Advance Data
From Vital and Health Statistics

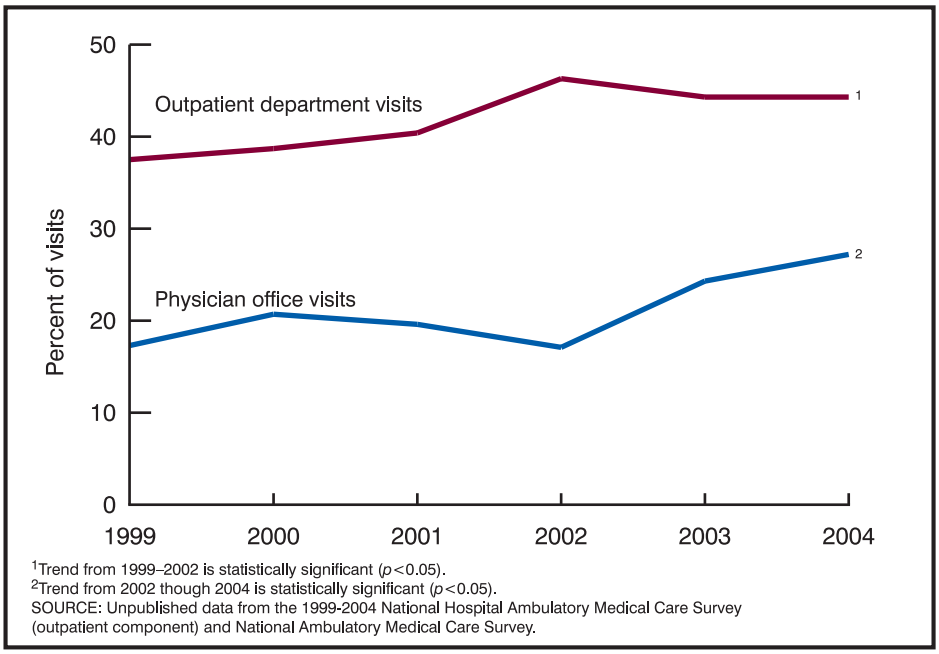
Number 373 • June 23, 2006

National Hospital Ambulatory Medical Care Survey: 2004 Outpatient Department Summary

by Kimberly R. Middleton, B.S.N., M.P.H., and Esther Hing, M.P.H., Division of Health Care Statistics

Ambulatory medical care is the predominant method of providing health care services in the United States and occurs in a wide range of settings. The largest proportion of ambulatory care visits occur in physician offices, but approximately 8 percent occur in outpatient departments (OPDs) (1).

Hospital OPD visits differ from physician office visits in terms of certain patient demographics, provider characteristics, and services offered. For example, visit rates to hospital OPDs are higher for black or African American persons than white persons; and higher for Medicaid enrollees than for those using Medicare or those who have no insurance or private insurance. Physician office visits rates are higher for white than for black or African American persons and higher for Medicare than Medicaid enrollees (2,3). Because the State Children's Health Insurance Program (SCHIP) made health insurance coverage available in 1998 to low-income children not otherwise eligible to be covered by Medicaid, SCHIP enrollment doubled between 1999 and 2004—from 1.8 to 3.9 million persons (4). Although the overall percentage of OPD visits made by children relying on either Medicaid or SCHIP increased by 23% between 1999 and 2002 and remained stable after 2002, visit rates to physician offices by children increased by 58% after 2002. However, the relative caseload among children relying on Medicaid or SCHIP remained higher in OPDs than in physician offices (see figure insert).



[1]Trend from 1999–2002 is statistically significant ($p<0.05$).
[2]Trend from 2002 though 2004 is statistically significant ($p<0.05$).
SOURCE: Unpublished data from the 1999-2004 National Hospital Ambulatory Medical Care Survey (outpatient component) and National Ambulatory Medical Care Survey.

Percentage of visits made by children under 18 years to hospital outpatient departments and physician offices with Medicaid or State Children's Health Insurance Program as primary expected source of payment: United States, 1999–2004

This report presents the most current nationally representative data on OPD care in the United States. Information about both OPD utilization during 2004 and selected trend data are presented. Data are from the National Hospital Ambulatory Medical Care Survey (NHAMCS), the longest continuously running nationally representative survey of hospital emergency department (ED) and OPD utilization. Additional information about OPD utilization is available from the National Center for Health Statistics (NCHS) Ambulatory Health Care website: http://www.cdc.gov/nchs/nhamcs.htm.

Individual-year reports and public-use data files are available for download from the Web site. Data from the 2004 NHAMCS will also be available on CD-ROM. These and other products can be obtained from the NCHS Office of Information Services, Information Dissemination Staff at 301-458-INFO or 1-866-441-NCHS (6247), the Ambulatory Care Statistics Branch at 301-458-4600, or by e-mail at NCHSquery@cdc.gov.

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

Abstract

Objectives—This report describes ambulatory care visits to hospital OPDs in the United States. Statistics are presented on selected hospital, patient, and visit characteristics. Selected trends in OPD utilization from 1994 through 2004 are also presented.

Methods—The data presented in this report were collected in the 2004 NHAMCS, a national probability sample survey of visits to emergency and outpatient departments of nonfederal, short-stay, and general hospitals in the United States. Selected comparisons are also made with data from the 2004 National Ambulatory Medical Care Survey (NAMCS), a national probability sample survey of visits to office-based physicians in the United States. Sample data are weighted to produce annual national estimates.

Results—During 2004, an estimated 85.0 million visits were made to hospital OPDs in the United States, about 29.5 visits per 100 persons. Females (35.1 per 100 persons) had higher OPD visit rates than males (23.6 per 100 persons), and black or African American persons (50.3 per 100 persons) had higher OPD visit rates than white persons (27.0 visits per 100 persons). The overwhelming majority of visits to hospital OPDs were made by established patients (85.4 percent). Females made 75.5 percent of preventive care visits. The preventive care visit rate by Hispanic or Latino patients was twice the rate of non-Hispanic patients. Diagnostic and screening services were ordered at 90.3 percent of visits, therapeutic and preventive services were ordered at 50.0 percent of visits, and medications were ordered at 67.4 percent of visits. The proportion of visits involving only midlevel providers increased from 5.9 in 1993–94 to 11.4 percent of visits in 2003–04.

Keywords: outpatient department visits • diagnoses • injury medications • ICD–9–CM

Introduction

NHAMCS was inaugurated in 1992 to gather, analyze, and disseminate information about the health care provided by hospital emergency departments (EDs) and outpatient departments (OPDs). NHAMCS is part of the ambulatory component of the National Health Care Survey, a family of surveys that measures health care utilization across various types of providers. More information about the National Health Care Survey can be found at the NCHS home page: www.cdc.gov/nchs.

An OPD is a hospital facility where nonurgent ambulatory medical care is provided under the supervision of a physician. The following are examples of the types of clinics included in the NHAMCS: general medicine, surgery, pediatrics, obstetrics and gynecology, substance abuse (excluding methadone maintenance), and others (e.g., psychiatry and neurology). Clinics excluded from NHAMCS include: ambulatory surgery centers, chemotherapy, employee health service, renal dialysis, methadone maintenance, and radiology.

Hospital OPD clinics fill a unique niche in the health care delivery system in the United States, providing both safety net functions and specialty care. Although 1 in 8 persons in the United States has Medicaid, about 1 in 4 OPD visits are by Medicaid recipients (2,5). OPD clinics are a major source of ambulatory preventive care for Medicaid patients as well as specialty care for other types of insurance. In addition to serving heavier caseloads of black or African American or Hispanic persons, OPDs handle rare cases that require intense use of services, such as HIV, alcohol and substance abuse, and congenital anomalies (1). The nature of care provided in OPDs is also different from that provided in physician offices. For example, OPD visits have greater mentions of diagnostic screening services being ordered or provided (3,5) and higher frequency of care provided by midlevel providers (2).

The format for the 2004 NHAMCS OPD Advance Data report was streamlined by condensing the information previously found in the ''Results'' and ''Technical Notes'' into the ''Highlights'' and ''Methods'' sections. Other Advance Data reports highlight visits to EDs (6) and physician offices (3). Detailed reports on medication use at OPD visits are forthcoming. NHAMCS data have been used in articles examining important topics of interest in public health and health services research (7–20).

Highlights

OPD utilization

In 2004, there were approximately 85.0 million visits to OPDs for a rate of 29.5 visits per 100 persons. About 70.7 percent of OPD visits were made to voluntary nonprofit hospitals, and 27.8 percent of visits occurred in nonfederal government (i.e., state, county, city) hospitals (Table 1).

Clinic characteristics

General medicine clinics, including internal medicine and primary care clinics, represented 56.9 percent of all OPD visits. The visit rate to general medicine clinics (16.8 per 100 persons) exceeded visit rates to all other types of clinics (Table 2).

Patient characteristics

- The female visit rate was higher than the rate for males overall, driven by differences in the 15–44-year-old age groups (Figure 1).
- The visit rate to OPDs was highest for infants under 1 year of age (86.3 visits per 100 persons) (Figure 2).
- From 1994 through 2004, increasing trends in visit rates were found for age groups under 21 years: infants under 1 year (up by 37%), children 1–12 years (up by 34%), and adolescents 13–21 years (up by 27%) (Figure 2).

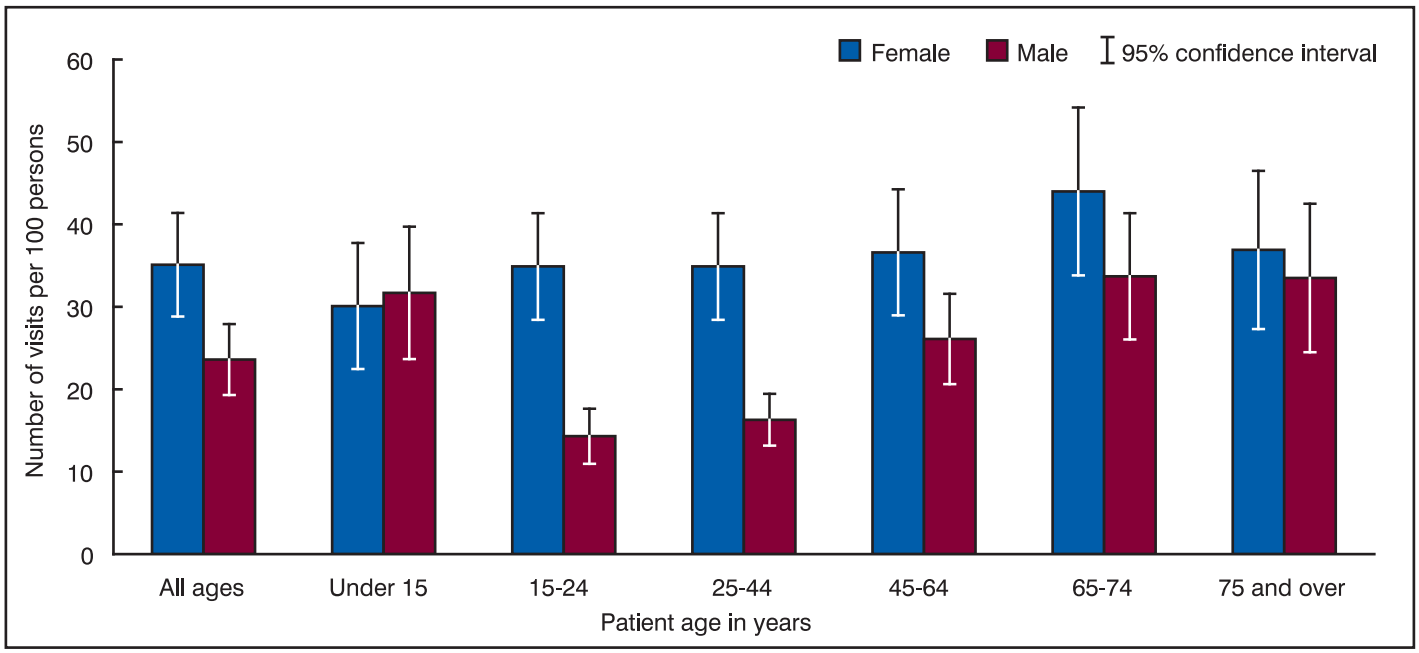


Figure 1. Annual rate of outpatient department visits by patient age and sex: United States, 2004

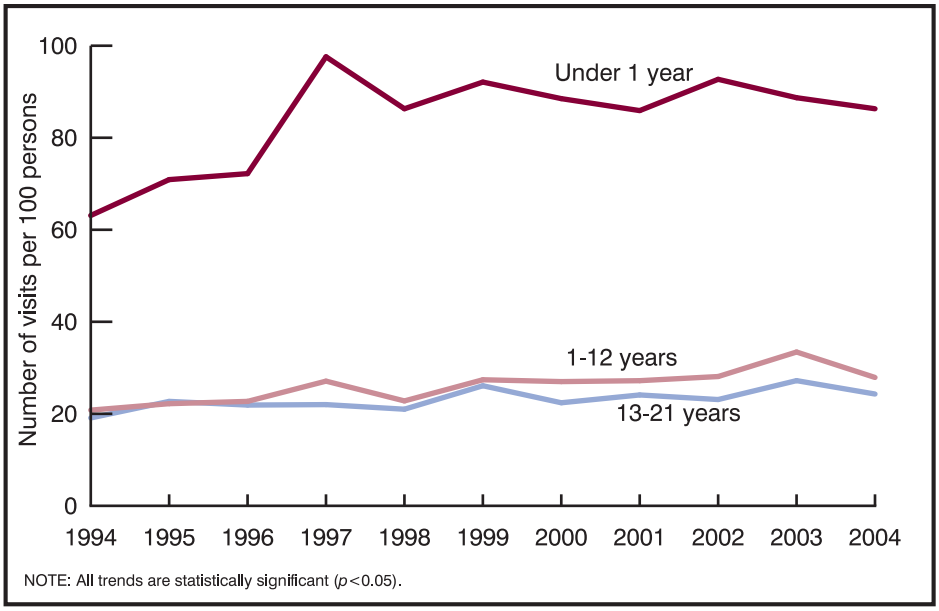
- Hispanic or Latino persons represented 14.1 percent of the U.S. civilian noninstitutionalized population, but 16.9 percent of OPD visits (Table 1). The rate of visits for non-Hispanic black persons exceeded the rate for non-Hispanic white persons overall and in age groups over 15 years. The rate for Hispanic persons exceeded the rate for non-Hispanic white persons in age groups 45 years and over (Figure 3).
- Private insurance was listed as the most frequent expected source of payment (occurring for 36.5 percent of OPD visits in 2004). Government sources combined (Medicare, Medicaid, or State Children's Health Insurance Program (SCHIP)) accounted for 46.3 percent of OPD visits, most of which were Medicaid or SCHIP (Table 3).
- The percentage of all visits relying on Medicaid or State Children's Health Insurance Program increased by 39% between 2000 and 2004 (Figure 4).

Continuity of care

- In 40.4 percent of OPD visits, the provider indicated that they were the patient's primary care provider (PCP). Although 85.4 percent of OPD visits were made by established patients (those with previous visits to the clinic), only 45.0 percent of visits by these patients were to their PCP (Table 4).
- Visits to PCPs were more often to pediatric (57.2 percent) or general medicine (52.3 percent) clinics. Referral visits to physicians who were not the patient's PCP occurred more often in surgery clinics (53.3 percent) than in all other types of clinics (Table 5).
- In the last 12 months, only 14.6 percent of visits to OPD clinics were new patients. Table 6 shows that for 37.7 percent of OPD visits, the reporting physician indicated that he or she shared care with one or more other physicians. About one-third of visits (31.6 percent) were initial visits for a problem, and 45.4 percent were followup visits for a problem.

Conditions seen

- In 2004, the principal reason for OPD visits was classified as symptoms (43.4 percent). Symptoms referable to the respiratory system accounted for the largest percentage of visits (8.6 percent). The diagnostic, screening, and preventive module (18.2 percent) and the treatment module (17.7 percent) were also prominent (Table 7).
- Progress visit was the most frequently mentioned principal reason for visit (7.9 percent), followed by general medical examination (4.9 percent). The most frequently mentioned reasons related to a symptomatic problem were cough (2.8 percent) and throat symptoms (2.2 percent). Hypertension (1.9 percent) was the most frequent reason related to a disease (Table 8).
- Acute problems comprised 39.0 percent of visits overall, but 47.8 percent among visits by children under 15 years of age (Table 9). About 30.7 percent of all visits were for a routine chronic problem, but for persons 65 years of age and over, chronic problems represented approximately 46.8 percent of all visits. White persons had a higher proportion of visits for acute problems compared with black or African American persons. For approximately one in six visits (17.8 percent), the major reason was preventive care.
- The female visit rate (7.8 visits per 100) for preventive care was three times that for males (2.6 per 100). The preventive care visit rate for black or African American persons



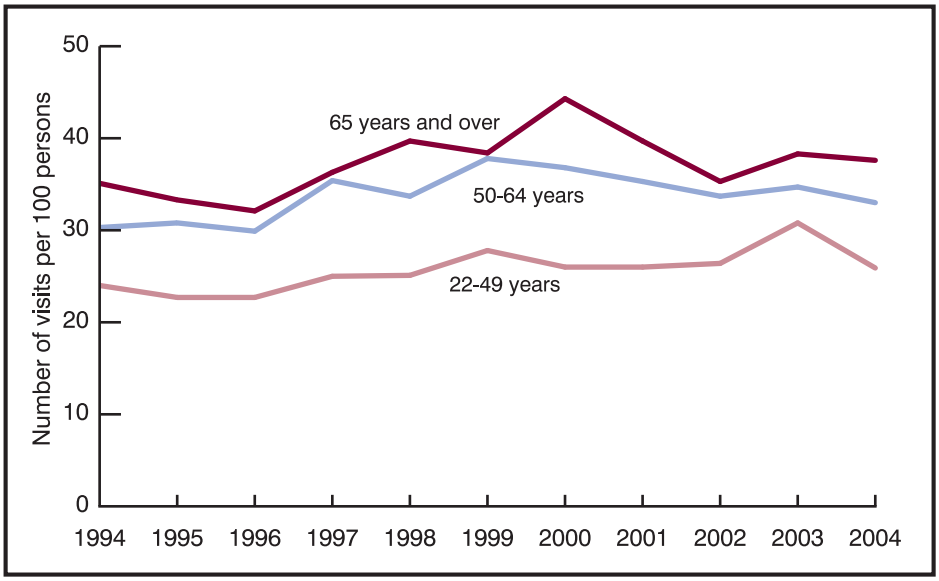


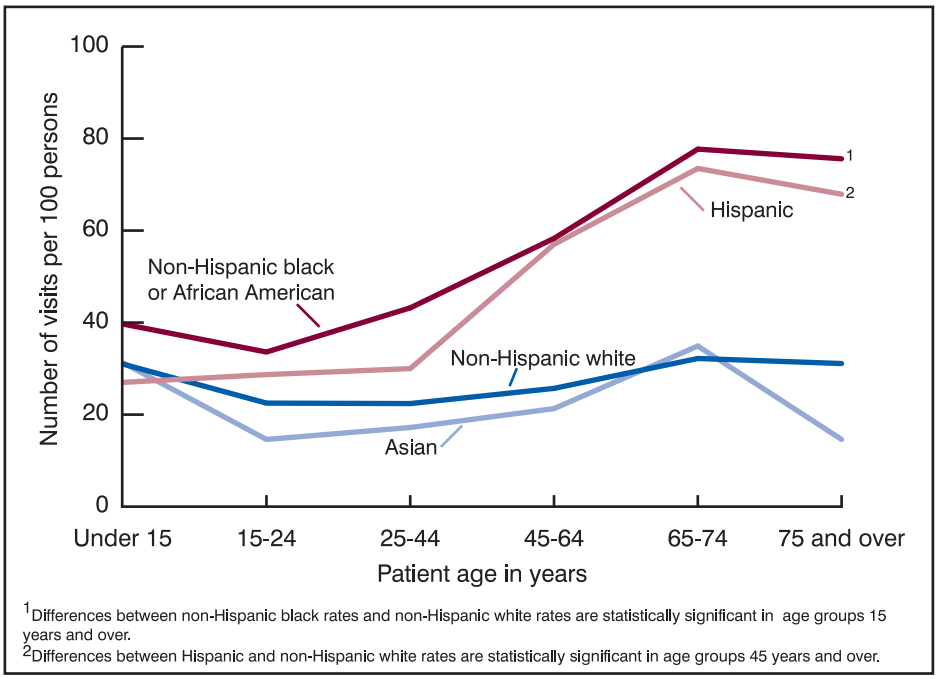
Figure 2. Trends in outpatient department visit rates by patient age: United States, 1994–2004

(11.6 per 100 persons) was more than two times higher than that for persons of white (4.3 per 100 persons) and other (5.0 per 100 persons) races. The visit rate for preventive care for Hispanic or Latino persons (9.4 per 100 persons) was twice the rate for non-Hispanic or Latino persons (4.6 per 100 persons). Uninsured (3.5 per 100 persons), Medicare (3.3 per 100 persons), and privately insured (2.4 per 100 persons) patients did not use OPDs for preventive care services as frequently as Medicaid or SCHIP patients (21.9 per 100 persons) (Table 10).

- The most frequently listed disease category was the supplementary classification (21.9 percent), which was used for diagnoses not classifiable to injury or illness (e.g., general medical examination, routine prenatal examination, and health supervision of an infant or child) (Table 11).
- The four most frequent diagnoses recorded were routine infant or child health check (4.1 percent); essential hypertension (4.1 percent); normal pregnancy (3.4 percent); and acute upper respiratory infection, excluding pharyngitis (3.3 percent) (Table 12).
- The leading diagnosis by age group was: infants (under 1 year) and children (1–12 years)—routine infant or child health check, adolescents through adults (13–49 years)—normal pregnancy, and middle-aged persons (50–64 years) and seniors (65 years and over)—essential hypertension (Table 13).
- Although normal pregnancy leads the list among all adolescents 13–21 and adults 22–49 years, the leading diagnoses for males in these age groups were attention deficit disorder (13–21 years) and spinal disorders (22–49 years) (Table 13).
- There were an estimated 9.4 million injury- or poisoning-related OPD visits in 2004, representing 11.0 percent of all OPD visits and yielding a rate of 3.3 visits per 100 persons (Table 14). Injury rates were statistically similar regardless of age group or sex.
- Table 15 describes the intent and mechanism associated with injury-related visits. However, these data should be interpreted with caution because the nonresponse for cause of injury is 33.9 percent.

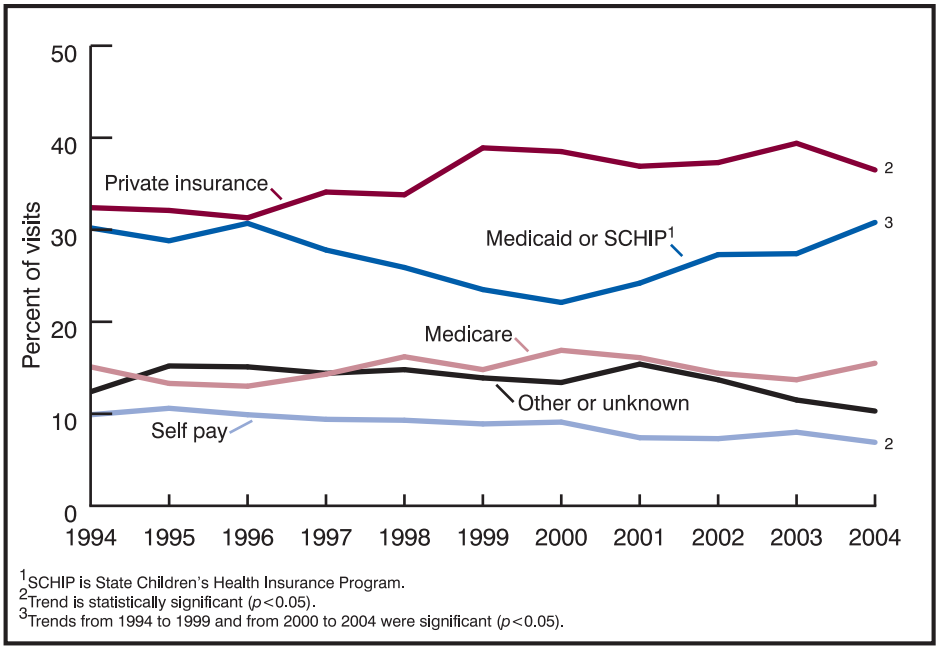
Services provided

- Diagnostic and screening services ordered or provided by hospital staff occurred during 90.3 percent of OPD visits in 2004. A general medical examination was performed at a majority of visits (58.3 percent). Complete blood count (12.8 percent) was the most frequently ordered blood test. Cultures were performed at 5.9 percent of visits, and imaging was ordered or provided at 14.2 percent of all visits (Table 16).
- The patient's temperature was taken at 46.8 percent of visits with an average temperature of 98.0°F (36.7°C). However, when the reason for visit was fever, the average temperature was 99.2°F (37.3°C). (Table 17). The patient's blood pressure was measured at 60.3 percent of visits (Table 16). When the diagnosis was hypertension, the average systolic blood pressure measured 142.2 mmHg, and the average diastolic blood pressure



[1]Differences between non-Hispanic black rates and non-Hispanic white rates are statistically significant in age groups 15 years and over.
[2]Differences between Hispanic and non-Hispanic white rates are statistically significant in age groups 45 years and over.

Figure 3. Annual rate of hospital outpatient department visits by patient age and race and ethnicity: United States, 2004



[1]SCHIP is State Children's Health Insurance Program.
[2]Trend is statistically significant ($p<0.05$).
[3]Trends from 1994 to 1999 and from 2000 to 2004 were significant ($p<0.05$).

Figure 4. Trend in expected source of payment for outpatient department visits: United States, 1994–2004

measured 80.6 mmHg (Table 17).

- Counseling or education and therapeutic services were ordered or provided at 50.0 percent of OPD visits during 2004. Counseling or education related to diet or nutrition (15.3 percent) and exercise (6.9 percent) were mentioned most frequently (Table 18).

Medications

- Medications were ordered or prescribed at 57.3 million visits, or 67.4 percent of OPD visits in 2004 (Table 19). About 4.8 percent of visits had as many as eight or more drugs prescribed. Of the visits with medications, 65.4 percent had multiple drugs prescribed or continued (calculated from Table 19).
- There were 162.6 million drug mentions for an average of 191.3 drug mentions per 100 visits (Table 20). On average, there were 2.8 drug mentions per drug visit (calculated from Table 20).
- The leading drug subclasses were nonsteroidal anti-inflammatory drugs or NSAIDs (5.7 per 100 drug mentions), followed by nonnarcotic analgesics (4.9 per 100 drug mentions), antidepressants (4.7 per 100 drug mentions), and antipyretics (4.5 per 100 drug mentions) (Table 21).

Providers seen and visit disposition

- A staff physician was seen at 74.3 percent of visits, and a resident or intern was seen at 15.3 percent of visits. No physician was seen at 17.2 million OPD visits (20.3 percent). A registered nurse was seen at 36.7 percent of visits, a medical or nursing assistant was seen at 19.9 percent of visits, and a licensed practical nurse was seen at 13.9 percent of visits (Table 22).
- In 2004, a nurse practitioner, midwife, or physician assistant was seen at 12.6 percent of visits. OPD visits involving only midlevel providers increased by 93%, from 5.9 percent of visits in 1993–94 to 11.4 percent of visits in 2003–04 (Figure 5)
- In more than one-half of OPD visits (63.9 percent), patients were told to return to the clinic by appointment. Return to the clinic, P.R.N. (as needed) was the disposition at 25.9 percent of visits. Patients were referred to another physician at 12.7 percent of visits (Table 23).

Methods

Data collection

The data presented in this report are from the 2004 NHAMCS, a national probability sample survey conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics, Division of Health Care

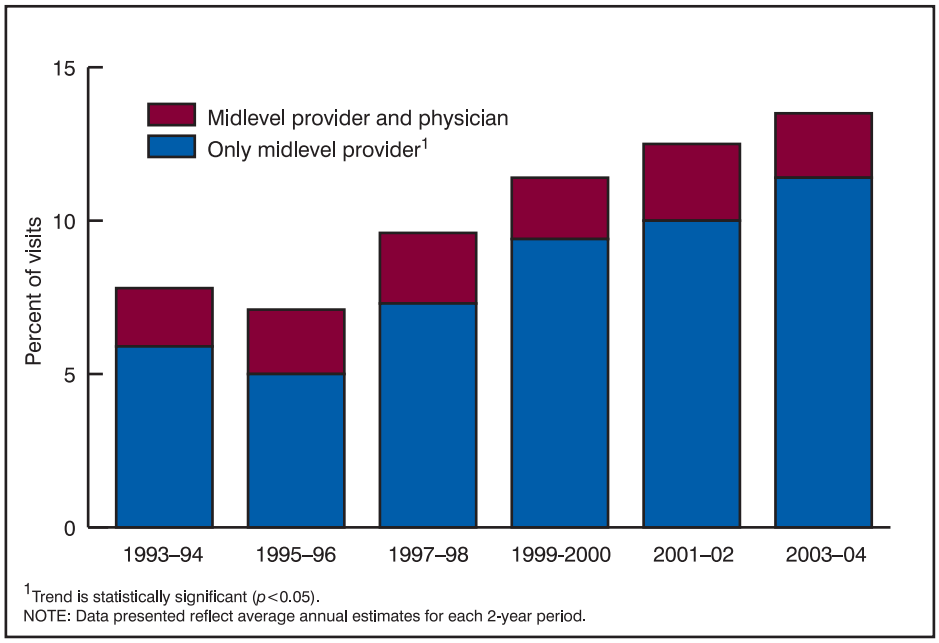


Figure 5. Trends in outpatient department visits where a midlevel provider was seen with or without a physician present: United States, 1993–2004

Statistics. The survey was conducted from December 29, 2003, through December 26, 2004. The NHAMCS data collection is authorized under Section 306 of the Public Health Service Act (Title 42 U.S. Code), 242k. Participation is voluntary.

In April 2003, the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) was implemented to establish minimum federal standards to safeguard the privacy of individually identifiable health information. No personally identifying information, such as patient's name, address, or Social Security number, is collected in NHAMCS. All information collected is held in the strictest confidence according to law [Section 308(d) of the Public Health Service Act (42, U.S. Code, 242m(d))] and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107–347). The NHAMCS protocol was approved by the NCHS Research Ethics Review Board in February 2004. Waivers of the requirements to obtain informed consent of patients and patient authorization for release of patient medical record data by health care providers were granted.

The target universe of NHAMCS is in-person visits made in the United States to EDs and OPDs of nonfederal, short-stay hospitals (hospitals with an average stay of less than 30 days) and those whose specialty is general (medical or surgical) or children's general. EDs that operate 24 hours a day are considered within the scope of the ED component; EDs that operate less than 24-hours are included in the OPD component of NHAMCS. The hospital sampling frame consisted of hospitals listed in the 1991 Verispan Hospital Database (VHD) updated using hospital data from Verispan, L.L.C., specifically their ''Healthcare Market Index, Updated May 15, 2003'' and their ''Hospital Market Profiling Solution, Second Quarter, 2003.'' These products were formerly known as the SMG Hospital Database. Using the 2003 data to update the sample allowed inclusion of hospitals that had opened or changed their eligibility status since the previous sample was updated for 2001.

In 2004, a multistage probability sample was used to collect information on visits to OPDs. NHAMCS has a four-stage design that involves: 1) geographic primary sampling units (PSUs), 2) hospitals that have EDs or OPDs within PSUs, 3) emergency service areas (ESAs) within EDs and clinics within OPDs, and 4) patient visits within ESAs and clinics (21). The PSU sample consists of 112 PSUs that comprise a probability subsample of PSUs used in the 1985–94 National Health Interview Survey. A sample of 464 hospitals was selected for the 2004 NHAMCS, 250 of which were in scope and had eligible OPDs. A sample of 1,108 clinics was selected from the 217 OPDs that participated in the study. Clinic staff were asked to complete a Patient Record Form (PRF) on a sample of visits during the 4-week reporting period (see ''Technical Notes''). Of these 1,108 clinics, 955 responded fully or adequately, 29 responded minimally by completing less than one-half of their expected forms, and 6 saw no patients during the reporting period. In all, 31,783 PRFs were submitted. Counting the six clinics that saw no patients as full respondents, the resulting unweighted clinic sample response rate was 86.7 percent, and the overall unweighted two-stage sampling response rate was 75.3 percent.

The U.S. Census Bureau was responsible for data collection. Data processing and medical coding were performed by Constella Group Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10 percent quality-control sample of survey records was independently keyed and coded. Coding error rates ranged between 0.1 and 1.5 percent for various survey items.

Medical data collected in the survey were coded as follows:

- Patient's reason for visit—The patient's main complaint, symptom, or reason for visiting the ED was coded according to *A Reason for Visit Classification for Ambulatory Care* (RVC) (22). Up to three reasons could be coded per visit.
- Physician's diagnosis—Hospital staff was asked to record the primary diagnosis or problem associated with the patient's most important reason for the current visit and any other significant current diagnoses. Up to three diagnoses were coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (23).

- Cause of injury—For injury-related visits, up to three external causes of injury were coded according to the *Supplementary Classification of External Causes of Injury and Poisoning* in the ICD–9–CM (23).
- Injury, poisioning, or adverse effects of medical treatment—Although there is a separate item on the Patient Record form to indicate whether the visit was for an injury, poisoning, or adverse effect of medical treatment, sometimes an injury reason for visit or an injury diagnosis is recorded without the injury item being checked. Therefore, the visit is counted as an injury visit and the checkbox is coded to ''yes'' if any of the three reasons for visit were in the injury module or any of the three diagnoses were in the injury or poisoning chapter of the ICD–9–CM (24).
- Medications—Hospital staff were instructed to record all new or continued medications ordered, supplied, or administered at the visit. This included prescription and nonprescription preparations, immunizations, desensitizing agents, and anesthetics. In this survey, recorded medications are referred to as drug mentions and are coded according to a classification system developed at NCHS (25). As used in NHAMCS, the term ''drug'' is interchangeable with the term ''medication.'' 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 NHAMCS. Therapeutic classification of drugs is based on the 4-digit therapeutic categories used in the *National Drug Code Directory*, 1995 edition (26). Drugs may have more than one therapeutic application and, in NHAMCS, up to three therapeutic drug classes are included for each drug.

Estimation

Because of the complex multistage design of NHAMCS, a sample weight is computed for each sample visit that takes all stages of design into account. The survey data are inflated or weighted to produce unbiased national annual estimates. The visit weight includes four basic components: inflation by reciprocals of selection probabilities, adjustment for nonresponse, population ratio adjustments, and weight smoothing. In 2004, for the first time changes were made to the nonresponse adjustment factor to account for the seasonality of the reporting period. Extra weights for nonresponding hospitals were shifted to responding hospitals in reporting periods within the same quarter of the year. The shift in nonresponse adjustment did not significantly affect any of the overall annual estimates. Detailed information on estimation for NHAMCS can be found elsewhere (27).

The standard error is primarily a measure of the sampling variability that occurs by chance because only a sample rather than an entire universe is surveyed. Estimates of the sampling variability for this report were calculated using Taylor approximations in SUDAAN, which take into account the complex sample design of NHAMCS. A description of the software and its approach has been published (28). The standard errors of statistics presented in this report are included in each of the tables.

Tests of significance

In this report, the determination of statistical inference is based on the two-tailed *t*-test. The Bonferroni inequality was used to establish the critical value for statistically significant differences (0.05 level of significance) based on the number of possible comparisons within a particular variable (or combination of variables) of interest. A weighted least-squares regression analysis was used to determine the significance of trends at the 0.05 level.

Nonsampling errors

Item nonresponse rates in NHAMCS are generally low (5 percent or less). However, levels of nonresponse can vary considerably in the survey. Most nonresponse occurs when the needed information is not available in the medical record or is unknown to the person filling out the survey instrument. Nonresponse can also result when the information is available, but survey procedures are not followed and the item is left blank. In this report, the tables include a combined entry of unknown or blank to display missing data. For items where combined item nonresponse is between 30–50 percent, percent distributions are not discussed in the text. However, the information is shown in the tables. These data should be interpreted with caution. If nonresponse is random, the observed distribution for the reported item (i.e., excluding cases for which the information is unknown) would be close to the true distribution. However, if nonresponse is not random, the observed distribution could vary significantly from the actual distribution. Researchers need to decide how best to treat items with high levels of missing responses. For items with nonresponse greater than 50 percent, data are not presented.

Weighted item nonresponse rates (i.e., if the item was left blank or the unknown box was marked) were 5.0 percent or less for all data items with the following exceptions: use of tobacco (35.8 percent), primary care physician (6.7 percent), referral status (16.6 percent), episode of care (6.2 percent), do other physicians share patient care (18.4 percent), and cause of injury (33.9 percent).

For some items, missing values were imputed by randomly assigning a value from Patient Record forms with similar characteristics. Imputations were based on geographic region, OPD volume by clinic type, and three-digit ICD–9–CM codes for primary diagnosis. Imputations were performed for the following variables—birth year (2.0 percent), sex (2.2 percent), race (10.7 percent), and ethnicity (11.2). Starting in NHAMCS 2003, two variables, ''has the patient been seen in this clinic before'' and ''how many visits in the last 12 months,'' were imputed. The variable ''ethnicity,'' not imputed in 1997–2002, was imputed in 2003 and 2004 because the percentage of visits missing this information continues to decline as more States mandate its collection. Ethnicity was

imputed by randomly assigning a value from a Patient Record form with similar characteristics based on OPD volume by clinic type, state, and three-digit ICD–9–CM codes for primary diagnosis.

