

The National Ambulatory Medical Care Survey United States, 1975-81 and 1985 Trends

Based on data obtained from a national sample of office-based physicians, statistics are presented on the provision and utilization of ambulatory medical care in physicians' offices from 1975 to 1981 and 1985. Utilization patterns are described in terms of patient characteristics, physician characteristics, and visit characteristics.

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Survey
Series 13, No. 93**

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Symbols

- - - Data not available
 - . . . Category not applicable
 - Quantity zero
 - 0.0 Quantity more than zero but less than 0.05
 - Z Quantity more than zero but less than 500 where numbers are rounded to thousands
 - * Figure does not meet standard of reliability or precision (more than 30 percent relative standard error)
 - # Figure suppressed to comply with confidentiality requirements
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The National Ambulatory Medical Care Survey: 1975–81 and 1985

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Introduction

This report focuses on the National Ambulatory Medical Care Survey (NAMCS) from 1975 to 1985. NAMCS is a probability sample survey of office-based physicians, conducted annually from 1975 through 1981 and again in 1985 by the Division of Health Care Statistics of the National Center for Health Statistics. Because the estimates presented in this report are based on a sample rather than on the entire universe of office visits, they are subject to sampling variability. A description of the 1985 sample design and guidelines for judging precision of the estimates are contained in appendix I, and terms used in the survey are provided in appendix II. A copy of the basic survey instrument, the Patient Record for 1985, is provided in appendix III. Similar information for previous yearly cycles of the NAMCS has been published (NCHS, 1978a, 1978b, 1980a, 1980b, 1982a, 1982b, and 1983).

Data from this report have been selected for consistency throughout the 1975–85 period. Because of changes in data items, definitions, and coding procedures, some data from NAMCS are known to have been changed during the study period and, consequently, are not presented in this report. Two changes are particularly noteworthy. The International Classification of Diseases (ICD), used to code diagnoses, was changed in 1979 (NCHS, 1967; Public Health Service and Health Care Financing Administration, 1980), and the system for coding a patient's reason for visit was changed in 1977 (NCHS 1974; NCHS 1979). Diagnoses and reasons for visit were selected for this report to minimize the impact of the coding changes. The reader is cautioned, however, that the effects of such changes cannot be entirely eliminated.

Patient demographic characteristics

In 1985 there were an estimated 636 million visits to office-based non-Federal ambulatory medical care physicians, a 12-percent increase since 1975 (table 1). Estimates of total visits varied around a mean of 575 million from 1975 to 1981 before increasing by about 50 million from 1981 to 1985. Patients 25–44 years of age and 65 years of age and over accounted for higher proportions of office visits in 1985 than in 1975. Conversely, visits by patients 15–24 years of age and 45–64 years of age were proportionally lower in 1985 than in 1975. Females represented about 60 percent and white patients represented about

90 percent of the annual number of office visits consistently throughout the 1975–85 period. The visit rate (number of visits per person per year) remained relatively constant over the NAMCS survey years, with female, white, and older persons having higher visit rates than their counterparts.

When stratified by patient age, the higher rates for females and white persons are consistent for all age groups, except for the visit rate by males under age 15 years, which is about equal to that for females under age 15 years (table 1). Visit rates by age, sex and race were stable through the 1975–85 period.

Physician practice characteristics

The number of visits to pediatricians, “other medical” specialties, and “other surgical” specialties increased by 24 percent (14.3 million), 59 percent (23.1 million), and 30 percent (26.5 million), respectively, in 1985 over the 1975–81 mean estimate of office visits (table 2). The number of office visits to general and family practitioners in 1985 was 15.5 million lower than the mean for 1975–81, a decline of 7 percent.

The increasing role of specialists in office-based ambulatory care and the associated decreasing role of generalists that was noted in 1980 continued in 1985 (NCHS, 1982b). The proportion of visits to general and family practice physicians and general surgeons decreased steadily from 1975 through 1985 while the proportion of visits to medical and surgical specialists increased.

Generalists accounted for 48.6 percent of office visits in 1975 but only 35.2 percent by 1985, a decrease of 28 percent.

Although the proportion of office visits to physicians in solo practice was greater than that to physicians in partnership and group practice from 1975 to 1985, there was a strong shift beginning about 1979 toward partnership and group practice. About 40 percent of visits from 1975 through 1978 were to partnership and group practices, but by 1985 these visits accounted for nearly one-half (49.1 percent) of all visits (table 2). The shift toward partnership and group practice was particularly evident for general and family practitioners. Office visits by type of physician practice and physician specialty are shown in table 3.

Patient visit status

Visits by new patients accounted for about 15 percent of all office visits. This percent was rather constant from 1975 through 1981 but may have increased in 1985 to 16.9 percent. This increase may be real but may simply be an artifact of the sampling process. Additional years of data are needed to make this determination. Within specialty groups, the percent of new patient visits fluctuated through the period, with no trend apparent.

Return visits by old (known) patients with old (previously treated) problems accounted for about 60 percent of office visits. This figure was essentially unchanged through the 1975–85 period. By specialty, the percent of return visits varies from about 90 percent of visits to psychiatrists to less than 50 percent of visits to pediatricians. Over the 1975–85 period, however, the percent of return visits within each specialty group remained relatively constant.

Patient's reason for visiting physician

Table 4 shows selected reasons why patients decide to go to the doctor. Most of the 20 reasons shown in table 4 have demonstrated remarkable stability over the 1975–85 period. The substantial increase in general medical exams in 1977 and 1978 can be attributed largely to changes in the classification system and coding procedures. The variability of estimates for gynecological exams and well-baby exams is also partly the result of coding changes, although effects of coding are less clear for these reasons. Well-baby exams appear to have increased threefold from 1978 to 1985. Gynecological exams appear to have dropped by nearly one-half from 1981 to 1985 despite an increase in the number of females 15–44 years of age. Both of these potential trends should be further examined when additional years of data become available.

Physician's diagnosis

Estimates of office visits for selected diagnoses are shown in table 5. The diagnoses were recorded by the physicians for each patient visit during the data collection periods. The principal (first-listed) diagnoses are tabulated in this report, and they represent the physician's best determination of diagnoses at the time of the survey. They may or may not be definitive diagnoses confirmed by diagnostic tests.

As noted earlier, the diagnoses were coded and classified according to the *Eighth Revision International Classification of Diseases* (ICDA-8) (NCHS, 1967) from 1975 through 1978 and according to the *International Classification of Dis-*

eases, 9th Revision, Clinical Modification (ICD-9-CM) (Public Health Service and Health Care Financing Administration, 1980) beginning in 1979. Because these two versions of the International Classification of Diseases (ICD) do not have one-to-one correspondence for some diagnoses, only selected diagnoses are shown in table 5 to minimize the impact of the change. Two diagnostic groups included in table 5 that clearly demonstrate the effects of the ICD change are chronic ischemic heart disease and contact dermatitis and other eczema. Both diagnostic categories show dramatic decreases in visits from 1978 to 1979, with virtually no changes before or after that period.

Most diagnoses varied from year to year in insignificant ways and showed no tendency to increase or decrease over the 1975–85 period. The exceptions are benign neoplasms of the skin, cataract, glaucoma, and otitis media. Visits for these diagnostic groups all showed a statistically significant increase over the time period. Another interesting result that warrants further attention when data become available is the apparent decrease in visits for obesity that occurred in 1981 and 1985.

Estimates of office visits by major ICD diagnostic groups are presented in tables 6–9. The effects of changes in the ICD are much less for the major diagnostic groups because most changes occurred within groups. There are exceptions, however, that would tend to cause a decrease in one group with a concomitant increase in another. For example, certain diarrheal diseases coded in the infective and parasitic diseases category in ICDA-8 were moved to the digestive diseases category in ICD-9-CM. Also, some diagnoses of neuritis, neuralgia, and sciatica were moved to the musculoskeletal diseases category of ICD-9-CM from the diseases of the nervous system and sense organs category in ICDA-8. The increases and decreases in these categories from 1978 to 1979 caused by the changes in ICD are apparent in table 6.

The distribution of visits by the major ICD categories remained relatively constant over the period 1975–85, with the exceptions noted earlier. In spite of the coding change that caused a slight drop in visits for diseases of the nervous system and sense organs, this category showed a steady increase over the period, from 7.9 percent of visits in 1975 to 11.0 percent by 1985. Visits for otitis media and cataracts contributed to this increase. The apparent increase in visits for neoplasms from 1981 to 1985 bears further examination when additional years of data become available.

Two major ICD classes were responsible for more than one-fourth of all visits. Diseases of the respiratory system and the

supplementary classification accounted for 12.1 and 15.3 percent, respectively, of all visits in 1985. (The supplementary classification consists primarily of nonillness diagnoses.) These two groups are also prominent within patient's age, sex, and race groups (tables 7-9). Females have relatively more visits in the supplementary classification, primarily because of prenatal care visits. Children under age 15 years have relatively more visits in both of these diagnostic groups, mainly because of well-baby and school physical exams in the supplementary classification and the acute upper respiratory problems frequently experienced by this age group.

Duration of visit

Duration of visit, as defined in the National Ambulatory Medical Care Survey, is the amount of time the physician spends in face-to-face contact with the patient. It is estimated by the physician after the visit (table 10). The mean duration of visit has increased significantly, from 15 minutes in 1975 to 16.5 minutes in 1985 (table 11).

Table 11 shows duration of visit by physician specialty, type of practice, and status of patient visits. Although changes in visit duration in these groups are not statistically significant, the

uniformity and consistency of the changes are noteworthy. There appears to be a general increase in visit duration for most specialties, types of practice, and visit status categories.

Diagnostic and therapeutic services

Data on diagnostic and therapeutic services for which information was collected consistently from 1975 to 1985 are shown in table 12. The percent of visits in which these services were ordered or provided did not change significantly over this time period. The apparent increase in 1985 in the percent of visits having a blood pressure check deserves further attention when additional years of data become available.

Disposition of visit

The physician disposition decision is categorized and displayed in table 13. The percent of visits in each of these categories was consistent from 1975 through 1981. In 1985, however, there appeared to be substantial decreases in the percent admitted to hospitals and the percent with no followup planned, and an increase in the percent referred to another physician. Additional years of data will be needed to validate these apparent changes.

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Table 1. Number, percent distribution, and rate of office visits to ambulatory care physicians by patient's age, sex, and race: United States, 1975-81 and 1985

<i>Patient's age, sex, and race</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
Number of visits in thousands								
All visits.....	567,600	588,300	570,052	584,498	556,313	575,745	585,177	636,386
Age								
Less than 15 years.....	99,010	109,995	103,756	108,917	101,352	109,356	106,773	118,768
15-24 years.....	86,570	88,403	85,761	86,494	82,290	81,561	79,234	73,964
25-44 years.....	143,525	151,107	146,329	153,655	151,714	154,695	155,689	175,724
45-64 years.....	145,434	144,708	142,163	141,507	128,594	129,645	136,055	137,391
65 years and over.....	93,061	94,087	92,043	93,924	92,363	100,488	107,426	130,538
Sex								
Female.....	342,896	354,831	345,187	349,244	337,096	346,106	353,612	387,481
Less than 15 years.....	46,140	52,240	50,229	52,102	48,735	50,503	52,130	58,174
15-24 years.....	57,085	57,768	56,055	56,181	52,344	54,879	52,397	48,883
25-44 years.....	94,655	99,367	97,450	100,736	102,000	103,562	102,833	118,557
45-64 years.....	87,676	86,794	84,241	83,996	76,003	76,385	80,646	82,331
65 years and over.....	57,339	58,661	57,212	56,230	58,012	60,777	65,606	79,535
Male.....	224,704	233,469	224,865	235,254	219,218	229,639	231,565	248,905
Less than 15 years.....	52,870	57,756	53,527	56,815	52,617	58,852	54,643	60,593
15-24 years.....	29,485	30,635	29,706	30,313	29,945	26,682	26,837	25,080
25-44 years.....	48,870	51,739	48,880	52,919	49,714	51,134	52,856	57,167
45-64 years.....	57,758	57,913	57,922	57,511	52,591	53,260	55,408	55,060
65 years and over.....	35,721	35,426	34,830	37,694	34,351	39,712	41,820	51,004
Race								
White.....	508,672	529,850	514,788	520,435	502,927	516,616	520,974	572,507
Less than 15 years.....	88,166	98,004	92,172	96,619	91,268	96,608	92,513	106,099
15-24 years.....	77,130	78,649	77,346	76,059	74,295	72,961	70,818	65,989
25-44 years.....	125,174	133,362	129,429	133,540	133,337	136,840	137,915	154,978
45-64 years.....	131,537	131,521	129,876	127,468	117,859	117,858	121,449	123,782
65 years and over.....	86,666	88,314	85,965	86,749	86,167	92,349	98,279	121,659
Black and other.....	58,928	58,450	55,264	64,063	53,387	59,129	64,203	63,879
Less than 15 years.....	10,844	11,991	11,584	12,298	10,085	12,748	14,259	12,669
15-24 years.....	9,441	9,754	8,415	10,435	7,994	8,599	8,416	7,975
25-44 years.....	18,351	17,745	16,900	20,115	18,376	17,855	17,774	20,746
45-64 years.....	13,897	13,187	12,287	14,040	10,735	11,787	14,606	13,609
65 years and over.....	6,395	5,773	6,078	7,175	6,196	8,139	9,147	8,880
Percent distribution								
All visits.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Age								
Less than 15 years.....	17.4	18.7	18.2	18.6	18.2	19.0	18.3	18.7
15-24 years.....	15.3	15.0	15.0	14.8	14.8	14.2	13.5	11.6
25-44 years.....	25.3	25.7	25.7	26.3	27.3	26.9	26.6	27.6
45-64 years.....	25.6	24.6	24.9	24.2	23.1	22.5	23.2	21.6
65 years and over.....	16.4	16.0	16.1	16.1	16.6	17.4	18.4	20.5
Sex								
Female.....	60.4	60.3	60.6	59.7	60.6	60.1	60.4	60.9
Less than 15 years.....	8.1	8.9	8.8	8.9	8.8	8.8	8.9	9.1
15-24 years.....	10.1	9.8	9.8	9.6	9.4	9.5	8.9	7.7
25-44 years.....	16.7	16.9	17.1	17.2	18.3	18.0	17.6	18.6
45-64 years.....	15.4	14.7	14.8	14.4	13.7	13.3	13.8	12.9
65 years and over.....	10.1	10.0	10.0	9.6	10.4	10.6	11.2	12.5
Male.....	39.6	39.7	39.4	40.3	39.4	39.9	39.6	39.1
Less than 15 years.....	9.3	9.8	9.4	9.7	9.5	10.2	9.3	9.5
15-24 years.....	5.2	5.2	5.2	5.2	5.4	4.6	4.6	3.9
25-44 years.....	8.6	8.8	8.6	9.0	8.9	8.9	9.0	9.0
45-64 years.....	10.2	9.8	10.2	9.8	9.5	9.3	9.5	8.6
65 years and over.....	6.3	6.0	6.1	6.4	6.2	6.9	7.1	8.0

Table 1. Number, percent distribution, and rate of office visits to ambulatory care physicians by patient's age, sex, and race: United States, 1975-81 and 1985—Con.

<i>Patient's age, sex, and race</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
Race		Percent distribution—Con.						
White.....	89.6	90.1	90.3	89.0	90.4	89.7	89.0	90.0
Less than 15 years.....	15.5	16.7	16.2	16.5	16.4	16.8	15.8	16.7
15-24 years.....	13.6	13.4	13.6	13.0	13.3	12.7	12.1	10.4
25-44 years.....	22.0	22.7	22.7	22.8	24.0	23.8	23.6	24.4
45-64 years.....	23.2	22.4	22.8	21.8	21.2	20.5	20.7	19.4
65 years and over.....	15.3	15.0	15.1	14.8	15.5	16.0	16.8	19.1
Black and other.....	10.4	9.9	9.7	11.0	9.6	10.3	11.0	10.0
Less than 15 years.....	1.9	2.0	2.0	2.1	1.8	2.2	2.4	2.0
15-24 years.....	1.7	1.7	1.5	1.8	1.4	1.5	1.4	1.2
25-44 years.....	3.2	3.0	3.0	3.4	3.3	3.1	3.0	3.3
45-64 years.....	2.4	2.2	2.1	2.4	1.9	2.0	2.5	2.1
65 years and over.....	1.1	1.0	1.1	1.2	1.1	1.4	1.6	1.4
		Visit rate^{1,2}						
All visits.....	2.73	2.81	2.70	2.75	2.59	2.66	2.62	2.74
Age								
Less than 15 years.....	1.89	2.11	2.03	2.16	2.03	2.21	2.10	2.31
15-24 years.....	2.22	2.26	2.17	2.18	2.07	2.05	1.96	1.94
25-44 years.....	2.75	2.83	2.67	2.72	2.60	2.57	2.45	2.46
45-64 years.....	3.43	3.36	3.29	3.28	2.97	2.99	3.09	3.10
65 years and over.....	4.26	4.33	4.15	4.13	3.97	4.22	4.34	4.85
Sex								
Female.....	3.21	3.27	3.16	3.17	3.04	3.09	3.05	3.23
Less than 15 years.....	1.80	2.04	2.00	2.11	2.00	2.08	2.10	2.32
15-24 years.....	2.94	2.90	2.79	2.78	2.59	2.72	2.55	2.53
25-44 years.....	3.56	3.60	3.43	3.45	3.39	3.34	3.15	3.24
45-64 years.....	3.96	3.86	3.74	3.72	3.37	3.38	3.49	3.55
65 years and over.....	4.45	4.58	4.39	4.21	4.24	4.34	4.49	5.01
Male.....	2.22	2.31	2.21	2.29	2.12	2.20	2.15	2.22
Less than 15 years.....	1.98	2.17	2.05	2.21	2.07	2.33	2.10	2.30
15-24 years.....	1.50	1.60	1.53	1.55	1.53	1.36	1.34	1.33
25-44 years.....	1.91	2.01	1.84	1.94	1.76	1.76	1.71	1.64
45-64 years.....	2.84	2.82	2.81	2.79	2.54	2.57	2.66	2.61
65 years and over.....	3.99	3.96	3.80	4.02	3.58	4.05	4.13	4.61
Race								
White.....	2.82	2.92	2.82	2.83	2.71	2.77	2.72	2.89
Less than 15 years.....	2.02	2.26	2.17	2.31	2.22	2.37	2.22	2.53
15-24 years.....	2.31	2.36	2.30	2.25	2.20	2.17	2.08	2.08
25-44 years.....	2.74	2.86	2.70	2.71	2.63	2.63	2.52	2.53
45-64 years.....	3.46	3.41	3.36	3.30	3.06	3.06	3.12	3.18
65 years and over.....	4.36	4.48	4.28	4.22	4.10	4.28	4.39	5.00
Black and other.....	2.16	2.12	1.97	2.24	1.83	1.97	2.01	1.87
Less than 15 years.....	1.26	1.37	1.33	1.41	1.16	1.46	1.55	1.34
15-24 years.....	1.66	1.72	1.46	1.77	1.34	1.40	1.30	1.25
25-44 years.....	2.79	2.64	2.43	2.79	2.45	2.21	2.00	2.00
45-64 years.....	3.16	2.95	2.70	3.04	2.28	2.42	2.93	2.52
65 years and over.....	3.25	2.85	2.90	3.31	2.77	3.61	3.85	3.44

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

²Number of visits per person per year.

