

National Hospital Ambulatory Medical Care Survey: 2005 Outpatient Department Summary

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Abstract

Objectives—This report describes ambulatory care visits to hospital outpatient departments (OPDs) in the United States. Statistics are presented on selected hospital, patient, and visit characteristics. Selected trends in OPD utilization from 1995 to 2005 are also presented.

Methods—The data presented in this report were collected in the 2005 National Hospital Ambulatory Medical Care Survey (NHAMCS), a national probability sample survey of visits to emergency and OPDs of nonfederal, short-stay, and general hospitals in the United States. Sample data are weighted to produce annual national estimates.

Results—During 2005, an estimated 90.4 million visits were made to hospital OPDs in the United States, about 31.0 visits per 100 persons. Females (37.2 per 100 persons) had higher OPD visit rates than males (24.7 visits per 100 persons), and black or African-American persons (56.8 visits per 100 persons) had higher OPD visit rates than white persons (28.3 visits per 100 persons). Visit rates to OPD clinics for preventive care were highest for children under 1 year of age (43.1 per 100 persons). Almost one-half of OPD visits (46.1 percent) were made by patients with one or more chronic conditions. Hypertension was the most frequent chronic condition listed (19.7 percent). Visits with asthma declined with increasing age. From 1995 to 2005, the following visit characteristics changed: The visit rate for children under 15 years of age increased by 38%, the percentage of visits made by adults 18 years and over with depression indicated on the medical record increased by 48%; visits by adults with obesity, diabetes, and hypertension increased by 24%, 34%, and 43%, respectively; visits with counseling for tobacco use increased from 2.7 to 3.8 percent; visits with counseling for diet and nutrition increased from 9.4 to 15.7 percent; and visits with 6 or more medications prescribed or provided more than doubled, from 4.9 to 11.2 percent.

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

Introduction

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

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

An OPD is a hospital facility where nonurgent ambulatory medical care is

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

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

The focus for the 2005 survey year was chronic conditions. Additions to the routine encounter data that related to chronic conditions included:

- A chronic disease checklist, including conditions affecting the respiratory, cardiovascular, renal, and endocrine systems; arthritis; cancer; depression; obesity; and osteoporosis
- Ascertainment of patient enrollment in a disease management program for specified chronic conditions
- Specific measurements for height and weight in order to calculate a patient's body mass index (BMI) for analyses on obesity
- New diagnostic and screening service items to parallel the chronic conditions listed, such as breast,

pelvic, rectal, and skin exams, depression screening, bone mineral density testing, biopsy, chlamydia test, and pulmonary function test

Other additions included:

- Information on gestation week of pregnancy or last menstrual period (LMP)
- Health education and nonmedication treatment items, such as injury prevention, complementary and alternative medicine (CAM), durable medical equipment (DME), home health care, and hospice care
- New or continued status for each medication
- Ability to check more than one expected source of payment

Other *Advance Data from Vital and Health Statistics* reports have highlighted visits to EDs (5) and physician offices (4). Detailed reports on medication use at ambulatory care visits; training for terrorism-related conditions in hospitals; staffing, capacity, and ambulance diversion in EDs; and physician-level estimates have also been published (6–9). NHAMCS data have been used in articles examining important topics of interest in public health and health services research (10–28).

This report presents the most current nationally representative data on OPD care in the United States. Information about both OPD utilization during 2005 and selected trend data are presented. Data are from the National Hospital Ambulatory Medical Care Survey (NHAMCS), the longest continuously running nationally representative survey of hospital ED and OPD utilization. Additional information about OPD utilization is available from the NCHS Ambulatory Health Care website: <http://www.cdc.gov/nchs/nhamcs.htm>.

Individual-year reports and public-use data files are available for download from the website. Data from the 2005 NHAMCS will also be available on CD-ROM. These and other products can be obtained from the NCHS Office of Information Services, Information Dissemination Staff at 301-458-INFO or 1-800-232-4636 or the

Ambulatory Care Statistics Branch at 301-458-4600 or by e-mail at NCHSquery@cdc.gov.

Highlights

OPD utilization

- In 2005, there were approximately 90.4 million visits to OPDs for a rate of 31.0 visits per 100 persons (Table 1).
- About 74.6 percent of OPD visits were made to voluntary nonprofit hospitals, whereas 24.7 percent of visits occurred in nonfederal government (i.e., state, county, city) hospitals. More than one-half of OPD visits (59.5 percent) occurred in nonteaching hospitals (Table 2).

Clinic characteristics

- General medicine clinics, including internal medicine and primary care clinics, represented 56.0 percent all OPD visits (Table 2).

Patient characteristics

- From 1995 through 2005, the visit rate among children under 15 years of age increased from 25.3 to 34.8 per 100 persons, up by 38% (Table 1) (29).
- In 2005, the visit rate to OPDs was highest for infants under 1 year of age (95.1 visits per 100 persons) (Table 1).
- Visit rates by black or African-American persons were higher than any other race shown. Among this group, persons 65–74 years of age had the highest rate (94.2 visits per 100 persons) (Table 1).
- The female visit rate was higher than the rate for males overall, driven primarily by differences in the 15–44 year old age groups (Figure 1).
- The visit rates for Hispanic or Latino persons and non-Hispanic persons were similar (Table 1).
- Private insurance was listed as the most frequent expected source of payment (occurring for 42.4 percent of OPD visits), followed by Medicaid/State Children's Health Insurance Program (SCHIP) (33.4 percent), and Medicare

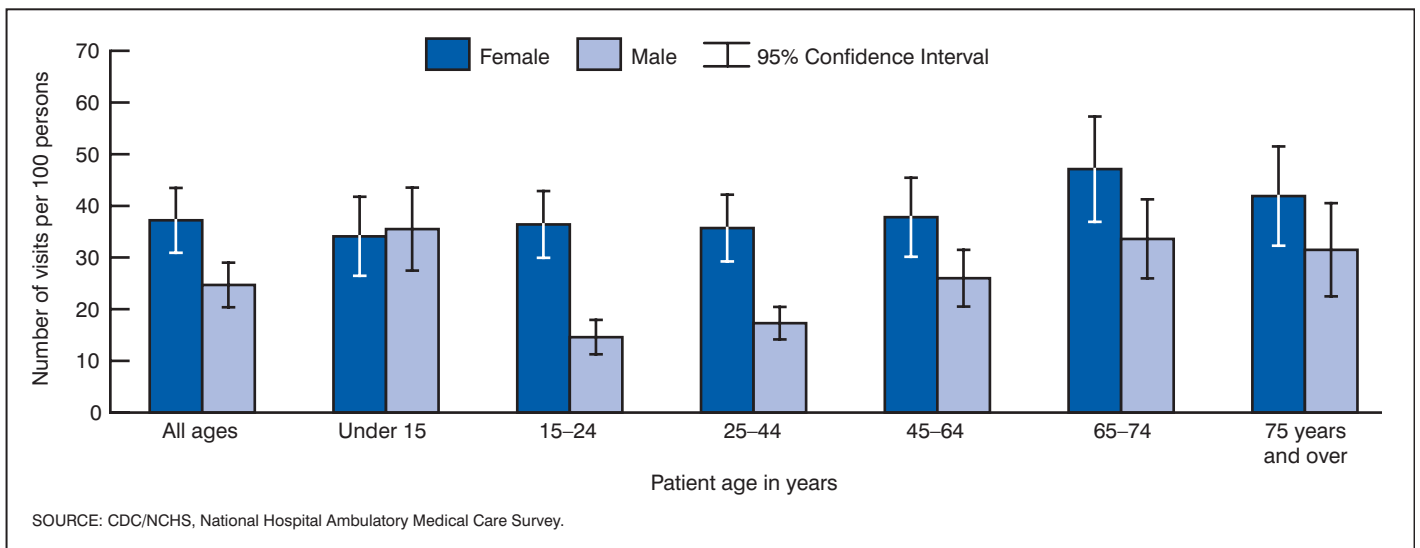


Figure 1. Annual rate of outpatient department visits by patient age and sex: United States, 2005

(16.8 percent). Visits for patients using both Medicare and Medicaid accounted for 2.8 percent of OPD visits (Table 3).

Continuity of care

- More than one-half of OPD visits (52.5 percent) were to a provider other than the patient's primary care provider (PCP). The majority of "new patient" visits were to non-PCP's (80.5 percent), and 42.0 percent of these visits were referred by another provider. In 39.9 percent of visits, the providers indicated that they were the patients' PCPs (Table 4).
- Visits to pediatric and general medicine clinics were most often to PCPs (58.9 percent and 52.1 percent, respectively) (Table 5). A higher proportion of visits in general medicine clinics where the source of payment was Medicare or Medicaid were to the patient's PCP when compared with general medicine clinic visits with no insurance or private insurance. In pediatric clinics, more visits were to PCPs for Medicaid or no insurance when compared with private insurance (Figure 2). A large percentage of visits to surgery clinics were referral visits to providers who were not the patients' PCP (56.1 percent) as compared with all other types of

clinics (Table 5).

- In the last 12 months, only 14.4 percent of visits to OPD clinics were by new patients. The majority of established patients made one or more visits in the last 12 months (Figure 3). Although 85.6 percent of OPD visits were made by established patients (those with previous visits to the clinic), only 44.9 percent of visits by these patients were to their PCP (Table 4).

Conditions seen

- In 2005, principal reasons for visit classified in the symptom module represented 43.4 percent of all OPD visits, with symptoms referable to the respiratory system accounting for the largest percentage of visits (9.3 percent). The diagnostic, screening, and preventive module (19.9 percent) and the treatment module (14.9 percent) were also prominent (Table 6).
- Progress visit was the most frequently mentioned specific principal reason for visit (5.9 percent), followed by general medical examination (5.3 percent). The most frequently mentioned specific reasons related to a symptomatic problem were cough (2.9 percent) and throat symptoms (2.4 percent). Hypertension (1.3 percent) was the most frequent disease-related reason (Table 7).
- New problems comprised 37.9 percent of visits overall, but 50.3 percent among visits by children under 15 years of age. About 28.8 percent of all visits were for a routine chronic problem, but for persons 65 years of age and over, chronic problems represented approximately 44.6 percent of all visits. Preventive care, which includes routine prenatal, well-baby, screening, insurance, and general exams, was the major reason for visit for one in five visits (19.8 percent) (Table 8).
- Visit rates to OPD clinics for preventive care were highest for children under 1 year of age (43.1 per 100 persons). The female visit rate (8.7 visits per 100 females) for preventive care was more than twice that for males (3.5 per 100 males). The preventive care visit rate for black or African-American persons (12.9 per 100 persons) was more than two times higher than that for persons of white (5.3 per 100 persons) and other (3.9 per 100 persons) races. Hispanic or Latino persons had a preventive care visit rate (9.9 per 100 persons) that was nearly twice the rate for non-Hispanic or Latino persons (5.5 per 100 persons). Medicaid/SCHIP patients (24.2 per 100 persons) used the OPD for preventive care services more than five times as often as those with other types of payment sources

