1985 Summary: National Ambulatory Medical Care Survey

by Tommy McLemore, M.S.P.H., and James DeLozier, M.S., Division of Health Care Statistics

From March 1985 through February 1986 an estimated 636.4 million office visits were made to nonfederally employed, office-based physicians in the conterminous United States, an average of 2.7 office visits per person per year. This represents an increase of about 60 million office visits since 1980; however, the annual visit rate has remained approximately constant since that time. These and other estimates presented in this report are based on data collected by means of the 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.

This report provides an overview of the data from the 1985 NAMCS. These data should be considered provisional, as final editing may produce minor changes in the data. Use of office-based ambulatory care services is described in terms of the number, percent, and rate of office visits. Statistics are presented on physician, patient, and visit characteristics as follows:

Table 1	Physician specialty, type of practice, and professional identity
Table 2	Patient age and sex
Table 3	Patient race and ethnicity
Table 4	Referral status and prior visit status
Tables 5 and 6	Patient's principal reason for visit
Table 7	Diagnostic services
Tables 8 and 9	Principal diagnosis
Table 10	Medication therapy
Table 11	Nonmedication therapy
Table 12	Disposition
Table 13	Duration of visit

The text figure, a facsimile of the 1985 NAMCS Patient Record participating physicians used to record information about their office visits, will serve as a useful reference when reviewing survey findings.

Because the estimates presented in this report are based on a sample rather than the entire universe of office visits, the data are subject to sampling variability. The technical notes at the end of this report provide a brief description of the sample design, an explanation of sampling errors, and guidelines to judge the precision of the estimates. A detailed description of the 1985 NAMCS sample design and survey methodology is forthcoming.

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.

Data highlights

Physician characteristics

Among office-based physicians, general and family practitioners led all other specialties in the volume of office visits, accounting for about 30 percent of all office visits (table 1). This share of visits, however, has continued to decline steadily since 1975, when general and family practitioners accounted for 41 percent of all visits.[1] The distribution of visits by the physician's type of practice shows that 51 percent of all visits were made to solo practitioners and 49 percent were made to physicians engaged in multiple-member practices. The percent of visits to solo practitioners has also declined steadily since 1975, when this group accounted for 60 percent of all visits.[1]

Patient characteristics

Office visit data, according to patient demographic characteristics, are presented in tables 2 and 3. As shown in table 2, females accounted for about 61 percent of all visits. The female visit rate was higher than the male rate for all age groups except the under 15 years group. White persons (85 percent of the civilian noninstitutionalized population) accounted for 90 percent of all office visits (table 3). As

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
Public Health Service
National Center for Health Statistics

A 119606

1. DATE OF VISIT

/ /
Month Day Year

PATIENT RECORD
NATIONAL AMBULATORY MEDICAL CARE SURVEY

OMB No. 0937-014
Expires 9/30/86
(PHS) 6105-A
456-232

2. DATE OF BIRTH

/ /
Month Day Year

3. SEX

1 ☐ FEMALE
2 ☐ MALE

4. COLOR OR RACE

1 ☐ WHITE
2 ☐ BLACK
3 ☐ ASIAN/PACIFIC ISLANDER
4 ☐ AMERICAN INDIAN/ ALASKAN NATIVE

5. ETHNICITY

1 ☐ HISPANIC ORIGIN
2 ☐ NOT HISPANIC

6. EXPECTED SOURCE(S) OF PAYMENT |Check all that apply|

1 ☐ SELF-PAY   4 ☐ BLUE CROSS/ BLUE SHIELD   7 ☐ NO CHARGE
2 ☐ MEDICARE   5 ☐ OTHER COMMERCIAL INSURANCE   8 ☐ OTHER (Specify)
3 ☐ MEDICAID   6 ☐ HMO/PRE-PAID PLAN

7. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN?

1 ☐ YES   2 ☐ NO

8. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT |In patient's own words|

a. MOST IMPORTANT

b. OTHER

9. GLUCOSE TESTS THIS VISIT

|Check all ordered or provided|

1 ☐ NONE
2 ☐ BLOOD
3 ☐ URINE
4 ☐ ORAL

10. OTHER DIAGNOSTIC SERVICES THIS VISIT

|Check all ordered or provided|

1 ☐ NONE   6 ☐ URINALYSIS   11 ☐ BLOOD PRESSURE CHECK
2 ☐ BREAST EXAM 7 ☐ HEMATOLOGY   12 ☐ EKG
3 ☐ PELVIC EXAM 8 ☐ BLOOD CHEMISTRY 13 ☐ CHEST X-RAY
4 ☐ RECTAL EXAM 9 ☐ PAP TEST   14 ☐ OTHER RADIOLOGY
5 ☐ VISUAL ACUITY 10 ☐ OTHER LAB TEST 15 ☐ ULTRASOUND
                                        16 ☐ OTHER SERVICE (Specify)

11. PHYSICIAN'S DIAGNOSES

a. PRINCIPAL DIAGNOSIS/PROBLEM ASSOCIATED WITH ITEM 8a.

b. OTHER SIGNIFICANT CURRENT DIAGNOSES

12. HAVE YOU SEEN PATIENT BEFORE?

1 ☐ YES   2 ☐ NO

IF YES, FOR THE CONDITION IN ITEM 11a?

1 ☐ YES   2 ☐ NO

13. NON-MEDICATION THERAPY

|Check all services ordered or provided this visit|

1 ☐ NONE   5 ☐ PSYCHOTHERAPY   9 ☐ CORRECTIVE LENSES
2 ☐ PHYSIOTHERAPY 6 ☐ FAMILY PLANNING   10 ☐ OTHER (Specify)
3 ☐ AMBULATORY SURGERY 7 ☐ DIET COUNSELING
4 ☐ RADIATION THERAPY 8 ☐ OTHER COUNSELING

14. MEDICATION THERAPY |Record all new or continued medications ordered or provided at this visit. Use the same brand name or generic name entered on any Rx or office medical record.|

IF NONE, CHECK HERE ☐

	a. NEW MEDICATION?		b. FOR DX IN ITEM 11a?	
	YES	NO	YES	NO
1 _____	1 ☐	2 ☐	1 ☐	2 ☐
2 _____	1 ☐	2 ☐	1 ☐	2 ☐
3 _____	1 ☐	2 ☐	1 ☐	2 ☐
4 _____	1 ☐	2 ☐	1 ☐	2 ☐
5 _____	1 ☐	2 ☐	1 ☐	2 ☐

15. DISPOSITION THIS VISIT

|Check all that apply|

1 ☐ NO FOLLOW-UP PLANNED
2 ☐ RETURN AT SPECIFIED TIME
3 ☐ RETURN IF NEEDED, PRN.
4 ☐ TELEPHONE FOLLOW-UP PLANNED
5 ☐ REFERRED TO OTHER PHYSICIAN
6 ☐ RETURNED TO REFERRING PHYSICIAN
7 ☐ ADMIT TO HOSPITAL
8 ☐ OTHER (Specify) _____

16. DURATION OF THIS VISIT

|Time actually spent with physician|

_____
Minutes

Figure. 1985 National Ambulatory Medical Care Survey Patient Record

also shown in table 3, persons of Hispanic origin accounted for approximately 6 percent of all visits. (Ethnic classification of the patient was based on the physician's knowledge or judgment.)

Visit characteristics

Referral status—Approximately 6 percent of all office visits were the result of referral from another physician (table 4). However, about 28 percent of all "new" patient visits, that is, visits by patients not previously seen by the physician, were referrals from another physician.

Prior visit status—Approximately 83 percent of the visits to office-based physicians were by patients who had seen the physician before ("old" patients). The majority of the visits (60 percent) were made by "old" patients with "old" problems, that is, problems that had previously been treated by the physician.

Reason for visit—Data in tables 5 and 6 represent the principal reason for visiting the physician's office as expressed in the patient's own words. The principal reason for visit is the problem, complaint, or reason listed first in item 8 of the Patient Record. These data have been classified and coded according to the *Reason for Visit Classification* for *Ambulatory Care (RVC)*.[2]

The RVC is divided into eight modules or groups of reasons, as shown in table 5. Those reasons for visit classified

Table 1. Number and percent distribution of office visits by physician specialty, type of practice, and professional identity: United States, 1985

Physician specialty, type of practice, and professional identity	Number of visits in thousands	Percent distribution
All visits	636,386	100.0
Physician specialty		
General and family practice	193,995	30.5
Internal medicine	73,727	11.6
Pediatrics	72,693	11.4
Obstetrics and gynecology	56,642	8.9
Ophthalmology	40,062	6.3
Orthopedic surgery	31,482	4.9
General surgery	29,858	4.7
Dermatology	24,124	3.8
Psychiatry	17,989	2.8
Otorhinolaryngology	16,097	2.5
Urological surgery	11,699	1.8
Cardiovascular disease	10,617	1.7
Neurology	4,992	0.8
All other specialties	52,408	8.2
Type of practice		
Solo	323,653	50.9
Partnership	113,317	17.8
Other[1]	199,416	31.3
Professional identity		
Doctor of medicine	600,514	94.4
Doctor of osteopathy	35,872	5.6

[1]Includes group practice and other.