Use of tables

First-listed reason for visit, diagnosis, and cause of injury are presented in the tables. It should be noted that estimates differing in ranked order may not be significantly different from each other. For items related to diagnostic and screening services, procedures, providers seen, and disposition, hospital staff was asked to check all of the applicable categories for each item. Therefore, multiple responses could be coded for each visit.

In this report, estimates are not presented if they are based on fewer than 30 cases in the sample data; only an asterisk (*) appears in the tables. The relative standard error (RSE) of an estimate is obtained by dividing the standard error by the estimate itself. The result is then expressed as a percentage of the estimate. Estimates based on 30 or more cases include an asterisk if the RSE of the estimate exceeds 30 percent.

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

Several of the tables in this report present rates of OPD visits per population. The population figures used in calculating these rates are based on Census Bureau monthly postcensal estimates of the civilian noninstitutional population of the United States as of July 1, 2004. These population estimates are based on postcensal estimates from Census 2000 and are available from the Census Bureau.

Estimates presented in the tables and figures for specific race categories reflect visits where only a single race was reported. Denominators used in computing estimates of visit rates by expected source of payment were obtained from the 2004 National Health Interview Survey (NHIS). Individuals reporting multiple insurance categories in NHIS were counted in each category they reported, with the exception of Medicaid and SCHIP, which were combined into a single category.

References

1. Schappert SM, Burt CW. Ambulatory care visits to physician offices, hospital outpatient departments, and emergency departments: United States, 2001–02. National Center for Health Statistics. Vital Health Stat 13(159). 2006.
2. Middleton KR, Hing E. National Hospital Ambulatory Medical Care Survey: 2003 outpatient department summary. Advance data from vital and health statistics; no 366. Hyattsville, MD: National Center for Health Statistics. 2006.
3. Hing E, Cherry D, Woodwell DA. National Ambulatory Medical Care Survey: 2004 summary. Advance data from vital and health statistics; no 374. Hyattsville, MD: National Center for Health Statistics. 2006.
4. Smith VK, Rousseau DM. SCHIP Enrollment in 50 States, December 2004 Data Update. The Kaiser Commission on Medicaid and the Uninsured. The Henry J. Kaiser Family Foundation. 2005.
5. Hing E, Middleton K. National Hospital Ambulatory Medical Care Survey: 2002 outpatient department summary. Advance data from vital and health statistics; no 345. Hyattsville, MD: National Center for Health Statistics. 2004.
6. McCaig LF, Nawar E. National Hospital Ambulatory Medical Care Survey: 2004 emergency department summary. Advance data from vital and health statistics; no 272. Hyattsville, MD: National Center for Health Statistics. 2006.
7. Brett KM, Burt CW. Utilization of ambulatory medical care by women: United States, 1997–98. National Center for Health Statistics. Vital Health Stat 13(149). 2001.
8. Miller MR, Gergen P, Honour M, Zhan C. Burden of illness for children and where we stand in measuring the quality of this health care. Ambul Pediatr 5(5):268–78. 2005.
9. Ma J, Stafford RS. Quality of U.S. outpatient care: temporal changes and racial/ethnic disparities. Arch Intern Med 165(12):1354–61. 2005.
10. Ma J, Wang Y, Stafford RS. U.S. adolescents receive suboptimal preventive counseling during ambulatory care. J Adolesc Health 36(5):441. 2005.
11. Holmes JS, Arispe IE, Moy E. Heart disease and prevention: race and age differences in heart disease prevention, treatment, and mortality. Med Care 43: I-33-I-41. 2005.
12. Richardson J, Anderson T, Flaherty J, Bell C. The quality of mental health care for African Americans. Cult Med Psychiatry 27(4): 487–98. 2003.
13. Powell EC, Tanz RR. Adjusting our view of injury risk: the burden of nonfatal injuries in infancy. Pediatrics 110(4):792–6. 2002.
14. Arnold AL, Milner KA, Vaccarino V. Sex and race differences in electrocardiogram use (The National Hospital Ambulatory Medical Care Survey). Am J Cardiol 88: (9) 1037. 2001.
15. Marcell AV, Klein JD, Fischer I, Allan MJ, Kokotailo PK. Male adolescent use of health care services: Where are the boys? J Adolesc Health 30:(1) 35–43. 2002.
16. Coco A, Kleinhans E. Prevalence of primary HIV infection in symptomatic ambulatory patients. Ann Fam Med 3(5):400–4. 2005.
17. McGwin G Jr. Rate of eye injury in the United States. Arch Ophthalmol 123(7):970–6. 2005.
18. Cook S, Weitzman M, Auinger P, Barlow SE. Screening and counseling associated with obesity diagnosis in a national survey of ambulatory pediatric visits. Pediatrics. 116(1):112–6. 2005.
19. Runyan CW, Perkis D, Marshall SW, et al. Unintentional injuries in the home in the United States Part II: Morbidity. Am J Prev Med. 28(1):80–7. 2005.
20. Stevens J, Harman JS, Kelleher KJ. Ethnic and regional differences in primary care visits for Attention-Deficit Hyperactivity Disorder. J Dev Behav Pediatr. 25(5):318–25. 2004.
21. McCaig LF, McLemore T. Plan and operation of the National Hospital Ambulatory Medical Care Survey. National Center for Health Statistics. Vital Health Stat 1(34). 1994.
22. Schneider D, Appleton L, McLemore T. A reason for visit classification for ambulatory care. National Center for

Health Statistics. Vital Health Stat 2(78). 1979.
23. Public Health Service and Health Care Financing Administration. International Classification of Diseases, 9th Revision, Clinical Modification, 6th ed., Washington: Public Health Service.1998.
24. Burt CW, Fingerhut LA. Injury visits to hospital emergency departments: United States, 1992–1995. National Center for Health Statistics. Vital Health Stat 13(131). 1998. Available from: http://www.cdc.gov/nchs/data/series/sr_13/sr13_131.pdf.
25. Koch H, Campbell W. The collection and processing of drug information: National Ambulatory Medical Care Survey, United States, 1980. National Center for Health Statistics. Vital Health Stat 2(90). 1982.
26. Food and Drug Administration. National Drug Code Directory, 1995 edition. Washington: Public Health Service. 1995.
27. National Center for Health Statistics. Public-Use Data File Documentation. 2004 National Hospital Ambulatory Medical Care Survey. Hyattsville, MD. 2006.
28. Research Triangle Institute. SUDAAN (Release 9.0.1) [Computer Software]. Research Triangle Park, NC: Research Triangle Institute. 2005.

Table 1. Number, percent distribution, and annual rate of outpatient department visits with corresponding standard errors, by selected patient and hospital characteristics: United States, 2004

Patient and hospital characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[1,2]	Standard error of rate
All visits	84,994	7,605	100.0	. . .	29.5	2.6
Patient characteristics						
Age:						
Under 15 years	18,792	2,384	22.1	1.9	30.9	3.9
Under 1 year	3,516	478	4.1	0.4	86.3	11.7
1–4 years	6,038	866	7.1	0.7	37.8	5.4
5–14 years	9,238	1,240	10.9	1.1	22.7	3.0
15–24 years	9,953	929	11.7	0.5	24.5	2.3
25–44 years	21,110	1,896	24.8	0.9	25.7	2.3
45–64 years	22,127	2,262	26.0	1.1	31.5	3.2
65 years and over	13,011	1,463	15.3	0.9	37.5	4.2
65–74 years	7,157	804	8.4	0.5	39.3	4.4
75 years and over	5,854	737	6.9	0.6	35.6	4.5
Sex and age:						
Female	51,767	4,691	60.9	0.9	35.1	3.2
Under 15 years	8,938	1,147	10.5	0.9	30.1	3.9
15–24 years	7,027	670	8.3	0.4	34.9	3.3
25–44 years	14,501	1,362	17.1	0.8	34.9	3.3
45–64 years	13,236	1,399	15.6	0.8	36.6	3.9
65–74 years	4,356	516	5.1	0.4	44.0	5.2
75 years and over	3,709	489	4.4	0.4	36.9	4.9
Male	33,226	3,090	39.1	0.9	23.6	2.2
Under 15 years	9,854	1,277	11.6	1.0	31.7	4.1
15–24 years	2,926	340	3.4	0.3	14.3	1.7
25–44 years	6,610	664	7.8	0.5	16.3	1.6
45–64 years	8,891	946	10.5	0.6	26.1	2.8
65–74 years	2,801	325	3.3	0.2	33.7	3.9
75 years and over	2,145	292	2.5	0.3	33.5	4.6
Race and age:[3]						
White	62,847	6,354	73.9	2.0	27.0	2.7
Under 15 years	13,481	1,892	15.9	1.5	29.0	4.1
15–24 years	7,359	764	8.7	0.5	23.3	2.4
25–44 years	15,152	1,530	17.8	0.7	23.2	2.3
45–64 years	16,604	1,895	19.5	1.1	28.3	3.2
65–74 years	5,480	711	6.4	0.5	34.9	4.5
75 years and over	4,772	658	5.6	0.5	32.6	4.5
Black or African American	18,176	1,937	21.4	1.9	50.3	5.4
Under 15 years	4,110	509	4.8	0.5	43.7	5.4
15–24 years	2,106	260	2.5	0.3	35.6	4.4
25–44 years	4,882	516	5.7	0.6	47.2	5.0
45–64 years	4,719	641	5.6	0.7	62.3	8.5
65–74 years	1,372	261	1.6	0.3	82.0	15.6
75 years and over	988	241	1.2	0.3	80.8	19.8
Asian	2,853	465	3.4	0.5	23.3	3.8
Native Hawaiian or other Pacific Islander	270	80	0.3	0.1	54.3	16.1
American Indian or Alaska Native	*531	197	*0.6	0.2	*19.2	7.1
Multiple races	317	75	0.4	0.1	7.2	1.7
Ethnicity:[3]						
Hispanic or Latino	14,348	2,076	16.9	2.1	35.2	5.1
Not Hispanic or Latino	70,646	6,775	83.1	2.1	28.5	2.7
Hospital characteristics						
Ownership:						
Voluntary	60,110	6,650	70.7	4.2	20.8	2.3
Government	23,650	3,981	27.8	4.1	8.2	1.4
Proprietary	*1,234	853	*1.5	1.0	*0.4	0.3
Geographic region:						
Northeast	22,647	3,337	26.6	3.6	42.1	6.2
Midwest	25,924	4,630	30.5	4.4	40.1	7.2
South	24,912	4,271	29.3	4.2	24.0	4.1
West	11,510	2,768	13.5	3.0	17.4	4.2

See footnotes at end of table.

Table 1. Number, percent distribution, and annual rate of outpatient department visits with corresponding standard errors, by selected patient and hospital characteristics: United States, 2004—Con.

Patient and hospital characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[1,2]	Standard error of rate
Metropolitan status:[4]						
MSA	72,308	7,259	85.1	3.5	29.7	3.0
Not MSA	12,686	3,148	14.9	3.5	28.1	7.0

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

[1]Visit rates for age, sex, race, and region are based on the July 1, 2004, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

[2]Population estimates of metropolitian statistical area status (MSA) are based on data from the 2004 National Heath Interview Survey, National Center for Health Statistics, adjusted to the U.S. Census Bureau definition of core-based statistical areas as of December 2004. See http://www.census.gov/population/www/estimates/metrodef.html for more about metropolitan statistical area definitions.

[3]The race groups, white, black or African American, Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and multiple races, include persons of Hispanic and not Hispanic orgin. Persons of Hispanic orgin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. However, the percent of visit records with multiple races indicated is small and lower than is typically found for self-reported race.

[4]MSA is metropolitan statistical area.

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

Table 2. Number, percent distribution, and annual rate of outpatient department visits with corrresponding standard errors, by type of clinic: United States, 2004

Type of clinic[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[2]	Standard error of rate
All visits	84,994	7,605	100.0	. . .	29.5	2.6
General medicine	48,390	4,948	56.9	2.3	16.8	1.7
Pediatrics	12,122	2,060	14.3	2.0	4.2	0.7
Surgery	10,024	1,335	11.8	1.2	3.5	0.5
Obstetrics and gynecology	6,988	837	8.2	0.8	2.4	0.3
Substance abuse and other[3]	7,470	1,113	8.8	1.2	2.6	0.4

. . . Category not applicable.

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

[2]Visit rates are based on the July 1, 2004, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

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

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

Table 3. Number and percent distribution of outpatient department visits with corresponding standard errors, by primary expected source of payment: United States, 2004

Primary expected source of payment	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	84,994	7,605	100.0	. . .
Private insurance	30,980	3,896	36.5	2.5
Medicaid or SCHIP[1]	26,165	2,809	30.8	2.2
Medicare	13,149	1,433	15.5	1.0
Self-pay	5,903	939	6.9	0.9
No charge	*2,070	764	*2.4	0.9
Worker's compensation	759	133	0.9	0.1
Other	2,865	615	3.4	0.7
Unknown or blank	3,104	481	3.7	0.6

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

[1]SCHIP is State Children's Health Insurance Program.

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

Table 4. Number and percent distribution of outpatient department visits with corresponding standard errors by selected visit characteristics, according to prior-visit status: United States, 2004

Primary care physician and referral status	All visits	Prior-visit status	
		Established patient	New patient
		Number of visits in thousands	
All visits	84,994	72,593	12,400
Visit to PCP[1]	34,352	32,673	1,679
Visit to non-PCP[1]	44,940	35,140	9,799
Referred by other physician	18,491	13,283	5,208
Not referred by other physician	18,946	16,235	2,711
Unknown if referred	7,502	5,622	1,880
Unknown if PCP[1] visit	5,702	4,780	922
		Standard error in thousands	
All visits	7,605	6,518	1,349
Visit to PCP[1]	4,444	4,255	278
Visit to non-PCP[1]	4,229	3,274	1,162
Referred by other physician	2,311	1,801	690
Not referred by other physician	1,963	1,691	433
Unknown if referred	1,315	942	425
Unknown if PCP[1] visit	1,223	1,080	204
		Percent distribution	
All visits	100.0	100.0	100.0
Visit to PCP[1]	40.4	45.0	13.5
Visit to non-PCP[1]	52.9	48.4	79.0
Referred by other physician	21.8	18.3	42.0
Not referred by other physician	22.3	22.4	21.9
Unknown if referred	8.8	7.7	15.2
Unknown if PCP[1] visit	6.7	6.6	7.4
		Standard error of percent	
All visits	. . .	. . .	. . .
Visit to PCP[1]	3.0	3.1	1.9
Visit to non-PCP[1]	3.0	3.1	2.5
Referred by other physician	1.9	1.9	3.1
Not referred by other physician	1.9	2.1	2.6
Unknown if referred	1.4	1.2	2.8
Unknown if PCP[1] visit	1.3	1.4	1.5

. . . Category not applicable.

[1]PCP is patient's primary care physician as indicated by a positive response to the question: ''Are you the patient's primary care physician?''

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

Table 5. Percent distribution of outpatient department visits with corresponding standard errors by primary care physician and referral status, according to type of clinic: United States, 2004

Type of clinic[1]	Total	Visit to PCP[2]	Visit to non-PCP[2,3]			Unknown if PCP[2] visit
			Referred by other physician	Not referred by other physician	Unknown if referred	
			Percent distribution			
All visits	100.0	40.4	21.8	22.3	8.8	6.7
General medicine	100.0	52.3	13.0	17.2	9.3	8.2
Surgery	100.0	3.5	53.3	28.8	10.9	*3.5
Pediatrics	100.0	57.2	17.7	16.3	3.0	5.7
Obstetrics and gynecology	100.0	17.5	22.2	42.6	12.3	5.3
Substance abuse and other	100.0	*7.3	42.0	37.3	9.3	*4.1
			Standard error of percent			
All visits	...	3.0	1.9	1.9	1.4	1.3
General medicine	...	4.3	2.3	2.5	2.3	2.0
Surgery	...	0.8	4.0	3.6	2.5	1.1
Pediatrics	...	5.7	4.1	3.4	0.8	1.5
Obstetrics and gynecology	...	3.0	3.7	5.1	2.4	1.3
Substance abuse and other	...	4.7	4.4	5.0	1.5	1.3

. . . Category not applicable.
* Figure does not meet standards of reliability or precision.
[1]Only clinics under the supervision of a physician were included. Clinics specializing in radiology, laboratory services, physical rehabilitation, or other ancilliary services were excluded.
[2]PCP is patient's primary care physician or provider as indicated by a positive response to the question: "Are you the patient's primary care physician?"
[3]Referral status only asked for visits to nonprimary care physicians or providers.

Table 6. Number and percent distribution of outpatient department visits with corrresponding standard errors by selected continuity-of-care visit characteristics: United States, 2004

Continuity-of-care visit characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	84,994	7,605	100.0	...
Prior-visit status and number of visits last 12 months				
Established patient	72,593	6,518	85.4	0.9
None	4,820	699	5.7	0.6
1–2 visits	22,364	2,377	26.3	1.2
3–5 visits	21,700	2,148	25.5	1.0
6 visits or more	23,709	2,387	27.9	1.8
New patient	12,400	1,349	14.6	0.9
Do other physicians share care for this problem?				
Yes	32,028	3,975	37.7	2.9
No	37,324	4,284	43.9	2.8
Unknown or blank	15,642	1,983	18.4	2.2
Episode of care				
Initial visit for problem	26,900	2,912	31.6	1.8
Followup visit for problem	38,630	3,551	45.4	1.7
Unknown or blank	4,303	793	5.1	0.8
Not applicable (preventive care visit)[1]	15,161	1,793	17.8	1.2

. . . Category not applicable.
[1]Preventive care includes routine prenatal, general medical, well-baby, screening, and insurance examinations. (See question 3c in "Technical Notes.")

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

Table 7. Number and percent distribution of outpatient department visits with corresponding standard errors, by patient's principal reason for visit module: United States, 2004

Principal reason for visit module and RVC code[1]		Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits		84,994	7,605	100.0	. . .
Symptom module	S001–S999	36,892	3,544	43.4	1.6
General symptoms	S001–S099	4,722	569	5.6	0.4
Symptoms referable to psychological and mental disorders	S100–S199	2,588	490	3.0	0.6
Symptoms referable to the nervous system (excluding sense organs)	S200–S259	1,913	218	2.3	0.1
Symptoms referable to the cardiovascular and lymphatic system	S260–S299	*438	188	*0.5	0.2
Symptoms referable to the eyes and ears	S300–S399	3,032	416	3.6	0.3
Symptoms referable to the respiratory system	S400–S499	7,280	926	8.6	0.7
Symptoms referable to the digestive system	S500–S639	3,639	399	4.3	0.3
Symptoms referable to the genitourinary system	S640–S829	3,139	369	3.7	0.3
Symptoms referable to the skin, hair, and nails	S830–S899	2,661	325	3.1	0.3
Symptoms referable to the musculoskeletal system	S900–S999	7,480	799	8.8	0.5
Disease module	D001–D999	11,170	1,401	13.1	1.1
Diagnostic, screening, and preventive module	X100–X599	15,486	1,927	18.2	1.3
Treatment module	T100–T899	15,034	1,528	17.7	1.2
Injuries and adverse effects module	J001–J999	2,851	370	3.4	0.3
Test results module	R100–R700	2,105	294	2.5	0.3
Administrative module	A100–A140	489	101	0.6	0.1
Other[2]	U990–U999	*966	489	*1.1	0.6

. . . Category not applicable.
* Figure does not meet standards of reliability or precision.
[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (22).
[2]Includes problems and complaints not elsewhere classified, entries of ''none,'' blanks, and illegible entries.
NOTE: Numbers may not add to totals because of rounding.

Table 8. Number and percent distribution of outpatient department visits with corresponding standard errors, by the 20 principal reasons for visit most frequently mentioned by patients: United States, 2004

Principal reason for visit and RVC code[1]		Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits		84,994	7,605	100.0	. . .
Progress visit, not otherwise specified	T800	6,673	915	7.9	1.0
General medical examination	X100	4,204	580	4.9	0.4
Prenatal examination, routine	X205	3,200	551	3.8	0.6
Cough	S440	2,374	358	2.8	0.3
Medication, other and unspecified kinds	T115	2,172	357	2.6	0.3
Symptoms referable to throat	S455	1,897	320	2.2	0.3
Postoperative visit	T205	1,728	376	2.0	0.4
Hypertension	D510	1,632	333	1.9	0.4
Well-baby examination	X105	1,420	234	1.7	0.2
Stomach pain, cramps, and spasms	S545	1,409	154	1.7	0.2
Diabetes mellitus	D205	1,367	380	1.6	0.4
Back symptoms	S905	1,325	208	1.6	0.2
Skin rash	S860	1,229	202	1.4	0.2
Earache or ear infection	S355	1,204	197	1.4	0.2
Headache, pain in head	S210	1,039	144	1.2	0.1
Fever	S010	1,020	155	1.2	0.1
Gynecological examination	X225	980	136	1.2	0.1
Knee symptoms	S925	889	141	1.0	0.1
Counseling, not otherwise specified	T605	884	141	1.0	0.1
Prophylactic inoculations	X400	*875	531	*1.0	0.6
All other reasons		47,472	4,288	55.9	1.3

. . . Category not applicable.
* Figure does not meet standards of reliability or precision.
[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (22).
NOTE: Numbers may not add to totals because of rounding.

Table 9. Number and percent distribution of outpatient department visits with corresponding standard errors, by major reason for visit, according to selected patient and visit characteristics: United States, 2004

Patient and visit characteristics	Total	Acute problem	Chronic problem routine	Chronic problem flare-up	Pre- or post-surgery or injury followup	Preventive care[1]	Unknown or blank
				Number of visits in thousands			
All visits	84,994	33,184	26,090	4,846	3,605	15,161	2,107
Age							
Under 15 years	18,792	8,990	3,605	799	*392	4,691	316
Under 1 year	3,516	1,342	308	*	*	1,720	*
1–4 years	6,038	3,264	841	206	*104	1,517	*106
5–14 years	9,238	4,384	2,456	539	*244	1,454	161
15–24 years	9,953	3,998	2,023	367	338	3,084	143
25–44 years	21,110	8,541	5,692	1,212	934	4,123	*608
45–64 years	22,127	7,691	8,675	1,637	1,137	2,267	720
65 years and over	13,011	3,963	6,095	831	805	997	320
65–74 years	7,157	2,122	3,166	514	504	660	*191
75 years and over	5,854	1,841	2,929	317	*300	337	129
Sex							
Female	51,767	19,419	14,674	2,844	2,042	11,445	1,343
Male	33,226	13,765	11,416	2,002	1,563	3,716	764
Race[2]							
White	62,847	26,060	18,988	3,530	2,728	9,981	1,560
Black or African American	18,176	5,644	5,950	1,207	727	4,189	460
Other	3,971	1,480	1,153	109	151	991	*88
Ethnicity[2]							
Hispanic or Latino	14,348	5,067	3,737	481	743	3,832	489
Not Hispanic or Latino	70,646	28,117	22,353	4,365	2,862	11,330	1,619
Primary expected source of payment							
Private insurance	30,980	14,525	8,300	1,696	1,093	4,637	*730
Medicaid or SCHIP[3]	26,165	8,795	7,827	1,371	950	6,690	530
Medicare	13,149	3,669	6,158	994	808	1,197	322
Self-pay, charity, or no charge	7,972	3,428	1,783	461	*510	1,458	*332
Other[4]	6,727	2,766	2,022	324	244	1,179	193
				Standard error in thousands			
All visits	7,605	3,550	2,418	592	623	1,793	534
Age							
Under 15 years	2,384	1,286	725	179	137	669	77
Under 1 year	478	207	75	. . .	. . .	266	. . .
1–4 years	866	528	187	61	38	236	35
5–14 years	1,240	662	548	123	98	235	43
15–24 years	929	521	313	65	76	376	33
25–44 years	1,896	944	595	156	189	528	183
45–64 years	2,262	947	859	238	223	477	209
65 years and over	1,463	507	722	142	190	248	89
65–74 years	804	296	380	95	126	171	68
75 years and over	737	270	389	62	96	88	34
Sex							
Female	4,691	2,097	1,359	363	331	1,369	361
Male	3,090	1,512	1,127	266	321	531	188
Race[2]							
White	6,354	3,066	1,917	484	554	1,449	424
Black or African American	1,937	605	816	242	145	530	118
Other	553	249	219	26	38	169	41
Ethnicity[2]							
Hispanic or Latino	2,076	933	619	92	203	553	144
Not Hispanic or Latino	6,775	3,175	2,195	576	525	1,535	429

See footnotes at end of table.

Table 9. Number and percent distribution of outpatient department visits with corresponding standard errors, by major reason for visit, according to selected patient and visit characteristics: United States, 2004—Con.