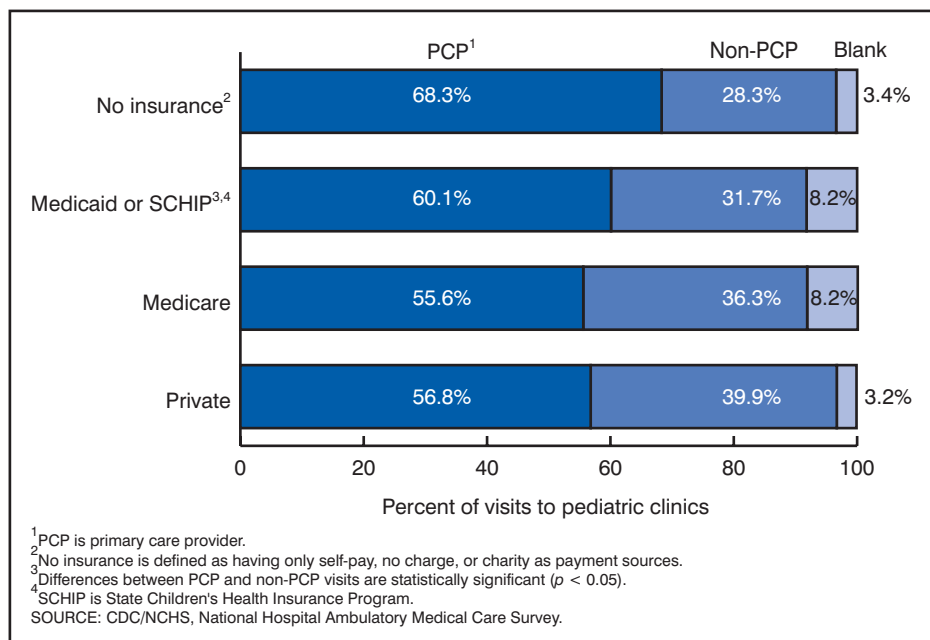
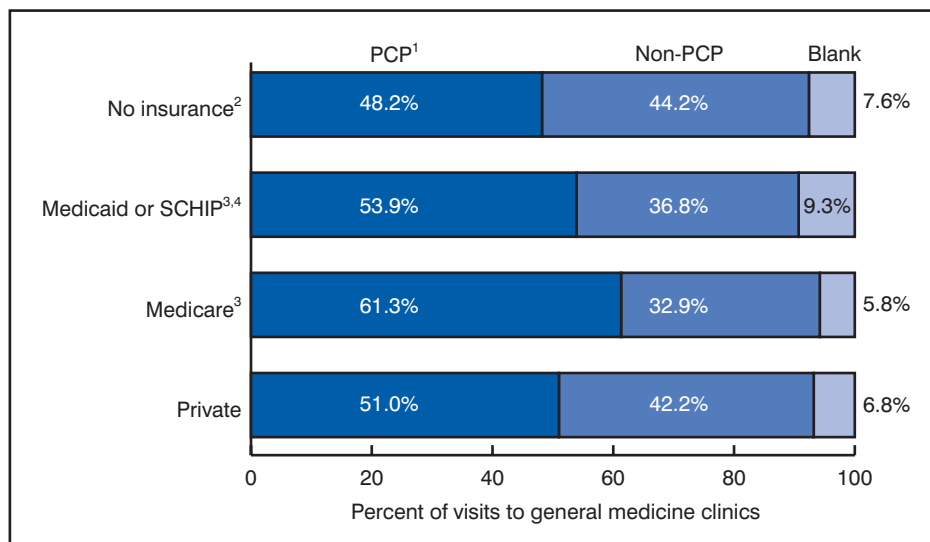


Figure 2. Percent distribution of outpatient department visits to general medicine or pediatric clinics, by whether the visit was to the patient's primary care provider, according to expected source of payment: United States, 2005

- (Table 9).
- The most frequently listed category was the supplementary classification (20.6 percent) used for diagnoses not classifiable to injury or illness (e.g., general medical examination, routine prenatal examination, and health supervision of an infant or child) (Table 10).
 - The four most frequent diagnoses recorded were essential hypertension (4.3 percent); routine infant or child health check (4.0 percent); acute upper respiratory infection, excluding

pharyngitis (3.9 percent); diabetes mellitus (3.0 percent) and normal pregnancy (3.0 percent) (Table 11).

- The leading diagnosis by age group was routine infant or child health check for infants (under 1 year) and children (1–12 years), normal pregnancy for adolescents through adults (13–49 years), and essential hypertension for middle-aged persons (50–64 years) and seniors (65 years and over) (Table 12).
- Although normal pregnancy leads the list among all adolescents 13–21 and

adults 22–49 years, the leading diagnoses for males in these age groups were acute upper respiratory infections (13–21 years of age) and spinal disorders (22–49 years of age) (Table 12).

- The majority of pregnancy visits to OPD clinics were made by women in their third trimester (48.2 percent) (Figure 4).
- There were an estimated 9.8 million injury- or poisoning-related OPD visits in 2005, representing 10.9 percent of all OPD visits and yielding a rate of 3.4 visits per 100 persons (Table 13). Injury rates were statistically similar regardless of age group or sex.
- Table 14 describes the intent associated with injury-related visits. In 2005, there were 793,000 visits for adverse effects of medical care, up by 145% from 1995 (324,000 visits) (29).

Chronic conditions

- In 2005, 46.1 percent of OPD visits were made by patients with one or more chronic conditions. Hypertension was the most frequent condition (19.7 percent), followed by depression (10.3 percent), diabetes (10.0 percent), and hyperlipidemia (8.7 percent) (Table 15). The percentage of visits with chronic conditions shown in Table 15 generally increased with age. Visits with depression and obesity, however, were unrelated to age, and visits with asthma declined with increasing age.
- Since 1995, the percentage of visits made by adults aged 18 years and over with depression indicated on the medical record increased by 48% (Figure 5). During the same time period, the percentage of visits by adults with obesity, diabetes, and hypertension increased by 24%, 34%, and 43%, respectively. For the purposes of this comparison, edits applied to 2005 check box items were also applied to the 1995 data.

Services provided

- Diagnostic and screening services ordered or provided by hospital staff occurred during 89.2 percent of OPD

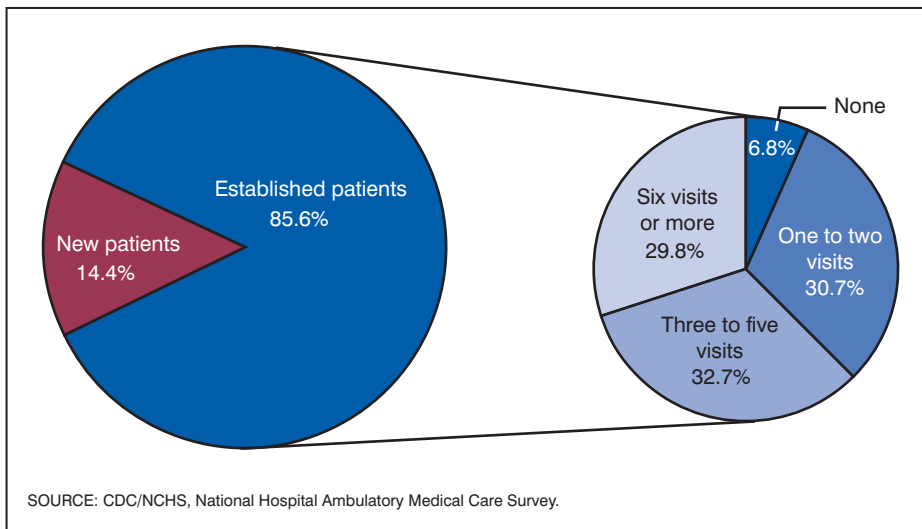


Figure 3. Percent distribution of outpatient department visits by prior-visit status during the last 12 months: United States, 2005

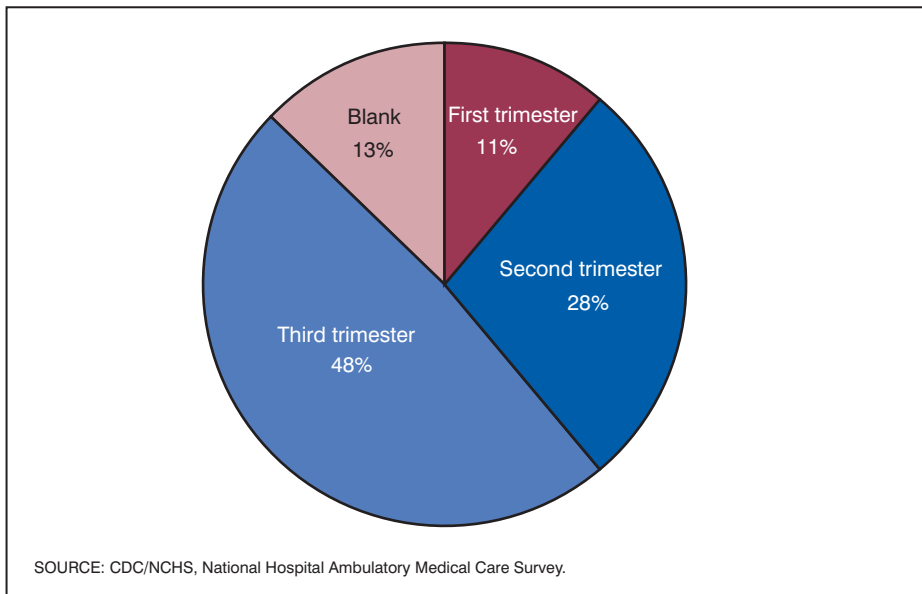


Figure 4. Percent distribution of outpatient department pregnancy-related visits by trimester: United States, 2005

visits in 2005. Weight (63.9 percent) and blood pressure (63.7 percent) were the most frequent vital signs measured. Complete blood count (CBC) (14.7 percent), glucose (8.2 percent), and lipids or cholesterol (7.7 percent) were the most frequently ordered blood tests. Urinalysis and imaging were ordered or provided at 10.8 percent and 18.6 percent of visits, respectively (Table 16).

- Blood pressure (BP) status based on the Seventh Report of the Joint National Committee on prevention, detection, evaluation, and treatment

of high blood pressure (30) was analyzed using reported BP readings. BP readings were in the moderately high range (140–159 mm Hg systolic, or 90–99 mm Hg diastolic) and in the severely high range (160 mm Hg or higher systolic, or 100 mm Hg or higher diastolic) in 20.6 percent and 7.9 percent of OPD visits, respectively. Moderate to severe BP elevations were seen more frequently in visits by patients aged 45 years and over than younger patients. Moderate to severe BP elevations were documented more frequently at

visits by black or African-American patients than white and Asian patients. When BP was taken during an OPD visit, moderate or severe BP elevations were more frequently noted in visits by non-Hispanic or Latino patients than visits by Hispanic or Latino patients (Table 17).

- Health education was ordered or provided at 46.2 percent of OPD visits during 2005. Counseling or education related to diet or nutrition (15.7 percent) and exercise (8.3 percent) were mentioned most frequently (Table 18).
- From 1995 to 2005, counseling for tobacco use increased from 2.7 to 3.8 percent. Counseling for diet and nutrition also increased, up from 9.4 percent in 1995 to 15.7 percent in 2005 (Table 18) (29).
- Nonmedication treatment was ordered or provided at 20.9 percent of visits during 2005. Psychotherapy and other mental health services were each ordered or provided at 3.9 percent of visits (Table 19).

