Number 253 • August 18, 1994

Advance Data

From Vital and Health Statistics of the CENTERS FOR DISEASE CONTROL AND PREVENTION/National Center for Health Statistics

National Ambulatory Medical Care Survey: 1992 Summary

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Introduction

During the 12-month period from January 1992 through December 1992, an estimated 762.0 million visits were made to nonfederally employed, office-based physicians in the United States—about three visits per person. This rate is not significantly different from office visit rates observed since 1985 (1–4).

This report presents data highlights from the 1992 National Ambulatory Medical Care Survey (NAMCS), a national probability sample survey conducted by the Division of Health Care Statistics of the National Center for Health Statistics, Centers for Disease Control and Prevention. Statistics are presented on physician, patient, and visit characteristics.

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 found at the end of this report include an overview of the sample design used in the 1992 NAMCS, an explanation of sampling errors, and guidelines for judging the precision of the estimates.

The Patient Record form is used by physicians participating in the NAMCS to record information about their patients' office visits. This form is reproduced in figure 1 and is intended to serve as a reference for readers as they review the survey findings presented in this document.

The physician sample for the NAMCS was selected with the cooperation of the American Medical Association and the American Osteopathic Association. Their contribution to this effort is gratefully acknowledged.

Physician characteristics

The distribution of office visits according to physician specialty for the 13 most visited specialties is presented in table 1. The largest share of visits was made to physicians specializing in general and family practice (28.8 percent). Compared with 1991 data, increases were noted in the proportion of visits made to general and family practitioners and pediatricians. Conversely, the proportions of visits made to internists and dermatologists were significantly lower than in 1991. No significant differences were found in the distribution of visits made to obstetricians and gynecologists, ophthalmologists, orthopedic surgeons, general surgeons, otolaryngologists, psychiatrists, urologists, cardiovascular disease specialists, or neurologists. Visit rates to each of the 13 physician specialties were not found to differ significantly from 1991 visit rates (4).

Doctors of osteopathy received 45.0 million visits during 1992, or 5.9 percent of all office visits. Visits to this specialty occurred at a rate of 17.9 per 100 persons, which was not significantly different from the 1991 visit rate.

Visits according to geographic characteristics of the physician's practice are also displayed in table 1. Visit rates by region—Northeast, Midwest, South, and West—were not statistically different from each other in 1992. Neither had they changed from the previous year's rates with the exception of the South, where the rate was slightly higher in 1992 than in 1991. However, it is suspected that this is due largely to sampling variability and changes in the NAMCS survey methodology for 1992 rather than to an actual increase in the number of office visits. A discussion of these changes and the impact they may have had on the survey results is included in the Technical notes.

Patient characteristics

Office visits by patient's age, sex, and race are shown in table 2. Females

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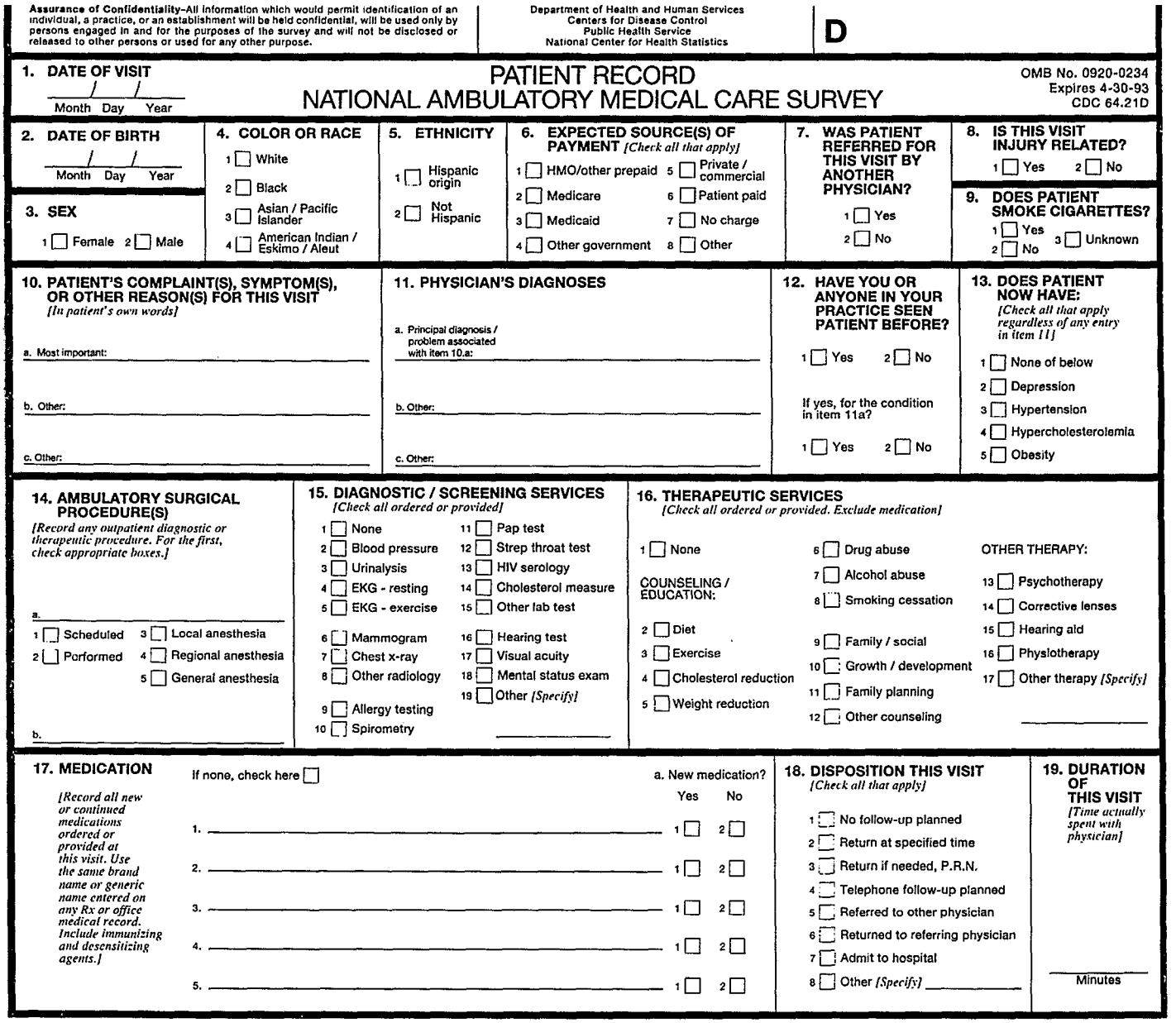

Assurance of Confidentiality–All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to other persons or used for any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

Department of Health and Human Services
Centers for Disease Control
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D

PATIENT RECORD
NATIONAL AMBULATORY MEDICAL CARE SURVEY

OMB No. 0920-0234
Expires 4-30-93
CDC 64.21D

1. DATE OF VISIT — Month Day Year
2. DATE OF BIRTH — Month Day Year
3. SEX — 1 Female 2 Male
4. COLOR OR RACE — 1 White 2 Black 3 Asian / Pacific Islander 4 American Indian / Eskimo / Aleut
5. ETHNICITY — 1 Hispanic origin 2 Not Hispanic
6. EXPECTED SOURCE(S) OF PAYMENT [Check all that apply] — 1 HMO/other prepaid 2 Medicare 3 Medicaid 4 Other government 5 Private / commercial 6 Patient paid 7 No charge 8 Other
7. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN? — 1 Yes 2 No
8. IS THIS VISIT INJURY RELATED? — 1 Yes 2 No
9. DOES PATIENT SMOKE CIGARETTES? — 1 Yes 2 No 3 Unknown
10. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT [In patient's own words] — a. Most important: b. Other: c. Other:
11. PHYSICIAN'S DIAGNOSES — a. Principal diagnosis / problem associated with item 10.a: b. Other: c. Other:
12. HAVE YOU OR ANYONE IN YOUR PRACTICE SEEN PATIENT BEFORE? — 1 Yes 2 No. If yes, for the condition in item 11a? 1 Yes 2 No
13. DOES PATIENT NOW HAVE: [Check all that apply regardless of any entry in item 11] — 1 None of below 2 Depression 3 Hypertension 4 Hypercholesterolemia 5 Obesity
14. AMBULATORY SURGICAL PROCEDURE(S) [Record any outpatient diagnostic or therapeutic procedure. For the first, check appropriate boxes.] — a. 1 Scheduled 2 Performed 3 Local anesthesia 4 Regional anesthesia 5 General anesthesia. b.
15. DIAGNOSTIC / SCREENING SERVICES [Check all ordered or provided] — 1 None 2 Blood pressure 3 Urinalysis 4 EKG - resting 5 EKG - exercise 6 Mammogram 7 Chest x-ray 8 Other radiology 9 Allergy testing 10 Spirometry 11 Pap test 12 Strep throat test 13 HIV serology 14 Cholesterol measure 15 Other lab test 16 Hearing test 17 Visual acuity 18 Mental status exam 19 Other [Specify]
16. THERAPEUTIC SERVICES [Check all ordered or provided. Exclude medication] — 1 None. COUNSELING / EDUCATION: 2 Diet 3 Exercise 4 Cholesterol reduction 5 Weight reduction 6 Drug abuse 7 Alcohol abuse 8 Smoking cessation 9 Family / social 10 Growth / development 11 Family planning 12 Other counseling. OTHER THERAPY: 13 Psychotherapy 14 Corrective lenses 15 Hearing aid 16 Physiotherapy 17 Other therapy [Specify]
17. MEDICATION [Record all new or continued medications ordered or provided at this visit. Use the same brand name or generic name entered on any Rx or office medical record. Include immunizing and desensitizing agents.] — If none, check here. a. New medication? Yes No. 1. 2. 3. 4. 5.
18. DISPOSITION THIS VISIT [Check all that apply] — 1 No follow-up planned 2 Return at specified time 3 Return if needed, P.R.N. 4 Telephone follow-up planned 5 Referred to other physician 6 Returned to referring physician 7 Admit to hospital 8 Other [Specify]
19. DURATION OF THIS VISIT [Time actually spent with physician] — Minutes