Table 2. Number and percent distribution of office visits to ambulatory care physicians by physician specialty, type of practice, and status of patient visit: United States, 1975-81 and 1985

<i>Physician specialty, type of practice, and status of patient visit</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
Number of visits in thousands								
All visits.....	567,600	588,300	570,052	584,498	556,313	575,745	585,177	636,386
Physician specialty								
General and family practice.....	234,660	225,637	222,919	211,016	190,194	191,744	189,966	193,995
Internal medicine.....	62,117	68,249	64,959	68,331	66,908	69,481	74,691	73,727
Pediatrics.....	46,684	60,400	54,762	60,159	58,126	64,223	64,539	72,693
Other medical specialties.....	31,242	38,755	35,780	41,989	39,075	43,423	43,906	62,224
General surgery.....	41,292	35,967	36,123	33,099	33,740	28,315	32,697	29,858
Obstetrics and gynecology.....	48,076	48,993	49,273	55,139	50,823	55,123	53,912	56,642
Other surgical specialties.....	79,080	84,546	82,530	91,567	88,893	89,086	97,026	114,024
Psychiatry.....	14,806	15,811	16,197	15,316	17,092	15,856	15,954	17,989
All other specialties.....	9,642	9,940	7,508	7,880	11,461	18,494	12,486	15,233
Type of practice								
Solo.....	339,554	353,854	335,261	348,143	315,389	313,963	321,688	323,653
Other ¹	228,046	234,446	234,791	236,355	240,924	261,782	263,489	312,733
Status of patient visit								
New patient.....	84,807	83,606	87,230	87,386	88,136	85,519	81,156	107,624
Old patient.....	482,793	504,694	482,822	497,112	468,178	490,226	504,021	528,762
New problem.....	217,654	218,713	229,267	229,914	213,783	215,813	209,640	252,258
Old problem.....	349,945	369,587	340,785	354,584	342,530	359,932	375,537	384,128
Percent distribution								
All visits.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Physician specialty								
General and family practice.....	41.3	38.3	39.1	36.1	34.2	33.3	32.5	30.5
Internal medicine.....	10.9	11.6	11.4	11.7	12.0	12.1	12.8	11.6
Pediatrics.....	8.2	10.3	9.6	10.3	10.5	11.1	11.0	11.4
Other medical specialties.....	5.5	6.6	6.3	7.2	7.0	7.5	7.5	9.8
General surgery.....	7.3	6.1	6.3	5.7	6.1	4.9	5.6	4.7
Obstetrics and gynecology.....	8.5	8.3	8.6	9.4	9.1	9.6	9.2	8.9
Other surgical specialties.....	13.9	14.4	14.5	15.7	16.0	15.5	16.6	17.9
Psychiatry.....	2.6	2.7	2.8	2.6	3.1	2.8	2.7	2.8
All other specialties.....	1.7	1.7	1.3	1.4	2.1	3.2	2.1	2.4
Type of practice								
Solo.....	59.8	60.2	58.8	59.6	56.7	54.5	55.0	50.9
Other ¹	40.2	39.8	41.2	40.4	43.3	45.5	45.0	49.1
Status of patient visit								
New patient.....	14.9	14.2	15.3	14.9	15.8	14.9	13.9	16.9
Old patient.....	85.1	85.8	84.7	85.1	84.2	85.1	86.1	83.1
New problem.....	38.3	37.2	40.2	39.3	38.4	37.5	35.8	39.6
Old problem.....	61.6	62.8	59.8	60.7	61.6	62.5	64.2	60.4

¹Includes partnership and group practices.

Table 3. Number and percent distribution of office visits to ambulatory care physicians by physician specialty and type of practice and status of patient visit within physician specialty group: United States, 1975-81 and 1985

<i>Physician specialty, type of practice, and status of patient visit</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
GENERAL AND FAMILY PRACTICE								
	Number of visits in thousands							
Total.....	234,660	225,637	222,919	211,016	190,194	191,744	189,966	193,995
Type of practice								
Solo practice.....	171,010	158,555	149,653	138,278	126,590	122,378	120,110	106,389
Other ¹	63,650	67,082	73,266	72,738	63,604	69,366	69,856	87,606
Status of patient visit								
New patient visit.....	29,847	24,946	25,711	25,089	23,753	23,215	19,884	27,398
Old patient visit.....	204,813	200,691	197,208	185,927	166,440	168,529	170,082	166,597
New problem visit.....	101,293	93,983	103,255	97,054	83,705	85,732	81,119	90,599
Old problem visit.....	133,367	131,654	119,664	113,963	106,489	106,012	108,847	103,396
INTERNAL MEDICINE								
Total.....	62,117	68,249	64,959	68,331	66,908	69,481	74,691	73,727
Type of practice								
Solo practice.....	33,706	37,396	35,301	40,085	36,104	33,197	35,282	33,965
Other ¹	28,411	30,853	29,658	28,246	30,804	36,284	39,409	39,762
Status of patient visit								
New patient visit.....	8,122	8,707	8,252	8,572	8,204	8,854	8,597	11,271
Old patient visit.....	53,995	59,542	56,708	59,759	58,705	60,627	66,094	62,456
New problem visit.....	21,117	22,916	21,947	25,155	21,839	22,072	23,512	28,144
Old problem visit.....	41,000	45,333	43,013	43,176	45,069	47,409	51,179	45,583
PEDIATRICS								
Total.....	46,684	60,400	54,762	60,159	58,126	64,223	64,539	72,693
Type of practice								
Solo practice.....	19,372	25,803	22,060	29,301	25,028	22,676	25,732	25,751
Other ¹	27,312	34,597	32,701	30,858	33,097	41,547	38,807	46,942
Status of patient visit								
New patient visit.....	4,302	4,454	6,227	6,237	5,886	5,269	5,909	9,283
Old patient visit.....	42,382	55,946	48,535	53,922	52,240	58,954	58,630	63,410
New problem visit.....	23,657	25,763	28,150	30,301	29,035	29,269	30,335	38,562
Old problem visit.....	23,027	34,638	26,611	29,858	29,090	34,954	34,204	34,131
OTHER MEDICAL SPECIALTIES								
Total.....	31,242	38,755	35,780	41,989	39,075	43,423	43,906	62,224
Type of practice								
Solo practice.....	17,139	26,759	24,600	26,379	22,187	28,055	30,147	35,546
Other ¹	14,103	11,997	11,180	15,610	16,888	15,367	13,759	26,678
Status of patient visit								
New patient visit.....	5,623	7,649	7,255	6,286	7,473	8,472	8,350	10,534
Old patient visit.....	25,619	31,106	28,525	35,704	31,603	34,951	35,556	51,690
New problem visit.....	9,105	11,674	11,011	10,678	10,659	12,776	12,487	16,785
Old problem visit.....	22,137	27,081	24,769	31,311	28,416	30,647	31,419	45,439
GENERAL SURGERY								
Total.....	41,292	35,967	36,123	33,099	33,740	28,315	32,697	29,858
Type of practice								
Solo practice.....	26,240	22,008	19,477	21,485	21,926	13,469	18,188	18,653
Other ¹	15,051	13,959	16,647	11,614	11,814	14,846	14,509	11,205

¹Includes partnership and group practices.

Table 3. Number and percent distribution of office visits to ambulatory care physicians by physician specialty and type of practice and status of patient visit within physician specialty group: United States, 1975-81 and 1985-Con.

<i>Physician specialty, type of practice, and status of patient visit</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
GENERAL SURGERY—Con.								
Number of visits in thousands								
Status of patient visit								
New patient visit	6,538	6,598	7,479	6,443	8,212	5,894	5,874	6,397
Old patient visit	34,754	29,369	28,644	26,656	25,528	22,421	26,823	23,461
New problem visit	14,418	13,026	14,773	12,806	15,050	10,728	11,305	11,732
Old problem visit	26,874	22,941	21,350	20,293	18,690	17,587	21,393	18,126
OBSTETRICS AND GYNECOLOGY								
Total	48,076	48,993	49,273	55,139	50,823	55,123	53,912	56,642
Type of practice								
Solo practice	18,590	20,042	20,493	26,966	18,975	26,825	21,687	28,210
Other ¹	29,486	28,952	28,781	28,173	31,848	28,298	32,224	28,432
Status of patient visit								
New patient visit	6,811	6,225	7,307	8,530	7,288	6,333	6,537	8,030
Old patient visit	41,265	42,768	41,966	46,608	43,535	48,789	47,374	48,612
New problem visit	15,458	16,000	16,991	19,305	16,125	16,896	15,094	20,111
Old problem visit	32,619	32,994	32,282	35,834	34,698	38,227	38,817	36,531
OTHER SURGICAL SPECIALTIES								
Total	79,080	84,546	82,530	91,567	88,893	89,086	97,026	114,024
Type of practice								
Solo practice	36,017	45,394	44,936	47,312	42,893	43,533	49,213	55,448
Other ¹	43,063	39,153	37,593	44,255	46,000	45,552	47,813	58,576
Status of patient visit								
New patient visit	20,417	21,234	21,817	23,653	24,077	22,568	21,779	28,579
Old patient visit	58,663	63,312	60,712	67,914	64,816	66,518	75,248	85,445
New problem visit	27,023	28,626	28,587	30,988	31,339	28,728	29,458	37,862
Old problem visit	52,057	55,920	53,942	60,579	57,555	60,358	67,567	76,161
PSYCHIATRY								
Total	14,806	15,811	16,197	15,316	17,092	15,856	15,954	17,989
Type of practice								
Solo practice	12,624	11,223	14,191	13,379	13,764	14,503	13,744	13,051
Other ¹	2,181	4,588	2,006	1,937	3,329	1,353	2,210	4,939
Status of patient visit								
New patient visit	928	1,180	1,176	659	1,210	1,348	1,094	1,408
Old patient visit	13,877	14,631	15,021	14,657	15,882	14,508	14,860	16,581
New problem visit	1,253	1,929	1,463	851	1,621	1,573	1,523	1,577
Old problem visit	13,552	13,882	14,734	14,465	15,472	14,283	14,431	16,412
ALL OTHER SPECIALTIES								
Total	9,642	9,940	7,508	7,880	11,461	18,494	12,486	15,233
Type of practice								
Solo practice	4,854	6,674	4,550	4,956	7,922	9,325	7,584	6,640
Other ¹	4,788	3,266	2,958	2,924	3,539	9,168	4,901	8,593
Status of patient visit								
New patient visit	2,219	2,613	2,005	1,916	2,032	3,565	3,133	4,724
Old patient visit	7,423	7,327	5,503	5,964	9,429	14,928	9,353	10,510
New problem visit	4,329	4,796	3,089	2,776	4,410	8,038	4,807	6,885
Old problem visit	5,313	5,144	4,419	5,104	7,051	10,456	7,679	8,348

¹Includes partnership and group practices.

Table 3. Number and percent distribution of office visits to ambulatory care physicians by physician specialty and type of practice and status of patient visit within physician specialty group: United States, 1975-81 and 1985—Con.

<i>Physician specialty, type of practice, and status of patient visit</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
GENERAL AND FAMILY PRACTICE								
	Percent distribution							
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Type of practice								
Solo practice.....	72.9	70.3	67.1	65.5	66.6	63.8	63.2	54.8
Other ¹	27.1	29.7	32.9	34.5	33.4	36.2	36.8	45.2
Status of patient visit								
New patient visit.....	12.7	11.1	11.5	11.9	12.5	12.1	10.5	14.1
Old patient visit	87.3	88.9	88.5	88.1	87.5	87.9	89.5	85.9
New problem visit	43.2	41.7	46.3	46.0	44.0	44.7	42.7	46.7
Old problem visit	56.8	58.3	53.7	54.0	56.0	55.3	57.3	53.8
INTERNAL MEDICINE								
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Type of practice								
Solo practice.....	54.3	54.8	54.3	58.7	54.0	47.8	47.2	46.1
Other ¹	45.7	45.2	45.7	41.3	46.0	52.2	52.8	53.9
Status of patient visit								
New patient visit.....	13.1	12.8	12.7	12.5	12.3	12.7	11.5	15.3
Old patient visit	86.9	87.2	87.3	87.5	87.7	87.3	88.5	84.7
New problem visit	34.0	33.6	33.8	36.8	32.6	31.8	31.5	38.2
Old problem visit	66.0	66.4	66.2	63.2	67.4	68.2	68.5	61.8
PEDIATRICS								
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Type of practice								
Solo practice.....	41.5	42.7	40.3	48.7	43.1	35.3	39.9	35.4
Other ¹	58.5	57.3	59.7	51.3	56.9	64.7	60.1	64.6
Status of patient visit								
New patient visit.....	9.2	7.4	11.4	10.4	10.1	8.2	9.2	12.8
Old patient visit	90.8	92.6	88.6	89.6	89.9	91.8	90.8	87.2
New problem visit	50.7	42.7	51.4	50.4	49.9	45.6	47.0	53.0
Old problem visit	49.3	57.4	48.6	49.6	50.0	54.4	53.0	46.9
OTHER MEDICAL SPECIALTIES								
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Type of practice								
Solo practice.....	54.9	69.1	68.7	62.8	56.8	64.6	68.7	57.1
Other ¹	45.1	31.0	31.3	37.2	43.2	35.4	31.3	42.9
Status of patient visit								
New patient visit.....	18.0	19.7	20.3	15.0	19.1	19.5	19.0	16.9
Old patient visit	82.0	80.3	79.7	85.0	80.9	80.5	81.0	83.1
New problem visit	29.1	30.1	30.8	25.4	27.3	29.4	28.4	27.0
Old problem visit	70.9	69.9	69.2	74.6	72.7	70.6	71.6	73.0
GENERAL SURGERY								
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Type of practice								
Solo practice.....	63.5	61.2	53.9	64.9	65.0	47.6	55.6	62.5
Other ¹	36.4	38.8	46.1	35.1	35.0	52.4	44.4	37.5
Status of patient visit								
New patient visit.....	15.8	18.3	20.7	19.5	24.3	20.8	18.0	21.4
Old patient visit	84.2	81.7	79.3	80.5	75.7	79.2	82.0	78.6
New problem visit	34.9	36.2	40.9	38.7	44.6	37.9	34.6	39.3
Old problem visit	65.1	63.8	59.1	61.3	55.4	62.1	65.4	60.7

¹Includes partnership and group practices.

Table 3. Number and percent distribution of office visits to ambulatory care physicians by physician specialty and type of practice and status of patient visit within physician specialty group: United States, 1975-81 and 1985—Con.

<i>Physician specialty, type of practice, and status of patient visit</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
OBSTETRICS AND GYNECOLOGY								
	Percent distribution							
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Type of practice								
Solo practice.....	38.7	40.9	41.6	48.9	37.3	48.7	40.2	49.8
Other ¹	61.3	59.1	58.4	51.1	62.7	51.3	59.8	50.2
Status of patient visit								
New patient visit.....	14.2	12.7	14.8	15.5	14.3	11.5	12.1	14.2
Old patient visit.....	85.8	87.3	85.2	84.5	85.7	88.5	87.9	85.8
New problem visit.....	32.1	32.7	34.5	35.0	31.7	30.6	28.0	35.5
Old problem visit.....	67.8	67.3	65.5	65.0	68.3	69.3	72.0	64.5
OTHER SURGICAL SPECIALTIES								
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Type of practice								
Solo practice.....	45.5	53.7	54.4	51.7	48.2	48.9	50.7	48.6
Other ¹	54.5	46.3	45.5	48.3	51.7	51.1	49.3	51.4
Status of patient visit								
New patient visit.....	25.8	25.1	26.4	25.8	27.1	25.3	22.5	25.1
Old patient visit.....	74.2	74.9	73.6	74.2	72.9	74.7	77.5	74.9
New problem visit.....	34.2	33.9	34.6	33.8	35.3	32.2	30.4	33.2
Old problem visit.....	65.8	66.1	65.4	66.2	64.8	67.7	69.6	66.8
PSYCHIATRY								
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Type of practice								
Solo practice.....	85.3	71.0	87.6	87.3	80.5	91.5	86.1	72.5
Other ¹	14.7	29.0	12.4	12.7	19.5	8.5	13.9	27.5
Status of patient visit								
New patient visit.....	6.3	7.5	7.3	4.3	7.1	8.5	6.9	7.8
Old patient visit.....	93.7	92.5	92.7	95.7	92.9	91.5	93.1	92.2
New problem visit.....	8.5	12.2	9.0	5.6	9.5	9.9	9.5	8.8
Old problem visit.....	91.5	87.8	91.0	94.4	90.5	90.1	90.5	91.2
ALL OTHER SPECIALTIES								
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Type of practice								
Solo practice.....	50.3	67.1	60.6	62.9	69.1	50.4	60.7	43.6
Other ¹	49.7	32.9	39.4	37.1	30.9	49.6	39.2	56.4
Status of patient visit								
New patient visit.....	23.0	26.3	26.7	24.3	17.7	19.3	25.1	31.0
Old patient visit.....	77.0	73.7	73.3	75.7	82.3	80.7	74.9	69.0
New problem visit.....	44.9	48.3	41.1	35.2	38.5	43.5	38.5	45.2
Old problem visit.....	55.1	51.8	58.9	64.8	61.5	56.5	61.5	54.8

¹Includes partnership and group practices.

Table 4. Number and percent distribution of office visits to ambulatory care physicians by selected principal reasons for visit: United States, 1975-81 and 1985

<i>Selected principal reasons for visit and RVC code¹</i>	<i>SC code²</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
Number of visits in thousands									
All visits.....	...	567,600	588,300	570,052	584,498	556,313	575,745	585,177	636,386
General medical examination... X100	900	13,395	16,170	20,659	38,456	32,160	33,853	30,222	30,821
Physical examination... A100-A130	901	10,122	7,971	9,428	7,488	7,943	7,700	7,475	7,250
Gynecological examination..... X225, X365	904	11,092	12,118	13,243	7,649	8,797	8,522	8,837	4,886
Prenatal examination..... X205	905	22,065	22,549	19,890	20,503	21,717	25,347	23,501	25,747
Well-baby examination..... X105	906	8,291	10,824	8,677	5,049	7,102	9,936	12,922	16,447
Cough..... S440	311	13,607	13,099	13,937	15,122	12,628	13,233	12,783	16,134
Sore throat..... S455	520	15,279	16,168	17,525	17,359	14,556	14,337	15,098	16,371
Vision dysfunctions..... S305	700, 701	7,124	8,618	6,844	8,980	8,498	6,659	6,834	9,266
Vertigo..... S225	69	6,315	6,703	5,777	5,565	4,687	5,550	5,186	5,267
Rash and allergic skin reactions..... S860, D825	112	9,827	10,679	11,843	11,734	11,046	11,174	10,406	12,930
Hypertension..... D510	205	7,715	7,518	8,310	7,663	6,297	6,813	7,531	8,814
Fatigue..... S015, S020	4	10,466	9,468	7,292	6,480	6,592	6,370	6,112	6,036
Acne..... S830	100	3,640	6,310	5,013	5,226	4,186	7,643	5,895	4,933
Fever..... S010	2	7,015	8,535	9,481	8,558	7,285	9,499	9,160	9,050
Headache, pain in head..... S210	56	10,198	9,908	9,458	8,884	8,174	8,279	8,436	8,683
Chest pain and related symptoms..... S050	322	9,751	9,564	8,388	9,693	8,798	7,909	8,367	8,099
Pain in upper extremities..... S940-S960	405	14,933	15,902	11,446	12,530	12,638	12,128	13,274	15,495
Back pain..... S905, S910	415	17,067	16,932	15,290	16,861	16,258	15,080	15,875	17,195
Abdominal pain..... S545, S550	540	14,862	14,589	12,109	11,866	11,346	10,964	11,759	11,392
Pain in lower extremities..... S915-S935	400	21,229	21,178	18,463	18,514	19,627	18,789	21,941	22,332
All other reasons.....	...	333,607	343,496	336,977	340,294	325,978	335,961	343,559	379,236
Percent distribution									
All visits.....	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
General medical examination... X100	900	2.4	2.8	3.6	6.6	5.8	5.9	5.2	4.8
Physical examination... A100-A130	901	1.8	1.3	1.6	1.3	1.4	1.3	1.3	1.1
Gynecological examination..... X225, X365	904	2.0	2.1	2.3	1.3	1.6	1.5	1.5	0.8
Prenatal examination..... X205	905	3.9	3.8	3.5	3.5	3.9	4.4	4.0	4.0
Well-baby examination..... X105	906	1.5	1.8	1.5	0.9	1.3	1.7	2.2	2.6
Cough..... S440	311	2.4	2.2	2.4	2.6	2.3	2.3	2.2	2.5
Sore throat..... S455	520	2.7	2.7	3.1	3.0	2.6	2.5	2.6	2.6
Vision dysfunctions..... S305	700, 701	1.3	1.5	1.2	1.5	1.5	1.2	1.2	1.5
Vertigo..... S225	69	1.1	1.1	1.0	1.0	0.8	1.0	0.9	0.8
Rash and allergic skin reactions..... S860, D825	112	1.7	1.8	2.1	2.0	2.0	1.9	1.8	2.0
Hypertension..... D510	205	1.4	1.3	1.5	1.3	1.1	1.2	1.3	1.4
Fatigue..... S015, S020	4	1.8	1.6	1.3	1.1	1.2	1.1	1.0	0.9
Acne..... S830	100	0.6	1.1	0.9	0.9	0.8	1.3	1.0	0.8
Fever..... S010	2	1.2	1.5	1.7	1.5	1.3	1.7	1.6	1.4
Headache, pain in head..... S210	56	1.8	1.7	1.7	1.5	1.5	1.4	1.4	1.4
Chest pain and related symptoms..... S050	322	1.7	1.6	1.5	1.7	1.6	1.4	1.4	1.3
Pain in upper extremities..... S940-S960	405	2.6	2.7	2.0	2.1	2.3	2.1	2.3	2.4
Back pain..... S905, S910	415	3.0	2.9	2.7	2.9	2.9	2.6	2.7	2.7
Abdominal pain..... S545, S550	540	2.6	2.5	2.1	2.0	2.0	1.9	2.0	1.8
Pain in lower extremities..... S915-S935	400	3.7	3.6	3.2	3.2	3.5	3.3	3.7	3.5
All other reasons.....	...	58.8	58.4	59.1	58.2	58.6	58.3	58.7	59.6

¹Based on National Center for Health Statistics, D. Schneider, L. Appleton, and T. McLemore. 1979. A reason for visit classification (RVC) for ambulatory care. *Vital and Health Statistics*. Series 2, No. 78. DHHS pub. No. (PHS) 80-1402. Public Health Service. Washington: U.S. Government Printing Office.

²Years 1975 and 1976: Based on National Center for Health Statistics, S. Meads and T. McLemore. 1974. The National Ambulatory Medical Care Survey, symptom classification (SC). *Vital and Health Statistics*. Series 2, No. 63. DHEW Pub. No. (HRA) 75-1337. Health Resources Administration. Washington: U.S. Government Printing Office.

Table 5. Number and percent distribution of office visits to ambulatory care physicians by selected physician diagnoses: United States, 1975-81 and 1985

<i>Selected diagnosis and ICD-9-CM code¹</i>	<i>ICDA-8 code²</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
Number of visits in thousands									
All visits.....	...	567,600	588,300	570,052	584,498	556,313	575,745	585,177	636,386
Prenatal care..... V22, V23	Y06	20,851	21,425	20,778	22,609	22,439	26,318	25,112	24,349
Benign neoplasm of the skin.... 216	216	814	952	1,146	1,005	1,169	1,798	1,379	2,258
Diabetes mellitus..... 250	250	9,671	9,605	11,023	8,649	8,947	9,551	10,772	12,302
Obesity..... 278	277	7,569	8,288	6,762	6,292	8,348	8,081	4,635	3,345
Neurotic disorders..... 300	300	13,641	12,057	12,551	11,556	11,102	11,251	9,590	9,320
Disorders of refraction and accommodation..... 367	370	8,169	9,052	7,882	10,250	8,527	6,271	8,216	8,268
Cataract..... 366	374	2,059	2,473	2,232	3,391	3,398	3,216	4,236	6,285
Glaucoma..... 365	375	1,973	2,573	1,956	2,735	3,062	3,281	2,878	4,304
Suppurative and unspecified otitis media..... 381, 382	381	9,899	10,715	11,029	13,350	12,869	14,570	15,693	18,696
Essential hypertension..... 401	401	22,824	23,303	24,837	24,086	23,606	25,136	28,765	26,049
Chronic ischemic heart disease..... 412, 414	412	12,513	13,506	11,943	11,295	6,503	7,313	6,855	7,123
Angina..... 413	413	1,738	1,237	1,597	1,674	1,440	1,731	1,758	2,323
Acute respiratory infections of multiple or unspecified sites..... 460-466	460-466	37,599	40,986	40,892	37,464	34,985	33,937	35,107	35,043
Influenza..... 487	470-474	6,123	4,188	3,597	4,549	2,544	3,203	2,719	2,539
Asthma..... 493	493	4,633	6,318	5,044	5,575	6,786	5,921	5,024	6,503
Bronchitis, not specified as acute or chronic..... 490	490	6,872	7,248	6,597	8,184	5,319	6,024	6,731	7,563
Allergic rhinitis..... 477	507	7,675	9,337	11,444	11,035	9,823	8,439	8,441	7,835
Contact dermatitis and other eczema..... 692	692	9,667	9,744	9,880	10,998	5,683	5,720	5,228	5,837
Diseases of sebaceous glands... 706	706	5,593	8,719	7,788	8,655	7,385	10,578	9,661	8,104
Arthropathies and related disorders..... 710-719	710-718	17,765	18,414	17,668	15,572	14,052	14,027	16,367	16,239
Sprains and strains of joints and adjacent muscles..... 840-848	840-848	13,157	15,480	12,885	14,661	13,632	12,707	13,594	14,567
Percent distribution									
All visits.....	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Prenatal care..... V22, V23	Y06	3.7	3.6	3.6	3.9	4.0	4.6	4.3	3.8
Benign neoplasm of the skin.... 216	216	0.1	0.2	0.2	0.2	0.2	0.3	0.2	0.3
Diabetes mellitus..... 250	250	1.7	1.6	1.9	1.5	1.6	1.7	1.8	1.9
Obesity..... 278	277	1.3	1.4	1.2	1.1	1.5	1.4	0.8	0.5
Neurotic disorders..... 300	300	2.4	2.0	2.2	2.0	2.0	1.9	1.6	1.5
Disorders of refraction and accommodation..... 367	370	1.4	1.4	1.4	1.7	1.5	1.1	1.4	1.3
Cataract..... 366	374	0.4	0.4	0.4	0.6	0.6	0.6	0.7	1.0
Glaucoma..... 365	375	0.3	0.4	0.3	0.5	0.5	0.6	0.5	0.7
Suppurative and unspecified otitis media..... 381, 382	381	1.7	1.8	1.9	2.3	2.3	2.5	2.7	2.9
Essential hypertension..... 401	401	4.0	4.0	4.4	4.1	4.2	4.4	4.9	4.1
Chronic ischemic heart disease..... 412, 414	412	2.2	2.3	2.1	1.9	1.2	1.3	1.2	1.1
Angina..... 413	413	0.3	0.2	0.3	0.3	0.3	0.3	0.3	0.4
Acute respiratory infections of multiple or unspecified sites..... 460-466	460-466	6.6	7.0	7.2	6.4	6.3	5.9	6.0	5.5
Influenza..... 487	470-474	1.1	0.7	0.6	0.8	0.4	0.6	0.5	0.4
Asthma..... 493	493	0.8	1.1	0.9	0.9	1.2	1.0	0.9	1.0
Bronchitis, not specified as acute or chronic..... 490	490	1.2	1.2	1.2	1.4	1.0	1.1	1.1	1.2
Allergic rhinitis..... 477	507	1.4	1.6	2.0	1.9	1.8	1.5	1.4	1.2
Contact dermatitis and other eczema..... 692	692	1.7	1.7	1.7	1.9	1.0	1.0	0.9	0.9
Diseases of sebaceous glands... 706	706	1.0	1.5	1.4	1.5	1.3	1.8	1.6	1.3
Arthropathies and related disorders..... 710-719	710-718	3.1	3.1	3.1	2.7	2.5	2.4	2.8	2.5
Sprains and strains of joints and adjacent muscles..... 840-848	840-848	2.3	2.6	2.3	2.5	2.5	2.2	2.3	2.3

¹Based on Public Health Service and Health Care Financing Administration. 1980. *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*. DHHS Pub. No. (PHS) 80-1260. Public Health Service, Washington: U.S. Government Printing Office.

²Based on National Center for Health Statistics. 1967. *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA-8)*. PHS Pub. No. 1693. Public Health Service, Washington: U.S. Government Printing Office.

Table 6. Number and percent distribution of office visits to ambulatory care physicians by principal diagnoses: United States, 1975–81 and 1985

<i>Principal diagnosis and ICD–9–CM code¹</i>	<i>ICDA–8 code²</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
Number of visits in thousands									
All visits.	...	567,600	588,300	570,052	584,498	556,313	575,745	585,177	636,386
Infections and parasitic diseases 001–139	000–136	22,747	25,327	22,668	22,964	19,710	19,628	18,086	24,869
Neoplasms 140–239	140–239	13,332	12,346	14,286	16,095	14,205	16,020	14,687	19,998
Endocrine, nutritional, and metabolic diseases and immunity disorders 240–279	240–279	24,177	24,724	24,287	25,224	22,856	24,166	21,205	22,480
Mental disorders 290–319	290–315	25,061	23,446	24,522	22,896	24,580	24,343	23,281	25,988
Diseases of the nervous system and sense organs 320–389	320–389	44,941	49,219	48,291	54,319	50,560	52,593	56,980	69,852
Diseases of the circulatory system 390–459	390–458	56,358	54,259	54,702	55,167	49,607	53,691	58,654	55,953
Diseases of the respiratory system 460–519	460–519	80,125	83,276	82,466	83,290	73,433	72,886	73,128	77,008
Diseases of the digestive system 520–579	520–577	20,061	18,235	18,451	20,109	24,711	23,421	25,659	27,222
Diseases of the genitourinary system 580–629	580–629	37,626	34,143	36,473	34,751	36,632	32,936	35,568	38,999
Diseases of the skin and subcutaneous tissue . . . 680–709	680–709	28,563	33,089	31,910	37,519	29,132	36,214	33,207	36,196
Diseases of the musculoskeletal system and connective tissue 710–739	710–738	32,732	33,151	32,983	31,874	37,004	36,839	42,367	45,064
Symptoms, signs, and ill-defined conditions 780–799	780–796	26,176	27,549	25,695	26,227	17,251	19,020	19,506	22,489
Injury and poisoning 800–999	E800–E999	40,893	43,985	43,760	46,896	51,782	46,187	48,536	52,743
Supplementary classification V01–V82	Y00–Y30	100,787	108,578	96,009	85,581	87,903	102,237	100,348	97,536
All other diagnoses ³	...	8,056	7,615	7,524	8,201	8,161	7,951	7,670	10,435
Unknown diagnoses ⁴	...	5,963	9,362	6,025	13,384	8,786	7,613	6,294	9,553
Percent distribution									
All visits.	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infections and parasitic diseases 001–139	000–136	4.0	4.3	4.0	3.9	3.5	3.4	3.1	3.9
Neoplasms 140–239	140–239	2.3	2.1	2.5	2.7	2.5	2.8	2.5	3.1
Endocrine, nutritional, and metabolic diseases and immunity disorders 240–279	240–279	4.3	4.2	4.3	4.3	4.1	4.2	3.6	3.5
Mental disorders 290–319	290–315	4.4	4.0	4.3	3.9	4.4	4.2	4.0	4.1
Diseases of the nervous system and sense organs 320–389	320–389	7.9	8.4	8.5	9.3	9.1	9.1	9.7	11.0
Diseases of the circulatory system 390–459	390–458	9.9	9.2	9.6	9.4	8.9	9.3	10.0	8.8
Diseases of the respiratory system 460–519	460–519	14.1	14.2	14.5	14.3	13.2	12.7	12.5	12.1
Diseases of the digestive system 520–579	520–577	3.5	3.1	3.2	3.4	4.4	4.1	4.4	4.3
Diseases of the genitourinary system 580–629	580–629	6.6	5.8	6.4	6.0	6.6	5.7	6.1	6.1
Diseases of the skin and subcutaneous tissue . . . 680–709	680–709	5.0	5.6	5.6	6.4	5.2	6.3	5.7	5.7
Diseases of the musculoskeletal system and connective tissue 710–739	710–738	5.8	5.6	5.8	5.5	6.6	6.4	7.2	7.1
Symptoms, signs, and ill-defined conditions 780–799	780–796	4.6	4.7	4.5	4.5	3.1	3.3	3.3	3.5
Injury and poisoning 800–999	E800–E999	7.2	7.5	7.7	8.0	9.3	8.0	8.3	8.3
Supplementary classification V01–V82	Y00–Y30	17.8	18.5	16.8	14.6	15.8	17.8	17.1	15.3
All other diagnoses ³	...	1.4	1.3	1.3	1.4	1.5	1.4	1.3	1.6
Unknown diagnoses ⁴	...	1.1	1.6	1.1	2.3	1.6	1.3	1.1	1.5

¹Based on Public Health Service and Health Care Financing Administration, 1980. *International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM)*. DHHS Pub. No. (PHS) 80–1260. Public Health Service, Washington: U.S. Government Printing Office.

²Based on National Center for Health Statistics, 1967. *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA–8)*. PHS Pub No. 1693. Public Health Service, Washington: U.S. Government Printing Office.

³Includes diseases of blood and blood-forming organs (ICD–9–CM and ICDA–8: 280–289); complication of pregnancy, childbirth and puerperium (ICD–9–CM and ICDA–8: 630–678); congenital anomalies (ICD–9–CM and ICDA–8: 740–759); and certain conditions originating in the prenatal period (ICD–9–CM and ICDA–8: 760–779).

⁴Includes blank diagnoses, noncodable diagnoses, and illegible diagnoses.

Table 7. Number and percent distribution of office visits to ambulatory care physicians by age of patient and principal diagnoses: United States, 1975-81 and 1985

<i>Patient's age, principal diagnosis, and ICD-9-CM code¹</i>	<i>ICDA-8 code²</i>	1975	1976	1977	1978	1979	1980	1981	1985
Less than 15 years		Number of visits in thousands							
All visits.....	...	99,010	109,995	103,756	108,917	101,352	109,356	106,773	118,768
Infections and parasitic diseases..... 001-139	000-136	7,060	7,925	7,557	8,006	5,850	7,098	6,291	8,178
Neoplasms..... 140-239	140-239	484	361	244	509	401	469	557	672
Endocrine, nutritional, and metabolic diseases and immunity disorders..... 240-279	240-279	883	786	600	926	618	529	487	631
Mental disorders..... 290-319	290-315	1,526	1,198	1,362	1,003	1,681	740	1,439	1,350
Diseases of the nervous system and sense organs..... 320-389	320-389	11,566	12,785	13,168	15,935	14,712	16,606	17,909	21,241
Diseases of the circulatory system..... 390-459	390-458	461	523	644	440	469	425	349	668
Diseases of the respiratory system..... 460-519	460-519	26,658	31,378	30,040	28,468	26,168	27,690	26,491	27,724
Diseases of the digestive system..... 520-579	520-577	1,792	1,554	1,562	1,845	3,312	3,360	3,826	4,467
Diseases of the genitourinary system..... 580-629	580-629	1,770	1,554	1,483	1,899	2,177	1,659	1,769	1,925
Diseases of the skin and subcutaneous tissue... 680-709	680-709	6,279	6,401	6,227	7,892	5,194	5,408	5,100	5,723
Diseases of the musculoskeletal system and connective tissue..... 710-739	710-738	1,657	1,953	1,662	1,973	1,713	2,202	1,612	2,402
Symptoms, signs, and ill-defined conditions..... 780-799	780-796	4,211	5,061	3,959	4,672	3,318	3,561	3,523	3,487
Injury and poisoning.... 800-999	E800-E999	7,488	7,878	8,496	7,924	9,490	8,634	8,416	9,830
Supplementary classification..... V01-V82	Y00-Y30	24,490	27,205	23,851	22,950	22,326	27,557	26,317	25,911
All other diagnoses ³	...	1,840	1,574	1,861	1,854	2,399	1,921	1,873	2,627
Unknown diagnoses ⁴	...	845	1,859	1,039	2,621	1,524	1,496	814	1,932
15-24 years									
All visits.....	...	86,570	88,403	85,761	86,494	82,290	81,561	79,234	73,964
Infections and parasitic diseases..... 001-139	000-136	4,666	6,051	4,548	4,776	4,725	4,117	4,193	4,667
Neoplasms..... 140-239	140-239	1,055	679	1,005	973	734	921	486	563
Endocrine, nutritional, and metabolic diseases and immunity disorders..... 240-279	240-279	2,098	2,813	1,969	1,922	1,470	1,547	1,189	1,031
Mental disorders..... 290-319	290-315	3,555	3,030	3,328	2,632	3,367	2,390	2,524	2,561
Diseases of the nervous system and sense organs..... 320-389	320-389	5,355	5,043	5,438	4,590	4,479	4,653	4,385	4,935
Diseases of the circulatory system..... 390-459	390-458	1,089	938	816	883	960	888	1,136	790
Diseases of the respiratory system..... 460-519	460-519	11,337	10,496	12,258	12,552	10,469	9,220	8,929	8,615
Diseases of the digestive system..... 520-579	520-577	2,410	2,260	2,082	1,981	2,949	2,383	2,629	2,455
Diseases of the genitourinary system..... 580-629	580-629	6,780	6,096	6,135	6,742	6,067	5,842	6,275	5,450
Diseases of the skin and subcutaneous tissue... 680-709	680-709	6,638	8,637	7,910	7,956	6,652	9,016	8,837	6,601
Diseases of the musculoskeletal system and connective tissue..... 710-739	710-738	2,114	2,090	2,610	2,449	3,005	2,424	3,471	3,182
Symptoms, signs, and ill-defined conditions..... 780-799	780-796	4,014	3,386	3,367	3,315	2,129	2,482	1,794	2,211
Injury and poisoning.... 800-999	E800-E999	8,114	9,591	9,123	10,275	11,509	8,074	9,784	9,706
Supplementary classification..... V01-V82	Y00-Y30	25,087	24,752	23,074	22,026	20,914	24,752	21,195	18,538
All other diagnoses ³	...	1,175	1,052	1,173	1,508	1,500	1,643	1,477	1,430
Unknown diagnoses ⁴	...	1,083	1,486	923	1,913	1,360	1,207	930	1,228

See footnotes at end of table.

Table 7. Number and percent distribution of office visits to ambulatory care physicians by age of patient and principal diagnoses: United States, 1975-81 and 1985—Con.

<i>Patient's age, principal diagnosis, and ICD-9-CM code¹</i>	<i>ICDA-8 code²</i>	1975	1976	1977	1978	1979	1980	1981	1985
25-44 years		Number of visits in thousands							
All visits.....	...	143,525	151,107	146,329	153,655	151,714	154,695	155,689	175,724
Infections and parasitic diseases.....	001-139	5,868	6,246	5,358	5,617	5,410	5,214	4,657	7,135
Neoplasms.....	140-239	2,860	2,499	3,231	3,303	2,725	3,136	2,873	4,160
Endocrine, nutritional, and metabolic diseases and immunity disorders.....	240-279	6,826	7,040	6,957	8,291	6,757	8,108	5,808	4,803
Mental disorders.....	290-319	11,285	10,960	11,524	11,022	11,574	12,521	11,012	12,781
Diseases of the nervous system and sense organs.....	320-389	8,544	8,685	8,659	9,716	9,205	8,788	9,836	11,256
Diseases of the circulatory system.....	390-459	6,610	5,674	5,954	6,623	6,319	5,524	7,146	7,168
Diseases of the respiratory system.....	460-519	17,407	18,125	18,167	19,025	16,966	15,745	15,745	17,886
Diseases of the digestive system.....	520-579	4,848	4,765	4,682	5,367	6,123	6,211	6,984	7,628
Diseases of the genitourinary system.....	580-629	13,153	12,261	12,859	11,952	13,912	12,716	13,558	15,034
Diseases of the skin and subcutaneous tissue ...	680-709	6,406	8,247	7,923	9,771	7,792	9,922	8,179	9,830
Diseases of the musculoskeletal system and connective tissue.....	710-739	7,302	7,160	7,355	6,950	10,014	9,796	10,697	12,598
Symptoms, signs, and ill-defined conditions.....	780-799	7,739	7,779	7,322	7,864	4,461	5,070	5,445	6,422
Injury and poisoning ...	800-999	11,407	13,309	12,444	13,884	15,739	14,465	15,331	17,202
Supplementary classification.....	V01-V82	30,031	33,689	30,133	28,072	29,828	33,089	34,168	35,195
All other diagnoses ³	...	1,707	1,843	1,776	2,081	2,056	2,099	2,095	3,729
Unknown diagnoses ⁴	...	1,530	2,824	1,984	4,116	2,832	2,288	2,154	2,895
45-64 years									
All visits.....	...	145,434	144,708	142,163	141,507	128,594	129,645	136,055	137,391
Infections and parasitic diseases.....	001-139	3,243	3,384	3,370	3,107	2,753	1,985	1,852	3,169
Neoplasms.....	140-239	5,071	4,677	5,269	6,122	5,475	5,868	4,983	6,892
Endocrine, nutritional, and metabolic diseases and immunity disorders.....	240-279	8,475	8,664	9,135	8,988	8,887	8,249	7,859	8,298
Mental disorders.....	290-319	6,343	6,262	6,668	6,180	5,892	6,365	6,489	6,627
Diseases of the nervous system and sense organs.....	320-389	10,767	12,494	11,482	12,327	10,777	10,306	10,908	13,341
Diseases of the circulatory system.....	390-459	24,063	22,759	22,901	22,489	18,700	21,430	22,989	20,373
Diseases of the respiratory system.....	460-519	16,946	15,968	14,724	15,376	12,362	12,471	13,560	12,586
Diseases of the digestive system.....	520-579	6,548	5,756	6,024	7,101	7,265	6,460	7,417	6,727
Diseases of the genitourinary system.....	580-629	10,848	9,884	11,005	9,818	9,819	8,389	8,947	9,766
Diseases of the skin and subcutaneous tissue ...	680-709	5,893	6,058	6,764	7,450	5,818	7,143	6,514	7,442
Diseases of the musculoskeletal system and connective tissue.....	710-739	13,013	12,614	12,496	12,569	13,057	13,825	15,561	14,371
Symptoms, signs, and ill-defined conditions.....	780-799	6,756	7,601	7,139	6,325	4,334	4,597	5,121	5,208
Injury and poisoning ...	800-999	9,692	9,381	9,935	10,342	10,384	9,761	9,923	10,219
Supplementary classification.....	V01-V82	14,780	15,576	12,892	8,893	9,907	10,274	11,435	9,562
All other diagnoses ³	...	1,368	1,467	1,087	1,213	1,039	970	1,224	1,025
Unknown diagnoses ⁴	...	1,626	2,161	1,270	3,207	2,126	1,553	1,273	1,786

See footnotes at end of table.