Patient and visit characteristics	Total	Acute problem	Chronic problem routine	Chronic problem flare-up	Pre- or post-surgery or injury followup	Preventive care[1]	Unknown or blank
Primary expected source of payment							
Private insurance	3,896	1,967	1,050	289	306	1,011	295
Medicaid or SCHIP[3]	2,809	1,054	1,045	215	189	830	105
Medicare	1,433	472	673	176	187	265	86
Self-pay, charity, or no charge	1,284	656	317	112	159	284	137
Other[4]	837	522	315	60	49	206	46
				Percent distribution			
All visits	100.0	39.0	30.7	5.7	4.2	17.8	2.5
Age							
Under 15 years	100.0	47.8	19.2	4.3	*2.1	25.0	1.7
Under 1 year	100.0	38.2	8.8	*	*	48.9	*
1–4 years	100.0	54.1	13.9	3.4	*1.7	25.1	*1.8
5–14 years	100.0	47.5	26.6	5.8	*2.6	15.7	1.7
15–24 years	100.0	40.2	20.3	3.7	3.4	31.0	1.4
25–44 years	100.0	40.5	27.0	5.7	4.4	19.5	2.9
45–64 years	100.0	34.8	39.2	7.4	5.1	10.2	3.3
65 years and over	100.0	30.5	46.8	6.4	6.2	7.7	2.5
65–74 years	100.0	29.7	44.2	7.2	7.0	9.2	*2.7
75 years and over	100.0	31.5	50.0	5.4	5.1	5.8	2.2
Sex							
Female	100.0	37.5	28.3	5.5	3.9	22.1	2.6
Male	100.0	41.4	34.4	6.0	4.7	11.2	2.3
Race[2]							
White	100.0	41.5	30.2	5.6	4.3	15.9	2.5
Black or African American	100.0	31.1	32.7	6.6	4.0	23.0	2.5
Other	100.0	37.3	29.0	2.7	3.8	25.0	*2.2
Ethnicity[2]							
Hispanic or Latino	100.0	35.3	26.0	3.4	5.2	26.7	3.4
Not Hispanic or Latino	100.0	39.8	31.6	6.2	4.1	16.0	2.3
Primary expected source of payment							
Private insurance	100.0	46.9	26.8	5.5	3.5	15.0	*2.4
Medicaid or SCHIP[3]	100.0	33.6	29.9	5.2	3.6	25.6	2.0
Medicare	100.0	27.9	46.8	7.6	6.1	9.1	2.5
Self-pay, charity, or no charge	100.0	43.0	22.4	5.8	6.4	18.3	*4.2
Other[4]	100.0	41.1	30.1	4.8	3.6	17.5	2.9
				Standard error of percent			
All visits	. . .	2.0	1.7	0.5	0.6	1.2	0.6
Age							
Under 15 years	. . .	2.8	2.7	0.8	0.7	2.3	0.4
Under 1 year	. . .	2.9	1.7	. . .	. . .	3.0	. . .
1–4 years	. . .	2.9	2.3	0.8	0.6	2.5	0.6
5–14 years	. . .	3.6	3.9	1.0	1.0	2.3	0.4
15–24 years	. . .	3.2	2.5	0.6	0.7	2.8	0.3
25–44 years	. . .	2.4	2.1	0.5	0.7	1.6	0.8
45–64 years	. . .	2.4	2.3	0.8	0.7	1.5	0.9
65 years and over	. . .	2.3	2.6	0.7	1.1	1.6	0.7
65–74 years	. . .	2.6	3.1	1.0	1.4	1.9	1.0
75 years and over	. . .	2.6	2.8	0.8	1.3	1.3	0.5
Sex							
Female	. . .	2.1	1.6	0.5	0.5	1.4	0.7
Male	. . .	2.1	2.0	0.6	0.8	1.1	0.6
Race[2]							
White	. . .	2.3	1.8	0.5	0.7	1.3	0.6
Black or African American	. . .	2.1	2.4	0.9	0.6	1.5	0.6
Other	. . .	3.7	3.1	0.6	0.8	2.6	1.1

See footnotes at end of table.

Table 9. Number and percent distribution of outpatient department visits with corresponding standard errors, by major reason for visit, according to selected patient and visit characteristics: United States, 2004—Con.

Patient and visit characteristics	Total	Acute problem	Chronic problem routine	Chronic problem flare-up	Pre- or post-surgery or injury followup	Preventive care[1]	Unknown or blank
Ethnicity[2]							
Hispanic or Latino	. . .	2.7	2.2	0.6	1.0	2.3	1.0
Not Hispanic or Latino	. . .	2.2	1.8	0.5	0.6	1.2	0.6
Primary expected source of payment							
Private insurance	. . .	2.8	2.1	0.6	0.8	2.1	0.9
Medicaid or SCHIP[3]	. . .	2.3	2.0	0.6	0.5	1.5	0.4
Medicare	. . .	2.1	2.7	1.0	1.1	1.5	0.6
Self-pay, charity, or no charge	. . .	3.2	2.7	1.1	1.4	2.9	1.4
Other[4]	. . .	4.5	3.4	0.8	0.7	2.5	0.6

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

[1]Preventive care includes routine prenatal, general medical, well-baby, screening, and insurance examinations (see question 3c in "Technical Notes").

[2]Other race includes Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and multiple races. All race categories include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. However, the percent of visit records with multiple races indicated is small and lower than is typically found for self-reported race.

[3]SCHIP is State Children's Health Insurance Program.

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

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

Table 10. Number, percent distribution, and annual rate of preventive care outpatient department visits with corresponding standard errors, by selected patient and visit characteristics: United States, 2004

Patient and visit characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[1]	Standard error of rate
All preventive care visits[2]	15,161	1,793	100.0	. . .	5.3	0.6
Age						
Under 15 years	4,691	669	30.9	2.6	7.7	1.1
Under 1 year	1,720	266	11.3	1.3	42.2	6.5
1–4 years	1,517	236	10.0	1.0	9.5	1.5
5–14 years	1,454	235	9.6	1.1	3.6	0.6
15–24 years	3,084	376	20.3	1.9	7.6	0.9
25–44 years	4,123	528	27.2	1.7	5.0	0.6
45–64 years	2,267	477	15.0	2.2	3.2	0.7
65 years and over	997	248	6.6	1.2	2.9	0.7
Sex and age						
Female	11,445	1,369	75.5	1.8	7.8	0.9
Under 15 years	2,401	355	15.8	1.6	8.1	1.2
15–24 years	2,876	364	19.0	1.8	14.3	1.8
25–44 years	3,751	489	24.7	1.8	9.0	1.2
45–64 years	1,654	384	10.9	1.9	4.6	1.1
65 years and over	764	209	5.0	1.1	3.8	1.0
Male	3,716	531	24.5	1.8	2.6	0.4
Under 15 years	2,290	347	15.1	1.4	7.4	1.1
15–24 years	211	45	1.4	0.3	1.0	0.2
25–44 years	370	82	2.4	0.4	0.9	0.2
45–64 years	613	131	4.0	0.6	1.8	0.4
65 years and over	232	61	1.5	0.3	1.6	0.4
Race[3]						
White	9,981	1,449	65.8	3.2	4.3	0.6
Black or African American	4,189	530	27.6	3.1	11.6	1.5
Other	991	169	6.5	0.9	5.0	0.8
Ethnicity[3]						
Hispanic or Latino	3,832	553	25.3	3.1	9.4	1.4
Not Hispanic or Latino	11,330	1,535	74.7	3.1	4.6	0.6
Primary expected source of payment						
Medicaid or SCHIP[4]	6,690	830	44.1	4.3	21.9	2.7
Private insurance	4,637	1,011	30.6	4.2	2.4	0.5
Self-pay, charity, or no charge	1,458	284	9.6	1.7	3.5	0.7
Medicare	1,197	265	7.9	1.2	3.3	0.7
Other[5]	1,179	206	7.8	1.3	. . .	. . .

. . . Category not applicable.

[1]Visit rates for age, sex, race, and ethnicity are based on the July 1, 2004, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. Visit rates by expected source of payment are based on the 2004 National Health Interview Survey estimates of health insurance.
[2]Preventive care includes routine prenatal, general medical, well-baby, screening, or insurance examinations. (See question 3c in "Technical Notes.")
[3]Other race includes Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and multiple races. All race categories include persons of Hispanic and not-Hispanic orgin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. However, the percent of visit records with multiple races indicated is small and lower than is typically found for self-reported race.
[4]SCHIP is State Children's Health Insurance Program.
[5]Other includes worker's compensation, unknown or blank, and sources not classified elsewhere.

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

Table 11. Number and percent distribution of outpatient department visits with corresponding standard errors, by primary diagnosis: United States, 2004

Major disease category and ICD–9–CM code range[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	84,994	7,605	100.0	. . .
Infectious and parasitic diseases 001–139	2,536	275	3.0	0.2
Neoplasms 140–239	3,155	727	3.7	0.8
Endocrine, nutritional, metabolic diseases, and immunity disorders 240–279	4,665	723	5.5	0.7
Mental disorders 290–319	5,736	713	6.7	0.8
Diseases of the nervous system and sense organs 320–389	5,493	663	6.5	0.5
Diseases of the circulatory system 390–459	6,369	820	7.5	0.7
Diseases of the respiratory system 460–519	8,682	1,094	10.2	0.8
Diseases of the digestive system 520–579	2,698	344	3.2	0.3
Diseases of the genitourinary system 580–629	3,992	439	4.7	0.4
Diseases of the skin and subcutaneous tissue 680–709	2,760	336	3.2	0.3
Diseases of the musculoskeletal system and connective tissue 710–739	5,914	740	7.0	0.6
Symptoms, signs, and ill-defined conditions 780–799	5,289	551	6.2	0.3
Injury and poisoning 800–999	4,732	641	5.6	0.6
Supplementary classification V01–V82	18,648	2,021	21.9	1.2
All other diagnoses[2]	3,149	462	3.7	0.4
Unknown[3]	1,177	327	1.4	0.4

. . . Category not applicable.
[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (23).
[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 perinatal period (760–779); and entries not codable to the ICD–9–CM (e.g., illegible entries, left against medical advice, transferred, entries of "none," "no diagnoses") (V99).
[3]Includes blanks diagnoses.

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

Table 12. Number and percent distribution of outpatient department visits with corresponding standard errors, by primary diagnosis group: United States, 2004

Primary diagnosis group and ICD–9–CM code(s)[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	84,994	7,605	100.0	0.0
Routine infant or child health check V20.2	3,482	511	4.1	0.4
Essential hypertension 401	3,471	482	4.1	0.4
Normal pregnancy V22	2,882	454	3.4	0.5
Acute upper respiratory infections, excluding pharyngitis 460–461,463–466	2,802	404	3.3	0.3
Diabetes mellitus 250	2,739	510	3.2	0.5
Malignant neoplasms 140–208,230–234	2,516	671	3.0	0.7
Arthropathies and related disorders 710–719	2,085	395	2.5	0.4
Spinal disorders 720–724	2,021	303	2.4	0.3
Specific procedures and aftercare V50–V59.9	1,735	266	2.0	0.3
Otitis media and eustachian tube disorders 381–382	1,388	231	1.6	0.2
Rheumatism, excluding back 725–729	1,366	187	1.6	0.1
Psychoses, excluding major depressive disorder 290–295,296.0–296.1,296.4–299	1,364	236	1.6	0.3
Potential health hazards related to communicable diseases V01–V09	*1,175	453	*1.4	0.5
Chronic sinusitis 473	1,125	200	1.3	0.2
Follow up examination V67	1,078	176	1.3	0.2
Heart disease, excluding ischemic 391–392.0,393–398,402,404,415–416,420–429	1,069	190	1.3	0.2
Acute pharyngitis 462	1,055	212	1.2	0.2
Asthma 493	1,054	141	1.2	0.1
Gynecological examination V72.3	1,014	144	1.2	0.1
General medical examination V70	972	153	1.1	0.1
All other diagnosis	48,601	4,255	57.2	0.9

0.0 Quantity more than zero, but less than 0.05.
* Figure does not meet standards of reliability or precision.
[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (23). However, certain codes have been combined in this table to better describe the ulitization of ambulatory care services.

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

Table 13. Number and percent distribution of outpatient department visits with corresponding standard errors by patient's age, according to the five leading primary diagnosis groups: United States, 2004

Primary diagnosis group and ICD–9–CM code(s)[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[2]	Standard error of rate
All visits	84,994	7,605	100.0	. . .	29.5	2.6
Under 1 year						
All visits	3,516	478	100.0	0.4	86.3	11.7
Routine infant or child health check V20.2	1,428	228	40.6	3.1	35.0	5.6
Acute upper respiratory infections, excluding pharyngitis 460–461,463–466	279	64	7.9	1.4	6.8	1.6
Congenital anomalies 740–759	*187	80	5.3	2.1	4.6	2.0
Otitis media and eustachian tube disorders 381–382	126	29	3.6	0.8	3.1	0.7
Unspecified viral and chlamydial infection 079.9	*	. . .	2.8	1.0	2.4	0.9
All other diagnoses	1,398	199	39.8	2.2	34.3	4.9
1–12 years						
All visits	13,392	1,720	100.0	1.4	27.9	3.6
Routine infant or child health check V20.2	1,768	281	13.2	1.5	3.7	0.6
Acute upper respiratory infections, excluding pharyngitis 460–461,463–466	986	172	7.4	1.1	2.1	0.4
Otitis media and eustachian tube disorders 381–382	834	169	6.2	0.9	1.7	0.4
Acute pharyngitis 462	392	84	2.9	0.6	0.8	0.2
Diabetes mellitus 250	*376	233	2.8	1.6	0.8	0.5
All other diagnoses	9,038	1,217	67.5	2.1	18.8	2.5
13–21 years						
All visits	8,979	919	100.0	0.6	24.3	2.5
Normal pregnancy[3] V22	947	179	10.5	1.9	5.2	1.0
Acute upper respiratory infections, excluding pharyngitis 460–461,463–466	324	65	3.6	0.7	0.9	0.2
Diabetes mellitus 250	*306	153	3.4	1.6	0.8	0.4
Acute pharyngitis 462	294	74	3.3	0.7	0.8	0.2
Routine infant or child health check V20.2	286	60	3.2	0.6	0.8	0.2
All other diagnoses	6,822	710	76.0	2.0	18.4	1.9
22–49 years						
All visits	30,151	2,725	100.0	1.2	25.9	2.3
Normal pregnancy[4] V22	1,910	317	6.3	0.9	3.2	0.5
Spinal disorders 720–724	995	147	3.3	0.4	0.9	0.1
Essential hypertension 401	882	153	2.9	0.4	0.8	0.1
Arthropathies and related disorders 710–719	*853	259	2.8	0.8	0.7	0.2
Acute upper respiratory infections, excluding pharyngitis 460–461,463–466	824	157	2.7	0.4	0.7	0.1
All other diagnoses	24,687	2,213	81.9	1.2	21.2	1.9
50–64 years						
All visits	15,944	1,648	100.0	0.9	33.0	3.4
Essential hypertension 401	1,205	214	7.6	1.1	2.5	0.4
Malignant neoplasms 140–208,230–234	*842	288	5.3	1.7	1.7	0.6
Diabetes mellitus 250	823	123	5.2	0.6	1.7	0.3
Arthropathies and related disorders 710–719	594	95	3.7	0.5	1.2	0.2
Spinal disorders 720–724	505	99	3.2	0.5	1.0	0.2
All other diagnoses	11,975	1,270	75.1	2.0	24.8	2.6
65 years and older						
All visits	13,011	1,463	100.0	0.9	37.5	4.2
Essential hypertension 401	1,282	219	9.9	1.4	3.7	0.6
Malignant neoplasms 140–208,230–234	884	237	6.8	1.6	2.6	0.7
Diabetes mellitus 250	660	102	5.1	0.7	1.9	0.3
Heart disease, excluding ischemic 391–392.0,393–398,402,404,415–416,420–429	499	104	3.8	0.7	1.4	0.3
Ischemic heart disease 410–414.9	404	116	3.1	0.8	1.2	0.3
All other diagnoses	9,282	1,103	71.3	2.4	26.8	3.2

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (23). However, certain codes have been combined in this table to describe the ulitization of ambulatory care services.

[2]Visit rates by age are based on the July 1, 2004, set of estmates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

[3]The population used for the rate is based on visits by females 13–21 years of age. For males in this age group, the leading diagnosis was attention deficit disorder (0.7 visits per 100 males 13–21 years, SE=0.2).

[4]The population used for the rate is based on visits by females 22–49 years of age. For males in this age group, the leading diagnosis was spinal disorders (0.8 visits per 100 males 22–49 years, SE=0.2).

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

Table 14. Number, percent distribution, and annual rate of injury-related outpatient department visits with corresponding standard errors, by patient age, sex, race, and ethnicity: United States, 2004

Patient age, sex, race, and ethnicity	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year[1]	Standard error of rate
All injury-related visits[2]	9,380	1,041	100.0	. . .	3.3	0.4
Age						
Under 15 years	2,322	366	24.8	2.5	3.8	0.6
Under 1 year	178	49	7.7	1.9	4.4	1.2
1–4 years	680	107	29.3	2.9	4.3	0.5
5–14 years	1,464	268	63.0	3.6	3.6	0.7
15–24 years	1,204	170	12.8	0.8	3.0	0.4
25–44 years	2,651	342	28.3	1.7	3.2	0.4
45–64 years	2,176	250	23.2	1.5	3.1	0.4
65 years and over	1,028	141	11.0	1.2	3.0	0.4
65–74 years	564	89	6.0	0.7	3.1	0.5
75 years and over	464	70	4.9	0.7	2.8	0.4
Sex and age						
Female	4,623	526	49.3	1.5	3.1	0.4
Under 15 years	979	177	21.2	2.7	3.3	0.6
15–24 years	495	75	10.7	1.0	2.5	0.4
25–44 years	1,291	186	27.9	2.0	3.1	0.4
45–64 years	1,237	147	26.7	1.9	3.4	0.4
65–74 years	299	52	6.5	1.0	3.0	0.5
75 years and over	322	57	7.0	1.1	3.2	0.6
Male	4,757	554	50.7	1.5	3.4	0.4
Under 15 years	1,343	209	28.2	2.9	4.3	0.7
15–24 years	708	115	14.9	1.3	3.5	0.6
25–44 years	1,359	193	28.6	2.1	3.3	0.5
45–64 years	940	131	19.7	1.9	2.8	0.4
65–74 years	265	57	5.6	1.0	3.2	0.7
75 years and over	142	29	3.0	0.6	2.2	0.5
Race[3]						
White	7,465	916	79.6	2.0	3.2	0.4
Black or African American	1,545	186	16.5	1.9	4.3	0.5
Other	370	91	3.9	0.8	1.9	0.5
Ethnicity[3]						
Hispanic or Latino	1,267	213	13.5	2.1	3.1	0.5
Not Hispanic or Latino	8,114	966	86.5	2.1	3.3	0.4

. . . Category not applicable.

[1]Visit rates for age, sex, race, and ethnicity are based on the July 1, 2004, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

[2]Injury visits represent 11.0 percent (SE=0.8) of all outpatient department visits.

[3]Other race includes Asians, Native Hawaiians or other Pacific Islanders, American Indians or Alaska Natives, and multiple races. All race categories include persons of Hispanic and not Hispanic orgin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. However, the percent of visit records with multiple races indicated is small and lower than is typically found for self-reported race.

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

Table 15. Number and percent distribution of injury-related outpatient department visits with corresponding standard errors, by intent and mechanism of external cause: United States, 2004

Intent and mechanism[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All injury-related visits	9,380	1,041	100.0	. . .
Unintentional injuries	5,164	681	55.1	2.3
Falls	1,359	208	14.5	1.2
Striking against or struck accidentally by objects or persons	672	165	7.2	1.3
Natural and environmental factors	537	93	5.7	0.7
Overexertion and strenuous movements	504	97	5.4	0.8
Motor vehicle traffic	500	74	5.3	0.6
Cutting or piercing instruments or objects	395	85	4.2	0.7
Other and not elsewhere classified[2]	1,148	160	12.2	1.1
Mechanism unspecified	*	. . .	*	. . .
Intentional injuries[3]	231	43	2.5	0.4
Injuries of undetermined intent	*	. . .	*	. . .
Adverse effects of medical treatment	746	122	7.9	1.2
Medical/surgical complications	514	96	5.5	0.9
Adverse drug effects	232	51	2.5	0.5
Blank cause[4]	3,179	360	33.9	2.1

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

[1]Based on the *Supplementary Classification of External Causes of Injury and Poisoning, International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (23). A detailed description of the ICD–9–CM E-codes used to create the groupings in this table can be found in the 2003 Advance Data Report (2).

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

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

[4]Includes illegible entries and blanks.

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

Table 16. Number and percentage of outpatient department visits with corresponding standard errors, by diagnostic and screening services ordered or provided: United States, 2004

Diagnostic and screening services ordered or provided	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	84,994	7,605	. . .	. . .
One or more diagnostic or screening services listed	76,755	7,067	90.3	1.3
None	8,239	1,288	9.7	1.3
Blank	*400	144	*0.5	0.2
Examinations				
General medical examination	49,591	5,072	58.3	3.0
Other examination	16,846	2,034	19.8	1.6
Vital signs				
Temperature	39,784	4,079	46.8	2.9
Blood pressure	51,267	4,959	60.3	2.5
Diagnostic Tests				
EKG[2]	2,503	420	2.9	0.4
Any scope procedure	2,001	521	2.4	0.6
Sigmoidoscopy or colonoscopy	956	254	1.1	0.3
Endoscopy	778	210	0.9	0.2
Cystoscopy	141	37	0.2	0.0
Laboratory tests				
CBC[3]	10,843	1,385	12.8	1.2
Urinalysis	9,151	1,265	10.8	1.2
Lipids or cholesterol	5,163	878	6.1	0.8
Glucose	4,989	891	5.9	0.9
Hematocrit or hemoglobin	3,222	809	3.8	0.9
Pap test	2,874	328	3.4	0.3
Electrolytes	2,868	456	3.4	0.5
HgbA1C[4]	2,832	656	3.3	0.7
PSA[5]	654	133	0.8	0.1
Other blood test	10,908	1,262	12.8	1.0
Cultures				
Any culture	5,020	634	5.9	0.6
Urine	2,136	404	2.5	0.4
Throat or rapid strep test	1,620	308	1.9	0.3
Cervical or urethral	1,136	168	1.3	0.2
Stool	553	135	0.7	0.2
Imaging				
Any imaging	12,060	1,481	14.2	1.1
X ray	5,955	757	7.0	0.7
Mammography	2,436	608	2.9	0.6
Other imaging	4,743	746	5.6	0.7
Other services	8,465	991	10.0	0.8

0.0 Quantity more than zero, but less than 0.05.
. . . Category not applicable.
* Figure does not meet standards of reliability or precision.
[1]Total exceeds ''All visits'' because more than one service may be reported per visit.
[2]EKG is electrocardiogram.
[3]CBC is complete blood count.
[4]HgbA1C is glycohemoglobin.
[5]PSA is prostate-specific antigen.

Table 17. Mean initial vital signs for patients seen at outpatient department visits with corresponding standard errors and percentiles, by type of vital sign and patient's age: United States, 2004

Type of vital sign	Mean	Standard error	25th percentile	50th percentile	75th percentile
Temperature in degrees Fahrenheit					
All visits	98.0	0.0	97.3	98.0	98.5
Under 5 years	98.2	0.1	97.2	98.0	98.9
5 years and over	98.0	0.0	97.3	97.9	98.5
Reason for visit: fever	99.2	0.2	97.7	98.8	100.6
Systolic blood pressure in mmHg[1]					
All visits	125.1	0.7	109.7	121.8	137.7
18–44 years	120.9	0.7	109.3	119.3	129.9
45–64 years	131.8	0.7	119.1	129.5	141.9
65 years and over	137.7	0.9	122.4	137.0	149.5
Diagnosis of hypertension	142.2	1.0	127.8	139.8	153.2
Diastolic blood pressure in mmHg[1]					
All visits	73.7	0.3	64.2	72.8	80.2
18–44 years	74.0	0.4	65.1	72.6	79.9
45–64 years	77.8	0.3	69.6	78.0	83.9
65 years and over	74.4	0.4	67.0	75.0	80.0
Diagnosis of hypertension	80.6	0.6	71.4	79.5	89.1

0.0 Quantity more than zero but less than 0.05.
[1]mmHg is millimeters of mercury.

Table 18. Number and percentage of outpatient department visits with corresponding standard errors, by counseling, education, or therapeutic services ordered or provided: United States, 2004

Counseling, education, or therapeutic services ordered or provided	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	84,994	7,605	. . .	. . .
One or more counseling, education, or therapeutic service listed	42,490	4,474	50.0	2.9
None	42,503	4,548	50.0	2.9
Blank	*1,480	528	*1.7	0.6
Diet or nutrition	12,999	1,965	15.3	1.7
Exercise	5,873	1,007	6.9	1.0
Mental health or stress management	3,940	617	4.6	0.6
Growth or development	3,732	600	4.4	0.6
Psychotherapy	3,557	515	4.2	0.7
Tobacco use or exposure	2,322	304	2.7	0.3
Weight reduction	1,441	222	1.7	0.2
Asthma education	1,370	206	1.6	0.2
Physiotherapy	1,115	235	1.3	0.3
Other	24,801	3,223	29.2	2.6

. . . Category not applicable.
* Figure does not meet standards of reliability or precision.
[1]Total exceeds ''All visits'' because more than one service may be reported per visit.

Table 19. Number and percent distribution of outpatient department visits with corresponding standard errors, by medication therapy and number of medications provided or prescribed: United States, 2004

Medication therapy[1]	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	84,994	7,605	100.0	. . .
Drug visits[2]	57,299	5,445	67.4	1.7
Visits without mention of medication	27,695	2,755	32.6	1.7
Number of medications provided or prescribed				
All visits	84,994	7,605	100.0	. . .
0	27,695	2,755	32.6	1.7
1	19,838	2,012	23.3	1.0
2	13,636	1,410	16.0	0.7
3	7,994	837	9.4	0.5
4	5,100	542	6.0	0.4
5	2,998	359	3.5	0.3
6	2,070	299	2.4	0.3
7	1,575	244	1.9	0.2
8	4,088	748	4.8	0.8

. . . Category not applicable.
[1]Includes prescription drugs, over-the-counter preparations, immunizations, and desensitizing agents.
[2]Visits at which one or more drugs were provided or prescribed.

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

Table 20. Number and percent distribution of drug visits and drug mentions, and percent drug visits and drug mention rates per 100 visits with corresponding standard errors, by clinic type: United States, 2004

	Drug visits[1]				Drug mentions[2]				Percent drug visits[3]		Drug mention rates[4]	
Clinic type	Number in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Percent	Standard error of percent	Number of drug mentions per 100 visits	Standard error of rate
All visits	57,299	5,445	100.0	. . .	162,632	17,285	100.0	. . .	67.4	1.7	191.3	10.7
General medicine	36,720	3,895	64.1	2.4	109,335	12,449	67.2	2.4	75.9	1.8	225.9	12.6
Pediatrics	8,139	1,435	14.2	2.1	17,932	3,111	11.0	1.7	67.1	3.0	147.9	9.1
Surgery	4,924	883	8.6	1.2	17,079	3,947	10.5	1.9	49.1	4.5	170.4	26.7
Obstetrics and gynecology	3,373	483	5.9	0.8	6,155	1,043	3.8	0.6	48.3	3.6	88.1	10.6
Substance abuse and other	4,144	543	7.2	0.9	12,130	1,666	7.5	0.9	55.5	6.5	162.4	21.8

. . . Category not applicable.
[1]Visits at which one or more drugs were provided or prescribed by the physician.
[2]Number of drugs mentioned at visits (up to eight per visit).
[3]Percent of visits to clinic that included one or more drug mentions (number of drug visits divided by number of clinic visits multiplied by 100).
[4]Average number of drugs that were mentioned per 100 visits to each clinic (number of drug mentions divided by total number of visits multiplied by 100).

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

Table 21. Number and percentage of drug mentions for the 20 most frequently occurring therapeutic drug classes at outpatient department visits with corresponding standard errors: United States, 2004

Therapeutic class[1]	Number of occurrences in thousands	Standard error in thousands	Percent of drug mentions[2]	Standard error of percent
NSAIDs[3]	9,238	1,115	5.7	0.8
Nonnarcotic analgesics	7,928	1,068	4.9	0.9
Antidepressants	7,649	1,071	4.7	1.0
Antipyretics	7,259	1,010	4.5	0.9
Narcotic analgesics	6,408	1,221	3.9	1.3
Vaccines or antisera	6,190	1,283	3.8	1.2
Acid or peptic disorders	6,104	838	3.8	0.7
Blood glucose regulators	6,072	952	3.7	0.9
Antiasthmatics, bronchodilators	5,943	705	3.7	0.6
Antihistamines	5,683	733	3.5	0.5
Vitamins or minerals	5,514	855	3.4	0.8
Hyperlipidemia	5,152	798	3.2	0.8
Antiarthritics	5,104	802	3.1	0.7
Antihypertensive agents	4,621	619	2.8	0.5
Diuretics	4,507	621	2.8	0.6
ACE[4] inhibitors	4,121	626	2.5	0.6
Beta blockers	4,025	604	2.5	0.6
Penicillins	3,920	540	2.4	0.4
Anticonvulsants	3,869	491	2.4	0.5
Adrenal corticosteroids	3,309	376	2.0	0.3

[1]Based on the standard four-digit drug classification used in the *National Drug Code Directory, 1995 edition* (26).
[2]Based on an estimated 162,632,000 drug mentions at outpatient department visits in 2004. Total of all therapeutic classes will exceed total drug mentions because up to three classes may be coded for each drug.
[3]NSAIDs are nonsteroidal anti-inflammatory drugs.
[4]ACE is angiotensin-converting enzyme.

Table 22. Number and percentage of outpatient department visits with corresponding standard errors, by providers seen: United States, 2004

Type of provider	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	84,994	7,605	100.0	. . .
Any physician	67,782	6,347	79.7	2.1
Staff physician	63,183	6,103	74.3	2.3
Resident or intern	12,986	2,239	15.3	2.2
Other physician	2,193	411	2.6	0.5
R.N.[2]	31,228	4,023	36.7	3.5
Medical or nursing assistant	16,941	3,076	19.9	2.9
L.P.N.[3]	11,842	1,941	13.9	1.9
Nurse practitioner or midwife	6,433	1,428	7.6	1.5
Medical technician or technologist	6,258	1,308	7.4	1.4
Physician assistant	4,285	1,081	5.0	1.2
Other provider	5,942	942	7.0	1.1

. . . Category not applicable.
[1]Total exceeds ''All visits'' because more than one provider may be reported per visit.
[2]R.N. is registered nurse.
[3]L.P.N. is licensed practical nurse.

Table 23. Number and percentage of outpatient department visits with corresponding standard errors by visit disposition: United States, 2004

Disposition	Number of visits in thousands[1]	Standard error in thousands	Percent of visits	Standard error of percent
All visits	84,994	7,605	100.0	. . .
Return at specified time	54,326	4,842	63.9	2.0
Return if needed, P.R.N[2]	22,009	2,845	25.9	2.0
Referred to other physician	10,825	1,547	12.7	1.5
No followup planned	5,957	1,107	7.0	1.0
Telephone followup planned	*2,155	907	*2.5	1.0
Admitted to hospital	739	123	0.9	0.1
Other disposition	1,491	380	1.8	0.4
Blank	*1,332	526	*1.6	0.6

. . . Category not applicable.
* Figure does not meet standards of reliability or precision.
[1]Total exceeds ''All visits'' because more than one provider may be reported per visit.
[2]P.R.N. is as needed.

Technical Notes

Form Approved OMB No. 0920-0278 Exp. Date 04/30/2005 CDC 64.135

FORM NHAMCS-100(OPD)
(8-22-2003)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS DATA COLLECTION AGENT FOR THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
2004 OUTPATIENT DEPARTMENT PATIENT RECORD

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

NHAMCS-100(OPD) (8-22-2003)

1. PATIENT INFORMATION

a. Date of visit — Month | Day | Year

b. ZIP code

c. Date of birth — Month | Day | Year

d. Sex
1 ☐ Female
2 ☐ Male

e. Ethnicity
1 ☐ Hispanic or Latino 2 ☐ Not Hispanic or Latino

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

g. Does patient use tobacco?
1 ☐ Yes 2 ☐ No 3 ☐ Unknown

h. Primary expected source of payment for this visit – Mark (X) one.
1 ☐ Private insurance
2 ☐ Medicare
3 ☐ Medicaid/SCHIP
4 ☐ Worker's Compensation
5 ☐ Self-pay
6 ☐ No charge/Charity
7 ☐ Other
8 ☐ Unknown

2. REASON FOR VISIT

Patient's complaint(s), symptom(s), or other reason(s) for this visit – Use patient's own words.

(1) Most important:

(2) Other:

(3) Other:

3. CONTINUITY OF CARE

a. Are you the patient's primary care physician?
1 ☐ Yes –SKIP to item 3b.
2 ☐ No
3 ☐ Unknown
→ Was patient referred for this visit?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

b. Has the patient been seen in this clinic before?
1 ☐ Yes, established patient – How many past visits in the last 12 months? Exclude this visit.
1 ☐ None
2 ☐ 1-2
3 ☐ 3-5
4 ☐ 6+
5 ☐ Unknown
2 ☐ No, new patient

c. Major reason for this visit
1 ☐ Acute problem (<3 mos. onset)
2 ☐ Chronic problem, routine
3 ☐ Chronic problem, flare-up
4 ☐ Pre-/Post-surgery
5 ☐ Preventive care (e.g., routine prenatal, general exam, well-baby, screening, insurance exam)

Episode of care
1 ☐ Initial visit for problem
2 ☐ Follow-up visit for problem
3 ☐ Unknown

d. Do other physicians share patient's care for this problem or diagnosis?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

4. INJURY/POISONING/ADVERSE EFFECT

a. Is this visit related to an injury, or poisoning, or adverse effect of medical treatment?
1 ☐ Yes →
2 ☐ No – SKIP to item 5.

b. Cause of injury, poisoning, or adverse effect – Describe the place, intentionality, and events that preceded the injury, poisoning, or adverse event (e.g., allergy to penicillin, bee sting, pedestrian hit by car driven by drunk driver, wife beaten with fists by husband, heroin overdose, infected shunt, etc.).

5. PHYSICIAN'S DIAGNOSIS FOR THIS VISIT

As specifically as possible, list diagnoses related to this visit including chronic conditions.

(1) Primary diagnosis:

(2) Other:

(3) Other:

6. DIAGNOSTIC/SCREENING SERVICES

Mark (X) all ordered or provided at this visit.

1 ☐ NONE
2 ☐ General medical exam
3 ☐ Other exam – Specify site (e.g., breast, rectal)
4 ☐ Temperature Specify →
5 ☐ Blood pressure – Specify
6 ☐ Urinalysis (UA)
7 ☐ Urine culture
8 ☐ PAP test
9 ☐ Cervical/Urethral culture
10 ☐ PSA (prostate specific antigen)
11 ☐ Hematocrit/Hemoglobin
12 ☐ CBC (complete blood count)
13 ☐ Lipids/Cholesterol
14 ☐ Glucose
15 ☐ HgbA1C (glycohemoglobin)
16 ☐ Electrolytes
17 ☐ Other blood test
18 ☐ EKG/ECG (electrocardiogram)
19 ☐ Throat culture/Rapid strep test
20 ☐ Stool culture
21 ☐ X-ray
22 ☐ Mammography
23 ☐ Other imaging
24 ☐ Scope procedure (e.g., colonoscopy) – Specify
25 ☐ Other type of test or service – Specify

7. COUNSELING/EDUCATION/THERAPY

Mark (X) all ordered or provided at this visit. Exclude medications.

1 ☐ NONE
2 ☐ Asthma education
3 ☐ Diet/Nutrition
4 ☐ Exercise
5 ☐ Growth/Development
6 ☐ Mental health/Stress management
7 ☐ Physiotherapy
8 ☐ Psychotherapy
9 ☐ Tobacco use/ exposure
10 ☐ Weight reduction
11 ☐ Other

8. SURGICAL PROCEDURES

List up to 2 surgical procedures ordered, scheduled, or performed at this visit.

☐ NONE SKIP to item 9.

(1) 1 ☐ Ordered/ Scheduled 2 ☐ Performed

(2) 1 ☐ Ordered/ Scheduled 2 ☐ Performed

9. MEDICATIONS & INJECTIONS

a. What is the total number of drugs prescribed or provided at this visit? → Number of drugs

Include Rx and OTC medications, immunizations, allergy shots, anesthetics, and dietary supplements that were ordered, supplied, administered or continued during this visit.

b. List up to 8 medication/injection names below.

(1) (2) (3) (4) (5) (6) (7) (8)

10. VISIT DISPOSITION

Mark (X) all that apply.

1 ☐ No follow-up planned
2 ☐ Return if needed, PRN
3 ☐ Refer to other physician
4 ☐ Return at specified time
5 ☐ Telephone follow-up planned
6 ☐ Admit to hospital
7 ☐ Other

11. PROVIDERS SEEN

Mark (X) all that apply.

1 ☐ Staff physician
2 ☐ Resident/Intern
3 ☐ Other physician
4 ☐ RN
5 ☐ LPN
6 ☐ Medical/ Nursing assistant
7 ☐ Nurse practitioner/ Midwife
8 ☐ Physician assistant
9 ☐ Medical technician/ technologist
10 ☐ Other

2004 OPD

Suggested citation

Middleton KR, Hing E. National Hospital Ambulatory Medical Care Survey: 2004 Outpatient Department Summary. Advance data from vital and health statistics; no 373. Hyattsville, MD: National Center for Health Statistics. 2006.

U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention
National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

To receive this publication regularly, contact the National Center for Health Statistics by calling 1-866-441-NCHS (6247)
E-mail: nchsquery@cdc.gov
Internet: www.cdc.gov/nchs

06-0117 (6/06)
CS103295
T25277
DHHS Publication No. (PHS) 2006-1250

FIRST CLASS
POSTAGE & FEES PAID
CDC/NCHS
PERMIT NO. G-284