

National Ambulatory Medical Care Survey

ABOUT NAMCS

The National Ambulatory Medical Care Survey (NAMCS) produces statistics that represent the experience of the U.S. population at visits to office-based physicians. The survey provides information on office visits in terms of physician practice, patient, and visit characteristics.

GENERAL/FAMILY PRACTICE

In 2015, an estimated **193 million visits** were made to nonfederally employed, office-based physicians specializing in general and family practice in the United States. The majority of visits were by patients aged 45–64.

CONTACT US

Ambulatory and Hospital Care Statistics Branch:

301-458-4600

https://www.cdc.gov/nchs/ahcd/namcs_participant.htm



MAJOR REASON FOR VISIT

NEW PROBLEM	36%
CHRONIC PROBLEM, ROUTINE	31%
PREVENTIVE CARE	23%
CHRONIC PROBLEM, FLARE-UP	6%

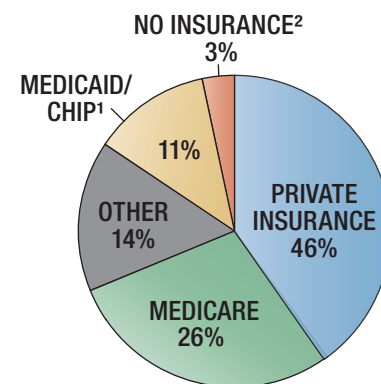
TOP 5 SERVICES, ORDERED OR PROVIDED

- LIPID PROFILE
- COMPREHENSIVE METABOLIC PANEL (CMP)
- COMPLETE BLOOD COUNT (CBC)
- DIET OR NUTRITION COUNSELING
- SKIN EXAMINATION

TOP 5 DIAGNOSES

- ROUTINE GENERAL MEDICAL EXAMINATION
- UNSPECIFIED ESSENTIAL HYPERTENSION
- DIABETES MELLITUS
- ROUTINE INFANT/CHILD CHECK
- BENIGN ESSENTIAL HYPERTENSION

EXPECTED SOURCE OF PAYMENT



¹Children's Health Insurance Program.

²Having only self-pay, no charge, or charity visits as payment sources.

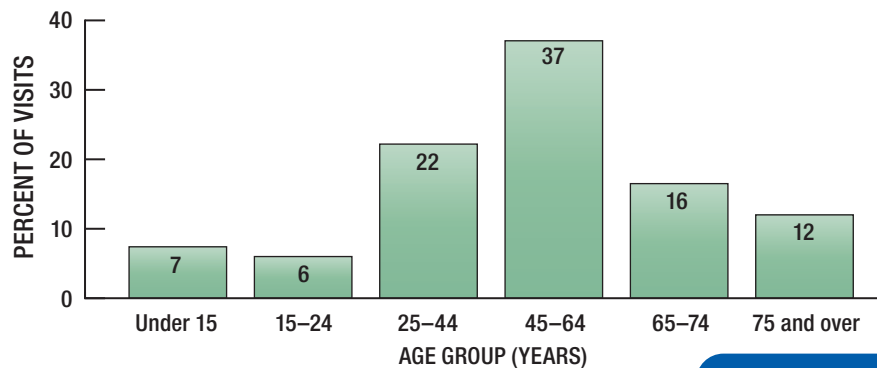
MEDICATIONS WERE PRESCRIBED AT 85% OF OFFICE VISITS.

TOP 5 ACTIVE INGREDIENTS



- ASPIRIN
- METFORMIN
- LISINAPRIL
- AMLODIPINE
- ALBUTEROL

PERCENT DISTRIBUTION OF GENERAL AND FAMILY PRACTICE OFFICE VISITS BY PATIENT'S AGE: 2015



National Ambulatory Medical Care Survey

NAMCS data are widely used in research studies appearing in nationally recognized medical journals. Below is a selection of general and family practice articles in recent publications citing NAMCS data:

Peabody MR, O'Neill TR, Stelter KL, Puffer JC. **Frequency and criticality of diagnoses in family medicine practices: From the National Ambulatory Medical Care Survey (NAMCS).** J Am Board Fam Med 31(1):126–38. 2018.

Mafi JN, Wee CC, Davis RB, Landon BE. **Association of primary care practice location and ownership with the provision of low-value care in the United States.** JAMA Intern Med 177(6):838–45. 2017.

Young RA, Burge S, Kumar KA, Wilson J. **The full scope of family physicians' work is not reflected by current procedural terminology codes.** J Am Board Fam Med 30(6):724–32. 2017.

Mainous AG 3rd, Tanner RJ, Baker R. **Prediabetes diagnosis and treatment in primary care.** J Am Board Fam Med 29(2):283–5. 2016.

Gates K, Petterson S, Wingrove P, Miller B, Klink K. **You can't treat what you don't diagnose: An analysis of the recognition of somatic presentations of depression and anxiety in primary care.** Fam Syst Health 34(4):317–29. 2016.

Reddy SM, Ramachandran A, Cabral H, Kazis L. **Provision of family planning to women with cardiovascular risk factors.** J Am Board Fam Med 28(1):105–14. 2015.

McMorrow S, Long SK, Fogel A. **Primary care providers ordered fewer preventive services for women with**

Medicaid than for women with private coverage. Health Aff 34(6):1001–9. 2015.

Renshaw SE, Saywell RM Jr, Burba JL, Butler AL, Zollinger TW, Kiovsky RD, et al. **Trends in patient encounters: Implications for family medicine clerkships.** Fam Med 46(10):761–9. 2014.

Prunuske JP, St Hill CA, Hager KD, Lemieux AM, Swanoski MT, Anderson GW, Lutfiyya MN. **Opioid prescribing patterns for non-malignant chronic pain for rural versus non-rural US adults: A population-based study using 2010 NAMCS data.** BMC Health Serv Res 14:563. 2014.

Cohen D, Coco A. **Do physicians address other medical problems during preventive gynecologic visits?** J Am Board Fam Med 27(1):13–8. 2014.

Pearson WS, King DE, Richards C. **Capitated payments to primary care providers and the delivery of patient education.** J Am Board Fam Med 26(4):350–5. 2013.

Xierali IM, Hsiao CJ, Puffer JC, Green LA, Rinaldo JC, Bazemore AW, et al. **The rise of electronic health record adoption among family physicians.** Ann Fam Med 11(1):14–9. 2013.

Coco AS, O'Gurek DT. **Increased emergency department computed tomography use for common chest symptoms without clear patient benefits.** J Am Board Fam Med 25(1):33–41. 2012.



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