

National Ambulatory Medical Care Survey: 2010 Summary Tables

The Ambulatory and Hospital Care Statistics Branch is pleased to release the most current nationally representative data on ambulatory care visits to physician offices in the United States. Statistics are presented on the physician's practice, patient and visit characteristics based on data collected in the 2010 National Ambulatory Medical Care Survey (NAMCS). NAMCS is an annual nationally representative sample survey of visits to nonfederal office-based patient care physicians, excluding anesthesiologists, radiologists, and pathologists.

The sampling frame for the 2010 NAMCS was composed of all physicians contained in the master files maintained by the AMA and AOA. The 2010 NAMCS utilized a multistage probability design that involved probability samples of primary sampling units (PSUs), physicians within PSUs, and patient visits within practices. An additional sample of physicians and non-physician practitioners was selected from a separate stratum of 104 community health centers.

The 2010 NAMCS sample included 3,525 physicians. A total of 1,119 physicians did not meet all of the criteria and were ruled out of scope (ineligible) for the study. Of the 2,406 in-scope (eligible) physicians, 1,482 participated in the study. Patient Record Forms (PRFs) were not completed by 190 physicians due to vacations, illness, or other reasons for being temporarily not in practice. Of the 1,292 physicians who completed PRFs, 1,228 participated fully or adequately (i.e. at least half of the PRFs expected, based on the total number of visits during the reporting week, were submitted), and 64 participated minimally (i.e. fewer than half of the expected number of PRFs were submitted). Within physician practices and CHCs, data are abstracted from medical records for up to 30 sampled visits during a randomly assigned 1-week reporting period. In all, 31,229 PRFs were submitted. The unweighted response rate was 58.3 percent (57.3 percent weighted), based on the number of full participants only.

The 2010 NAMCS was conducted from December 28, 2009 through December 26, 2010. The U.S. Bureau of the Census was the data collection agent for the 2010 NAMCS. The physician, office staff or Census field representatives completed a PRF for a sample of up to 30 visits during a randomly assigned 1-week reporting period. The PRF may be viewed at the website: http://www.cdc.gov/nchs/data/ahcd/NAMCS_30A_2010.pdf

Data processing and medical coding were performed by SRA International, Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10 percent quality control sample of NAMCS survey records was independently keyed and coded, with an error rate of 0.01 percent. For items that required medical coding, discrepancy rates ranged between 0.0 and 0.1 percent. For further details, see 2010 NAMCS Public Use Data File Documentation at the website:

ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2010.pdf

Web table estimates include physician visits to office-based practices and CHCs. Visit estimates are based on sample data weighted to produce annual national estimates and include standard errors. Because of the complex multistage design of NAMCS, a sample weight is computed for each sample visit that takes all stages of design into account. The survey data are inflated or weighted to produce unbiased national annual estimates. The visit weight includes four basic components: inflation by reciprocals of selection probabilities, adjustment for nonresponse, population ratio adjustments, and weight smoothing. Estimates of the sampling

variability were calculated using Taylor approximations in SUDAAN, which take into account the complex sample design of NAMCS. Detailed information on the design, conduct, and estimation procedures of 2010 NAMCS are discussed in the NAMCS Public Use Data File Documentation at the website:

ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2010.pdf

As in any survey, results are subject to sampling and nonsampling errors. Nonsampling errors include reporting and processing errors as well as biases due to nonresponse and incomplete response. In 2010, race data were missing for 24.9 percent of visits, and ethnicity data were missing for 23.2 percent of visits. Starting with 2009 data, NAMCS adopted the technique of model-based single imputation for NAMCS race and ethnicity data. Race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2010 NAMCS Public Use Data File Documentation at the website:

ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2010.pdf

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

Table 1. Physician office visits, by selected physician characteristics: United States, 2010

Physician characteristic	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number of visits per 100 persons per year ^{1,2,3} (standard error of rate)	
All visits	1,008,802	(46,471)	100.0	...	332.2	(15.3)
Physician specialty ⁴						
General and family practice	213,770	(19,084)	21.2	(1.7)	70.4	(6.3)
Internal medicine	139,843	(16,373)	13.9	(1.4)	46.1	(5.4)
Pediatrics ⁵	132,247	(11,221)	13.1	(1.0)	191.8	(17.1)
Obstetrics and gynecology ⁶	80,076	(9,317)	7.9	(0.8)	63.7	(7.5)
Orthopedic surgery	63,391	(7,857)	6.3	(0.7)	20.9	(2.6)
Ophthalmology	55,530	(8,053)	5.5	(0.7)	18.3	(2.7)
Dermatology	39,698	(4,637)	3.9	(0.4)	13.1	(1.5)
Cardiovascular diseases	29,016	(2,954)	2.9	(0.3)	9.6	(1.0)
Psychiatry	26,164	(3,832)	2.6	(0.4)	8.6	(1.3)
Oncology	25,197	(4,516)	2.5	(0.4)	8.3	(1.5)
Otolaryngology	20,762	(2,652)	2.1	(0.2)	6.8	(0.9)
Urology	19,763	(2,847)	2.0	(0.3)	6.5	(0.9)
General surgery	19,201	(2,406)	1.9	(0.2)	6.3	(0.8)
Neurology	13,995	(1,742)	1.4	(0.2)	4.6	(0.6)
All other specialties	130,148	(15,599)	12.9	(1.3)	42.9	(5.1)
Professional identity						
Doctor of medicine	941,149	(45,903)	93.3	(0.7)	310.0	(15.1)
Doctor of osteopathy	67,653	(6,484)	6.7	(0.7)	22.3	(2.1)
Specialty type ⁴						
Primary care	560,295	(32,357)	55.5	(2.0)	184.5	(10.7)
Medical specialty	237,458	(17,675)	23.5	(1.5)	78.2	(5.8)
Surgical specialty	211,049	(18,281)	20.9	(1.4)	69.5	(6.0)
Geographic region						
Northeast	196,974	(19,338)	19.5	(1.8)	360.9	(35.4)
Midwest	218,301	(23,559)	21.6	(2.0)	331.3	(35.8)
South	382,932	(32,342)	38.0	(2.4)	341.8	(28.9)
West	210,595	(14,213)	20.9	(1.4)	296.1	(20.0)
Metropolitan status ⁷						
MSA	893,217	(45,391)	88.5	(1.7)	347.7	(17.7)
Non-MSA	115,585	(17,212)	11.5	(1.7)	247.2	(36.8)

...Category not applicable.

¹Visit rates are based on the July 1, 2010 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

²Population estimates by metropolitan statistical area definitions status are based on estimates of the civilian noninstitutional population of the United States as of July 1, 2010 from the 2010 National Health Interview Survey, National Center for Health Statistics, compiled according to November 2009 Office of Management and Budget definitions of core-based statistical areas. See <http://www.census.gov/population/metro/> for more about metropolitan statistical definitions.

³For geographic and metropolitan statistical area, population denominators are different for each category and thus do not add to total population rate. For other variables, the denominator is the total population.

⁴Physician specialty and specialty type are defined in the 2010 National Ambulatory Medical Care Survey Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2010.pdf.

⁵Number of visits (numerator) and population estimate (denominator) include children under 15 years of age.

⁶Number of visits (numerator) and population estimate (denominator) include females 15 years old and older.

⁷MSA is metropolitan statistical area.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 2. Office visits, by selected physician practice characteristics: United States, 2010

Physician practice characteristics	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All visits	1,008,802	(46,471)	100.0	...
Employment status				
Owner	684,671	(42,587)	67.9	(2.3)
Employee	291,625	(23,731)	28.9	(2.3)
Contractor	30,340	(8,371)	3.0	(0.8)
Blank	*2,167	(1,180)	*0.2	(0.1)
Ownership				
Physician or group	810,758	(45,777)	80.4	(2.0)
Other health care corporation	88,791	(14,413)	8.8	(1.4)
Other hospital	33,552	(9,631)	3.3	(0.9)
HMO ¹	23,828	(4,588)	2.4	(0.5)
Community health center	20,255	(3,080)	2.0	(0.3)
Medical or academic health center	19,110	(5,135)	1.9	(0.5)
Other ²	*10,766	(3,438)	*1.1	(0.3)
Blank	*1,742	(1,141)	*0.2	(0.1)
Practice size				
Solo	317,427	(24,662)	31.5	(1.9)
2	116,311	(14,491)	11.5	(1.3)
3-5	247,820	(23,329)	24.6	(1.8)
6-10	180,579	(15,890)	17.9	(1.6)
11 or more	142,306	(17,312)	14.1	(1.6)
Blank	*4,360	(2,704)	*0.4	(0.3)
Type of practice				
Single-specialty group	462,347	(31,722)	45.8	(2.0)
Multispecialty group	227,733	(19,153)	22.6	(1.8)
Solo	317,427	(24,662)	31.5	(1.9)
Blank	*1,295	(862)	*0.1	(0.1)
Office type				
Private practice	895,791	(45,100)	88.8	(1.1)
Freestanding clinic or urgicenter	43,852	(8,509)	4.3	(0.8)
Community health center	20,444	(3,085)	2.0	(0.3)
Other ³	48,715	(7,306)	4.8	(0.8)
Electronic medical records				
Yes-all electronic	419,494	(28,432)	41.6	(1.8)
Yes-part paper and part electronic	114,856	(13,977)	11.4	(1.3)
No	470,670	(27,947)	46.7	(1.9)
Unknown or blank	*3,782	(1,446)	*0.4	(0.1)
Practice submits claims electronically				
Yes-all electronic	653,913	(37,087)	64.8	(2.1)
Yes-part paper and part electronic	262,185	(24,569)	26.0	(2.0)
No	69,592	(8,873)	6.9	(0.8)
Unknown or blank	23,113	(5,838)	2.3	(0.6)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

¹HMO is health maintenance organization.

²"Other" includes owners such as local government (state, county or city) and charitable organizations.

³"Other" includes the following office types: HMO, nonfederal government clinic, mental health center, family planning clinic and faculty practice plan.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 3. Office visits, by patient age and sex: United States, 2010

Patient age and sex	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number of visits per 100 persons per year ¹ (standard error of rate)	
All visits	1,008,802	(46,471)	100.0	...	332.2	(15.3)
Age						
Under 15 years	166,043	(11,750)	16.5	(1.0)	268.0	(19.0)
Under 1 year	31,845	(2,905)	3.2	(0.3)	768.6	(70.1)
1-4 years	52,247	(4,260)	5.2	(0.4)	305.3	(24.9)
5-14 years	81,951	(5,644)	8.1	(0.5)	201.4	(13.9)
15-24 years	81,263	(5,257)	8.1	(0.3)	192.2	(12.4)
25-44 years	206,135	(11,664)	20.4	(0.7)	255.8	(14.5)
45-64 years	296,385	(15,042)	29.4	(0.6)	371.0	(18.8)
65 years and over	258,976	(15,368)	25.7	(0.9)	665.6	(39.5)
65-74 years	132,201	(7,498)	13.1	(0.4)	623.9	(35.4)
75 years and over	126,775	(8,385)	12.6	(0.6)	715.4	(47.3)
Sex and age						
Female	586,671	(28,674)	58.2	(0.7)	379.4	(18.5)
Under 15 years	78,530	(5,840)	7.8	(0.5)	259.3	(19.3)
15-24 years	51,795	(4,166)	5.1	(0.3)	249.4	(20.1)
25-44 years	139,894	(8,640)	13.9	(0.6)	344.4	(21.3)
45-64 years	170,952	(9,306)	16.9	(0.4)	416.0	(22.6)
65-74 years	73,439	(4,302)	7.3	(0.3)	647.3	(37.9)
75 years and over	72,061	(4,925)	7.1	(0.4)	685.1	(46.8)
Male	422,131	(19,695)	41.8	(0.7)	283.3	(13.2)
Under 15 years	87,512	(6,341)	8.7	(0.5)	276.3	(20.0)
15-24 years	29,468	(2,006)	2.9	(0.2)	137.0	(9.3)
25-44 years	66,241	(4,144)	6.6	(0.3)	165.8	(10.4)
45-64 years	125,433	(6,539)	12.4	(0.3)	323.2	(16.8)
65-74 years	58,762	(3,780)	5.8	(0.3)	596.9	(38.4)
75 years and over	54,714	(3,935)	5.4	(0.3)	759.7	(54.6)

...Category not applicable.