Medications

- Medications were provided, prescribed, or continued (referred to as “drug mentions”) at 65.6 million OPD visits. From 1995 to 2005, visits with medications increased from 61.0 percent to 72.6 percent (Table 20) (29). Of the visits with medications, 66.9 percent had multiple drugs prescribed or continued (calculated from Table 20).
- From 1995 to 2005, visits with 6 or more medications prescribed or provided more than doubled from 4.9 to 11.2 percent (Table 20) (29).
- A total of 194.6 million drugs were mentioned for an average of 215.3 drug mentions per 100 visits (Table 21). On average, there were 3.0 drugs mentioned at visits with any mention of drugs (calculated from Table 21).
- The leading drug subclasses were antidepressants (5.1 per 100 drug mentions), followed by nonnarcotic analgesics (4.6 per 100 drug mentions), nonsteroidal anti-inflammatory drugs or NSAIDs (4.5

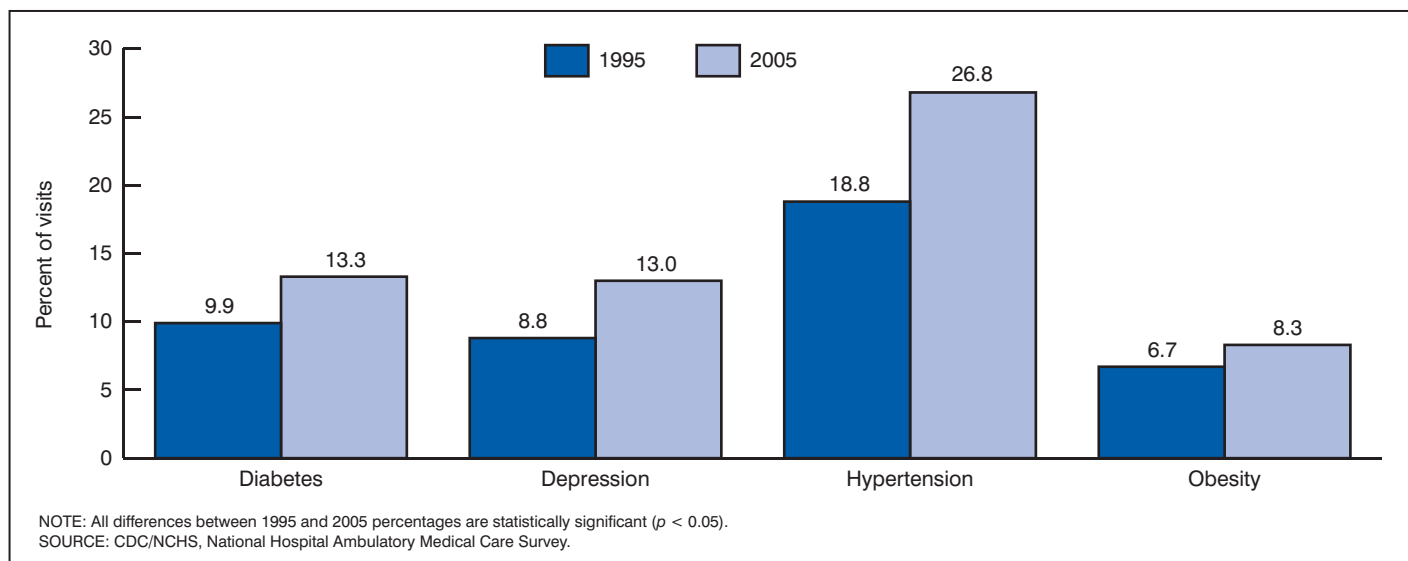


Figure 5. Percentage of outpatient department visits by adults 18 years and over with selected chronic conditions: United States, 1995 and 2005

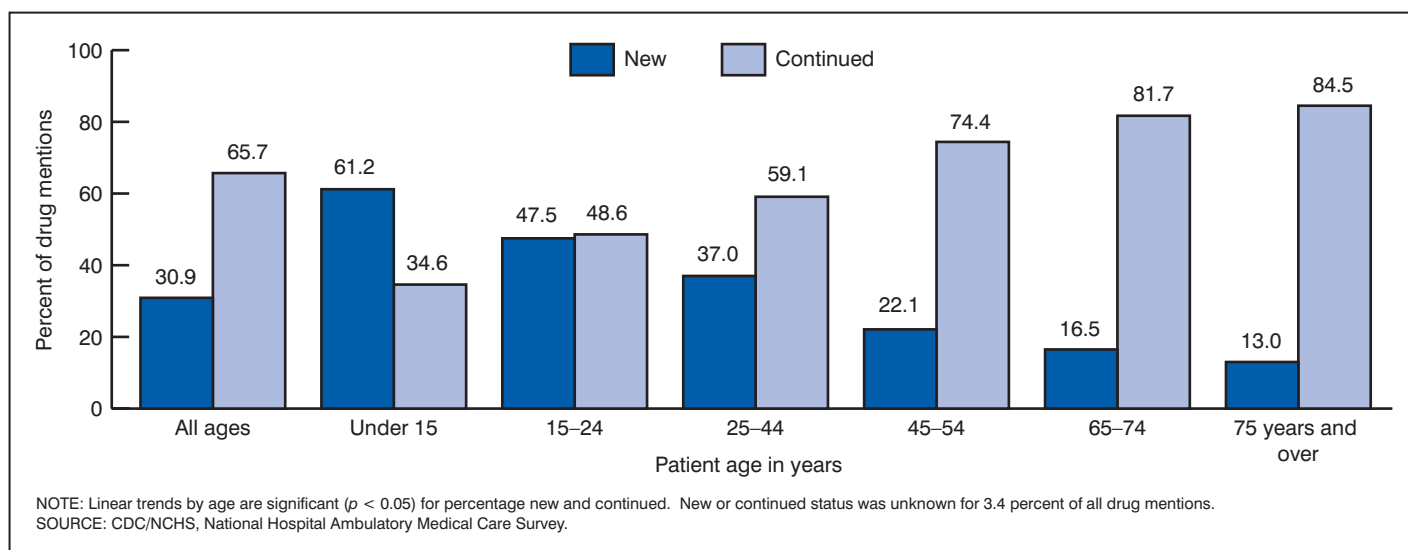


Figure 6. Percentage of drugs mentioned at outpatient department visits that were new or continued, according to patient age: United States, 2005

per 100 drug mentions), and anti-asthmatics or bronchodilators (4.5 per 100 drug mentions) (Table 22).

- In 2005, the leading drugs in terms of their generic composition were ibuprofen, an NSAID (2.5 percent); aspirin (2.4 percent); and albuterol, an antiasthmatic or bronchodilator (2.2 percent) (Table 23). Among the most frequently occurring generic equivalents, azithromycin, amoxicillin, influenza virus vaccine, ibuprofen, and acetaminophen had the highest percentage listed as new.

Generic equivalents include medications recorded as brand names or generic names by the generic equivalent name.

- In 2005, 65.7 percent of all drug mentions were continued prescriptions, 30.9 percent were new, and this information was missing for 3.4 percent of drug mentions (Table 23). Figure 6 shows that the percentage of continued drug mentions increased with age, and exceeded the percentage of new drug mentions, starting at age 25. The

percentage of new drug mentions decreased with age; children under age 15 years were most likely to be prescribed new drugs.

Providers seen and visit disposition

- A physician was seen at 81.8 percent of visits, whereas no physician was seen at 18.2 percent of visits or 16.5 million OPD visits (calculated from Table 24). A registered nurse or licensed practical nurse was seen at 50.4 percent of visits (Table 24).

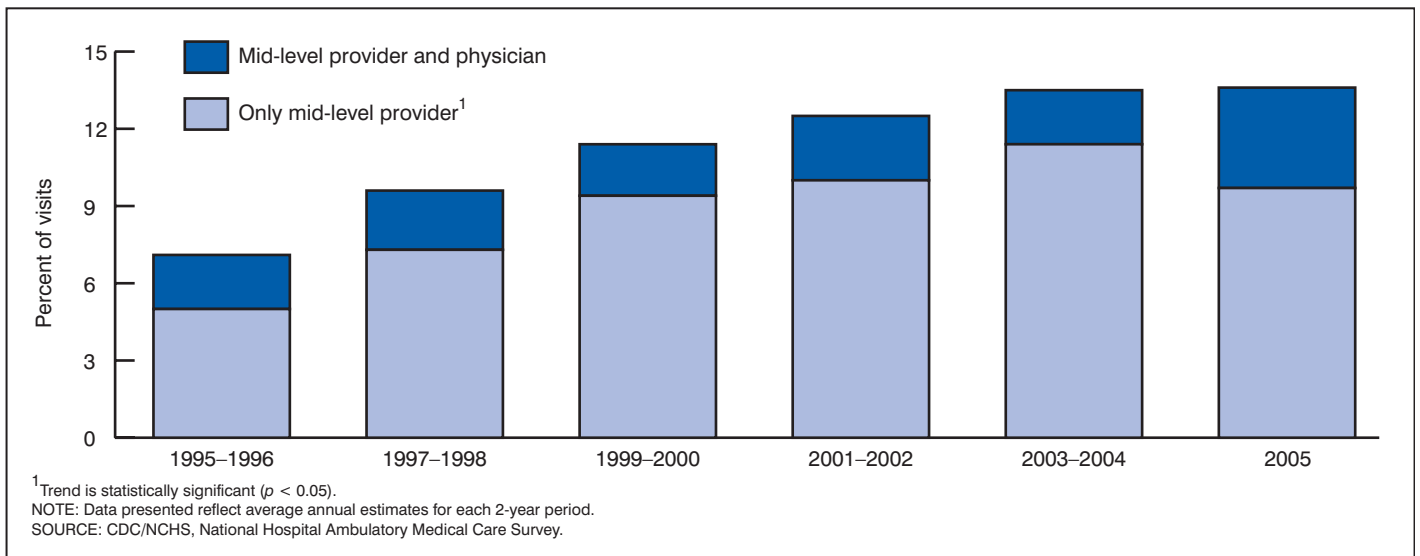


Figure 7. Trends in outpatient department visits where a mid-level provider was seen with or without a physician present: United States, 1995-2005

- In 2005, a nurse practitioner, midwife, or physician assistant was seen at 13.6 percent of visits. OPD visits involving only mid-level providers increased by 94%, from 5.0 percent of visits in 1995-1996 to 9.7 percent of visits in 2005 (Figure 7).
- In more than one-half of OPD visits (62.6 percent), patients were told to return to the clinic by appointment. Return to the clinic P.R.N. (as needed) and referred to other physician accounted for the disposition at 28.2 and 14.5 percent of visits, respectively (Table 25). Less than 1 percent of visits resulted in hospital admission (0.5 percent) or referral to an ED (0.5 percent).

Methods

Data source

The data presented in this report are from the 2005 NHAMCS, a national probability sample survey conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS), Division of Health Care Statistics. The survey was conducted from December 27, 2004, through December 25, 2005. The NHAMCS data collection is authorized under Section 306 of the Public Health

Service Act (Title 42 U.S. Code), 242k. Participation is voluntary.

Data collected in the NHAMCS are consistent with the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA). No personally identifying information, such as patient's name, address, or Social Security number, is collected in the NHAMCS. All information collected is held in the strictest confidence according to law [Section 308(d) of the Public Health Service Act (42, U.S. Code, 242m (d))] and the Confidential Information Protection and Statistical Efficiency Act (Title 5 of PL 107-347). Approval for the NHAMCS protocol was renewed by the NCHS Research Ethics Review Board in February 2005. Waivers of the requirements to obtain informed consent of patients and patient authorization for release of patient medical record data by health care providers were granted.

The target universe of NHAMCS is in-person visits made in the United States to EDs and OPDs of nonfederal, short-stay hospitals (hospitals with an average stay of less than 30 days) and those whose specialty is general (medical or surgical) or children's general. EDs that operate 24 hours a day are considered within the scope of the ED component; EDs that operate fewer than 24 hours are included in the OPD component of the NHAMCS. The

hospital sampling frame consisted of hospitals listed in the 1991 Verispan Hospital Database (VHD) updated using hospital data from Verispan, L.L.C., specifically their "Healthcare Market Index, Updated May 15, 2003" and their "Hospital Market Profiling Solution, Second Quarter, 2003." These products were formerly known as the SMG Hospital Database. Using the 2003 data to update the sample allowed for the inclusion of hospitals that had opened or changed their eligibility status since the previous sample was updated for 2001.

In 2005, a multistage probability sample was used to collect information on visits to OPDs. NHAMCS has a four-stage design that involves: geographic primary sampling units (PSUs), hospitals that have EDs or OPDs within PSUs, emergency service areas (ESAs) within EDs and clinics within OPDs, and patient visits within ESAs and clinics (31). The PSU sample consists of 112 PSUs that comprise a probability subsample of the PSUs used in the 1985-1994 National Health Interview Survey (NHIS). All together, a sample of 458 hospitals was selected for the 2005 NHAMCS, 240 of which were in scope and had eligible OPDs. A sample of 1,009 clinics was selected from the 205 OPDs that participated in the study. Clinic staff were asked to complete a Patient Record Form (PRF) on a sample of visits during the 4-week

reporting period (see “Technical Notes”). In 2005, 870 clinics provided 29,975 PRFs. Of these 870 clinics, 857 responded fully or adequately, yielding a clinic sampling response rate of 86.7 percent, and an overall unweighted two stage sampling response rate of 74.1 percent, adjusted to exclude clinics and OPDs that participated at a minimal level.

The U.S. Census Bureau was responsible for data collection. Data processing and medical coding were performed by the Constella Group Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10 percent quality control sample of survey records was independently keyed and coded. Coding error rates ranged between 0.3 and 0.9 percent, for various survey items.

Medical data collected in the survey were coded as follows:

- Patient’s reason for visit—The patient’s main complaint, symptom, or reason for visiting the OPD was coded according to *A Reason for Visit Classification for Ambulatory Care (RVC)* (32). Up to three reasons could be coded per visit.
- Physician’s diagnosis—Hospital staff were asked to record the primary diagnosis or problem associated with the patient’s most important reason for the current visit and any other significant current diagnoses. Up to three diagnoses were coded according to the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD–9–CM)* (33).
- Injury, poisoning, adverse effect of medical treatment—Although there is a separate item on the PRF to indicate whether the visit was for an injury, poisoning, or adverse effect of medical treatment, sometimes an injury reason for visit or an injury diagnosis is recorded without the injury item being checked. Therefore, the visit is counted as an injury visit if the injury item is marked or if any of the three reasons for visit were in the injury module or any of the three diagnoses were in the injury or poisoning chapter of the ICD–9–CM (34).
- Medications—Hospital staff were instructed to record all new or continued medications ordered, supplied, or administered at the visit. This included prescription and nonprescription preparations, immunizations, desensitizing agents, and anesthetics. In this survey, recorded medications are referred to as drug mentions and are coded according to a classification system developed at NCHS (35). As used in the NHAMCS, the term “drug” is interchangeable with the term “medication.” The term “prescribing” is used broadly to mean ordering or providing any medication, whether prescription or over-the-counter. Visits with one or more drug mentions are termed “drug visits” in NHAMCS. Therapeutic classification of drugs is based on the 4-digit therapeutic categories used in the *National Drug Code Directory*, 1995 edition (36). Drugs may have more than one therapeutic application and, in NHAMCS, up to three therapeutic drug classes are included for each drug.

Estimation

Because of the complex multistage design of NHAMCS, a sample weight is computed for each sample visit that takes all stages of design into account. The survey data are inflated or weighted to produce unbiased national annual estimates. The visit weight includes four basic components: inflation by reciprocals of selection probabilities, adjustment for nonresponse, population ratio adjustments, and weight smoothing. Starting in 2004, changes were made to the nonresponse adjustment factor to account for the seasonality of the reporting period. Extra weights for nonresponding hospitals were shifted to responding hospitals in reporting periods within the same quarter of the year. The shift in nonresponse adjustment did not significantly affect any of the overall annual estimates. Detailed information on estimation for NHAMCS can be found elsewhere (37).

The standard error (SE) is primarily a measure of the sampling variability

that occurs by chance because only a sample rather than an entire universe is surveyed. Estimates of the sampling variability for this report were calculated using Taylor approximations in SUDAAN, which take into account the complex sample design of NHAMCS. A description of the software and its approach has been published (38). The SEs of statistics presented in this report are included in each of the tables.

Tests of significance

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

Nonsampling errors

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 and 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 to encourage uniform reporting, attention was given to the phrasing of items, terms, and definitions. Also, most data items and survey procedures were pretested. Quality control procedures and consistency and edit checks reduced errors in data coding and processing.

Item nonresponse rates in NHAMCS are generally low (5 percent or less). However, levels of nonresponse can vary considerably in the survey. Most nonresponse occurs when the needed information is not available in the medical record or is unknown to the person filling out the survey instrument. Nonresponse can also result when the information is available, but survey procedures are not followed and the item is left blank. In this report, the

tables include a combined entry of unknown or blank to display missing data. For items where combined item nonresponse is between 30 and 50 percent, percent distributions are not discussed in the text. However, the information is shown in the tables. These data should be interpreted with caution. If nonresponse is random, the observed distribution for the reported item (i.e., excluding cases for which the information is unknown) would be close to the true distribution. However, if nonresponse is not random, the observed distribution could vary significantly from the actual distribution. Researchers need to decide how best to treat items with high levels of missing responses. For items with nonresponse greater than 50 percent, data are not presented.

Weighted item nonresponse rates (i.e., if the item was left blank or the unknown box was marked) were 5.0 percent or less for all data items with the following exceptions: use of tobacco (35.8 percent), gestation week (12.7 percent), enrollment in a disease management program (45.0 percent), primary care physician (7.6 percent), referral status (24.4 percent), and intent of injury (5.3 percent).

For some items, missing values were imputed by randomly assigning a value from Patient Record forms with similar characteristics. Imputations were based on geographic region, OPD volume by clinic type, and three-digit ICD-9-CM codes for primary diagnosis. Imputations were performed for the following variables—birth year (0.7 percent), sex (0.3 percent), race (11.2 percent), ethnicity (17.0), has the patient been seen in this clinic before (1.3 percent), and how many visits in the last 12 months (10.4 percent). Ethnicity was imputed by randomly assigning a value from a PRF with similar characteristics based on OPD volume by clinic type, state, and three-digit ICD-9-CM codes for primary diagnosis.

Use of tables

First-listed reason for visit and diagnosis are presented in the tables. It should be noted that estimates differing in ranked order may not be significantly

different from each other. For items related to diagnostic and screening services, procedures, providers seen, and disposition, hospital staff was asked to check all of the applicable categories for each item. Therefore, multiple responses could be coded for each visit.

In this report, estimates are not presented if they are based on fewer than 30 cases in the sample data; only an asterisk (*) appears in the tables. Estimates based on 30 or more cases include an asterisk (*) if the relative standard error of the estimate exceeds 30 percent.

In the tables, estimates of OPD visits have been rounded to the nearest 1,000. Consequently, estimates will not always add to totals. Rates and percentages were calculated from original unrounded figures and do not necessarily agree with figures calculated from rounded data.

Several of the tables in this report present rates of OPD visits per population. The population figures used in calculating these rates are based on U.S. Census Bureau monthly postcensal estimates of the civilian noninstitutional population of the United States as of July 1, 2005. These population estimates are based on postcensal estimates from Census 2000 and are available from the U.S. Census Bureau.

Estimates presented in the tables and figures for specific race categories reflect visits where only a single race was reported. Denominators used in computing estimates of visit rates by expected source of payment were obtained from the 2005 NHIS. Individuals reporting multiple insurance categories in the NHIS were counted in each category they reported, with the exception of Medicaid and SCHIP, which were combined into a single category.

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Table 1. Number, percent distribution, and annual rate of outpatient department visits with corresponding standard errors, by patient characteristics: United States, 2005

| 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 visits | 90,393 | 8,609 | 100.0 | ... | 31.0 | 3.0 |
| Age | | | | | | |
| Under 15 years | 21,109 | 3,022 | 23.4 | 2.2 | 34.8 | 5.0 |
| Under 1 year | 3,902 | 651 | 4.3 | 0.5 | 95.1 | 15.9 |
| 1–4 years | 6,529 | 990 | 7.2 | 0.7 | 40.3 | 6.1 |
| 5–14 years | 10,678 | 1,486 | 11.8 | 1.1 | 26.5 | 3.7 |
| 15–24 years | 10,418 | 1,054 | 11.5 | 0.5 | 25.4 | 2.6 |
| 25–44 years | 21,805 | 2,204 | 24.1 | 1.0 | 26.6 | 2.7 |
| 45–64 years | 23,202 | 2,301 | 25.7 | 1.3 | 32.1 | 3.2 |
| 65 years and over | 13,859 | 1,651 | 15.3 | 1.1 | 39.4 | 4.7 |
| 65–74 years | 7,517 | 910 | 8.3 | 0.6 | 40.9 | 4.9 |
| 75 years and over | 6,341 | 788 | 7.0 | 0.6 | 37.9 | 4.7 |
| Sex and age | | | | | | |
| Female | 55,280 | 5,322 | 61.2 | 0.9 | 37.2 | 3.6 |
| Under 15 years | 10,087 | 1,494 | 11.2 | 1.1 | 34.0 | 5.0 |
| 15–24 years | 7,384 | 805 | 8.2 | 0.5 | 36.4 | 4.0 |
| 25–44 years | 14,780 | 1,596 | 16.4 | 0.8 | 35.7 | 3.9 |
| 45–64 years | 14,058 | 1,393 | 15.6 | 0.8 | 37.8 | 3.7 |
| 65–74 years | 4,696 | 571 | 5.2 | 0.4 | 47.1 | 5.7 |
| 75 years and over | 4,274 | 528 | 4.7 | 0.4 | 41.9 | 5.2 |
| Male | 35,113 | 3,443 | 38.8 | 0.9 | 24.7 | 2.4 |
| Under 15 years | 11,022 | 1,557 | 12.2 | 1.1 | 35.5 | 5.0 |
| 15–24 years | 3,034 | 356 | 3.4 | 0.3 | 14.6 | 1.7 |
| 25–44 years | 7,024 | 730 | 7.8 | 0.4 | 17.3 | 1.8 |
| 45–64 years | 9,144 | 977 | 10.1 | 0.6 | 26.0 | 2.8 |
| 65–74 years | 2,822 | 375 | 3.1 | 0.3 | 33.5 | 4.5 |
| 75 years and over | 2,067 | 304 | 2.3 | 0.3 | 31.5 | 4.6 |
| Race and age ² | | | | | | |
| White | 66,232 | 6,965 | 73.3 | 2.6 | 28.3 | 3.0 |
| Under 15 years | 14,887 | 2,105 | 16.5 | 1.4 | 32.2 | 4.5 |
| 15–24 years | 7,541 | 849 | 8.3 | 0.5 | 23.6 | 2.7 |
| 25–44 years | 15,981 | 1,794 | 17.7 | 1.0 | 24.6 | 2.8 |
| 45–64 years | 16,935 | 1,800 | 18.7 | 1.1 | 28.1 | 3.0 |
| 65–74 years | 5,672 | 765 | 6.3 | 0.6 | 35.9 | 4.8 |
| 75 years and over | 5,217 | 713 | 5.8 | 0.6 | 35.1 | 4.8 |
| Black or African American | 20,764 | 2,929 | 23.0 | 2.6 | 56.8 | 8.0 |
| Under 15 years | 5,275 | 1,130 | 5.8 | 1.1 | 56.7 | 12.1 |
| 15–24 years | 2,525 | 369 | 2.8 | 0.3 | 41.9 | 6.1 |
| 25–44 years | 4,805 | 673 | 5.3 | 0.6 | 46.3 | 6.5 |
| 45–64 years | 5,577 | 1,047 | 6.2 | 1.0 | 70.9 | 13.3 |
| 65–74 years | 1,606 | 354 | 1.8 | 0.4 | 94.2 | 20.8 |
| 75 years and over | 976 | 226 | 1.1 | 0.2 | 77.7 | 17.9 |
| Asian | 2,187 | 320 | 2.4 | 0.3 | 17.3 | 2.5 |
| Native Hawaiian or Other Pacific Islander | *347 | 127 | *0.4 | 0.1 | *68.4 | 25.1 |
| American Indian or Alaska Native | 485 | 133 | 0.5 | 0.1 | 17.3 | 4.7 |
| Multiple races | 378 | 113 | 0.4 | 0.1 | 8.3 | 2.5 |
| Ethnicity ² | | | | | | |
| Hispanic or Latino | 14,289 | 2,041 | 15.8 | 2.0 | 33.9 | 4.8 |
| Not Hispanic or Latino | 76,104 | 7,749 | 84.2 | 2.0 | 30.6 | 3.1 |

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹ Visit rates are based on the July 1, 2005, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.² The race groups, White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

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

Table 2. Number, percent distribution, and annual rate of outpatient department visits with corresponding standard errors, by hospital characteristics and clinic type: United States, 2005

| Hospital characteristics | Number of visits in thousands | Standard error in thousands | Percent distribution | Standard error of percent | Number of visits per 100 persons per year ^{1,2} | Standard error of rate |
|---|-------------------------------|-----------------------------|----------------------|---------------------------|--|------------------------|
| All visits | 90,393 | 8,609 | 100.0 | ... | 31.0 | 3.0 |
| Ownership | | | | | | |
| Voluntary | 67,457 | 7,520 | 74.6 | 4.4 | 23.2 | 2.6 |
| Government | 22,363 | 4,611 | 24.7 | 4.5 | 7.7 | 1.6 |
| Proprietary | *574 | 267 | *0.6 | 0.3 | *0.2 | 0.1 |
| Teaching hospital status | | | | | | |
| Teaching hospital | 36,055 | 5,579 | 39.9 | 5.0 | 12.4 | 1.9 |
| Nonteaching hospital | 53,809 | 7,023 | 59.5 | 5.0 | 18.5 | 2.4 |
| Unknown or blank | *528 | 485 | *0.6 | 0.5 | *0.2 | 0.2 |
| Geographic region | | | | | | |
| Midwest | 29,105 | 4,958 | 32.2 | 4.5 | 44.8 | 7.6 |
| Northeast | 25,670 | 4,998 | 28.4 | 4.5 | 47.7 | 9.3 |
| South | 23,809 | 3,909 | 26.3 | 3.9 | 22.6 | 3.7 |
| West | 11,808 | 3,157 | 13.1 | 3.2 | 17.6 | 4.7 |
| Metropolitan status ³ | | | | | | |
| MSA | 75,297 | 7,563 | 83.3 | 4.9 | 30.7 | 3.1 |
| Not MSA | *15,096 | 4,910 | *16.7 | 4.9 | *33.0 | 10.7 |
| Clinic type ⁴ | | | | | | |
| General medicine ⁵ | 50,628 | 5,400 | 56.0 | 3.0 | 17.4 | 1.9 |
| Pediatrics | 12,615 | 2,343 | 14.0 | 2.1 | 4.3 | 0.8 |
| Surgery | 10,632 | 1,598 | 11.8 | 1.2 | 3.7 | 0.5 |
| Obstetrics and gynecology | 8,536 | 1,272 | 9.4 | 1.0 | 2.9 | 0.4 |
| Substance abuse or other ⁶ | 7,981 | 1,297 | 8.8 | 1.4 | 2.7 | 0.4 |

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Visit rates are based on the July 1, 2005, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

²Population estimates of metropolitan statistical status (MSA) are based on data from the 2005 National Health Interview Survey, National Center for Health Statistics, and are adjusted to the U.S. Census Bureau definition of core-based statistical areas as of November 2004. See <http://www.census.gov/population/www/estimates/metrodef.html> for more about metropolitan statistical area definitions.

³MSA is metropolitan statistical area.

⁴Only clinics under the supervision of a physician were included. Clinics specializing in radiology, laboratory services, physical rehabilitation, or other ancillary services were excluded.

⁵General medicine clinics include family practice, primary care clinics, and internal medicine and its subspecialties.

⁶Other includes psychiatric, mental health, and miscellaneous specialty clinics.

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

Table 3. Number and percentage of outpatient department visits with corresponding standard errors, by expected source(s) of payment: United States, 2005

| Expected source(s) of payment | Number of visits in thousands ¹ | Standard error in thousands | Percent of visits | Standard error of percent |
|--|--|-----------------------------|-------------------|---------------------------|
| All visits | 90,393 | 8,609 | ... | ... |
| Private insurance | 38,324 | 4,570 | 42.4 | 2.5 |
| Medicaid or SCHIP ² | 30,151 | 3,808 | 33.4 | 2.7 |
| Medicare | 15,223 | 1,757 | 16.8 | 1.1 |
| Medicare and Medicaid ³ | 2,532 | 396 | 2.8 | 0.3 |
| No insurance ⁴ | 6,586 | 857 | 7.3 | 0.8 |
| Self-pay | 5,277 | 631 | 5.8 | 0.6 |
| No charge or charity | *1408 | 540 | *1.6 | 0.6 |
| Worker's compensation | 870 | 200 | 1.0 | 0.2 |
| Other | 2,557 | 480 | 2.8 | 0.4 |
| Unknown or blank | 4,562 | 833 | 5.0 | 0.8 |

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Total exceeds "all visits" because more than one source of payment may be reported per visit.

²SCHIP is State Children's Health Insurance Program.

³In 1995, 2.8 percent of visits were made by patients with both Medicare and Medicaid as expected payment sources.

⁴No insurance is defined as having only self-pay, no charge, or charity as payment sources.

NOTE: More than one category could be indicated.

Table 4. Number and percent distribution of outpatient department visits with corresponding standard errors, by selected visit characteristics, according to prior-visit status: United States, 2005

| 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 | 90,393 | 8,609 | 100.0 | ... |
| Visit to PCP ¹ | 36,109 | 4,416 | 39.9 | 3.1 |
| Visit to non-PCP ¹ | 47,417 | 5,528 | 52.5 | 3.1 |
| Referred for this visit | 20,674 | 3,309 | 22.9 | 2.5 |
| Not referred for this visit | 18,392 | 2,045 | 20.3 | 1.7 |
| Unknown if referred | 8,350 | 2,279 | 9.2 | 2.3 |
| Unknown if PCP ¹ visit | 6,868 | 1,473 | 7.6 | 1.6 |
| Established patient | | | | |
| All visits | 77,407 | 7,332 | 100.0 | ... |
| Visit to PCP ¹ | 34,778 | 4,272 | 44.9 | 3.2 |
| Visit to non-PCP ¹ | 36,965 | 4,269 | 47.8 | 3.1 |
| Referred for this visit | 15,218 | 2,689 | 19.7 | 2.6 |
| Not referred for this visit | 15,310 | 1,653 | 19.8 | 1.8 |
| Unknown if referred | 6,437 | 1,747 | 8.3 | 2.1 |
| Unknown if PCP ¹ visit | 5,665 | 1,316 | 7.3 | 1.7 |
| New patient | | | | |
| All visits | 12,986 | 1,590 | 100.0 | ... |
| Visit to PCP ¹ | 1,331 | 196 | 10.3 | 1.5 |
| Visit to non-PCP ¹ | 10,452 | 1,448 | 80.5 | 2.3 |
| Referred for this visit | 5,456 | 820 | 42.0 | 4.2 |
| Not referred for this visit | 3,082 | 672 | 23.7 | 3.9 |
| Unknown if referred | 1,913 | 566 | 14.7 | 3.5 |
| Unknown if PCP ¹ visit | 1,203 | 226 | 9.3 | 1.7 |

... 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?"

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

Table 5. Percent distribution of outpatient department visits with corresponding standard errors by primary care provider and referral status, according to type of clinic: United States, 2005

| Type of clinic ¹ | Total | Visit to PCP ² | Visit to non-PCP ^{2,3} | | | Unknown if PCP ² visit |
|---|-------|---------------------------|---------------------------------|-----------------------------|---------------------|-----------------------------------|
| | | | Referred for this visit | Not referred for this visit | Unknown if referred | |
| Percent distribution | | | | | | |
| All visits | 100.0 | 39.9 | 22.9 | 20.3 | 9.2 | 7.6 |
| General medicine ⁴ | 100.0 | 52.1 | 14.1 | 15.2 | *10.1 | 8.5 |
| Surgery | 100.0 | *3.1 | 56.1 | 27.4 | 7.4 | *5.9 |
| Pediatrics | 100.0 | 58.9 | *16.7 | *12.6 | *5.4 | *6.3 |
| Obstetrics and gynecology | 100.0 | 21.4 | *23.3 | 37.2 | 11.0 | 7.1 |
| Substance abuse and other | 100.0 | 1.8 | 43.2 | 38.0 | 10.2 | *6.8 |
| Standard error of percent | | | | | | |
| All visits | ... | 3.1 | 2.5 | 1.7 | 2.3 | 1.6 |
| General medicine ⁴ | ... | 4.9 | 2.8 | 2.7 | 3.9 | 2.1 |
| Surgery | ... | 1.0 | 6.3 | 4.9 | 1.6 | 1.9 |
| Pediatrics | ... | 5.9 | 4.4 | 3.1 | 1.3 | 2.2 |
| Obstetrics and gynecology | ... | 4.2 | 5.6 | 5.7 | 2.4 | 2.0 |
| Substance abuse and other | ... | 0.6 | 5.5 | 5.0 | 2.0 | 2.7 |

* Figure does not meet standards of reliability or precision.

... Category not applicable.

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

²PCP is patient's primary care provider as indicated by a positive response to the question: "Are you the patient's primary care physician/provider?"

³Referral status only asked for visits to nonprimary care physicians or providers.

⁴General medicine clinics includes family practice, primary care clinics, and internal medicine and its subspecialties.

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

Table 6. Number and percent distribution of outpatient department visits with corresponding standard errors, by patient's principal reason for visit module: United States, 2005

| Principal reason for visit module and RVC code ¹ | Number of visits in thousands | Standard error in thousands | Percent distribution | Standard error of percent | |
|---|-------------------------------|-----------------------------|----------------------|---------------------------|-----|
| All visits | 90,393 | 8,609 | 100.0 | ... | |
| Symptom module | S001–S999 | 39,261 | 4,114 | 43.4 | 1.7 |
| General symptoms | S001–S099 | 5,127 | 639 | 5.7 | 0.4 |
| Symptoms referable to psychological and mental disorders | S100–S199 | 2,822 | 616 | 3.1 | 0.6 |
| Symptoms referable to the nervous system (excluding sense organs) | S200–S259 | 2,033 | 223 | 2.2 | 0.2 |
| Symptoms referable to the cardiovascular and lymphatic system | S260–S299 | *457 | 214 | *0.5 | 0.2 |
| Symptoms referable to the eyes and ears | S300–S399 | 3,555 | 488 | 3.9 | 0.3 |
| Symptoms referable to the respiratory system | S400–S499 | 8,444 | 1,273 | 9.3 | 1.0 |
| Symptoms referable to the digestive system | S500–S639 | 3,606 | 439 | 4.0 | 0.3 |
| Symptoms referable to the genitourinary system | S640–S829 | 3,099 | 373 | 3.4 | 0.3 |
| Symptoms referable to the skin, hair, and nails | S830–S899 | 2,621 | 329 | 2.9 | 0.3 |
| Symptoms referable to the musculoskeletal system | S900–S999 | 7,497 | 900 | 8.3 | 0.6 |
| Disease module | D001–D999 | 10,669 | 1,446 | 11.8 | 1.0 |
| Diagnostic, screening, and preventive module | X100–X599 | 18,022 | 2,223 | 19.9 | 1.5 |
| Treatment module | T100–T899 | 13,506 | 1,410 | 14.9 | 1.1 |
| Injuries and adverse effects module | J001–J999 | 3,590 | 606 | 4.0 | 0.5 |
| Test results module | R100–R700 | 2,423 | 432 | 2.7 | 0.4 |
| Administrative module | A100–A140 | 749 | 161 | 0.8 | 0.2 |
| Other ² | U990–U999 | *2,172 | 770 | *2.4 | 0.9 |

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Based on *A Reason for Visit Classification for Ambulatory Care* (32).

²Includes problems and complaints not elsewhere classified, entries of "none," blanks, and illegible entries.

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

Table 7. Number and percent distribution of outpatient department visits with corresponding standard errors, by the 20 principal reasons for visit most frequently mentioned by patients: United States, 2005

| Principal reason for visit and RVC code ¹ | Number of visits in thousands | Standard error in thousands | Percent distribution | Standard error of percent |
|---|-------------------------------|-----------------------------|----------------------|---------------------------|
| All visits | 90,393 | 8,609 | 100.0 | . . . |
| Progress visit, not otherwise specified T800 | 5,369 | 760 | 5.9 | 0.8 |
| General medical examination X100 | 4,753 | 587 | 5.3 | 0.4 |
| Prenatal examination, routine X205 | 3,145 | 589 | 3.5 | 0.5 |
| Cough S440 | 2,588 | 424 | 2.9 | 0.3 |
| Symptoms referable to throat S455 | 2,160 | 413 | 2.4 | 0.4 |
| Medication, other and unspecified kinds T115 | 2,124 | 310 | 2.4 | 0.3 |
| Well-baby examination X105 | 1,513 | 293 | 1.7 | 0.3 |
| Fever S010 | 1,503 | 287 | 1.7 | 0.3 |
| Postoperative visit T205 | 1,440 | 309 | 1.6 | 0.3 |
| Stomach and abdominal pain, cramps, and spasms S545 | 1,397 | 188 | 1.5 | 0.2 |
| Gynecological examination X225 | 1,360 | 228 | 1.5 | 0.2 |
| Earache or ear infection S355 | 1,356 | 242 | 1.5 | 0.2 |
| Back symptoms S905 | 1,244 | 182 | 1.4 | 0.2 |
| Hypertension D510 | 1,157 | 195 | 1.3 | 0.2 |
| Skin rash S860 | 1,106 | 217 | 1.2 | 0.2 |
| Psychotherapy T410 | *1,101 | 451 | *1.2 | 0.5 |
| Knee symptoms S925 | 1,069 | 180 | 1.2 | 0.2 |
| Prophylactic inoculations X400 | *1,050 | 419 | *1.2 | 0.4 |
| Diabetes mellitus D205 | 1,004 | 180 | 1.1 | 0.2 |
| Counseling, not otherwise specified T605 | 972 | 159 | 1.1 | 0.2 |
| All other reasons | 52,982 | 5,140 | 58.6 | 1.3 |

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Based on *A Reason for Visit Classification for Ambulatory Care* (32).

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

Table 8. Number and percent distribution of outpatient department visits with corresponding standard errors, by major reason for visit, according to selected patient and visit characteristics: United States, 2005

| Patient and visit characteristics | Total | New problem | Chronic problem, routine | Chronic problem, flare-up | Pre- or post-surgery | Preventive care ¹ | Unknown or blank |
|--|--------|-------------|--------------------------|---------------------------|----------------------|------------------------------|------------------|
| Number of visits in thousands | | | | | | | |
| All visits | 90,393 | 34,286 | 26,008 | 6,562 | 3,929 | 17,943 | *1,665 |
| Age | | | | | | | |
| Under 15 years | 21,109 | 10,614 | 3,783 | 838 | 451 | 5,174 | *249 |
| Under 1 year | 3,902 | 1,597 | *341 | * | * | 1,768 | * |
| 1–4 years | 6,529 | 3,291 | 950 | 310 | 110 | 1,812 | * |
| 5–14 years | 10,678 | 5,727 | 2,493 | 453 | 257 | 1,594 | *155 |
| 15–24 years | 10,418 | 4,074 | 1,588 | 656 | 357 | 3,615 | *129 |
| 25–44 years | 21,805 | 8,577 | 5,293 | 1,797 | 963 | 4,693 | *481 |
| 45–64 years | 23,202 | 7,303 | 9,162 | 2,035 | 1,351 | 2,778 | *573 |
| 65 years and over | 13,862 | 3,721 | 6,182 | 1,236 | 807 | 1,683 | *233 |
| 65–74 years | 7,517 | 1,970 | 3,334 | 627 | *498 | 957 | *132 |
| 75 years and over | 6,341 | 1,748 | 2,848 | 609 | 309 | 726 | *100 |
| Sex | | | | | | | |
| Female | 55,280 | 20,237 | 14,728 | 3,899 | 2,504 | 12,911 | *1,000 |
| Male | 35,113 | 14,049 | 11,280 | 2,663 | 1,424 | 5,032 | *665 |
| Race ² | | | | | | | |
| White | 66,232 | 26,077 | 18,680 | 4,910 | 2,824 | 12,451 | *1,290 |
| Black or African American | 20,764 | 6,676 | 6,606 | 1,502 | 975 | 4,702 | *303 |
| Other | 3,397 | 1,533 | 722 | 150 | 129 | 790 | *73 |
| Ethnicity ² | | | | | | | |
| Hispanic or Latino | 14,289 | 5,130 | 3,481 | 669 | 541 | 4,191 | *276 |
| Not Hispanic or Latino | 76,104 | 29,156 | 22,527 | 5,893 | 3,387 | 13,752 | *1,389 |
| Expected source(s) of payment ³ | | | | | | | |
| Private insurance | 38,324 | 16,803 | 9,724 | 2,915 | 1,633 | 6,916 | *333 |
| Medicaid or SCHIP ⁴ | 30,151 | 9,942 | 8,923 | 1,906 | 1,330 | 7,748 | *303 |
| Medicare | 15,223 | 3,963 | 7,112 | 1,452 | *940 | 1,620 | *137 |
| Self-pay, no charge, or charity | 6,586 | 2,787 | 1,457 | 526 | 330 | 1,422 | *62 |
| Other ⁵ | 7,167 | 2,671 | 1,818 | 404 | 253 | 1,151 | *870 |
| Standard error in thousands | | | | | | | |
| All visits | 8,609 | 4,166 | 2,760 | 732 | 816 | 2,145 | 611 |
| Age | | | | | | | |
| Under 15 years | 3,022 | 1,723 | 848 | 165 | 96 | 839 | 88 |
| Under 1 year | 651 | 283 | 120 | ... | ... | 327 | ... |
| 1–4 years | 990 | 586 | 219 | 73 | 28 | 327 | ... |
| 5–14 years | 1,486 | 913 | 536 | 87 | 72 | 277 | 63 |
| 15–24 years | 1,054 | 563 | 223 | 114 | 85 | 476 | 45 |
| 25–44 years | 2,204 | 1,155 | 661 | 269 | 164 | 662 | 212 |
| 45–64 years | 2,301 | 808 | 1,103 | 229 | 356 | 472 | 242 |
| 65 years and over | 1,651 | 477 | 798 | 171 | 240 | 285 | 104 |
| 65–74 years | 910 | 260 | 444 | 91 | 166 | 170 | 62 |
| 75 years and over | 788 | 249 | 404 | 109 | 82 | 140 | 43 |
| Sex | | | | | | | |
| Female | 5,322 | 2,466 | 1,554 | 426 | 545 | 1,578 | 368 |
| Male | 3,443 | 1,752 | 1,268 | 338 | 281 | 729 | 246 |
| Race ² | | | | | | | |
| White | 6,965 | 3,482 | 2,082 | 607 | 741 | 1,747 | 476 |
| Black or African American | 2,929 | 935 | 1,269 | 295 | 215 | 728 | 96 |
| Other | 472 | 264 | 137 | 37 | 37 | 145 | 56 |
| Ethnicity ² | | | | | | | |
| Hispanic or Latino | 2,041 | 796 | 586 | 148 | 98 | 813 | 114 |
| Not Hispanic or Latino | 7,749 | 3,670 | 2,547 | 695 | 790 | 1,797 | 514 |

See footnotes at end of table.

Table 8. Number and percent distribution of outpatient department visits with corresponding standard errors, by major reason for visit, according to selected patient and visit characteristics: United States, 2005—Con.

| Patient and visit characteristics | Total | New problem | Chronic problem, routine | Chronic problem, flare-up | Pre- or post-surgery | Preventive care ¹ | Unknown or blank |
|--|-------|-----------------------------|--------------------------|---------------------------|----------------------|------------------------------|------------------|
| Expected source(s) of payment | | Standard error in thousands | | | | | |
| Private insurance | 4,570 | 2,393 | 1,270 | 370 | 454 | 1,264 | 110 |
| Medicaid or SCHIP ⁴ | 3,808 | 1,367 | 1,389 | 324 | 320 | 1,156 | 109 |
| Medicare | 1,757 | 513 | 876 | 189 | 298 | 266 | 48 |
| Self-pay, no charge, or charity | 857 | 390 | 268 | 93 | 86 | 242 | 29 |
| Other ⁵ | 1,028 | 528 | 266 | 73 | 65 | 166 | 565 |
| | | Percent distribution | | | | | |
| All visits | 100.0 | 37.9 | 28.8 | 7.3 | 4.3 | 19.8 | *1.8 |
| Age | | | | | | | |
| Under 15 years | 100.0 | 50.3 | 17.9 | 4.0 | 2.1 | 24.5 | *1.2 |
| Under 1 year | 100.0 | 40.9 | 8.7 | * | * | 45.3 | * |
| 1–4 years | 100.0 | 50.4 | 14.5 | 4.7 | 1.7 | 27.8 | * |
| 5–14 years | 100.0 | 53.6 | 23.3 | 4.2 | 2.4 | 14.9 | *1.5 |
| 15–24 years | 100.0 | 39.1 | 15.2 | 6.3 | 3.4 | 34.7 | *1.2 |
| 25–44 years | 100.0 | 39.3 | 24.3 | 8.2 | 4.4 | 21.5 | *2.2 |
| 45–64 years | 100.0 | 31.5 | 39.5 | 8.8 | 5.8 | 12.0 | *2.5 |
| 65 years and over | 100.0 | 26.8 | 44.6 | 8.9 | 5.8 | 12.1 | *1.7 |
| 65–74 years | 100.0 | 26.2 | 44.3 | 8.3 | 6.6 | 12.7 | *1.8 |
| 75 years and over | 100.0 | 27.6 | 44.9 | 9.6 | 4.9 | 11.5 | *1.6 |
| Sex | | | | | | | |
| Female | 100.0 | 36.6 | 26.6 | 7.1 | 4.5 | 23.4 | *1.8 |
| Male | 100.0 | 40.0 | 32.1 | 7.6 | 4.1 | 14.3 | *1.9 |
| Race ² | | | | | | | |
| White | 100.0 | 39.4 | 28.2 | 7.4 | 4.3 | 18.8 | *1.9 |
| Black or African American | 100.0 | 32.2 | 31.8 | 7.2 | 4.7 | 22.6 | *1.5 |
| Other | 100.0 | 45.1 | 21.3 | 4.4 | 3.8 | 23.3 | *2.1 |
| Ethnicity ² | | | | | | | |
| Hispanic or Latino | 100.0 | 35.9 | 24.4 | 4.7 | 3.8 | 29.3 | *1.9 |
| Not Hispanic or Latino | 100.0 | 38.3 | 29.6 | 7.7 | 4.5 | 18.1 | *1.8 |
| Expected source(s) of payment ³ | | | | | | | |
| Private insurance | 100.0 | 43.8 | 25.4 | 7.6 | 4.3 | 18.0 | *0.9 |
| Medicaid or SCHIP ⁴ | 100.0 | 33.0 | 29.6 | 6.3 | 4.4 | 25.7 | *1.0 |
| Medicare | 100.0 | 26.0 | 46.7 | 9.5 | 6.2 | 10.6 | *0.9 |
| Self-pay, no charge, or charity | 100.0 | 42.3 | 22.1 | 8.0 | 5.0 | 21.6 | *0.9 |
| Other ⁵ | 100.0 | 37.3 | 25.4 | 5.6 | 3.5 | 16.1 | *12.1 |
| | | Standard error of percent | | | | | |
| All visits | ... | 2.5 | 1.9 | 0.6 | 0.7 | 1.3 | 0.7 |
| Age | | | | | | | |
| Under 15 years | ... | 3.5 | 2.9 | 0.6 | 0.4 | 2.3 | 0.4 |
| Under 1 year | ... | 2.9 | 2.4 | ... | ... | 3.8 | ... |
| 1–4 years | ... | 4.0 | 2.6 | 0.8 | 0.4 | 3.0 | ... |
| 5–14 years | ... | 3.9 | 3.4 | 0.7 | 0.6 | 1.9 | 0.6 |
| 15–24 years | ... | 3.1 | 1.9 | 0.9 | 0.7 | 2.9 | 0.4 |
| 25–44 years | ... | 3.1 | 2.1 | 1.1 | 0.6 | 1.9 | 1.0 |
| 45–64 years | ... | 2.4 | 2.4 | 0.6 | 1.2 | 1.6 | 1.0 |
| 65 years and over | ... | 1.8 | 2.1 | 0.7 | 1.4 | 1.5 | 0.7 |
| 65–74 years | ... | 2.2 | 2.2 | 0.9 | 1.8 | 1.7 | 0.8 |
| 75 years and over | ... | 2.1 | 2.6 | 1.2 | 1.1 | 1.8 | 0.7 |
| Sex | | | | | | | |
| Female | ... | 2.4 | 1.7 | 0.6 | 0.8 | 1.6 | 0.7 |
| Male | ... | 2.8 | 2.3 | 0.7 | 0.6 | 1.3 | 0.7 |
| Race ² | | | | | | | |
| White | ... | 2.8 | 2.0 | 0.7 | 0.9 | 1.5 | 0.7 |
| Black or African American | ... | 2.9 | 2.8 | 0.8 | 0.7 | 1.9 | 0.5 |
| Other | ... | 4.2 | 2.7 | 1.0 | 0.9 | 2.8 | 1.6 |

See footnotes at end of table.