Figure 1. Patient Record form

made 60.0 percent of all office visits during 1992 and accounted for a higher percent of visits than males in all age categories except the youngest (under 15 years). Females also had significantly higher visit rates than males in each age category with the exception of the youngest group (under 15 years) and the two oldest groups (65–74 years and 75 years and over). These patterns were also observed in the 1990 and 1991 NAMCS.

Visit rates were found to increase with age after the age of 24. Persons 75 years of age and over had the highest visit rate of the six age categories analyzed, at 6.3 visits per person. The pattern, however, was found to be slightly different for males and females. Among males, rates increased with each age group after the age of 44, with males 75 years of age and over having the highest rate of 6.4 visits per person.

Females, despite a general trend toward increasing visit rates with age after the age of 24, showed no statistical difference in the rates for females 25–44 years of age compared with those 45–64 years of age, or in the rates for females 65–74 years of age compared with those 75 years of age and over.

The visit rate for the white population was significantly higher (3.1 visits per person) than the rate for the black population (2.6 visits per person) in 1992. White persons made 85.8 percent of all office visits, with black persons and Asians/Pacific Islanders accounting for 10.8 percent and 3.0 percent, respectively.

Visit rates for four of six age groups were not statistically different from those observed in 1991, nor were visit rates by sex found to be significantly different from the previous year's rates. Small but significant increases were noted in the rate of office visits made by persons in the age groups under 15 years and 15–24 years. Within the under 15 category, corresponding increases were noted for males and

Table 1. Number, percent distribution, and annual rate of office visits by selected physician practice characteristics: United States, 1992

Physician practice characteristic	Number of visits in thousands	Percent distribution	Number of visits per 100 persons per year[1]
All visits	762,045	100.0	303.1
Physician specialty			
General and family practice	219,245	28.8	87.2
Internal medicine	100,273	13.2	39.9
Pediatrics	96,129	12.6	38.2
Obstetrics and gynecology	68,367	9.0	[2]27.2
Ophthalmology	46,560	6.1	18.5
Orthopedic surgery	37,983	5.0	15.1
Dermatology	28,699	3.8	11.4
General surgery	24,309	3.2	9.7
Otolaryngology	22,912	3.0	9.1
Psychiatry	19,818	2.6	7.9
Urological surgery	14,955	2.0	5.9
Cardiovascular diseases	14,664	1.9	5.8
Neurology	7,708	1.0	3.1
All other specialties	60,422	7.9	24.0
Professional identity			
Doctor of medicine	717,049	94.1	285.2
Doctor of osteopathy	44,996	5.9	17.9
Geographic region			
Northeast	165,315	21.7	330.6
Midwest	184,275	24.2	299.8
South	236,800	31.1	280.5
West	175,654	23.1	316.2

[1]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992.
[2]The visit rate is 52.9 per 100 females.

females, as well as for white persons and black persons. In the 15–24 year category, increases were noted for both males and females. The rate was higher for black persons, but no significant difference was noted in the rate for white persons in this age group between 1991 and 1992.

The visit rate for the white population was not significantly different from the 1991 rate, but the rate for the black population was higher in 1992 than in 1991. In addition, the percent of visits made by black persons was higher in 1992, but it is suspected that these findings may be largely a result of changes in the 1992 sampling methodology (see Technical notes).

Visit characteristics

Referral status and prior-visit status

In general, 6.3 percent of office visits in 1992 were made as the result of a referral from another physician, not significantly different from the 6.2 percent noted in 1991. The majority of office visits (85.3 percent) were made by patients who had seen the physician on a previous occasion, and more than half (62.2 percent) of all visits were made by persons who were returning to the physician for care of a previously treated problem (table 3). Only 14.7 percent of the visits were made by new patients.

The proportion of visits made by new patients was statistically lower in 1992 compared with 1991 data, while a corresponding increase was found in the proportion of visits made by patients who were not new to the physician but who were seeking care of a new problem. No difference was noted in the percent of return visits made for the care of previously treated problems between 1991 and 1992.

Expected sources of payment

Data on expected sources of payment are shown in table 4.

Physicians were asked to check all of the applicable payment categories for this survey item, with the result that multiple payment sources could be coded for each visit. The patient-paid category includes the patient's contribution toward "co-payments" and "deductibles."

Expected sources of payment were most often private/commercial insurance (32.9 percent of visits), Medicare (19.9 percent of visits), HMO/other prepaid (19.2 percent), and patient-paid (19.1 percent). Significant decreases were noted in the proportion of visits that listed private/commercial insurance, Medicare, and patient-paid as expected pay sources between 1991 and 1992. Conversely, a higher proportion of visits showed "HMO/other prepaid" and Medicaid as expected sources of payment in 1992 as compared with 1991.

Injury-related visits

Injury-related office visits are presented in terms of patient's age, sex, and race in table 5. There were an estimated 65.6 million injury-related office visits in 1992, representing 8.6 percent of all office visits. More than half of these (56.7 percent) were made by males, and 39.7 percent were made by persons 25–44 years old.

Males had a higher injury-visit rate than females did overall (30.4 visits per 100 males compared with 22.0 visits per 100 females), but these differences were noted only in the age groups 15–24 years and 25–44 years. Injury-visit rates for males and females in the under 15, 45–64, 65–74, and 75 years and over age groups were not found to differ statistically.

Among females, injury-visit rates showed little variation between six age groups. The only statistical difference noted was between females under 15 years compared with those 25–44 years; the injury-visit rate was significantly lower for the former group as compared with the latter. For males, the injury-visit rate was higher for persons 25–44 years than for those in three other age categories: under 15 years, 65–74 years, and 75 years and over. Males in the age group 45–64 years had an injury-visit

Table 2. Number, percent distribution, and annual rate of office visits by patient's age, sex, and race: United States, 1992

Age, sex, and race	Number of visits in thousands	Percent distribution	Number of visits per person per year[1]
All visits	762,045	100.0	3.0
Age			
Under 15 years	155,168	20.4	2.7
15–24 years	72,016	9.5	2.1
25–44 years	211,897	27.8	2.6
45–64 years	154,997	20.3	3.2
65–74 years	90,625	11.9	4.9
75 years and over	77,341	10.1	6.3
Sex and age			
Female	457,369	60.0	3.5
Under 15 years	74,417	9.8	2.7
15–24 years	46,629	6.1	2.7
25–44 years	143,410	18.8	3.5
45–64 years	93,353	12.3	3.7
65–74 years	51,771	6.8	5.1
75 years and over	47,790	6.3	6.2
Male	304,676	40.0	2.5
Under 15 years	80,752	10.6	2.8
15–24 years	25,387	3.3	1.5
25–44 years	68,487	9.0	1.7
45–64 years	61,644	8.1	2.6
65–74 years	38,854	5.1	4.5
75 years and over	29,552	3.9	6.4
Race and age			
White	653,851	85.8	3.1
Under 15 years	124,631	10.8	2.8
15–24 years	60,758	8.0	2.2
25–44 years	182,245	23.9	2.7
45–64 years	135,756	17.8	3.3
65–74 years	80,673	10.6	4.9
75 years and over	69,787	9.2	6.3
Black	82,599	10.8	2.6
Under 15 years	23,207	3.0	2.6
15–24 years	9,345	1.2	1.8
25–44 years	22,487	3.0	2.3
45–64 years	13,949	1.8	2.8
65–74 years	7,352	1.0	4.5
75 years and over	6,260	0.8	6.4
All other races			
Asian/Pacific Islander	22,967	3.0	– – –
American Indian/Eskimo/Aleut	2,329	0.3	– – –

[1]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1992.

rate that was higher than those 65–74 years of age and 75 years and over. No significant differences were noted in the rates for males under 15 years and 15–24 years.

The injury-visit rate for black persons (25.7 visits per 100) was not significantly different than the injury-visit rate for white persons (26.3 visits per 100) in 1992. The injury-visit rate was found to be significantly higher for white males compared with white females. This was not the case with rates for black males and black females, which showed no statistical difference (data not shown).

Patient's cigarette-smoking status

Results from the 1992 survey showed that 78.6 million office visits, or 10.3 percent of the total, were made by patients who smoke cigarettes. However, the patient's smoking status was not reported for 26.0 percent of office visits. Data on visits according to patient's cigarette smoking status are presented in tables 6 and 7.

Patient's principal reason for visit

Item 10 of the Patient Record form asks the physician to record the patient's (or patient surrogate's) "complaint(s), symptom(s), or other reason(s) for this visit in the patient's own words." Up to three reasons for visit are classified and coded from the survey according to the *Reason for Visit Classification for Ambulatory Care* (RVC) (5). The principal reason for visit is the problem, complaint, or reason listed in item 10a.

The RVC is divided into the eight modules or groups of reasons displayed in table 8. More than half of all visits were made for reasons classified as symptoms (57.9 percent). Respiratory symptoms accounted for 12.4 percent of all visits, and musculoskeletal symptoms accounted for 10.8 percent.

The 20 most frequently mentioned principal reasons for visit, representing 40.7 percent of all visits, are shown in table 9. General medical examination was the most frequently mentioned reason for visit overall (4.5 percent of the total), while cough was the most frequently mentioned reason having to do with illness or injury (4.0 percent). Of the top 20 reasons for office visits in 1992, 19 were also listed among the 20 most frequently mentioned reasons in 1991, albeit in slightly different order. It is important to note that the rank ordering presented in this and other tables in this report may not always be reliable because near estimates may not differ from each other due to sampling variability.

Diagnostic and screening services

Statistics on diagnostic and screening services ordered or provided by the physician during the office visit are displayed in table 10. The list of diagnostic and screening services appearing on the Patient Record form is changed periodically to reflect the changing needs of data users, recommendations of advisors, and anticipated future health data needs. The most recent revision to this item was in

Table 3. Number and percent distribution of office visits by patient's referral status and prior-visit status: United States, 1992

Visit characteristic	Number of visits in thousands	Percent distribution
All visits	762,045	100.0
Referral status		
Referred by another physician	47,976	6.3
Not referred by another physician	714,069	93.7
Prior-visit status		
New patient	112,381	14.7
Old patient	649,664	85.3
New problem	175,370	23.0
Old problem	474,294	62.2

Table 4. Number and percent distribution of office visits by patient's expected source(s) of payment: United States, 1992

Expected source(s) of payment[1]	Number of visits in thousands	Percent distribution
All visits	762,045	100.0
Private/commercial insurance	250,870	32.9
Medicare	151,656	19.9
HMO/other prepaid	146,338	19.2
Patient-paid	145,459	19.1
Medicaid	84,098	11.0
Other government	15,622	2.1
No charge	12,454	1.6
Other	30,327	4.0
Unknown	17,773	2.3

[1]Numbers may not add to totals because more than one expected source of payment may be reported per visit.

the 1991 NAMCS, when a number of categories were added that either had never appeared on the Patient Record form, or had not been included for several years. These modifications are discussed in two previous publications (4,6); all were retained in the 1992 NAMCS.

More than half (64.5 percent) of all office visits included one or more diagnostic or screening service. The most frequently mentioned service was blood pressure check, recorded at 43.5 percent of visits. This percent was not significantly different from that recorded in 1991. Blood pressure checks were ordered or provided at a significantly higher proportion of visits by females (48.2 percent) than at visits by males (36.5 percent).

Other frequently mentioned diagnostic or screening services were "other" lab test (16.7 percent of visits), urinalysis (13.9 percent), visual acuity (5.5 percent), and radiology (excluding chest x ray) (5.4 percent). Cholesterol measures were reported at 3.1 percent of office visits.

Pap tests and mammograms were reported at 6.6 percent and 3.0 percent of visits by females, respectively. A statistically higher proportion of visits by males included resting EKG's and chest x rays than did visits by females. Significant differences by sex were also noted in the percent of visits with exercise EKG's, radiology other than chest x ray, hearing tests, and visual acuity examinations, all of which were reported more frequently at visits by males. Visits by females were more likely to include urinalysis and "other" lab tests than were visits by males.

Ambulatory surgical procedures

In item 14 of the NAMCS Patient Record form, physicians were asked to record up to two outpatient diagnostic or therapeutic procedures either scheduled or performed at the current visit. This item first appeared in the 1991 NAMCS.

There were 50.0 million ambulatory surgical procedures reported at 6.1 percent of all office visits during 1992. This is not significantly different from the 1991 figure of 6.2 percent. Tables 11 and 12 show visits with ambulatory surgery scheduled or performed by patient's age, sex, and type of physician seen. The proportion of ambulatory surgery visits was not significantly different for persons in the age groups 45–64, 65–74, and 75 years and over. However, each of these groups was more likely to have an ambulatory surgery visit than were those in each of the three age groups under 45 years. No statistical difference was noted by patient's sex in the percent of visits with ambulatory surgery scheduled or performed. Visits to specialists in urological surgery, orthopedic surgery, general surgery, otolaryngology, ophthalmology, and dermatology represented 23.0 percent of all office visits, but accounted for more than half (52.7 percent) of all ambulatory surgery visits. Procedures are classified by type of operation in table 13; the 10 procedures most frequently mentioned by physicians on the Patient Record form are shown in table 14.

Physician's principal diagnosis

Item 11 of the Patient Record form asks the physician to record the principal diagnosis or problem associated with the patient's most important reason for the current visit as well as any other significant current diagnoses. Up to three diagnoses are coded and classified according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (7). Displayed in table 15 are office visits by principal diagnosis using the major disease categories specified by 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 15.4 percent of all office visits. Diseases of the respiratory system (14.8 percent)

Table 5. Number, percent distribution, and annual rate of injury-related office visits by patient's age, sex, and race: United States, 1992

Age, sex, and race	Number of visits in thousands	Percent distribution	Number of visits per 100 persons per year[1]
All injury-related visits	65,555	100.0	26.1
Age			
Under 15 years	10,568	16.1	18.7
15–24 years	8,763	13.4	25.5
25–44 years	26,044	39.7	32.0
45–64 years	13,585	20.7	28.0
65–74 years	3,622	5.5	19.6
75 years and over	2,974	4.5	24.1
Sex and age			
Female	28,416	43.3	22.0
Under 15 years	4,251	6.5	15.4
15–24 years	3,164	4.8	18.3
25–44 years	10,388	15.8	25.1
45–64 years	6,169	9.4	24.5
65–74 years	2,196	3.4	21.5
75 years and over	2,257	3.4	29.3
Male	37,139	56.7	30.4
Under 15 years	6,317	9.6	21.9
15–24 years	5,599	8.5	32.7
25–44 years	15,665	23.9	39.2
45–64 years	7,416	11.3	31.8
65–74 years	1,426	2.2	17.2
75 years and over	717	1.1	15.5
Race			
White	55,192	84.2	26.3
Black	8,094	12.3	25.7
Asian/Pacific Islander	1,965	3.0	– – –
American Indian/Eskimo/Aleut	*303	*0.5	– – –

[1]Based on U.S. Bureau of the Census estimates of the civilian, noninstitutionalized population of the United States as of July 1, 1992.

Table 6. Number and percent distribution of office visits made by patients who smoke cigarettes, according to patient's age, sex, and race: United States, 1992

Age, sex, and race	Number of visits in thousands	Percent distribution
All visits by patients who smoke cigarettes	78,618	100.0
Age		
Under 15 years	*557	*0.7
15–24 years	7,681	9.8
25–44 years	35,962	45.7
45–64 years	23,488	29.9
65–74 years	7,767	9.9
75 years and over	3,162	4.0
Sex		
Female	46,300	58.9
Male	32,318	41.1
Race		
White	67,946	86.4
Black	8,149	10.4
Asian/Pacific Islander	2,115	2.7
American Indian/Eskimo/Aleut	*408	*0.5

and diseases of the nervous system and sense organs (11.2 percent) were also prominent on the list.

The 20 most frequently reported principal diagnoses for 1992 are shown in table 16. These are categorized at the three-digit coding level of the ICD–9–CM, and account for 36.4 percent of all office visits made during the year. The most frequent diagnosis rendered by physicians at office visits in 1992 was essential hypertension, occurring at 3.9 percent of all visits. Essential hypertension has been the most frequently reported morbidity-related diagnosis in every survey year since the NAMCS began in 1973. (Morbidity-related diagnoses are those classifiable to illness or injury. Nonmorbidity related diagnoses include routine prenatal examination, health supervision of an infant or child, and general medical examination, among others.) Of the 20 diagnoses shown in table 16, 18 also appeared on the list of the 20 most frequent diagnoses for 1991.

Physician's checklist of medical conditions

In addition to the diagnostic data reported in item 11 of the Patient Record form, selected information on the patient's current health status was collected in item 13, which appeared for the first time in the 1991 NAMCS. Physicians were given a list of four common conditions—depression, hypertension, hypercholesterolemia, and obesity—and asked to record whether the patient now has any of them, regardless of what was recorded as the current diagnosis in item 11 of the survey form. Results from item 13 are shown in table 17.

One-quarter (24.9 percent) of the visits were made by patients who were reported to have one or more of the four conditions listed on the survey form. Hypertension was checked most frequently, at 13.5 percent of the total, or 103.1 million office visits. As was previously noted in the 1991 NAMCS data, this figure is substantially higher than the number of visits in which a first, second, or third diagnosis of

Table 7. Number and percent distribution of office visits by physician specialty, according to patient's cigarette-smoking status: United States, 1992

Physician specialty	Number of visits in thousands	Does patient smoke cigarettes?			
		Total	Yes	No	Unknown[1]
		Percent distribution			
All visits	762,045	100.0	10.3	63.7	26.0
General and family practice	219,245	100.0	14.3	63.8	21.8
Internal medicine	100,273	100.0	12.4	65.1	22.6
Pediatrics	96,129	100.0	0.6	95.9	3.5
Obstetrics and gynecology	68,367	100.0	10.0	70.0	20.0
Ophthalmology	46,560	100.0	4.3	38.3	57.4
Orthopedic surgery	37,983	100.0	12.0	40.0	48.0
Dermatology	28,699	100.0	5.7	45.5	48.7
General surgery	24,309	100.0	12.0	48.4	39.5
Otolaryngology	22,912	100.0	8.1	63.0	28.9
Psychiatry	19,818	100.0	20.0	59.3	20.8
Urological surgery	14,955	100.0	8.2	49.0	42.9
Cardiovascular diseases	14,664	100.0	10.4	64.4	25.2
Neurology	7,708	100.0	15.8	61.7	22.5
All other specialties	60,422	100.0	10.8	56.5	32.8

[1]Includes entries of "unknown" and blank entries.

Table 8. Number and percent distribution of office visits by patient's principal reason for visit: United States, 1992

Principal reason for visit and RVC code[1]		Number of visits in thousands	Percent distribution
All visits		762,045	100.0
Symptom module	.S001–S999	441,037	57.9
General symptoms	.S001–S099	49,099	6.4
Symptoms referable to psychological/mental disorders	S100–S199	21,599	2.8
Symptoms referable to the nervous system (excluding sense organs)	.S200–S259	23,360	3.1
Symptoms referable to the cardiovascular/lymphatic system	S260–S299	4,529	0.6
Symptoms referable to the eyes and ears	.S300–S399	53,750	7.1
Symptoms referable to the respiratory system	.S400–S499	94,637	12.4
Symptoms referable to the digestive system	.S500–S639	35,027	4.6
Symptoms referable to the genitourinary system	.S640–S829	34,143	4.5
Symptoms referable to the skin, hair, and nails	.S830–S899	42,235	5.5
Symptoms referable to the musculoskeletal system	.S900–S999	82,659	10.8
Disease module	.D001–D999	66,528	8.7
Diagnostic, screening, and preventive module	.X100–X599	113,857	14.9
Treatment module	.T100–T899	74,160	9.7
Injuries and adverse effects module	.J001–J999	23,782	3.1
Test results module	.R100–R700	7,318	1.0
Administrative module	.A100–A140	9,186	1.2
Other[2]	.U990–U999	26,177	3.4

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (5).
[2]Includes problems and complaints not elsewhere classified, entries of "none," blanks, and illegible entries.

hypertension was reported in item 11 of the Patient Record form and suggests that physicians tend to underreport chronic conditions in item 11.

It should be noted that in item 11, physicians are instructed to record up to two additional current diagnoses if any, in addition to the principal diagnosis, whether or not they are of direct concern to the current visit.

Therapeutic services

Data on therapeutic services collected in items 16 and 17 of the Patient Record form encompass both medication therapy and nonmedication therapy.

Medication therapy—In item 17, physicians were instructed to record all new or continued medications ordered or provided at the visit, including prescription and nonprescription preparations, and immunizing and desensitizing agents. 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 mentions are termed "drug visits" in the NAMCS. As many as five medications, or drug mentions, could be coded per drug visit.

Data on medication therapy are shown in tables 18–22. Medication therapy was the most commonly mentioned therapeutic service in 1992, reported at 486.0 million office visits or 63.8 percent of the total (table 18).

There were 922.6 million drug mentions at visits to office-based physicians during 1992. This yields an average of 1.2 drug mentions per office visit, or 1.9 drug mentions per drug visit.

Data on number of drug visits and drug mentions by physician specialty are shown in table 19. The highest proportion of drug visits was found among visits to cardiovascular disease specialists; 85.6 percent of the visits made to this specialty included at least one drug mention.

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*, 1985 edition (NDC) (8). It should be noted that some drugs have more than one therapeutic application. In cases of this type, the drug was listed under the NDC classification that occurred with the greatest frequency.

Cardiovascular-renal drugs and antimicrobial agents accounted for nearly one-third of all drug mentions (15.8 percent each). Other prominent categories included drugs used for relief of pain (11.0 percent) and respiratory tract drugs (10.4 percent).

Table 9. Number and percent distribution of office visits by the 20 principal reasons for visit most frequently mentioned by patients and patient's sex: United States, 1992

Principal reason for visit and RVC code[1]	Number of visits in thousands	Patient's sex		
		Total	Female	Male
		Percent distribution		
All visits	762,045	100.0	100.0	100.0
General medical examination .X100	33,973	4.5	4.7	4.1
Cough .S440	30,226	4.0	3.7	4.3
Routine prenatal examination .X205	28,036	3.7	6.1	...
Progress visit, not otherwise specified .T800	25,771	3.4	3.4	3.4
Symptoms referable to throat .S455	20,839	2.7	2.9	2.6
Postoperative visit .T205	20,060	2.6	2.6	2.7
Earache or ear infection .S355	15,292	2.0	1.9	2.1
Back symptoms .S905	13,899	1.8	1.6	2.1
Vision dysfunctions .S305	13,414	1.8	1.7	1.8
Skin rash .S860	13,379	1.8	1.5	2.1
Fever .S010	12,790	1.7	1.4	2.1
Stomach pain, cramps, and spasms .S545	11,985	1.6	1.9	1.1
Head cold, upper respiratory infection (coryza) .S445	10,986	1.4	1.3	1.6
Headache, pain in head .S210	10,854	1.4	1.7	1.1
Well-baby examination .X105	10,799	1.4	1.2	1.8
Knee symptoms .S925	10,630	1.4	1.3	1.6
Nasal congestion .S400	10,538	1.4	1.3	1.5
Hypertension .D510	8,716	1.1	1.2	1.1
Depression .S110	8,344	1.1	1.2	1.0
All other reasons	451,513	59.3	57.4	61.9

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (5).

Table 10. Number and percent distribution of office visits by diagnostic and screening services ordered or provided: United States, 1992

Visit characteristic	Number of visits in thousands	Patient's sex		
		Total	Female	Male
		Percent distribution		
All visits	762,045	100.0	100.0	100.0
Number of diagnostic and screening services ordered or provided				
None	270,271	35.5	31.7	41.2
One	272,739	35.8	35.6	36.1
Two	127,349	16.7	18.9	13.4
Three or more	91,686	12.0	13.9	9.3
Diagnostic and screening services[1]				
None	270,271	35.5	31.7	41.2
Blood pressure	331,792	43.5	48.2	36.5
Urinalysis	106,196	13.9	15.3	10.3
EKG—resting	23,990	3.1	2.6	3.9
EKG—exercise	3,525	0.5	0.3	0.7
Mammogram	13,617	1.8	3.0	0.0
Chest x ray	20,592	2.7	2.4	3.1
Other radiology	40,972	5.4	4.9	6.1
Allergy testing	1,711	0.2	0.2	0.2
Spirometry	2,813	0.4	0.3	0.5
Pap test	30,373	4.0	6.6	0.0
Strep throat test	16,380	2.1	2.0	2.4
HIV serology	2,556	0.3	0.3	0.5
Cholesterol measure	23,872	3.1	3.2	3.1
Other lab test	127,642	16.7	18.0	14.9
Hearing test	11,110	1.5	1.0	2.1
Visual acuity	42,133	5.5	5.1	6.2
Mental status exam	8,816	1.2	1.1	1.2
Other	55,255	7.3	8.1	6.0

[1]Numbers may not add to totals because more than one service may be reported per visit.

The 20 most frequently used generic substances for 1992 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. Amoxicillin was the generic ingredient most frequently used in drugs ordered or provided by the physician at office visits in 1992 (as well as in 1990 and 1991), occurring in 4.7 percent of drug mentions. Of the 20 most used generic ingredients for 1992, 17 were also on the list of the top 20 for 1991.