Table 2. Number, percent distribution, and annual rate of office visits by sex and age of patient: United States, 1985

Sex and age	Number of visits in thousands	Percent distribution	Number of visits per person per year[1]
Both sexes			
All ages	636,386	100.0	2.7
Under 15 years	118,768	18.7	2.3
15–24 years	73,964	11.6	1.9
25–44 years	175,724	27.6	2.5
45–64 years	137,391	21.6	3.1
65 years and over	130,538	20.5	4.8
Female			
All ages	387,481	60.9	3.2
Under 15 years	58,175	9.1	2.3
15–24 years	48,883	7.7	2.5
25–44 years	118,557	18.6	3.2
45–64 years	82,331	12.9	3.6
65 years and over	79,535	12.5	5.0
Male			
All ages	248,905	39.1	2.2
Under 15 years	60,594	9.5	2.3
15–24 years	25,081	3.9	1.3
25–44 years	57,167	9.0	1.6
45–64 years	55,060	8.7	2.6
65 years and over	51,004	8.0	4.6

[1]Rates are based on estimates of the civilian, noninstitutionalized population of the United States, excluding Alaska and Hawaii, as of July 1, 1985.

Table 3. Number and percent distribution of office visits by race and ethnicity of patient: United States, 1985

Race and ethnicity	Number of visits in thousands	Percent distribution
All visits	636,386	100.0
Race		
White	572,507	90.0
All other	63,879	10.0
Black	52,143	8.2
Asian or Pacific Islander	7,657	1.2
American Indian or Alaskan Native	4,079	0.6
Ethnicity		
Hispanic	40,609	6.4
Not Hispanic	595,777	93.6

Table 4. Number and percent distribution of office visits by referral status and prior visit status: United States, 1985

Visit characteristic	Number of visits in thousnds	Percent distribution
All visits	636,386	100.0
Referral status		
Referred by another physician	35,742	5.6
Not referred by another physician	600,643	94.4
Prior visit status		
New patient	107,624	16.9
Old patient	528,762	83.1
New problem	144,634	22.7
Old problem	384,128	60.4

as symptoms (symptom module) accounted for 55 percent of all visits, with symptoms of the respiratory and musculoskeletal systems attributed to 20 percent of all visits. The 20 most common specific principal reasons for visit, listed in table 6, accounted for 40 percent of all visits. (These 20 reasons were unchanged from the 1981 study.) Note that the rankings presented in table 6 may be somewhat artificial as some estimates may not be statistically different from other near estimates because of sampling variability.

Diagnostic services—Information on various diagnostic services that may be ordered or provided during an office visit is presented in table 7. Of the services listed, a blood pressure check was most frequently ordered or provided (39 percent). A pap test was ordered or provided during about 4 percent of all visits; however, this represents about 7 percent of the visits by females. Similarly, pelvic and breast exams were ordered or provided in about 9 and 7 percent of all visits, but this represents, respectively, 14 and 11 percent of female visits.

Principal diagnosis—Tables 8 and 9 present data on the principal diagnosis rendered by the physician. The principal diagnosis refers to the first-listed diagnosis in item 11 on the Patient Record, that associated with the patient's principal

Table 5. Number and percent distribution of office visits by patient's principal reason for visit: United States, 1985

Principal reason for visit and RVC code[1]	Number of visits in thousnds	Percent distribution	Principal reason for visit and RVC code[1]	Number of visits in thousnds	Percent distribution
All visits	636,386	100.0	Symptom module—Con.		
			Symptoms referable to the genitourinary system S640–S829	32,053	5.0
Symptom module S001–S999	347,354	54.6			
General symptoms S001–S099	42,290	6.6	Symptoms referable to the skin, nails, and hair S830–S899	37,579	5.9
Symptoms referable to psychological and mental disorders S100–S199	16,206	2.5	Symptoms referable to the musculoskeletal system S900–S999	64,079	10.1
Symptoms referable to the nervous system (excluding sense organs) S200–S259	18,802	3.0	Disease module D001–D999	65,998	10.4
Symptoms referable to the cardiovascular and lymphatic systems S260–S299	3,024	0.5	Diagnostic, screening, and preventive module X100–X599	116,500	18.3
Symptoms referable to eyes and ears S300–S399	41,045	6.4	Treatment module T100–T899	60,083	9.4
Symptoms referable to the respiratory system S400–S499	61,734	9.7	Injuries and adverse effects module J001–J999	25,689	4.0
			Test results module R100–R700	5,167	0.8
Symptoms referable to the digestive system S500–S639	30,542	4.8	Administrative module A100–A140	8,517	1.3
			Other[2] U990–U999	7,077	1.1

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

Table 6. Number and percent of office visits by the 20 most common principal reasons for visit: United States, 1985

Rank	Most common principal reason for visit and RVC code[1]	Number of visits in thousands	Percent
1	General medical examination X100	30,821	4.8
2	Prenatal examination X205	25,747	4.0
3	Well-baby examination X105	16,447	2.6
4	Symptoms referable to the throat S455	16,371	2.6
5	Postoperative visit T205	16,303	2.6
6	Cough S440	16,134	2.5
7	Progress visit not otherwise specified T800	13,638	2.1
8	Earache, or ear infection S355	11,402	1.8
9	Back symptoms S905	11,311	1.8
10	Skin rash S860	10,350	1.6
11	Blood pressure test X320	9,446	1.5
12	Vision dysfunctions S305	9,266	1.5
13	Fever S010	9,050	1.4
14	Headcold, upper respiratory infection S445	8,902	1.4
15	Abdominal pain, cramps, spasms S550	8,901	1.4
16	Hypertension D510	8,814	1.4
17	Headache, pain in head S210	8,684	1.4
18	Chest pain and related symptoms S050	8,099	1.3
19	Knee symptoms S925	7,407	1.2
20	Eye examinations X230	7,170	1.1
	All other reasons	382,122	60.0

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

Table 7. Number and percent of office visits by diagnostic service, according to patient's sex: United States, 1985

Diagnostic service	Number of visits in thousands	Both sexes	Female	Male
None	229,970	36.1	32.4	42.0
Breast exam	43,170	6.8	11.0	0.3
Pelvic exam	54,854	8.6	14.2	-
Rectal exam	34,191	5.4	5.7	4.8
Visual acuity	40,945	6.4	6.1	6.9
Urinalysis	88,009	13.8	16.0	10.4
Hematology	58,983	9.3	10.1	8.0
Blood chemistry	43,913	6.9	6.7	7.3
Pap test	28,549	4.5	7.4	-
Other lab test	53,514	8.4	8.9	7.7
Blood pressure check	245,886	38.6	43.0	31.9
Electrocardiogram	20,288	3.2	2.6	4.1
Chest x ray	17,549	2.8	2.4	3.3
Other radiology	37,806	5.9	5.7	6.3
Ultrasound	5,996	0.9	1.2	0.5
Glucose test	84,249	13.2	15.7	9.5
Other	67,778	10.7	10.9	10.3

The presence of several large categories from the Supplementary Classification is evident. As in table 6, these rankings may vary somewhat because of sampling variability.

Medication therapy—In item 14 of the Patient Record, the physician was asked to record all new or continued medications ordered, injected, administered, or otherwise provided at this visit, including immunization and desensitizing agents. As used in the NAMCS, the term "drug" is interchangeable with the term "medication," and the term "prescribing" is used in the broad sense to mean ordering or providing any medication, either prescription or nonprescription.

Data on the provision of medication by office-based physicians are highlighted in table 10, which also includes data on "drug visits," that is, visits during which at least one medication was prescribed. Approximately 61 percent of all office visits were drug visits. By specialty, the percent of drug visits ranged from 81 percent for cardiovascular disease specialists to 27 percent for orthopedic surgeons.

presenting problem. The *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*[3] was used to classify these data. The Supplementary Classification of the ICD-9-CM, which contains categories for diagnoses other than diseases and injuries, such as general medical and normal pregnancy examinations, accounted for the largest proportion of visits (15 percent), with diseases of the respiratory system representing the second largest proportion (12 percent). The 20 most common three-digit ICD-9-CM categories, presented in table 9, accounted for 35 percent of all office visits. Essential hypertension was the most common diagnosis.