Table 7. Number and percent distribution of office visits to ambulatory care physicians by age of patient and principal diagnoses: United States, 1975-81 and 1985—Con.

<i>Patient's age, principal diagnosis, and ICD-9-CM code¹</i>	<i>ICDA-8 code²</i>	1975	1976	1977	1978	1979	1980	1981	1985
65 years and over		Number of visits in thousands							
All visits.....	...	93,061	94,087	92,043	93,924	92,363	100,488	107,426	130,538
Infections and parasitic diseases.....	001-139 000-136	1,909	1,720	1,834	1,457	973	1,213	1,093	1,720
Neoplasms.....	140-239 140-239	3,862	4,129	4,538	5,188	4,869	5,627	5,788	7,712
Endocrine, nutritional, and metabolic diseases and immunity disorders.....	240-279 240-279	5,894	5,421	5,626	5,097	5,123	5,733	5,861	7,717
Mental disorders.....	290-319 290-315	2,353	1,995	1,640	2,058	2,066	2,326	1,817	2,668
Diseases of the nervous system and sense organs.....	320-389 320-389	8,709	10,213	9,543	11,751	11,387	12,240	13,941	19,079
Diseases of the circulatory system.....	390-459 390-458	24,134	24,365	24,387	24,733	23,158	25,422	27,033	26,954
Diseases of the respiratory system.....	460-519 460-519	7,776	7,309	7,275	7,869	7,467	7,760	8,402	10,198
Diseases of the digestive system.....	520-579 520-577	4,463	3,899	4,101	3,814	5,062	5,007	4,803	5,945
Diseases of the genitourinary system.....	580-629 580-629	5,074	4,347	4,990	4,340	4,657	4,330	5,019	6,823
Diseases of the skin and subcutaneous tissue....	680-709 680-709	3,346	3,744	3,086	4,450	3,676	4,725	4,577	6,600
Diseases of the musculoskeletal system and connective tissue.....	710-739 710-738	8,647	9,333	8,859	7,933	9,215	8,591	11,026	12,511
Symptoms, signs, and ill-defined conditions.....	780-799 780-796	3,458	3,721	3,908	4,050	3,009	3,309	3,623	5,161
Injury and poisoning.....	800-999 E800-E999	4,191	3,826	3,762	4,471	4,660	5,253	5,082	5,785
Supplementary classification.....	V01-V82 Y00-Y30	6,399	7,356	6,057	3,640	4,928	6,565	7,234	8,330
All other diagnoses ³	...	1,966	1,678	1,627	1,544	1,168	1,318	1,001	1,624
Unknown diagnoses ⁴	...	879	1,031	809	1,528	945	1,068	1,124	1,712
Less than 15 years		Percent distribution							
All visits.....	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infections and parasitic diseases.....	001-139 000-136	7.1	7.2	7.3	7.3	5.8	6.5	5.9	6.9
Neoplasms.....	140-239 140-239	0.5	0.3	0.2	0.5	0.4	0.4	0.5	0.6
Endocrine, nutritional, and metabolic diseases and immunity disorders.....	240-279 240-279	0.9	0.7	0.6	0.8	0.6	0.5	0.5	0.5
Mental disorders.....	290-319 290-315	1.5	1.1	1.3	0.9	1.7	0.7	1.3	1.1
Diseases of the nervous system and sense organs.....	320-389 320-389	11.7	11.6	12.7	14.6	14.5	15.2	16.8	17.9
Diseases of the circulatory system.....	390-459 390-458	0.5	0.5	0.6	0.4	0.5	0.4	0.3	0.6
Diseases of the respiratory system.....	460-519 460-519	26.9	28.5	28.9	26.1	25.8	25.3	24.8	23.3
Diseases of the digestive system.....	520-579 520-577	1.8	1.4	1.5	1.7	3.3	3.1	3.6	3.8
Diseases of the genitourinary system.....	580-629 580-629	1.8	1.4	1.4	1.7	2.2	1.5	1.7	1.6
Diseases of the skin and subcutaneous tissue....	680-709 680-709	6.3	5.8	6.0	7.2	5.1	4.9	4.8	4.8
Diseases of the musculoskeletal system and connective tissue.....	710-739 710-738	1.7	1.8	1.6	1.8	1.7	2.0	1.5	2.0
Symptoms, signs, and ill-defined conditions.....	780-799 780-796	4.2	4.6	3.8	4.3	3.3	3.3	3.3	2.9
Injury and poisoning.....	800-999 E800-E999	7.5	7.2	8.2	7.3	9.4	7.9	7.9	8.3
Supplementary classification.....	V01-V82 Y00-Y30	24.7	24.7	23.0	21.1	22.0	25.2	24.6	21.8
All other diagnoses ³	...	1.9	1.4	1.8	1.7	2.4	1.8	1.8	2.2
Unknown diagnoses ⁴	...	0.8	1.7	1.0	2.4	1.5	1.4	0.8	1.6

See footnotes at end of table.

Table 7. Number and percent distribution of office visits to ambulatory care physicians by age of patient and principal diagnoses: United States, 1975-81 and 1985—Con.

<i>Patient's age, principal diagnosis, and ICD-9-CM code¹</i>	<i>ICDA-8 code²</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
15-24 years		Percent distribution							
All visits.....	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infections and parasitic diseases.....	001-139	5.4	6.8	5.3	5.5	5.7	5.1	5.3	6.3
Neoplasms.....	140-239	1.2	0.8	1.2	1.1	0.9	1.1	0.6	0.8
Endocrine, nutritional, and metabolic diseases and immunity disorders.....	240-279	2.4	3.2	2.3	2.2	1.8	1.9	1.5	1.4
Mental disorders.....	290-319	4.1	3.4	3.9	3.0	4.1	2.9	3.2	3.5
Diseases of the nervous system and sense organs.....	320-389	6.2	5.7	6.3	5.3	5.4	5.7	5.5	6.7
Diseases of the circulatory system.....	390-459	1.3	1.1	0.9	1.0	1.2	1.1	1.4	1.1
Diseases of the respiratory system.....	460-519	13.1	11.9	14.3	14.5	12.7	11.3	11.3	11.6
Diseases of the digestive system.....	520-579	2.8	2.6	2.4	2.3	3.6	2.9	3.3	3.3
Diseases of the genitourinary system.....	580-629	7.8	6.9	7.1	7.8	7.4	7.2	7.9	7.4
Diseases of the skin and subcutaneous tissue...	680-709	7.7	9.8	9.2	9.2	8.1	11.1	11.1	8.9
Diseases of the musculoskeletal system and connective tissue.....	710-739	2.4	2.4	3.0	2.8	3.6	3.0	4.4	4.3
Symptoms, signs, and ill-defined conditions.....	780-799	4.6	3.8	3.9	3.8	2.6	3.0	2.3	3.0
Injury and poisoning....	800-999	9.4	10.8	10.6	11.9	14.0	9.9	12.4	13.1
Supplementary classification.....	V01-V82	29.0	28.0	26.9	25.5	25.4	30.3	26.8	25.1
All other diagnoses ³	...	1.4	1.2	1.4	1.7	1.8	2.0	1.9	1.9
Unknown diagnoses ⁴	...	1.2	1.7	1.1	2.2	1.6	1.5	1.2	1.7
25-44 years									
All visits.....	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infections and parasitic diseases.....	001-139	4.1	4.1	3.7	3.7	3.6	3.4	3.0	4.1
Neoplasms.....	140-239	2.0	1.6	2.2	2.1	1.8	2.0	1.9	2.4
Endocrine, nutritional, and metabolic diseases and immunity disorders.....	240-279	4.8	4.7	4.8	5.4	4.5	5.2	3.7	2.7
Mental disorders.....	290-319	7.9	7.2	7.9	7.2	7.6	8.1	7.1	7.3
Diseases of the nervous system and sense organs.....	320-389	5.9	5.8	5.9	6.3	6.1	5.7	6.3	6.4
Diseases of the circulatory system.....	390-459	4.6	3.8	4.1	4.3	4.2	3.6	4.6	4.1
Diseases of the respiratory system.....	460-519	12.1	12.0	12.4	12.4	11.2	10.2	10.1	10.2
Diseases of the digestive system.....	520-579	3.4	3.1	3.2	3.5	4.0	4.0	4.5	4.3
Diseases of the genitourinary system.....	580-629	9.2	8.1	8.8	7.8	9.2	8.2	8.7	8.5
Diseases of the skin and subcutaneous tissue...	680-709	4.5	5.5	5.4	6.4	5.1	6.4	5.3	5.6
Diseases of the musculoskeletal system and connective tissue.....	710-739	5.1	4.7	5.0	4.5	6.6	6.3	6.9	7.2
Symptoms, signs, and ill-defined conditions.....	780-799	5.4	5.1	5.0	5.1	2.9	3.3	3.5	3.6
Injury and poisoning....	800-999	7.9	8.8	8.5	9.0	10.4	9.4	9.9	9.8
Supplementary classification.....	V01-V82	20.9	22.3	20.6	18.3	19.7	21.4	21.9	20.0
All other diagnoses ³	...	1.2	1.2	1.2	1.4	1.4	1.4	1.3	2.1
Unknown diagnoses ⁴	...	1.1	1.9	1.4	2.7	1.9	1.5	1.4	1.6

See footnotes at end of table.

Table 7. Number and percent distribution of office visits to ambulatory care physicians by age of patient and principal diagnoses: United States, 1975–81 and 1985—Con.

<i>Patient's age, principal diagnosis, and ICD-9-CM code¹</i>	<i>ICDA-8 code²</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
45–64 years		Percent distribution							
All visits.....	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infections and parasitic diseases..... 001–139	000–136	2.2	2.3	2.4	2.2	2.1	1.5	1.4	2.3
Neoplasms..... 140–239	140–239	3.5	3.2	3.7	4.3	4.3	4.5	3.7	5.0
Endocrine, nutritional, and metabolic diseases and immunity disorders..... 240–279	240–279	5.8	6.0	6.4	6.3	6.9	6.4	5.8	6.0
Mental disorders..... 290–319	290–315	4.4	4.3	4.7	4.4	4.6	4.9	4.8	4.8
Diseases of the nervous system and sense organs..... 320–389	320–389	7.4	8.6	8.1	8.7	8.4	8.0	8.0	9.7
Diseases of the circulatory system..... 390–459	390–458	16.5	15.7	16.1	15.9	14.5	16.5	16.9	14.8
Diseases of the respiratory system..... 460–519	460–519	11.6	11.0	10.4	10.9	9.6	9.6	10.0	9.2
Diseases of the digestive system..... 520–579	520–577	4.5	4.0	4.2	5.0	5.6	5.0	5.5	4.9
Diseases of the genitourinary system..... 580–629	580–629	7.5	6.8	7.7	6.9	7.6	6.5	6.6	7.1
Diseases of the skin and subcutaneous tissue... 680–709	680–709	4.0	4.2	4.8	5.3	4.5	5.5	4.8	5.4
Diseases of the musculoskeletal system and connective tissue..... 710–739	710–738	8.9	8.7	8.8	8.9	10.1	10.7	11.4	10.5
Symptoms, signs, and ill-defined conditions..... 780–799	780–796	4.7	5.2	5.0	4.5	3.4	3.6	3.8	3.8
Injury and poisoning.... 800–999	E800–E999	6.7	6.5	7.0	7.3	8.1	7.5	7.3	7.4
Supplementary classification..... V01–V82	Y00–Y30	10.2	10.8	9.1	6.3	7.7	7.9	8.4	7.0
All other diagnoses ³	...	0.9	1.0	0.8	0.9	0.8	0.7	0.9	0.7
Unknown diagnoses ⁴	...	1.1	1.5	0.9	2.3	1.6	1.2	0.9	1.3
65 years and over									
All visits.....	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infections and parasitic diseases..... 001–139	000–136	2.1	1.8	2.0	1.5	1.1	1.2	1.0	1.3
Neoplasms..... 140–239	140–239	4.1	4.4	4.9	5.5	5.3	5.6	5.4	5.9
Endocrine, nutritional, and metabolic diseases and immunity disorders..... 240–279	240–279	6.3	5.8	6.1	5.4	5.5	5.7	5.5	5.9
Mental disorders..... 290–319	290–315	2.5	2.1	1.8	2.2	2.2	2.3	1.7	2.0
Diseases of the nervous system and sense organs..... 320–389	320–389	9.4	10.8	10.4	12.5	12.3	12.2	13.0	14.6
Diseases of the circulatory system..... 390–459	390–458	25.9	25.9	26.5	26.3	25.1	25.3	25.2	20.6
Diseases of the respiratory system..... 460–519	460–519	8.4	7.8	7.9	8.4	8.1	7.7	7.8	7.8
Diseases of the digestive system..... 520–579	520–577	4.8	4.1	4.5	4.1	5.5	5.0	4.5	4.5
Diseases of the genitourinary system..... 580–629	580–629	5.4	4.6	5.4	4.6	5.0	4.3	4.7	5.2
Diseases of the skin and subcutaneous tissue... 680–709	680–709	3.6	4.0	3.4	4.7	4.0	4.7	4.3	5.1
Diseases of the musculoskeletal system and connective tissue..... 710–739	710–738	9.3	9.9	9.6	8.4	10.0	8.5	10.3	9.6
Symptoms, signs, and ill-defined conditions..... 780–799	780–796	3.7	4.0	4.3	4.3	3.3	3.3	3.4	3.9
Injury and poisoning.... 800–999	E800–E999	4.5	4.1	4.1	4.8	5.0	5.2	4.7	4.4
Supplementary classification..... V01–V82	Y00–Y30	6.9	7.8	6.6	3.9	5.3	6.5	6.7	6.4
All other diagnoses ³	...	2.1	1.8	1.8	1.6	1.3	1.3	0.9	1.2
Unknown diagnoses ⁴	...	0.9	1.1	0.9	1.6	1.0	1.1	1.1	1.3

¹Based on Public Health Service and Health Care Financing Administration. 1980. *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*. DHHS Pub. No. (PHS) 80–1260. Public Health Service. Washington: U.S. Government Printing Office.

²Based on National Center for Health Statistics. 1967. *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA-8)*. PHS Pub. No. 1693. Public Health Service. Washington: U.S. Government Printing Office.

³Includes diseases of blood and blood-forming organs (ICD-9-CM and ICDA-8: 280–289); complication of pregnancy, childbirth and puerperium (ICD-9-CM and ICDA-8: 630–678); congenital anomalies (ICD-9-CM and ICDA-8: 740–759); and certain conditions originating in the prenatal period (ICD-9-CM and ICDA-8: 760–779).

⁴Includes blank diagnoses, noncodable diagnoses, and illegible diagnoses.

Table 8. Number and percent distribution of office visits to ambulatory care physicians by race of patient and principal diagnoses: United States, 1975-81 and 1985

<i>Patient's race, principal diagnosis, and ICD-9-CM code¹</i>	<i>ICDA-8 code²</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
White		Number of visits in thousands							
All visits.....	...	508,672	529,850	514,788	520,435	502,927	516,616	520,974	572,507
Infections and parasitic diseases..... 001-139	000-136	19,845	22,713	20,385	20,354	17,826	17,545	15,749	22,211
Neoplasms..... 140-239	140-239	12,415	11,349	13,348	14,684	13,364	14,910	13,666	18,544
Endocrine, nutritional, and metabolic diseases and immunity disorders..... 240-279	240-279	21,422	22,085	21,355	22,845	20,282	20,470	18,114	19,818
Mental disorders..... 290-319	290-315	23,113	21,830	22,864	21,202	22,532	22,494	21,321	24,121
Diseases of the nervous system and sense organs..... 320-389	320-389	40,944	45,563	44,850	49,852	47,001	48,226	51,946	64,727
Diseases of the circulatory system..... 390-459	390-458	50,819	49,015	49,386	49,264	44,189	48,145	51,013	50,368
Diseases of the respiratory system..... 460-519	460-519	71,170	73,627	73,738	73,128	65,962	65,628	63,879	68,753
Diseases of the digestive system..... 520-579	520-577	17,925	16,528	16,433	17,847	22,495	20,651	22,436	24,608
Diseases of the genitourinary system..... 580-629	580-629	32,769	30,898	32,161	30,314	31,682	29,147	31,942	34,459
Diseases of the skin and subcutaneous tissue... 680-709	680-709	25,928	29,957	29,188	34,122	26,753	33,828	30,370	32,406
Diseases of the musculoskeletal system and connective tissue..... 710-739	710-738	29,325	30,057	29,186	28,610	32,853	33,140	37,726	40,240
Symptoms, signs, and ill-defined conditions..... 780-799	780-796	23,407	24,804	22,894	23,118	15,783	16,781	17,264	19,742
Injury and poisoning.... 800-999	E800-E999	35,953	37,354	39,135	41,222	46,861	41,023	43,303	47,290
Supplementary classification..... V01-V82	Y00-Y30	90,945	98,935	87,586	75,252	79,795	90,942	90,084	87,427
All other diagnoses ³	...	7,253	6,653	6,658	6,983	7,355	6,805	6,612	9,012
Unknown diagnoses ⁴	...	5,439	8,482	5,620	11,637	8,193	6,881	5,546	8,779
Black and other									
All visits.....	...	58,928	58,450	55,264	64,063	53,387	59,129	64,203	63,879
Infections and parasitic diseases..... 001-139	000-136	2,902	2,614	2,283	2,611	1,884	2,084	2,337	2,658
Neoplasms..... 140-239	140-239	917	996	939	1,411	841	1,111	1,021	1,454
Endocrine, nutritional, and metabolic diseases and immunity disorders..... 240-279	240-279	2,755	2,639	2,931	2,379	2,574	3,696	3,090	2,662
Mental disorders..... 290-319	290-315	1,948	1,615	1,658	1,693	2,048	1,849	1,960	1,867
Diseases of the nervous system and sense organs..... 320-389	320-389	3,997	3,656	3,441	4,467	3,559	4,367	5,034	5,125
Diseases of the circulatory system..... 390-459	390-458	5,539	5,244	5,316	5,903	5,418	5,546	7,640	5,585
Diseases of the respiratory system..... 460-519	460-519	8,955	9,649	8,727	10,161	7,471	7,258	9,248	8,255
Diseases of the digestive system..... 520-579	520-577	2,137	1,707	2,017	2,262	2,216	2,770	3,223	2,614
Diseases of the genitourinary system..... 580-629	580-629	4,857	3,245	4,312	4,437	4,950	3,789	3,626	4,540
Diseases of the skin and subcutaneous tissue... 680-709	680-709	2,635	3,130	2,723	3,397	2,378	2,386	2,837	3,789
Diseases of the musculoskeletal system and connective tissue..... 710-739	710-738	3,407	3,094	3,797	3,264	4,151	3,699	4,641	4,824
Symptoms, signs, and ill-defined conditions..... 780-799	780-796	2,770	2,745	2,801	3,110	1,468	2,239	2,242	2,747
Injury and poisoning.... 800-999	E800-E999	4,940	6,631	4,626	5,675	4,921	5,164	5,233	5,453
Supplementary classification..... V01-V82	Y00-Y30	9,842	9,642	8,423	10,329	8,108	11,295	10,264	10,109
All other diagnoses ³	...	803	962	866	1,218	806	1,146	1,058	1,423
Unknown diagnoses ⁴	...	524	880	405	1,747	593	731	748	774

See footnotes at end of table.

Table 8. Number and percent distribution of office visits to ambulatory care physicians by race of patient and principal diagnoses: United States, 1975-81 and 1985—Con.

<i>Patient's race, principal diagnosis, and ICD-9-CM code¹</i>	<i>ICDA-8 code²</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
White		Percent distribution							
All visits.....	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infections and parasitic diseases.....	001-139 000-136	3.9	4.3	4.0	3.9	3.5	3.4	3.0	3.9
Neoplasms.....	140-239 140-239	2.4	2.1	2.6	2.8	2.7	2.9	2.6	3.2
Endocrine, nutritional, and metabolic diseases and immunity disorders.....	240-279 240-279	4.2	4.2	4.1	4.4	4.0	4.0	3.5	3.5
Mental disorders.....	290-315 290-315	4.5	4.1	4.4	4.1	4.5	4.3	4.1	4.2
Diseases of the nervous system and sense organs.....	320-389 320-389	8.1	8.6	8.7	9.6	9.4	9.3	10.0	11.3
Diseases of the circulatory system.....	390-459 390-458	10.0	9.2	9.6	9.5	8.8	9.3	9.8	8.8
Diseases of the respiratory system.....	460-519 460-519	14.0	13.9	14.3	14.0	13.1	12.7	12.3	12.0
Diseases of the digestive system.....	520-579 520-577	3.5	3.1	3.2	3.4	4.5	4.0	4.3	4.3
Diseases of the genitourinary system.....	580-629 580-629	6.4	5.8	6.2	5.8	6.3	5.6	6.1	6.0
Diseases of the skin and subcutaneous tissue.....	680-709 680-709	5.1	5.6	5.7	6.6	5.3	6.5	5.8	5.7
Diseases of the musculoskeletal system and connective tissue.....	710-739 710-738	5.8	5.7	5.7	5.5	6.5	6.4	7.2	7.0
Symptoms, signs, and ill-defined conditions.....	780-799 780-796	4.6	4.7	4.4	4.4	3.1	3.2	3.3	3.4
Injury and poisoning.....	800-999 E800-E999	7.1	7.0	7.6	7.9	9.3	7.9	8.3	8.3
Supplementary classification.....	V01-V82 Y00-Y30	17.9	18.7	17.0	14.5	15.9	17.6	17.3	15.3
All other diagnoses ³	...	1.4	1.3	1.3	1.3	1.5	1.3	1.3	1.6
Unknown diagnoses ⁴	...	1.1	1.6	1.1	2.2	1.6	1.3	1.1	1.5
Black and other									
All visits.....	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infections and parasitic diseases.....	001-139 000-136	4.9	4.5	4.1	4.1	3.5	3.5	3.6	4.2
Neoplasms.....	140-239 140-239	1.6	1.7	1.7	2.2	1.6	1.9	1.6	2.3
Endocrine, nutritional, and metabolic diseases and immunity disorders.....	240-279 240-279	4.7	4.5	5.3	3.7	4.8	6.3	4.8	4.2
Mental disorders.....	290-315 290-315	3.3	2.8	3.0	2.6	3.8	3.1	3.1	2.9
Diseases of the nervous system and sense organs.....	320-389 320-389	6.8	6.3	6.2	7.0	6.7	7.4	7.8	8.0
Diseases of the circulatory system.....	390-459 390-458	9.4	9.0	9.6	9.2	10.2	9.4	11.9	8.7
Diseases of the respiratory system.....	460-519 460-519	15.2	16.5	15.8	15.9	14.0	12.3	14.4	12.9
Diseases of the digestive system.....	520-579 520-577	3.6	2.9	3.6	3.5	4.2	4.7	5.0	4.1
Diseases of the genitourinary system.....	580-629 580-629	8.2	5.5	7.8	6.9	9.3	6.4	5.7	7.1
Diseases of the skin and subcutaneous tissue.....	680-709 680-709	4.5	5.4	4.9	5.3	4.5	4.0	4.4	5.9
Diseases of the musculoskeletal system and connective tissue.....	710-739 710-738	5.8	5.3	6.9	5.1	7.8	6.3	7.2	7.5
Symptoms, signs, and ill-defined conditions.....	780-799 780-796	4.7	4.7	5.1	4.8	2.7	3.8	3.5	4.3
Injury and poisoning.....	800-999 E800-E999	8.4	11.3	8.4	8.9	9.2	8.7	8.1	8.5
Supplementary classification.....	V01-V82 Y00-Y30	16.7	16.5	15.2	16.1	15.2	19.1	16.0	15.8
All other diagnoses ³	...	1.4	1.7	1.6	1.9	1.5	1.9	1.6	2.2
Unknown diagnoses ⁴	...	0.9	1.5	0.7	2.7	1.1	1.2	1.2	1.2

¹ Based on Public Health Service and Health Care Financing Administration. 1980. *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*. DHHS Pub. No. (PHS) 80-1260. Public Health Service. Washington: U.S. Government Printing Office.

² Based on National Center for Health Statistics. 1967. *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA-8)*. PHS Pub. No. 1693. Public Health Service. Washington: U.S. Government Printing Office.

³ Includes diseases of blood and blood-forming organs (ICD-9-CM and ICDA-8: 280-289); complication of pregnancy, childbirth and puerperium (ICD-9-CM and ICDA-8: 630-678); congenital anomalies (ICD-9-CM and ICDA-8: 740-759); and certain conditions originating in the prenatal period (ICD-9-CM and ICDA-8: 760-779).

⁴ Includes blank diagnoses, noncodable diagnoses, and illegible diagnoses.

Table 9. Number and percent distribution of office visits to ambulatory care physicians by sex of patient and principal diagnoses: United States, 1975–81 and 1985

<i>Patient's sex, principal diagnosis, and ICD-9-CM code¹</i>	<i>ICDA-8 code²</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
Female		Number of visits in thousands							
All visits.....	...	342,896	354,831	345,187	349,244	337,096	346,106	353,612	387,481
Infections and parasitic diseases.....	001–139 000–136	13,150	14,325	12,965	12,703	11,208	11,826	10,255	14,095
Neoplasms.....	140–239 140–239	8,349	7,734	9,249	9,991	8,928	9,604	8,550	12,335
Endocrine, nutritional, and metabolic diseases and immunity disorders.....	240–279 240–279	17,044	17,408	16,721	17,875	15,741	17,201	13,775	14,926
Mental disorders.....	290–319 290–315	15,646	14,840	14,765	13,675	15,036	14,776	14,148	15,689
Diseases of the nervous system and sense organs.....	320–389 320–389	26,177	27,649	27,770	30,809	28,566	28,518	32,714	40,708
Diseases of the circulatory system.....	390–459 390–458	31,591	31,065	31,044	29,086	27,960	29,761	33,042	30,821
Diseases of the respiratory system.....	460–519 460–519	42,492	44,971	44,438	44,600	40,529	38,412	39,171	43,575
Diseases of the digestive system.....	520–579 520–577	11,262	9,747	10,468	11,098	14,174	12,411	14,230	15,015
Diseases of the genitourinary system.....	580–629 580–629	29,492	26,790	28,735	26,895	29,105	25,231	28,084	30,116
Diseases of the skin and subcutaneous tissue....	680–709 680–709	16,466	18,655	18,331	21,363	16,307	21,175	18,876	20,235
Diseases of the musculoskeletal system and connective tissue.....	710–739 710–738	19,720	20,003	19,460	18,636	21,795	21,897	24,650	27,231
Symptoms, signs, and ill-defined conditions.....	780–799 780–796	16,313	16,872	16,164	17,160	10,651	11,498	11,771	13,592
Injury and poisoning....	800–999 E800–E999	17,071	19,242	19,181	19,683	23,377	20,709	22,338	25,106
Supplementary classification.....	V01–V82 Y00–Y30	68,465	74,424	67,478	61,501	62,546	72,973	72,546	70,213
All other diagnoses ³	...	5,748	5,231	4,964	5,832	5,658	5,577	5,259	7,476
Unknown diagnoses ⁴	...	3,910	5,874	3,452	8,336	5,513	4,538	4,204	6,348
Male									
All visits.....	...	224,704	233,469	224,865	235,254	219,218	229,639	231,565	248,905
Infections and parasitic diseases.....	001–139 000–136	9,597	11,001	9,702	10,261	8,502	7,802	7,830	10,774
Neoplasms.....	140–239 140–239	4,984	4,612	5,037	6,104	5,277	6,417	6,137	7,663
Endocrine, nutritional, and metabolic diseases and immunity disorders.....	240–279 240–279	7,133	7,315	7,565	7,349	7,115	6,965	7,430	7,554
Mental disorders.....	290–319 290–315	9,415	8,606	9,758	9,220	9,543	9,567	9,133	10,299
Diseases of the nervous system and sense organs.....	320–389 320–389	18,764	21,571	20,520	23,510	21,993	24,075	24,266	29,144
Diseases of the circulatory system.....	390–459 390–458	24,767	23,194	23,658	26,081	21,647	23,929	25,612	25,132
Diseases of the respiratory system.....	460–519 460–519	37,633	38,304	32,028	38,689	32,904	34,474	33,957	33,433
Diseases of the digestive system.....	520–579 520–577	8,799	8,487	7,983	9,011	10,537	11,010	11,429	12,207
Diseases of the genitourinary system.....	580–629 580–629	8,134	7,353	7,738	7,856	7,527	7,705	7,484	8,883
Diseases of the skin and subcutaneous tissue....	680–709 680–709	12,098	14,433	13,579	16,156	12,824	15,039	14,331	15,960
Diseases of the musculoskeletal system and connective tissue.....	710–739 710–738	13,012	13,148	13,523	13,238	15,209	14,942	17,717	17,833
Symptoms, signs, and ill-defined conditions.....	780–799 780–796	9,864	10,677	9,530	9,067	6,600	7,522	7,735	8,897
Injury and poisoning....	800–999 E800–E999	23,822	24,742	24,579	27,214	28,405	25,478	26,199	27,637
Supplementary classification.....	V01–V82 Y00–Y30	32,322	34,153	28,531	24,079	25,357	29,264	27,802	27,323
All other diagnoses ³	...	2,309	2,384	2,560	2,369	2,503	2,374	2,411	2,959
Unknown diagnoses ⁴	...	2,053	3,488	2,573	5,048	3,273	3,075	2,091	3,206

See footnotes at end of table.

Table 9. Number and percent distribution of office visits to ambulatory care physicians by sex of patient and principal diagnoses: United States, 1975-81 and 1985-Con.

<i>Patient's sex, principal diagnosis, and ICD-9-CM code¹</i>	<i>ICDA-8 code²</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
Female		Percent distribution							
All visits.....	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infections and parasitic diseases.....	001-139 000-136	3.8	4.0	3.8	3.6	3.3	3.4	2.9	3.6
Neoplasms.....	140-239 140-239	2.4	2.2	2.7	2.9	2.6	2.8	2.4	3.2
Endocrine, nutritional, and metabolic diseases and immunity disorders.....	240-279 240-279	5.0	4.9	4.8	5.1	4.7	5.0	3.9	3.8
Mental disorders.....	290-319 290-315	4.6	4.2	4.3	3.9	4.5	4.3	4.0	4.0
Diseases of the nervous system and sense organs.....	320-389 320-389	7.6	7.8	8.0	8.8	8.5	8.2	9.2	10.5
Diseases of the circulatory system.....	390-459 390-458	9.2	8.8	9.0	8.3	8.3	8.6	9.3	7.9
Diseases of the respiratory system.....	460-519 460-519	12.4	12.7	12.9	12.8	12.0	11.1	11.1	11.2
Diseases of the digestive system.....	520-579 520-577	3.3	2.7	3.0	3.2	4.2	3.6	4.0	3.9
Diseases of the genitourinary system.....	580-629 580-629	8.6	7.6	8.3	7.7	8.6	7.3	7.9	7.8
Diseases of the skin and subcutaneous tissue...	680-709 680-709	4.8	5.3	5.3	6.1	4.8	6.1	5.3	5.2
Diseases of the musculoskeletal system and connective tissue.....	710-739 710-738	5.7	5.6	5.6	5.3	6.5	6.3	7.0	7.0
Symptoms, signs, and ill-defined conditions.....	780-799 780-796	4.8	4.8	4.7	4.9	3.2	3.3	3.3	3.5
Injury and poisoning....	800-999 E800-E999	5.0	5.4	5.6	5.6	6.9	6.0	6.3	6.5
Supplementary classification.....	V01-V82 Y00-Y30	20.0	21.0	19.5	17.6	18.5	21.1	20.5	18.1
All other diagnoses ³	...	1.7	1.5	1.4	1.7	1.7	1.6	1.5	1.9
Unknown diagnoses ⁴	...	1.1	1.7	1.0	2.4	1.6	1.3	1.2	1.6
Male									
All visits.....	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infections and parasitic diseases.....	001-139 000-136	4.3	4.7	4.3	4.4	3.9	3.4	3.4	4.3
Neoplasms.....	140-239 140-239	2.2	2.0	2.2	2.6	2.4	2.8	2.7	3.1
Endocrine, nutritional, and metabolic diseases and immunity disorders.....	240-279 240-279	3.2	3.1	3.4	3.1	3.3	3.0	3.2	3.0
Mental disorders.....	290-319 290-315	4.2	3.7	4.3	3.9	4.3	4.2	3.9	4.1
Diseases of the nervous system and sense organs.....	320-389 320-389	8.4	9.2	9.1	10.0	10.0	10.5	10.5	11.7
Diseases of the circulatory system.....	390-459 390-458	11.0	9.9	10.5	11.1	9.9	10.4	11.1	10.1
Diseases of the respiratory system.....	460-519 460-519	16.8	16.4	16.9	16.5	15.0	15.0	14.7	13.4
Diseases of the digestive system.....	520-579 520-577	3.9	3.6	3.6	3.8	4.8	4.8	4.9	4.9
Diseases of the genitourinary system.....	580-629 580-629	3.6	3.2	3.4	3.3	3.4	3.4	3.2	3.6
Diseases of the skin and subcutaneous tissue...	680-709 680-709	5.4	6.2	6.0	6.9	5.8	6.6	6.2	6.4
Diseases of the musculoskeletal system and connective tissue.....	710-739 710-738	5.8	5.6	6.0	5.6	6.9	6.5	7.7	7.2
Symptoms, signs, and ill-defined conditions.....	780-799 780-796	4.4	4.6	4.2	3.9	3.0	3.3	3.3	3.6
Injury and poisoning....	800-999 E800-E999	10.6	10.6	10.9	11.6	13.0	11.1	11.3	11.1
Supplementary classification.....	V01-V82 Y00-Y30	14.4	14.6	12.7	10.2	11.6	12.7	12.0	11.0
All other diagnoses ³	...	1.0	1.0	1.1	1.0	1.1	1.0	1.0	1.2
Unknown diagnoses ⁴	...	0.9	1.5	1.1	2.1	1.5	1.3	0.9	1.3

¹Based on Public Health Service and Health Care Financing Administration. 1980. *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*. DHHS Pub. No. (PHS) 80-1260. Public Health Service. Washington: U.S. Government Printing Office.

²Based on National Center for Health Statistics. 1967. *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA-8)*. PHS Pub. No. 1693. Public Health Service. Washington: U.S. Government Printing Office.

³Includes diseases of blood and blood-forming organs (ICD-9-CM and ICDA-8: 280-289); complication of pregnancy, childbirth and puerperium (ICD-9-CM and ICDA-8: 630-678); congenital anomalies (ICD-9-CM and ICDA-8: 740-759); and certain conditions originating in the prenatal period (ICD-9-CM and ICDA-8: 760-779).

⁴Includes blank diagnoses, noncodable diagnoses, and illegible diagnoses.

Table 10. Number and percent distribution of office visits to ambulatory care physicians by duration of visit: United States, 1975–81 and 1985

<i>Duration of visit</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
Number of visits in thousands								
All visits.....	567,600	588,300	570,052	584,498	556,313	575,745	585,177	636,386
0 minutes.....	6,781	13,560	13,038	19,696	18,997	13,813	16,164	14,436
1–5 minutes.....	91,730	83,106	83,263	89,752	67,610	71,894	74,471	65,250
6–10 minutes.....	177,442	186,802	170,787	170,829	169,217	175,660	173,441	181,191
11–15 minutes.....	151,964	154,994	152,860	156,935	149,291	157,619	165,206	190,954
16–30 minutes.....	107,709	117,894	116,961	114,730	118,171	120,900	121,047	144,211
31–60 minutes.....	29,532	29,403	30,406	29,884	30,512	33,257	32,563	36,911
61 minutes and more.....	2,443	2,540	2,736	2,672	2,515	2,601	2,284	3,432
Percent distribution								
All visits.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
0 minutes.....	1.2	2.3	2.3	3.4	3.4	2.4	2.8	2.3
1–5 minutes.....	16.2	14.1	14.6	15.4	12.2	12.5	12.7	10.2
6–10 minutes.....	31.3	31.7	30.0	29.2	30.4	30.5	29.6	28.5
11–15 minutes.....	26.8	26.3	26.8	26.8	26.8	27.4	28.2	30.0
16–30 minutes.....	19.0	20.0	20.5	19.6	21.2	21.0	20.7	22.7
31–60 minutes.....	5.2	5.0	5.3	5.1	5.5	5.8	5.6	5.8
61 minutes and more.....	0.4	0.4	0.5	0.5	0.4	0.4	0.4	0.5

Table 11. Mean duration of face-to-face office visits to ambulatory care physicians by physician specialty, type of practice, and status of patient visit: United States, 1975–81 and 1985

<i>Physician specialty, type of practice, and status of patient visit</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
Mean duration in minutes ¹								
All visits.....	15.0	15.3	15.4	15.3	15.8	15.9	15.9	16.5
Physician specialty								
General and family practice.....	12.6	12.7	12.8	12.9	13.4	13.5	13.5	14.4
Internal medicine.....	18.2	19.6	18.8	19.6	18.4	20.4	20.2	19.3
Pediatrics.....	12.1	12.1	12.9	11.9	12.3	13.0	12.5	13.2
Other medical specialties.....	16.2	16.7	15.8	13.3	15.8	15.6	15.2	17.2
General surgery.....	12.7	14.6	13.3	13.7	15.0	14.0	13.9	13.5
Obstetrics and gynecology.....	13.1	13.5	14.7	13.6	13.6	14.1	13.6	15.5
Other surgical specialties.....	16.5	16.2	15.9	16.0	16.5	16.0	16.3	16.2
Psychiatry.....	46.9	40.7	44.3	46.8	44.9	45.0	42.5	43.2
All other specialties.....	18.6	18.4	24.8	21.9	18.8	17.4	21.9	21.1
Type of practice								
Solo.....	15.6	15.7	15.9	16.0	16.5	16.6	16.4	17.0
Other ²	14.1	14.5	14.8	14.2	14.8	15.1	15.2	16.0
Status of patient visit								
New patient.....	18.4	18.9	19.1	18.9	19.7	19.8	20.4	20.5
Old patient.....	14.4	14.6	14.7	14.6	15.0	15.2	15.1	15.6
New problem.....	15.4	15.9	15.8	15.6	16.3	16.3	16.7	17.2
Old problem.....	14.8	14.9	15.2	15.0	15.4	15.7	15.4	16.0

¹Office visits recorded as zero duration are not included in calculation.

²Includes partnership and group practices.

Table 12. Number and percent distribution of office visits to ambulatory care physicians by selected diagnostic and therapeutic services: United States, 1975-81 and 1985

<i>Diagnostic service and nonmedication therapy</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
Number of visits in thousands								
All visits.....	567,600	588,300	570,052	584,498	556,313	575,745	585,177	636,386
Diagnostic service								
X ray.....	41,701	45,527	44,662	47,937	45,846	41,925	44,812	¹ 53,113
Blood pressure check.....	188,180	195,179	193,889	194,556	200,501	195,382	202,159	245,886
Electrocardiogram.....	19,210	19,370	17,333	20,075	15,228	16,294	18,457	20,288
Visual acuity.....	26,650	30,684	23,044	28,049	33,450	32,726	33,875	40,945
Nonmedication therapy								
Physiotherapy.....	12,565	17,590	18,584	21,231	17,084	29,281	26,743	26,485
Ambulatory surgery.....	37,990	41,497	45,029	45,197	40,989	43,089	42,844	41,931
Percent distribution								
All visits.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Diagnostic service								
X ray.....	7.3	7.7	7.8	8.2	8.2	7.3	7.7	8.3
Blood pressure check.....	33.1	33.2	34.0	33.3	36.0	33.9	34.5	38.6
Electrocardiogram.....	3.4	3.3	3.0	3.4	2.7	2.8	3.1	3.2
Visual acuity.....	4.7	5.2	4.0	4.8	6.0	5.7	5.8	6.4
Nonmedication therapy								
Physiotherapy.....	2.2	3.0	3.3	3.6	3.1	5.1	4.6	4.2
Ambulatory surgery.....	6.7	7.0	7.9	7.7	7.4	7.5	7.3	6.6

¹Chest x ray or other radiology.

Table 13. Number and percent distribution of office visits to ambulatory care physicians by disposition of visit: United States, 1975-81 and 1985

<i>Disposition</i>	<i>1975</i>	<i>1976</i>	<i>1977</i>	<i>1978</i>	<i>1979</i>	<i>1980</i>	<i>1981</i>	<i>1985</i>
Number of visits in thousands								
All visits.....	567,600	588,300	570,052	584,498	556,313	575,745	585,177	636,386
No followup planned.....	74,542	67,599	63,546	65,234	64,686	67,442	65,970	62,138
Return at specified time.....	335,219	361,149	346,374	353,784	344,029	346,414	357,694	391,142
Return if needed, P.R.N.....	126,630	126,283	129,020	131,078	114,069	131,404	131,996	145,552
Telephone followup planned.....	20,834	19,142	17,961	21,627	21,194	19,955	20,058	25,229
Referred to other physician.....	16,042	16,281	14,423	14,285	13,797	15,157	14,735	20,075
Returned to referring physician.....	5,064	4,800	4,660	4,225	3,561	3,677	4,670	4,947
Admit to hospital.....	12,062	12,222	11,095	13,200	11,431	13,088	13,699	10,281
Other.....	5,217	4,487	7,129	5,032	3,764	1,379	1,205	3,416
Percent distribution ¹								
All visits.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No followup planned.....	13.1	11.5	11.1	11.2	11.6	11.7	11.3	9.8
Return at specified time.....	59.1	61.4	60.8	60.5	61.8	60.2	61.1	61.5
Return if needed, P.R.N.....	22.3	21.5	22.6	22.4	20.5	22.8	22.6	22.9
Telephone followup planned.....	3.7	3.2	3.1	3.7	3.8	3.5	3.4	4.0
Referred to other physician.....	2.8	2.8	2.5	2.4	2.5	2.6	2.5	3.1
Returned to referring physician.....	0.9	0.8	0.8	0.7	0.6	0.6	0.8	0.8
Admit to hospital.....	2.1	2.1	1.9	2.3	2.0	2.3	2.3	1.6
Other.....	0.9	0.8	1.3	0.9	0.7	0.2	0.2	0.5

¹May not add to 100.0 because more than 1 disposition was possible.

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Appendix I

Technical notes

This report is based on data collected during the period March 1985 through February 1986 in the National Ambulatory Medical Care Survey (NAMCS), a sample survey of office-based physicians conducted by the Division of Health Care Statistics of the National Center for Health Statistics (NCHS). The NAMCS survey design and procedures are presented in the following sections.

Statistical design

Scope of the survey

The target population of the 1985 NAMCS includes office visits made within the conterminous United States by ambulatory patients to nonfederally employed physicians who are principally engaged in office-based patient care practice, but not in the specialties of anesthesiology, pathology, or radiology. Telephone contacts and nonoffice visits are excluded from the NAMCS.

Sample design

The NAMCS utilizes a three stage survey design that involves probability samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within physician practices. The first-stage sample of 84 PSU's was selected jointly by the National Opinion Research Center of the University of Chicago and the Survey Research Center of the University of Michigan. The National Opinion Research Center was the organization responsible for NAMCS field and data processing operations under contract to NCHS. A PSU is a county, a group of adjacent counties, or a metropolitan statistical area (MSA). The U.S. Bureau of the Census designations of MSA's, including the U.S. Office of Management and Budget additions of July 1981, were used. A modified probability-proportional-to-size procedure using separate sampling frames for MSA's and for nonmetropolitan counties was used to select the sample PSU's independently within each of the four census regions. The 1980 census figures of the number of occupied housing units were the basis for calculating the probability of selecting the PSU's.

The second stage consisted of a probability sample of practicing physicians, selected from the masterfiles maintained by the American Medical Association (AMA) and the American Osteopathic Association (AOA), who met the following criteria:

- Office-based, as defined by AMA and AOA.
- Principally engaged in patient care activities.
- Nonfederally employed.

- Not in the specialties and subspecialties of anesthesiology, pathology, and radiology.

The 1985 NAMCS physician universe included 276,430 doctors of medicine and 11,776 doctors of osteopathy (see table I).

Eligible physicians were stratified into 15 groups within metropolitan/nonmetropolitan status. Doctors of medicine were stratified into 14 specialty groups as follows:

Cardiovascular disease
Dermatology
General and family practice
General surgery
Internal medicine
Neurology
Obstetrics and gynecology
Ophthalmology
Orthopedic surgery
Otorhinolaryngology
Pediatrics
Psychiatry
Urological surgery
All other specialties

Doctors of osteopathy were included as a separate stratum. The number of physicians selected from each stratum was based on optimum sample design research for the 1985 NAMCS conducted by the NCHS Office of Research and Methodology (Tompkins and Shimizu, 1985).

The 1985 NAMCS physician sample included 5,032 physicians. Sample physicians were screened at the time of the survey to ensure that they met the aforementioned criteria; 928 physicians did not meet the criteria and were, therefore, ruled out of scope (ineligible) for the study. The most common reasons for being out of scope were that the physician was retired or employed in teaching, research, or administration. Of the 4,104 in scope (eligible) physicians, 2,879 (70.2 percent) participated in the study. Of the participating physicians, 397 saw no patients during their assigned reporting period because of vacations, illnesses, or other reasons for being temporarily out of office-based practice. The physician universe, sample size, and response data by physician strata are shown in table I.

The third stage was the selection of patient visits within the annual practices of the sample physicians. This stage in-

NOTE: A list of references follows the text.

Table 1. Number of physicians in the universe, total sample, sample response, categories, and response rates, by physician strata: National Ambulatory Medical Care Survey, 1985

Physician strata	Universe ¹	Sample					Response rate
		Total	Out of scope	In scope	Nonrespondents	Respondents	
All strata	288,206	5,032	928	4,104	1,225	2,879	70
Cardiovascular disease	8,684	220	27	193	96	97	50
Dermatology	5,116	131	15	116	39	77	66
General and family practice	51,611	749	144	605	204	401	66
General surgery	20,577	290	54	236	78	158	67
Internal medicine	39,077	381	82	299	101	198	66
Neurology	4,478	113	16	97	34	63	65
Obstetrics and gynecology	22,509	322	38	284	74	210	74
Ophthalmology	11,835	510	49	461	121	340	74
Orthopedic surgery	12,574	318	40	278	70	208	75
Otorhinolaryngology	5,593	142	20	122	44	78	64
Pediatrics	21,499	205	56	149	26	123	83
Psychiatry	20,081	235	57	178	47	131	74
Urological surgery	6,893	288	26	262	63	199	76
All other specialties	45,903	617	220	397	95	302	76
Doctors of Osteopathy	11,776	511	84	427	133	294	69

¹These data were derived from the American Medical Association and the American Osteopathic Association masterfiles and represent the total number of physicians eligible for the National Ambulatory Medical Care Survey.

volved two steps. First, the total physician sample was divided into 52 random subsamples of approximately equal size; then each subsample was randomly assigned to 1 of the 52 weeks in the survey year. Second, a systematic random sample of visits was selected by the physician during the assigned reporting week. The visit sampling rate varied for this final step from a 100-percent sample for very small practices to a 20-percent sample for very large practices. The method for determining the visit sampling rate is described later in this appendix and in the Induction Interview Form in appendix III. The 1985 NAMCS responding sample physicians completed 71,594 Patient Records.

Data collection and processing

Field procedures

Both mail and telephone contacts were used to enlist sample physicians for NAMCS. Initially, physicians were sent introductory letters from the Director of NCHS (see appendix III). When appropriate, a letter from the physician's specialty organization endorsing the survey and urging participation was enclosed with the NCHS letter. Approximately 2 weeks prior to the physician's assigned reporting period, a field representative telephoned the physician to briefly explain the study and arrange an appointment for a personal interview. Physicians who did not initially respond were usually recontacted via telephone or special explanatory letter and requested to reconsider participation in the study.

During the personal interview, the field representative determined the physician's eligibility for the study, obtained cooperation, delivered survey materials with verbal and printed instructions, and assigned a predetermined Monday–Sunday reporting period. A short induction interview concerning basic practice characteristics, such as type of practice and expected number of office visits, was conducted (see appendix III).

Office staff who were to assist with data collection were invited to attend the instructional session or were offered separate instructional sessions.

The field representative telephoned the sample physician prior to and during the assigned reporting week to answer questions that might have arisen and to ensure that survey procedures were going smoothly. At the end of the reporting week, the participating physician mailed the completed survey materials to the field representative who edited the forms for completeness before transmitting them for central data processing. Problems of missing or incomplete data were resolved through telephone followup by the field representative to the sample physicians.

Data collection

The actual data collection for NAMCS was carried out by the sample physicians, often assisted by their office staff. Two data collection forms were employed by the physicians: the Patient Log and the Patient Record (see appendix III). The Patient Log was used to sequentially list all patients seen in the physician's office during the assigned reporting week and served as the sampling frame to indicate the office visits for which data were to be recorded on the Patient Records. A perforation between the patient's name on the Patient Log and patient visit information on the Patient Record permitted the physician to detach and retain the listing of patients, thus assuring the anonymity of the patients.

Based on the physician's estimate of the expected number of office visits and expected number of days in practice during the assigned reporting week, each physician was assigned a visit sampling rate. The visit sampling rates were designed so that about 30 Patient Records would be completed by each physician during the assigned reporting week. Physicians expecting 10 or fewer visits each day recorded data for all visits, while those expecting more than 10 visits per day recorded

data for every second, third, or fifth visit based on the predetermined sampling interval. These visit sampling procedures minimized the physician's data collection workload and maintained approximately equal reporting levels among sample physicians regardless of practice size. For physicians recording data for every second, third, or fifth patient visit, a random start was provided on the first page of the Patient Log so that pre-designated sample visits recorded on each succeeding page of the Patient Log provided a systematic random sample of patient visits during the reporting period.

Data processing

In addition to followups for missing and inconsistent data made by the field staff, numerous clerical edits were performed on data received for central data processing. These manual edit procedures proved quite efficient, reducing item nonresponse rates to 2 percent or less for most data items.

Information contained in item 8 (Patient's complaint, symptom, or other reason for visit) of the Patient Record was coded according to "A Reason for Visit Classification for Ambulatory Care" (RVC) (NCHS, 1979). Diagnostic information (item 11 of the Patient Record) was coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (Public Health Service and Health Care Financing Administration, 1980). A maximum of three entries was coded from each of these items. Quality control for the medical coding operation involved a two-way 100-percent independent verification procedure. A dependent verification procedure was used to review and adjudicate all records with coding discrepancies.

The NAMCS medication data (item 14 of the Patient Record) was classified and coded according to a scheme developed at NCHS based on the Drug Product Information File maintained by the American Druggist Blue Book Data Center. A description of the drug coding scheme and of the NAMCS drug data processing procedures is contained in *Vital and Health Statistics, Series 2, No. 90* (NCHS, 1982c). A two-way 100-percent independent verification procedure was used to control the medication coding operation. As an additional quality control, all Patient Records with differences between drug coders or with illegible drug entries were reviewed and adjudicated.

Information from the Induction Interview and Patient Records was keypunched with 100 percent verification and converted to computer tape. Extensive computer consistency and edit checks were performed to ensure complete and accurate data. Incomplete data items were imputed by assigning a value from a randomly selected Patient Record with similar characteristics; patient sex and age, physician specialty, and broad diagnostic categories were used as the basis for these imputations.

Estimation procedures

Statistics from the NAMCS were derived by a multistage estimation procedure that produces essentially unbiased na-

tional estimates and has three basic components: (1) inflation by reciprocals of the probabilities of selection, (2) adjustment for nonresponse, and (3) ratio adjustment to fixed totals. Each component is briefly described below.

Inflation by reciprocals of probabilities of selection

Because the survey utilized a three-stage sample design, three probabilities of selection existed: (1) the probability of selecting the PSU, (2) the probability of selecting the physician within the PSU, and (3) the probability of selecting the office visit within the physician's practice. The overall probability of including a physician in the sample was the product of the probability of the PSU being selected times the probability of the physician being selected. The probability of selecting the physician within a PSU was 1.0 for physicians in nonmetropolitan areas and was the PSU weight divided by the sampling interval for physicians in metropolitan areas. The probability of selecting the office visit was defined as the number of office visits during the physician's assigned reporting week divided by the number of Patient Records completed. All weekly estimates were inflated by a factor of 52 to derive annual estimates.

Adjustment for nonresponse

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

Ratio adjustment

A poststratification adjustment was made within each of the 15 physician strata. The ratio adjustment was a multiplication factor that had as its numerator the number of physicians in the universe in each physician specialty strata and as its denominator the estimated number of physicians in that particular specialty strata. The numerator was based on figures obtained from the AMA and AOA master files, and the denominator was based on data from the sample.

Reliability of estimates

As in any survey, results are subject to both sampling and nonsampling errors. Nonsampling errors include reporting and processing errors, as well as biases due to nonresponse or incomplete response. The magnitude of the nonsampling errors cannot be computed. However, these errors were kept to a minimum by procedures built into the operation of the survey. To eliminate ambiguities and encourage uniform reporting, careful attention was given to the phrasing of questions, terms, and definitions. Also, extensive pretesting of most data items and survey procedures was performed. The steps taken to reduce bias in the data are discussed in the sections on field procedures and data collection. Quality control procedures and consistency and edit checks discussed in the data processing section reduced errors in data coding and processing. Because

NOTE: A list of references follows the text.

survey results are subject to sampling and nonsampling errors, the total error will be larger than the error due to sampling variability alone.

Because the statistics presented in this report are based on a sample, they differ somewhat from the figures that would be obtained if a complete census had been taken using the same forms, definitions, instructions, and procedures. However, the probability design of NAMCS permits the calculation of sampling errors. The standard error is primarily a measure of sampling variability that occurs by chance because only a sample rather than the entire population is surveyed. The standard error, as calculated in this report, also reflects part of the variation that arises in the measurement process, but does not include estimates of any systematic biases that may be in the data. The chances are about 68 of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 of 100 that the difference would be less than twice the standard error, and about 99 of 100 that it would be less than 2½ times as large.

The relative standard error of an estimate is obtained by dividing the standard error by the estimate itself and is expressed as a percent of the estimate. In this report, an asterisk (*) precedes any estimate with more than a 30-percent relative standard error.

Estimates of sampling variability were calculated using the method of half-sample replication. This method yields overall variability through observation of variability among random subsamples of the total sample. A description of the development and evaluation of the replication technique for error estimation has been published (NCHS, 1966, 1969). Approximate relative standard errors for aggregate estimates are presented in figures I and II. To derive error estimates that would be applicable to a wide variety of statistics and could be prepared at moderate cost, several approximations were required. As a result, the relative standard errors shown in figures I and II should be interpreted as approximate rather than exact for any specific estimate. Directions for determining approximate relative standard errors follow.

Estimates of aggregates

Figure I presents approximate relative standard errors for aggregate estimates of office visits, and figure II presents approximate relative standard errors for aggregate estimates of drug mentions. In each figure, curve A represents the relative standard errors appropriate for estimates based on all physicians, and curves B–D represent relative standard errors appropriate for estimates based on the individual physician group indicated.

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

$$RSE(x) = \sqrt{A + \frac{B}{x}} \cdot 100.0$$

NOTE: A list of references follows the text.

Estimates of percents

Approximate relative standard errors (in percent) for estimates of percents may be calculated from figures I and II as follows. From the appropriate curve, obtain the relative standard error of the numerator and denominator of the percent. Square each of the RSE values, subtract the resulting value for the denominator from the resulting value for the numerator, and extract the square root. This approximation is valid if the RSE of the denominator is less than 0.05 or if the RSE's of the numerator and denominator are both less than 0.10.

Alternatively, RSE's for percents may be calculated using the following general formula, where p is the percent of interest and x is the denominator of the percent in thousands, using the appropriate coefficient from table II.

$$RSE(p) = \sqrt{\frac{B \cdot (1 - p)}{p \cdot x}} \cdot 100.0$$

Estimates of rates where numerator is not a subclass of denominator

Approximate relative standard errors for rates in which the denominator is the total United States population or one or more of the age-sex-race groups of the total population are equivalent to the relative standard error of the numerator that can be obtained from figures I or II.

Estimates of differences between two statistics

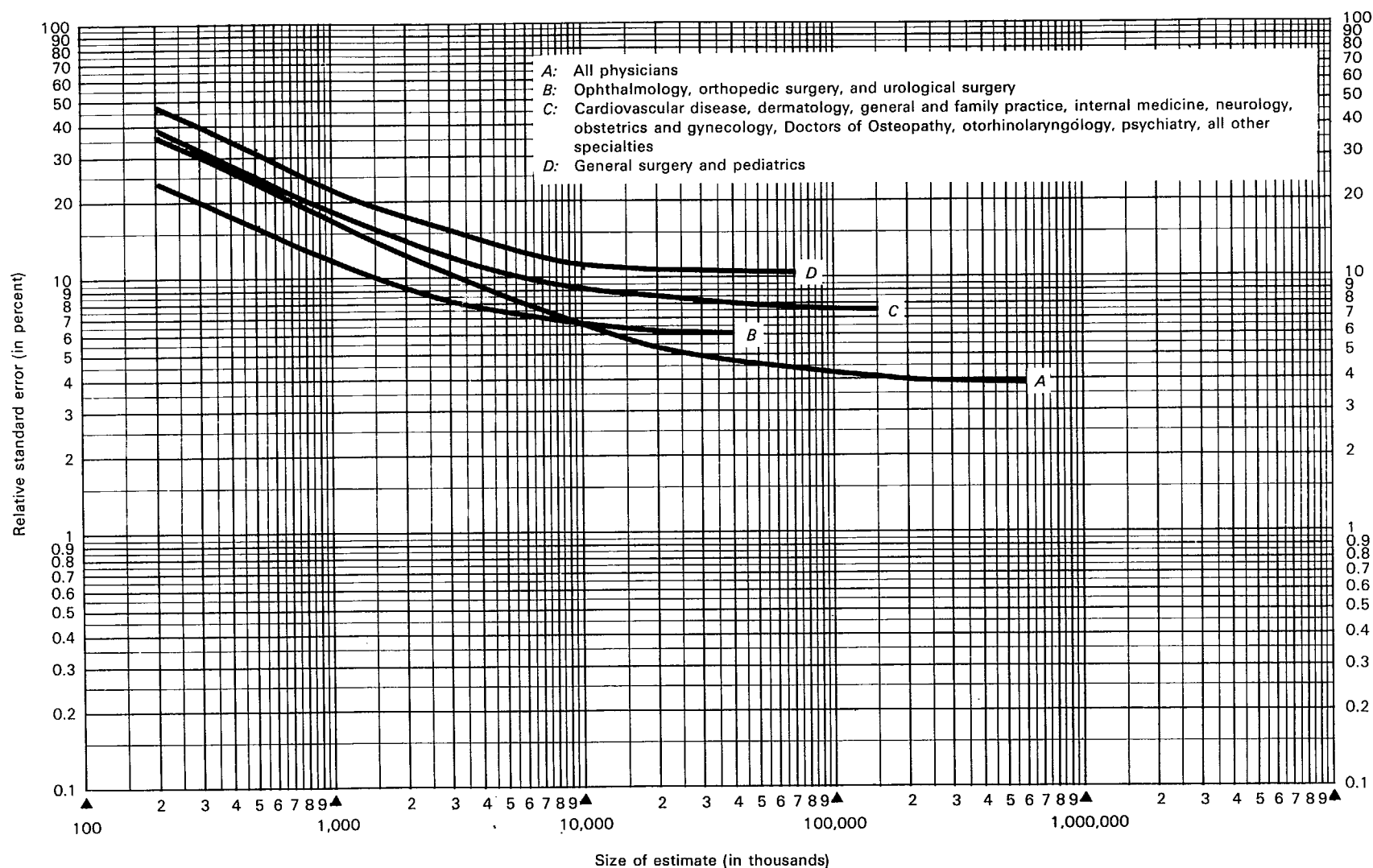
The relative standard errors shown in this appendix are not directly applicable to differences between two sample estimates. The standard error of a difference is approximately the square root of the sum of squares of each standard error considered separately. This formula represents the standard error quite accurately for the difference between separate and uncorrelated characteristics, although it is only a rough approximation in most other cases.

Tests of significance

In this report, the determination of statistical inference is based on the t -test with a critical value of 1.96 (0.05 level of significance). Terms relating to differences, such as "higher," "less," and so forth, indicate that the differences are statistically significant. Terms such as "similar" or "no difference" mean that no statistical significance exists between the estimates being compared. A lack of comment regarding the difference between any two estimates does not mean that the difference was tested and found to be not significant.

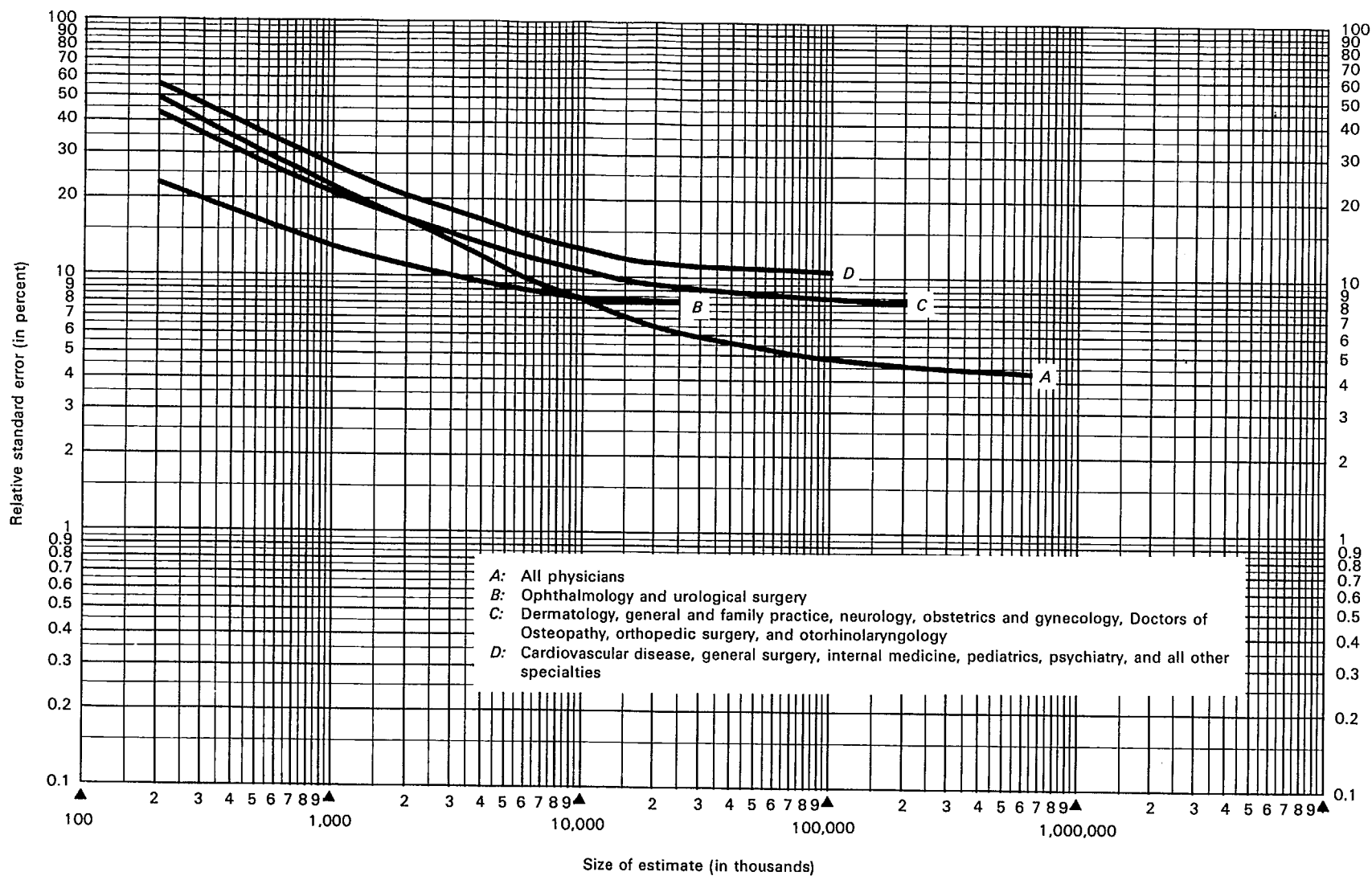
Population figures and rate computation

The population figures used in computing annual visit rates are presented in table III. The figures are based on the July 1, 1985, estimates of the civilian noninstitutionalized population of the United States. Because NAMCS includes data for only the conterminous United States, the original population estimates were modified to exclude Alaska and Hawaii. For this reason, the population estimates should not be con-



EXAMPLE OF USE OF CHART: An estimate of 10 million office visits to general and family practice physicians (read on scale at bottom of chart) has a relative standard error of 9.4 percent (read from curve C on scale at left of chart) or a standard error of 940,000 office visits (9.4 percent of 10 million office visits).

Figure 1. Approximate relative standard errors for estimated numbers of office visits based on all physicians (A) and on individual physician groups (B-D): National Ambulatory Medical Care Survey, 1985



EXAMPLE OF USE OF CHART: An estimate of 20 million drug mentions to general surgeons (read on scale at bottom of chart) has a relative standard error of 12.1 percent (read from curve *D* on scale at left of chart) or a standard error of 2,420,000 drug mentions (12.1 percent of 20 million drug mentions).

Figure II. Approximate relative standard errors for estimated numbers of drug mentions based on all physicians (A) and on individual physician groups (B-D): National Ambulatory Medical Care Survey, 1985

Table II. Coefficients appropriate for determining relative standard errors by type of estimate and physician groups: National Ambulatory Medical Care Survey, 1985

Type of estimate and physician group	Coefficient	
	A	B
Visits		
All physician groups	0.001493373	28.258848
Ophthalmology, orthopedic surgery, and urological surgery	0.003343029	10.785509
Cardiovascular disease, dermatology, general and family practice, internal medicine, neurology, obstetrics and gynecology, Doctors of Osteopathy, otorhinolaryngology, psychiatry, and all other specialties	0.005780329	29.680397
General surgery and pediatrics	0.010470160	40.657939
Drug mentions		
All physician groups	0.001884167	46.903471
Ophthalmology and urological surgery	0.006309853	9.381846
Dermatology, general and family practice, neurology, obstetrics and gynecology, Doctors of Osteopathy, orthopedic surgery, and otorhinolaryngology	0.006777396	37.687413
Cardiovascular disease, general surgery, internal medicine, pediatrics, psychiatry, and all other specialties	0.011745980	60.088822

sidered official and are presented here solely to provide denominators for rate computations.

Rounding of numbers

Estimates presented in this report are rounded to the nearest thousand. For this reason detailed figures within tables

do not always add to totals. Rates and percents are calculated on the basis of the original, unrounded figures and may not agree precisely with percents calculated from rounded data.

Systematic bias

No formal attempt was undertaken to determine or measure systematic bias in the 1985 NAMCS data. It should be noted, however, that there are several factors affecting the data which indicate that these data underrepresent the total number of office visits. Some of these factors are briefly discussed below:

- Physicians who participated in NAMCS did a thorough and conscientious job in keeping the Patient Log; however, a postsurvey evaluation study conducted among a random sample of participating physicians indicates that a small number of patient visits may have been accidentally omitted from the Patient Log; although this number is quite small, such omissions would result in an undercoverage of office visits. The same postsurvey study indicates that the inclusion of patient visits which did not actually occur was infrequent and would have a negligible effect on survey estimates.
- As previously stated, the physician universe for the 1985 NAMCS included all non-Federal, office-based, patient-care physicians on the AMA and AOA masterfiles. The NAMCS was designed to provide statistically unbiased estimates of office visits to this designated population. Not included in the universe were physicians who were classified as federally employed or hospital-based, or who were principally engaged in research, teaching, administration, or other nonpatient care activity. Consequently, ambulatory patient visits to these physicians in an office setting would not be included in NAMCS estimates. In an attempt

Table III. Population used in computing annual visit rates shown in this report by selected demographic characteristics: July 1, 1985

Characteristic	All ages	Less than 15 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 years and over
Race								
Number in thousands								
All races	232,175	51,373	38,141	40,337	31,141	22,243	22,006	26,934
Male	112,112	26,283	18,836	19,702	15,142	10,764	10,326	11,060
Female	120,062	25,090	19,305	20,635	15,999	11,479	11,680	15,874
White	198,020	41,906	31,772	34,244	26,889	19,258	19,602	24,349
Male	96,191	21,570	15,781	16,954	13,237	9,394	9,247	10,009
Female	101,829	20,336	15,991	17,290	13,652	9,864	10,355	14,341
Black	27,959	7,876	5,322	4,838	3,266	2,357	2,049	2,250
Male	12,992	3,984	2,521	2,165	1,451	1,053	919	898
Female	14,966	3,892	2,801	2,673	1,815	1,304	1,130	1,352
Other	6,196	1,591	1,047	1,255	986	627	356	334
Male	2,929	729	534	584	454	316	161	153
Female	3,267	862	513	672	532	311	195	181
Region								
Northeast	49,756	---	---	---	---	---	---	---
Midwest	58,601	---	---	---	---	---	---	---
South	80,129	---	---	---	---	---	---	---
West	43,688	---	---	---	---	---	---	---
Metropolitan status of area								
Metropolitan	178,349	---	---	---	---	---	---	---
Nonmetropolitan	53,825	---	---	---	---	---	---	---

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

to measure the number of office visits to physicians not in the NAMCS universe, a NAMCS Complement Survey was conducted in 1980. This study involved a sample of approximately 2,000 physicians selected from among the 230,000 physicians in the AMA and AOA masterfiles who were not eligible (in scope) for the 1980 NAMCS. Details of the Complement Survey methodology and results are presented in Series 13, No. 77 (NCHS, 1984).

Results indicate that about 17 percent of the Complement Survey physicians saw some ambulatory patients in an office setting and that an estimated 69 million office visits were made to these physicians in 1980.

NOTE: A list of references follows the text.

Appendix II

Definitions of terms

Terms relating to the survey

Office—Premises identified by physicians as locations for their ambulatory practices, customarily including consultation, examination, or treatment spaces the patients associate with a particular physician.

Ambulatory patient—An individual seeking personal health services who is neither bedridden nor currently admitted to any health care institution on the premises.

Physician—A duly licensed doctor of medicine or doctor of osteopathy. For purposes of this National Ambulatory Medical Care Survey, physicians are classified as in scope or out of scope as follows:

- **In scope**—Physicians currently in practice who spend some time caring for ambulatory patients in office locations except as excluded below.
- **Out of scope**:
 - Physicians in the specialties and subspecialties of anesthesiology, pathology, and radiology.
 - Physicians who are federally employed, including those physicians who work for the Veterans Administration or who are in military service.
 - Physicians who treat patients only in institutional settings, such as nursing homes and hospitals.
 - Physicians employed full time in industry or by institutions and having no private practice, for example, physicians who work for the Ford Motor Company.
 - Physicians who spend no time seeing ambulatory patients, for example, physicians who only teach, are engaged in research, or are retired.

Patient—A person under a physician's care for health reasons. For purposes of this National Ambulatory Medical Care Survey, patients are defined as in scope or out of scope as follows:

- **In scope**—A patient seen by an in-scope physician or a staff member in the physician's office except as excluded below.
- **Out of scope**:
 - Patients seen by a physician in a hospital, nursing home, or other extended care institution, or in the patient's home. If the physician has a private office located in a hospital that meets the definition of "office," the ambulatory patients seen there are considered in scope.

- Patients seen by the physician in an institution, including outpatient clinics of hospitals, for whom the institution has primary responsibility over time.
- Patients who contact and receive advice from the physician via telephone.
- Patients who come to the office only to leave a specimen, to pick up insurance forms, or to pay a bill.
- Patients who come to the office to pick up medications previously prescribed by the physician.

Visit—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.

Drug mention—The physician's entry of a pharmaceutical agent prescribed or provided—by any route of administration—for prevention, diagnosis, or treatment. Generic names as well as brand name drugs are included, as are nonprescription as well as prescription drugs. Along with all new drugs, the physician also records continued medications, if the patient was specifically instructed during the visit to continue the medication.

Physician specialty—Principal specialty, including general practice, as designated by the physician at the time of the survey. Those physicians for whom a specialty was not obtained were assigned the principal specialty recorded in the physician masterfiles maintained by the American Medical Association or the American Osteopathic Association.

Region of practice location—One of the four geographic regions, excluding Alaska and Hawaii, that correspond to those used by the U.S. Bureau of the Census:

Region	States included
Northeast.	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont
Midwest.	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin
South.	Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia
West.	Arizona, California, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming

Metropolitan status of practice location—A physician's practice is classified by its location in a metropolitan or non-metropolitan area. Metropolitan areas are metropolitan statistical areas (MSA's) as defined by the U.S. Office of Management and Budget. The definition of an individual MSA involves two considerations: first, a city or cities of specified population that constitute the central city and identify the county in which it is located as the central county; second, economic and social relationships with "contiguous" counties that are metropolitan in character, so that the periphery of the specific metropolitan area may be determined. MSA's may cross State lines. In New England, MSA's consist of cities and townships rather than counties.

Terms relating to the Patient Record

Age—The age calculated from date of birth was the age at last birthday on the date of visit.

Race—Physicians were instructed to mark the category they judged to be the most appropriate for each patient based on observation or prior knowledge. The following definitions were provided to the physician:

- **White**—A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **Black**—A person having origins in any of the black racial groups of Africa.
- **Asian/Pacific Islander**—A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, including, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- **American Indian/Alaskan Native**—A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

Ethnicity—Category judged by the physician to be the most appropriate. The following definitions were provided:

- **Hispanic origin**—A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- **Not Hispanic**—A person not of Hispanic origin.

Expected source(s) of payment—The source(s) that to the best of the physician's knowledge describes how charges incurred this visit will be paid:

- **Self pay**—Charges billed directly to the patient which will not be reimbursed by a third party.
- **Medicare**—Charges paid in part or in full by a medicare plan, including payments made directly to the physician, as well as payments reimbursed to the patient.
- **Medicaid**—Charges paid in part or in full by a medicaid plan, including payments made directly to the physician, as well as payments reimbursed to the patient.
- **Blue Cross/Blue Shield**—Charges paid by Blue Cross or Blue Shield either directly to the physician or reimbursed to the patient.

- **Other commercial insurance**—Charges paid by a private insurance company, including payments made directly to the physician, as well as payments reimbursed to the patient.
- **HMO/prepaid plan**—Charges included under a health maintenance organization (HMO) plan or other prepayment plan, including independent practice associations (IPA's) and preferred provider organizations (PPO's).
- **No charge**—Visits for which no fee is charged (not including visits paid for as part of a total care package; for example, pregnancy visits for which a flat fee was charged).
- **Other**—All other sources of payment not in the preceding categories; for example, workman's compensation programs, and Civilian Health and Medical Programs of Uniformed Services (CHAMPUS).
- **Unknown**—This category indicates that none of the previous source of payment categories was checked.

Was patient referred for this visit by another physician?—Referrals are any visits that are made at the advice or direction of a physician other than the one being visited. The interest is in referrals for the current visit and not in referrals for any prior visit.

Patient's complaint(s), symptom(s), or other reason(s) for this visit (in patient's own words)—The patient's problem, complaint, symptom, or other reason for this visit as expressed by the patient. Physicians were instructed to record key words or phrases verbatim to the extent possible. "Most important" refers to that problem which in the physician's judgment was most responsible for the patient's visit.

Glucose tests this visit—Any test(s) ordered, provided, or specimen taken to measure the patient's glucose level, including tests for diagnosis, screening, or patient evaluation.

Other diagnostic services this visit—Physicians were instructed to check any of the following services that were ordered or provided during the current visit:

- **Breast exam**—Examination of breast.
- **Pelvic exam**—Self-explanatory.
- **Rectal exam**—Any manual or proctoscopic examination of the rectum.
- **Visual acuity test**—Self-explanatory.
- **Urinalysis**—Any physical, chemical, or microscopic examination of urine.
- **Hematology**—Any laboratory examination of blood, including counts, clotting studies, and tests.
- **Blood chemistry**—Chemical analysis or test of blood.
- **Pap test**—Papanicolaou test.
- **Other lab test**—Any other laboratory test, except glucose test.
- **Blood pressure check**—Self-explanatory.
- **EKG**—Electrocardiogram.
- **Chest x ray**—Single or multiple x ray examination for diagnostic or screening purposes.
- **Other radiology**—Any single or multiple x ray examination for diagnostic or screening purposes, excluding chest x rays, including computed tomography and any diagnostic nuclear medicine imaging procedure.
- **Ultrasound**—Any single or multiple ultrasound imaging examination.

- *Other service*—Any other diagnostic services not included or listed in the preceding categories.

Physician's diagnosis—The physician's diagnosis of the patient's principal problem, complaint, or symptom. In the event of multiple diagnoses, the physician was instructed to list them in order of decreasing importance. The term "principal" refers to the first-listed diagnosis. The diagnosis represents the physician's best judgment at the time of the visit and may be tentative, provisional, or definitive.

Other significant current diagnoses—The diagnosis of any other condition known to exist for the patient at the time of the visit. Other diagnoses may or may not be related to the patient's reason for visit.

Have you seen the patient before?—"Seen before" means provided care for at any time in the past. The second part of item 12 refers to the patient's current episode of illness.

Nonmedication therapy—Physicians were instructed to check any of the following services that were ordered or provided during the current visit:

- *Physiotherapy*—Any form of physical therapy ordered or provided, including any treatment using heat, light, sound, or physical pressure or movement; for example, ultrasonic, ultraviolet, infrared, whirlpool, diathermy, cold, and manipulative therapy.
- *Ambulatory surgery*—Any surgical procedure performed in the office or ordered to be performed elsewhere on an outpatient basis, including suture of wounds, reduction of fractures, application or removal of casts, incision and draining of abscesses, application of supportive materials for fractures and sprains, irrigations, aspirations, dilations, and excisions.
- *Radiation therapy*—Therapeutic use of x rays and other high energy modalities, radium, cobalt, and brachytherapy for surface, intracavity, or interstitial applications, including nuclear medicine therapeutic procedures.
- *Psychotherapy*—All treatments designed to produce a mental or emotional response through suggestion, persuasion, reeducation, reassurance, or support, including psychological counseling, hypnosis, psychoanalysis, and transactional therapy.
- *Family planning*—Services, counseling, or advice that might enable patients to determine the number and spacing of their children, including both contraception and infertility services.
- *Diet counseling*—Instruction, recommendations, or advice regarding diet or dietary habits.
- *Other counseling*—Instructions and recommendations regarding any health problem, including advice or counsel about a change of habit or behavior. This also includes instruction on the proper use of drugs and devices and their possible adverse effects.
- *Corrective lenses*—Provision, ordering, or prescription for glasses or contact lenses.

- *Other*—Treatments or nonmedication therapies ordered or provided that are not listed or included in the preceding categories.

Medication therapy this visit—The physician was instructed to list, using brand or generic names, all medications including drugs, vitamins, hormones, ointments, and suppositories ordered, injected, administered, or provided this visit including prescription and nonprescription drugs, vaccinations, immunizations, and desensitization agents. Also included are drugs and medications ordered or provided prior to the visit that the physician instructed or expected the patient to continue taking.

- *New medication?*—Indicates whether the medication was newly prescribed for the patient at the time of the visit.
- *For Dx in item 11a?*—Indicates whether the medication was ordered or provided for the principal diagnosis in item 11a of the Patient Record.

Disposition this visit—Eight categories are provided to describe the physician's disposition of the case. The physician was instructed to check as many of the categories as apply:

- *No followup planned*—No return visit or telephone contact was scheduled for the patient's problem.
- *Return at specified time*—Patient was told to schedule an appointment or was instructed to return at a particular time.
- *Return if needed, P.R.N.*—No future appointment was made, but the patient was instructed to make an appointment with the physician if the patient considered it necessary.
- *Telephone followup planned*—Patient was instructed to telephone the physician either on a particular day to report on progress, or at any time if the need should arise.
- *Referred to other physician*—Patient was instructed to consult or seek care from another physician. The patient may or may not return to this physician at a later date.
- *Returned to referring physician*—Patient was instructed to consult again with the referring physician.
- *Admit to hospital*—Patient was instructed that further care or treatment would be provided in a hospital. No further office visits were expected prior to hospital admission.
- *Other*—Any other disposition of the case not included in the preceding categories.

Duration of this visit—Time the physician spent with the patient, not including time the patient spent waiting to see the physician, time the patient spent receiving care from someone other than the physician without the presence of the physician, and time the physician spent in reviewing such things as records and test results. If the patient was provided care by a member of the physician's staff but did not see the physician during the visit, the duration of the visit was recorded as 0 minutes.

Appendix III

Survey instruments



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782

NAMCS Endorsing Organizations

American Academy
of Dermatology

American Academy of
Family Physicians

American Academy
of Neurology

American Academy
of Ophthalmology

American Academy of
Orthopaedic Surgeons

American Academy
of Pediatrics

American Association of
Neurological Surgeons

American College of
Obstetricians and
Gynecologists

American College
of Physicians

American College of
Preventive Medicine

American Osteopathic
Association

American Society of
Colon and Rectal
Surgeons

American Psychiatric
Association

American Society of
Internal Medicine

American Society of
Plastic and Reconstructive
Surgeons, Inc.

American Urological
Association

Association of American
Medical Colleges

National Medical
Association

Dear Dr.

The National Center for Health Statistics, as part of its continuing program to provide information on the health status of the American people, is conducting a National Ambulatory Medical Care Survey (NAMCS).

The purpose of this survey is to collect information about ambulatory patients, their problems, and the resources used for their care. The resulting published statistics will help plan for more effective health services, determine health manpower requirements, and improve medical education.

Since practicing physicians are the only reliable source of this information, we need your assistance in the NAMCS. As one of the physicians selected in our national sample, your participation is essential to the success of the survey.

The NAMCS is authorized by title 42, United States Code, Section 242k. Participation is voluntary. All information collected is held in strict confidence, and will be used only to prepare statistical summaries.

Many organizations and leaders in the medical profession have expressed their support for this survey, including those shown to the left. They join me in urging your cooperation in this important research.

Within a few days, a survey representative will telephone you for an appointment to discuss the details of your participation. We greatly appreciate your cooperation.

Sincerely yours,

Manning Feinleib, M.D., Dr.P.H.
Director

PATIENT LOG As each patient arrives, record name and time of visit on the log below. For the patient entered on line #5, also complete the patient record to the right.		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																																			
PATIENT'S NAME 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ TIME OF VISIT a.m. _____ p.m. _____ a.m. _____ p.m. _____ a.m. _____ p.m. _____ a.m. _____ p.m. _____		PATIENT RECORD NATIONAL AMBULATORY MEDICAL CARE SURVEY																																				
		OMB No. 0937-0141 Expires 9/30/86 (PHS) 6105-D 456-232																																				
1. DATE OF VISIT ____/____/____ Month Day Year		2. DATE OF BIRTH ____/____/____ Month Day Year																																				
3. SEX 1 ☐ FEMALE 2 ☐ MALE		4. COLOR OR RACE 1 ☐ WHITE 2 ☐ BLACK 3 ☐ ASIAN/PACIFIC ISLANDER 4 ☐ AMERICAN INDIAN/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 ☐ <table border="0" style="width: 100%; font-size: x-small;"> <thead> <tr> <th></th> <th colspan="2">a. NEW MEDICATION?</th> <th colspan="2">b. FOR DX IN ITEM 11a?</th> </tr> <tr> <th></th> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1 _____</td> <td>1 ☐</td> <td>2 ☐</td> <td>1 ☐</td> <td>2 ☐</td> </tr> <tr> <td>2 _____</td> <td>1 ☐</td> <td>2 ☐</td> <td>1 ☐</td> <td>2 ☐</td> </tr> <tr> <td>3 _____</td> <td>1 ☐</td> <td>2 ☐</td> <td>1 ☐</td> <td>2 ☐</td> </tr> <tr> <td>4 _____</td> <td>1 ☐</td> <td>2 ☐</td> <td>1 ☐</td> <td>2 ☐</td> </tr> <tr> <td>5 _____</td> <td>1 ☐</td> <td>2 ☐</td> <td>1 ☐</td> <td>2 ☐</td> </tr> </tbody> </table>			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 ☐
	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, P.R.N. 4 ☐ TELEPHONE FOLLOW-UP PLANNED 5 ☐ REFERRED TO OTHER PHYSICIAN 6 ☐ RETURNED TO REFERRING PHYSICIAN 7 ☐ ADMIT TO HOSPITAL 8 ☐ OTHER [Specify] _____		16. DURATION OF THIS VISIT [Time actually spent with physician] _____ Minutes																																				

 Record items 1-16
 for this patient

 CONTINUE LISTING PATIENTS
 ON NEXT PAGE

FOR OFFICE USE
ONLY:
(BATCH NO.)

--	--

5-6/
(LOG NO.)

--	--	--	--

7-10/

NATIONAL AMBULATORY MEDICAL CARE SURVEY

INDUCTION INTERVIEW

BEFORE STARTING INTERVIEW

1. ENTER PHYSICIAN I.D. NUMBER IN BOX TO RIGHT.
2. ENTER DATES OF ASSIGNED REPORTING WEEK IN Q.2, P.2.

(Phys. ID Number)

--	--	--	--

1-4/

TIME _____ AM
BEGAN: _____ PM

Doctor, before I begin, let me take a minute to give you a little background about this survey.

Although ambulatory medical care accounts for nearly 90 percent of all medical care received in the United States, there is no systematic information about the characteristics and problems of people who consult physicians in their offices. This kind of information has been badly needed by medical educators and others concerned with the medical manpower situation.

In response to increasing demands for this kind of information, the National Center for Health Statistics, in close consultation with representatives of the medical profession, has developed the National Ambulatory Medical Care Survey.

Your own task in the survey is simple, carefully designed, and should not take much of your time. Essentially, it consists of your participation during a specified 7-day period. During this period, you simply check off a minimal amount of information concerning patients that you see.

Now, before we get into the actual procedures, I have a few questions to ask about your practice. The answers you give me will be used only for classification and analysis, and of course all information you provide is held in strict confidence.*

1. First you are a _____.
(ENTER SPECIALTY FROM CODE ON FACE SHEET LABEL.)

Is that right?

Yes.....X

No.....(ASK A).....Y

A IF NO: What is your specialty (including general practice)?

(Name of Specialty)

--	--	--

11-13/

*
The National Ambulatory Medical Care Survey is authorized by Congress in Title 42, United States Code, section 242K. It is a voluntary study and there are no penalties for refusing to answer any question. All information collected is confidential and will be used only to prepare statistical summaries. No information which will identify an individual or a physician's practice will be released

2. Now, doctor, this study will be concerned with the ambulatory patients you will see in your office during this week of (READ REPORTING DATES ENTERED BELOW).

_____/____ (that's a Monday) through ____/____ (that's a Sunday)
month date month date

Are you likely to see any ambulatory patients in your office during that week?

Yes.....(GO TO Q.3).....X

No.....(ASK A).....Y\

A. IF NO: Why is that? RECORD VERBATIM, THEN READ PARAGRAPH BELOW.

Since it's very important, doctor, that we include any ambulatory patients that you do happen to see in your office during that week, I'd like to leave these forms with you anyway--just in case your plans change. I'll plan to check back with your office just before (STARTING DATE) to make sure, and I can explain them in detail then, if necessary.

GIVE DOCTOR THE A PATIENT RECORD FORMS AND GO TO Q.9, P.6.

3. A. At what office location will you be seeing ambulatory patients during that 7-day period? RECORD UNDER A BELOW AND THEN CODE B.

B. FOR EACH OFFICE LOCATION ENTERED IN A, CODE YES OR NO TO "IN SCOPE."

IN SCOPE (Yes)	OUT OF SCOPE (No)
----------------	-------------------

Private offices
Free-standing clinics
(non-hospital based)
Groups, partnerships
Kaiser, HIP, Mayo Clinic
Neighborhood Health Centers
Privately operated clinics
(except family planning)

Hospital emergency rooms
Hospital outpatient departments
College or university infirmaries
Industrial outpatient facilities
Family planning clinics
Government-operated clinics
(VD, maternal & child health, etc.)

IN CASE OF DOUBT, ASK: Is that (clinic/facility/institution) hospital based?

Is that (clinic/facility/institution) government operated?

C. Is that all of the office locations at which you expect to see ambulatory patients during that week?

Yes.....X

No.....Y

IF NO: OBTAIN ADDITIONAL OFFICE LOCATION(S), ENTER IN "A" BELOW, AND REPEAT.

A. Office Location	B. In Scope?	
	Yes	No
(1) _____	1	0

(2) _____	1	0

(3) _____	1	0

(4) _____	1	0

TOTAL IN-SCOPE LOCATIONS: 14/

IF ALL LOCATIONS ARE OUT OF SCOPE, THANK THE DOCTOR AND LEAVE.

4. A. During that week (REPEAT DATES), how many ambulatory patients do you expect to see in your office practice? (DO NOT COUNT PATIENTS SEEN AT OUT-OF-SCOPE LOCATIONS CODED IN 3-B.)

ENTER TOTAL UNDER "A" BELOW AND CIRCLE NUMBER CATEGORY ON APPROPRIATE LINE.

- B. And during those seven days (REPEAT DATES IF NECESSARY), on how many days do you expect to see any ambulatory patients? COUNT EACH DAY IN WHICH DOCTOR EXPECTS TO SEE ANY PATIENTS AT AN IN-SCOPE OFFICE LOCATION.

CIRCLE NUMBER OF DAYS IN APPROPRIATE COLUMN UNDER "B" BELOW.

DETERMINE PROPER PATIENT LOG FORM FROM CHART BELOW. READ ACROSS ON "TOTAL PATIENTS" LINE UNDER "A" AND CIRCLE LETTER IN APPROPRIATE "DAYS" COLUMN UNDER "B."

THIS LETTER TELLS YOU WHICH OF THE FOUR PATIENT LOG FORMS (A, B, C, D) SHOULD BE USED BY THIS DOCTOR.

LOG FORM DESCRIPTION	A.		B.						
	Expected total patients during survey week.		Total <u>days</u> in practice during week.						
A--Patient Record is to be completed for <u>ALL</u> patients listed on Log. 15-17/	ENTER TOTAL FROM Q. 4-A		18/						
			1	2	3	4	5	6	7
	1- 12 PATIENTS		A	A	A	A	A	A	A
B--Patient Record is to be completed for every <u>SECOND</u> patient listed on Log.	13- 25	"	B	A	A	A	A	A	A
	26- 39	"	C	B	A	A	A	A	A
	40- 52	"	C	B	B	A	A	A	A
	53- 65	"	D	C	B	B	A	A	A
	66- 79	"	D	C	B	B	B	A	A
C--Patient Record is to be completed for every <u>THIRD</u> patient listed on Log.	80- 92	"	D	D	C	B	B	B	B
	93-105	"	D	D	C	B	B	B	B
	106-118	"	D	D	C	C	B	B	B
	119-131	"	D	D	C	C	B	B	B
	132-145	"	D	D	D	C	C	B	B
*D--Patient Record is to be completed for every <u>FIFTH</u> patient listed on Log.	146-158	"	D	D	D	C	C	B	B
	159-171	"	D	D	D	C	C	C	C
	172-184	"	D	D	D	C	C	C	C
	185-197	"	D	D	D	D	D	D	D
	198-210	"	D	D	D	D	D	D	D
	211+	"	D	D	D	D	D	D	D

*In the rare instance the physician will see more than 500 patients during his assigned reporting week, give him two D Patient Log Folios and instruct him to complete a patient record form for only every tenth patient. Then you are to draw an X through the Patient Record on every other page of the two folio pads, starting with Page 1 of the pad. The physician then completes the Patient Log on every page, but completes the Patient Record on every second page.

5. FIND LOG FOLIO WITH APPROPRIATE LETTER AND CIRCLE LETTER, ENTER FIRST FOUR NUMBERS OF THE FORM AND NUMBER OF LINES STAMPED "BEGIN ON NEXT LINE" FOR THE B-C-D LOG FORMS (if no lines are stamped, enter "0") BELOW.

FOLIO					No. Lines Stamped "BEGIN ON NEXT LINE"	FOR OFFICE USE ONLY Number patient record forms completed.
Letter	Number					
A						
B						
C						
D						

19-23/
24-26/

6. HAND DOCTOR HIS FOLIO AND EXPLAIN HOW FORMS ARE TO BE FILLED OUT. SHOW DOCTOR INSTRUCTIONS ON THE POCKET OF FOLIO, ITEMS 6,10 AND 13 ON CARDS IN POCKET OF FOLIO AND ITEM DEFINITIONS ON THE BACK OF FOLIO, TO WHICH HE CAN REFER AFTER YOU LEAVE.

EMPHASIZE THAT EVERY PATIENT VISIT EXCEPT ADMINISTRATIVE PURPOSE ONLY IS TO BE RECORDED ON THE LOG FOR ENTIRE REPORTING PERIOD. FOR EXAMPLE, IF A MEDICAL ASSISTANT GAVE THE PATIENT AN INOCULATION OR A TECHNICIAN ADMINISTERED AN ELECTROCARDIOGRAM AND THE PATIENT DID NOT SEE THE DOCTOR, THIS VISIT MUST STILL BE LISTED ON THE LOG.

RECORD VERBATIM BELOW ANY CONCERN, PROBLEMS OR QUESTIONS THE DOCTOR RAISES.

7. IF DOCTOR EXPECTS TO SEE AMBULATORY PATIENTS AT MORE THAN ONE IN-SCOPE LOCATION DURING ASSIGNED WEEK, TELL HIM YOU WILL DELIVER THE FORMS TO THE OTHER LOCATION(S). ENTER THE FORM LETTER AND NUMBER(S) AND NUMBER OF LINES STAMPED "BEGIN ON NEXT LINE" FOR THE B-C-D LOG FOR THOSE LOCATIONS BELOW, BEFORE DELIVERING FORM(S).

Location	FOLIO					No. Lines Stamped "BEGIN ON NEXT LINE"	FOR OFFICE USE ONLY
	Letter	Number					Number patient record forms completed.

27-31/
32-34/
35-39/
40-42/
43-47/
48-50/

8. During the survey week (REPEAT EXACT DATES), will anyone be available to help you in filling out these records (at each IN-SCOPE location)?

Yes..... (ASK A)1 51/
 No.....2

A. IF YES: Who would that be?

RECORD NAME, POSITION AND LOCATION.

NAME	POSITION	LOCATION

PERSONALLY BRIEF EACH PERSON LISTED ABOVE.

EMPHASIZE THAT EVERY PATIENT VISIT DURING THE ENTIRE WEEK IS TO BE RECORDED ON THE LOG EXCEPT "ADMINISTRATIVE PURPOSE ONLY."

9. Do you have a solo practice, or are you associated with other physicians in a partnership, in a group practice, or in some other way?

Solo.....(GO TO Q.10).....1 52/
 Partnership...(ASK A-C).....2
 Group.....(ASK A-C).....3
 <--- Other...(SPECIFY AND ASK A-C).....4

IF PARTNERSHIP, GROUP, OR OTHER:

A. Is this a prepaid group practice? Yes...(ASK [1]).....1 53/
 No.....2

[1] IF YES TO A: What percent of patients are prepaid? _____ percent 54-56/

B. How many other physicians are associated with you?

NUMBER OF PHYSICIANS: _____ 57-59/

C. What are the specialties of the other physicians associated with you? (How many of these are there?)

Specialty	Number of Physicians
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____

D. CIRCLE ONE:

All physicians in this partnership/group practice have the same specialty.....1 60/

More than one specialty in this partnership/group practice.....2

10. Are you currently participating in any prepaid plans, such as HMO (Health Maintenance Organization), IPA (Independent Practice Association), and PPO (Preferred Provider Organization), or other prepaid plan?

	<u>Yes</u>	<u>No</u>	
(1) HMO	1	0	61/
(2) IPA	1	0	62/
(3) PPO	1	0	63/
(4) OTHER (SPECIFY) _____			
	1	0	64/

BEGIN DECK 4

11. Now I have just one more question about your practice. (NOTE: IF DOCTOR PRACTICES IN LARGE GROUP, THE FOLLOWING INFORMATION CAN BE OBTAINED FROM SOMEONE ELSE.)

A. What is the total number of full-time (35 hours or more per week) employees of your (partnership/group) practice? Include persons regularly employed who are now on vacation, temporarily ill, etc. Do not include other physicians. RECORD ON BOTTOM LINE OF COLUMN A BELOW.

1. How many of these full-time employees are a . . . (READ CATEGORIES BELOW AS NECESSARY AND RECORD NUMBER OF EACH IN COLUMN A.)

B. And what is the total number of part-time (less than 35 hours per week) employees of your (partnership/group) practice? Again, include persons regularly employed who are now on vacation, ill, etc. Do not include other physicians. RECORD ON BOTTOM LINE OF COLUMN B BELOW.

1. How many of these part-time employees are a . . . (READ CATEGORIES BELOW AS NECESSARY AND RECORD NUMBER OF EACH IN COLUMN B.)

Employees	A. <u>Full-time</u> (35 or more hours/week)	B. <u>Part-time</u> (Less than 35 hours/week)
(1) Registered Nurse.....	11-13/	35-37/
(2) Licensed Practical Nurse....	14-16/	38-40/
(3) Nursing Aide.....	17-19/	41-43/
(4) Physician Assistant*.....	20-22/	44-46/
(5) Technician.....	23-25/	47-49/
(6) Secretary or Receptionist...	26-28/	50-52/
(7) Other (SPECIFY) _____	29-31/	53-55/
TOTAL:	32-34/	TOTAL: 56-58/

*Physician Assistant must be a graduate of an accredited training program for Physician Assistants (Physician Extenders, Medex, etc.) or certified by the National Board of Medical Examiners through the Certification Exam for Assistant to the Primary Care Physician.

BEFORE YOU LEAVE, AGAIN STRESS THAT EACH AND EVERY AMBULATORY PATIENT SEEN BY THE DOCTOR OR HIS STAFF DURING THE 7-DAY PERIOD AT ALL IN-SCOPE OFFICE LOCATIONS (REPEAT THEM) IS TO BE INCLUDED IN THE SURVEY, THAT EACH PATIENT IS TO BE RECORDED ON THE LOG, AND ONLY THE APPROPRIATE NUMBER OF PATIENT RECORDS COMPLETED.

Thank you for your time, Dr. _____. If you have any (more) questions, please feel free to call me. My phone number is written in the folio. I'll call you on Monday morning of your survey week just to remind you.

12. TIME INTERVIEW ENDED AM

PM

13. DATE OF INTERVIEW

--	--	--	--	--	--

(Month) (Day) (Year)

COMMENTS:

INTERVIEWER NUMBER

--	--	--	--	--

INTERVIEWER'S SIGNATURE

FOR OFFICE USE ONLY:No. of Patients Seen:

--	--	--

 59-61/Total Days in Practice during Week:

--

 62/No. of Patient Record Forms

--	--	--

 63-65/

Attention Health Investigators!

Need assistance in following all your study subjects, or perhaps just your lost contacts? Become a National Death Index user to enhance your followup efforts.

Purpose

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How the NDI Operates

- The NDI may only be used for statistical purposes in medical and health research.
- The investigator first must submit an NDI application form to NCHS.
- Applications are reviewed quarterly by a group of advisors to the NDI program.
- Upon notification of approval, the investigator submits the names of study subjects and related information on magnetic tape, floppy disk, or NDI coding sheets (as specified in the NDI Users's Manual).
- Payment for NDI services is also made at this time.
- The NDI file search is performed and the result mailed within three weeks.
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Health Statistics**

**National
Death Index**



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