Table 22 presents the 20 medications most frequently mentioned by physicians in the NAMCS, according to the entry name of drug. Entry name refers to the actual designation used by the physician on the Patient Record form and may be a trade name, generic name, or simply a desired therapeutic effect. Amoxicillin was the medication most frequently reported by physicians, with 20.6 million mentions (2.2 percent of the total). It was followed by Amoxil (1.9 percent), Lasix (1.5 percent), and Ceclor (1.0 percent). Of the top 20 preparations, 18 appeared on the list for 1991, although in different order.

The NAMCS drug data base permits classification by a wide range of variables, including specific product name, generic class, entry form chosen by the physician (that is, brand name, generic name, or the desired therapeutic effect), prescription status (that is, whether the product is prescription or nonprescription), federally controlled substance status, composition status (that is, single or multiple ingredient product), and therapeutic category. A report describing the method and instruments used to collect and process drug information for the NAMCS is available (9).

Nonmedication therapy—In item 16 of the Patient Record form, the physician is asked to report all nonmedication therapies ordered or provided to the patient at the current visit. This item had been substantially revised for the 1991 NAMCS to permit physicians greater specificity in reporting the various types of therapy offered. These changes, all of which

Table 11. Number and percent distribution of office visits by diagnostic and therapeutic ambulatory surgical procedures scheduled or performed and standard error of visits with one or more procedures scheduled or performed, according to patient's age and sex: United States, 1992

Age and sex	Diagnostic and therapeutic procedures scheduled or performed			Standard error of visits with one or more procedures in thousands[1]
	All visits	No procedures	One or more procedures	
	Number of visits in thousands			
All visits	762,045	715,866	46,179	2,773
Age				
Under 15 years	155,168	151,671	3,497	446
15–24 years	72,016	68,657	3,359	409
25–44 years	211,897	199,767	12,130	915
45–64 years	154,997	142,832	12,165	915
65–74 years	90,625	82,661	7,964	723
75 years and over	77,341	70,278	7,064	690
Sex				
Female	457,369	430,959	26,410	1,737
Male	304,676	284,907	19,769	1,358
	Percent distribution			
All visits	100.0	93.9	6.1	0.4
Age				
Under 15 years	100.0	97.7	2.3	0.3
15–24 years	100.0	95.3	4.7	0.6
25–44 years	100.0	94.3	5.7	0.4
45–64 years	100.0	92.2	7.8	0.6
65–74 years	100.0	91.2	8.8	0.8
75 years and over	100.0	90.9	9.1	0.9
Sex				
Female	100.0	94.2	5.8	0.4
Male	100.0	93.5	6.5	0.4

[1]See Technical notes for a discussion of standard errors and precision of NAMCS estimates.

were retained in the 1992 NAMCS, are discussed in two earlier publications (4,6).

Nonmedication therapy was ordered or provided at 30.9 percent of all office visits during 1992 (table 23). Diet education or counseling was mentioned most frequently by physicians, at 11.8 percent of the total, or 89.6 million visits. Other prominent categories included exercise (7.3 percent), weight reduction (4.0 percent), and cholesterol reduction (2.9 percent). The percent of visits where smoking cessation services were either ordered or provided increased significantly between 1991 and 1992, from 1.9 percent (13.0 million visits) to 2.4 percent (18.3 million visits).

Disposition of visit

The majority of office visits (64.4 percent) included a scheduled followup visit or telephone call in 1992, but this percent was significantly lower than that noted in 1991 (66.7 percent). Another 24.2 percent of office visits included instructions to return if needed, which represents a statistically significant increase over the 1991 proportion (21.6 percent). Less than 1 percent of visits resulted in a hospital admission in both 1991 and 1992. Table 24 displays data on disposition of office visits.

Duration of visit

Data on the duration of office visits is presented in table 25. Duration of visit refers to the amount of time spent in face-to-face contact between the physician and the patient. This time is estimated and recorded by the physician and does not include 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 member of the physician's staff but did not actually see the physician during the visit, duration was recorded as "zero" minutes.

About two-thirds (66.6 percent) of physicians' office visits had a duration of 15 minutes or less in 1992. The mean duration time for all visits was 17.6 minutes. Corresponding numbers for 1991 were 69.3 percent and 16.7 minutes, respectively.

Additional reports that utilize 1992 NAMCS data are forthcoming in the Advance Data from Vital and Health Statistics series. Data from the 1992 NAMCS will be available on computer tape from the National Technical Information Service at a nominal cost beginning about August 1994. CD/ROM

Table 12. Number and percent distribution of office visits by diagnostic and therapeutic ambulatory surgical procedures scheduled or performed and standard error of visits with one or more procedures scheduled or performed, according to physician specialty: United States, 1992

Physician specialty	Diagnostic and therapeutic procedures scheduled or performed			Standard error of visits with one or more procedures in thousands[1]
	All visits	No procedures	One or more procedures	
	Number of visits in thousands			
All visits	762,045	715,866	46,179	2,773
General and family practice	219,245	213,838	5,407	915
Internal medicine	100,273	97,679	2,594	492
Pediatrics	96,129	95,117	1,012	277
Obstetrics and gynecology	68,367	63,663	4,704	888
Ophthalmology	46,560	40,781	5,779	1,269
Orthopedic surgery	37,983	31,766	6,217	1,195
Dermatology	28,699	25,796	2,903	565
General surgery	24,309	20,709	3,600	303
Otolaryngology	22,912	19,616	3,296	605
Psychiatry	19,818	19,729	*89	65
Urological surgery	14,955	12,422	2,534	447
Cardiovascular diseases	14,664	14,394	269	64
Neurology	7,708	7,614	*94	29
Other	60,422	52,742	7,680	1,313
	Percent distribution			
All visits	100.0	93.9	6.1	0.4
General and family practice	100.0	97.5	2.5	0.4
Internal medicine	100.0	97.4	2.6	0.5
Pediatrics	100.0	98.9	1.1	0.3
Obstetrics and gynecology	100.0	93.1	6.9	1.0
Ophthalmology	100.0	87.6	12.4	2.1
Orthopedic surgery	100.0	83.6	16.4	2.2
Dermatology	100.0	89.9	10.1	1.6
General surgery	100.0	85.2	14.8	1.4
Otolaryngology	100.0	85.6	14.4	1.9
Psychiatry	100.0	99.6	*0.4	0.3
Urological surgery	100.0	83.1	16.9	1.5
Cardiovascular diseases	100.0	98.2	1.8	0.4
Neurology	100.0	98.8	*1.2	0.4
Other	100.0	87.3	12.7	2.0

[1]See Technical notes for a discussion of standard errors and precision of NAMCS estimates.

and diskette versions of the 1992 NAMCS data should be available in late 1994. Questions regarding this report, future reports, or the NAMCS may be directed to the Ambulatory Care Statistics Branch by calling (301) 436–7132.

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Table 13. Number and percent distribution of office visits with corresponding standard errors by diagnostic and therapeutic ambulatory procedures scheduled or performed: United States, 1992

Diagnostic or therapeutic procedure scheduled or performed and ICD–9–CM code[1,2]	*Number of visits in thousands*	*Standard error in thousands*[3]	*Percent distribution*	*Standard error of percent*[3]
All visits	762,045	31,679	100.0	. . .
Visits with procedures	46,179	2,773	6.1	0.4
Operations on the nervous system .01–05	778	212	0.1	0.0
Operations on the eye .08–16	6,928	1,453	0.9	0.2
Operations on the ear .18–20	1,607	292	0.2	0.0
Operations on the nose, mouth, and pharynx .21–29	3,297	756	0.4	0.1
Operations on the cardiovascular system .35–39	*1,187	415	*0.2	0.1
Operations on the digestive system .42–54	7,755	1,091	1.0	0.2
Operations on the urinary system .55–59	2,092	361	0.3	0.0
Operations on the male genital organs .60–64	868	178	0.1	0.0
Operations on the female genital organs .65–71	4,464	938	0.6	0.1
Operations on the musculoskeletal system .76–84	6,983	1,052	0.9	0.2
Operations on the integumentary system .85–86	6,717	673	0.9	0.1
Miscellaneous diagnostic and therapeutic procedures .87–99	5,972	661	0.8	0.1
Other procedures[4]	1,310	306	0.2	0.0
Visits without procedures	715,866	30,507	93.9	0.4

NOTE: The figure "0.0" indicates a quantity greater than zero but less than 0.05.
[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (7).
[2]Numbers may not add to totals because up to two procedures could be reported per visit. There were an estimated 50.0 million procedures scheduled or performed in all.
[3]See Technical notes for a discussion of standard errors and precision of NAMCS estimates.
[4]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).

Table 14. Number, standard error, percent distribution, and standard error of percent of office visits by the 10 diagnostic and therapeutic ambulatory surgical procedures scheduled or performed most frequently: United States, 1992

Diagnostic or therapeutic procedure scheduled or performed and ICD–9–CM code[1,2]	*Number of visits in thousands*	*Standard error in thousands*[3]	*Percent distribution*	*Standard error of percent*[3]
All visits	762,045	31,679	100.0	. . .
Visits with procedures	46,179	2,773	6.1	0.4
Injection of therapeutic substance into joint or ligament .81.92	2,153	498	0.3	0.1
Irrigation of ear .96.52	2,055	402	0.3	0.1
Other intracapsular extraction of lens .13.19	1,945	519	0.3	0.1
Biopsy of skin and subcutaneous tissue .86.11	1,883	352	0.2	0.0
Other cystoscopy .57.32	1,704	310	0.2	0.0
Colonoscopy .45.23	1,676	394	0.2	0.1
Flexible sigmoidoscopy .45.24	1,310	262	0.2	0.0
Application of other cast .93.53	1,292	264	0.2	0.0
Application of splint .93.54	1,123	264	0.1	0.0
Arthroscopy, knee .80.26	1,097	282	0.1	0.0
All other procedures	33,719	2,301	4.4	0.3
Visits without procedures	715,866	30,507	93.9	0.4

NOTE: The figure "0.0" indicates a quantity greater than zero but less than 0.05.
[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (7).
[2]Numbers may not add to totals because up to two procedures could be reported per visit. There were an estimated 50.0 million procedures scheduled or performed in all.
[3]See Technical notes for a discussion of standard errors and precision of NAMCS estimates.

Table 15. Number and percent distribution of office visits by physician's principal diagnosis: United States, 1992

Principal diagnosis and ICD–9–CM code[1]		Number of visits in thousands	Percent distribution
All visits		762,045	100.0
Infectious and parasitic diseases	001–139	26,738	3.5
Neoplasms	140–239	23,619	3.1
Endocrine, nutritional and metabolic diseases, and immunity disorders	240–279	27,605	3.6
Mental disorders	290–319	32,191	4.2
Diseases of the nervous system and sense organs	320–389	85,196	11.2
Diseases of the circulatory system	390–459	58,676	7.7
Diseases of the respiratory system	460–519	112,420	14.8
Diseases of the digestive system	520–579	32,808	4.3
Diseases of the genitourinary system	580–629	43,803	5.7
Diseases of the skin and subcutaneous tissue	680–709	41,926	5.5
Diseases of the musculoskeletal system and connective tissue	710–739	52,254	6.9
Symptoms, signs, and ill-defined conditions	780–799	29,599	3.9
Injury and poisoning	800–999	57,402	7.5
Supplementary classification	V01–V82	117,521	15.4
All other diagnoses[2]		9,997	1.3
Unknown[3]		10,289	1.4

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (7).
[2]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–779).
[3]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

Table 16. Number and percent distribution of office visits by the 20 principal diagnoses most frequently rendered by physicians and patient's sex: United States, 1992

Principal diagnosis and ICD–9–CM code[1]		Number of visits in thousands	Patient's sex		
			Total	Female	Male
			Percent distribution		
All visits		762,045	100.0	100.0	100.0
Essential hypertension	401	29,844	3.9	3.8	4.0
Normal pregnancy	V22	29,358	3.9	6.4	...
Acute upper respiratory infections of multiple or unspecified sites	465	22,444	2.9	2.6	3.4
Suppurative and unspecified otitis media	382	21,814	2.9	2.4	3.6
General medical examination	V70	21,116	2.8	2.8	2.8
Health supervision of infant or child	V20	17,749	2.3	1.9	3.0
Chronic sinusitis	473	14,547	1.9	2.3	1.4
Diabetes mellitus	250	14,254	1.9	1.8	2.0
Acute pharyngitis	462	13,671	1.8	1.7	2.0
Bronchitis, not specified as acute or chronic	490	12,257	1.6	1.7	1.5
Asthma	493	9,740	1.3	1.2	1.4
Diseases of sebaceous glands	706	8,913	1.2	1.1	1.2
Contact dermatitis and other eczema	692	8,408	1.1	0.9	1.4
Neurotic disorders	300	7,943	1.0	1.1	0.9
Sprains and strains of other and unspecified parts of back	847	7,769	1.0	0.9	1.2
Special investigations and examinations	V72	7,752	1.0	1.3	0.5
Allergic rhinitis	477	7,621	1.0	0.9	1.1
Osteoarthrosis and allied disorders	715	7,521	1.0	1.1	0.8
Cataract	366	7,469	1.0	1.0	1.0
Other noninfectious gastroenteritis and colitis	558	7,068	0.9	0.9	1.0
All other diagnoses		484,789	63.6	62.2	65.8

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

Table 17. Number and percent distribution of office visits by selected medical conditions, according to patient's age and sex: United States, 1992

Medical condition[1]	All ages, both sexes	Patient's age						Patient's sex	
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male
	Number in thousands								
All visits	762,045	155,168	72,016	211,897	154,997	90,625	77,341	457,369	304,676
Hypertension	103,135	*516	861	13,928	34,853	27,935	25,042	63,402	39,733
Obesity	65,549	2,052	3,585	20,305	23,185	10,780	5,642	46,001	19,548
Depression	44,841	*620	1,836	17,132	13,162	6,286	5,805	31,717	13,124
Hypercholesterolemia	42,135	*152	*592	5,639	16,678	11,161	7,913	25,560	16,575
None of the above	572,463	152,070	65,939	165,807	93,606	51,035	44,007	335,429	237,035
	Percent distribution								
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hypertension	13.5	*0.3	1.2	6.6	22.5	30.8	32.4	13.9	13.0
Obesity	8.6	1.3	5.0	9.6	15.0	11.9	7.3	10.1	6.4
Depression	5.9	*0.4	2.5	8.1	8.5	6.9	7.5	6.9	4.3
Hypercholesterolemia	5.5	*0.1	*0.8	2.7	10.8	12.3	10.2	5.6	5.4
None of the above	75.1	98.0	91.6	78.2	60.4	56.3	56.9	73.3	77.8

[1]Numbers may not add to totals because more than one condition may be reported per visit.

Table 18. Number and percent distribution of office visits by medication therapy and number of medications provided or prescribed: United States, 1992

Visit characteristic	Number of visits in thousands	Total	Patient's sex	
			Female	Male
		Percent distribution		
All visits	762,045	100.0	100.0	100.0
Medication therapy[1]				
Drug visits[2]	486,047	63.8	64.4	62.9
Visits without mention of medication	275,998	36.2	35.6	37.1
Number of medications provided or prescribed by physician				
None	275,998	36.2	35.6	37.1
One	246,790	32.4	32.4	32.4
Two	126,345	16.6	16.7	16.3
Three	57,503	7.5	7.8	7.2
Four	26,449	3.5	3.5	3.5
Five or more	28,959	3.8	4.0	3.5

[1]Includes prescription drugs, over-the-counter preparations, immunizing agents, and desensitizing agents.
[2]Visits at which one or more drugs was provided or prescribed by the physician.

Table 19. Number and percent distribution of drug visits and drug mentions by physician specialty: United States, 1992

Physician specialty	Number of drug visits in thousands[1]	Percent distribution	Number of drug mentions in thousands	Percent distribution	Percent drug visits[2]
All specialties	486,047	100.0	922,584	100.0	63.8
General and family practice	165,526	34.1	315,046	34.1	75.5
Internal medicine	79,500	16.4	181,604	19.7	79.3
Pediatrics	66,275	13.6	104,258	11.3	68.9
Obstetrics and gynecology	32,386	6.7	40,563	4.4	47.4
Ophthalmology	19,081	3.9	35,530	3.9	41.0
Dermatology	16,939	3.5	28,429	3.1	59.0
Cardiovascular diseases	12,574	2.6	40,631	4.4	85.6
Orthopedic surgery	12,016	2.5	15,714	1.7	31.6
Otolaryngology	11,468	2.4	16,634	1.8	50.1
Psychiatry	11,435	2.4	20,715	2.2	57.7
General surgery	8,386	1.7	14,594	1.6	34.5
Urological surgery	6,058	1.2	9,024	1.0	40.5
Neurology	5,038	1.0	9,662	1.0	65.4
All other specialties	39,366	8.1	90,179	9.8	65.2

[1]Visits at which one or more drugs was provided or prescribed by the physician.
[2]Number of drug visits divided by number of office visits multiplied by 100.

Table 20. Number and percent distribution of drug mentions by therapeutic classification: United States, 1992

Therapeutic classification[1]	*Number of drug mentions in thousands*	*Percent distribution*
All drug mentions	922,584	100.0
Cardiovascular-renal drugs	145,659	15.8
Antimicrobial agents	145,656	15.8
Drugs used for relief of pain	101,433	11.0
Respiratory tract drugs	96,026	10.4
Hormones and agents affecting hormonal mechanisms	77,726	8.4
Psychopharmacological drugs	56,348	6.1
Skin/mucous membrane	44,963	4.9
Metabolic and nutrient agents	39,644	4.3
Gastrointestinal agents	38,422	4.2
Immunologic agents	29,744	3.2
Ophthalmic drugs	26,367	2.9
Neurologic drugs	17,135	1.9
Hematologic agents	11,972	1.3
Other and unclassified[2]	91,489	9.9

[1]Based on the standard drug classification used in the *National Drug Code Directory*, 1985 edition (NDC) (8).
[2]Includes anesthestics, antidotes, radiopharmaceuticals/contrast media, oncolytics, otologics, antiparasitics, and unclassified/ miscellaneous drugs.

Table 21. Number and percent distribution of drug mentions for the 20 most frequently used generic substances: United States, 1992

Generic substance	*Number of drug mentions in thousands*[1]	*Percent distribution*	*Therapeutic classification*[2]
All drug mentions	922,584	100.0	. . .
Amoxicillin	43,216	4.7	Penicillins
Acetaminophen	29,822	3.2	General analgesics
Erythromycin	19,386	2.1	Erythromycins and lincosamides
Hydrochlorothiazide	17,570	1.9	Diuretics
Albuterol	15,813	1.7	Bronchodilators, antiasthmatics
Aspirin	15,769	1.7	General analgesics
Guaifenesin	15,034	1.6	Antitussives, expectorants, mucolytics
Furosemide	14,515	1.6	Diuretics
Ibuprofen	13,575	1.5	Antiarthritics
Phenylpropanolamine	13,294	1.4	Nasal decongestants
Phenylephrine	12,562	1.4	Nasal decongestants
Naproxen	11,843	1.3	Antiarthritics
Codeine	11,729	1.3	General analgesics
Vitamin A	11,131	1.2	Vitamins, minerals
Digoxin	10,963	1.2	Cardiac glycosides
Pseudoephedrine	10,907	1.2	Nasal decongestants
Ergocalciferol	10,328	1.1	Vitamins, minerals
Cefaclor	9,818	1.1	Cephalosporins
Enalapril	9,415	1.0	Antihypertensive agents
Prednisone	9,197	1.0	Adrenal corticosteroids
All other mentions	616,697	66.8	. . .

[1]Frequency of mention combines single-ingredient agents with mentions of the agent as an ingredient in a combination drug.
[2]Based on the *National Drug Code Directory*, 1985 edition (NDC) (8). In cases where a generic substance had more than one therapeutic use, it was listed under the NDC classification that occurred with the highest frequency.

Table 22. Number, percent distribution, and therapeutic classification for the 20 drugs most frequently prescribed at office visits, by entry name of drug: United States, 1992

Entry name of drug[1]	Number of drug mentions in thousands	Percent distribution	Therapeutic classification[2]
All drug mentions	922,584	100.0	. . .
Amoxicillin	20,554	2.2	Penicillins
Amoxil	17,492	1.9	Penicillins
Lasix	13,543	1.5	Diuretics
Ceclor	9,607	1.0	Cephalosporins
Zantac	9,037	1.0	Agents used in disorders of upper GI tract
Vasotec	9,022	1.0	Antihypertensive agents
Premarin	8,814	1.0	Estrogens and progestins
Prednisone	8,808	1.0	Adrenal corticosteroids
Naprosyn	8,541	0.9	Antiarthritics
Synthroid	8,278	0.9	Agents used to treat thyroid disease
Tylenol	8,226	0.9	General analgesics
Seldane	7,771	0.8	Antihistamines
Cardizem	7,604	0.8	Antianginal agents
Lanoxin	7,593	0.8	Cardiac glycosides
Ventolin	7,490	0.8	Bronchodilators, antiasthmatics
Motrin	6,918	0.7	Antiarthritics
Proventil	6,735	0.7	Bronchodilators, antiasthmatics
Allergy relief or shots	6,183	0.7	Diagnostics, nonradioactive and radiopaque
Diptheria Tetanus Toxoids Pertussis	6,176	0.7	Vaccines and antiserums
Xanax	6,027	0.7	Antianxiety agents
All other	738,165	80.0	. . .

[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]Based on the *National Drug Code Directory*, 1985 edition (NDC) (8). In cases where a drug had more than one therapeutic use, it was listed under the NDC category that occurred with the highest frequency.

Table 23. Number and percent distribution of office visits by nonmedication therapy ordered or provided: United States, 1992

Nonmedication therapy	Number of visits in thousands	Patient's sex		
		Total	Female	Male
		Percent distribution		
All visits	762,045	100.0	60.0	40.0
Counseling, education, and other therapy[1]				
None	526,292	69.1	68.4	70.1
Diet	89,560	11.8	12.3	10.9
Exercise	55,261	7.3	7.3	7.2
Weight reduction	30,133	4.0	4.2	3.6
Cholesterol reduction	22,462	2.9	2.9	3.0
Smoking cessation	18,327	2.4	2.3	2.5
Family/social	14,966	2.0	2.3	1.5
Growth/development	13,890	1.8	1.9	1.7
Family planning	14,966	2.0	1.5	0.1
Alcohol abuse	3,161	0.4	0.3	0.6
Drug abuse	2,079	0.3	0.2	0.3
Other counseling	61,484	8.1	8.6	7.3
Psychotherapy	20,477	2.7	2.7	2.7
Corrective lenses	7,592	1.0	1.0	1.1
Hearing aid	*424	*0.1	*0.0	*0.1
Physiotherapy	13,824	1.8	1.6	2.1
Other therapy	19,446	2.6	2.1	3.2

[1]Numbers may not add to totals because more than one type of nonmedication therapy may be reported per visit.

Table 24. Number and percent distribution of office visits by disposition of visit: United States, 1992

Disposition[1]	*Number of visits in thousands*	*Percent distribution*
All visits	762,045	100.0
Return at specified time	469,155	61.6
Return if needed	184,144	24.2
No followup planned	72,881	9.6
Telephone followup planned	21,202	2.8
Referred to other physician	22,445	2.9
Admit to hospital	5,385	0.7
Returned to referring physician	8,097	1.1
Other	6,408	0.8

[1]Numbers may not add to totals because more than one disposition may be reported per visit.

Table 25. Number and percent distribution of office visits by duration of visit: United States, 1992

Duration	*Number of visits in thousands*	*Percent distribution*
All visits	762,045	100.0
0 minutes[1]	8,552	1.1
1–5 minutes	56,055	7.4
6–10 minutes	196,233	25.8
11–15 minutes	245,954	32.3
16–30 minutes	199,762	26.2
31 minutes and over	55,488	7.3

[1]Visits in which there was no face-to-face contact between patient and physician.

Technical notes

Source of data and sample design

The information presented in this report is based on data collected by means of the National Ambulatory Medical Care Survey (NAMCS) from January 1992 through December 1992. The target universe of NAMCS includes office visits made in the United States by ambulatory patients to nonfederally employed physicians who are principally engaged in office practice, but not in the specialties of anesthesiology, pathology, or radiology. Telephone contacts and nonoffice visits are excluded.

A multistage probability sample design is used in NAMCS, involving samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within physician practices. The PSU's are counties, groups of counties, county equivalents (such as parishes or independent cities), or towns and townships (for some PSU's in New England). For 1992, a sample of 3,000 nonfederal, office-based physicians was selected from master files maintained by the American Medical Association and American Osteopathic Association. Physicians were screened at the time of the survey to ensure that they were eligible for survey participation. Of those screened, 858 physicians were ruled ineligible (out of scope) due to reasons of being retired; employed primarily in teaching, research, or administration; or other reasons. The remaining 2,142 physicians were in scope or eligible to participate in the survey. The physician response rate for the 1992 NAMCS was 71.4 percent.

Sample physicians were asked to complete Patient Record forms (figure 1) for a systematic random sample of office visits occurring during a randomly assigned 1-week reporting period. Responding physicians completed 34,606 Patient Record forms.

Characteristics of the physician's practice, such as primary specialty and type of practice, were obtained from the physicians during an induction interview. The U.S. Bureau of the Census, Housing Surveys Branch, was responsible for the survey's data collection. Processing operations and medical coding were performed by the National Center for Health Statistics, Health Care Survey Section, Research Triangle Park, North Carolina.

For 1992 several changes were made in the sample design of the NAMCS, which should be considered in the interpretation of the survey results. In an effort to even the precision of estimates across each of the physician specialty strata in the sample design, the decision was made to increase the proportion in the sample of specialists in general surgery, psychiatry, otolaryngology, and neurology. Although this would result in a corresponding decrease in the sample of the larger physician specialties, most notably general and family practice, internal medicine, and pediatrics, the precision of these estimates tended to be much higher relative to the smaller specialties, and it was expected that the end result would be an acceptable balance of precision levels across all strata.