¹Visit rates are based on the July 1, 2010 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 4. Office visits, by patient race and age, and ethnicity: United States, 2010

Patient characteristic	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number of visits per 100 persons per year (standard error of rate) ¹	
All visits	1,008,802	(46,471)	100.0	...	332.2	(15.3)
Race and age ²						
White	842,862	(42,095)	83.6	(1.0)	348.9	(17.4)
Under 15 years	130,781	(9,533)	13.0	(0.8)	280.3	(20.4)
15-24 years	66,494	(4,515)	6.6	(0.3)	204.3	(13.9)
25-44 years	168,853	(10,399)	16.7	(0.6)	267.7	(16.5)
45-64 years	248,449	(13,606)	24.6	(0.6)	378.1	(20.7)
65-74 years	116,134	(6,860)	11.5	(0.4)	641.9	(37.9)
75 years and over	112,151	(8,044)	11.1	(0.6)	723.4	(51.9)
Black or African American	116,933	(9,269)	11.6	(0.8)	302.8	(24.0)
Under 15 years	23,485	(3,583)	2.3	(0.3)	254.1	(38.8)
15-24 years	11,195	(1,224)	1.1	(0.1)	175.5	(19.2)
25-44 years	25,455	(2,299)	2.5	(0.2)	242.0	(21.9)
45-64 years	36,306	(3,381)	3.6	(0.3)	397.6	(37.0)
65-74 years	11,011	(1,450)	1.1	(0.1)	564.6	(74.3)
75 years and over	9,480	(1,227)	0.9	(0.1)	682.0	(88.3)
Other ³	49,007	(5,613)	4.9	(0.6)	209.2	(24.0)
Ethnicity and race ²						
Hispanic or Latino	114,974	(14,176)	11.4	(1.3)	234.7	(28.9)
Not Hispanic or Latino	893,828	(42,477)	88.6	(1.3)	351.0	(16.7)
White	732,533	(38,575)	72.6	(1.6)	372.5	(19.6)
Black or African American	114,384	(9,100)	11.3	(0.8)	312.2	(24.8)
Other ³	46,911	(5,549)	4.7	(0.6)	219.6	(26.0)

...Category not applicable.

¹Visit rates are based on the July 1, 2010 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

²The race groups, White, Black or African American, Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2010 National Ambulatory Medical Care Survey Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2010.pdf. For 2010, race data were missing for 24.9 percent of visits, and ethnicity data were missing for 23.2 percent of visits.

³Other race includes visits by Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 5. Expected sources of payment at office visits: United States, 2010

Expected source of payment	Number of visits in thousands ¹		Percent of visits	
	(standard error in thousands)		(standard error of percent)	
All visits	1,008,802	(46,471)	...	...
Private Insurance	631,067	(31,557)	62.6	(1.3)
Medicare	248,245	(15,545)	24.6	(0.9)
Medicaid or CHIP ²	142,717	(11,456)	14.1	(0.9)
Medicare and Medicaid ³	18,426	(2,062)	1.8	(0.2)
No insurance ⁴	43,006	(4,875)	4.3	(0.5)
Self-pay	37,340	(3,930)	3.7	(0.4)
No charge or charity	*5,931	*(1,926)	0.6	(0.2)
Workers' compensation	13,549	(2,525)	1.3	(0.2)
Other	25,484	(3,097)	2.5	(0.3)
Unknown or blank	31,708	(5,108)	3.1	(0.5)

...Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Combined total of expected sources of payment exceeds "all visits" and "percent of visits" exceeds 100% because more than one source of payment may be reported per visit.

²CHIP is Children's Health Insurance Program.

³The visits in this category are also included in both the Medicare and Medicaid or CHIP categories.

⁴"No insurance" is defined as having only self-pay, no charge, or charity as payment sources. The individual self-pay and no charge or charity categories are not mutually exclusive.

NOTE: Numbers may not add to totals because of rounding. More than one category could be indicated.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 6. Primary care provider and referral status of office visits, by prior-visit status: United States, 2010

Prior-visit status, primary care provider, and referral status	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All visits	1,008,802	(46,471)	100.0	...
Visit to PCP ¹	441,102	(25,947)	43.7	(1.7)
Visit to non-PCP ^{1,2}	516,606	(31,050)	51.2	(2.0)
Referred for this visit	161,572	(11,500)	16.0	(1.0)
Not referred for this visit	281,731	(22,019)	27.9	(1.7)
Unknown if referred ³	73,303	(7,296)	7.3	(0.7)
Unknown if PCP ¹ visit ^{2,3}	51,094	(9,398)	5.1	(0.9)
Established patient				
All visits	862,879	(40,415)	100.0	...
Visit to PCP ¹	422,476	(25,153)	49.0	(1.8)
Visit to non-PCP ^{1,2}	398,114	(24,553)	46.1	(2.0)
Referred for this visit	90,176	(8,339)	10.5	(0.9)
Not referred for this visit	250,690	(19,728)	29.1	(1.8)
Unknown if referred ³	57,248	(6,317)	6.6	(0.7)
Unknown if PCP ¹ visit ^{2,3}	42,290	(8,404)	4.9	(0.9)
New patient				
All visits	145,923	(9,476)	100.0	...
Visit to PCP ¹	18,627	(2,020)	12.8	(1.4)
Visit to non-PCP ^{1,2}	118,492	(8,984)	81.2	(1.8)
Referred for this visit	71,397	(5,062)	48.9	(2.3)
Not referred for this visit	31,041	(5,179)	21.3	(2.7)
Unknown if referred ³	16,055	(1,790)	11.0	(1.1)
Unknown if PCP ¹ visit ^{2,3}	8,804	(1,474)	6.0	(1.0)

...Category not applicable.

¹PCP is patient's primary care provider as indicated by a positive response to the question "Are you the patient's primary care physician/provider?"

²Referral status was only asked for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 19.7 percent of visits.

³The unknown category includes blanks.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 7. Primary care provider and referral status, according to physician specialty: United States, 2010

Physician specialty	Total	Visit to PCP ¹	Visit to non-PCP ^{1,2}				
			Referred by other physician	Not referred by other physician	Unknown if referred ³	Unknown if PCP ¹ visit ^{2,3}	
Percent distribution (standard error of percent)							
All visits	100.0	43.7 (1.7)	16.0 (1.0)	27.9 (1.7)	7.3 (0.7)	5.1 (0.9)	
General and family practice	100.0	82.1 (2.7)	2.6 (0.7)	8.0 (2.4)	*2.5 (1.0)	4.8 (1.1)	
Internal medicine	100.0	78.9 (3.9)	*2.8 (1.0)	*6.9 (2.8)	*3.6 (1.9)	*7.8 (2.6)	
Pediatrics	100.0	86.6 (3.5)	*3.3 (2.4)	*4.6 (1.6)	*1.3 (0.7)	*4.2 (1.8)	
Obstetrics and gynecology	100.0	21.8 (4.6)	8.7 (2.0)	51.2 (5.6)	11.1 (2.6)	*7.2 (2.4)	
Orthopedic surgery	100.0	*4.4 (2.7)	31.7 (4.6)	44.0 (4.4)	16.0 (3.9)	3.9 (1.1)	
Ophthalmology	100.0	*6.6 (4.6)	18.2 (3.3)	51.6 (5.7)	20.7 (5.2)	2.8 (0.8)	
Dermatology	100.0	*1.6 (1.0)	21.2 (4.5)	60.6 (5.6)	12.7 (2.6)	*3.9 (1.3)	
Cardiovascular diseases	100.0	*9.1 (2.9)	25.5 (3.4)	53.9 (4.8)	7.6 (1.7)	*3.9 (1.4)	
Psychiatry	100.0	* ...	8.5 (1.9)	70.8 (4.9)	*13.7 (4.2)	*5.4 (3.4)	
Oncology	100.0	5.2 (1.3)	32.3 (6.2)	51.8 (6.0)	7.4 (2.1)	*3.2 (1.2)	
Otolaryngology	100.0	* ...	37.0 (4.4)	48.9 (4.8)	9.2 (1.8)	*3.9 (1.8)	
Urology	100.0	*4.8 (2.3)	32.2 (4.8)	45.4 (6.1)	*9.6 (3.1)	*8.1 (3.6)	
General surgery	100.0	*9.0 (6.7)	43.6 (5.8)	37.5 (5.5)	*7.5 (2.5)	* ...	
Neurology	100.0	*2.8 (1.4)	47.8 (4.2)	36.1 (4.4)	7.6 (2.2)	*5.8 (2.2)	
All other specialties	100.0	*6.4 (2.4)	42.5 (4.2)	37.5 (4.7)	8.9 (1.9)	*4.7 (1.5)	

...Category not applicable.

*Figure does not meet standards of reliability or precision.

¹PCP is patient's primary care provider as indicated by a positive response to the question "Are you the patient's primary care physician/provider?"

²Referral status was asked only for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 19.7 percent of visits.

³The unknown category includes blanks.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 8. Continuity-of-care office visit characteristics according to specialty type: United States, 2010

Continuity-of-care visit characteristic	Specialty type ¹								Specialty type ¹							
	All specialties		Primary care		Surgical specialties		Medical specialties		All specialties		Primary care		Surgical specialties		Medical specialties	
	Number of visits in thousands (standard error in thousands)								Percent distribution (standard error of percent)							
All visits	1,008,802	(46,471)	560,295	(32,357)	211,049	(18,281)	237,458	(17,675)	100.0	...	100.0	...	100.0	...	100.0	...
Prior-visit status and number of visits in last 12 months																
Established patient ²	862,879	(40,415)	508,808	(29,559)	163,720	(14,091)	190,351	(14,923)	85.5	(0.7)	90.8	(0.7)	77.6	(1.0)	80.2	(1.7)
None	59,915	(3,745)	33,317	(2,962)	15,149	(1,722)	11,449	(1,536)	5.9	(0.3)	5.9	(0.4)	7.2	(0.7)	4.8	(0.6)
1-2 visits	313,686	(16,015)	169,710	(11,153)	71,508	(6,759)	72,468	(6,746)	31.1	(0.7)	30.3	(1.0)	33.9	(0.9)	30.5	(1.4)
3-5 visits	274,433	(15,034)	167,152	(10,896)	47,265	(4,649)	60,016	(5,375)	27.2	(0.6)	29.8	(0.8)	22.4	(0.8)	25.3	(1.1)
6 or more visits	214,845	(12,084)	138,629	(10,067)	29,798	(2,831)	46,418	(4,532)	21.3	(0.8)	24.7	(1.1)	14.1	(0.9)	19.5	(1.5)
New patient	145,923	(9,476)	51,487	(4,944)	47,329	(4,817)	47,107	(5,156)	14.5	(0.7)	9.2	(0.7)	22.4	(1.0)	19.8	(1.7)

...Category not applicable.

¹Specialty types are defined in the 2010 National Ambulatory Medical Care Survey Public Use Data File documentation, available at: http://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2010.pdf.

²Number of previous visits by established patients to responding physician in last 12 months.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 9. Twenty leading principal reasons for office visits, by patient's sex: United States, 2010

Principal reason for visit and RVC code ¹	Number of visits in thousands ¹ (standard error in thousands)		Percent distribution (standard error of percent)		Female ² Percent distribution (standard error of percent)		Male ³ Percent distribution (standard error of percent)	
All visits	1,008,802	(46,471)	100.0	...	100.0	...	100.0	...
Progress visit, not otherwise specified	T800	93,196 (9,528)	9.2	(0.8)	9.2	(0.8)	9.3	(0.9)
General medical examination	X100	82,986 (6,707)	8.2	(0.6)	6.9	(0.6)	10.1	(0.8)
Cough	S440	30,981 (2,189)	3.1	(0.2)	2.9	(0.2)	3.4	(0.3)
Postoperative visit	T205	26,581 (2,943)	2.6	(0.2)	2.6	(0.3)	2.7	(0.3)
Medication, other and unspecified kinds	T115	22,031 (2,544)	2.2	(0.2)	2.0	(0.2)	2.5	(0.3)
Knee symptoms	S925	18,624 (2,064)	1.8	(0.2)	1.7	(0.2)	2.1	(0.3)
Prenatal examination, routine	X205	18,595 (2,695)	1.8	(0.3)	3.2	(0.4)	...	...
Gynecological examination	X225	17,713 (2,595)	1.8	(0.2)	3.0	(0.4)	...	...
Well baby examination	X105	16,628 (1,804)	1.6	(0.2)	1.4	(0.2)	1.9	(0.2)
For other and unspecified test results	R700	16,340 (1,802)	1.6	(0.2)	1.5	(0.2)	1.8	(0.2)
Stomach and abdominal pain, cramps and spasms	S545	15,028 (1,532)	1.5	(0.1)	1.7	(0.2)	1.2	(0.1)
Counseling, not otherwise specified	T605	14,958 (1,856)	1.5	(0.2)	1.5	(0.2)	1.5	(0.2)
Diabetes mellitus	D205	13,633 (3,562)	1.4	(0.3)	1.1	(0.3)	1.7	(0.4)
Symptoms referable to throat	S455	13,251 (1,406)	1.3	(0.1)	1.3	(0.2)	1.4	(0.2)
Back symptoms	S905	13,226 (1,340)	1.3	(0.1)	1.2	(0.1)	1.4	(0.2)
Hypertension	D510	12,513 (1,366)	1.2	(0.1)	1.1	(0.2)	1.4	(0.2)
Earache, or ear infection	S355	12,023 (1,312)	1.2	(0.1)	1.0	(0.1)	1.4	(0.2)
Skin rash	S860	11,626 (1,204)	1.2	(0.1)	1.2	(0.1)	1.1	(0.1)
Shoulder symptoms	S940	11,488 (1,590)	1.1	(0.2)	1.0	(0.2)	1.3	(0.2)
Vision dysfunctions	S305	10,556 (1,914)	1.0	(0.2)	1.1	(0.2)	0.9	(0.2)
All other reasons		536,826 (27,693)	53.2	(1.0)	53.4	(1.0)	52.9	(1.1)

...Category not applicable.

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC)* defined in the 2010 National Ambulatory Medical Care Survey Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2010.pdf.

²Based on 586,671,000 visits made by females.

³Based on 422,131,000 visits made by males.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 10. Provider-assessed major reason for office visit, by selected patient and visit characteristics: United States, 2010

Patient and visit characteristic	Total number of visits in thousands (standard error in thousands)		Total percent	New problem	Chronic problem, routine	Chronic problem, flare-up	Pre- or post-surgery	Preventive care ¹	Unknown or blank	
All visits	1,008,802	(46,471)	100.0	34.1 (0.9)	28.8 (1.1)	8.3 (0.5)	6.5 (0.5)	20.6 (1.0)	1.7 (0.3)	
Age										
Under 15 years	166,043	(11,750)	100.0	45.5 (2.3)	11.3 (2.2)	4.4 (0.5)	1.6 (0.3)	36.6 (2.0)	* ...	
Under 1 year	31,845	(2,905)	100.0	33.8 (2.4)	* ...	* ...	* ...	58.9 (2.7)	* ...	
1-4 years	52,247	(4,260)	100.0	47.1 (2.8)	*8.6 (2.6)	4.4 (0.8)	2.0 (0.4)	37.5 (2.2)	* ...	
5-14 years	81,951	(5,644)	100.0	49.1 (2.9)	16.1 (2.5)	5.5 (0.8)	1.5 (0.3)	27.4 (2.4)	* ...	
15-24 years	81,263	(5,257)	100.0	41.4 (1.9)	18.7 (1.8)	6.5 (0.7)	3.8 (0.5)	28.4 (2.3)	*1.3 (0.5)	
25-44 years	206,135	(11,664)	100.0	35.7 (1.5)	22.1 (1.1)	7.8 (0.7)	6.6 (0.7)	25.9 (1.6)	*1.9 (0.6)	
45-64 years	296,385	(15,042)	100.0	31.1 (1.1)	34.4 (1.2)	9.9 (0.7)	8.3 (0.7)	14.1 (0.8)	2.1 (0.4)	
65 years and over	258,976	(15,368)	100.0	26.8 (1.1)	42.1 (1.6)	9.8 (0.7)	8.3 (0.6)	11.1 (1.0)	1.9 (0.4)	
65-74 years	132,201	(7,498)	100.0	26.0 (1.1)	41.4 (1.7)	9.6 (0.9)	9.2 (0.8)	11.9 (1.1)	1.9 (0.3)	
75 years and over	126,775	(8,385)	100.0	27.6 (1.4)	43.0 (1.9)	10.0 (0.9)	7.3 (0.6)	10.2 (1.1)	2.0 (0.5)	
Sex										
Female	586,671	(28,674)	100.0	34.0 (1.0)	26.8 (1.2)	8.4 (0.6)	6.6 (0.5)	22.4 (1.2)	1.8 (0.4)	
Male	422,131	(19,695)	100.0	34.4 (1.0)	31.5 (1.2)	8.2 (0.5)	6.3 (0.5)	18.0 (0.9)	1.6 (0.3)	
Race ²										
White	842,862	(42,095)	100.0	34.0 (0.9)	29.2 (1.2)	8.3 (0.5)	6.9 (0.5)	20.1 (1.1)	1.5 (0.3)	
Black or African American	116,933	(9,269)	100.0	35.8 (1.6)	27.0 (2.0)	7.2 (0.9)	4.6 (0.6)	23.0 (1.7)	*2.4 (1.2)	
Other ³	49,007	(5,613)	100.0	32.7 (2.7)	26.9 (2.7)	10.2 (1.8)	4.4 (0.7)	23.7 (2.4)	* ...	
Ethnicity ²										
Hispanic or Latino	114,974	(14,176)	100.0	36.5 (1.6)	22.3 (2.0)	6.7 (0.8)	4.8 (0.5)	28.1 (1.8)	1.6 (0.3)	
Not Hispanic or Latino	893,828	(42,477)	100.0	33.8 (1.0)	29.6 (1.2)	8.5 (0.5)	6.7 (0.5)	19.6 (1.0)	1.7 (0.3)	
Expected source(s) of payment ⁴										
Private insurance	631,067	(31,557)	100.0	35.6 (1.0)	27.6 (1.2)	8.3 (0.6)	6.3 (0.5)	20.9 (1.2)	1.3 (0.2)	
Medicare	248,245	(15,545)	100.0	27.0 (1.1)	41.8 (1.8)	10.0 (0.8)	8.0 (0.7)	11.6 (1.2)	1.6 (0.3)	
Medicaid or CHIP ⁵	142,717	(11,456)	100.0	35.1 (1.9)	22.5 (2.1)	7.9 (0.9)	4.3 (0.5)	29.0 (2.1)	1.3 (0.3)	
Medicare and Medicaid ⁶	18,426	(2,062)	100.0	23.0 (3.4)	44.4 (3.8)	16.9 (2.6)	5.9 (1.4)	9.3 (1.8)	* ...	
No insurance ⁷	49,722	(5,517)	100.0	27.2 (2.8)	34.0 (3.2)	8.0 (1.0)	*11.8 (4.0)	12.9 (2.4)	*6.2 (4.4)	
Other ⁸	62,178	(6,211)	100.0	33.2 (2.8)	27.9 (2.9)	8.0 (1.2)	6.8 (1.1)	21.2 (3.6)	*2.8 (0.9)	

...Category not applicable.

*Figure does not meet standards of reliability or precision.

¹Preventive care includes routine prenatal, general medical, well-baby, screening and insurance (see question 4c in patient record form) at: http://www.cdc.gov/nchs/data/ahcd/NAMCS_30A_2010.pdf

²The race groups, White, Black or African American, Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2010 National Ambulatory Medical Care Survey Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2010.pdf. For 2010, race data were missing for 24.9 percent of visits, and ethnicity data were missing for 23.2 percent of visits.

³Other race includes visits by Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

⁴Combined total of individual sources exceeds "all visits" and percent of visits exceeds 100% because more than one source of payment may be reported per visit.

⁵CHIP is Children's Health Insurance Program.

⁶The visits in this category are also included in both the Medicaid or CHIP and Medicare categories.

⁷No insurance is defined as having only self-pay, no charge or charity as payment sources.

⁸Other includes workers' compensation, unknown or blank, and sources not classified elsewhere.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 11. Preventive care visits made to primary care specialists, by selected patient and visit characteristics: United States, 2010

Patient and visit characteristics	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number of visits per 100 persons per year ¹ (standard error of rate)		Percent of preventive care visits made to primary care specialists ² (standard error of percent)	
All preventive care visits ³	207,729	(14,017)	100.0	...	68.4	(4.6)	84.8	(1.7)
Age								
Under 15 years	60,749	(5,798)	29.2	(2.1)	98.1	(9.4)	95.5	(1.7)
Under 1 year	18,756	(1,977)	9.0	(0.8)	452.7	(47.7)	98.8	(0.4)
1-4 years	19,571	(2,019)	9.4	(0.8)	114.4	(11.8)	97.2	(1.2)
5-14 years	22,422	(2,667)	10.8	(1.1)	55.1	(6.6)	91.1	(3.4)
15-24 years	23,039	(2,666)	11.1	(0.8)	54.5	(6.3)	95.1	(1.3)
25-44 years	53,361	(4,801)	25.7	(1.4)	66.2	(6.0)	93.7	(1.0)
45-64 years	41,922	(3,291)	20.2	(1.2)	52.5	(4.1)	72.6	(3.1)
65 years and over	28,658	(3,181)	13.8	(1.2)	73.7	(8.2)	54.9	(5.2)
65-74 years	15,758	(1,776)	7.6	(0.7)	74.4	(8.4)	58.2	(5.3)
75 years and over	12,900	(1,597)	6.2	(0.6)	72.8	(9.0)	51.0	(5.9)
Sex and age								
Female	131,599	(10,030)	63.4	(1.4)	85.1	(6.5)	88.2	(1.4)
Under 15 years	28,014	(2,747)	13.5	(1.0)	92.5	(9.1)	95.9	(1.5)
15-24 years	18,462	(2,496)	8.9	(0.8)	88.9	(12.0)	96.1	(1.4)
25-44 years	44,765	(4,359)	21.5	(1.4)	110.2	(10.7)	96.7	(0.7)
45-64 years	24,379	(2,326)	11.7	(0.9)	59.3	(5.7)	78.4	(3.0)
65-74 years	8,854	(1,105)	4.3	(0.4)	78.0	(9.7)	58.7	(6.0)
75 years and over	7,124	(929)	3.4	(0.4)	67.7	(8.8)	55.4	(6.6)
Male	76,130	(5,303)	36.6	(1.4)	51.1	(3.6)	78.8	(2.4)
Under 15 years	32,735	(3,380)	15.8	(1.3)	103.4	(10.7)	95.1	(1.9)
15-24 years	4,577	(647)	2.2	(0.3)	21.3	(3.0)	91.1	(3.1)
25-44 years	8,595	(1,136)	4.1	(0.5)	21.5	(2.8)	78.2	(3.8)
45-64 years	17,543	(1,450)	8.4	(0.6)	45.2	(3.7)	64.6	(4.3)
65-74 years	6,904	(941)	3.3	(0.4)	70.1	(9.6)	57.6	(6.3)
75 years and over	5,776	(850)	2.8	(0.4)	80.2	(11.8)	45.5	(6.4)
Race ⁴								
White	169,207	(12,038)	81.5	(1.3)	70.0	(5.0)	83.2	(1.8)
Black or African American	26,890	(3,097)	12.9	(1.2)	69.6	(8.0)	92.0	(1.9)
Other ⁵	11,632	(1,332)	5.6	(0.6)	49.7	(5.7)	91.2	(2.7)
Ethnicity ⁴								
Hispanic or Latino	32,255	(4,399)	15.5	(1.9)	65.8	(9.0)	93.7	(1.5)
Not Hispanic or Latino	175,474	(12,582)	84.5	(1.9)	68.9	(4.9)	83.1	(1.9)
Expected source(s) of payment ⁶								
Private insurance	132,150	(9,726)	63.6	(2.0)	72.3	(5.3)	84.1	(1.9)
Medicare	28,875	(3,623)	13.9	(1.3)	68.3	(8.6)	59.0	(5.6)
Medicaid or CHIP ⁷	41,375	(4,560)	19.9	(1.7)	95.8	(10.6)	96.0	(0.9)
Medicare and Medicaid	1,714	(361)	0.8	(0.2)	...	...	76.1	(7.6)
No insurance ⁸	6,398	(1,400)	3.1	(0.7)	13.3	(2.9)	82.0	(4.6)
Other ⁹	13,195	(2,874)	6.4	(1.4)	...	...	88.8	(4.3)

...Category not applicable

¹Visit rates for age, sex, race and ethnicity are based on the July 1, 2010 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. Visit rates for expected source(s) of payment are based on the 2010 National Health Interview Survey estimates of health insurance.

²Primary care specialty defined in the 2010 public use file documentation ([ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2010.pdf](http://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2010.pdf)).

³Preventive care includes routine prenatal, well-baby, screening, insurance or general exams (see question 4c on Patient Record Form) at: http://www.cdc.gov/nchs/data/ahcd/NAMCS_30A_2010.pdf.

⁴The race groups, White, Black or African American, Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2010 National Ambulatory Medical Care Survey Public Use Data File documentation, available at: [ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2010.pdf](http://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2010.pdf). For 2010, race data were missing for 24.9 percent of visits, and ethnicity data were missing for 23.2 percent of visits.

⁵Other race includes visits by Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

⁶Combined total of individual sources exceeds "all visits" and percent of visits exceeds 100% because more than one source of payment may be reported per visit.

⁷CHIP is Children's Health Insurance Program.

⁸No insurance is defined as having only self-pay, no charge or charity as payment sources. The visit rate was calculated using "uninsured" as the denominator from the 2010 estimates of health insurance coverage from the National Health Interview Survey.

⁹Other includes workers' compensation, unknown or blank, and sources not classified elsewhere.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 12. Primary diagnosis at office visits, classified by major disease category: United States, 2010

Major disease category and ICD-9-CM code range ¹		Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All visits		1,008,802	(46,471)	100.0	...
Infectious and parasitic diseases	001-139	23,621	(2,140)	2.3	(0.2)
Neoplasms	140-239	39,818	(4,787)	3.9	(0.4)
Endocrine, nutritional, metabolic diseases, and immunity disorders	240-279	63,219	(6,853)	6.3	(0.6)
Mental disorders	290-319	47,945	(4,662)	4.8	(0.5)
Diseases of the nervous system and sense organs	320-389	88,761	(6,569)	8.8	(0.5)
Diseases of the circulatory system	390-459	74,670	(6,137)	7.4	(0.5)
Diseases of the respiratory system	460-519	101,031	(7,285)	10.0	(0.5)
Diseases of the digestive system	520-579	36,599	(3,774)	3.6	(0.3)
Diseases of the genitourinary system	580-629	47,484	(4,173)	4.7	(0.4)
Diseases of the skin and subcutaneous tissue	680-709	50,224	(3,729)	5.0	(0.3)
Diseases of the musculoskeletal and connective tissue	710-739	94,167	(7,833)	9.3	(0.6)
Symptoms, signs, and ill-defined conditions	780-799	71,712	(4,034)	7.1	(0.3)
Injury and poisoning	800-999	45,605	(4,587)	4.5	(0.4)
Supplementary classification ²	V01-V89	195,443	(11,784)	19.4	(0.8)
All other diagnoses ³		22,280	(2,497)	2.2	(0.2)
Blank		*6,223	(1,888)	*0.6	(0.2)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

¹Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No.(PHS) 06-1260).

²Supplementary classification is preventive and follow-up care and includes general medical examination, routine prenatal examination, and health supervision of an infant or child, and other diagnoses not classifiable to injury or illness.

³Includes diseases of the blood and blood-forming organs(280-289); complications of pregnancy, childbirth, and the puerperium (630-679); congenital anomalies (740-759); certain conditions originating in perinatal period (760-779); and entries not codable to the ICD-9-CM (e.g. "illegible entries", "left against medical advice", "transferred", entries of "none", or "no diagnoses").

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 13. Twenty leading primary diagnosis groups for office visits: United States, 2010

Primary diagnosis group and ICD-9-CM code(s) ¹	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Female ² percent distribution (standard error of percent)	Male ³ percent distribution (standard error of percent)
All visits	1,008,802 (46,471)	100.0 ...	100.0 ...	100.0 ...
Routine infant or child health check V20.0-V20.2	44,634 (4,724)	4.4 (0.4)	3.7 (0.4)	5.4 (0.6)
Essential hypertension 401	38,916 (3,845)	3.9 (0.3)	3.5 (0.4)	4.4 (0.4)
Arthropathies and related disorders 710-719	36,130 (3,999)	3.6 (0.4)	3.7 (0.4)	3.4 (0.3)
Acute upper respiratory infections, excluding pharyngitis 460-461,463-466	32,207 (3,102)	3.2 (0.3)	3.2 (0.3)	3.3 (0.3)
Spinal disorders 720-724	31,593 (4,165)	3.1 (0.4)	2.9 (0.4)	3.5 (0.4)
Diabetes mellitus 249-250	30,560 (4,369)	3.0 (0.4)	2.5 (0.4)	3.8 (0.5)
Malignant neoplasms 140-208,209-209.36,209.7-209.79,230-234	29,155 (4,310)	2.9 (0.4)	2.5 (0.4)	3.4 (0.4)
Rheumatism, excluding back 725-729	21,835 (2,282)	2.2 (0.2)	2.4 (0.3)	1.9 (0.2)
Normal pregnancy V22	20,879 (2,595)	2.1 (0.2)	3.6 (0.4)	... ..
General medical examination V70	19,705 (1,968)	2.0 (0.2)	1.5 (0.2)	2.5 (0.3)
Gynecological examination V72.3	16,345 (2,402)	1.6 (0.2)	2.8 (0.4)	... ..
Follow up examination V67	15,603 (2,132)	1.5 (0.2)	1.6 (0.2)	1.4 (0.2)
Otitis media and eustachian tube disorders 381-382	14,650 (1,545)	1.5 (0.1)	1.1 (0.1)	1.9 (0.2)
Specific procedures and aftercare V50-V59.9	14,286 (1,836)	1.4 (0.2)	1.3 (0.3)	1.6 (0.2)
Asthma 493	14,232 (2,195)	1.4 (0.2)	1.4 (0.3)	1.5 (0.2)
Heart disease, excluding ischemic 391-392.0,393-398,402,404,415-416,420-429	12,405 (1,156)	1.2 (0.1)	1.2 (0.1)	1.3 (0.1)
Disorders of lipid metabolism 272	12,350 (1,777)	1.2 (0.2)	0.9 (0.2)	1.6 (0.2)
Cataract 366	11,266 (1,990)	1.1 (0.2)	1.2 (0.2)	1.0 (0.2)
Allergic rhinitis 477	11,057 (2,252)	1.1 (0.2)	1.0 (0.2)	1.2 (0.3)
Benign neoplasms 210-229,209.4-209.69,235-239	10,663 (1,131)	1.1 (0.1)	1.1 (0.1)	1.0 (0.1)
All other diagnoses ⁴	570,331 (27,399)	56.5 (0.9)	56.9 (1.0)	56.0 (1.1)

...Category not applicable.

¹Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No.(PHS) 06-1260). However, certain codes have been combined in this table to form larger categories that better describe the utilization of ambulatory care services.

²Based on 586,671,000 visits made by females.

³Based on 422,131,000 visits made by males.

⁴Includes all other diagnoses not listed above, as well as unknown and blank diagnoses.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 14. Injury visits to office-based physicians, by selected patient characteristics: United States, 2010

Patient characteristics	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number of visits per 100 persons per year ¹ (standard error of rate)	
All injury visits ²	65,903	(5,666)	100.0	...	21.7	(1.9)
Age						
Under 15 years	8,598	(1,079)	13.0	(1.1)	13.9	(1.7)
Under 1 year	*	..	*	...	*	...
1-4 years	2,002	(426)	3.0	(0.5)	11.7	(2.5)
5-14 years	6,434	(777)	9.8	(0.9)	15.8	(1.9)
15-24 years	8,257	(1,082)	12.5	(1.2)	19.5	(2.6)
25-44 years	16,097	(1,856)	24.4	(1.4)	20.0	(2.3)
45-64 years	19,969	(2,043)	30.3	(1.7)	25.0	(2.6)
65 years and over	12,982	(1,262)	19.7	(1.6)	33.4	(3.2)
65-74 years	6,061	(737)	9.2	(0.9)	28.6	(3.5)
75 years and over	6,920	(773)	10.5	(1.1)	39.1	(4.4)
Sex and age						
Female	31,555	(2,980)	47.9	(1.7)	20.4	(1.9)
Under 15 years	3,255	(504)	4.9	(0.6)	10.7	(1.7)
15-24 years	3,073	(588)	4.7	(0.7)	14.8	(2.8)
25-44 years	8,029	(1,087)	12.2	(1.0)	19.8	(2.7)
45-64 years	9,946	(1,217)	15.1	(1.3)	24.2	(3.0)
65-74 years	2,967	(402)	4.5	(0.6)	26.2	(3.5)
75 years and over	4,284	(571)	6.5	(0.9)	40.7	(5.4)
Male	34,348	(3,106)	52.1	(1.7)	23.1	(2.1)
Under 15 years	5,343	(776)	8.1	(0.9)	16.9	(2.5)
15-24 years	5,184	(708)	7.9	(0.9)	24.1	(3.3)
25-44 years	8,068	(1,012)	12.2	(1.0)	20.2	(2.5)
45-64 years	10,023	(1,115)	15.2	(1.1)	25.8	(2.9)
65-74 years	3,094	(521)	4.7	(0.7)	31.4	(5.3)
75 years and over	2,636	(511)	4.0	(0.7)	36.6	(7.1)
Race ³						
White	54,622	(4,832)	82.9	(1.8)	22.6	(2.0)
Black or African American	7,968	(1,090)	12.1	(1.3)	20.6	(2.8)
Other ⁴	3,312	(991)	5.0	(1.4)	14.1	(4.2)
Ethnicity ³						
Hispanic or Latino	7,300	(1,318)	11.1	(1.5)	14.9	(2.7)
Not Hispanic or Latino	58,603	(4,887)	88.9	(1.5)	23.0	(1.9)
White	47,512	(4,090)	72.1	(2.3)	24.2	(2.1)
Black or African American	7,786	(1,089)	11.8	(1.3)	21.2	(3.0)
Other ⁴	3,305	(991)	5.0	(1.4)	15.5	(4.6)

*Figure does not meet standards of reliability or precision.

...Category not applicable.

¹ Visit rates for age, sex, race, and ethnicity are based on the July 1, 2010 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

²The National Ambulatory Medical Care Survey definition of injury visits, as shown in this table, changed in 2010 and includes only first-, second-, and third-listed reason for visit and diagnosis codes that are injury or poisoning related. Adverse effects and complications are excluded. Reason for visit was coded using *A Reason for Visit Classification for Ambulatory Care*; diagnosis was coded using the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)* (U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Official version International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No.(PHS) 06-1260). Injury visits, using this definition, accounted for 6.5 percent (SE=0.4) of all office visits in 2010. For more information on why this definition changed, see the 2010 National Ambulatory Medical Care Survey Public Use Data File Documentation, available at: http://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2010.pdf.

³The race groups, White, Black or African American, and Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2010 National Ambulatory Medical Care Survey Public Use Data File documentation, available at: http://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2010.pdf. For 2010, race data were missing for 24.9 percent of visits, and ethnicity data were missing for 23.2 percent of visits.

⁴Other race includes visits by Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 15. Office visits related to injury, poisoning, and adverse effect: United States, 2010

Intent	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All visits related to injury, poisoning, and adverse effect ¹	75,480	(6,198)	100.0	...
Unintentional injury/poisoning	37,367	(3,374)	49.5	(2.4)
Intentional injury/poisoning	1,621	(301)	2.1	(0.4)
Injury/poisoning - unknown intent	25,800	(2,949)	34.2	(2.2)
Adverse effect of medical treatment/surgical care or adverse effect of medicinal drug	10,692	(1,392)	14.2	(1.5)

...Category not applicable.

¹Data are based on item 2 of the survey instrument (Patient Record form) in conjunction with first-, second-, and third-listed reason for visit and diagnosis codes related to injury, poisoning, and adverse effects of medical or surgical care or adverse effects of medicinal drug. Reason for visit was coded using *A Reason for Visit Classification for Ambulatory Care*; diagnosis codes are based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No.(PHS) 06-1260). Visits related to injury, poisoning, and adverse effect accounted for 7.5 percent (S.E.=0.4) of all office visits in 2010.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 16. Presence of selected chronic conditions at office visits, by patient age and sex: United States, 2010

Chronic conditions ¹	Age								Sex					
	Total	Under 45 years		45-64 years		65-74 years		75 years and over		Female	Male			
All visits	100.0 ...	100.0 ...	100.0 ...	100.0 ...	100.0 ...	100.0 ...	100.0 ...	100.0 ...	100.0 ...	100.0 ...	100.0 ...			
None	44.5 (1.2)	69.5 (1.1)	30.0 (1.3)	19.8 (1.6)	15.0 (1.1)	45.1 (1.4)	43.7 (1.3)	53.9 (1.2)	28.8 (1.0)	68.6 (1.3)	78.9 (1.6)	83.6 (1.1)	24.5 (0.6)	24.5 (0.7)
One or more chronic conditions	53.9 (1.2)	28.8 (1.0)	68.6 (1.3)	78.9 (1.6)	83.6 (1.1)	53.4 (1.3)	54.7 (1.2)	24.5 (0.5)	20.6 (0.7)	29.1 (0.9)	26.1 (1.1)	25.8 (1.3)	14.0 (0.5)	14.0 (0.6)
One	24.5 (0.5)	20.6 (0.7)	29.1 (0.9)	26.1 (1.1)	25.8 (1.3)	24.5 (0.6)	24.5 (0.7)	14.0 (0.5)	5.4 (0.4)	19.1 (0.7)	21.2 (1.0)	25.0 (1.1)	14.0 (0.5)	14.0 (0.6)
Two	14.0 (0.5)	5.4 (0.4)	19.1 (0.7)	21.2 (1.0)	25.0 (1.1)	14.0 (0.5)	14.0 (0.6)	15.5 (0.9)	2.8 (0.3)	20.3 (1.2)	31.6 (1.7)	32.8 (1.8)	14.9 (0.9)	16.2 (0.9)
Three or more	15.5 (0.9)	2.8 (0.3)	20.3 (1.2)	31.6 (1.7)	32.8 (1.8)	14.9 (0.9)	16.2 (0.9)	1.6 (0.2)	1.7 (0.2)	1.5 (0.3)	1.4 (0.3)	1.4 (0.4)	1.5 (0.2)	1.6 (0.2)
Blank	1.6 (0.2)	1.7 (0.2)	1.5 (0.3)	1.4 (0.3)	1.4 (0.4)	1.5 (0.2)	1.6 (0.2)	Percent of visits (standard error of percent)						
Hypertension	26.0 (1.0)	5.9 (0.4)	35.4 (1.3)	48.9 (1.8)	52.5 (1.7)	24.7 (1.1)	27.9 (1.1)	15.7 (0.9)	3.9 (0.4)	22.3 (1.3)	30.2 (1.8)	27.5 (1.7)	14.1 (0.9)	18.0 (1.0)
Hyperlipidemia	15.7 (0.9)	3.9 (0.4)	22.3 (1.3)	30.2 (1.8)	27.5 (1.7)	14.1 (0.9)	18.0 (1.0)	13.4 (0.7)	4.3 (0.3)	18.4 (1.0)	21.4 (1.5)	25.9 (1.4)	14.6 (0.8)	11.7 (0.7)
Arthritis	13.4 (0.7)	4.3 (0.3)	18.4 (1.0)	21.4 (1.5)	25.9 (1.4)	14.6 (0.8)	11.7 (0.7)	11.2 (0.6)	3.1 (0.4)	15.3 (0.9)	21.7 (1.1)	19.7 (1.0)	10.1 (0.6)	12.8 (0.7)
Diabetes	11.2 (0.6)	3.1 (0.4)	15.3 (0.9)	21.7 (1.1)	19.7 (1.0)	10.1 (0.6)	12.8 (0.7)	8.5 (0.5)	7.0 (0.5)	12.1 (0.7)	7.6 (0.7)	6.5 (0.6)	9.8 (0.5)	6.8 (0.5)
Depression	8.5 (0.5)	7.0 (0.5)	12.1 (0.7)	7.6 (0.7)	6.5 (0.6)	9.8 (0.5)	6.8 (0.5)	7.1 (0.5)	5.9 (0.6)	10.7 (0.6)	6.8 (0.7)	3.2 (0.4)	7.9 (0.5)	6.0 (0.4)
Obesity	7.1 (0.5)	5.9 (0.6)	10.7 (0.6)	6.8 (0.7)	3.2 (0.4)	7.9 (0.5)	6.0 (0.4)	6.8 (0.4)	8.0 (0.6)	6.2 (0.4)	6.3 (0.7)	4.9 (0.6)	7.2 (0.4)	6.3 (0.4)
Asthma	6.8 (0.4)	8.0 (0.6)	6.2 (0.4)	6.3 (0.7)	4.9 (0.6)	7.2 (0.4)	6.3 (0.4)	6.2 (0.5)	1.0 (0.1)	7.3 (0.7)	12.7 (1.1)	15.9 (1.1)	5.6 (0.5)	7.2 (0.6)
Cancer	6.2 (0.5)	1.0 (0.1)	7.3 (0.7)	12.7 (1.1)	15.9 (1.1)	5.6 (0.5)	7.2 (0.6)	3.9 (0.3)	1.0 (0.1)	4.0 (0.3)	8.0 (0.8)	10.0 (1.0)	3.4 (0.3)	4.7 (0.4)
COPD ²	3.9 (0.3)	1.0 (0.1)	4.0 (0.3)	8.0 (0.8)	10.0 (1.0)	3.4 (0.3)	4.7 (0.4)	3.5 (0.3)	0.2 (0.1)	3.4 (0.4)	8.1 (0.7)	10.6 (0.9)	2.5 (0.3)	4.9 (0.4)
Ischemic heart disease	3.5 (0.3)	0.2 (0.1)	3.4 (0.4)	8.1 (0.7)	10.6 (0.9)	2.5 (0.3)	4.9 (0.4)	2.4 (0.2)	*	2.5 (0.3)	5.6 (0.8)	7.0 (0.8)	3.6 (0.4)	0.7 (0.1)
Osteoporosis	2.4 (0.2)	*	2.5 (0.3)	5.6 (0.8)	7.0 (0.8)	3.6 (0.4)	0.7 (0.1)	1.4 (0.1)	*	1.3 (0.2)	2.3 (0.3)	5.6 (0.7)	1.1 (0.1)	1.9 (0.2)
CHF ³	1.4 (0.1)	*	1.3 (0.2)	2.3 (0.3)	5.6 (0.7)	1.1 (0.1)	1.9 (0.2)	1.4 (0.3)	*	1.6 (0.3)	2.7 (0.7)	4.5 (0.7)	1.3 (0.3)	1.6 (0.3)
Chronic renal failure	1.4 (0.3)	*	1.6 (0.3)	2.7 (0.7)	4.5 (0.7)	1.3 (0.3)	1.6 (0.3)	1.3 (0.1)	*	1.1 (0.1)	3.1 (0.5)	4.3 (0.5)	1.2 (0.1)	1.5 (0.2)
Cerebrovascular disease	1.3 (0.1)	*	1.1 (0.1)	3.1 (0.5)	4.3 (0.5)	1.2 (0.1)	1.5 (0.2)							

...Category not applicable.

*Figure does not meet standards of reliability or precision.

¹Presence of chronic conditions was based on the checklist of chronic conditions and reported diagnoses. Combined total visits by patients with chronic conditions percent of visits exceeds 100% because more than one chronic condition may be reported per visit.

²COPD is chronic obstructive pulmonary disease.

³CHF is congestive heart failure.

NOTE: Numbers may not add to totals because more than one chronic condition may be reported per visit.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 17. Selected diagnostic, screening, and non-medication treatment services ordered or provided at office visits, by patient sex: United States, 2010

Selected diagnostic, screening and non-medication treatment services ordered or provided	Number of visits in thousands ¹ (standard error in thousands)	Percent of visits (standard error of percent)	Female ²		Male ³	
			Percent of visits (standard error of percent)	Percent of visits (standard error of percent)	Percent of visits (standard error of percent)	Percent of visits (standard error of percent)
All visits	1,008,802 (46,471)	...	...	58.2 (0.7)	41.8 (0.7)	
<u>One or more services ordered or provided⁴</u>	950,500 (45,017)	94.2 (0.7)		94.7 (0.7)	93.6 (0.8)	
None	58,302 (7,780)	5.8 (0.7)		5.3 (0.7)	6.4 (0.8)	
Examinations						
Skin	167,093 (17,306)	16.6 (1.4)		16.4 (1.5)	16.9 (1.5)	
Pelvic	62,825 (6,935)	6.2 (0.6)		10.7 (1.1)	-- ...	
Breast	51,388 (5,854)	5.1 (0.5)		7.8 (0.7)	1.3 (0.4)	
Foot	42,668 (6,328)	4.2 (0.6)		3.8 (0.6)	4.8 (0.6)	
Rectal	35,023 (6,598)	3.5 (0.6)		3.4 (0.6)	3.6 (0.7)	
Retinal	29,957 (6,454)	3.0 (0.6)		2.8 (0.6)	3.2 (0.7)	
Depression screening	13,689 (2,103)	1.4 (0.2)		1.6 (0.3)	1.0 (0.1)	
Vital signs						
Weight	714,071 (33,033)	70.8 (1.5)		71.9 (1.4)	69.2 (1.6)	
Blood pressure	598,809 (30,371)	59.4 (1.4)		61.9 (1.5)	55.8 (1.6)	
Height	478,588 (25,548)	47.4 (1.7)		48.4 (1.8)	46.1 (1.8)	
Temperature	358,649 (21,083)	35.6 (1.5)		34.3 (1.6)	37.3 (1.7)	
Blood tests						
Complete blood count (CBC)	121,349 (8,228)	12.0 (0.7)		11.8 (0.8)	12.3 (0.8)	
Lipids or cholesterol	78,249 (5,927)	7.8 (0.6)		7.0 (0.6)	8.7 (0.7)	
Glucose	60,359 (4,842)	6.0 (0.5)		5.7 (0.5)	6.4 (0.6)	
Glycohemoglobin (HgbA1C)	43,313 (4,708)	4.3 (0.5)		3.8 (0.5)	4.9 (0.6)	
Prostate specific antigen (PSA)	19,767 (2,080)	2.0 (0.2)		-- ...	4.7 (0.5)	
Other blood test	121,823 (8,274)	12.1 (0.7)		12.1 (0.8)	12.0 (0.7)	
Other tests						
Urinalysis (UA)	82,633 (7,738)	8.2 (0.7)		8.9 (0.8)	7.1 (0.7)	
Pap test	29,401 (3,147)	2.9 (0.3)		5.0 (0.5)	-- ...	
Liquid-based	17,292 (2,680)	1.7 (0.3)		2.9 (0.4)	-- ...	
Conventional	6,459 (1,373)	0.6 (0.1)		1.1 (0.2)	-- ...	
Unspecified	5,650 (1,128)	0.6 (0.1)		1.0 (0.2)	-- ...	
Electrocardiogram (EKG or ECG)	26,896 (2,817)	2.7 (0.3)		2.1 (0.3)	3.5 (0.4)	
Biopsy	15,056 (1,678)	1.5 (0.2)		1.5 (0.2)	1.4 (0.2)	
Sigmoidoscopy or colonoscopy	12,515 (2,616)	1.2 (0.3)		1.2 (0.3)	1.2 (0.3)	
Chlamydia test	7,046 (1,090)	0.7 (0.1)		1.0 (0.2)	0.3 (0.1)	
HIV test ⁵	5,075 (915)	0.5 (0.1)		0.6 (0.1)	0.4 (0.1)	
Pregnancy test	4,363 (725)	0.4 (0.1)		0.7 (0.1)	-- ...	
HPV DNA test ⁶	4,075 (698)	0.4 (0.1)		0.7 (0.1)	* ...	
Imaging						
Any imaging	153,442 (9,231)	15.2 (0.6)		16.3 (0.7)	13.6 (0.6)	
X ray	68,685 (5,585)	6.8 (0.5)		6.2 (0.5)	7.7 (0.5)	
Ultrasound, excluding echocardiogram	28,478 (2,780)	2.8 (0.2)		3.8 (0.3)	1.5 (0.2)	

Magnetic resonance imaging (MRI)	18,018	(2,155)	1.8 (0.2)	1.8 (0.2)	1.7 (0.2)
Computed tomography (CT) scan	17,323	(1,834)	1.7 (0.2)	1.6 (0.2)	1.9 (0.2)
Mammography	16,023	(1,748)	1.6 (0.2)	2.7 (0.3)	* ...
Echocardiogram	12,074	(1,689)	1.2 (0.2)	1.1 (0.2)	1.4 (0.2)
Bone mineral density	5,905	(1,683)	0.6 (0.2)	0.8 (0.2)	* ...
Non-medication treatment					
Physical therapy	28,155	(4,389)	2.8 (0.4)	2.7 (0.4)	3.0 (0.4)
Excision of tissue	23,844	(2,396)	2.4 (0.2)	2.0 (0.2)	2.9 (0.3)
Wound care	21,401	(3,059)	2.1 (0.3)	1.9 (0.2)	2.4 (0.4)
Psychotherapy	18,076	(2,776)	1.8 (0.3)	1.7 (0.3)	1.9 (0.3)
Other mental health counseling	11,305	(2,171)	1.1 (0.2)	0.9 (0.2)	1.5 (0.3)
Splint or wrap	9,688	(1,843)	1.0 (0.2)	0.9 (0.2)	1.0 (0.2)
Complementary and alternative medicine (CAM)	*7,296	(3,467)	*0.7 (0.3)	*0.7 (0.4)	*0.7 (0.3)
Durable medical equipment	6,227	(1,361)	0.6 (0.1)	0.6 (0.2)	0.6 (0.1)
Home health care	3,367	(857)	0.3 (0.1)	0.4 (0.1)	*0.3 (0.1)
Radiation therapy	*2,352	(1,304)	*0.2 (0.1)	*0.3 (0.2)	*0.2 (0.1)
Speech or occupational therapy	2,147	(519)	0.2 (0.1)	0.2 (0.1)	0.2 (0.0)
Cast	1,542	(454)	0.2 (0.0)	* ...	* ...

...Category not applicable.

*Figure does not meet standards of reliability or precision.

--Quantity zero.

¹Combined total of diagnostic, screening and non-medication treatment services exceeds "All visits" and percent of visits exceeds 100% because more than one service may be reported per visit.

²Based on 586,671,000 visits made by females.

³Based on 422,131,000 visits made by males.

⁴Includes up to 9 write-in procedures from items 7 and 9. Procedures are coded to the International Classification of Diseases, Ninth Revision, Clinical Modification, Volume 3, Procedure Classification. Records with write-in procedures that overlap checkboxes (for example, procedure 93.11, "Physical therapy exercises: Assisting exercise", which could also be coded in the item 9 checkbox for physical therapy) are edited to ensure that the check box is marked; in this way the check box always provides a summary estimate, but should not be added to the corresponding ICD-9-CM procedure to avoid doublecounting. Procedures codes were reviewed against checkboxes for x-ray, bone mineral density, CT scan, echocardiogram, other ultrasound, mammography, MRI, other imaging, EKG/ECG, complementary/alternative medicine, physical therapy, speech/occupational therapy, psychotherapy, excision of tissue, wound care, cast, biopsy, and splint or wrap. Procedures that could not be included in one of these checkboxes are included in the estimated total number of visits with services, but are not shown separately.

⁵HIV is human immunodeficiency virus.

⁶HPV is human papilloma virus; DNA is deoxyribonucleic acid.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 18. Initial blood pressure measurements recorded at office visits to primary care providers for adults aged 18 and over, by selected patient characteristics: United States, 2010

Patient characteristic	Number of visits		Initial blood pressure ¹						
	in thousands	Total	Not high	Mildly high	Moderately high	Severely high	Percent distribution (standard error of percent)		
All visits ²	367,587	100.0	31.6 (1.0)	46.8 (0.9)	16.0 (0.7)	5.6 (0.4)			
Age									
18-24 years	32,475	100.0	55.1 (2.0)	38.8 (1.9)	5.0 (1.0)	* ...			
25-44 years	116,217	100.0	44.5 (1.6)	41.7 (1.5)	10.2 (0.8)	3.6 (0.6)			
45-64 years	126,654	100.0	23.6 (1.2)	50.4 (1.3)	19.8 (1.2)	6.3 (0.7)			
65-74 years	46,553	100.0	18.8 (1.7)	52.6 (2.2)	20.4 (1.6)	8.3 (1.0)			
75 years and over	45,687	100.0	17.6 (1.4)	49.7 (1.9)	23.8 (2.1)	8.9 (1.1)			
Sex									
Female	239,059	100.0	35.7 (1.2)	44.9 (1.1)	14.7 (0.7)	4.7 (0.4)			
Male	128,528	100.0	24.0 (1.0)	50.3 (1.4)	18.5 (1.2)	7.1 (0.7)			
Race ³									
White	300,905	100.0	32.5 (1.1)	46.8 (1.0)	15.7 (0.8)	5.0 (0.4)			
Black or African American	51,473	100.0	24.5 (1.9)	47.6 (2.1)	19.3 (1.3)	8.6 (1.1)			
Other ⁴	15,209	100.0	38.3 (4.0)	44.5 (3.3)	10.8 (1.5)	6.4 (1.8)			
Ethnicity ³									
Hispanic or Latino	36,620	100.0	42.2 (2.5)	44.6 (2.2)	10.0 (1.9)	3.3 (0.9)			
Not Hispanic or Latino	330,967	100.0	30.4 (1.0)	47.1 (1.0)	16.7 (0.7)	5.8 (0.4)			

...Category not applicable.

*Figure does not meet standards of reliability or precision.

¹ Blood pressure (BP) levels were categorized using the following hierarchical definitions. Severely high BP is defined as 160 mm Hg systolic or above, or 100 mm Hg diastolic or above. Moderately high BP is defined as 140-159 mm Hg systolic or 90-99 mm Hg diastolic. Mildly high BP is defined as 120-139 mm Hg systolic or 80-89 mm Hg diastolic. Not high is defined as any BP <120 mm Hg systolic and <80 mm Hg diastolic. High BP classification was based on the 'Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC-7)'. 'Mildly high' BP corresponds to the JNC-7 prehypertensive range. 'Moderately high' BP corresponds to the JNC-7 stage 1 hypertensive range. 'Severely high' BP corresponds to the JNC-7 stage 2 hypertensive range.

²Visits where blood pressure recorded represent 90.8 percent (SE=1.03) of all office visits made to primary care providers by adults (aged 18 and over).

³The race groups, White, Black or African American, Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2010 National Ambulatory Medical Care Survey Public Use Data File documentation, available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2010.pdf. For 2010, race data were missing for 24.9 percent of visits, and ethnicity data were missing for 23.2 percent of visits.

⁴Other race includes visits by Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 19. Selected health education services ordered or provided at office visits, by patient sex: United States, 2010

Health education services ordered or provided	Number of visits in thousands ¹ (standard error in thousands)		Percent of visits (standard error of percent)		Female ² percent of visits (standard error of percent)		Male ³ percent of visits (standard error of percent)	
All visits	1,008,802	(46,471)	...	...	...	...	...	...
One or more health education services ordered or provided	437,885	(25,587)	43.4	(1.7)	43.2	(1.8)	43.7	(1.8)
None	557,530	(32,154)	55.3	(1.7)	55.5	(1.8)	55.0	(1.8)
Blank	13,387	(1,537)	1.3	(0.1)	1.3	(0.2)	1.4	(0.2)
Diet and nutrition	132,316	(9,757)	13.1	(0.8)	12.9	(0.8)	13.4	(0.9)
Exercise	92,977	(8,148)	9.2	(0.7)	8.9	(0.8)	9.6	(0.9)
Injury prevention	46,356	(5,644)	4.6	(0.5)	4.0	(0.5)	5.4	(0.6)
Weight reduction	40,671	(4,804)	4.0	(0.5)	4.3	(0.6)	3.7	(0.4)
Growth and development	35,241	(4,633)	3.5	(0.4)	3.0	(0.4)	4.1	(0.5)
Tobacco use or exposure	29,854	(3,055)	3.0	(0.3)	2.4	(0.3)	3.7	(0.4)
Stress management	25,601	(3,270)	2.5	(0.3)	2.6	(0.3)	2.5	(0.4)
Asthma education	13,368	(2,498)	1.3	(0.2)	1.2	(0.2)	1.5	(0.3)
Family planning/Contraception	11,528	(1,341)	1.1	(0.1)	1.8	(0.2)	0.2	(0.0)
Other health education	257,196	(20,924)	25.5	(1.7)	26.0	(1.8)	24.8	(1.7)

...Category not applicable.

¹Combined total of individual health education services exceeds "all visits" and "percent of visits" exceeds 100% because more than one may be reported per visit.

²Based on 586,671,000 visits made by females.

³Based on 422,131,000 visits made by males.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 20. Write-in surgical procedures ordered or performed at office visits, by procedure category: United States; 2010

Procedure or operation category and ICD-9-CM code range ¹		Number of procedures in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All write-in procedures		102,497	(8,061)	100.0	...
Nervous system	01-05	1,420	(350)	1.4	(0.4)
Eye	08-16	*7,361	(3,673)	*7.2	(3.4)
Ear	18-20	2,549	(475)	2.5	(0.4)
Nose, mouth, and pharynx	21-29	5,652	(929)	5.5	(0.9)
Cardiovascular system	35-39	3,107	(812)	3.0	(0.8)
Digestive system	42-54	20,401	(3,965)	19.9	(3.3)
Urinary system	55-59	3,638	(697)	3.5	(0.7)
Male genital organs	60-64	1,563	(292)	1.5	(0.3)
Female genital organs	65-71	6,796	(1,110)	6.6	(1.0)
Obstetrical procedures	72-75	*3,295	(1,359)	*3.2	(1.3)
Musculoskeletal system	76-84	13,408	(2,245)	13.1	(2.1)
Integumentary system	85-86	30,138	(3,297)	29.4	(2.7)
Other procedures ²		3,169	(502)	3.1	(0.5)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

¹Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No.(PHS) 06-1260). At least one surgical procedure was ordered or performed at 8.95 percent of office visits.

²Includes operations on the endocrine system (ICD-9-CM codes 06-07), other miscellaneous diagnostic and therapeutic procedure (ICD-9-CM code 17), operations on the respiratory system (ICD-9-CM codes 30-34), operations on the hemic and lymphatic system (ICD-9-CM codes 40-41).

NOTE: In addition to the surgical procedures shown in this table, there were an additional 343,820,000 nonsurgical procedures reported (ICD-9-CM, Volume 3, codes 00, 87-99).

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 21. Medication therapy and number of medications mentioned at office visits, by patient sex: United States, 2010

Medication therapy ³	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Female ¹		Male ²	
					Percent distribution (standard error of percent)		Percent distribution (standard error of percent)	
All visits	1,008,802	(46,471)	100.0	...	100.0	...	100.0	...
Visits with mention of medication ⁴	757,527	(36,970)	75.1	(1.0)	75.0	(1.1)	75.2	(1.0)
Visits without mention of medication	237,318	(14,330)	23.5	(0.9)	23.7	(1.1)	23.3	(1.0)
Blank	13,957	(1,813)	1.4	(0.2)	1.3	(0.2)	1.5	(0.2)
Number of medications provided or prescribed								
All visits	1,008,802	(46,471)	100.0	...	100.0	...	100.0	...
0	237,318	(14,330)	23.5	(0.9)	23.7	(1.1)	23.3	(1.0)
1	226,745	(12,838)	22.5	(0.7)	22.5	(0.8)	22.5	(0.8)
2	144,559	(8,374)	14.3	(0.5)	14.3	(0.6)	14.3	(0.6)
3	99,281	(5,335)	9.8	(0.3)	9.7	(0.4)	10.1	(0.4)
4	70,646	(4,120)	7.0	(0.3)	6.8	(0.3)	7.2	(0.4)
5	50,681	(3,493)	5.0	(0.2)	4.9	(0.3)	5.2	(0.3)
6	38,987	(3,067)	3.9	(0.2)	3.8	(0.3)	3.9	(0.3)
7	34,571	(3,129)	3.4	(0.3)	3.3	(0.3)	3.6	(0.3)
8	92,057	(9,445)	9.1	(0.8)	9.6	(0.9)	8.4	(0.7)
Blank	13,957	(1,813)	1.4	(0.2)	1.3	(0.2)	1.5	(0.2)

...Category not applicable.

¹Based on 586,671,000 visits made by females.

²Based on 422,131,000 visits made by males.

³Includes prescription drugs, over-the-counter preparations, immunizations, and desensitizing agents.

⁴A drug mention is documentation in a patient's record of a drug provided, prescribed, or continued at a visit (up to eight per visit). Also defined as drug visits.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 22. Office drug visits and drug mentions, by physician specialty: United States, 2010

Physician specialty	Drug visits ¹				Drug mentions ²				Percent of office visit with drug mentions ³ (standard error of percent)	Drug mention rates ⁴ (standard error of rate)		
	Number in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number in thousands (standard error in thousands)		Percent distribution (standard error of percent)					
All specialties	757,527	(36,970)	100.0	...	2,562,072	(154,699)	100.0	...	75.1	(1.0)	254.0	(9.2)
General and family practice	185,074	(16,836)	24.4	(1.9)	654,542	(66,417)	25.5	(2.0)	86.6	(0.9)	306.2	(13.5)
Internal medicine	122,798	(14,712)	16.2	(1.7)	483,509	(59,287)	18.9	(2.1)	87.8	(2.1)	345.8	(24.3)
Pediatrics	95,109	(8,941)	12.6	(1.1)	206,706	(20,920)	8.1	(0.9)	71.9	(2.1)	156.3	(7.9)
Obstetrics and gynecology	51,059	(7,148)	6.7	(0.9)	107,206	(18,582)	4.2	(0.7)	63.8	(3.3)	133.9	(13.1)
Ophthalmology	34,019	(6,072)	4.5	(0.8)	119,053	(29,849)	4.6	(1.1)	61.3	(5.0)	214.4	(37.1)
Orthopedic surgery	31,912	(4,825)	4.2	(0.6)	79,093	(16,197)	3.1	(0.6)	50.3	(4.1)	124.8	(19.4)
Dermatology	25,996	(3,363)	3.4	(0.4)	71,441	(11,481)	2.8	(0.4)	65.5	(3.8)	180.0	(20.1)
Cardiovascular diseases	25,958	(2,570)	3.4	(0.3)	143,537	(15,806)	5.6	(0.6)	89.5	(2.2)	494.7	(24.2)
Psychiatry	22,619	(3,575)	3.0	(0.5)	57,263	(10,038)	2.2	(0.4)	86.5	(2.6)	218.9	(16.7)
Oncology	20,679	(3,630)	2.7	(0.4)	90,002	(17,213)	3.5	(0.6)	82.1	(3.4)	357.2	(35.3)
Urology	13,557	(2,443)	1.8	(0.3)	52,244	(12,886)	2.0	(0.5)	68.6	(4.5)	264.3	(37.2)
Otolaryngology	11,728	(1,753)	1.5	(0.2)	31,132	(5,827)	1.2	(0.2)	56.5	(4.2)	149.9	(20.7)
Neurology	11,303	(1,551)	1.5	(0.2)	40,969	(6,941)	1.6	(0.2)	80.8	(3.0)	292.7	(27.9)
General surgery	10,554	(1,821)	1.4	(0.2)	37,659	(6,705)	1.5	(0.2)	55.0	(4.4)	196.1	(22.8)
All other specialties	95,162	(12,006)	12.6	(1.4)	387,716	(54,906)	15.1	(1.8)	73.1	(3.2)	297.9	(25.6)

...Category not applicable.

¹Visits at which one or more drugs were provided or prescribed.

²A drug mention is documentation in a patient's record of a drug provided, prescribed, or continued at a visit (up to eight per visit).

³Percent of visits that included one or more drugs provided or prescribed (number of drug visits divided by number of office visits multiplied by 100).

⁴Average number of drugs that were provided or prescribed per 100 visits (total number of drug mentions divided by total number of visits multiplied by 100).

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 23. Twenty most frequently mentioned drugs by therapeutic drug category at office visits: United States, 2010

Therapeutic drug category ¹	Number of occurrences in thousands (standard error in thousands)		Percent of drug mentions ² (standard error of percent)	
Analgesics ³	278,720	(18,134)	10.9	(0.2)
Antihyperlipidemic agents	147,191	(11,036)	5.7	(0.2)
Antidepressants	108,760	(7,799)	4.2	(0.2)
Immunostimulants	101,579	(9,883)	4.0	(0.4)
Antidiabetic agents	99,741	(9,710)	3.9	(0.3)
Anxiolytics, sedatives, and hypnotics	92,522	(6,794)	3.6	(0.2)
Antiplatelet agents	92,246	(7,247)	3.6	(0.2)
Beta-adrenergic blocking agents	87,322	(6,046)	3.4	(0.1)
Bronchodilators	85,327	(6,853)	3.3	(0.2)
Anticonvulsants	74,246	(5,644)	2.9	(0.1)
Dermatological agents	74,004	(5,146)	2.9	(0.2)
Angiotensin converting enzyme inhibitors	73,280	(4,999)	2.9	(0.1)
Proton pump inhibitors	71,701	(5,730)	2.8	(0.1)
Diuretics	65,361	(5,383)	2.6	(0.1)
Antihistamines	58,293	(5,342)	2.3	(0.1)
Vitamins	55,470	(4,992)	2.2	(0.1)
Vitamin and mineral combinations	51,886	(4,484)	2.0	(0.1)
Thyroid hormones	48,688	(4,352)	1.9	(0.1)
Minerals and electrolytes	47,482	(4,020)	1.9	(0.1)
Adrenal cortical steroids	46,638	(3,978)	1.8	(0.1)

¹Based on Multum Lexicon second level therapeutic drug category (see www.multum.com/lexicon.htm).

²Based on an estimated 2,562,072,000 drug mentions at office visits in 2010.

³Includes narcotic and nonnarcotic analgesics and nonsteroidal anti-inflammatory drugs.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 24. Twenty most frequently mentioned drug names at office visits, by new or continued status: United States, 2010

Drug name ¹	Number of mentions in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Percent distribution (standard error of percent)					Therapeutic drug category ³		
					Total	New	Continued	Unknown ²				
All drug mentions	2,562,072	(154,699)	100.0	...	100.0	23.8	(1.0)	72.9	(1.1)	3.3	(0.3) ...	
Aspirin	70,749	(5,519)	2.8	(0.1)	100.0	4.8	(0.7)	92.6	(0.8)	2.6	(0.5)	Analgesics, Antiplatelet agents
Simvastatin	52,081	(4,109)	2.0	(0.1)	100.0	5.7	(0.8)	90.8	(1.2)	3.5	(0.8)	Antihyperlipidemic agents
Lisinopril	50,646	(3,972)	2.0	(0.1)	100.0	7.7	(1.2)	89.3	(1.4)	*3.0	(1.0)	Angiotensin converting enzyme inhibitors
Levothyroxine	47,025	(4,189)	1.8	(0.1)	100.0	4.5	(1.0)	93.1	(1.1)	2.4	(0.5)	Thyroid hormones
Albuterol	43,154	(3,238)	1.7	(0.1)	100.0	21.8	(2.2)	76.8	(2.2)	1.4	(0.4)	Bronchodilators
Metoprolol	38,593	(3,159)	1.5	(0.1)	100.0	6.2	(1.0)	90.4	(1.4)	3.4	(1.0)	Beta-adrenergic blocking agents
Multivitamin	37,220	(3,191)	1.5	(0.1)	100.0	8.5	(1.4)	87.8	(1.6)	3.7	(0.9)	Vitamin and mineral combinations
Acetaminophen-hydrocodone	36,189	(2,827)	1.4	(0.1)	100.0	28.6	(2.6)	69.8	(2.6)	1.7	(0.5)	Analgesics
Metformin	33,674	(2,910)	1.3	(0.1)	100.0	7.4	(1.3)	90.4	(1.4)	*2.1	(0.7)	Antidiabetic agents
Omeprazole	32,892	(2,945)	1.3	(0.1)	100.0	11.2	(1.7)	85.0	(1.8)	3.8	(1.1)	Proton pump inhibitors
Ibuprofen	31,179	(2,848)	1.2	(0.1)	100.0	41.7	(3.1)	55.4	(3.0)	2.9	(0.8)	Analgesics
Atorvastatin	31,154	(2,436)	1.2	(0.1)	100.0	*2.7	(0.8)	94.9	(1.1)	*2.4	(0.8)	Antihyperlipidemic agents
Hydrochlorothiazide	28,289	(2,528)	1.1	(0.1)	100.0	6.0	(1.3)	90.7	(1.5)	3.3	(0.9)	Diuretics
Furosemide	26,409	(2,333)	1.0	(0.1)	100.0	5.3	(1.2)	91.8	(1.7)	*2.8	(1.0)	Diuretics
Amlodipine	25,612	(2,305)	1.0	(0.1)	100.0	7.0	(1.5)	90.9	(1.6)	*2.2	(0.8)	Calcium channel blocking agents
Amoxicillin	24,433	(2,637)	1.0	(0.1)	100.0	80.3	(3.0)	17.8	(3.0)	*1.9	(0.7)	Penicillins
Acetaminophen	23,702	(2,826)	0.9	(0.1)	100.0	46.4	(3.3)	51.2	(3.2)	*2.4	(0.8)	Analgesics
Influenza virus vaccine, inactivated	22,872	(3,193)	0.9	(0.1)	100.0	77.9	(4.2)	*8.2	(2.5)	13.9	(3.4)	Immunostimulants
Azithromycin	22,739	(2,256)	0.9	(0.1)	100.0	80.0	(3.4)	17.7	(3.3)	*2.3	(0.9)	Macrolide derivatives
Atenolol	21,411	(2,008)	0.8	(0.1)	100.0	5.5	(1.5)	92.2	(1.7)	*2.3	(0.9)	Beta-adrenergic blocking agents
Other	1,862,048	(114,367)	72.7	(0.5)	100.0	25.8	(1.1)	70.8	(1.1)	3.4	(0.3)	Other

...Category not applicable.

*Figure does not meet standards of reliability or precision.

¹Based on Multum Lexicon terminology, drug name reflects the active ingredient(s) of a drug provided, prescribed, or continued.

²Unknown includes drugs provided or prescribed that did not have either the new drug or continued drug checkboxes marked.

³Based on Multum Lexicon second-level therapeutic drug category (see www.multum.com/lexicon.htm).

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 25. Providers seen at office visits: United States, 2010

Type of Provider	Number of visits in thousands ¹ (standard error in thousands)		Percent of visits (standard error of percent)	
All visits	1,008,802	(46,471)	...	...
Physician	981,843	(44,931)	97.3	(0.4)
R.N. ² or L.P.N. ³	257,195	(29,101)	25.5	(2.6)
Physician assistant	49,846	(13,862)	4.9	(1.4)
Nurse practitioner or midwife	12,507	(2,808)	1.2	(0.3)
Mental health provider	*3,027	(1,032)	*0.3	(0.1)
Other provider	145,999	(14,252)	14.5	(1.4)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

¹Combined total of individual providers exceeds "all visits" and "percent of visits" exceeds 100%, because more than one provider may be reported per visit. The sample of visits was drawn from all scheduled visits to a sampled physician during the 1-week reporting period. However, at 2.7 percent of these visits, the physician was not seen; instead, the patient saw another provider. In addition, at many visits, patients were seen by multiple providers, the most common being a physician and an R.N. or L.P.N.

²R.N. is registered nurse.

³L.P.N. is licensed practical nurse.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 26. Disposition of office visits: United States, 2010

Disposition	Number of visits in thousands ¹		Percent of visits	
	(standard error in thousands)		(standard error of percent)	
All visits	1,008,802	(46,471)	...	...
Return at specified time	707,269	(35,480)	70.1	(1.3)
Referred to other physician	90,974	(5,613)	9.0	(0.5)
Refer to emergency room/Admit to hospital	8,242	(1,222)	0.8	(0.1)
Other disposition	218,421	(15,837)	21.7	(1.1)
Blank	38,602	(6,263)	3.8	(0.6)

...Category not applicable.

¹Combined total of individual dispositions exceeds "all visits", and "percent of visits" exceeds 100% because more than one disposition may be reported per visit.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 27. Time spent with physician: United States, 2010

Time spent with physician	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All visits	1,008,802	...	100.0	...
Visits at which no physician was seen	26,959	(4,095)	2.7	(0.4)
Visits at which a physician was seen	981,843	(44,931)	97.3	(0.4)
Total	981,843	...	100.0	...
1-5 minutes	18,943	(3,731)	1.9	(0.4)
6-10 minutes	125,885	(12,114)	12.8	(1.0)
11-15 minutes	361,346	(22,246)	36.8	(1.5)
16-30 minutes	376,200	(20,741)	38.3	(1.2)
31-60 minutes	87,615	(6,237)	8.9	(0.5)
61 minutes and over	11,855	(3,142)	1.2	(0.3)

...Category not applicable.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 28. Mean time spent with physician, by physician specialty: United States, 2010

Physician specialty	Mean time in minutes spent with physician ¹	Standard error of mean	25th percentile	Median	75th percentile
All visits	20.8	0.4	14.2	15.0	24.4
Psychiatry	34.3	2.0	19.5	29.5	44.8
Neurology	27.4	1.0	14.9	23.3	31.5
Oncology	26.7	2.0	14.6	19.7	29.5
Internal medicine	22.1	1.6	14.3	16.1	25.3
Cardiovascular diseases	21.4	0.8	14.4	16.7	29.1
General surgery	20.1	0.6	14.2	15.2	24.5
General and family practice	19.3	0.4	14.2	14.9	20.4
Otolaryngology	19.1	0.9	14.1	14.8	19.9
Urology	18.9	0.9	10.4	14.8	21.6
Obstetrics and gynecology	18.7	0.6	14.1	14.8	19.9
Pediatrics	18.5	0.5	14.1	14.8	19.9
Orthopedic surgery	17.8	0.7	12.2	14.7	19.7
Ophthalmology	17.0	1.5	9.5	14.3	19.4
Dermatology	16.7	0.7	9.7	14.4	19.3
All other specialties	26.0	1.5	14.5	19.7	29.6

¹Only visits where a physician was seen are included.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 29. Physician characteristics, by response status: United States, 2010

Physician characteristic ¹	Number of sampled in-scope physicians ²	Total sample percent distribution ³ (weighted)	Responding physician percent distribution ⁴ (weighted)	Nonresponding physician percent distribution ⁵ (weighted)	Combined physician weighted response rate ⁶
All office-based physicians	2,406	100.0	100.0	100.0	0.573
Age					
Under 50 years	1,017	42.1	42.3	42.0	0.574
50 years and over	1,383	57.7	57.6	57.9	0.573
Unknown	6	0.1	0.1	0.1	0.458
Sex					
Male	1,774	72.5	72.5	72.3	0.574
Female	631	27.5	27.5	27.6	0.571
Unknown	1	0.0	0.0	0.0	.
Region					
Northeast	532	21.7	19.1	25.2	0.505
Midwest	510	21.1	23.7	17.6	0.644
South	783	32.7	30.6	35.6	0.537
West	581	24.5	26.6	21.6	0.622
Metropolitan Status ⁷					
MSA	2,192	90.5	89.4	92.0	0.566
Non-MSA	214	9.5	10.6	8.0	0.641
Type of Doctor					
Doctor of medicine	2,118	92.9	91.6	94.5	0.567
Doctor of osteopathy	141	5.3	5.5	5.0	0.596
Community health center physician	147	1.9	2.9	0.4	0.792
Physician specialty ⁸					
General or family practice	363	16.7	16.9	16.4	0.578
Internal medicine	158	13.4	12.0	15.2	0.515
Pediatrics	189	10.4	12.9	7.2	0.705
General surgery	132	4.1	4.1	4.1	0.579
Obstetrics and gynecology	176	8.2	8.4	7.9	0.589
Orthopedic surgery	118	5.2	4.7	5.9	0.520
Cardiovascular diseases	156	3.9	4.0	3.7	0.596
Dermatology	97	2.4	2.4	2.3	0.592
Urology	121	2.3	2.3	2.1	0.598
Psychiatry	163	5.5	5.3	5.9	0.549
Neurology	161	2.2	2.0	2.5	0.524
Ophthalmology	106	4.1	3.9	4.5	0.538
Otolaryngology	117	2.1	2.0	2.1	0.559
Oncology	135	2.3	2.1	2.5	0.538
All other specialties	214	17.3	16.8	17.9	0.559
Specialty type ⁸					
Primary care	874	48.1	49.7	45.9	0.591
Surgical	660	22.8	21.8	24.3	0.548
Medical	872	29.1	28.5	29.8	0.564

Practice type					
Solo	587	24.1	22.5	26.2	0.537
Two physicians	127	5.6	4.9	6.6	0.499
Group or HMO ⁹	1,289	56.9	59.0	54.1	0.596
Medical school or government	28	1.1	1.3	1.0	0.645
Community Health Center	147	1.9	2.9	0.4	0.792
Other	30	1.3	1.3	1.3	0.578
Unclassified	198	9.0	8.1	10.4	0.512
Annual visit volume					
0-25% Percentile	567	24.9	30.4	17.5	0.701
26-50% Percentile	568	23.4	22.8	24.2	0.560
51-75% Percentile	558	23.3	21.7	25.5	0.534
76-100% Percentile	566	26.5	22.2	32.3	0.481
Unknown	147	1.9	2.9	0.4	0.792

¹Characteristic information is from a combination of sources: the master files of the American Medical Association, the American Osteopathic Association, the Health Resources and Services Administration (HRSA) and the NAMCS induction form.

²In-scope physicians are those who verified that they were nonfederal and involved in direct patient care in an office-based or community health center (CHC), excluding the specialties of radiology, pathology, and anesthesiology.

³Total physicians are those who were selected from (a) the master files of the American Medical Association, (b) the American Osteopathic Association and (c) physicians practicing in federally funded or look alike CHCs. In-scope determination was also used for inclusion in NAMCS.

⁴Responding physicians are those who were in-scope and participated fully in completion of PRFs or were unavailable to complete PRFs.

⁵Nonresponding physicians are those who were in-scope and participated minimally or refused to participate in the NAMCS.

⁶Values represent a combined response rate among physicians selected from the office-based sample and the CHC sample. Numerator is the combined number of in-scope physicians from the physician and CHC samples who participated fully in NAMCS or who did not see any patients during their sampled reporting week. Denominator is all in-scope physicians selected from both the physician and CHC sample. Response rate for CHC physicians is adjusted to take into account CHC facility response.

⁷MSA is metropolitan statistical area.

⁸Physician specialty and specialty type are defined in the 2010 National Ambulatory Medical Care Survey Public Use Data File documentation (ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2010.pdf).

⁹HMO health maintenance organization.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.