National Hospital Ambulatory Medical Care Survey: 2011 Outpatient Department Summary Tables

The Ambulatory and Hospital Care Statistics Branch is pleased to release the most current nationally representative data on ambulatory care visits to hospital outpatient departments (OPD) in the United States. Statistics are presented on selected hospital, patient, and visit characteristics based on data collected in the 2011 National Hospital Ambulatory Medical Care Survey (NHAMCS). NHAMCS is an annual nationally representative sample survey of visits to emergency departments, OPDs, ambulatory surgical centers (ASCs) (starting in 2009) of nonfederal short-stay and general hospitals, and freestanding ASCs (starting in 2010).

The sampling frame for the 2011 NHAMCS was constructed from SDI's "Healthcare Market Index, Updated July 15, 2006" and "Hospital Market Profiling Solution, Second Quarter, 2006." NHAMCS uses a four-stage probability design with samples of primary sampling units (PSUs), hospitals within PSUs, clinics within outpatient departments, and patient visits within clinics. Of the 483 sample hospitals in the 2010 NHAMCS, 279 were in scope and had eligible OPDs. Of these, 220 OPDs participated, yielding an unweighted OPD response rate of 78.9 percent. A sample of 1,001 clinics was selected from the OPDs. Of these, 847 responded fully or adequately (i.e., provided at least one-half of the number of Patient Record Forms [PRFs] expected, based on the total number of visits seen during the reporting period), and 26 responded minimally by completing less than half of their expected forms. In all, 32,233 PRFs were submitted. The resulting unweighted clinic sample response was 84.6 percent, and the overall unweighted two stage sampling response rate was 66.7 percent (67.7 percent weighted). Response rates have been adjusted to exclude minimal participants.

The 2011 NHAMCS was conducted from December 27, 2010, through December 25, 2011. The U.S. Bureau of the Census was the data collection agent for the 2011 NHAMCS. Hospital staff or Census field representatives completed a PRF for a sample of about 150–200 OPD visits during a randomly assigned 4–week reporting period. The PRF may be viewed at: http://www.cdc.gov/nchs/data/ahcd/nhamcs100opd_2011.pdf.

Data processing and medical coding were performed by SRA International, Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10 percent quality control sample of OPD survey records was independently keyed and coded, with an error rate of 0.04 percent. For items that required medical coding, discrepancy rates ranged between 0.0 and 0.8 percent. For further details, see 2011 NHAMCS Public Use Data File Documentation at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc11.pdf.

Web table estimates are based on sample data weighted to produce annual national estimates and include standard errors. Because of the complex multistage design of NHAMCS, a sample weight is computed for each sample visit that takes all stages of design into account. The survey data are inflated or weighted to produce unbiased national annual estimates. The visit weight includes four basic components: inflation by reciprocals of selection probabilities, adjustment for nonresponse, population ratio adjustments, and weight smoothing. Estimates of the sampling variability were calculated using Taylor approximations in SUDAAN, which take into account the complex sample design of NHAMCS. Detailed information on the design, conduct, and estimation procedures of 2011 NHAMCS are discussed in the NHAMCS Public Use Data File Documentation.

As in any survey, results are subject to sampling and nonsampling errors. Nonsampling errors include reporting and processing errors as well as biases due to nonresponse and incomplete response. In 2011, race data were missing for 16.9 percent of visits, and ethnicity data were missing for 16.2 percent of visits. The National Center for Health Statistics uses model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2011 NHAMCS Public Use Data File Documentation. Information on missing data for other variables is indicated in table footnotes.

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

Table 1. Outpatient department visits by selected hospital characteristics: United States, 2011

Hospital characteristics	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number of visits per 100 persons per year[1,2,3] (standard error of rate)	
All visits	125,721	(11,964)	100.0	...	41.0	(3.9)
Ownership						
Voluntary	85,763	(10,353)	68.2	(5.2)	28.0	(3.4)
Government	38,176	(7,661)	30.4	(5.2)	12.5	(2.5)
Proprietary	*1,782	(773)	*1.4	(0.6)	* 0.6	(0.3)
Teaching hospital status						
Teaching hospital	51,314	(8,201)	40.8	(5.3)	16.7	(2.7)
Nonteaching hospital[4]	74,408	(9,714)	59.2	(5.3)	24.3	(3.2)
Geographic region						
Northeast	35,987	(7,847)	28.6	(4.9)	65.7	(14.3)
Midwest	34,820	(5,744)	27.7	(4.1)	52.6	(8.7)
South	35,179	(5,770)	28.0	(4.1)	30.9	(5.1)
West	19,735	(4,094)	15.7	(3.1)	27.5	(5.7)
Metropolitan status[5]						
MSA	103,340	(10,697)	82.2	(4.5)	40.1	(4.2)
Non-MSA	22,381	(6,258)	17.8	(4.5)	45.7	(12.8)
Clinic type[6]						
General medicine[7]	68,458	(7,447)	54.5	(2.8)	22.3	(2.4)
Surgery	24,341	(3,595)	19.4	(1.9)	7.9	(1.2)
Pediatrics[8]	13,129	(2,507)	10.4	(1.6)	17.8	(3.4)
Obstetrics and gynecology[9]	10,669	(1,482)	8.5	(1.0)	8.4	(1.2)
Substance abuse or other[10]	9,125	(1,273)	7.3	(1.1)	3.0	(0.4)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

[1]Visit rates are based on the July 1, 2011, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

[2]Population estimates of metropolitian statistical status are based on estimates of the civillian noninstitutional population of the United States as of July 1, 2011 from the 2011 National Heath Interview Survey, National Center for Health Statistics, compiled according to December 2009 Office Management and Budget definitions of core-based statistical areas. See http://www.census.gov/population/www/estimates/metrodef.html for more about metropolitan statistical area definitions.

[3]For geographic region and metropolitan statistical area, population denominators are different for each category and thus do not add to total population rate. For other variables, the denominator is the total population.

[4]Includes a a small percentage of hospitals with unknown or blank teaching status (0.1 percent).

[5]MSA is metropolitan statistical area.

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

[7]General medicine clinics include clinics in the specialties of family medicine and internal medicine and in the internal medicine subspecialties.

[8]Population estimate (denominator) for pediatric clinics includes children under 18 years of age.

[9]Population estimate (denominator) for obstetrics and gynecology clinics includes females 15 years of age and over.

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

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

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

Table 2. Outpatient department visits by patient age and sex: United States, 2011

Patient characteristics	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number of visits per 100 persons per year[1] (standard error of rate)	
All visits	125,721	(11,963)	100.0	…	41.0	(3.9)
Age						
Under 15 years	24,075	(3,199)	19.1	(1.8)	39.4	(5.2)
Under 1 year	4,493	(745)	3.6	(0.5)	112.5	(18.6)
1–4 years	7,829	(1,087)	6.2	(0.6)	48.4	(6.7)
5–14 years	11,752	(1,582)	9.3	(0.9)	28.7	(3.9)
15–24 years	12,739	(1,256)	10.1	(0.6)	29.8	(2.9)
25–44 years	28,394	(2,922)	22.6	(1.1)	35.4	(3.6)
45–64 years	37,980	(3,962)	30.2	(1.1)	46.3	(4.8)
65 years and over	22,534	(2,810)	17.9	(1.2)	56.2	(7.0)
65–74 years	12,529	(1,495)	10.0	(0.6)	56.3	(6.7)
75 years and over	10,005	(1,387)	8.0	(0.7)	56.1	(7.8)
Sex and age						
Female	76,286	(7,166)	60.7	(0.9)	48.6	(4.6)
Under 15 years	11,520	(1,491)	9.2	(0.8)	38.5	(5.0)
15–24 years	8,790	(875)	7.0	(0.4)	41.4	(4.1)
25–44 years	19,799	(2,006)	15.7	(0.8)	48.4	(4.9)
45–64 years	22,606	(2,325)	18.0	(0.7)	53.5	(5.5)
65–74 years	7,115	(828)	5.7	(0.4)	59.8	(7.0)
75 years and over	6,456	(895)	5.1	(0.5)	60.6	(8.4)
Male	49,435	(5,013)	39.3	(0.9)	33.1	(3.4)
Under 15 years	12,555	(1,786)	10.0	(1.1)	40.2	(5.7)
15–24 years	3,949	(454)	3.1	(0.2)	18.3	(2.1)
25–44 years	8,596	(1,023)	6.8	(0.4)	21.8	(2.6)
45–64 years	15,373	(1,745)	12.2	(0.6)	38.7	(4.4)
65–74 years	5,414	(759)	4.3	(0.4)	52.2	(7.3)
75 years and over	3,549	(565)	2.8	(0.3)	49.4	(7.9)

...Category not applicable.

[1]Visit rates are based on the July 1, 2011, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

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

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

Table 3. Outpatient department visits by patient race and age, and ethnicity: United States, 2011

Patient characteristics	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number of visits per 100 persons per year[1] (standard error of rate)	
All visits	125,721	(11,964)	100.0	…	41.0	(3.9)
Race and age[2]						
White	91,152	(9,256)	72.5	(2.6)	38.0	(3.9)
Under 15 years	17,351	(2,207)	13.8	(1.2)	38.6	(4.9)
15–24 years	9,428	(1,031)	7.5	(0.5)	29.4	(3.2)
25–44 years	19,881	(1,994)	15.8	(0.8)	32.2	(3.2)
45–64 years	27,035	(3,039)	21.5	(1.2)	40.6	(4.6)
65–74 years	9,302	(1,191)	7.4	(0.6)	49.2	(6.3)
75 years and over	8,157	(1,192)	6.5	(0.6)	52.2	(7.6)
Black or African American	26,576	(3,846)	21.1	(2.4)	67.6	(9.8)
Under 15 years	4,973	(1,144)	4.0	(0.8)	54.1	(12.4)
15–24 years	2,648	(392)	2.1	(0.3)	40.3	(6.0)
25–44 years	6,285	(1,071)	5.0	(0.7)	59.9	(10.2)
45–64 years	8,771	(1,467)	7.0	(1.0)	91.3	(15.3)
65–74 years	2,527	(521)	2.0	(0.4)	121.2	(25.0)
75 years and over	1,373	(320)	1.1	(0.2)	98.4	(22.9)
Other[3]	7,993	(1,777)	6.4	(1.2)	29.4	(6.5)
Ethnicity and race[2]						
Hispanic or Latino	23,484	(3,648)	18.7	(2.3)	45.7	(7.1)
Not Hispanic or Latino	102,238	(10,070)	81.3	(2.3)	40.1	(3.9)
White	71,963	(8,177)	57.2	(3.5)	37.0	(4.2)
Black or African American	24,480	(3,515)	19.5	(2.2)	66.2	(9.5)
Other[3]	5,795	(1,235)	4.6	(0.8)	24.6	(5.3)

...Category not applicable.

[1]Visit rates are based on the July 1, 2011 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

[2]The race groups, white, black or African American, and other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. For 2011, race data were missing for 16.9 percent of visits, and ethnicity data were missing for 16.2 percent of visits. The National Center for Health Statistics uses model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2011 NHAMCS Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc11.pdf.

[3]Other race includes the categories of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

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

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

Table 4. Expected sources of payment at outpatient department visits: United States, 2011

Expected source(s) of payment	Number of visits in thousands[1] (standard error in thousands)		Percent of visits (standard error of percent)	
All visits	125,721	(11,964)	…	…
Private insurance	49,395	(5,835)	39.3	(2.6)
Medicaid or CHIP[2]	44,005	(4,901)	35.0	(2.2)
Medicare	24,808	(3,172)	19.7	(1.5)
Medicare and Medicaid[3]	5,482	(1,107)	4.4	(0.7)
No insurance[4]	8,544	(1,584)	6.8	(1.1)
Self-pay	6,510	(1,216)	5.2	(0.9)
No charge or charity	*2,342	(771)	*1.9	(0.6)
Worker's compensation	759	(159)	0.6	(0.1)
Other	8,092	(1,745)	6.4	(1.2)
Unknown or blank	8,081	(2,330)	6.4	(1.7)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

[1]Combined total of expected sources of payment exceeds "all visits" and "percent of visits" exceeds 100% because more than one source of payment may be reported per visit.

[2]CHIP is Children's Health Insurance Program.

[3]The visits in this category are included in both the Medicare and Medicaid or CHIP categories.

[4]No insurance is defined as having only self-pay, no charge, or charity as payment sources. The individual self-pay and no charge or charity categories are not mutually exclusive.

NOTE: Numbers may not add to totals because of rounding. More than one category could be indicated.

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

Table 5. Primary care provider and referral status of outpatient department visits, by prior-visit status: United States, 2011

Prior-visit status, primary care provider, and referral status	Number of visits in thousands[1] (standard error in thousands)		Percent distribution (standard error of percent)	
All visits	125,721	(11,964)	100.0	...
Visit to PCP[1,2]	45,596	(6,692)	36.3	(3.5)
Visit to non-PCP[1,2]	73,469	(7,970)	58.4	(3.7)
Referred for this visit	22,262	(2,955)	17.7	(1.9)
Not referred for this visit	36,247	(4,986)	28.8	(2.9)
Unknown if referred[3]	14,960	(2,526)	11.9	(1.7)
Unknown if PCP[1] visit[2,3]	6,656	(1,070)	5.3	(0.8)
Established patient				
All visits	104,883	(10,129)	100.0	...
Visit to PCP[1,2]	43,665	(6,490)	41.6	(3.8)
Visit to non-PCP[1,2]	56,261	(6,144)	53.6	(3.8)
Referred for this visit	12,320	(1,867)	11.7	(1.7)
Not referred for this visit	32,862	(4,596)	31.3	(3.3)
Unknown if referred[3]	11,079	(1,952)	10.6	(1.7)
Unknown if PCP[1] visit[2,3]	4,957	(844)	4.7	(0.8)
New patient				
All visits	20,838	(2,258)	100.0	...
Visit to PCP[1,2]	1,931	(353)	9.3	(1.7)
Visit to non-PCP[1,2]	17,208	(2,138)	82.6	(2.8)
Referred for this visit	9,942	(1,325)	47.7	(3.2)
Not referred for this visit	3,385	(716)	16.2	(2.9)
Unknown if referred[3]	3,881	(814)	18.6	(2.9)
Unknown if PCP[1] visit[2,3]	1,699	(409)	8.2	(1.9)

...Category not applicable.

[1]PCP is patient 's primary care provider as indicated by a positive response to the question: "Is this clinic the patient' s primary care provider?"

[2]Referral status was asked only for visits to non-PCPs and for visits with unknown PCP status. Among these visits, referral information was unknown for 17.3 percent of visits.

[3]The unknown category includes those where the survey item was left blank.

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

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

Table 6. Primary care provider and referral status of outpatient department visits, by type of clinic: United States, 2011

| Type of clinic[1] | Total | Visit to PCP[2,3] | Visit to non-PCP[2,3] | | | Unknown if PCP[2,4] |
			Referred for this visit	Not referred for this visit	Unknown if referred[4]	
			Percent distribution (standard error of percent)			
All visits	100.0	36.3 (3.5)	17.7 (1.9)	28.8 (2.9)	11.9 (1.7)	5.3 (0.8)
General medicine[5]	100.0	51.1 (5.0)	12.9 (2.5)	20.2 (3.8)	9.1 (2.1)	6.6 (1.3)
Surgery	100.0	*1.7 (0.7)	32.3 (2.4)	42.7 (5.3)	20.6 (4.7)	2.8 (0.6)
Pediatrics	100.0	65.4 (7.0)	*11.2 (3.2)	*16.0 (4.6)	*4.4 (1.6)	3.0 (0.5)
Obstetrics and gynecology	100.0	14.1 (3.2)	18.2 (2.7)	45.9 (4.6)	14.5 (2.7)	7.3 (1.9)
Substance abuse or other[6]	100.0	1.1 (0.3)	23.4 (4.5)	54.9 (7.0)	17.4 (4.6)	3.3 (0.7)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

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

[2]PCP is patient's primary care provider as indicated by a positive response to the question: "Is this clinic the patient's primary care provider?"

[3]Referral status was asked only for visits to non-PCPs. Among these visits, referral information was unknown for 17.3 percent of visits.

[4]The unknown category includes those records where the survey item was left blank.

[5]General medicine clinics include clinics in the specialties of family medicine and internal medicine, and in the internal medicine subspecialties.

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

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

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

Table 7. Twenty leading principal reasons for outpatient department visits: United States, 2011

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	...	125,721	(11,964)	100.0	...
Progress visit, not otherwise specified	T800	16,695	(3,270)	13.3	(2.2)
General medical examination	X100	7,736	(1,116)	6.2	(0.6)
Postoperative visit	T205	3,337	(623)	2.7	(0.4)
Medication, other and unspecified kinds	T115	2,711	(434)	2.2	(0.3)
Counseling, not otherwise specified	T605	2,698	(466)	2.1	(0.3)
Cough	S440	2,631	(390)	2.1	(0.2)
Prenatal examination, routine	X205	2,398	(369)	1.9	(0.3)
Diabetes mellitus	D205	2,339	(581)	1.9	(0.4)
Symptoms referable to throat	S455	2,106	(446)	1.7	(0.3)
Well-baby examination	X105	1,915	(337)	1.5	(0.2)
Preoperative visit for specified and unspecified types of surgery	T200	1,689	(330)	1.3	(0.2)
Earache, or ear infection	S355	1,658	(327)	1.3	(0.2)
Stomach and abdominal pain, cramps and spasms	S545	1,559	(253)	1.2	(0.2)
Fever	S010	1,532	(237)	1.2	(0.2)
Psychotherapy	T410	*1,525	(468)	*1.2	(0.4)
Knee symptoms	S925	1,508	(297)	1.2	(0.2)
Gynecological examination	X225	1,489	(298)	1.2	(0.2)
Skin rash	S860	1,381	(233)	1.1	(0.2)
Hypertension	D510	1,369	(303)	1.1	(0.2)
Back symptoms	S905	1,332	(226)	1.1	(0.1)
All other reasons	...	66,115	(6,457)	52.6	(2.0)

...Category not applicable.

*Figure does not meet standards of reliablity or precision.

[1]Based on A Reason for Visit Classification (RVC) defined in 2011 National Hospital Ambulatory Medical Care Survey Public Use File Documentation (ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documention/NHAMCS/doc11.pdf). Reason for visit is defined by patient's own words.

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

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

Table 8. Provider-assessed major reason for outpatient department visits, by selected patient and visit characteristics: United States, 2011

Patient and visit characteristics	Number of visits in thousands	Percent	Acute problem		Chronic problem, routine		Chronic problem, flare-up		Pre- or post-surgey or injury followup		Preventive care[1]		Unknown or blank	
			Percent distribution (standard error of percent)											
All visits	125,721	100.0	32.8	(2.0)	31.8	(1.8)	7.1	(0.7)	7.4	(0.8)	19.3	(1.2)	1.5	(0.3)
Age														
Under 15 years	24,075	100.0	47.9	(3.0)	17.6	(2.3)	4.3	(0.8)	*2.9	(0.9)	26.4	(2.7)	*0.8	(0.3)
Under 1 year	4,493	100.0	40.1	(3.9)	6.4	(1.1)	*	...	*3.2	(1.3)	49.1	(4.0)	*	...
1–4 years	7,829	100.0	54.8	(3.5)	11.9	(2.3)	5.2	(1.2)	*2.9	(1.0)	24.4	(3.1)	*	...
5–14 years	11,752	100.0	46.3	(3.5)	25.6	(3.0)	4.9	(1.0)	*2.9	(0.9)	19.2	(2.6)	*1.2	(0.5)
15–24 years	12,739	100.0	38.2	(3.8)	18.2	(2.1)	5.9	(1.2)	4.3	(0.8)	32.2	(2.9)	1.2	(0.3)
25–44 years	28,394	100.0	33.9	(2.3)	26.0	(2.3)	7.1	(0.7)	7.8	(1.0)	24.0	(1.7)	1.2	(0.3)
45–64 years	37,980	100.0	25.8	(1.6)	41.0	(2.4)	9.1	(1.0)	9.3	(1.1)	12.8	(1.4)	1.9	(0.4)
65 years and over	22,534	100.0	24.0	(1.9)	46.6	(2.9)	7.5	(1.0)	10.0	(1.3)	9.7	(1.5)	2.2	(0.5)
65–74 years	12,529	100.0	23.0	(2.4)	44.9	(3.2)	6.7	(0.9)	11.9	(1.8)	10.8	(1.8)	2.7	(0.7)
75 years and over	10,005	100.0	25.3	(1.8)	48.8	(2.9)	8.4	(1.6)	7.5	(1.1)	8.2	(1.5)	*1.7	(0.6)
Sex														
Female	76,286	100.0	32.4	(1.9)	28.5	(1.7)	7.2	(0.7)	7.2	(0.8)	23.3	(1.5)	1.5	(0.3)
Male	49,435	100.0	33.4	(2.2)	37.0	(2.0)	7.1	(0.6)	7.7	(1.0)	13.3	(1.2)	1.6	(0.4)
Race[2]														
White	91,152	100.0	34.3	(2.2)	30.9	(1.9)	7.5	(0.8)	7.9	(0.8)	18.1	(1.2)	1.3	(0.2)
Black or African American	26,576	100.0	29.6	(2.0)	34.3	(2.7)	6.1	(0.8)	5.9	(1.1)	22.2	(1.9)	*1.9	(0.6)
Other[3]	7,993	100.0	26.8	(4.1)	33.7	(5.5)	6.2	(1.4)	6.4	(1.1)	24.1	(3.1)	*2.9	(1.3)
Ethnicity and race[2]														
Hispanic or Latino	23,484	100.0	29.0	(2.7)	28.1	(2.9)	6.3	(1.0)	6.1	(1.1)	28.3	(2.6)	2.2	(0.6)
Not Hispanic or Latino	102,238	100.0	33.7	(2.1)	32.7	(1.9)	7.3	(0.7)	7.7	(0.8)	17.3	(1.1)	1.4	(0.3)
White	71,963	100.0	35.4	(2.4)	31.8	(2.0)	7.9	(0.9)	8.3	(0.9)	15.5	(1.2)	1.2	(0.3)
Black or African American	24,480	100.0	29.8	(2.1)	34.4	(2.9)	6.1	(0.8)	6.2	(1.1)	21.6	(1.9)	*1.8	(0.5)
Other[3]	5,795	100.0	29.0	(5.7)	35.8	(6.6)	5.4	(1.1)	6.6	(1.3)	21.1	(2.8)	*	...
Expected source(s) of payment[4]														
Private insurance	49,395	100.0	34.9	(2.2)	33.0	(2.5)	7.2	(0.9)	9.2	(1.3)	14.6	(1.3)	1.1	(0.3)
Medicaid or CHIP[5]	44,005	100.0	33.9	(2.5)	27.7	(2.0)	6.4	(0.5)	5.3	(0.7)	25.2	(1.7)	1.5	(0.4)
Medicare	24,808	100.0	23.8	(1.9)	48.8	(2.7)	8.1	(1.0)	8.9	(1.1)	8.5	(1.1)	2.0	(0.4)
No insurance[6]	8,544	100.0	30.2	(3.6)	35.9	(4.7)	7.0	(1.3)	8.6	(1.9)	16.9	(3.4)	*1.3	(0.5)
Other[7]	12,813	100.0	31.6	(4.6)	26.0	(5.2)	8.5	(2.4)	6.1	(1.3)	25.6	(4.1)	*2.1	(0.6)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

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

[2]The race groups white, black or African American, and other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. For 2011, race data were missing for 16.9 percent of visits, and ethnicity data were missing for 16.2 percent of visits. The National Center for Health Statistics uses model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2011 NHAMCS Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc11.pdf.

[3]Other race includes the categories of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

[4]Combined total of expected sources of payment exceeds ''all visits'' and percent of visits exceeds 100% because more than one source of payment may be reported per visit.

[5]CHIP is the Children's Health Insurance Program.

[6]"No insurance" is defined as having only self-pay, no charge, or charity as payment sources.The individual self-pay and no charge or charity categories are not mutually exclusive.

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

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

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

Table 9. Preventive care outpatient department visits by selected patient and visit characteristics: United States, 2011

Patient and visit characteristics	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number of visits per 100 persons per year[1,2] (standard error of rate)	
All preventive care visits[2]	24,312	(2,765)	100.0	…	7.9	(0.9)
Age						
Under 15 years	6,364	(990)	26.2	(2.8)	10.4	(1.6)
Under 1 year	2,205	(384)	9.1	(1.2)	55.2	(9.6)
1–4 years	1,908	(323)	7.8	(1.0)	11.8	(2.0)
5–14 years	2,251	(417)	9.3	(1.4)	5.5	(1.0)
15–24 years	4,102	(501)	16.9	(1.4)	9.6	(1.2)
25–44 years	6,813	(859)	28.0	(1.5)	8.5	(1.1)
45–64 years	4,857	(746)	20.0	(1.8)	5.9	(0.9)
65 years and over	2,176	(432)	9.0	(1.3)	5.4	(1.1)
Sex and age						
Female	17,753	(2,011)	73.0	(1.7)	11.3	(1.3)
Under 15 years	3,323	(552)	13.7	(1.6)	11.1	(1.8)
15–24 years	3,708	(470)	15.3	(1.4)	17.5	(2.2)
25–44 years	5,920	(734)	24.3	(1.5)	14.5	(1.8)
45–64 years	3,438	(576)	14.1	(1.5)	8.1	(1.4)
65 years and over	1,364	(264)	5.6	(0.8)	6.0	(1.2)
Male	6,559	(903)	27.0	(1.7)	4.4	(0.6)
Under 15 years	3,041	(485)	12.5	(1.5)	9.7	(1.6)
15–24 years	394	(99)	1.6	(0.4)	1.8	(0.5)
25–44 years	893	(183)	3.7	(0.5)	2.3	(0.5)
45–64 years	1,419	(229)	5.8	(0.6)	3.6	(0.6)
65 years and over	812	(193)	3.3	(0.6)	4.6	(1.1)
Race[3]						
White	16,495	(1,942)	67.8	(3.3)	6.9	(0.8)
Black or African American	5,894	(969)	24.2	(2.8)	15.0	(2.5)
Other[4]	1,923	(478)	7.9	(1.5)	7.1	(1.8)
Ethnicity and race[3]						
Hispanic or Latino	6,653	(1,243)	27.4	(3.4)	12.9	(2.4)
Not Hispanic or Latino	17,659	(1,996)	72.6	(3.4)	6.9	(0.8)
White	11,138	(1,543)	45.8	(4.6)	4.4	(0.6)
Black or African American	5,299	(866)	21.8	(2.6)	2.1	(0.3)
Other[4]	1,223	(271)	5.0	(0.9)	0.5	(0.1)
Expected source(s) of payment[5]						
Medicaid or CHIP[6]	11,074	(1,456)	45.5	(3.3)	24.1	(3.2)
Private insurance	7,199	(1,104)	29.6	(3.5)	3.9	(0.6)
Medicare	2,105	(314)	8.7	(1.0)	4.8	(0.7)
No insurance[7]	1,446	(374)	5.9	(1.5)	3.2	(0.8)
Other[8]	3,280	(959)	13.5	(3.3)	...	...

...Category not applicable.

[1]Visit rates for age, sex, race, and ethnicity are based on the July 1, 2011, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. Visit rates for expected source(s) of payment are based on the 2011 National Health Interview Survey estimates of health insurance.

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

[3]The race groups white, black or African American, and other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. For 2011, race data were missing for 16.9 percent of visits, and ethnicity data were missing for 16.2 percent of visits. The National Center for Health Statistics uses model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2011 NHAMCS Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc11.pdf.

[4]Other race includes the categories of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

[5]Combined total of expected sources of payment exceeds "all visits" and percent of visits exceeds 100% because more than one source of payment may be reported per visit.

[6]CHIP is the Children's Health Insurance Program.

[7]"No insurance" is defined as having only self-pay, no charge, or charity as payment sources. The visit rate was calculated using "uninsured" as the denominator from the 2011 estimates of health insurance coverage from the National Health Interview Survey.

[8]Other includes worker's compensation, unknown or blank, and sources not classified elsewhere.

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

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

Table 10. Primary diagnosis at outpatient department visits by major disease category: United States, 2011

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	...	125,721	(11,964)	100.0	…
Infectious and parasitic diseases	001-139	3,882	(658)	3.1	(0.4)
Neoplasms	140-239	6,412	(941)	5.1	(0.7)
Endocrine, nutritiional, metabolic diseases, and immunity disorders	240-279	8,331	(1,311)	6.6	(0.7)
Mental disorders	290-319	9,986	(1,197)	7.9	(0.9)
Diseases of the nervous system and sense organs	320-389	9,601	(1,157)	7.6	(0.6)
Diseases of the circulatory system	390-459	8,505	(1,230)	6.8	(0.7)
Diseases of the respiratory system	460-519	10,065	(1,354)	8.0	(0.7)
Diseases of the digestive system	520-579	3,647	(491)	2.9	(0.3)
Diseases of the genitourinary system	580-629	5,855	(879)	4.7	(0.5)
Diseases of the skin and subcutaneous tissue	680-709	3,820	(598)	3.0	(0.4)
Diseases of the musculoskeletal system and connective tissue	710-739	10,305	(1,604)	8.2	(0.9)
Symptoms, signs, and ill-defined conditions	780-799	7,918	(854)	6.3	(0.3)
Injury and poisoning	800-999	6,642	(882)	5.3	(0.5)
Supplementary classification[2]	V01-V89	24,352	(2,825)	19.4	(1.2)
All other diagnoses[3]	...	4,630	(657)	3.7	(0.4)
Unknown or blank	...	*1,769	(617)	*1.4	(0.4)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

[1]Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD–9–CM) (U.S. Department of Health and Human Services. Centers for Medicare and Medicaid Services. Official version International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No. (PHS) 06–1260).

[2]Supplementary classification is preventive and follow-up care and includes general medical examination, routine prenatal examination, and health supervision of an infant or child, and other diagnoses not classifiable to injury or illness.

[3]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–679); congenital anomalies (740–759); certain conditions originating in perinatal period (760–779); and entries not codable to the ICD–9–CM (e.g. illegible entries, "left against medical advice," transferred, entries of "none," and "no diagnoses").

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

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

Table 11.Twenty leading primary diagnosis groups for outpatient department visits: United States, 2011

Primary diagnosis group and ICD-9-CM code range[1]		Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All visits		125,721	(11,964)	100.0	...
Malignant neoplasms	140-208,209-209.36,209.7-209.79,230-234	5,196	(869)	4.1	(0.7)
Diabetes mellitus	249-250	4,997	(840)	4.0	(0.5)
Routine infant or child health check	V20.0-V20.2	4,307	(705)	3.4	(0.4)
Arthropathies and related disorders	710-719	4,107	(866)	3.3	(0.6)
Essential hypertension	401	3,743	(569)	3.0	(0.4)
Spinal disorders	720-724	3,434	(755)	2.7	(0.5)
Acute upper respiratory infections, excluding pharyngitis	460-461,463-466	3,255	(522)	2.6	(0.3)
Normal pregnancy[2]	V22	3,246	(472)	2.6	(0.3)
Psychoses, excluding major depressive disorder	290-295,296.0-296.1,296.4-299	2,778	(451)	2.2	(0.3)
General medical examination	V70	2,546	(584)	2.0	(0.4)
Heart disease, excluding ischemic	391-392.0,393-398,402,404,415-416,420-	1,900	(442)	1.5	(0.3)
Follow up examination	V67	1,830	(437)	1.5	(0.3)
Otitis media and eustachian tube disorders	381-382	1,815	(326)	1.4	(0.2)
Specific procedures and aftercare	V50-V59.9	1,724	(274)	1.4	(0.2)
Rheumatism, excluding back	725-729	1,710	(260)	1.4	(0.1)
Complications of pregnancy, childbirth, and the puerperium[3]	630-679.99	1,705	(319)	1.4	(0.2)
Attention deficit disorder	314.0	1,439	(344)	1.1	(0.3)
Major depressive disorder	296.2-296.3	1,417	(270)	1.1	(0.2)
Gynecological examination[4]	V72.3	1,297	(246)	1.0	(0.2)
Potential health hazards related to personal and family history	V10-V19	1,245	(228)	1.0	(0.2)
All other diagnoses		72,031	(6,952)	57.3	(1.0)

...Category not applicable.

[1]Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) (U.S. Department of Health and Human Services. Centers for Medicare and Medicaid Services. Official version International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No. (PHS) 06-1260).

[2]Among visits by female patients, 4.3% (S.E.=0.5) were for normal pregnancy.

[3]Among visits by female patients, 2.2% (S.E.=0.4) were for complications of pregnancy, childbirth, and the puerperium.

[4]Among visits by female patients, 1.7% (S.E.=0.3) were for gynecological examination.

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

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

Table 12. Injury-related outpatient department visits, by selected patient characteristics: United States, 2011

Patient characteristics	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number of visits per 100 persons per year[1] (standard error of rate)	
All injury-related visits[2]	10,159	(1,294)	100.0	...	3.3	(0.4)
Age						
Under 15 years	1,802	(347)	17.7	(2.7)	2.9	(0.6)
Under 1 year	*	...	*	...	*	*
1–4 years	506	(125)	5.0	(1.1)	3.1	(0.8)
5–14 years	1,226	(248)	12.1	(2.0)	3.0	(0.6)
15–24 years	1,450	(254)	14.3	(1.4)	3.4	(0.6)
25–44 years	2,631	(418)	25.9	(2.3)	3.3	(0.5)
45–64 years	2,745	(408)	27.0	(2.1)	3.3	(0.5)
65 years and over	1,531	(224)	15.1	(1.5)	3.8	(0.6)
65–74 years	704	(123)	6.9	(0.9)	3.2	(0.6)
75 years and over	827	(132)	8.1	(1.0)	4.6	(0.7)
Sex and age						
Female	5,101	(650)	50.2	(1.9)	3.3	(0.4)
Under 15 years	839	(196)	8.3	(1.7)	2.8	(0.7)
15–24 years	665	(110)	6.5	(0.8)	3.1	(0.5)
25–44 years	1,125	(208)	11.1	(1.4)	2.8	(0.5)
45–64 years	1,480	(230)	14.6	(1.4)	3.5	(0.5)
65–74 years	456	(82)	4.5	(0.6)	3.8	(0.7)
75 years and over	538	(91)	5.3	(0.7)	5.0	(0.9)
Male	5,058	(698)	49.8	(1.9)	3.4	(0.5)
Under 15 years	963	(176)	9.5	(1.3)	3.1	(0.6)
15–24 years	785	(177)	7.7	(1.2)	3.6	(0.8)
25–44 years	1,506	(242)	14.8	(1.4)	3.8	(0.6)
45–64 years	1,265	(214)	12.5	(1.3)	3.2	(0.5)
65–74 years	248	(62)	2.4	(0.5)	2.4	(0.6)
75 years and over	289	(68)	2.8	(0.6)	4.0	(0.9)
Race[3]						
White	8,024	(1,071)	79.0	(3.1)	3.3	(0.4)
Black or African American	1,565	(341)	15.4	(2.8)	4.0	(0.9)
Other[4]	*570	(179)	*5.6	(1.5)	* 2.1	(0.7)
Ethnicity and race[3]						
Hispanic or Latino	1,796	(365)	17.7	(3.0)	3.5	(0.7)
Not Hispanic or Latino	8,363	(1,126)	82.3	(3.0)	3.3	(0.4)
White	6,633	(969)	65.3	(4.0)	3.4	(0.5)
Black or African American	1,293	(226)	12.7	(1.9)	3.5	(0.6)
Other[4]	*437	(164)	*4.3	(1.5)	* 1.9	(0.7)

...Category not applicable.

* Figure does not meet standards of reliability or precision.

[1]Visits rates for age, sex, race, and ethnicity are based on the July 1, 2011 set of estimates of the civilian noninstitutionalized population of the United States as developed by the Population Division, U.S. Census Bureau.

[2]The National Hospital Ambulatory Medical Care Survey definition of injury visits, as shown on this table, changed in 2010 and includes first-, second-, and third-listed reason for visit and diagnosis codes that are injury or poisoning related. Adverse effects or complications of medical or surgical care and adverse effects of medicinal drugs are excluded. Reason for visit was coded using A Reason for Visit Classification for Ambulatory Care; diagnosis was coded using the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Official version International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No.(PHS) 06-1260). Injury visits, using this definition, accounted for 8.1 percent (SE=0.6) of all outpatient department visits in 2011. For more details see the 2011 NHAMCS Public Use Data File Documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc11.pdf.

[3]The race groups, white, black or African American, and Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. For 2011, race data were missing for 16.9 percent of visits, and ethnicity data were missing for 16.2 percent of visits. The National Center for Health Statistics uses model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2011 NHAMCS Public Use Data File Documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc11.pdf.

[4]Other race includes the categories of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race reported.

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

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

Table 13. Outpatient department visits related to injury, poisoning or adverse effect of medical care by intent: United States, 2011

Intent	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All visits related to injury, poisoning, and adverse effect of medical care[1]	11,276	(1,361)	100.0	...
Unintentional injury or poisoning	5,956	(907)	52.8	(4.0)
Intentional injury or poisoning	363	(90)	3.2	(0.8)
Injury or poisoning of undetermined intent	3,499	(583)	31.0	(3.5)
Adverse effect of medical care	1,458	(190)	12.9	(1.5)

...Category not applicable.

[1]Data are based on item 2 of the survey instrument (Outpatient Department Patient Record form) in conjunction with first-, second-, and third-listed reason for visit and diagnosis codes related to injury, poisoning, and adverse effects of medical or surgical care or adverse effects of medicinal drugs. Reason for visit was coded using A Reason for Visit Classification for Ambulatory Care; diagnosis was coded using the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Official version International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No.(PHS) 06-1260). Visits related to injury, poisoning, and adverse effect accounted for 9.0 percent (SE= 0.6) of all outpatient department visits.

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

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

Table 14. Presence of selected chronic conditions at outpatient department visits by patient age and sex: United States, 2011

Chronic conditions[1]	Total		Age								Sex			
			Under 45 years		45–64 years		65–74 years		75 years and over		Female		Male	
	Number of visits in thousands (standard error in thousands)													
All visits	125,721	(11,964)	65,208	(6,328)	37,980	(3,962)	12,529	(1,495)	10,005	(1,387)	76,286	(7,167)	49,435	(5,014)
	Percent distribution (standard error of percent)													
All visits	100.0	…	100.0	…	100.0	…	100.0	…	100.0	…	100.0	…	100.0	…
None	44.8	(2.0)	66.9	(1.6)	24.5	(1.8)	17.0	(1.9)	12.4	(1.9)	44.5	(1.8)	45.2	(2.4)
One or more chronic conditions	53.4	(2.0)	31.2	(1.6)	73.8	(2.0)	81.2	(1.9)	86.3	(1.9)	53.5	(1.8)	53.3	(2.5)
One	23.2	(0.8)	21.5	(1.0)	27.4	(1.2)	21.4	(1.8)	20.5	(1.9)	23.4	(0.8)	22.8	(1.0)
Two	13.9	(0.7)	6.4	(0.5)	21.2	(1.0)	24.0	(1.8)	23.3	(1.5)	13.8	(0.7)	14.1	(0.9)
Three or more	16.3	(1.6)	3.4	(0.4)	25.2	(2.4)	35.8	(2.7)	42.5	(3.6)	16.2	(1.5)	16.4	(1.9)
Blank	1.8	(0.3)	1.9	(0.3)	1.7	(0.3)	1.9	(0.5)	1.3	(0.4)	2.0	(0.4)	1.5	(0.3)
	Percent of visits (standard error of percent)													
Hypertension	26.4	(1.7)	7.3	(0.7)	40.7	(2.2)	53.9	(2.9)	62.1	(3.1)	25.5	(1.7)	27.7	(2.0)
Hyperlipidemia	14.0	(1.6)	2.9	(0.4)	22.4	(2.5)	31.2	(3.4)	33.1	(3.2)	13.0	(1.5)	15.7	(1.7)
Diabetes	13.6	(0.9)	4.7	(0.4)	21.5	(1.4)	25.8	(1.6)	25.8	(1.3)	12.6	(0.7)	15.0	(1.3)
Depression	12.0	(0.9)	9.1	(0.7)	17.2	(1.4)	12.5	(1.4)	10.1	(1.2)	13.7	(1.0)	9.3	(0.9)
Arthritis	10.6	(1.0)	3.4	(0.4)	16.4	(1.6)	19.8	(1.7)	24.1	(2.8)	11.7	(1.1)	8.9	(1.1)
Obesity	8.7	(0.8)	6.9	(0.8)	12.9	(1.3)	9.1	(1.2)	4.7	(0.6)	9.7	(0.9)	7.3	(0.8)
Asthma	7.6	(0.5)	7.7	(0.6)	7.6	(0.6)	7.5	(1.1)	6.2	(0.9)	7.8	(0.5)	7.2	(0.6)
Cancer	7.2	(0.8)	2.1	(0.4)	10.3	(1.3)	16.8	(1.9)	17.3	(2.3)	7.2	(0.9)	7.3	(1.0)
COPD[2]	3.4	(0.4)	0.7	(0.1)	4.8	(0.6)	8.4	(1.3)	9.5	(1.5)	3.2	(0.3)	3.8	(0.6)
Ischemic heart disease	2.6	(0.5)	*0.2	(0.1)	3.4	(0.7)	6.9	(1.3)	9.4	(1.8)	1.7	(0.4)	4.0	(0.8)
Osteoporosis	2.5	(0.4)	0.2	(0.1)	2.7	(0.6)	6.2	(1.1)	11.6	(1.5)	3.5	(0.5)	0.9	(0.2)
Chronic renal failure	1.8	(0.4)	0.3	(0.1)	*2.2	(0.7)	5.6	(1.3)	4.7	(1.0)	1.4	(0.3)	*2.3	(0.7)
Cerebrovascular disease	1.7	(0.3)	0.3	(0.1)	1.9	(0.4)	4.7	(0.9)	7.0	(1.3)	1.6	(0.2)	2.0	(0.4)
CHF[3]	1.5	(0.2)	0.1	(0.0)	2.0	(0.3)	3.4	(0.5)	6.7	(0.9)	1.2	(0.2)	2.0	(0.3)

…Category not applicable.*Figure does not meet standards of reliability or precision.

[1]Presence of chronic conditions was based on responses to the items on the checklist of chronic conditions and reported diagnoses. Combined total visits by patients with chronic conditions and percent of visits exceeds 100% because more than one chronic condition may be reported per visit.

[2]COPD is chronic obstructive pulmonary disease.

[3]CHF is congestive heart failure.

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

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

Table 15. Selected diagnostic, screening, and non-mediction treatment services ordered or provided at outpatient department by patient sex: United States, 2011

Diagnostic and screening services ordered or provided	Number of visits in thousands[1] (standard error in thousands)		Percent of visits (standard error of percent)		Female[2] Percent of all visits (standard error of percent)		Male[3] Percent of all visits (standard error of percent)	
All visits	125,721	(11,964)	...	...	...	...	...	...
One or more diagnostic or screening service ordered or provided[4]	119,860	(11,420)	95.3	(0.5)	95.9	(0.5)	94.5	(0.7)
No diagnostic or screening service ordered or provided	5,861	(887)	4.7	(0.5)	4.1	(0.5)	5.5	(0.7)
Examinations								
Skin	17,127	(3,199)	13.6	(2.1)	13.1	(2.0)	14.4	(2.2)
Pelvic	6,681	(1,226)	5.3	(0.8)	8.8	(1.3)	...	...
Breast	5,994	(1,227)	4.8	(0.8)	6.9	(0.9)	*1.5	(0.7)
Foot	5,632	(1,273)	4.5	(0.9)	3.9	(0.8)	5.3	(1.1)
Depression screening	*2,990	(1,468)	*2.4	(1.1)	*2.3	(1.0)	*2.5	(1.2)
Retinal	*2,886	(888)	*2.3	(0.7)	*2.2	(0.7)	2.4	(0.7)
Rectal	2,603	(708)	2.1	(0.5)	2.0	(0.5)	*2.1	(0.6)
Vital signs								
Weight	88,930	(9,394)	70.7	(2.4)	71.1	(2.5)	70.2	(2.4)
Blood pressure	79,623	(8,195)	63.3	(2.1)	65.2	(2.2)	60.5	(2.2)
Temperature	65,062	(6,629)	51.8	(2.6)	50.8	(2.6)	53.3	(3.0)
Height	63,316	(6,776)	50.4	(2.6)	51.0	(2.7)	49.3	(2.6)
Blood tests								
Complete blood count (CBC)	15,814	(2,228)	12.6	(1.3)	12.7	(1.3)	12.3	(1.5)
Lipids or cholesterol	8,587	(1,821)	6.8	(1.2)	6.6	(1.2)	7.2	(1.2)
Glucose	7,876	(1,727)	6.3	(1.1)	6.7	(1.2)	5.7	(1.1)
Glycohemoglobin (HgbA1C)	6,001	(1,328)	4.8	(0.9)	4.5	(1.0)	5.1	(0.8)
Prostate specific antigen (PSA)	1,554	(394)	1.2	(0.3)	...	...	3.1	(0.6)
Other blood test	20,328	(2,689)	16.2	(1.4)	16.4	(1.4)	15.9	(1.6)
Other tests								
Urinalysis (UA)	10,547	(1,630)	8.4	(1.0)	9.4	(1.1)	6.8	(1.1)
Pap test	3,520	(593)	2.8	(0.3)	4.6	(0.5)	...	...
Electrocardiogram (EKG or ECG)	2,533	(499)	2.0	(0.4)	2.0	(0.4)	2.1	(0.4)
Chlamydia test	2,024	(408)	1.6	(0.3)	2.5	(0.4)	*	...
Biopsy	2,013	(527)	1.6	(0.4)	1.9	(0.5)	1.1	(0.3)
Pregnancy test	1,463	(226)	1.2	(0.2)	1.9	(0.3)	...	...
HIV test[5]	1,014	(158)	0.8	(0.1)	1.0	(0.1)	0.5	(0.1)
HPV DNA test[6]	*503	(196)	*0.4	(0.1)	*0.7	(0.2)	...	...

Table 15. Selected diagnostic, screening, and non-mediction treatment services ordered or provided at outpatient department by patient sex: United States, 2011 (Cont.)

Diagnostic and screening services ordered or provided	Number of visits in thousands[1] (standard error in thousands)		Percent of visits (standard error of percent)		Female[2] Percent of all visits (standard error of percent)		Male[3] Percent of all visits (standard error of percent)	
Imaging								
Any imaging	22,806	(2,973)	18.1	(1.3)	20.4	(1.6)	14.6	(1.2)
X-ray	9,973	(1,494)	7.9	(0.7)	7.6	(0.8)	8.5	(0.8)
Other ultrasound	4,782	(794)	3.8	(0.5)	5.2	(0.7)	1.6	(0.4)
Computed tomography (CT) scan	3,069	(755)	2.4	(0.5)	2.7	(0.6)	2.1	(0.5)
Mammography	3,019	(697)	2.4	(0.5)	4.0	(0.8)	...	...
Magnetic resonance imaging (MRI)	2,046	(379)	1.6	(0.2)	1.6	(0.2)	1.7	(0.3)
Other imaging	1,707	(386)	1.4	(0.3)	1.5	(0.3)	1.2	(0.3)
Echocardiogram	1,287	(251)	1.0	(0.2)	0.9	(0.2)	1.2	(0.2)
Bone mineral density	325	(86)	0.3	(0.1)	0.4	(0.1)	*	...
Non-medication treatment								
Psychotherapy	4,855	(762)	3.9	(0.7)	3.6	(0.7)	4.2	(0.7)
Wound care	4,488	(636)	3.6	(0.5)	2.7	(0.4)	4.9	(0.7)
Other mental health counseling	4,041	(483)	3.2	(0.4)	2.7	(0.3)	4.0	(0.6)
Physical therapy	2,751	(534)	2.2	(0.3)	2.3	(0.5)	2.0	(0.3)
Excision of tissue	2,492	(611)	2.0	(0.4)	1.9	(0.5)	2.1	(0.4)
Durable medical equipment	1,471	(326)	1.2	(0.2)	1.0	(0.2)	1.4	(0.3)
Splint or wrap	1,415	(320)	1.1	(0.2)	1.0	(0.2)	1.3	(0.4)
Complementary alternative medicine	*559	(247)	*0.4	(0.2)	*0.5	(0.2)	*0.3	(0.1)
Cast	440	(105)	0.3	(0.1)	0.3	(0.1)	0.4	(0.1)
Speech or occupational therapy	429	(107)	0.3	(0.1)	0.3	(0.1)	0.4	(0.1)
Radiation therapy	*315	(131)	*0.3	(0.1)	*0.2	(0.1)	*0.3	(0.1)
Home health care	233	(57)	0.2	(0.0)	*0.2	(0.1)	0.2	(0.0)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

[1]Combined total of diagnostic, screening, and non-medication treatment services exceeds "all visits" and percent of visits exceeds 100% because more than one service may be reported per visit.

[2]Based on 76,286,200 visits made by females.

[3]Based on 49,435,300 visits made by males.

[4]Includes up to 9 write-in procedures from items 7 and 9 on the survey instrument. Procedures are coded to the International Classification of Diseases, Ninth Revision, Clinical Modification, Volume 3, Procedure Classification. Records with write-in procedures that overlap checkboxes (for example, procedure 93.11, "Physical therapy exercises: Assisting exercise," which could also be coded in the item 9 checkbox for physical therapy) are edited to ensure that the checkbox is marked; in this way the checkbox always provides a summary estimate, but should not be added to the corresponding ICD-9-CM procedure to avoid double counting. Procedure codes were reviewed against checkboxes for x-ray, bone mineral density, CT scan, echocardiogram, other ultrasound, mammography, MRI, other imaging, EKG or ECG, complementary or alternative medicine, physical therapy, speech or occupational therapy, psychotherapy, excision of tissue, wound care, cast, biopsy, and splint or wrap. Procedures that could not be included in one of these checkboxes are included in the estimated total number of visits with services but are not shown separately.

[5]HIV is human immunodeficiency virus.

[6]HPV is human papillomavirus. DNA is deoxyribonucleic acid.

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

Table 16. Initial blood pressure measurements recorded at general medicine and obstetrics/gynecology clinic visits by adults 18 years and over by selected patient characteristics: United States, 2011

Patient characteristics	Number of visits in thousands	Total	SBP<120 mm Hg or DBP <80 mm Hg		SBP 120-139 mm Hg or DBP 80-89 mm Hg		SBP 140-159 mm Hg or DBP 90-99 mm Hg		SBP>160 mm Hg or DBP >100 mm Hg	
			Percent distribution (standard error of percent)							
All visits[2]	59,847	100.0	31.2	(1.2)	42.8	(1.1)	19.6	(0.8)	6.4	(0.5)
Age										
18–24 years	6,036	100.0	52.2	(2.9)	38.7	(2.6)	7.4	(1.7)	*	...
25–44 years	17,848	100.0	41.9	(2.1)	41.6	(1.6)	13.8	(1.1)	2.8	(0.4)
45–64 years	22,730	100.0	24.3	(1.3)	43.9	(1.2)	24.1	(1.2)	7.8	(0.8)
65–74 years	7,253	100.0	19.4	(2.1)	44.9	(2.2)	25.2	(1.7)	10.5	(1.5)
75 years and over	5,980	100.0	18.6	(1.8)	43.8	(3.2)	25.6	(2.3)	12.0	(1.6)
Sex										
Female	39,692	100.0	34.7	(1.3)	42.3	(1.2)	17.6	(0.8)	5.4	(0.5)
Male	20,156	100.0	24.2	(1.3)	43.8	(1.5)	23.6	(1.5)	8.4	(0.9)
Race[3]										
White	43,379	100.0	31.6	(1.3)	43.4	(1.3)	19.4	(1.0)	5.7	(0.5)
Black or African American	12,975	100.0	27.3	(1.5)	42.0	(1.7)	21.7	(1.3)	9.0	(1.3)
Other[4]	3,494	100.0	40.4	(4.6)	38.4	(3.0)	15.1	(2.5)	6.0	(1.7)
Ethnicity and race[3]										
Hispanic or Latino	10,148	100.0	41.9	(2.6)	37.4	(1.9)	16.3	(1.7)	4.3	(0.8)
Not Hispanic or Latino	49,700	100.0	29.0	(1.1)	43.9	(1.1)	20.3	(0.9)	6.8	(0.6)
White	34,869	100.0	28.9	(1.2)	45.0	(1.3)	20.2	(1.1)	5.9	(0.6)
Black or African American	12,277	100.0	27.2	(1.5)	41.8	(1.6)	21.6	(1.3)	9.4	(1.3)
Other[4]	2,554	100.0	38.7	(6.1)	38.8	(4.1)	15.6	(2.9)	*6.9	(2.3)

…Category not applicable.
*Figure does not meet standards of reliability or precision.

[1]SBP is systolic blood pressure. DBP is diastolic blood pressure. Three high blood pressure categories (SBP>120 or DBP>80) are based on the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC-7) and correspond to prehypertensive, stage 1 hypertensive, and stage 2 hypertensive ranges. If the SBP and DBP taken fall into two different categories, the visit is included in the higher blood pressure category.

[2]Visits where blood pressure was recorded represent 86.1 percent (SE=1.7) of all visits made to general medicine and obstetrics or gynecology clinics by adults (18 years or over).

[3]The race groups white, black or African American, and other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. For 2011, race data were missing for 16.9 percent of visits, and ethnicity data were missing for 16.2 percent of visits. The National Center for Health Statistics uses model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2011 NHAMCS Public Use Data File Documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc11.pdf.

[4]Other race includes the categories of Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.
NOTE: Numbers may not add to totals because of rounding.
SOURCE: CDC/NCHS, National Hospital Ambulatory Medical Care Survey.

Table 17. Selected health education services ordered or provided at outpatient department visits: United States, 2011

Health education services ordered or provided[1]	Number of visits in thousands (standard error in thousands)		Percent of visits (standard error of percent)	
All visits	125,721	(11,964)	...	...
One or more health education services listed	59,232	(7,326)	47.1	(3.6)
No health education services listed	64,334	(7,607)	51.2	(3.6)
Health education item blank	2,156	(404)	1.7	(0.3)
Diet or nutrition	14,370	(2,741)	11.4	(1.7)
Exercise	9,465	(2,648)	7.5	(1.8)
Tobacco use or exposure	4,945	(1,060)	3.9	(0.7)
Injury prevention	4,816	(1,209)	3.8	(0.8)
Stress management	3,394	(597)	2.7	(0.4)
Weight reduction	3,242	(629)	2.6	(0.4)
Growth or development	3,188	(661)	2.5	(0.4)
Family planning or contraception	1,931	(327)	1.5	(0.2)
Asthma education	1,103	(241)	0.9	(0.2)
Other health education	44,296	(6,418)	35.2	(3.8)

...Category not applicable.

[1]Combined total visits with individual services may exceed the number of visits with one or more health education services listed, and combined percent of visits may exceed percent with one or more health education services listed because more than one service may be reported per visit.

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

Table 18. Medication therapy and number of medications mentioned at outpatient department visits: United States, 2011

Medication therapy[1]	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All visits	125,721	(11,964)	100.0	...
Visits with mention of medications[2]	91,208	(9,032)	72.5	(1.9)
Visits without mention of medication	34,513	(4,047)	27.5	(1.9)
Number of medications provided, prescribed or continued				
All visits	125,721	(11,964)	100.0	...
0	34,513	(4,047)	27.5	(1.9)
1	24,877	(2,477)	19.8	(0.9)
2	16,646	(1,734)	13.2	(0.7)
3	11,579	(1,166)	9.2	(0.4)
4	8,497	(1,011)	6.8	(0.5)
5	6,559	(781)	5.2	(0.4)
6	5,223	(732)	4.2	(0.4)
7	4,460	(661)	3.5	(0.4)
8	13,368	(2,286)	10.6	(1.4)

...Category not applicable.

[1]Includes prescription drugs, over-the-counter preparations, immunizations, desensitizing agents, anesthetics, dietary supplements, and other medications.

[2]A drug mention is documentation in a patient's record of a drug provided, prescribed, or continued at a visit (up to eight per visit). Also defined as a drug visit.

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

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

Table 19. Outpatient department drug visits and drug mentions, by type of clinic: United States, 2011

Clinic type	Drug visits[1]				Drug mentions[2]				Percent of drug visits[3] (standard error of percent)		Drug mention rates[4] (standard error of rate)	
	Number in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number in thousands (standard error in thousands)		Percent distribution (standard error of percent)					
All visits	91,208	(9,032)	100.0	…	329,188	(38,946)	100.0	…	72.5	(1.9)	261.8	(16.1)
General medicine[5]	57,219	(6,397)	62.7	(2.6)	226,849	(29,975)	68.9	(2.5)	83.6	(1.4)	331.4	(20.4)
Surgery	12,274	(1,862)	13.5	(1.5)	41,758	(7,130)	12.7	(1.5)	50.4	(3.5)	171.6	(21.5)
Pediatrics	9,704	(1,837)	10.6	(1.6)	25,331	(4,619)	7.7	(1.1)	73.9	(2.6)	192.9	(11.1)
Obstetrics and gynecology	6,074	(986)	6.7	(1.0)	15,489	(2,896)	4.7	(0.8)	56.9	(4.5)	145.2	(16.9)
Substance abuse and other[6]	5,937	(886)	6.5	(1.0)	19,761	(2,840)	6.0	(0.9)	65.1	(3.0)	216.6	(14.9)

...Category not applicable.

[1] Visits at which one or more drugs were provided, prescribed or continued.

[2] A drug mention is documentation in a patient's record of a drug provided, prescribed, or continued at a visit (up to eight per visit).

[3] Percent of visits that included one or more drugs mentioned (number of drug visits divided by the number of clinic visits multiplied by 100).

[4] Average number of drugs that were mentioned per 100 visits to each clinic (number of drug mentions divided by total number of visits multiplied by 100). [5] General medicine clinics include clinics in the specialties of family medicine, internal medicine, and the internal medicine subspecialties.

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

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

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

Table 20. Twenty most frequently mentioned drugs by therapeutic drug categories at outpatient department visits: United States, 2011

Therapeutic drug category[1]	Number of mentions in thousands (standard error in thousands)		Percent of drug mentions[2] (standard error of percent)	
Analgesics[3]	41,130	(4,975)	12.5	(0.6)
Antidiabetic agents	15,610	(2,505)	4.7	(0.4)
Antihyperlipidemic agents	14,547	(2,553)	4.4	(0.3)
Antidepressants	14,286	(1,889)	4.3	(0.2)
Immunostimulants	12,923	(2,026)	3.9	(0.5)
Anxiolytics, sedatives, and hypnotics	12,337	(1,466)	3.7	(0.2)
Bronchodilators	10,937	(1,523)	3.3	(0.2)
Anticonvulsants	10,412	(1,228)	3.2	(0.2)
Dermatological agents	10,287	(1,288)	3.1	(0.3)
Antiplatelet agents	10,128	(1,796)	3.1	(0.3)
Beta-adrenergic blocking agents	10,124	(1,548)	3.1	(0.2)
Vitamins	9,206	(1,531)	2.8	(0.2)
Diuretics	9,161	(1,387)	2.8	(0.2)
Angiotensin converting enzyme inhibitors	9,140	(1,338)	2.8	(0.2)
Proton pump inhibitors	8,247	(1,214)	2.5	(0.2)
Antiemetic or antivertigo agents	8,063	(868)	2.4	(0.2)
Antihistamines	7,898	(861)	2.4	(0.1)
Calcium channel blocking agents	6,251	(1,029)	1.9	(0.2)
Vitamin and mineral combinations	5,996	(1,068)	1.8	(0.2)
Minerals and electrolytes	5,564	(856)	1.7	(0.1)

[1]Based on Multum Lexicon second-level therapeutic drug category (see http:/www.multum.com/lexicon.html).

[2]Based on an estimated 329,191,000 drug mentions at outpatient department visits in 2011.

[3]Includes narcotic and nonnarcotic analgesics and nonsteroidal anti-inflammatory drugs.

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

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

Table 21. Twenty most frequently mentioned drug names at outpatient department visits: United States, 2011

Drug name[1]	Number of mentions (in thousands standard error in thousands)		Percent distribution (standard error of percent)		Percent distribution (standard error of percent)								Therapeutic drug category[3]
					Total	New		Continued		Unknown[2]			
All drug mentions	329,188	(38,656)	100.0	…	100.0	28.2	(2.1)	69.5	(2.2)	2.3	(0.4)		
Aspirin	8,413	(1,565)	2.6	(0.2)	100.0	7.2	(1.8)	91.3	(2.0)	*1.6	(0.7)		Analgesics, Antiplatelet agents
Albuterol	6,937	(901)	2.1	(0.1)	100.0	26.0	(3.1)	72.3	(3.2)	*1.7	(0.6)		Bronchodilators
Ibuprofen	6,659	(898)	2.0	(0.2)	100.0	43.1	(5.9)	55.2	(5.8)	1.7	(0.5)		Analgesics
Lisinopril	6,261	(973)	1.9	(0.1)	100.0	13.5	(1.9)	85.1	(2.1)	*1.4	(0.6)		Angiotensin converting enzyme inhibitors
Simvastatin	5,577	(1,011)	1.7	(0.2)	100.0	12.8	(2.9)	85.9	(2.8)	*1.3	(0.6)		Antihyperlipidemic agents
Acetaminophen	5,413	(736)	1.6	(0.2)	100.0	43.5	(7.4)	55.1	(7.5)	*1.4	(0.5)		Analgesics
Metformin	5,152	(819)	1.6	(0.1)	100.0	10.5	(2.4)	86.9	(2.6)	*2.6	(0.8)		Antidiabetic agents
Metoprolol	5,053	(786)	1.5	(0.1)	100.0	7.6	(1.9)	90.4	(1.9)	*2.0	(0.8)		Beta-adrenergic blocking agents
Levothyroxine	4,879	(769)	1.5	(0.1)	100.0	4.3	(1.2)	92.2	(2.6)	*3.5	(1.7)		Thyroid hormones
Hydrochlorothiazide	4,423	(774)	1.3	(0.1)	100.0	12.9	(3.3)	85.4	(3.3)	*1.6	(0.7)		Diuretics
Omeprazole	4,222	(688)	1.3	(0.1)	100.0	14.8	(2.3)	82.6	(2.6)	*2.6	(0.9)		Proton pump inhibitors
Amlodipine	4,091	(677)	1.2	(0.1)	100.0	11.1	(3.0)	87.2	(3.1)	*1.7	(0.6)		Calcium channel blocking agents
Acetaminophen-hydrocodone	3,963	(551)	1.2	(0.2)	100.0	34.6	(5.1)	63.2	(4.7)	*2.3	(0.8)		Analgesics
Amoxicillin	3,493	(580)	1.1	(0.2)	100.0	87.2	(2.0)	12.4	(2.0)	*0.4	(0.3)		Penicillins
Furosemide	3,268	(508)	1.0	(0.1)	100.0	10.1	(2.1)	88.2	(2.5)	*1.7	(1.0)		Diuretics
Warfarin	3,091	(627)	0.9	(0.2)	100.0	*5.2	(2.2)	90.8	(2.9)	*4.1	(2.6)		Anticoagulants
Fluticasone nasal	2,875	(480)	0.9	(0.1)	100.0	28.7	(3.8)	70.4	(3.8)	*1.0	(0.8)		Nasal preparations
Ergocalciferol	2,828	(550)	0.9	(0.1)	100.0	24.5	(5.1)	74.2	(5.2)	*1.3	(0.6)		Vitamins
Azithromycin	2,660	(479)	0.8	(0.1)	100.0	85.1	(3.2)	13.5	(3.1)	*1.3	(0.7)		Macrolide derivatives
Atorvastatin	2,606	(547)	0.8	(0.1)	100.0	*10.3	(3.5)	88.2	(3.6)	*1.5	(0.8)		Antihyperlipidemic agents
All other	237,328	(27,022)	72.1	(0.7)	100.0	30.2	(2.1)	67.2	(2.2)	2.5	(0.4)		...

...Category not applicable.

*Figure does not meet standards of reliability or precision.

[1]Based on Multum Lexicon terminology, drug name reflects the active ingredient(s) of a drug mentioned at a visit.

[2]Unknown includes drugs mentioned that did not have either the new drug or continued drug check boxes marked.

[3]Based on Multum Lexicon second level therapeutic drug category (see http://www.multum.com/lexicon.html).

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

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

Table 22. Providers seen at outpatient department visits: United States, 2011

Provider seen	Number of visits in thousands[1] (standard error in thousands)		Percent of visits (standard error of percent)	
All visits	125,721	(11,964)	…	…
Any physician	97,087	(10,211)	77.2	(2.3)
R.N.[2] or L.P.N.[3]	56,825	(6,999)	45.2	(3.8)
Other provider	29,691	(4,875)	23.6	(3.2)
Nurse practitioner or nurse midwife	14,224	(2,747)	11.3	(1.8)
Physician assistant	7,361	(1,619)	5.9	(1.2)
Mental health provider	4,195	(870)	3.3	(0.8)

...Category not applicable.

[1]Combined total exceeds "all visits" and percent of visits exceeds 100% because more than one provider may be reported per visit. The sample of visits was drawn from all scheduled visits to the clinic during a 4-week reporting period. At 22.8 percent of these visits, a physcian was not seen; instead, the patient saw another provider. In addition, at many visits, patients were seen by multiple providers, the most common being a physician and a R.N. or L.P.N.

[2]R.N. is registed nurse.

[3]L.P.N. is licensed practical nurse.

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

Table 23. Disposition of outpatient department visits: United States, 2011

Disposition	Number of visits in thousands[1] (standard error in thousands)		Percent of visits (standard error of percent)	
All visits	1.125	(11,964)	…	…
Referred to other physician	17,315	(2,467)	13.8	(1.6)
Return at specified time	87,076	(8,939)	69.3	(2.6)
Referred to emergency department	1,025	(182)	0.8	(0.1)
Other disposition	27,887	(4,196)	22.2	(2.3)
Blank	4,385	(1,211)	3.5	(0.9)

...Category not applicable.

[1]Combined total of the number of visits in each visit disposition category exceeds ''all visits'' and sum of the "percent of visits" for each disposition category exceeds 100% because more than one disposition may be reported per visit.

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