Table 8. Number and percent distribution of outpatient department visits with corresponding standard errors, by major reason for visit, according to selected patient and visit characteristics: United States, 2005—Con.

| Patient and visit characteristics | Total | New problem | Chronic problem, routine | Chronic problem, flare-up | Pre- or post-surgery | Preventive care ¹ | Unknown or blank |
|---|-------|---------------------------|--------------------------|---------------------------|----------------------|------------------------------|------------------|
| Ethnicity ² | | Standard error of percent | | | | | |
| Hispanic or Latino | ... | 2.7 | 2.7 | 0.9 | 0.5 | 2.8 | 0.8 |
| Not Hispanic or Latino. | ... | 2.7 | 2.0 | 0.6 | 0.8 | 1.3 | 0.7 |
| Expected source(s) of payment | | | | | | | |
| Private insurance. | ... | 3.2 | 2.3 | 0.7 | 1.0 | 2.0 | 0.3 |
| Medicaid or SCHIP ⁴ | ... | 2.4 | 2.5 | 0.8 | 0.7 | 2.0 | 0.4 |
| Medicare. | ... | 1.8 | 2.2 | 0.9 | 1.6 | 1.4 | 0.3 |
| Self-pay, no charge, or charity | ... | 2.9 | 2.7 | 1.1 | 1.0 | 2.2 | 0.4 |
| Other ⁵ | ... | 5.3 | 3.3 | 0.9 | 0.8 | 1.9 | 7.0 |

* Figure does not meet standards of reliability or precision.

... Category not applicable.

¹Preventive care includes routine prenatal, general medical, well-baby, screening, and insurance examinations (see Question 4c in "Technical Notes").

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

³Total exceeds "all visits" because more than one source of payment may be reported per visit.

⁴SCHIP is State Children's Health Insurance Program.

⁵Other includes worker's compensation, unknown or blank, and sources not classified elsewhere.

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

Table 9. Number, percent distribution, and annual rate of preventive care outpatient department visits with corresponding standard errors, by selected patient and visit characteristics: United States, 2005

| Patient and visit characteristics | Number of visits in thousands | Standard error in thousands | Percent distribution | Standard error of percent | Number of visits per 100 persons per year ¹ | Standard error of rate |
|--|-------------------------------|-----------------------------|----------------------|---------------------------|--|------------------------|
| All preventive care visits ² | 17,943 | 2,145 | 100.0 | ... | 6.2 | 0.7 |
| Age | | | | | | |
| Under 15 years | 5,174 | 839 | 28.8 | 2.8 | 8.5 | 1.4 |
| Under 1 year | 1,768 | 327 | 9.9 | 1.4 | 43.1 | 8.0 |
| 1–4 years | 1,812 | 327 | 10.1 | 1.2 | 11.2 | 2.0 |
| 5–14 years | 1,594 | 277 | 8.9 | 1.0 | 3.9 | 0.7 |
| 15–24 years | 3,615 | 476 | 20.1 | 1.5 | 8.8 | 1.2 |
| 25–44 years | 4,693 | 662 | 26.2 | 1.7 | 5.7 | 0.8 |
| 45–64 years | 2,778 | 472 | 15.5 | 1.9 | 3.8 | 0.7 |
| 65 years and over | 1,683 | 285 | 9.4 | 1.2 | 4.8 | 0.8 |
| Sex and age | | | | | | |
| Female | 12,911 | 1,578 | 72.0 | 2.2 | 8.7 | 1.1 |
| Under 15 years | 2,428 | 404 | 13.5 | 1.4 | 8.2 | 1.4 |
| 15–24 years | 3,234 | 453 | 18.0 | 1.6 | 15.9 | 2.2 |
| 25–44 years | 4,186 | 623 | 23.3 | 1.8 | 10.1 | 1.5 |
| 45–64 years | 1,894 | 388 | 10.6 | 1.8 | 5.1 | 1.0 |
| 65 years and over | 1,170 | 212 | 6.5 | 1.0 | 5.8 | 2.1 |
| Male | 5,032 | 729 | 28.0 | 2.2 | 3.5 | 0.5 |
| Under 15 years | 2,746 | 461 | 15.3 | 1.6 | 8.9 | 1.5 |
| 15–24 years | 380 | 77 | 2.1 | 0.4 | 1.8 | 0.4 |
| 25–44 years | 507 | 86 | 2.8 | 0.4 | 1.2 | 0.2 |
| 45–64 years | 884 | 170 | 4.9 | 0.8 | 2.5 | 0.5 |
| 65 years and over | 513 | 119 | 2.9 | 0.5 | 3.4 | 1.4 |
| Race ³ | | | | | | |
| White | 12,451 | 1,747 | 69.4 | 3.5 | 5.3 | 0.7 |
| Black or African American | 4,702 | 728 | 26.2 | 3.3 | 12.9 | 2.0 |
| Other | 790 | 145 | 4.4 | 0.7 | 3.9 | 0.7 |
| Ethnicity ³ | | | | | | |
| Hispanic or Latino | 4,191 | 813 | 23.4 | 3.7 | 9.9 | 1.9 |
| Not Hispanic or Latino | 13,752 | 1,797 | 76.6 | 3.7 | 5.5 | 0.7 |
| Expected source(s) of payment ⁴ | | | | | | |
| Medicaid or SCHIP ⁵ | 7,748 | 1,156 | 43.2 | 4.1 | 24.2 | 3.6 |
| Private insurance | 6,916 | 1,264 | 38.5 | 4.4 | 3.6 | 0.7 |
| Medicare | 1,620 | 266 | 9.0 | 1.2 | 4.3 | 0.7 |
| Self-pay, no charge, or charity ⁶ | 1,422 | 242 | 7.9 | 1.3 | 3.4 | 0.6 |
| Other ⁷ | 1,151 | 166 | 6.4 | 0.9 | ... | ... |

... Category not applicable.

¹Visit rates for age, sex, race, and ethnicity are based on the July 1, 2005, 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 2005 National Health Interview Survey estimates of health insurance.

²Preventive care includes routine prenatal, general medical, well-baby, screening, and insurance examinations (see Question 4c in "Technical Notes").

³Other race includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. All race categories include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

⁴Total exceeds "all visits" because more than one source of payment may be reported per visit.

⁵SCHIP is State Children's Health Insurance Program.

⁶The visit rate was calculated using "uninsured" as the denominator from the 2005 estimates of health insurance coverage from the National Health Interview Survey.

⁷Other includes worker's compensation, unknown or blank, and sources not classified elsewhere.

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

Table 10. Number and percent distribution of outpatient department visits with corresponding standard errors, by primary diagnosis: United States, 2005

| 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 | 90,393 | 8,609 | 100.0 | . . . |
| Infectious and parasitic diseases 001-139 | 3,501 | 624 | 3.9 | 0.5 |
| Neoplasms. 140-239 | 1,900 | 385 | 2.1 | 0.4 |
| Endocrine, nutritional and metabolic diseases, and immunity disorders. 240-279 | 5,180 | 662 | 5.7 | 0.5 |
| Mental disorders 290-319 | 7,095 | 1,273 | 7.8 | 1.3 |
| Diseases of the nervous system and sense organs. 320-389 | 6,233 | 827 | 6.9 | 0.6 |
| Diseases of the circulatory system 390-459 | 6,734 | 1,122 | 7.4 | 1.0 |
| Diseases of the respiratory system 460-519 | 10,421 | 1,458 | 11.5 | 1.0 |
| Diseases of the digestive system 520-579 | 2,590 | 308 | 2.9 | 0.2 |
| Diseases of the genitourinary system 580-629 | 4,100 | 478 | 4.5 | 0.4 |
| Diseases of the skin and subcutaneous tissue. 680-709 | 2,742 | 319 | 3.0 | 0.3 |
| Diseases of the musculoskeletal system and connective tissue 710-739 | 5,866 | 671 | 6.5 | 0.5 |
| Symptoms, signs, and ill-defined conditions 780-799 | 5,948 | 625 | 6.6 | 0.4 |
| Injury and poisoning 800-999 | 5,676 | 917 | 6.3 | 0.7 |
| Supplementary classification. V01-V82 | 18,659 | 2,213 | 20.6 | 1.4 |
| All other diagnoses ² | 3,024 | 472 | 3.3 | 0.4 |
| Unknown ³ | 724 | 193 | 0.8 | 0.2 |

. . . Category not applicable.

¹Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) (33).

²Includes diseases of the blood and blood-forming organs (280-289); complications of pregnancy, childbirth, and the puerperium (630-676); 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").

³Includes blank diagnoses.

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

Table 11. Number and percent distribution of outpatient department visits with corresponding standard errors, by primary diagnosis group: United States, 2005

| Primary diagnosis group and ICD-9-CM code(s) ¹ | Number of visits in thousands | Standard error in thousands | Percent distribution | Standard error of percent |
|---|-------------------------------|-----------------------------|----------------------|---------------------------|
| All visits | 90,393 | 8,609 | 100.0 | . . . |
| Essential hypertension 401 | 3,891 | 559 | 4.3 | 0.5 |
| Routine infant or child health check V20.2 | 3,609 | 661 | 4.0 | 0.6 |
| Acute upper respiratory infections, excluding pharyngitis 460-461,463-466 | 3,519 | 597 | 3.9 | 0.5 |
| Diabetes mellitus. 250 | 2,747 | 391 | 3.0 | 0.4 |
| Normal pregnancy ² V22 | 2,695 | 442 | 3.0 | 0.4 |
| Spinal disorders 720-724 | 2,118 | 261 | 2.3 | 0.3 |
| Specific procedures and aftercare V50-V59.9 | 1,961 | 432 | 2.2 | 0.4 |
| Potential health hazards related to communicable diseases V01-V09 | 1,771 | 515 | 2.0 | 0.5 |
| Arthropathies and related disorders 710-719 | 1,747 | 241 | 1.9 | 0.2 |
| Psychoses, excluding major depressive disorder 290-295,296.0-296.1,296.4-299 | 1,673 | 364 | 1.9 | 0.4 |
| Otitis media and eustachian tube disorders. 381-382 | 1,670 | 289 | 1.8 | 0.2 |
| Rheumatism, excluding back 725-729 | 1,487 | 260 | 1.6 | 0.2 |
| Heart disease, excluding ischemic 391-392.0,393-398,402,404,415-416,420-429 | *1,445 | 523 | *1.6 | 0.5 |
| Malignant neoplasms 140-208,230-234 | 1,350 | 336 | 1.5 | 0.4 |
| Asthma. 493 | 1,304 | 190 | 1.4 | 0.1 |
| Complications of pregnancy, childbirth, and the puerperium ³ 630-677 | 1,301 | 337 | 1.4 | 0.3 |
| Acute pharyngitis. 462 | 1,263 | 279 | 1.4 | 0.3 |
| Potential health hazards related to personal and family history. V10-V19 | 1,246 | 265 | 1.4 | 0.3 |
| Gynecological examination ⁴ V72.3 | 1,234 | 199 | 1.4 | 0.2 |
| Chronic sinusitis 473 | 1,207 | 247 | 1.3 | 0.2 |
| All other diagnoses | 51,154 | 4,856 | 56.6 | 1.1 |

. . . 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) (33). However, certain codes have been combined in this table to better describe the utilization of ambulatory care services.

²Among visits by female patients, 4.9% (S.E. 0.6) were for normal pregnancy.

³Among visits by female patients, 2.4% (S.E. 0.5) were for complications of pregnancy, childbirth, and the puerperium.

⁴Among visits by female patients, 2.2% (S.E. 0.3) were for gynecological examination.