Table 8. Number and percent distribution of office visits by principal diagnosis: United States, 1985

Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Percent distribution
All diagnoses	636,386	100.0
Infections and parasitic diseases . . . 001–139	24,869	3.9
Neoplasms 140–239	19,998	3.1
Endocrine, nutritional, and metabolic diseases and immunity disorders 240–279	22,480	3.5
Mental disorders 290–319	25,988	4.1
Diseases of the nervous system and sense organs 320–389	69,852	11.0
Diseases of the circulatory system . . 390–459	55,953	8.8
Diseases of the respiratory system . . 460–519	77,008	12.1
Diseases of the digestive system . . 520–579	27,222	4.3
Diseases of the genitourinary system 580–629	38,999	6.1
Diseases of the skin and subcutaneous tissue 680–709	36,196	5.7
Diseases of the musculoskeletal system and connective tissue 710–739	45,064	7.1
Symptoms, signs, and ill-defined conditions 780–799	22,489	3.5
Injury and poisoning 800–999	52,743	8.3
Supplementary classification V01–V82	97,536	15.3
All other diagnoses[2]	10,435	1.6
Unknown diagnoses[3]	9,553	1.5

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

Table 9. Number and percent of office visits by the 20 most common principal diagnoses: United States, 1985

Rank	Most common principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Percent
1	Essential hypertension 401	26,049	4.1
2	Normal pregnancy V22	24,182	3.8
3	Health supervision of infant or child V20	17,088	2.7
4	Suppurative and unspecified otitis media 382	15,607	2.5
5	General medical examination V70	14,916	2.3
6	Acute respiratory infections of multiple or unspecified sites 465	14,691	2.3
7	Diabetes mellitus 250	12,302	1.9
8	Neurotic disorders 300	9,320	1.5
9	Acute pharyngitis 462	9,302	1.5
10	Followup examinations (diagnosis unspecified) V67	9,277	1.5
11	Disorders of refraction and accommodation 367	8,268	1.3
12	Diseases of sebaceous glands 706	8,104	1.3
13	Allergic rhinitis 477	7,835	1.2
14	Bronchitis, not specified as acute or chronic 490	7,563	1.2
15	Other forms of chronic ischemic heart disease 414	6,732	1.1
16	Asthma 493	6,503	1.0
17	Cataract 366	6,285	1.0
18	Certain adverse effects, not elsewhere classified[2] 995	5,880	0.9
19	Special investigations and examinations V72	5,838	0.9
20	Contact dermatitis and other eczema 692	5,837	0.9
	All other diagnoses	414,816	65.2

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM).
[2]Primarily allergy, unspecified (995.3).

Table 10. Number and percent distribution of drug visits and drug mentions by physician specialty: United States, 1985

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	389,398	100.0	693,355	100.0	61.2
General and family practice	140,988	36.2	250,119	36.1	72.7
Internal medicine	57,069	14.7	126,219	18.2	77.4
Pediatrics	48,538	12.5	68,856	9.9	66.8
Obstetrics and gynecology	25,545	6.6	33,832	4.9	45.1
Ophthalmology	16,357	4.2	25,820	3.7	40.8
Orthopedic surgery	8,624	2.2	12,080	1.7	27.4
General surgery	11,492	3.0	18,774	2.7	38.5
Dermatology	16,408	4.2	29,253	4.2	68.0
Psychiatry	8,324	2.1	14,826	2.1	46.3
Otorhinolaryngology	7,323	1.9	10,761	1.6	45.5
Urological surgery	5,461	1.4	6,737	1.0	46.7
Cardiovascular disease	8,585	2.2	26,812	3.9	80.9
Neurology	2,868	0.7	4,664	0.7	57.4
All other specialties	31,817	8.2	64,602	9.3	60.7

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

Data on the number and percent of "drug mentions," that is, the total number of medications listed in item 14 the Patient Record form, are also presented in table 10. ere were 693.4 million drug mentions in 1985, an average of 1.1 drug mentions for every office visit or 1.8 mentions for every visit at which one or more medications were prescribed.

The NAMCS drug database permits classification by such variables as: specific product name; generic class; entry form chosen by the physician, that is, brand name, generic name, or the therapeutic effect desired; prescription status, that is, prescription (Rx) or nonprescription (OTC); federally controlled substance status (for addicting or habituating drugs); composition status, that is, single or multiple ingredient; and

therapeutic category. A report that describes the method and instruments used to collect and process drug information for the NAMCS has been published.[4] Future reports will present detailed drug data from the 1985 NAMCS.

Nonmedication therapy—Table 11 presents data on selected types of nonmedication therapy that may be ordered or provided during an office visit. Counseling, diet and others combined, was the most frequently used therapy. Although counseling in the broad sense is part of nearly every office visit, it is recorded in the NAMCS only when considered by the physician to be a "significant part of the treatment." Ambulatory surgery was ordered or performed at about 7 percent of all office visits. All other services were ordered or provided at less than 5 percent of the visits.

Table 11. Number and percent of office visits by non-medication therapy ordered or provided: United States, 1985

Non-medication therapy	Number of visits in thousands	Percent
None	438,406	68.9
Physiotherapy	26,485	4.2
Ambulatory surgery	41,931	6.6
Radiation therapy	656	0.1
Psychotherapy	21,343	3.4
Family planning	12,146	1.9
Diet counseling	41,294	6.5
Other counseling	59,102	9.3
Corrective lenses	10,861	1.7
Other	7,787	1.2

Table 12. Number and percent of office visits by disposition: United States, 1985

Disposition	Number of visits in thousands	Percent
No followup planned	62,138	9.8
Return at specified time	391,142	61.5
Return if needed, P.R.N.	145,552	22.9
Telephone followup planned	25,229	4.0
Referred to other physician	20,075	3.2
Returned to referring physician	4,947	0.8
Admit to hospital	10,281	1.6
Other	3,416	0.5

Disposition—Data on the visit disposition show that the majority of office visits involved some type of scheduled followup (table 12). For about 65 percent of the visits return visit or telephone followup was planned. Approximate 2 percent of the office visits resulted in admission to a hospital.

Duration of visit—Duration of visit refers to the amount of time spent in face-to-face contact between physician and 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 records and 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, the duration of visit was recorded as zero minutes. Some 71 percent of the visits had a duration of 15 minutes or less (table 13). The mean duration of all visits was 16.1 minutes.

More detailed 1985 NAMCS data are forthcoming in the *Vital and Health Statistics* series. In addition, survey data will be available on computer tape at a nominal cost in early 1987 from the National Technical Information Service. Questions regarding this report, future reports, or the NAMCS may be directed to the Ambulatory Care Statistics Branch by calling (301) 436-7132.

Table 13. Number and percent distribution of office visits by duration of visit: United States, 1985

Duration	Number of visits in thousands	Percent distribution
All durations	–	100.0
0 minutes[1]	14,436	2.3
1–5 minutes	65,250	10.3
6–10 minutes	181,191	28.5
11–15 minutes	190,954	30.0
16–30 minutes	144,211	22.7
31 minutes and over	40,343	6.3
Mean duration: 16.1 minutes		

[1]Represents office visits in which there was no face-to-face contact between the patient and the physician.

References

[1]National Center for Health Statistics, R. Gagnon, J. DeLozier, and T. McLemore: The National Ambulatory Medical Care Survey, United States, 1979 Summary. *Vital and Health Statistics*. Series 13, No. 66. DHHS Pub. No. (PHS) 82–1727. Public Health Service. Washington. U.S. Government Printing Office, Sept. 1982.

[2]National Center for Health Statistics, D. Schneider, L. Appleton, and T. McLemore: A reason for visit classification for ambulatory care. *Vital and Health Statistics*. Series 2, No. 78. DHEW Pub. No. (PHS) 79–1352. Public Health Service. Washington. U.S. Government Printing Office, Feb. 1979.

[3]Public Health Service and Health Care Financing Administration: *International Classification of Diseases, 9th Revision, Clinical Modification*. DHHS Pub. No. (PHS) 80–1260. Public Health Service. Washington. U.S. Government Printing Office, Sept. 1980.

[4]National Center for Health Statistics, H. Koch and W. Campbe The collection and processing of drug information, National Ambu tory Medical Care Survey, United States, 1980. *Vital and Health Statistics*. Series 2, No. 90. DHHS Pub. No. (PHS) 82–1364. Public Health Service. Washington. U.S. Government Printing Office, Mar. 1982.

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 from March 1985 through February 1986. The target universe of NAMCS includes office visits made within the conterminous 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. For 1985, a sample of 5,032 non-federal, office-based physicians was selected from master files maintained by the American Medical Association and American Osteopathic Association. The physician response rate for the 1985 NAMCS was 70.2 percent. Sample physicians were asked to complete Patient Records (see text figure) for a systematic random sample of office visits occurring during a randomly assigned 1-week reporting period. Responding physicians completed 71,594 Patient Records. Characteristics of the physician's practice, such as primary specialty and type of practice, were obtained during an induction interview. The National Opinion Research Center, under contract to the NCHS, was responsible for the survey's data collection and processing operations.

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. Approximate relative standard errors of selected aggregate statistics are shown in table I, and the standard errors for estimated percentages of visits are shown in table II. Standard errors for estimates of drug mentions will be included in future reports.

Rounding of numbers

Estimates of office visits have been rounded to the nearest thousand; consequently, detailed figures within tables will not always add to totals. Rates and percents were calculated based on original unrounded figures and do not necessarily agree with percents calculated from rounded data.

Definitions 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.

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

Table I. Provisional relative standard errors of estimated numbers of office visits based on all physician specialties: NAMCS, 1985

Estimated number of office visits in thousands	Relative standard error in percent
200	37.8
500	24.1
1,000	17.2
2,000	12.5
5,000	8.5
10,000	6.6
20,000	5.4
50,000	4.5
100,000	4.2
600,000	3.9

Example of use of table: An aggregate estimate of 15,000,000 visits has a relative standard error of 6.0 percent, or a standard error of 900,000 visits (6.0 percent of 15,000,000).

Table II. Provisional standard errors of percents of estimated numbers of office visits based on all physician specialties: NAMCS, 1985

Base of percent (number of office visits in thousands)	Estimated percent					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
	Standard error in percentage points					
200	3.7	8.2	11.3	15.0	17.2	18.8
500	2.4	5.2	7.1	9.5	10.9	11.9
1,000	1.7	3.7	5.0	6.7	7.7	8.4
2,000	1.2	2.6	3.6	4.8	5.4	5.9
5,000	0.7	1.6	2.3	3.0	3.4	3.8
10,000	0.5	1.2	1.6	2.1	2.4	2.7
200	0.4	0.8	1.1	1.5	1.7	1.9
100	0.2	0.5	0.7	1.0	1.1	1.2
200,000	0.2	0.4	0.5	0.7	0.8	0.8
600,000	0.1	0.1	0.2	0.3	0.3	0.3

Example of use of table: An estimate of 20 percent based on an aggregate estimate of 15,000,000 visits has a standard error of 1.8 percent, or a relative standard error of 9.0 percent (1.8 percent ÷ 20 percent).

Office—Offices are the premises physicians identify as locations for their ambulatory practice; these customarily include consultation, examination, or treatment spaces the patients associate with the particular physician.

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.

Recent Issues of *Advance Data From Vital and Health Statistics*

No. 127. 1985 Summary: National Hospital Discharge Survey (Issued September 25, 1986)

No. 126. Health Promotion Data for the 1990 Objectives, Estimates From the National Health Interview Survey of Health Promotion and Disease Prevention: United States, 1985 (Issued September 19, 1986)

No. 125. Aging in the Eighties, Impaired Senses for Sound and Light in Persons Age 65 Years and Over, Preliminary Data From the Supplement on Aging to the National Health Interview Survey: United States, January–June 1984 (Issued September 19, 1986)

No. 124. Aging in the Eighties, Age 65 Years and Over—Use of Community Services, Preliminary Data From the Supplement on Aging to the National Health Interview Survey: United States, January–June 1985 (Issued September 30, 1986)

No. 123. The Management of Chronic Pain in Office-Based Ambulatory Care: National Ambulatory Medical Care Survey (Issued August 29, 1986)

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 standards of reliability or precision
#	Figure suppressed to comply with confidentiality requirements

Suggested citation

National Center for Health Statistics, T. McLemore and J. DeLozier: 1985 Summary: National Ambulatory Medical Care Survey. *Advance Data From Vital and Health Statistics*, No. 128. DHHS Pub. No. (PHS) 87–1250. Public Health Service, Hyattsville, Md., Jan. 23, 1987.

U.S. DEPARTMENT OF HEALTH AND
  HUMAN SERVICES
Public Health Service
National Center for Health Statistics
3700 East-West Highway
Hyattsville, Maryland 20782

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

To receive this publication regularly, contact the National Center for Health Statistics by calling 301 436–8500

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