However, the reduced numbers of general practitioners, internists, and pediatricians sampled in 1992, coupled with the high percents of sampled physicians in these specialties who were determined to be ineligible (out of scope) for survey participation, resulted in low numbers of survey respondents in these categories and a lowering of the precision of these estimates relative to other survey years, especially when disaggregated by other variables such as race. Because visits made by black patients were often found to be clustered among the sampled physicians and were more likely to be made to general and family practitioners, which were undersampled in 1992, it is recommended that caution be exercised when interpreting differences in race data and individual physician specialties.

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 relative standard error 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.

Relative standard errors (RSE's) for estimated numbers of office visits in 1992 are shown in table I, relative standard errors for estimated numbers of drug mentions are presented in table II. Standard errors for estimated percents of visits and drug mentions are displayed in tables III and IV.

Table I. Approximate relative standard errors for estimated numbers of office visits: National Ambulatory Medical Care Survey, 1992

Estimated number of office visits in thousands	*Relative standard error in percent*
100	77.2
200	54.7
500	34.8
676	30.0
1,000	24.8
2,000	17.8
5,000	11.8
10,000	9.0
20,000	7.2
50,000	5.8
100,000	5.3
200,000	5.0
500,000	4.8
1,000,000	4.7

NOTES: The smallest reliable estimate for visits to aggregated specialties is 676,000 visits. Estimates below this figure have a relative standard error greater than 30 percent and are deemed unreliable by NCHS standards.

Example of use of table: An aggregate estimate of 50 million visits has a relative standard error of 5.8 percent or a standard error of 2,900,000 visits (5.8 percent of 50 million).

Table II. Approximate relative standard errors for estimated numbers of drug mentions: National Ambulatory Medical Care Survey, 1992

Estimated number of drug mentions in thousands	*Relative standard error in percent*
100	94.6
200	67.1
500	42.7
1,000	30.5
1,039	30.0
2,000	22.1
5,000	14.8
10,000	11.4
20,000	9.3
50,000	7.7
100,000	7.1
200,000	6.7
500,000	6.5
1,000,000	6.5

NOTES: The smallest reliable estimate of drug mentions for aggregated specialties is 1,039,000 mentions. Estimates below this figure have a relative standard error greater than 30 percent and are deemed unreliable by NCHS standards.

Example of use of table: An aggregate estimate of 50 million drug mentions has a relative standard error of 7.7 percent or a standard error of 3,850,000 mentions (7.7 percent of 50 million).

Table III. Approximate standard errors of percents of estimated numbers of office visits: National Ambulatory Medical Care Survey: 1992

Base of percent (visits in thousands)	Estimated percent						
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error in percentage points						
100	7.7	16.8	23.1	30.8	35.3	37.7	38.5
200	5.4	11.9	16.3	21.8	25.0	26.7	27.2
500	3.4	7.5	10.3	13.8	15.8	16.9	17.2
1,000	2.4	5.3	7.3	9.7	11.2	11.9	12.2
2,000	1.7	3.8	5.2	6.9	7.9	8.4	8.6
5,000	1.1	2.4	3.3	4.4	5.0	5.3	5.5
10,000	0.8	1.7	2.3	3.1	3.5	3.8	3.9
20,000	0.5	1.2	1.6	2.2	2.5	2.7	2.7
50,000	0.4	0.8	1.0	1.4	1.6	1.7	1.7
100,000	0.2	0.5	0.7	1.0	1.1	1.2	1.2
200,000	0.2	0.4	0.5	0.7	0.8	0.8	0.9
500,000	0.1	0.2	0.3	0.4	0.5	0.5	0.6
1,000,000	0.1	0.2	0.2	0.3	0.4	0.4	0.4

NOTE: Example of use of table: An estimate of 30 percent based on an aggregate estimate of 10 million visits has a standard error of 3.5 percent or a relative standard error of 11.7 percent (3.5 percent divided by 30 percent).

Table IV. Approximate standard errors of percents of estimated numbers of drug mentions: National Ambulatory Medical Care Survey: 1992

Base of percent (drug mentions in thousands)	Estimated percent						
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error in percentage points						
100	9.4	20.6	28.3	37.8	43.3	46.3	47.2
200	6.6	14.6	20.0	26.7	30.6	32.7	33.4
500	4.2	9.2	12.7	16.9	19.4	20.7	21.1
1,000	3.0	6.5	9.0	11.9	13.7	14.6	14.9
2,000	2.1	4.6	6.3	8.5	9.7	10.3	10.6
5,000	1.3	2.9	4.0	5.3	6.1	6.5	6.7
10,000	0.9	2.1	2.8	3.8	4.3	4.6	4.7
20,000	0.7	1.5	2.0	2.7	3.1	3.3	3.3
50,000	0.4	0.9	1.3	1.7	1.9	2.1	2.1
100,000	0.3	0.7	0.9	1.2	1.4	1.5	1.5
200,000	0.2	0.5	0.6	0.9	1.0	1.0	1.1
500,000	0.1	0.3	0.4	0.5	0.6	0.7	0.7
1,000,000	0.1	0.2	0.3	0.4	0.4	0.5	0.5

NOTE: Example of use of table: An estimate of 30 percent based on an aggregate estimate of 100 million drug mentions has a standard error of 1.4 percent or a relative standard error of 4.7 percent (1.4 percent divided by 30 percent).

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

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

Similarly, relative standard errors for percents may be calculated using the following general formula, where p is the percent of interest and x is the denominator of the percent in thousands, using the appropriate coefficient from table V.

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

Estimates and percents relating to ambulatory surgical procedures have been presented in tables in this report with specific standard errors calculated using SUDAAN software (10), rather than using the generalized variance curves that approximate relative standard errors for most NAMCS estimates. The decision to provide specific standard errors for these estimates and percents was made following a statistical analysis of the data that resulted from the ambulatory surgery survey item. The analysis suggested that a generalized variance curve would be of limited utility, given the nature of the data in question.

Adjustments for nonresponse

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

Test of significance and rounding

In this report, the determination of statistical inference is based on the t-test. The Bonferroni inequality was used to establish the critical value for statistically significant differences (0.05 level of confidence). Terms relating to differences such as "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 percents calculated from rounded data.

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 on the premises.

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 also records continued medications if the patient was

Table V. Coefficients appropriate for determining relative standard errors by type of estimate and physician specialty: National Ambulatory Medical Care Survey, 1992

Type of estimate and physician specialty	Coefficient for use with estimates in thousands	
	A	B
Visits		
Overall total	0.002166736	59.31728791
General and family practice	0.01528225	67.30624004
Osteopathy	0.02187347	15.93954564
Internal medicine	0.01430119	52.12533278
Pediatrics	0.01242304	37.48754366
General surgery	0.01131364	5.33548403
Obstetrics and gynecology	0.01261294	28.04987362
Orthopedic surgery	0.01290139	24.41126789
Cardiovascular diseases	0.02326084	12.05944272
Dermatology	0.02754591	12.69389556
Urological surgery	0.01745979	9.38525852
Psychiatry	0.01081403	10.77898407
Neurology	0.01482385	3.63971125
Ophthalmology	0.01669678	22.9295663
Otolaryngology	0.01636667	7.22439527
All other specialties	0.0133434	31.25167177
Drug mentions		
Overall total	0.004106571	89.17495556
General and family practice	0.01823822	122.9599
Osteopathy	0.02749416	21.87363466
Internal medicine	0.02284806	90.21863157
Pediatrics	0.0199687	39.77076275
General surgery	0.04818038	5.63703534
Obstetrics and gynecology	0.0203148	41.18898323
Orthopedic surgery	0.02740476	24.31222595
Cardiovascular diseases	0.02675668	25.74429136
Dermatology	0.02140189	18.82787934
Urological surgery	0.03806206	5.36142571
Psychiatry	0.01648031	14.04494475
Neurology	0.03038956	4.78471796
Ophthalmology	0.04965684	23.06889268
Otolaryngology	0.0168309	10.94330617
All other specialties	0.02539558	47.16170733

Symbols

- - - Data not available
- . . . Category not applicable
- – Quantity zero
- 0.0 Quantity more than zero but less than 0.05
- Z Quantity more than zero but less than 500 where numbers are rounded to thousands
- * Figure does not meet standard of reliability or precision

specifically instructed during the visit to continue the medication. Physicians may report up to five medications per visit.

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

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.

Physician—A physician is a duly licensed doctor of medicine (MD) or doctor of osteopathy (DO) 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.

Visit—A visit is a direct personal exchange between an ambulatory patient and a physician, or a staff member working under the physician's supervision, for the purpose of seeking care and rendering personal health services. 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 Public Health Service, U.S. Department of Health and Human Services.

Suggested citation

Schappert SM. National Ambulatory Medical Care Survey: 1992 summary. Advance data from vital and health statistics; no 253. Hyattsville, Maryland: National Center for Health Statistics. 1994.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
National Center for Health Statistics
6525 Belcrest Road
Hyattsville, Maryland 20782

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DHHS Publication No. (PHS) 94-1250
4-1640 (8/94)

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