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

Table 12. Number, percent distribution, and annual rate of outpatient department visits with corresponding standard errors by patient's age, according to the five leading primary diagnosis groups: United States, 2005

| Primary diagnosis group and ICD-9-CM code(s) ¹ | Number of visits in thousands | Standard error in thousands | Percent distribution | Standard error of percent | Number of visits per 100 persons per year ² | Standard error of rate |
|---|-------------------------------|-----------------------------|----------------------|---------------------------|--|------------------------|
| All visits | 90,393 | 8,609 | 100.0 | ... | 31.0 | 3.0 |
| Under 1 year | | | | | | |
| All visits | 3,902 | 651 | 100.0 | ... | 95.1 | 15.9 |
| Routine infant or child health check V20.2 | 1,387 | 283 | 35.5 | 3.2 | 33.8 | 6.9 |
| Acute upper respiratory infections, excluding pharyngitis 460-461,463-466 | 429 | 86 | 11.0 | 1.7 | 10.4 | 2.1 |
| Otitis media and eustachian tube disorders 381-382 | 267 | 75 | 6.8 | 1.6 | 6.5 | 1.8 |
| Congenital anomalies 740-759 | *200 | 78 | 5.1 | 1.6 | 4.9 | 1.9 |
| Certain conditions originating in the perinatal period 760-779 | *101 | 31 | 2.6 | 0.7 | 2.5 | 0.8 |
| All other diagnoses | 1,519 | 266 | 38.9 | 3.2 | 37.0 | 6.5 |
| 1-12 years | | | | | | |
| All visits | 14,901 | 2,164 | 100.0 | ... | 31.0 | 4.5 |
| Routine infant or child health check V20.2 | 1,870 | 365 | 12.5 | 1.6 | 3.9 | 0.8 |
| Acute upper respiratory infections, excluding pharyngitis 460-461,463-466 | 1,347 | 274 | 9.0 | 1.3 | 2.8 | 0.6 |
| Otitis media and eustachian tube disorders 381-382 | 1,042 | 194 | 7.0 | 0.8 | 2.2 | 0.4 |
| Attention deficit disorder 314.0 | 524 | 132 | 3.5 | 0.7 | 1.1 | 0.3 |
| Asthma 493 | 461 | 90 | 3.1 | 0.4 | 1.0 | 0.2 |
| All other diagnoses | 9,656 | 1,441 | 64.8 | 2.2 | 20.1 | 3.0 |
| 13-21 years | | | | | | |
| All visits | 9,556 | 972 | 100.0 | ... | 25.6 | 2.6 |
| Normal pregnancy ³ V22 | 843 | 138 | 8.8 | 1.2 | 4.6 | 0.8 |
| Acute upper respiratory infections, excluding pharyngitis 460-461,463-466 | 357 | 76 | 3.7 | 0.7 | 1.0 | 0.2 |
| Routine infant or child health check V20.2 | 352 | 67 | 3.7 | 0.6 | 0.9 | 0.2 |
| Acute pharyngitis 462 | 319 | 80 | 3.3 | 0.7 | 0.9 | 0.2 |
| Complications of pregnancy, childbirth, and the puerperium ³ 630-677 | 222 | 54 | 2.3 | 0.5 | 1.2 | 0.3 |
| All other diagnoses | 7,463 | 770 | 78.1 | 1.5 | 20.0 | 2.1 |
| 22-49 years | | | | | | |
| All visits | 31,235 | 3,096 | 100.0 | ... | 26.8 | 2.7 |
| Normal pregnancy ⁴ V22 | 1,848 | 328 | 5.9 | 0.8 | 3.1 | 0.6 |
| Spinal disorders 720-724 | 1,081 | 149 | 3.5 | 0.4 | 0.9 | 0.1 |
| Complications of pregnancy, childbirth, and the puerperium ⁴ 630-677 | 1,079 | 301 | 3.5 | 0.8 | 1.8 | 0.5 |
| Acute upper respiratory infections, excluding pharyngitis 460-461,463-466 | 918 | 178 | 2.9 | 0.5 | 0.8 | 0.2 |
| Essential hypertension 401 | 917 | 145 | 2.9 | 0.4 | 0.8 | 0.1 |
| All other diagnoses | 25,392 | 2,481 | 81.3 | 1.2 | 21.8 | 2.1 |
| 50-64 years | | | | | | |
| All visits | 16,937 | 1,733 | 100.0 | ... | 33.8 | 3.5 |
| Essential hypertension 401 | 1,408 | 224 | 8.3 | 1.1 | 2.8 | 0.4 |
| Diabetes mellitus 250 | 918 | 138 | 5.4 | 0.8 | 1.8 | 0.3 |
| Heart disease, excluding ischemic 391-392.0,393-398,402,404,415-416,420-429 | *653 | 316 | 3.9 | 1.7 | 1.3 | 0.6 |
| Spinal disorders 720-724 | 578 | 94 | 3.4 | 0.5 | 1.2 | 0.2 |
| Arthropathies and related disorders 710-719 | 539 | 92 | 3.2 | 0.5 | 1.1 | 0.2 |
| All other diagnoses | 12,841 | 1,353 | 75.8 | 2.2 | 25.6 | 2.7 |
| 65 years and over | | | | | | |
| All visits | 13,862 | 1,651 | 100.0 | ... | 39.4 | 4.7 |
| Essential hypertension 401 | 1,543 | 279 | 11.1 | 1.4 | 4.4 | 0.8 |
| Diabetes mellitus 250 | 1,050 | 203 | 7.6 | 1.2 | 3.0 | 0.6 |
| Heart disease, excluding ischemic 391-392.0,393-398,402,404,415-416,420-429 | *604 | 191 | 4.4 | 1.2 | 1.7 | 0.5 |
| Arthropathies and related disorders 710-719 | 574 | 114 | 4.1 | 0.6 | 1.6 | 0.3 |
| Malignant neoplasms 140-208,230-234 | 407 | 84 | 2.9 | 0.6 | 1.2 | 0.2 |
| All other diagnoses | 9,684 | 1,160 | 69.9 | 1.9 | 27.5 | 3.3 |

... 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) (33). However, certain codes have been combined in this table to better describe the use of ambulatory care services.

²Visit rates by age are based on the July 1, 2005, set of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

³The population used for the rate is based on visits by females 13-21 years of age. For males in this age group, the leading diagnosis was acute upper respiratory infections (0.9 visits per 100 males 13-21 years, SE=0.2).

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

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

Table 13. Number, percent distribution, and annual rate of injury-related outpatient department visits with corresponding standard errors, by selected patient characteristics: United States, 2005

| 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-related visits ² | 9,828 | 1,352 | 100.0 | ... | 3.4 | 0.5 |
| Age | | | | | | |
| Under 15 years | 2,090 | 435 | 21.3 | 2.9 | 3.4 | 0.7 |
| Under 1 year | *144 | 45 | 1.5 | 0.4 | *3.5 | 1.1 |
| 1–4 years | 587 | 138 | 6.0 | 1.0 | 3.6 | 0.9 |
| 5–14 years | 1,359 | 288 | 13.8 | 2.1 | 3.4 | 0.7 |
| 15–24 years | 1,358 | 214 | 13.8 | 0.9 | 3.3 | 0.5 |
| 25–44 years | 2,733 | 379 | 27.8 | 1.4 | 3.3 | 0.5 |
| 45–64 years | 2,505 | 350 | 25.5 | 1.8 | 3.5 | 0.5 |
| 65 years and over | 1,142 | 214 | 11.6 | 1.4 | 3.2 | 0.6 |
| 65–74 years | 631 | 126 | 6.4 | 0.9 | 3.4 | 0.7 |
| 75 years and over | 511 | 104 | 5.2 | 0.8 | 3.0 | 0.6 |
| Sex and age | | | | | | |
| Female | 4,882 | 667 | 49.7 | 1.4 | 3.3 | 0.4 |
| Under 15 years | 908 | 214 | 18.6 | 3.0 | 3.1 | 0.7 |
| 15–24 years | 632 | 117 | 12.9 | 1.4 | 3.1 | 0.6 |
| 25–44 years | 1,359 | 193 | 27.8 | 2.0 | 3.3 | 0.5 |
| 45–64 years | 1,217 | 176 | 24.9 | 2.3 | 3.3 | 0.5 |
| 65–74 years | 409 | 93 | 8.4 | 1.4 | 4.1 | 0.9 |
| 75 years and over | 356 | 79 | 7.3 | 1.4 | 3.5 | 0.8 |
| Male | 4,947 | 714 | 50.3 | 1.4 | 3.5 | 0.5 |
| Under 15 years | 1,182 | 230 | 23.9 | 3.0 | 3.8 | 0.7 |
| 15–24 years | 726 | 121 | 14.7 | 1.0 | 3.5 | 0.6 |
| 25–44 years | 1,374 | 214 | 27.8 | 1.5 | 3.4 | 0.5 |
| 45–64 years | 1,288 | 202 | 26.0 | 1.9 | 3.7 | 0.6 |
| 65–74 years | 222 | 52 | 4.5 | 0.8 | 2.6 | 0.6 |
| 75 years and over | 154 | 39 | 3.1 | 0.7 | 2.4 | 0.6 |
| Race ³ | | | | | | |
| White | 7,694 | 1,178 | 78.3 | 2.8 | 3.3 | 0.5 |
| Black or African American | 1,803 | 311 | 18.3 | 2.7 | 4.9 | 0.9 |
| Other | 331 | 87 | 3.4 | 0.8 | 1.6 | 0.4 |
| Ethnicity ³ | | | | | | |
| Hispanic or Latino | 1,239 | 191 | 12.6 | 1.6 | 2.9 | 0.5 |
| Not Hispanic or Latino | 8,589 | 1,241 | 87.4 | 1.6 | 3.4 | 0.5 |

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Visit rates for age, sex, race, and ethnicity are based on the July 1, 2005, set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

²Injury visits represent 10.9 percent (SE= 1.0) of all outpatient department visits.

³Other race includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. All race categories include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

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

Table 14. Number and percent distribution of injury-related outpatient department visits with corresponding standard errors, by intent: United States, 2005

| Intent | Number of visits in thousands | Standard error in thousands | Percent distribution | Standard error of percent |
|--|-------------------------------|-----------------------------|----------------------|---------------------------|
| All injury-related visits | 9,828 | 1,352 | 100.0 | . . . |
| Unintentional injuries | 5,412 | 909 | 55.1 | 3.2 |
| Adverse effect of medical or surgical care or adverse effect of medicinal drug | 793 | 135 | 8.1 | 1.2 |
| Intentional injuries | 240 | 53 | 2.4 | 0.6 |
| Injuries of undetermined intent | 2,867 | 401 | 29.2 | 2.4 |
| Unknown or blank | 517 | 139 | 5.3 | 1.2 |

. . . Category not applicable.

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

Table 15. Number and percent distribution of outpatient department visits with corresponding standard errors by selected chronic conditions, according to patient age and sex: United States, 2005

| Chronic conditions ¹ | Total | Patient age | | | | Patient sex | |
|--|--------|----------------|-------------|-------------|-------------------|-------------|--------|
| | | Under 45 years | 45–64 years | 65–74 years | 75 years and over | Female | Male |
| Number of visits in thousands | | | | | | | |
| All visits | 90,393 | 53,332 | 23,199 | 7,520 | 6,341 | 55,280 | 35,113 |
| One or more chronic conditions | 41,641 | 14,726 | 15,574 | 6,083 | 5,259 | 26,166 | 15,475 |
| None | 46,471 | 37,346 | 6,936 | 1,249 | 939 | 27,661 | 18,811 |
| Unknown. | 2,280 | 1,260 | *688 | 189 | *143 | 1,453 | 827 |
| Hypertension | 17,817 | 2,647 | 8,095 | 3,617 | 3,458 | 11,142 | 6,675 |
| Depression | 9,275 | 4,558 | 3,398 | 678 | 641 | 6,442 | 2,833 |
| Diabetes | 9,002 | 1,806 | 4,018 | 1,874 | 1,304 | 5,607 | 3,395 |
| