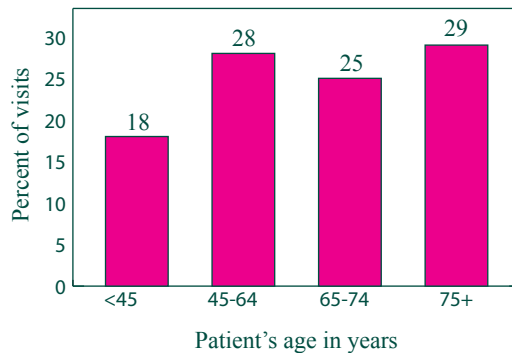


Factsheet

OPHTHALMOLOGY

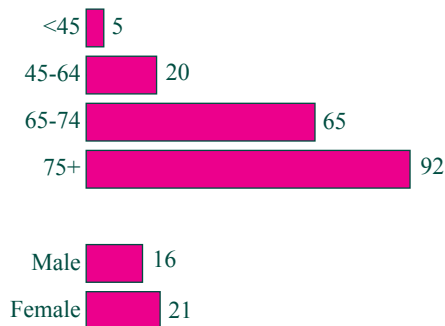
In 2010, there were an estimated 55 million visits to nonfederally employed, office-based ophthalmologists in the United States. A majority of the visits were made by persons 45 years of age and over.

Percent distribution of office visits by patient's age: 2010



The visit rates for persons in the two oldest age groups were higher than the two youngest age groups.

Annual office visit rates by patient's age and sex: 2010



Number of visits per 100 persons per year

Expected source(s) of payment included:

- Medicare — 47%
- Private insurance — 42%
- Medicaid/CHIP — 3%
- No insurance¹ — 2%

¹ No insurance is defined as having only self-pay, no charge, or charity visits as payment sources.

The major reason for visit was:

- Chronic problem, routine — 33%
- New problem — 27%
- Pre- or post-surgery/injury follow-up — 18%
- Preventative care — 16%
- Chronic problem, flare-up — 6%

The top 5 reasons given by patients for visiting ophthalmologists were:

- Vision dysfunctions
- Eye exam
- Progress visit
- Postoperative visit
- Cataract

The top 3 diagnoses were:

- Cataract
- Lens replacement
- Diabetes ophthalmic manifestations

Medications were provided or prescribed at 59 percent of office visits. The top 4 generic substances utilized were:

- Multivitamin
- Aspirin
- Prednisone Ophthalmic
- Levothyroxine

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/names>.

THE IMPORTANCE OF NAMCS DATA

Ophthalmology

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA*, and *Archives of Ophthalmology* (renamed *JAMA Ophthalmology*). Here are a few recent publications using NAMCS data:

Valderas JM, Starfield B, Forrest CB, Sibbald B, Roland M. Ambulatory care provided by office-based specialists in the United States. *Ann Fam Med*. 7(2):104-111. Mar-Apr 2009.

McGwin G Jr. Rate of eye injury in the United States. *Arch Ophthalmol*. 123(7):970-976. Jul 2005.

Gilchrist VJ, Stange KC, Flocke SA, McCord G, Bourguet CC. A comparison of the National Ambulatory Medical Care Survey (NAMCS) measurement approach with direct observation of outpatient visits. *Medical Care*. 42(3):276-280. March 2004.

Freed GL, Nahra TA, Wheeler JR. Which physicians are providing health care to America's children? Trends and changes during the past 20 years. *Arch Pediatr Adolesc Med*. 158(1):22-26. Jan 2004.

Glied S, Zivin JG. How do doctors behave when some (but not all) of their patients are in managed care? *Journal of Health Economics*. 21(2):337-353. Mar 2002.

Bernstein AB, Hing E, Burt CW, Hall MJ. Trend data on medical encounters: tracking a moving target. *Health Aff (Millwood)*. 20(2):58-72. Mar-Apr 2001.

Forrest CB, Whelan E. Primary care safety-net delivery sites in the United States: A comparison of community health centers, hospital outpatient departments, and physicians' offices. *JAMA*. 284:2077-2083. 2000.

Chiang Y-P, Wang F, Javitt JC. Office visits to ophthalmologists and other physicians for eye care among the US population, 1990. *Public Health Rep*. 110(2):147-153. Mar-Apr 1995.

Sastry SM, Chiang YP, Javitt JC. Practice patterns of the office-based ophthalmologist. *Ophthalmic Surg*. 25(2):76-81. Feb 1994.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm