing 3.8 percent of all visits.
- Since 1997, there was an increase in the percent of office visits where a cardiovascular-renal drug (by 21%), hormone (by 25%), or metabolic/nutrient drug (by 49%) was ordered, supplied, administered, or continued.

Methods

The data presented in this report are from the 2000 NAMCS, a national probability sample survey conducted by the Division of Health Care Statistics of NCHS, Centers for Disease Control and Prevention. The survey was conducted from December 27, 1999, to December 24, 2000.

The target universe of the NAMCS includes visits made in the United States to the offices of nonfederally employed physicians (excluding those in the specialties of anesthesiology, radiology, and pathology) who were classified by the American Medical Association (AMA) and the American Osteopathic Association (AOA) as ''office-based, patient care.'' Visits to private, nonhospital-based clinics and health maintenance organizations (HMOs) were within the scope of the survey, but those that took place in federally operated facilities and hospital-based outpatient departments were not. Telephone contacts and visits made outside the physician's office were also excluded.

The NAMCS utilizes a multistage probability sample design involving samples of primary sampling units (PSUs), physician practices within PSUs, and patient visits within physician practices. The PSUs are counties, groups of counties, county equivalents (such as parishes or independent cities), or towns and townships for some PSUs in New England. A sample of 3,000 physicians was selected from the master files of the AMA and the AOA, and 2,049 were in scope, or eligible to participate in the survey. Sample physicians were asked to complete Patient Record forms (see figure I in the Technical notes) for a systematic random sample of office visits occurring during a randomly assigned 1-week reporting period. The response rate for in-scope physicians was 67.7 percent, and a total of 27,369 Patient Record forms were completed. The Technical notes provide more information on characteristics of nonresponding physicians.

Because the estimates presented in this report are based on a sample rather than on the entire universe of office visits, they are subject to sampling variability. The Technical notes at the end of this report include an explanation of the sampling errors with guidelines for judging the precision of the estimates and information on physician and item nonresponse. The standard errors reported here are calculated using Taylor approximations in SUDAAN, which take into account the complex sample design of the NAMCS (4).

The U.S. Census Bureau was responsible for data collection. Data processing operations and medical coding were performed by Analytical Sciences, Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10-percent quality control sample of survey records was independently keyed and coded. Coding error rates ranged between 0.0 and 1.6 percent for various survey items.

Several of the tables in this report present data on rates of physician office visits. The population figures used in calculating these rates are based on Census Bureau monthly postcensal estimates of the civilian noninstitutional population of the United States as of July 1, 2000. The figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

Data on selected physician office utilization trends from 1997 through 2000 are also presented. A weighted least-squares regression analysis was used to determine the significance of trends at the 0.05 level. For details on the surveys conducted from 1997 through 1999, refer to the annual reports (5–7).

Results

There were an estimated 823.5 million visits to office-based physicians in 2000, about 300.4 visits per 100 persons. The population-based visit rate did not change significantly from the visit rate in 1997. Annual visit rates ranged between 278.5 and 307.8 visits per 100 persons between 1997 and 2000 (5–7). Selected characteristics of the encounter pertaining to the physician's practice, the patient, and the visit are described in the following text.

Physician practice characteristics

The distribution of office visits according to physician specialty is presented in table 1. About 60 percent of the visits were to physicians in the primary care specialties of general family practice (GFP), internal medicine, pediatrics, and obstetrics/gynecology (figure 1). The visit rates for each specialty did not differ significantly from the 1997 visit rates.

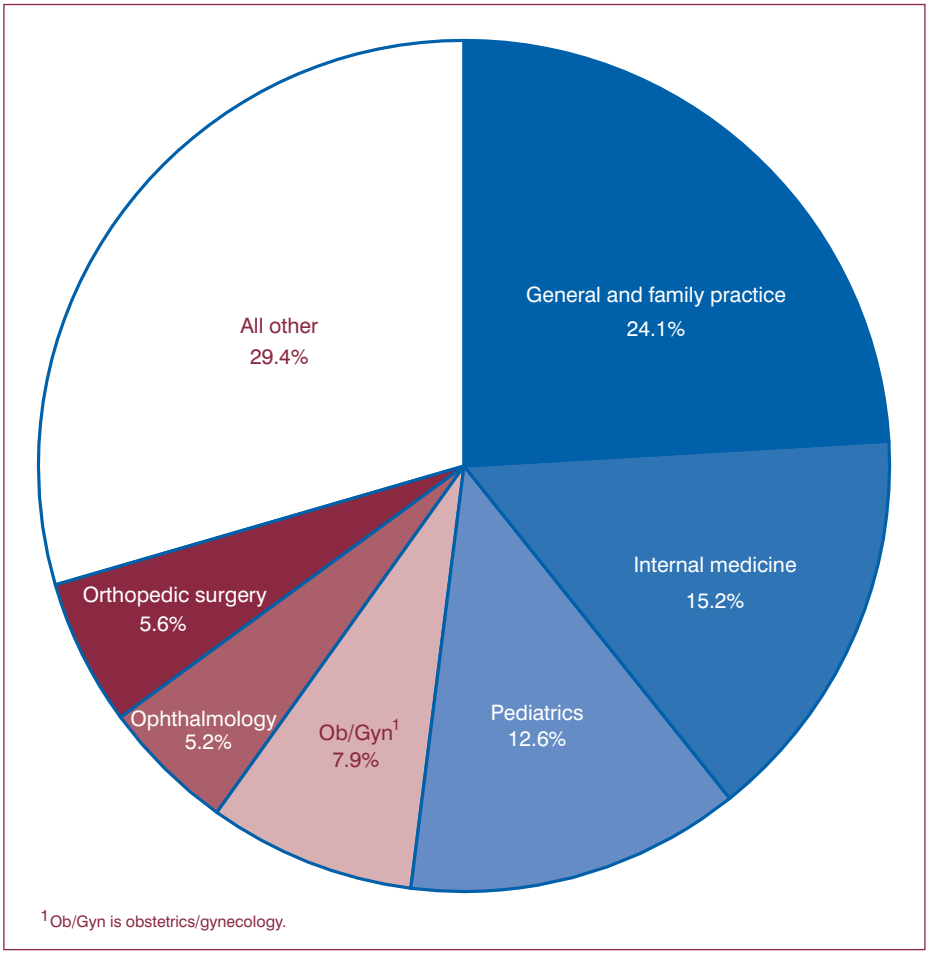

Figure 1. Percent of office visits by physician specialty: United States, 2000

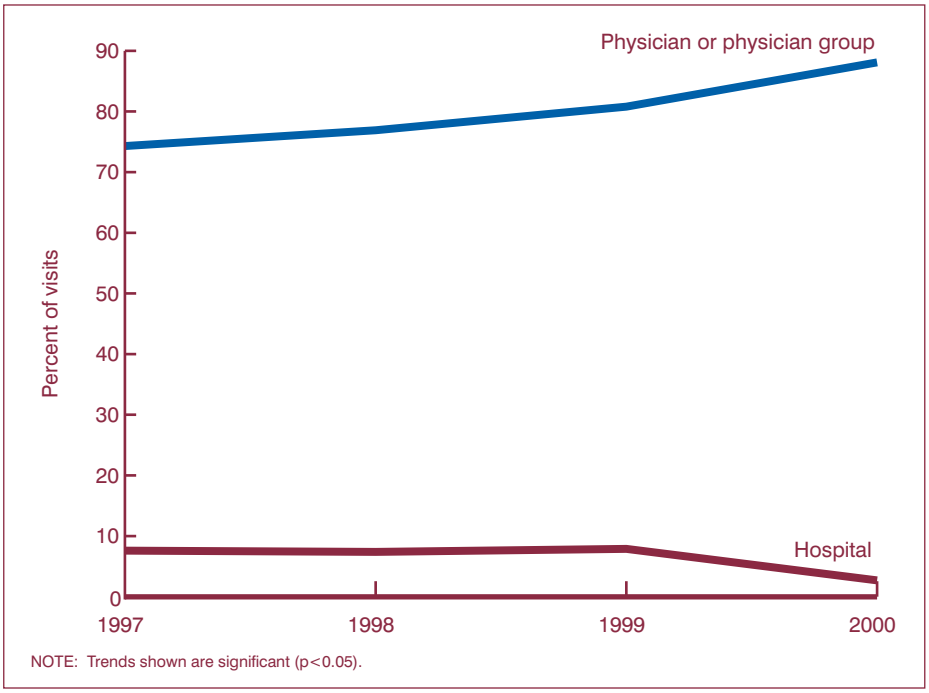

Figure 2. Trends in the percent of physician office visits by practice ownership: United States 1997–2000

The distribution of visits is similar to the NAMCS estimated distribution of practicing physicians in 2000 with several exceptions. Pediatricians received 12.6 percent of visits, but accounted for only 8.7 percent of physicians, and GFPs represented 17.1 percent of office-based physicians, but had 24.1 percent of the patient encounters. Conversely, psychiatrists comprised 6.5 percent of office-based physicians, but accounted for only 3.5 percent of the visits.

Table 1 also shows that doctors of osteopathy received 66.7 million visits during 2000, or 8.1 percent of all office visits. Visits to these types of doctors occurred at a rate of 24.3 visits per 100 persons. Visits according to geographic region and metropolitan status of the physician's practice are also displayed in table 1. The visit rate for the Northeast region (350.6 visits per 100 persons) was significantly higher than the rate in the South (259.3 visits per 100 persons).

Additional information on the physician's practice has been collected annually in the NAMCS through the Physician Induction Interview (PII) form. The PII is used to obtain basic information on the practice, establish the visit sampling rate, and record the final disposition of the interview. In 2000, selected survey items on the physician and physician's practice, including employment status, ownership, practice size, and office type, were edited and weighted to produce national estimates of office visits by these characteristics. These data are displayed in table 2. The majority of office visits (62.8 percent) were made to physicians engaged in group practice, while 37 percent of the visits were to solo practitioners. The proportion of office visits where a physician or physician group was the owner of the practice has steadily increased since 1997. Figure 2 shows an increasing trend in this proportion along with a decrease in the percent of visits where the physician office was owned by a hospital (7.6 percent in 1997 versus 2.7 percent in 2000).

Patient characteristics

Office visits by patient's age, sex, and race are shown in table 3. Females

made the majority of office visits during 2000. Both the visit percent as well as the visit rate for female patients were higher than for male patients in the age groups between 15 and 64 years. As age increased, the number of patient visits to office-based physicians rose. There was a positive linear relationship between patient age and the number of visits per 100 persons for both male and female patients. Comparisons of office-based utilization rates by patient's age and sex can be seen in figure 3.

White persons represented 82 percent of the U.S. civilian noninstitutional population in 2000, but made 86.3 percent of all physician office visits. The visit rate for white persons was 48 percent higher than for black persons (316.1 versus 213.8 visits per 100 persons, respectively). It should be noted that visit rates by race vary by type of health care setting. Data presented in the 2000 NHAMCS outpatient department summary indicate that the visit rate for black persons (48.3 visits per 100 persons) was higher than for white persons (28.0 visits per 100 persons) (1).

Visit characteristics

Referral status and prior-visit status—Table 4 shows data on office visits categorized by patient's referral status and prior-visit status. Overall, patients who had seen the physician on a prior occasion, "old patients," accounted for 86.2 percent of the office visits. Patients that were referred for this visit by another physician or health plan accounted for 16.8 percent of the office visits.

More referrals were made to specialty physicians (35.0 percent) than to primary care physicians (4.6 percent) (data not shown). Table 5 shows this contrast in more detail. The percent of referral visits to obstetricians/gynecologists was low (4.2 and 8.2 percent, for new and old patients). In contrast, referrals to other types of specialties were generally much higher. For example, among neurologists, 25.6 percent of "new" visits and 30.9 percent of "old" visits were referrals from another physician or health plan. For the specialty care providers (not including the specialties of GFP, internal medicine, pediatrics, or obstetrics/gynecology), the percent of visits that were referrals ranged from 23.4 percent to 56.2 percent (data not shown).

Managed care—Managed care variables measured in the 2000 NAMCS are displayed in table 6. These include whether the visit was made to the patient's primary care physician, whether authorization was required for the visit, whether the visit was capitated, and whether the patient belonged to a health maintenance organization (HMO). Physicians reported that for about one-half of all office-based visits they were the patient's primary care physician. For this distinction, "primary care" was not limited to a certain specialty, as stated earlier in the text, but was defined by the physician. Authorization was required to see the physician at 12.0 percent of office-based visits overall; however, authorization was more likely to be required in cases where the physician reported not being the patient's primary care physician (20.6 percent versus 5.1 percent). Capitated visits accounted for 10.7 percent of all office-based visits in 2000. Visits where the patient saw his or her primary care physician were more likely to be capitated compared with visits where the patient saw a physician other than his or her primary physician (15.4 percent versus 6.2 percent).

Primary expected source of payment and health maintenance organization status—The distribution of office visits by the primary expected source of payment is shown in table 7. Private insurance was cited most frequently (56.7 percent of visits). Government sources combined (Medicare and Medicaid) covered 28.3 percent of office visits, most of which were Medicare. Except for self-pay, which decreased slightly, the distribution of expected pay sources in 2000 did not differ significantly from the 1997 distribution. HMO members made close to 30 percent of all office visits. However, HMO membership varied by expected source of payment. Thirty-nine percent of private insurance visits were HMO enrollees, in contrast to 11.8 percent and 20.1 percent for Medicare and Medicaid, respectively. Figure 4 shows how the type of payment varies by patient age. The proportions of visits where private insurance was the expected source of payment were similar for patients under age 18 years (66.2 percent) and for visits where the age range was 18–64 years (69.9 percent). As expected, elderly patients (65 years of age and over) were less likely to utilize private insurance (18.7 percent) and more likely

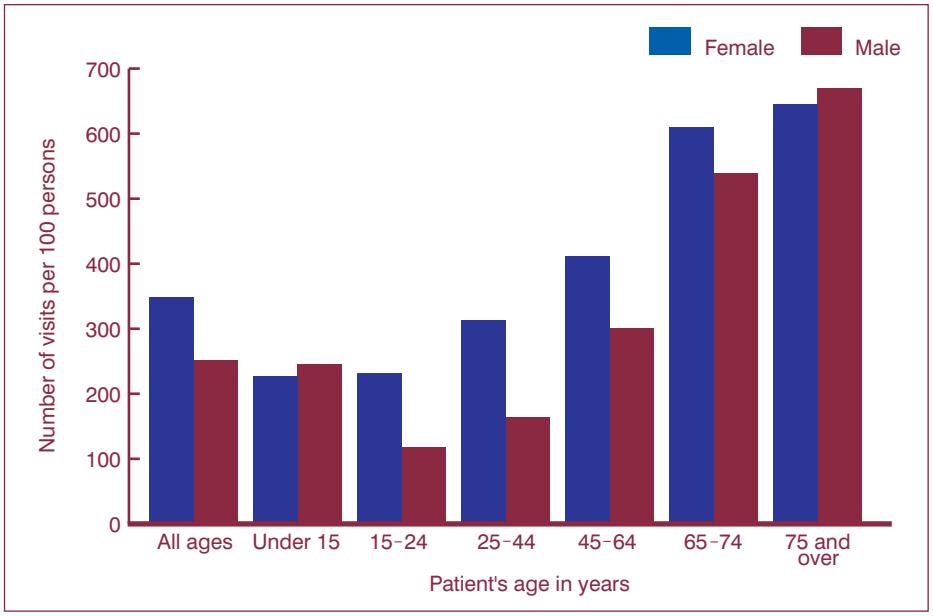

Figure 3. Annual rate of visits to office-based physicians by patient's age and sex: United States: 2000

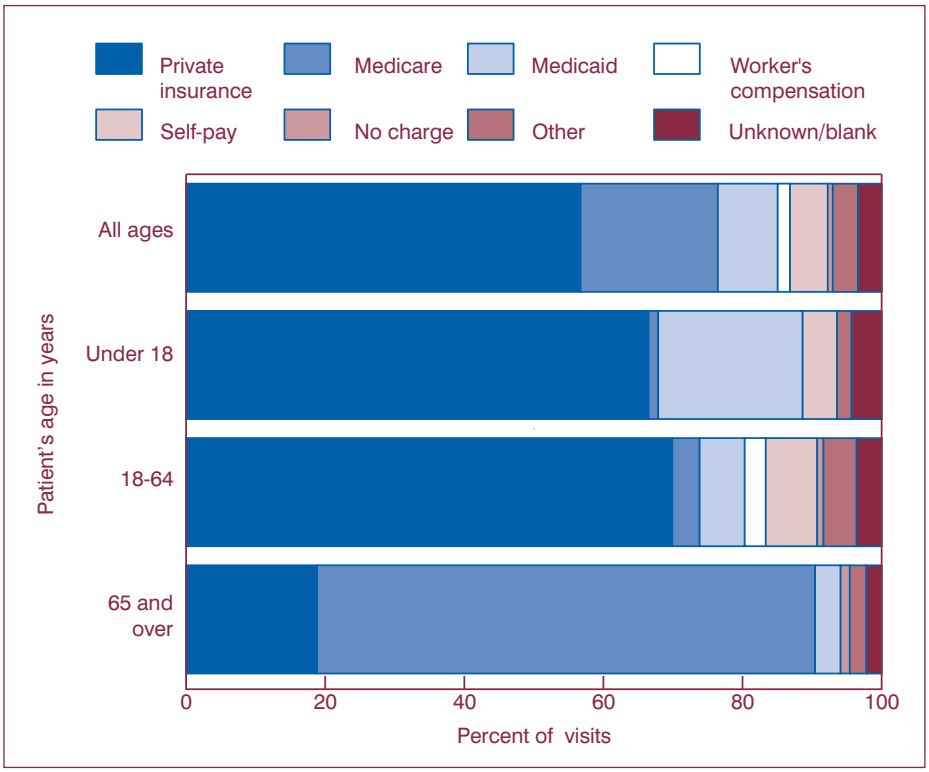

Figure 4. Percent distribution of office visits by primary expected source of payment according to patient's age: United States, 2000

to use Medicare as the primary source of payment at physician office visits (71.0 percent).

Patient's principal reason for visit—The principal reason for visit is the main complaint, symptom, or reason listed why the patient came to the physician's office. Up to three reasons for visit were coded according to *A Reason for Visit Classification for Ambulatory Care* (RVC) (8). The RVC is a classification scheme developed by NCHS and has been used for over 20 years to code patients' complaints or reasons for seeking care. It is divided into eight modules or groups of reasons as shown in table 8 and includes all the reasons for which patients see their physicians. This includes symptoms, followup for prior diagnoses, routine examinations and screening, treatment for conditions and operations, various therapies, and injuries. Also included are visits to receive test results and to fulfill third party requirements for a physical examination, such as for employment or a driver's license. The symptoms module is further divided into symptoms that refer to specific body systems, such as digestive or respiratory. Each reason is assigned a 3- or 4-digit classification code (for example, S845– "Symptoms of skin mole" is further detailed to S845.1– "Change in size and color" and S845.2– "Bleeding mole").

In 2000, close to one-half of all visits were made for reasons classified as symptoms. Some of the more prominent symptoms included musculoskeletal (9.7 percent), respiratory (9.6 percent), and symptoms referable to the skin, hair, and nails, which accounted for 5.8 percent of all visits. About 18 percent of office visits were for diagnostic, screening, and preventive services. The 20 most frequently mentioned principal reasons for visit, representing 40.7 percent of all visits, are shown in table 9. Similar to recent years, general medical examination was the most frequently mentioned reason for visit at 7.8 percent of all office visits, while cough was the most frequently mentioned reason regarding an illness or injury (2.7 percent). Nineteen of the top 20 reasons for office visits in 2000 were also listed among the 20 most frequently mentioned reasons in 1997, albeit in different order. It should be noted that estimates that differ in ranked order may not be significantly different from each other.

Major reason for this visit—The intent of this item was to provide a better picture of the general nature of the office visit—whether for an acute problem, routine chronic problem, flare-up of a chronic problem, pre- or post-surgery visit or injury followup, or for preventive care, including routine medical examinations. The major reason for visit item differs from the principal reason for visit item in that the former presents the physician's rather than the patient's perspective of the major reason the patient sought care. Overall, 35.0 percent of the visits were for an acute problem. However, among visits by persons under 15 years of age, 50.2 percent were for acute problems (table 10). In general, more than one-quarter (28.0 percent) of all visits were for a routine chronic problem and there was a significant linear trend that showed an increase in the visit proportion as a function of patient age. About 19 percent of all visits were for preventive or nonillness care, but females had a higher proportion of visits for this type of care compared to males. This reflects, in part, that preventive care includes prenatal examinations. Trend data from 1997 through 2000 indicate that the percent of visits classified as "acute" for patients under 15 years of age decreased from 53.9 percent to 50.2 percent (figure 5).

Primary diagnosis—Physicians were asked to record the primary diagnosis or problem associated with the patient's most important reason for the current visit and any other significant current diagnoses. Up to three diagnoses were coded according to the ICD–9–CM (9). Displayed in table 11 are office visits by primary diagnosis using the major disease categories specified in the ICD–9–CM. The supplementary classification, used for diagnoses that are not classifiable to injury or illness (for example, general medical examination, routine prenatal examination, and health supervision of an infant or child), accounted for 18.1 percent of all office visits. Diseases of the respiratory system (11.0 percent) and diseases of the nervous system and

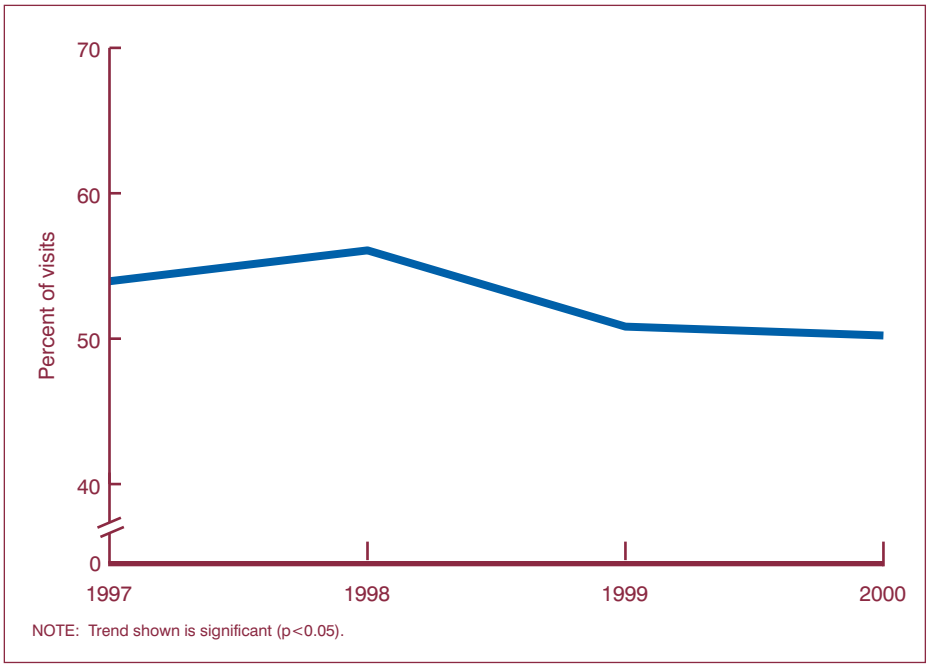

Figure 5. Trends in the percent of physician office visits for acute problems for patients under 15 years of age: United States, 1997–2000

sense organs (8.4 percent) were also prominent categories on the list.

The 20 most frequently reported primary diagnoses for 2000, accounting for 42.6 percent of all physician office visits, are shown in table 12. The categories shown in this table are also based on the ICD–9–CM (9). The three most frequent illness diagnoses were essential hypertension, acute upper respiratory infections (excluding pharyngitis), and diabetes mellitus. Eighteen of the top 20 listed diagnoses in 2000 were also ranked in the top 20 for 1997.

Injury-related visits—Although there is a separate item on the Patient Record form to indicate whether the visit was for an injury or poisoning, sometimes an injury reason for visit is specified or an injury diagnosis is rendered without the injury item being checked. Therefore, the visit is counted as an injury visit and the checkbox is coded to "yes" if any of the three reasons for visit were in the injury module or any of the three diagnoses were in the injury or poisoning chapter of the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (9). This provides a better indicator that the visit involves an injury than using the reason for visit module, ICD–9–CM injury diagnosis, or the unedited injury item alone. A more detailed discussion of this is documented elsewhere (10).

There were an estimated 89.9 million injury- or poisoning-related office visits in 2000, representing 10.9 percent of all visits and yielding a rate of 32.8 visits per 100 persons (table 13). The injury-related visit rate increased with patient age with the rate for patients 75 years old and over being double that of children under 15 years of age. The overall injury-related visit rate for females was not significantly different from the rate for males nor were there differences between males and females when comparisons were made by each age group. The overall injury-related visit rate for white persons (35.6 visits per 100 persons) was higher than the rate for black persons (21.1 visits per 100 persons) and persons of other races (17.5 visits per 100 persons). Small sample sizes preclude analysis by age within some racial groups. Further information on injury visits to physician offices are available on the public use file including E-codes and a narrative of the cause of injury.

Office-based visits by intent and mechanism of the first-listed external cause-of-injury (E-codes) are shown in table 14. Up to three external causes of injury were coded according to the "Supplementary Classification of External Causes of Injury and Poisoning" in the ICD–9–CM (9). About 63 percent of injury visits were for unintentional injuries. Compared with all other categories presented in the table (excluding "other" and blank classifications), falls were cited most frequently and accounted for 15.2 percent of all injury visits. Approximately 5 percent of injury visits were due to medical misadventures, surgical complications, or adverse drug reactions. Cause of injury was not recorded for 30.7 percent of injury-related visits.

Diagnostic and screening service—Statistics on various diagnostic and screening services ordered or provided by physicians during the office visit are displayed in table 15. The most frequently cited examinations at office visits were skin (10.7 percent), visual acuity (7.3 percent), pelvic (7.2 percent), and breast (6.9 percent). There were no significant differences in the proportion of visits made by males and females for skin, visual, rectal, or glaucoma examinations. However, there were more hearing examination visits made by males than females (2.8 percent and 1.5 percent, respectively). Blood pressure check was the leading diagnostic screening test (45.3 percent). Females were more likely than males to have their blood pressure checked at office visits, but the 2000 data show that there were a higher proportion of x rays ordered or provided at visits by males than by females. Also, females were more likely than males to have an ultrasound mentioned at office visits. Twenty-six percent of the visits had no diagnostic or screening services ordered or provided and males were more likely than females to have no diagnostic or screening services mentioned (28.4 percent versus 23.6 percent, respectively).

Therapeutic and preventive services—Therapeutic and preventive services (not including medication therapy, which was reported separately) were ordered or provided at 35.0 percent of all office visits during 2000 (table 16). Counseling or education related to diet (15.4 percent) was

mentioned most frequently. Complementary/alternative medicine, physiotherapy, psycho-pharmacotherapy, and psychotherapy accounted for 3.8 percent, 2.7 percent, 2.4 percent, and 2.3 percent of office visits, respectively.

Procedures—In item 20 of the Patient Record form, physicians were instructed to record up to two ambulatory surgical procedures performed at this visit. Item 18, "Diagnostic and screening services," and item 19 "Therapeutic and preventive services," both included two open-ended "other" categories in addition to the checkbox categories. After analyzing the data from the two categories and from the ambulatory surgery data reported in item 20, it was discovered that in many instances the same procedure was being recorded in different places on different records. At 19.0 percent of office visits, some type of ambulatory procedure (other than those marked in the checkboxes) was ordered or performed. Table 17 presents data from item 20 and the open-ended responses to items 18 and 19 as coded to volume 3 of the ICD–9–CM (9). Overall, there were 178.2 million therapeutic procedures ordered or performed.

Medication therapy—Respondents of the NAMCS were instructed to record all new or continued medications ordered, supplied, or administered at the visit, including prescription and nonprescription preparations, immunization and desensitizing agents, and anesthetics. Up to six medications, referred to in this survey as drug mentions, were coded according to a classification system developed at NCHS. A report describing the method and instruments used to collect and process drug information is available (11). As used in the NAMCS, the term "drug" is interchangeable with the term "medication" and the term "prescribing" is used broadly to mean ordering or providing any medication, whether prescription or over-the-counter. Visits with one or more drug mention are termed "drug visits" in the NAMCS.

Data on medication therapy are shown in tables 18–22. Medication therapy was reported at 544.8 million office visits or 66.1 percent of the total (table 18). The percent of visits with a drug mention in 2000 was similar to the percent observed in 1997 (63.4 percent). Figure 6 presents rates of drug mentions per 100 visits for selected age groups. There was a significant positive linear trend for number of drug mentions per 100 visits by patient age. In general, the drug mention rate increased as patient age increased.

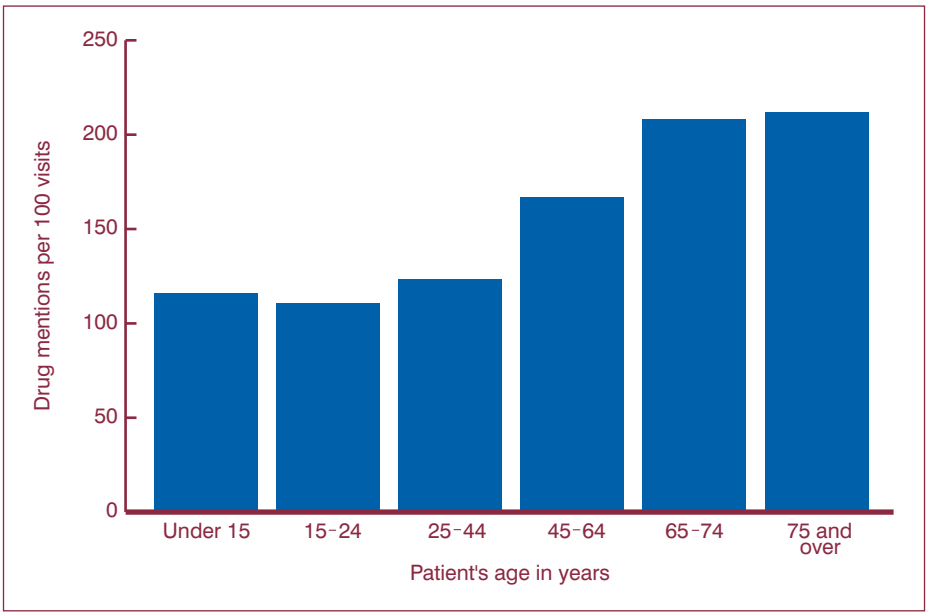

Figure 6. Annual drug mention rates at physician office visits by patient's age: United States, 2000

There were about 1.3 billion drugs mentioned at visits to office-based physicians during 2000. The overall drug mention rate for office visits in 2000 was significantly higher than the rate observed in 1999 (1.5 mentions versus 1.3 mentions per office visit). Data on the number of drug visits and drug mentions by physician specialty are shown in table 19. The percent of visits with at least one drug mention ranged from 78.8 percent for internists to 29.9 percent for general surgeons.

Drug mentions are displayed by therapeutic class in table 20. This classification is based on the therapeutic categories used in the *National Drug Code Directory*, 1995 edition (NDC) (12). It should be noted that some drugs have more than one therapeutic application. In these cases, the drug was classified under its primary therapeutic use. Cardiovascular-renal drugs were listed at 15 percent of all office visits. From 1997 through 2000, there were significant increases in the percent of physician office visits where at least one cardiovascular-renal drug (by 21%), hormone (by 25%), or metabolic/nutrient drug (by 49%) were ordered, supplied, administered, or continued (figure 7).

The 20 most frequently used generic substances in 2000 are shown in table 21. Drug products containing more than one ingredient (combination products) are included in the data for each ingredient. For example, acetaminophen with codeine is included in both the count for acetaminophen and the count for codeine. Consistent with previous years, acetaminophen was the generic substance that was most frequently used in drugs ordered or provided by the physician at office visits in 2000, occurring in 3.2 percent of drug mentions.

Table 22 presents the 20 medications most frequently mentioned by physicians in the NAMCS according to the name written on the Patient Record form. This could be a brand name, generic name, or therapeutic effect. Claritin accounted for 17.1 million mentions (1.4 percent of the total) and was followed by Lipitor, Synthroid, Premarin, and Amoxicillin. Eleven of these drugs were among the top 20 drug entry names mentioned in

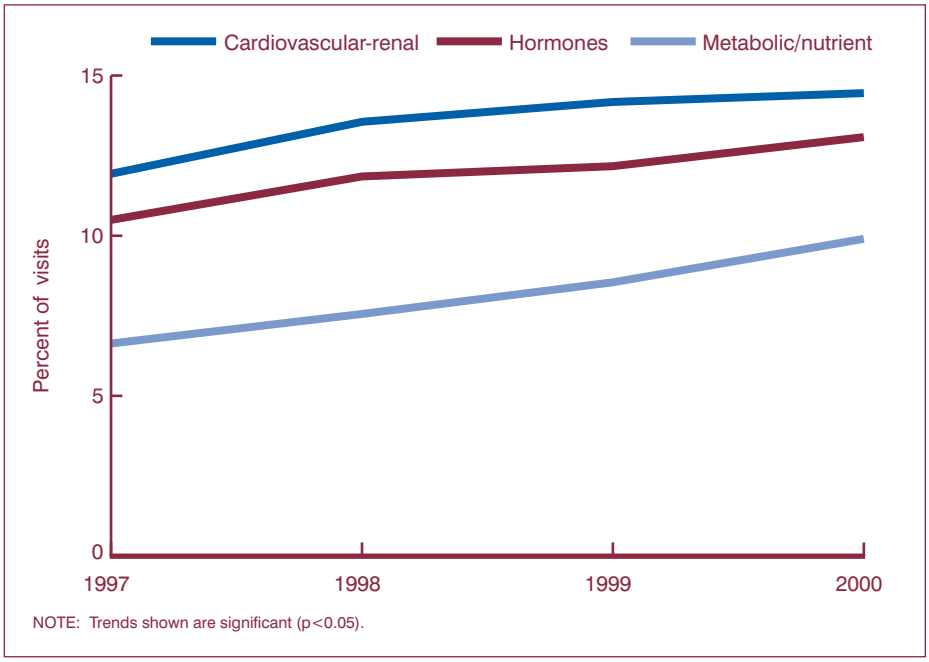

Figure 7. Trends in the percent of physician office visits with prescriptions for medications in leading therapeutic classes: United States 1997–2000

1997. Two of the top 20 medications, Celebrex and Vioxx, were newly marketed since 1997.

Providers seen—In this item, staff were asked to check all of the providers seen during the visit. Overall, 95.6 percent of visits were attended by a physician (table 23). Medical assistants were seen at 21.8 percent of office visits. Mid-level providers such as nurse practitioners or physician assistants were seen at a combined 4.0 percent of physician office visits.

Visit disposition—Staff were asked to record all visit dispositions and instructed that multiple responses could be coded for this item. For 6 out of 10 visits (61.2 percent), patients were told to return to the office by appointment (table 24). "Return if needed" and "no followup planned" were indicated at 24.2 and 8.1 percent of visits, respectively. Patients were referred to other physicians at 4.3 percent of visits.

Time spent with physician—Data on the duration of office visits are presented in tables 25 and 26. Time spent in face-to-face contact between the physician and the patient is estimated and recorded by the physician. It excludes time spent waiting to see the physician, time spent receiving care from someone other than the physician without the presence of the physician, or time spent by the physician in reviewing patient records and/or test results. In cases where the patient received care from a nonphysician member of the physician's staff but did not actually see the physician during the visit, the duration was recorded as "0" minutes.

In 2000, 89.8 percent of office visits with face-to-face contact between the physician and patient had a duration between 6 and 30 minutes in 2000 (table 25). At 36.0 million visits, or 4.4 percent, there was no face-to-face contact between the physician and patient. Table 26 shows the mean duration for all visits at which a physician was seen as well as the mean duration at each quartile. Overall, the mean time spent with a physician was 18.9 minutes. The visit duration for psychiatrists had the largest variability (a difference of 29.8 minutes between the 3rd and 1st quartiles).

Additional information about physician office utilization is available from the NCHS Ambulatory Health Care Web site: http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm. Individual-year reports and public use data files are available for download from the Web site. Data from the 2000 NAMCS will also be available on a public-use data tape and CD-ROM. These and other products can be obtained by contacting the NCHS Ambulatory Care Statistics Branch at (301) 458-4600. Queries regarding the NAMCS data may be sent to NCHS via nchsquery@cdc.gov.

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Table 1. Number, percent distribution, and annual rate of office visits with corresponding standard errors, by selected physician practice characteristics: United States, 2000

Physician practice characteristic	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[1,2]	Standard error of rate
All visits	823,542	34,820	100.0	. . .	300.4	12.7
Physician specialty						
General and family practice	198,578	18,965	24.1	1.8	72.4	6.9
Internal medicine	125,556	13,823	15.2	1.5	45.8	5.0
Pediatrics	103,734	9,859	12.6	1.2	37.8	3.6
Obstetrics and gynecology	65,135	5,706	7.9	0.7	[3]23.8	2.1
Orthopedic surgery	46,155	4,251	5.6	0.5	16.8	1.6
Ophthalmology	42,735	4,919	5.2	0.6	15.6	1.8
Dermatology	34,509	3,382	4.2	0.4	12.6	1.2
Psychiatry	28,864	3,824	3.5	0.4	10.5	1.4
Cardiovascular diseases	21,598	2,255	2.6	0.3	7.9	0.8
Urology	18,703	2,316	2.3	0.3	6.8	0.8
General surgery	16,897	1,904	2.1	0.2	6.2	0.7
Otolaryngology	16,399	1,698	2.0	0.2	6.0	0.6
Neurology	8,411	818	1.0	0.1	3.1	0.3
All other specialties	96,269	10,391	11.7	1.1	35.1	3.8
Professional identity						
Doctor of medicine	756,813	32,812	91.9	0.9	276.1	12.0
Doctor of osteopathy	66,729	8,224	8.1	0.9	24.3	3.0
Geographic region						
Northeast	183,029	11,558	22.2	1.4	350.6	22.1
Midwest	206,727	20,776	25.1	2.1	305.9	30.7
South	251,300	20,799	30.5	2.0	259.3	21.5
West	182,485	14,692	22.2	1.6	318.4	25.6
Metropolitan status						
MSA[4]	645,299	27,968	78.4	2.4	294.6	12.8
Non-MSA[4]	178,243	23,612	21.6	2.4	324.0	42.9

. . . Category not applicable.

[1]Based on U.S. Census Bureau monthly postcensal estimates of the civilian noninstitutional population of the United States as of July 1, 2000. Figures are consistent with the downloadable series, "U.S. Population Estimates by Age, Race, and Hispanic Origin: 1980–1999 (with short-term projection to dates in 2000)" and are available at the Census Bureau Internet site: http://eire.census.gov/popest/archives/national/nat_90s_detail/nat_90s_4.php. Figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

[2]Regional and metropolitan estimates were provided by the Division of Health Interview Statistics (DHIS), NCHS, and are based on Census Bureau estimates of the civilian noninstitutional population of the United States as of July 1, 2000. DHIS estimates differ slightly from monthly postcensal estimates because of differences in the adjustment process.

[3]The visit rate is 46.4 per 100 females.

[4]MSA is metropolitan statistical area.

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

Table 2. Number and percent distribution of office visits with corresponding standard errors, by selected physician practice characteristics: United States, 2000

Physician office characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	823,542	34,820	100.0	. . .
Employment status				
Owner	628,680	32,131	76.3	2.3
Employee	178,751	20,509	21.7	2.3
Contractor	16,111	3,983	2.0	0.5
Ownership				
Physician/group	725,224	34,916	88.1	1.4
Healthcare corporation	42,365	8,505	5.1	1.0
Hospital	22,629	5,893	2.7	0.7
HMO[1]	19,622	5,201	2.4	0.6
Other[2]	13,702	3,579	1.7	0.4
Practice size				
Solo	306,450	23,213	37.2	2.3
2–4	270,554	23,553	32.9	2.3
5–9	183,126	17,416	22.2	2.1
10–49	52,481	8,396	6.4	1.0
50 and over	*10,930	5,145	*1.3	0.6
Blank	*	. . .	*	. . .
Office type				
Private practice	724,814	30,820	88.0	1.7
Clinic/urgicenter	44,166	11,277	5.4	1.3
Private clinic	22,774	6,382	2.8	0.7
HMO[1]	14,599	4,353	1.8	0.5
Neighborhood mental health	12,317	3,458	1.5	0.4
Local government clinic	*4,873	2,332	*0.6	0.3

. . . Category not applicable.
* Figure does not meet standard of reliability or precision.
[1]HMO is health maintenance organization.
[2]Other includes owners like local government (State, county, or city) and charitable organizations.

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

Table 3. Number, percent distribution, and annual rate of office visits with corresponding standard errors, by patient's age, sex, and race: United States, 2000

Patient's age, sex, and race	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[1]	Standard error of rate
All visits	823,542	34,820	100.0	. . .	300.4	12.7
Age						
Under 15 years	142,466	9,770	17.3	1.0	236.0	16.2
15–24 years	67,172	4,370	8.2	0.3	174.4	11.3
25–44 years	196,833	10,586	23.9	0.6	240.0	12.9
45–64 years	216,783	10,441	26.3	0.6	357.9	17.2
65–74 years	102,447	5,351	12.4	0.4	577.1	30.1
75 years and over	97,842	5,582	11.9	0.5	654.4	37.3
Sex and age						
Female	488,199	21,313	59.3	0.6	347.6	15.2
Under 15 years	66,993	4,815	8.1	0.5	227.2	16.3
15–24 years	44,313	3,203	5.4	0.3	231.7	16.8
25–44 years	130,686	7,116	15.9	0.5	312.8	17.0
45–64 years	128,564	6,563	15.6	0.5	411.2	21.0
65–74 years	59,090	3,509	7.2	0.3	608.9	36.2
75 years and over	58,553	3,502	7.1	0.3	644.6	38.6
Male	335,343	14,932	40.7	0.6	250.8	11.2
Under 15 years	75,473	5,341	9.2	0.6	244.5	17.3
15–24 years	22,858	1,776	2.8	0.2	117.9	9.2
25–44 years	66,147	4,525	8.0	0.4	164.4	11.2
45–64 years	88,219	4,847	10.7	0.3	301.1	16.5
65–74 years	43,357	2,490	5.3	0.2	538.7	30.9
75 years and over	39,289	2,431	4.8	0.2	669.7	41.4
Race and age						
White	710,753	31,654	86.3	1.3	316.1	14.1
Under 15 years	119,642	8,654	14.5	0.9	253.3	18.3
15–24 years	57,996	4,011	7.0	0.3	189.7	13.1
25–44 years	169,402	9,613	20.6	0.7	254.2	14.4
45–64 years	187,190	9,271	22.7	0.6	363.9	18.0
65–74 years	88,107	4,734	10.7	0.4	568.1	30.5
75 years and over	88,417	5,369	10.7	0.5	657.6	39.9
Black	76,016	6,788	9.2	0.8	213.8	19.1
Under 15 years	16,928	2,977	2.1	0.4	175.1	30.8
15–24 years	6,441	810	0.8	0.1	111.0	14.0
25–44 years	17,914	1,856	2.2	0.2	165.5	17.1
45–64 years	19,916	2,000	2.4	0.2	307.1	30.8
65–74 years	8,451	886	1.0	0.1	511.8	53.7
75 years and over	6,367	815	0.8	0.1	568.2	72.7
All other races						
Asian/Native Hawaiian/other Pacific Islander	32,868	9,424	4.0	1.1	291.9	83.7
American Indian, Eskimo, Aleut	1,963	421	0.2	0.1	79.2	17.0
Multiple races	1,941	439	0.2	0.1	#	#

. . . Category not applicable.

No denominator data available; see Technical notes.

[1]Based on U.S. Census Bureau monthly postcensal estimates of the civilian noninstitutional population of the United States as of July 1, 2000. Figures are consistent with the downloadable series, "U.S. Population Estimates by Age, Race, and Hispanic Origin: 1980–1999 (with short-term projection to dates in 2000)" and are available at the Census Bureau Internet site: http://eire.census.gov/popest/archives/national/nat_90s_detail/nat_90s_4.php. Figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

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

Table 4. Number and percent distribution of office visits with corresponding standard errors, by patient's referral status and prior-visit status: United States, 2000

Patient characteristic	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	823,542	34,820	100.0	. . .
Referral status				
Referred by another physician or health plan for this visit	138,066	7,957	16.8	1.0
Not referred by another physician or health plan for this visit	633,343	31,091	76.9	1.2
Unknown/blank	52,133	6,597	6.3	0.8
Prior-visit status				
New patient	97,369	6,003	11.8	0.5
Old patient	709,639	30,703	86.2	0.6
Unknown/blank	16,534	2,525	2.0	0.3

. . . Category not applicable.

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

Table 5. Percent distribution of office visits with corresponding standard errors by physician specialty, according to referral status and prior-visit status: United States, 2000

Physician specialty	Total	Referred by another physician or health plan for this visit		Not referred by another physician or health plan for this visit		Unknown/blank referral for this visit	
		New patient	Old patient	New patient	Old patient	New patient	Old patient
				Percent distribution[1]			
All visits	100.0	5.4	11.4	5.6	72.1	1.0	4.4
General and family practice	100.0	*	*2.1	5.8	87.0	*1.5	2.8
Internal medicine	100.0	*	3.2	*5.4	86.5	*	*3.6
Pediatrics	100.0	*	*2.8	4.7	87.7	*	*3.6
Obstetrics and gynecology	100.0	4.2	8.2	7.3	73.4	*	5.6
Orthopedic surgery	100.0	15.0	30.8	5.4	39.4	*1.9	*7.5
Ophthalmology	100.0	5.9	17.6	7.4	62.8	*	*5.5
Dermatology	100.0	8.5	16.6	9.8	57.9	*	5.9
Psychiatry	100.0	4.4	25.2	4.2	59.4	*	*4.5
Cardiovascular diseases	100.0	9.3	24.0	3.2	60.8	*	*2.2
Urology	100.0	14.7	33.3	2.8	45.2	*	3.4
General surgery	100.0	18.3	31.7	3.1	45.1	*	*
Otolaryngology	100.0	17.8	23.0	10.9	45.3	*	*2.5
Neurology	100.0	25.6	30.9	4.1	36.6	*	*2.2
All other specialties	100.0	12.5	20.8	4.3	53.5	*	*8.3
				Standard error of percent			
All visits	. . .	0.4	0.8	0.4	1.2	0.1	0.7
General and family practice	. . .	. . .	0.6	0.6	1.5	0.5	0.8
Internal medicine	. . .	. . .	0.8	1.8	2.5	. . .	1.8
Pediatrics	. . .	. . .	1.3	0.6	2.3	. . .	1.6
Obstetrics and gynecology	. . .	0.9	1.6	1.0	2.9	. . .	1.7
Orthopedic surgery	. . .	1.5	3.0	0.8	3.5	0.7	2.8
Ophthalmology	. . .	0.8	4.1	1.3	3.8	. . .	3.0
Dermatology	. . .	1.4	3.5	1.2	4.5	. . .	1.6
Psychiatry	. . .	0.9	4.2	0.9	4.8	. . .	1.9
Cardiovascular diseases	. . .	1.3	4.1	0.6	4.7	. . .	1.1
Urology	. . .	1.1	5.7	0.6	5.3	. . .	1.0
General surgery	. . .	2.1	4.0	0.7	4.5	. . .	. . .
Otolaryngology	. . .	1.9	2.4	1.4	3.5	. . .	1.1
Neurology	. . .	2.3	3.7	1.1	3.8	. . .	0.8
All other specialties	. . .	2.0	3.5	0.9	4.8	. . .	4.1

. . . Category not applicable.

* Figure does not meet standard of reliability or precision.

[1]Nonresponses (blanks) for prior-visit status have been removed before analysis, accounting for 16.5 million visits or 2.0 percent, overall.

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

Table 6. Number and percent distribution of office visits with corresponding standard errors by selected visit characteristics, according to primary care physician status: United States, 2000

Visit characteristics	All visits	Are you the patient's primary care physician?		
		Yes	No	Unknown/blank
		Number of visits in thousands		
All visits	823,542	406,497	371,254	45,791
Percent distribution	100.00	49.4	45.1	5.6
Was authorization required for care?				
Yes	98,963	20,653	76,413	1,898
No	638,653	361,181	259,893	17,579
Unknown/blank	85,925	24,663	34,948	26,314
Is this a capitated visit?				
Yes	88,003	62,480	23,087	2,436
No	588,567	283,340	288,500	16,727
Unknown/blank	146,972	60,677	59,667	26,628
HMO[1] status				
Yes	240,583	138,944	92,026	9,613
No	481,648	233,663	232,691	15,293
Unknown/blank	101,311	33,889	46,536	20,885
		Standard error in thousands		
All visits	34,820	24,399	18,779	6,132
Percent distribution	. . .	1.7	1.7	0.7
Was authorization required for care?				
Yes	7,853	4,069	6,297	373
No	31,788	23,181	15,044	3,079
Unknown/blank	8,805	4,995	4,034	5,102
Is this a capitated visit?				
Yes	8,082	7,078	3,518	735
No	32,358	22,220	16,632	3,074
Unknown/blank	13,221	8,787	7,318	5,091
HMO[1] status				
Yes	12,677	10,222	5,964	2,616
No	26,220	19,139	12,994	2,228
Unknown/blank	8,317	4,739	5,607	3,535
		Percent distribution		
All visits	100.0	100.0	100.0	100.0
Was authorization required for care?				
Yes	12.0	5.1	20.6	4.1
No	77.5	88.9	70.0	38.4
Unknown/blank	10.4	6.1	9.4	57.5
Is this a capitated visit?				
Yes	10.7	15.4	6.2	*5.3
No	71.5	69.7	77.7	36.5
Unknown/blank	17.8	14.9	16.1	58.2
HMO[1] status				
Yes	29.2	34.2	24.8	21.0
No	58.5	57.5	62.7	33.4
Unknown/blank	12.3	8.3	12.5	45.6
		Standard error of percent		
All visits	. . .	. . .	. . .	. . .
Was authorization required for care?				
Yes	0.9	1.0	1.4	0.9
No	1.3	1.6	1.6	5.8
Unknown/blank	1.1	1.2	1.0	6.0
Is this a capitated visit?				
Yes	1.0	1.7	0.9	1.7
No	1.7	2.5	1.9	5.7
Unknown/blank	1.6	2.1	1.8	6.0
HMO[1] status				
Yes	1.2	2.0	1.2	4.1
No	1.5	2.4	1.6	4.3
Unknown/blank	0.9	1.1	1.3	4.3

. . . Category not applcable.

* Figure does not meet standard of reliability or precision.

[1]HMO is health maintenance organization.

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

Table 7. Number and percent distribution of office visits with corresponding standard errors, by primary expected source of payment and health maintenance organization status: United States, 2000

Primary expected source of payment	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	823,542	34,820	100.0	. . .
Private insurance	467,033	22,148	56.7	1.1
Medicare	162,506	9,381	19.7	0.8
Medicaid	70,812	5,550	8.6	0.6
Self-pay	44,739	4,407	5.4	0.5
Worker's compensation	14,537	2,441	1.8	0.3
No charge	5,965	1,593	0.7	0.2
Other	29,992	5,158	3.6	0.6
Unknown/blank	27,958	3,807	3.4	0.5

	HMO[1] status						
	Percent distribution				Standard error of percent		
Primary expected source of payment	Total	HMO[1]	Non-HMO[1]	Unknown/blank	HMO[1]	Non-HMO[1]	Unknown/blank
All visits	100.0	29.2	58.5	12.3	1.2	1.5	0.9
Private insurance	100.0	38.7	52.4	8.9	1.6	1.7	0.8
Medicare	100.0	11.8	80.7	7.5	1.5	2.0	1.2
Medicaid	100.0	20.1	71.9	8.0	2.9	3.3	1.6
Self-pay	100.0	4.6	72.2	23.1	0.9	4.8	5.0
Worker's compensation	100.0	7.5	53.8	38.7	1.6	5.4	5.0
No charge	100.0	*24.9	62.8	*	16.0	13.7	. . .
Other	100.0	58.9	26.2	*14.9	7.7	5.1	5.6
Unknown/blank	100.0	*14.1	11.8	74.2	4.3	2.4	5.0

. . . Category not applicable.
* Figure does not meet standard of reliability or precision.
[1]HMO is health maintenance organization.

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

Table 8. Number and percent distribution of office visits with corresponding standard errors, by patient's principal reason for visit: United States, 2000

Principal reason for visit and RVC code[1]		Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits		823,542	34,820	100.0	. . .
Symptom module	S001–S999	427,994	19,916	52.0	1.0
General symptoms	S001–S099	48,666	3,247	5.9	0.3
Symptoms referable to psychological/mental disorders	S100–S199	29,939	2,936	3.6	0.3
Symptoms referable to the nervous system (excluding sense organs)	S200–S259	24,156	1,695	2.9	0.2
Symptoms referable to the cardiovascular/lymphatic system	S260–S299	4,118	617	0.5	0.1
Symptoms referable to the eyes and ears	S300–S399	44,210	2,949	5.4	0.3
Symptoms referable to the respiratory system	S400–S499	79,422	5,553	9.6	0.5
Symptoms referable to the digestive system	S500–S639	37,770	3,876	4.6	0.4
Symptoms referable to the genitourinary system	S640–S829	32,279	2,095	3.9	0.2
Symptoms referable to the skin, hair, and nails	S830–S899	47,877	3,483	5.8	0.3
Symptoms referable to the musculoskeletal system	S900–S999	79,557	5,436	9.7	0.5
Disease module	D001–D999	82,952	6,316	10.1	0.7
Diagnostic, screening, and preventive module	X100–X599	149,854	9,357	18.2	0.8
Treatment module	T100–T899	96,958	6,656	11.8	0.7
Injuries and adverse effects module	J001–J999	20,734	1,785	2.5	0.2
Test results module	R100–R700	17,394	1,750	2.1	0.2
Administrative module	A100–A140	8,886	1,881	1.1	0.2
Other[2]		18,771	2,998	2.3	0.4

. . . Category not applicable.
[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (8).
[2]Includes problems and complaints not elsewhere classified, entries of "none," blanks, and illegible entries.

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

Table 9. Number and percent distribution of office visits with corresponding standard errors, by the 20 principal reasons for visit most frequently mentioned by patients according to patient's sex: United States, 2000

Principal reason for visit and RVC code[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Patient's sex: Female[2] Percent distribution	Female[2] Standard error of percent	Male[3] Percent distribution	Male[3] Standard error of percent
All visits	823,542	34,820	100.0	. . .	100.0	. . .	100.0	. . .
General medical examination X100	63,952	6,036	7.8	0.6	7.5	0.7	8.1	0.7
Progress visit, not otherwise specified T800	32,776	4,110	4.0	0.5	3.8	0.5	4.2	0.5
Cough S440	22,360	1,650	2.7	0.2	2.5	0.2	3.1	0.3
Routine prenatal examination X205	22,085	2,396	2.7	0.3	4.5	0.5	*	. . .
Postoperative visit T205	21,178	2,311	2.6	0.3	2.7	0.3	2.4	0.3
Symptoms referable to throat S455	17,519	2,053	2.1	0.2	2.2	0.2	2.0	0.3
Skin rash S860	13,365	1,225	1.6	0.1	1.4	0.1	1.9	0.2
Vision dysfunctions S305	12,965	1,595	1.6	0.2	1.7	0.2	1.5	0.2
Knee symptoms S925	12,533	1,408	1.5	0.2	1.4	0.1	1.7	0.2
Back symptoms S905	12,464	1,302	1.5	0.1	1.5	0.2	1.6	0.2
Well-baby examination X105	12,457	1,369	1.5	0.2	1.3	0.2	1.9	0.2
Stomach pain, cramps, and spasms S545	12,275	1,436	1.5	0.1	1.6	0.2	1.4	0.2
Medication, other and unspecified kinds T115	11,424	1,243	1.4	0.1	1.3	0.2	1.6	0.2
Earache or ear infection S355	11,288	1,090	1.4	0.1	1.2	0.1	1.6	0.2
Hypertension D510	10,398	1,626	1.3	0.2	1.1	0.2	1.4	0.2
Depression S110	10,043	1,283	1.2	0.2	1.3	0.2	1.1	0.2
Headache, pain in head S210	9,320	983	1.1	0.1	1.4	0.1	0.8	0.1
Nasal congestion S400	8,857	1,110	1.1	0.1	0.9	0.1	1.3	0.2
Chest pain and related symptoms S050	8,833	946	1.1	0.1	1.0	0.1	1.2	0.2
Fever S010	8,801	981	1.1	0.1	0.9	0.1	1.3	0.2
All other reasons	488,650	20,878	59.3	0.8	58.8	0.9	60.2	1.0

. . . Category not applicable.
* Figure does not meet standard of reliability or precision.
[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (8).
[2]Based on 488,199,000 visits made by females.
[3]Based on 335,343,000 visits made by males.
NOTE: Numbers may not add to totals because of rounding.

Table 10. Number and percent distribution of office visits with corresponding standard errors by major reason for visit, according to patient's age, sex, and race: United States, 2000

Patient's age, sex, and race	Total	Major reason for this visit: Acute problem	Chronic problem, routine	Chronic problem, flare-up	Pre- or post-surgery/injury followup	Nonillness care	Unknown/ blank
	Number of visits in thousands						
All visits	823,542	288,243	230,387	67,218	65,174	152,825	19,696
Age							
Under 15 years	142,466	71,548	17,657	7,043	3,745	38,843	*3,629
15–24 years	67,172	26,376	12,504	4,009	4,464	18,427	1,392
25–44 years	196,833	69,723	45,761	16,600	15,888	44,530	4,331
45–64 years	216,783	67,576	74,735	20,273	19,614	29,574	5,011
65–74 years	102,447	28,041	40,299	9,733	10,884	11,080	2,409
75 years and over	97,842	24,979	39,430	9,559	10,578	10,371	2,924
Sex							
Female	488,199	166,119	131,080	39,736	37,095	103,561	10,609
Male	335,343	122,124	99,307	27,481	28,079	49,264	9,087
Race							
White	710,753	245,397	201,817	58,992	59,296	129,293	15,959
Black	76,016	28,340	21,166	6,832	4,210	12,677	*2,792
Other	36,773	14,507	7,404	1,394	1,668	*10,855	*945

See footnotes at end of table.

Table 10. Number and percent distribution of office visits with corresponding standard error by major reason for visit, according to patient's age, sex, and race: United States, 2000—Con.

Patient's age, sex, and race	Total	Major reason for this visit					
		Acute problem	Chronic problem, routine	Chronic problem, flare-up	Pre- or post-surgery/injury followup	Nonillness care	Unknown/ blank
		Standard error in thousands					
All visits	34,820	15,757	12,207	4,881	4,666	9,340	3,134
Age							
Under 15 years	9,770	6,153	1,767	939	460	3,275	1,273
15–24 years	4,370	2,263	1,465	534	535	1,777	318
25–44 years	10,586	4,950	3,385	1,453	1,444	3,588	1,003
45–64 years	10,441	4,180	4,283	1,754	1,680	3,265	942
65–74 years	5,351	2,067	2,863	1,057	1,057	1,422	445
75 years and over	5,582	2,006	2,744	1,119	1,218	1,221	676
Sex							
Female	21,313	9,387	8,033	2,890	2,988	6,699	1,676
Male	14,932	7,155	4,955	2,298	1,991	3,725	1,608
Race							
White	31,654	14,260	11,164	4,415	4,353	7,941	2,399
Black	6,788	3,197	2,290	981	579	1,342	855
Other	9,496	3,533	1,888	251	421	4,453	346
		Percent distribution					
All visits	100.0	35.0	28.0	8.2	7.9	18.6	2.4
Age							
Under 15 years	100.0	50.2	12.4	4.9	2.6	27.3	*2.5
15–24 years	100.0	39.3	18.6	6.0	6.6	27.4	2.1
25–44 years	100.0	35.4	23.2	8.4	8.1	22.6	2.2
45–64 years	100.0	31.2	34.5	9.4	9.0	13.6	2.3
65–74 years	100.0	27.4	39.3	9.5	10.6	10.8	2.4
75 years and over	100.0	25.5	40.3	9.8	10.8	10.6	3.0
Sex							
Female	100.0	34.0	26.8	8.1	7.6	21.2	2.2
Male	100.0	36.4	29.6	8.2	8.4	14.7	2.7
Race							
White	100.0	34.5	28.4	8.3	8.3	18.2	2.2
Black	100.0	37.3	27.8	9.0	5.5	16.7	*3.7
Other	100.0	39.4	20.1	3.8	4.5	29.5	*2.6
		Standard error of percent					
All visits	. . .	1.0	1.0	0.5	0.5	0.8	0.4
Age							
Under 15 years	. . .	1.9	1.1	0.6	0.3	1.4	0.9
15–24 years	. . .	1.9	1.7	0.8	0.8	2.0	0.5
25–44 years	. . .	1.3	1.2	0.6	0.7	1.3	0.5
45–64 years	. . .	1.2	1.4	0.6	0.7	1.2	0.4
65–74 years	. . .	1.5	1.8	0.9	1.0	1.2	0.4
75 years and over	. . .	1.3	1.8	0.9	1.2	1.1	0.7
Sex							
Female	. . .	1.1	1.1	0.5	0.6	1.0	0.3
Male	. . .	1.1	1.1	0.5	0.6	0.8	0.5
Race							
White	. . .	1.0	1.1	0.5	0.6	0.8	0.3
Black	. . .	1.8	1.7	1.0	0.7	1.2	1.1
Other	. . .	4.2	2.2	1.0	1.4	5.2	1.1

. . . Category not applicable.

* Figure does not meet standard of reliability or precision.

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

Table 11. Number and percent distribution of office visits with corresponding standard errors, by physician's primary diagnosis: United States, 2000

Major disease category and ICD–9–CM code range[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	823,542	34,820	100.0	. . .
Infectious and parasitic diseases 001–139	25,298	2,146	3.1	0.2
Neoplasms 140–239	31,189	4,454	3.8	0.5
Endocrine, nutritional and metabolic diseases, and immunity disorders 240–279	42,183	4,351	5.1	0.5
Mental disorders 290–319	43,893	4,214	5.3	0.5
Diseases of the nervous system and sense organs 320–389	69,297	4,283	8.4	0.5
Diseases of the circulatory system 390–459	65,843	5,506	8.0	0.6
Diseases of the respiratory system 460–519	90,803	6,993	11.0	0.6
Diseases of the digestive system 520–579	29,401	3,258	3.6	0.4
Diseases of the genitourinary system 580–629	42,674	3,360	5.2	0.4
Diseases of the skin and subcutaneous tissue 680–709	43,650	3,316	5.3	0.3
Diseases of the musculoskeletal system and connective tissue 710–739	59,270	5,451	7.2	0.6
Symptoms, signs, and ill-defined conditions 780–799	50,940	3,651	6.2	0.3
Injury and poisoning 800–999	45,295	4,290	5.5	0.4
Supplementary classification V01–V82	149,189	8,549	18.1	0.8
All other diagnoses[2]	21,424	2,166	2.6	0.3
Unknown[3]	13,193	3,689	1.6	0.4

. . . Category not applicable.

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

[2]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–677); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–779).

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

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

Table 12. Number and percent distribution of office visits with corresponding standard errors, by selected primary diagnosis groups and patient's sex: United States, 2000

					Patient's sex			
					Female[2]		Male[3]	
Primary diagnosis group and ICD–9–CM code(s)[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Percent distribution	Standard error of percent	Percent distribution	Standard error of percent
All visits	823,542	34,820	100.0	. . .	100.0	. . .	100.0	. . .
Essential hypertension 401	35,096	3,941	4.3	0.4	4.2	0.4	4.4	0.5
Routine infant or child health check V20.2	33,896	3,209	4.1	0.4	3.5	0.3	5.0	0.5
Acute upper respiratory infections, excluding pharyngitis 460–461, 463–466	30,675	2,840	3.7	0.3	3.6	0.3	3.9	0.3
Diabetes mellitus 250	23,627	2,639	2.9	0.3	2.4	0.3	3.5	0.4
Arthropathies and related disorders 710–719	23,222	3,258	2.8	0.4	3.1	0.4	2.4	0.4
Normal pregnancy V22	22,382	2,138	2.7	0.2	4.6	0.4	*	. . .
Malignant neoplasms 140–208, 230–234	21,769	4,369	2.6	0.5	2.6	0.7	2.8	0.4
General medical examination V70	18,334	2,448	2.2	0.3	2.4	0.3	2.0	0.3
Rheumatism, excluding back 725–729	16,535	1,450	2.0	0.2	2.0	0.2	2.0	0.2
Otitis media and eustachian tube disorders 381–382	16,267	1,576	2.0	0.2	1.7	0.2	2.4	0.3
Spinal disorders 720–724	15,561	2,380	1.9	0.3	1.8	0.2	2.0	0.4
Followup examination V67	13,167	2,411	1.6	0.3	1.7	0.4	1.4	0.3
Chronic sinusitis 473	11,637	1,279	1.4	0.1	1.6	0.2	1.1	0.2
Ischemic heart disease 410–414	11,385	1,332	1.4	0.2	1.0	0.1	2.0	0.2
Heart disease, excluding ischemic 391–392.0,393–398,402,404,415–416, 420–429	11,008	1,111	1.3	0.1	1.1	0.1	1.7	0.2
Benign and uncertain neoplasms 216–229,235–239	9,420	941	1.1	0.1	1.2	0.1	1.0	0.2
Gynecological examination V72.3	9,399	1,493	1.1	0.2	1.9	0.3	*	. . .
Asthma 493	9,332	1,289	1.1	0.1	1.0	0.2	1.3	0.2
Acute pharyngitis 462	9,229	1,271	1.1	0.1	1.1	0.1	1.2	0.2
Allergic rhinitis 477	9,059	1,659	1.1	0.2	1.1	0.2	1.1	0.3
All other diagnoses	472,541	20,965	57.4	0.9	56.5	1.0	58.6	1.1

. . . Category not applicable.

* Figure does not meet standard of reliability or precision.

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

[2]Based on 488,199,000 visits made by females.

[3]Based on 335,343,000 visits made by males.

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

Table 13. Number, percent distribution, and annual rate of injury-related office visits with corresponding standard errors, by patient's age, sex, and race: United States, 2000

Patient's age, sex, and race	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[1]	Standard error of rate
All injury-related visits	89,860	6,264	100.0	. . .	32.8	2.3
Age						
Under 15 years	13,524	1,485	15.1	1.5	22.4	2.5
15–24 years	9,664	1,019	10.8	0.7	25.1	2.6
25–44 years	26,986	2,447	30.0	1.3	32.9	3.0
45–64 years	23,884	2,253	26.6	1.2	39.4	3.7
65–74 years	7,780	774	8.7	0.8	43.8	4.4
75 years and over	8,021	690	8.9	0.8	53.7	4.6
Sex and age						
Female	44,731	3,156	49.8	1.2	31.8	2.2
Under 15 years	5,989	801	6.7	0.8	20.3	2.7
15–24 years	4,060	582	4.5	0.5	21.2	3.0
25–44 years	13,281	1,250	14.8	0.9	31.8	3.0
45–64 years	11,928	1,221	13.3	0.9	38.1	3.9
65–74 years	4,353	532	4.8	0.6	44.9	5.5
75 years and over	5,120	544	5.7	0.6	56.4	6.0
Male	45,129	3,470	50.2	1.2	33.8	2.6
Under 15 years	7,535	937	8.3	1.0	24.4	3.0
15–24 years	5,605	681	6.2	0.6	28.9	3.5
25–44 years	13,705	1,389	15.3	0.8	34.1	3.5
45–64 years	11,956	1,359	13.3	1.0	40.8	4.6
65–74 years	3,427	499	3.8	0.5	42.6	6.2
75 years and over	2,901	376	3.2	0.4	49.5	6.4
Race						
White	79,951	5,826	89.0	1.1	35.6	2.6
Black	7,510	914	8.4	0.9	21.1	2.6
Other	2,399	574	2.7	0.6	17.5	4.2

. . . Category not applicable.

[1]Based on U.S. Census Bureau monthly postcensal estimates of the civilian noninstitutional population of the United Stated as of July 1, 2000. Figures are consistent with the downloadable series, "U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin: 1980–1999 (with short-term projection to dates in 2000)" and are available at the Census Bureau Internet site: http://eire.census.gov/popest/archives/national/nat_90s_detail/nat_90s_4.php. Figures have been adjusted for underenumeration using the 1990 National Population Adjustment Matrix.

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

Table 14. Number and percent distribution of injury-related office visits with corresponding standard errors, by intent and mechanism of external cause: United States, 2000

Intent and mechanism[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All injury-related visits	89,860	6,264	100.0	. . .
Unintentional injuries	56,406	4,614	62.8	1.8
Falls	13,636	1,519	15.2	1.3
Overexertion and strenuous movements	5,949	990	6.6	0.8
Motor vehicle traffic	5,722	785	6.4	0.8
Struck against or struck accidentally by objects or persons	5,549	690	6.2	0.6
Natural and environmental factors	3,337	621	3.7	0.6
Cutting or piercing instruments or objects	1,989	419	2.2	0.4
Other and not elsewhere classified[2]	13,939	1,245	15.5	1.0
Mechanism unspecified	6,285	701	7.0	0.7
Intentional injuries[3]	915	214	1.0	0.2
Injuries of undetermined intent	*	. . .	*	. . .
Adverse effects of medical treatment	4,878	649	5.4	0.7
Blank cause[4]	27,621	2,261	30.7	1.7

. . . Category not applicable.

* Figure does not meet standard of reliability or precision.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM), Supplementary Classification of External Causes of Injury and Poisoning (9). A detailed description of the ICD–9–CM E-codes used to create the groupings in this table is provided in the Technical notes.

[2]Includes suffocation, poisoning, other transportation, machinery, firearm, fire and flames, drowning/submersion, nontraffic motor vehicle, and pedal cycle.

[3]Includes assault, self-inflicted, and other causes of violence.

[4]Includes illegible entries and blanks.

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

Table 15. Number and percent of office visits with corresponding standard errors, by diagnostic and screening services ordered or provided and patient's sex: United States, 2000

Diagnostic and screening services ordered or provided	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent	Patient's sex: Female[2] Percent of visits	Female[2] Standard error of percent	Male[3] Percent of visits	Male[3] Standard error of percent
All visits	823,542	34,820	. . .	. . .	. . .	. . .	. . .	. . .
None	210,404	11,684	25.5	1.2	23.6	1.1	28.4	1.5
Examinations								
Skin	87,837	8,692	10.7	0.9	10.6	0.8	10.8	1.1
Visual	59,923	6,625	7.3	0.7	6.8	0.7	7.9	0.9
Pelvic	59,062	6,124	7.2	0.7	11.0	0.9	*1.6	0.6
Breast	57,041	6,491	6.9	0.7	10.7	1.0	*1.5	0.5
Rectal	42,683	5,687	5.2	0.6	5.0	0.7	5.5	0.7
Glaucoma	24,593	3,659	3.0	0.4	3.1	0.5	2.8	0.4
Hearing	16,785	2,520	2.0	0.3	1.5	0.2	2.8	0.4
Tests								
Blood pressure	373,429	24,755	45.3	1.7	48.5	1.7	40.8	2.0
Urinalysis	79,970	5,640	9.7	0.5	11.1	0.7	7.7	0.5
Hematocrit/hemoglobin	42,925	3,842	5.2	0.4	5.5	0.5	4.8	0.4
Cholesterol	39,608	4,218	4.8	0.5	4.4	0.4	5.5	0.6
Pap test	29,952	3,068	3.6	0.3	6.1	0.5	*	. . .
EKG[4]	22,937	1,994	2.8	0.2	2.2	0.2	3.6	0.3
PSA[5]	12,514	1,398	1.5	0.2	*	. . .	3.7	0.4
Strep test	11,287	1,580	1.4	0.2	1.6	0.2	1.1	0.2
Pregnancy test	5,392	737	0.7	0.1	1.1	0.1	*	. . .
Blood lead level	2,687	782	0.3	0.1	*0.3	.01	*	. . .
HIV serology[6]	2,560	364	0.3	0.0	0.4	0.1	*	. . .
Other STD [7]	3,793	706	0.5	0.1	0.7	0.1	*	. . .
Other blood test	113,572	7,795	13.8	0.7	14.4	0.8	12.8	0.8
Imaging								
X ray	53,419	3,960	6.5	0.4	5.6	0.4	7.8	0.6
Ultrasound	20,054	1,631	2.4	0.2	3.0	0.3	1.7	0.2
Mammography	17,836	2,519	2.2	0.3	3.7	0.5	*	. . .
CAT scan/MRI [8,9]	13,232	1,271	1.6	0.1	1.6	0.2	1.6	0.2
Other	118,017	8,206	14.3	0.8	13.9	0.8	14.9	0.9
Blank	10,303	2,737	1.3	0.3	1.0	0.3	1.6	0.5

. . . Category not applicable.
* Figure does not meet standard of reliability or precision.
[1]Total exceeds "All visits" because more than one service may be reported per visit.
[2]Based on 488,199,000 visits made by females.
[3]Based on 335,343,000 visits made by males.
[4]EKG is electrocardiogram.
[5]PSA is prostate-specific antigen.
[6]HIV is human immunodeficiency virus.
[7]STD is sexually transmitted disease.
[8]CAT is computerized axial tomography.
[9]MRI is magnetic resonance imaging.

Table 16. Number and percent of office visits with corresponding standard errors, by therapeutic and preventive services ordered or provided and patient's sex: United States, 2000

Therapeutic and preventive services ordered or provided	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent	Patient's sex			
					Female[2]		Male[3]	
					Percent of visits	Standard error of percent	Percent of visits	Standard error of percent
All visits	823,542	34,820	. . .	. . .	. . .	. . .	. . .	. . .
None	515,550	23,198	62.6	1.2	61.6	1.3	64.0	1.5
Counseling/education								
Diet	126,988	9,441	15.4	0.9	15.4	0.9	15.5	1.0
Exercise	80,839	7,250	9.8	0.7	9.8	0.7	9.8	0.9
Injury prevention	24,610	3,193	3.0	0.4	2.5	0.3	3.6	0.5
Growth/development	21,460	2,657	2.6	0.3	2.2	0.3	3.2	0.4
Stress management	18,403	2,768	2.2	0.3	2.5	0.4	1.8	0.3
Prenatal instructions	18,396	2,117	2.2	0.2	3.8	0.4	*	. . .
Mental health	18,221	3,109	2.2	0.4	2.2	0.4	2.2	0.4
Tobacco use/exposure	18,213	2,265	2.2	0.3	2.0	0.3	2.5	0.3
Breast self-examination	17,827	3,052	2.2	0.4	3.6	0.6	*	. . .
Skin cancer prevention	14,311	2,486	1.7	0.3	1.4	0.2	2.2	0.4
Family planning/contraception	9,564	1,155	1.2	0.1	1.9	0.2	*	. . .
HIV/STD transmission[4,5]	5,190	716	0.6	0.1	0.9	0.1	0.3	0.1
Other therapy								
Complementary and alternative medicine	31,589	3,481	3.8	0.4	3.8	0.4	3.9	0.4
Physiotherapy	22,273	2,221	2.7	0.2	2.5	0.3	2.9	0.3
Psycho-pharmacotherapy	19,947	2,828	2.4	0.3	2.3	0.3	2.6	0.4
Psychotherapy	18,669	2,992	2.3	0.4	2.2	0.4	2.4	0.4
Other	36,839	3,569	4.5	0.4	4.3	0.4	4.7	0.4
Blank	21,356	3,146	2.6	0.4	2.3	0.3	3.0	0.5

. . . Category not applicable.
* Figure does not meet standard of reliability or precision.
[1]Total exceeds "All visits" because more than one service may be reported per visit.
[2]Based on 488,199,000 visits made by females.
[3]Based on 335,343,000 visits made by males.
[4]HIV is human immunodeficiency virus.
[5]STD is sexually transmitted disease.

Table 17. Number and percent of write-in procedures ordered or performed with corresponding standard errors, by procedure category: United States, 2000

Procedure/operation category[1]	ICD–9–CM codes	Number of procedures in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All write-in procedures	. . .	201,108	12,796	100.0	. . .
Nervous system	01–05	*	. . .	*	. . .
Eye	08–16	*3,928	1,294	*2.0	0.6
Ear	18–20	699	156	0.3	0.1
Nose, mouth, and pharynx	21–29	*2,730	1,298	*1.4	0.6
Cardiovascular system	35–39	919	246	0.5	0.1
Digestive system	42–54	8,517	2,108	4.2	1.0
Urinary system	55–59	2,748	464	1.4	0.2
Male genital organs	60–64	1,142	217	0.6	0.1
Female genital organs	65–71	2,521	421	1.3	0.2
Obstetrical procedures	72–75	3,428	911	1.7	0.4
Musculoskeletal system	76–84	2,791	582	1.4	0.3
Integumentary system	85–86	21,425	2,135	10.7	1.0
Miscellaneous diagnostic and therapeutic procedures	87–99	125,073	9,223	62.2	1.8
Other procedures[2]	. . .	24,838	2,871	12.4	1.1

. . . Category not applicable.
* Figure does not meet standard of reliability or precision.
[1]Based on Volume III of the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (9).
[2]Includes operations on the endocrine system (ICD–9–CM codes 06–07), operations on the respiratory system (ICD–9–CM codes 30–34), operations on the hemic and lymphatic system (ICD–9–CM codes 40–41), and obstetrical procedures (ICD–9–CM codes 72–75).

NOTE: Included are responses to the ambulatory surgery item on the Patient Record form (Item 20) (up to two procedures could be reported), the diagnostic/screening services item, and the therapeutic/preventive services item (up to two procedures for each could be reported in the "other-specify" categories).

Table 18. Number and percent distribution of office visits with corresponding standard errors, by medication therapy and number of medications provided or prescribed, and patient's sex: United States, 2000

Visit characteristic	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Patient's sex			
					Female[1]		Male[2]	
					Percent distribution	Standard error of percent	Percent distribution	Standard error of percent
Medication therapy[3]								
All visits	823,542	34,820	100.0	. . .	100.0	. . .	100.0	. . .
Drug visits[4]	544,772	26,997	66.1	1.2	66.2	1.4	66.0	1.1
Visits without mention of medication	278,770	13,288	33.9	1.2	33.8	1.4	34.0	1.1
Number of medications provided or prescribed by physician								
All visits	823,542	34,820	100.0	. . .	100.0	. . .	100.0	. . .
0	278,770	13,288	33.9	1.2	33.8	1.4	34.0	1.1
1	230,539	10,645	28.0	0.6	27.6	0.8	28.5	0.7
2	132,964	8,142	16.1	0.5	16.0	0.6	16.3	0.5
3	71,205	4,147	8.6	0.3	8.6	0.4	8.8	0.4
4	40,242	2,923	4.9	0.3	4.8	0.3	5.1	0.4
5	26,479	2,655	3.2	0.3	3.3	0.4	3.1	0.3
6	43,343	4,654	5.3	0.5	5.9	0.5	4.3	0.5

. . . Category not applicable.
[1]Based on 488,199,000 visits made by females.
[2]Based on 335,343,000 visits made by males.
[3]Includes prescription drugs, over-the-counter preparations, immunizations, and desensitizing agents.
[4]Visits at which one or more drugs were provided or prescribed by the physician.

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

Table 19. Number and percent distribution of drug visits, drug mentions, and drug mention rates per 100 visits with corresponding standard errors, by physician specialty: United States, 2000

Physician specialty	Drug visits				Drug mentions				Percent drug visits		Drug mention rates	
	Number in thousands[1]	Standard error in thousands	Percent distribution	Standard error of percent	Number in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Percent drug visits[2]	Standard error of percent	Number of drug mentions per 100 visits[3]	Standard error of rate
All specialties	544,772	26,997	100.0	. . .	1,263,503	74,006	100.0	. . .	66.1	1.2	153.4	5.0
General and family practice	151,458	15,367	27.8	2.1	358,118	40,492	28.3	2.4	76.3	2.3	180.3	8.9
Internal medicine	98,906	11,241	18.2	1.8	255,962	29,801	20.3	2.1	78.8	2.3	203.9	11.9
Pediatrics	69,666	7,097	12.8	1.3	124,186	13,914	9.8	1.1	67.2	1.7	119.7	5.3
Obstetrics and gynecology	29,928	3,527	5.5	0.6	42,345	5,084	3.4	0.4	45.9	3.1	65.0	4.9
Dermatology	23,055	2,469	4.2	0.4	43,138	5,121	3.4	0.4	66.8	2.9	125.0	7.1
Psychiatry	22,554	3,279	4.1	0.6	46,274	7,065	3.7	0.6	78.1	4.3	160.3	12.2
Ophthalmology	22,287	3,047	4.1	0.6	45,062	7,157	3.6	0.6	52.2	4.0	105.4	13.9
Cardiovascular diseases	16,700	2,047	3.1	0.4	63,513	8,967	5.0	0.7	77.3	3.7	294.1	21.5
Orthopedic surgery	15,184	1,574	2.8	0.3	23,206	2,895	1.8	0.2	32.9	2.2	50.3	4.8
Urology	9,378	1,417	1.7	0.3	14,249	2,139	1.1	0.2	50.1	2.9	76.2	6.8
Otolaryngology	8,372	986	1.5	0.2	15,272	2,012	1.2	0.2	51.1	2.8	93.1	7.6
Neurology	5,508	548	1.0	0.1	10,713	1,332	0.8	0.1	65.5	2.7	127.4	10.4
General surgery	5,054	883	0.9	0.2	10,936	2,344	0.9	0.2	29.9	4.0	64.7	12.0
All other specialties	66,723	9,240	12.2	1.4	210,529	35,150	16.7	2.2	69.3	5.2	218.7	24.6

. . . Category not applicable.

[1]Visits at which one or more drugs were provided or prescribed by the physician.

[2]Percent of visits to specialist that included one or more drug mentions (number of drug visits divided by number of office visits multiplied by 100).

[3]Average number of drugs that were mentioned per 100 visits to each specialty (number of drug mentions divided by total number of visits multiplied by 100).

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

Table 20. Number, percent distribution, and annual rate of drug mentions at office visits with corresponding standard errors, by therapeutic classification: United States, 2000

Therapeutic classification[1]	Number of drug mentions in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of drug mentions per 100 visits[2]	Standard error of rate
All drug mentions	1,263,503	74,006	100.0	. . .	153.4	5.0
Cardiovascular-renal drugs	192,198	14,641	15.2	0.6	23.3	1.4
Drugs used for relief of pain	137,211	10,183	10.9	0.4	16.7	0.9
Hormones and agents affecting hormonal mechanisms	136,306	11,272	10.8	0.5	16.6	1.0
Respiratory tract drugs	126,316	12,846	10.0	0.6	15.3	1.2
Antimicrobial agents	116,300	7,732	9.2	0.4	14.1	0.6
Central nervous system drugs	113,210	8,762	9.0	0.5	13.7	0.9
Metabolic/nutrients	95,705	6,953	7.6	0.3	11.6	0.7
Skin/mucous membrane drugs	64,880	5,118	5.1	0.3	7.9	0.5
Gastrointestinal agents	58,211	4,719	4.6	0.2	7.1	0.4
Immunologics	54,239	5,574	4.3	0.4	6.6	0.6
Ophthalmics	35,064	4,231	2.8	0.3	4.3	0.5
Neurologic drugs	30,615	2,658	2.4	0.2	3.7	0.3
Hematologic agents	22,474	1,941	1.8	0.1	2.7	0.2
Otologics	10,191	1,259	0.8	0.1	1.2	0.1
Anesthetic drugs	10,096	2,030	0.8	0.2	1.2	0.2
Oncolytics	9,877	2,299	0.8	0.2	1.2	0.3
Contrast media/radiopharmaceuticals	5,380	893	0.4	0.1	0.7	0.1
Antiparasitics	4,233	832	0.3	0.1	0.5	0.1
Other and unclassified[3]	40,997	3,589	3.2	0.3	5.0	0.4

. . . Category not applicable.
* Figure does not meet standard of reliability or precision.
[1]Based on the standard drug classification used in the *National Drug Code Directory*, 1995 edition (NDC) (12).
[2]Number of drug mentions divided by total number of visits multiplied by 100.
[3]Includes antidotes, unclassified/miscellaneous drugs, and homeopathic products.

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

Table 21. Number and rate of generic substances for the 20 most frequently occurring generic substances in drug mentions at office visits with corresponding standard errors: United States, 2000

Generic substance	Number of occurrences in thousands[1]	Standard error in thousands	Number of generic substances per 100 drug mentions[2]	Standard error of rate
Acetaminophen	39,903	3,436	3.2	0.2
Amoxicillin	32,414	2,713	2.6	0.2
Hydrochlorothiazide	22,462	2,144	1.8	0.1
Estrogens	21,401	1,973	1.7	0.1
Levothyroxine	19,751	3,343	1.6	0.2
Albuterol	19,232	2,040	1.5	0.1
Ibuprofen	17,460	1,889	1.4	0.1
Loratadine	17,153	2,398	1.4	0.1
Atorvastatin calcium	16,561	1,684	1.3	0.1
Guaifenesin	15,717	1,975	1.2	0.1
Lisinopril	15,240	1,640	1.2	0.1
Aspirin	15,219	1,759	1.2	0.1
Furosemide	15,049	1,583	1.2	0.1
Hydrocodone	13,972	1,526	1.1	0.1
Atenolol	13,746	1,442	1.1	0.1
Amlodipine	13,151	1,704	1.0	0.1
Multivitamins, general	12,525	1,910	1.0	0.1
Metformin	12,328	1,422	1.0	0.1
Celecoxib	12,161	1,353	1.0	0.1
Metoprolol	11,604	1,182	0.9	0.1

[1]Frequency of mention combines single-ingredient agents with mentions of the agent as an ingredient in a combination drug.
[2]Based on an estimated 1,263,503,000 drug mentions at office visits in 2000.

Table 22. Number, percent distribution, and therapeutic classification for the 20 drugs most frequently prescribed at office visits with corresponding standard errors, by entry name of drug: United States, 2000

Entry name of drug[1]	Number of drug mentions in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Therapeutic classification[2]
All drug mentions	1,263,503	74,006	100.0	. . .	. . .
Claritin	17,145	2,398	1.4	0.1	Antihistamines
Lipitor	16,267	1,638	1.3	0.1	Hyperlipidemia
Synthroid	15,999	2,512	1.3	0.2	Thyroid agents
Premarin	14,775	1,648	1.2	0.1	Estrogens/progestins
Amoxicillin	13,068	1,723	1.0	0.1	Penicillins
Tylenol	12,789	1,514	1.0	0.1	Nonnarcotic analgesics
Lasix	12,577	1,400	1.0	0.1	Diuretics
Celebrex	12,161	1,353	1.0	0.1	NSAIDs[3]
Glucophage	11,468	1,361	0.9	0.1	Blood glucose regulators
Albuterol sulfate	10,862	1,228	0.9	0.1	Antiasthmatics/bronchodilators
Vioxx	10,801	1,212	0.9	0.1	NSAIDs[3]
Prilosec	10,751	1,205	0.9	0.1	Gastric antisecretory agents
Norvasc	10,635	1,305	0.8	0.1	Calcium channel blockers
Atenolol	10,372	1,332	0.8	0.1	Beta blockers
Influenza virus vaccine	10,197	1,409	0.8	0.1	Vaccines/antisera
Prednisone	10,049	1,482	0.8	0.1	Adrenal corticosteroids
Amoxil	9,719	1,505	0.8	0.1	Penicillins
Prevacid	9,268	1,222	0.7	0.1	Gastric antisecretory agents
Zocor	9,202	1,133	0.7	0.1	Hyperlipidemia
Zoloft	9,183	1,277	0.7	0.1	Antidepressants
All other	1,026,216	59,032	81.2	0.4	. . .

. . . Category not applicable.
[1]The entry made by the physician on the prescription or other medical records. This may be a trade name, generic name, or desired therapeutic effect.
[2]Therapeutic classification is based on the *National Drug Code Directory*, 1995 edition (NDC) (12). In cases where a drug had more than one therapeutic use, it was classified under its primary therapeutic use.
[3]NSAIDs are nonsteroidal anti-inflammatory drugs.

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

Table 23. Number and percent of office visits with corresponding standard errors, by providers seen: United States, 2000

Types of providers[1]	Number of visits in thousands[2]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	823,542	34,820	. . .	. . .
Physician	787,585	32,488	95.6	0.7
Medical assistant	179,204	16,223	21.8	1.8
Registered nurse	126,250	16,508	15.3	1.9
Licensed practical nurse	107,328	14,217	13.0	1.5
Nurse practitioner	17,173	5,115	2.1	0.6
Physician assistant	16,013	3,597	1.9	0.4
Other provider	34,029	5,992	4.1	0.7

. . . Category not applicable.
[1]Estimates for nurse midwives were omitted from the table because of low frequencies in the sample data.
[2]Total exceeds "All visits" because more than one provider may be reported per visit.

Table 24. Number and percent of office visits with corresponding standard errors, by visit disposition: United States, 2000

Disposition	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	823,542	34,820	. . .	. . .
Return at specified time	503,902	20,926	61.2	1.2
Return if needed, P.R.N.[2]	199,108	14,875	24.2	1.2
No followup planned	66,880	6,721	8.1	0.7
Referred to other physician	35,057	2,643	4.3	0.3
Telephone followup planned	20,380	2,977	2.5	0.3
Returned to referring physician	6,972	838	0.8	0.1
Admitted to hospital	3,093	486	0.4	0.1
Other disposition	24,339	2,694	3.0	0.3
Blank	24,927	3,647	3.0	0.4

. . . Category not applicable.
[1]Total exceeds "All visits" because more than one disposition may be reported per visit.
[2]P.R.N. is as needed.

Table 25. Number and percent distribution of office visits with corresponding standard errors, by time spent with physician: United States, 2000

Time spent with physician	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	823,542	34,820	100.0	. . .
Visits at which no physician was seen	35,957	5,962	4.4	0.7
Visits at which a physician was seen	787,585	32,488	95.6	0.7
Total	787,585	32,488	100.0	. . .
1–5 minutes	23,607	2,626	3.0	0.3
6–10 minutes	154,365	10,408	19.6	1.1
11–15 minutes	297,957	16,384	37.8	1.2
16–30 minutes	254,961	13,278	32.4	1.2
31–60 minutes	53,549	4,278	6.8	0.5
61 minutes and over	3,146	809	0.4	0.1

. . . Category not applicable.

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

Table 26. Mean time spent with physician with corresponding standard errors, by physician specialty: United States, 2000

Physician specialty	Mean time spent with physician[1]	Standard error of mean	25th percentile	50th percentile	75th percentile
All visits	18.9	0.3	13.9	14.7	19.8
Psychiatry	36.0	1.7	19.2	29.9	49.0
Neurology	28.0	0.8	14.0	24.4	29.8
Cardiovascular diseases	21.5	0.7	13.1	18.3	28.3
Internal medicine	19.7	0.7	14.2	14.8	19.7
General surgery	19.0	0.9	13.4	14.8	24.5
Obstetrics and gynecology	18.2	0.6	10.0	14.8	20.0
Orthopedic surgery	17.1	0.7	9.9	14.6	19.1
General and family practice	17.0	0.5	10.0	14.6	18.8
Ophthalmology	16.9	1.0	9.8	14.5	19.2
Otolaryngology	16.8	0.7	9.8	14.5	19.3
Urology	16.2	0.9	9.6	14.5	19.4
Dermatology	15.8	0.7	9.6	14.4	19.3
Pediatrics	15.4	0.5	9.7	14.4	18.1
All other specialties	23.5	1.3	14.3	19.2	27.2

[1]Only visits where a physician was seen are included.

Technical notes

Data collection

In 2000, 1,388 physicians participated in the NAMCS (unweighted physician participation rate of 67.7%). However, only 1,145 physicians completed Patient Record forms. The U.S. Census Bureau, acting as the data collection agent for the survey, provided training to field representatives (FRs) throughout the Nation who, in turn, oversaw data collection at the physician's office. FRs contacted physicians for induction into the survey after an advance letter was mailed from NCHS notifying the physicians of their selection in the survey. In most cases, physician staff completed the information requested on the Patient Record forms (figure I); however, in 29.6 percent of the offices, FRs abstracted the data from medical records or computer printouts. Neither the patient's name or address is collected. Confidentiality of the data collected in the survey is protected under the Privacy Act, Public Health Service Act, and Title 42 of the United States Code, Section 242m(d).

Sampling errors

The standard error is primarily a measure of the sampling variability that occurs by chance when only a sample, rather than an entire universe, is surveyed. The standard error also reflects part of the measurement error, but does not measure any systematic biases in the data. The chances are 95 out of 100 that an estimate from the sample differs from the value that would be obtained from a complete census by less than twice the standard error.

The standard errors presented in the tables and used in tests of significance for this report were approximated using SUDAAN software. SUDAAN 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 (4). The relative standard error (RSE) of an estimate is obtained by dividing the standard error by the estimate itself. The result is then expressed as a percent of the estimate. When it is not feasible to use statistical software, such as SUDAAN, for analyzing complex survey data, one may calculate approximate RSEs for aggregate estimates using the following general formula, where x is the aggregate of interest in thousands, and A and B are the appropriate coefficients from table I.

$$\mathrm{RSE}(x) = \sqrt{A + \frac{B}{x}} \cdot 100$$

Similarly, RSEs for an estimate of a percent may be calculated using the following general formula, where p is the percent of interest expressed as a proportion, and x is the denominator of the percent in thousands, using the appropriate coefficients from table I.

$$\mathrm{RSE}(x) = \sqrt{\frac{B \cdot (1-p)}{p \cdot x}} \cdot 100$$

The standard error for a rate may be obtained by multiplying the RSE of the total estimate by the rate.

Published and flagged estimates

Estimates are not presented unless a reasonable assumption regarding their probability distributions is possible on the basis of the Central Limit Theorem. This theorem states that, given a sufficiently large sample size, the

Table I. Coefficients appropriate for determining approximate relative standard errors, by type of estimate and physician specialty: National Ambulatory Medical Care Survey, 2000

Type of estimate and physician speciality	Coefficient for use with estimates in thousands		Lowest reliable estimate in thousands
	A	B	
Visits			
Overall totals	0.002945	85.198	979
General and family practice	0.012743	73.215	948
Internal medicine	0.017249	62.824	864
Pediatrics	0.010667	52.662	664
General surgery	0.013702	19.517	256
Obstetrics and gynecology	0.010248	87.294	1,095
Orthopedic surgery	0.009605	38.845	483
Cardiovascular diseases	0.011930	23.349	299
Dermatology	0.009170	32.331	400
Urology	0.014610	13.151	174
Psychiatry	0.017707	76.540	1,059
Neurology	0.010321	8.531	107
Ophthalmology	0.013279	58.911	768
Otolaryngology	0.011208	13.117	166
All other specialties	0.015113	176.980	2,363
Drug mentions			
Overall totals	0.005585	186.323	2,207
General and family practice	0.017526	198.381	2,737
Internal medicine	0.018944	201.993	2,843
Pediatrics	0.014322	94.135	1,244
General surgery	0.042731	52.401	1,109
Obstetrics and gynecology	0.018138	174.742	2,432
Orthopedic surgery	0.013282	61.736	805
Cardiovascular diseases	0.021379	83.955	1,223
Dermatology	0.013943	46.197	607
Urology	0.018820	25.639	360
Psychiatry	0.023188	139.797	2,092
Neurology	0.013979	23.189	305
Ophthalmology	0.020464	124.722	1,794
Otolaryngology	0.016904	21.887	299
All other specialties	0.031762	556.815	9,561

NOTE: These coefficients apply to NAMCS data where doctors of osteopathy (D.O.s) have been aggregated with doctors of medicine (M.D.s) according to their self-designated practice specialty. For those who wish to conduct a separate analysis on visits to doctors of osteopathy, the A and B coefficients for use with visit estimates in thousands are 0.017822 and 52.790, respectively. The corresponding coefficients for estimates of drug mentions in thousands are 0.024949 and 95.635. To perform analyses of NAMCS data on visits to M.D.s only, excluding doctors of osteopathy, contact the Ambulatory Care Statistics Branch.

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

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

A

NATIONAL AMBULATORY MEDICAL CARE SURVEY
1999–2000 PATIENT RECORD

OMB No. 0920-0234
Expires: 05/31/2001
CDC 64.134A

1. PATIENT'S ZIP CODE

2. DATE OF VISIT
Month | Day | Year

3. DATE OF BIRTH
Month | Day | Year

4. SEX
1 ☐ Female → **Is patient pregnant?** 1 ☐ Yes 2 ☐ No 3 ☐ Unknown
2 ☐ Male

5. ETHNICITY
1 ☐ Hispanic or Latino
2 ☐ Not Hispanic or Latino

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

7. WAS PATIENT REFERRED BY ANOTHER PHYSICIAN OR BY A HEALTH PLAN FOR THIS VISIT?
1 ☐ Yes 2 ☐ No 3 ☐ Unknown

8. WAS AUTHORIZATION REQUIRED FOR CARE?
1 ☐ Yes 2 ☐ No 3 ☐ Unknown

9. ARE YOU THE PATIENT'S PRIMARY CARE PHYSICIAN?
1 ☐ Yes 2 ☐ No 3 ☐ Unknown

10. PRIMARY EXPECTED SOURCE OF PAYMENT FOR THIS VISIT – *Mark (X) one.*
1 ☐ Private insurance
2 ☐ Medicare
3 ☐ Medicaid
4 ☐ Worker's Compensation
5 ☐ Self-pay
6 ☐ No charge
7 ☐ Other
8 ☐ Unknown

11. DOES PATIENT BELONG TO AN HMO?
1 ☐ Yes 2 ☐ No 3 ☐ Unknown

12. IS THIS A CAPITATED VISIT?
1 ☐ Yes 2 ☐ No 3 ☐ Unknown

13. HAVE YOU OR ANYONE IN YOUR PRACTICE/DEPARTMENT SEEN PATIENT BEFORE?
1 ☐ Yes, established patient
2 ☐ No, new patient

14. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT
Use patient's own words.
1. Most important: _____
2. Other: _____
3. Other: _____

15. MAJOR REASON FOR THIS VISIT – *Mark (X) one.*
1 ☐ Acute problem
2 ☐ Chronic problem, routine
3 ☐ Chronic problem, flareup
4 ☐ Pre- or post-surgery/ injury followup
5 ☐ Non-illness care (e.g., routine prenatal, general exam, well baby)

16. IS THIS VISIT RELATED TO INJURY OR POISONING? *Refers to all types of injury or poisoning, including adverse drug experiences, medical misadventures, etc.*
1 ☐ Yes *(Answer a, b, c, and d.)* 2 ☐ No *(Skip to item 17.)*

a. Place of occurrence – *Mark (X) one.*
1 ☐ Residence
2 ☐ Recreation/sports area
3 ☐ Street or highway
4 ☐ School
5 ☐ Other public building
6 ☐ Industrial places
7 ☐ Other
8 ☐ Unknown

b. Is this injury intentional?
1 ☐ Yes (self-inflicted)
2 ☐ Yes (assault)
3 ☐ No, unintentional
4 ☐ Unknown

c. Is this injury work related?
1 ☐ Yes 2 ☐ No 3 ☐ Unknown

d. Cause of injury *Describe events that preceded injury (e.g. reaction to penicillin, wasp sting, driver in motor vehicle traffic accident involving collision with parked vehicle, shot with a handgun during a brawl, heroin overdose, etc.).*

17. PHYSICIAN'S DIAGNOSES FOR THIS VISIT
As specifically as possible, list diagnoses related to this visit including chronic conditions (e.g. depression, obesity, asthma, etc.).
1. Primary diagnosis: _____
2. Other: _____
3. Other: _____

18. DIAGNOSTIC/SCREENING SERVICES – *Mark (X) all **ordered** or **provided** at this visit.*
1 ☐ None

EXAMINATIONS
2 ☐ Breast
3 ☐ Pelvic
4 ☐ Rectal
5 ☐ Skin
6 ☐ Visual acuity
7 ☐ Glaucoma
8 ☐ Hearing

TESTS AND MEASUREMENTS
9 ☐ Blood pressure
10 ☐ Strep test
11 ☐ Pap test
12 ☐ Urinalysis
13 ☐ Pregnancy test
14 ☐ PSA
15 ☐ Blood lead level
16 ☐ Cholesterol measure
17 ☐ HIV serology
18 ☐ Other STD test
19 ☐ Hematocrit/ hemoglobin
20 ☐ Other blood test
21 ☐ EKG

IMAGING
22 ☐ X-Ray
23 ☐ CAT scan/MRI
24 ☐ Mammography
25 ☐ Ultrasound

ALL OTHER – *Specify*
26 ☐ _____

19. THERAPEUTIC AND PREVENTIVE SERVICES – *Mark (X) all **ordered** or **provided** at this visit. Exclude medications.*
1 ☐ None

COUNSELING/EDUCATION:
2 ☐ Diet/nutrition
3 ☐ Exercise
4 ☐ HIV/STD transmission
5 ☐ Family planning/ contraception
6 ☐ Prenatal instructions
7 ☐ Breast self-exam
8 ☐ Tobacco use/ exposure
9 ☐ Growth/ development
10 ☐ Mental health
11 ☐ Stress management
12 ☐ Skin cancer prevention
13 ☐ Injury prevention

OTHER THERAPY
14 ☐ Psychotherapy
15 ☐ Psycho-pharmacotherapy
16 ☐ Physiotherapy
17 ☐ Complementary or alternative medicine (CAM)

ALL OTHER – *Specify*
18 ☐ _____

20. AMBULATORY SURGICAL PROCEDURES
☐ None
*List up to 2 surgical procedures actually **performed** at this visit. Include biopsy.*
1. _____
2. _____

21. MEDICATIONS/INJECTIONS *List names of up to 6 medications that were **ordered, supplied, administered** or **continued** during this visit. Include R_x and OTC medications, immunizations, allergy shots, and anesthetics.*
☐ None – *No Medications/Injections*
Mark (X) next to drug name if it is from the patient's insurance formulary list.
☐ *Mark (X) here if NO drugs are from a formulary list.*
1. ☐ _____
2. ☐ _____
3. ☐ _____
4. ☐ _____
5. ☐ _____
6. ☐ _____

22. PROVIDERS SEEN THIS VISIT – *Mark (X) all that apply.*
1 ☐ Physician
2 ☐ Physician assistant
3 ☐ Nurse practitioner
4 ☐ Nurse midwife
5 ☐ R.N.
6 ☐ L.P.N.
7 ☐ Medical/ nursing assistant
8 ☐ Other

23. VISIT DISPOSITION – *Mark (X) all that apply.*
1 ☐ No follow-up planned
2 ☐ Return if needed, P.R.N.
3 ☐ Return at specified time
4 ☐ Telephone follow-up planned
5 ☐ Referred to other physician
6 ☐ Returned to referring physician
7 ☐ Admitted to hospital
8 ☐ Other – *Specify*

24. TIME SPENT WITH PHYSICIAN
If not seen by physician, enter zero.
_____ Minutes

NAMCS-30A (9-21-98)

Figure I. Patient Record form

sample estimate approximates the population estimate and, upon repeated sampling, its distribution would be approximately normal.

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

Estimation

Statistics from the NAMCS are derived by a multistage estimation procedure that produces essentially unbiased national estimates. The estimation procedure has four basic components:

- inflation by reciprocals of the sampling selection probabilities
- adjustment for nonresponse
- a population weighting ratio adjustment
- weight smoothing

Estimates from the NAMCS data were adjusted to account for sample physicians who did not participate in the study. This was done in a manner that minimized the impact of nonresponse on final estimates by imputing to nonresponding physicians the practice characteristics of similar responding physicians. For this purpose, similar physicians were judged to be physicians having the same specialty designation and practicing in the same PSU.

Nonsampling errors

As in any survey, results are subject to both sampling and nonsampling errors. Nonsampling errors include reporting and processing errors as well as biases due to nonresponse and incomplete response. The magnitude of the nonsampling errors cannot be computed. However, these errors were kept to a minimum by procedures built into the operation of the survey. To eliminate ambiguities and encourage uniform reporting, attention was given to the phrasing of items, terms, and definitions. Also, pretesting of most data items and survey procedures was performed. Quality control procedures and consistency and edit checks reduced errors in data coding and processing. Coding error rates ranged from 0.0 to 1.6 for various data items.

Adjustments for survey nonresponse—The weighted response rate for the 2000 NAMCS was 67.7 percent. Table II presents the characteristics of NAMCS respondents and nonrespondents. Distributions were

Table II. Characteristics of the 2000 National Ambulatory Medical Care Survey, physician respondents and nonrespondents

Physician characteristic[1]	Number of sampled in-scope physicians[2]	Total sample percent distribution[3]	Responding physician distribution[4]	Nonresponding physician distribution[5]	Response rate[6]
All office-based physicians	2,049	100.0	100.0	100.0	0.680
Age					
Under 50	1,035	52.0	53.3	49.4	0.697
50 years and over	1,014	48.0	46.7	50.6	0.663
Sex					
Male	1,748	81.9	80.5	85.0	0.668
Female	301	18.1	19.6	15.0	0.735
Region					
Northeast	476	23.1	21.9	25.7	0.645
Midwest	484	23.8	23.9	23.5	0.684
South	608	29.4	31.9	24.0	0.739
West	481	23.7	22.3	26.9	0.638
Metropolitan status					
MSA area[7]	1,706	82.5	81.9	84.0	0.675
Non-MSA area[7]	343	17.5	18.1	16.0	0.707
Type of doctor					
Doctor of Medicine	1,888	94.2	94.6	93.4	0.683
Doctor of Osteopathy	161	5.8	5.4	6.6	0.634
Specialty[8]					
General and family practice	208	15.6	14.5	17.9	0.633
Internal medicine	159	14.0	15.2	11.3	0.741
Pediatrics	112	7.6	9.4	3.7	0.845
General surgery	129	4.1	4.3	3.5	0.726
Obstetrics/gynecology	177	12.7	13.2	11.4	0.711
Orthopedic surgery	142	5.2	5.1	5.4	0.670
Cardiovascular diseases	164	3.9	3.7	4.4	0.639
Dermatology	120	2.2	2.2	2.3	0.667
Urology	147	2.1	2.3	1.8	0.730
Psychiatry	132	9.4	9.4	9.6	0.674
Neurology	134	1.9	1.7	2.2	0.629
Ophthalmology	121	4.0	3.9	4.3	0.661
Otolaryngology	138	2.0	1.9	2.0	0.669
All other	166	15.4	13.2	20.2	0.580
Specialty type					
Primary care	645	49.1	51.7	43.7	0.716
Surgical specialty	725	21.6	20.7	23.5	0.652
Medical specialty	679	29.3	27.6	32.9	0.641
Practice type					
Solo	658	32.1	31.8	32.7	0.674
2-physicians	194	8.0	8.1	7.7	0.692
Group/HMO[9]	626	31.1	31.0	31.3	0.678
Medical school/government	45	2.3	2.7	1.4	0.801
Other	181	7.3	7.0	7.9	0.655
Unclassified	345	19.3	19.4	19.0	0.684

[1]Characteristic information is from the master files of the American Medical Association and the American Osteopathic Association.
[2]In-scope physicians are those who verified that they were non-Federal and involved in direct patient care in an office-based setting, excluding the specialties of radiology, pathology, and anesthesiology.
[3]Total physicians are those that were selected from the master files of the American Medical Association and the American Osteopathic Association.
[4]Responding physicians are those that were in-scope and agreed to participate in the NAMCS survey.
[5]Nonresponding physicians are those that were in-scope and refused to participte in the NAMCS survey.
[6]Numerator is the number of in-scope physicians who participated in the NAMCS or who did not see any patients during their sampled reporting week. Denominator is all in-scope sampled physicians.
[7]MSA is metropolitan statistical area.
[8]Significant difference in response rate $p < 0.05$.
[9]HMO is health maintenance organization.

similar, with the exception of physician specialty where physicians not in one of the major specialty groups were less likely to cooperate. The effect of this differential response is minimized in the visit estimates because NAMCS uses a nonresponse adjustment factor that takes the physician specialty into account.

Adjustments for item nonresponse—Item nonresponse rates in the NAMCS are generally low (5 percent or less). However, levels of nonresponse can vary considerably in the survey. One item (work-related injury) had a nonresponse rate of 50 percent. Most nonresponse occurs when the needed information is not available in the medical record and/or is unknown to the person filling out the survey instrument. Nonresponse can also result when the information is available, but survey procedures are not followed and the item is left blank. In this report, the majority of tables include a combined entry of unknown/blank to display missing data. However, in table 5, blanks for prior-visit status have been removed before the analysis. For items where combined item nonresponse is between 30–50 percent, the percent distributions are not discussed in the text. However, the information is shown in the tables. These data should be interpreted with caution. If nonresponse is random, the observed distribution for the reported item (i.e., excluding causes for which the information is unknown) would be close to the true distribution. However, if nonresponse is not random, the observed distribution could vary significantly from the actual distribution. Researchers must decide how best to treat items with high levels of missing responses. For items with nonresponse greater than 50 percent, data are not presented.

Weighted item nonresponse rates were 5.0 percent or less for all data items with the following exceptions: pregnancy status of patient (24.7 percent of females, 15–44 years of age), ethnicity (22.4 percent), referral status of patient (6.3 percent), authorization requirement (10.4 percent), primary care physician status (5.6 percent), HMO status of patient (12.3 percent), capitated visit status (17.8 percent), cause of injury (30.7 percent of injury visits), place of injury (54.5 percent of injury visits), intentionality of injury (27.6 percent of injury visits), work-related status of injury (50.1 percent of injury visits), and whether the medication is on patient's formulary list (63.8 percent).

For some items, missing values were imputed by randomly assigning a value from a Patient Record form with similar characteristics; imputations were based on physician specialty, geographic region, and 3-digit ICD–9–CM codes for primary diagnosis. Imputations were performed for the following variables: birth year (3.1 percent), sex (0.7 percent), race (18.0 percent), and time spent with physician (19.5 percent). This represents a change from previous survey years when imputations were also performed for the following variables—ethnicity, disposition, and providers seen. Beginning in 1997, these latter items were no longer imputed. Blank or otherwise missing responses are so noted in the data.

Tests of significance and rounding

In this report, the determination of statistical inference is based on a two-tailed *t*-test. The Bonferroni inequality was used to establish the critical value for statistically significant differences (0.05 level of significance) based on the number of possible comparisons within a particular variable (or combination of variables) of interest. Terms relating to differences such as ''greater than'' or ''less than'' indicate that the difference is statistically significant. 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.

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

Race

In 1999 and 2000, the instruction for the race item on the Patient Record form was changed so that more than one race could be recorded. In addition, race categories were made consistent with standards issued by the Office of Management and Budget to promote comparability of data among Federal data sources. Only a small proportion of records had multiple races indicated. Denominators for the population rates by race for the civilian noninstitutional population for the year 2000 were not available at the time this report was written. Consequently, race denominators for the population rates are derived from the postcensal estimates from the 1990 census, adjusted for net underenumeration using the 1990 National Population Adjustment Matrix. Because the 1990 census did not capture multiple race responses, data on the number of multiple race persons in the civilian noninstitutional population are not available from this source. Therefore estimates of visits per 100 persons per year are presented for only those visits where one race was reported.

Injury groupings

Table 14 presents data on the intent and mechanism producing the injuries that resulted in visits to physician offices. Cause of injury is collected for each sampled visit in the NAMCS and is coded according to the ICD–9–CM's ''Supplementary Classification of External Causes of Injury and Poisoning.'' However, for table 14, the first-listed cause-of-injury data were grouped to highlight the interaction between intentionality of the injury and the mechanism that produced the injury. Table III shows the E-code groupings used to produce this table.

Physician specialty groupings

The NAMCS survey design grouped physicians into 15 strata, or specialty groups, for sampling purposes. One stratum, doctors of osteopathy, was based on information from the American Osteopathic Association. The other groups (general and family practice, internal medicine, pediatrics, general surgery, obstetrics and gynecology, orthopedic surgery, cardiovascular diseases, dermatology, urology, psychiatry, neurology, ophthalmology,

Table III. Reclassification of external cause-of-injury codes for use with National Ambulatory Medical Care Survey data

Intent and mechanism of injury	Cause-of-injury code[1]
Unintentional injuries	E800–E869, E880–E929
Falls	E880.0–E886.9, E888
Motor vehicle traffic	E810–E819
Struck against or struck accidentally by objects or persons	E916–E917
Overexertion and strenuous movements	E927
Cutting or piercing instruments or objects	E920
Natural and environmental factors	E900–E909, E928.0–E928.2
Poisoning by drugs, medical substances, biologicals, other solid and liquid substances, gases, and vapors	E850–E869
Fire and flames, hot substance or object, caustic or corrosive material, and steam	E890–E899, E924
Machinery	E919
Pedal cycle, nontraffic, and other	E800–E807(.3), E820–E825(.6), E826.1, E826.9
Motor vehicle, nontraffic	E820–E825(.0–.5,.7–.9)
Other transportation	E800–807,(.0–.2,.8–.9),E826(.0,.2–.8), E827–E829, E831, E833–E845
Firearm missile	E922
Other and not elsewhere classified	E846–E848, E914–E915, E918, E921, E923, E925–E926, E928.8, E929.0–E929.5,
Mechanism unspecified	E887, E828.9, E929.8, E929.9
Intentional injuries	E950–E959, E960–E969, E970–E978, E990–E999
Assault	E960–E969
Self-inflicted	E950–E959
Other causes of violence	E970–E978, E990–E999
Injuries of undetermined intent	E980–E989
Adverse effects of medical treatment	E870–E879, E930–E949

[1]Based on the *Internal Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) Supplementary Classification of External Causes of Injury and Poisoning (9).

otolaryngology, and a residual category of other specialties) were developed based on information from the American Medical Association (AMA). Estimates are presented in this report with doctors of osteopathy combined with doctors of medicine, unless otherwise noted.

Population figures and rate calculation

The figures represent U.S. Census Bureau monthly postcensal estimates of the civilian noninstitutional population as of July 1, 2000. Figures are consistent with the downloadable series, *U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin: 1980–1999* (with short-term projection to dates in 2000) and are available at the Census Bureau Internet site: http://eire.census.gov/popest/archives/national/nat_90s_detail/nat_90s_4.php. Figures have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix. Regional estimates were provided by the Division of Health Interview Statistics (DHIS), NCHS, and are based on Census Bureau estimates of the civilian noninstitutional population of the United States as of July 1, 2000. DHIS estimates may differ slightly from monthly postcensal estimates because of differences in the adjustment process.

Definition of terms

Ambulatory patient—An ambulatory patient is an individual seeking personal health services who is not currently admitted to any health care institution.

Drug mention—A drug mention is the physician's entry on the Patient Record form of a pharmaceutical agent—by any route of administration—for prevention, diagnosis, or treatment. Generic as well as brand-name drugs are included, as are nonprescription and prescription drugs. Along with all new drugs, the physician records continued medications if the patient was specifically instructed during the visit to continue the medication. Physicians may report up to six medications per visit.

Drug visit—A drug visit is a visit at which medication was prescribed or provided by the physician.

Illness-related visit—A visit is considered illness-related if it was not defined as an injury visit as defined below.

Injury-related visit—A visit is injury-related if "yes" was checked in response to item 15, "Is this visit related to injury or poisoning?," or if a cause of injury or a nature of injury diagnosis was provided, or if an injury-related reason for visit was reported.

In-scope physician—A physician is a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) who is currently in office-based practice and who spends some time caring for ambulatory patients. Excluded from the NAMCS are physicians who are hospital-based; who specialize in anesthesiology, pathology, or radiology; who are federally employed; who treat only institutionalized patients; or who are employed full time by an institution and spend no time seeing ambulatory patients.

Office—An office is the space identified by a physician as a location for his or her ambulatory practice. Offices customarily include consultation, examination, or treatment spaces that patients associate with the particular physician.

Visit—A visit is a direct, personal exchange between an ambulatory patient seeking care and a physician or a staff member working under the physician's supervision to render personal health services. Excluded from the NAMCS are visits where medical care was not

provided, such as visits made to drop off specimens, pay bills, make appointments, and walk-outs.

Trade name disclaimer

The use of trade names is for identification only and does not imply endorsement by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

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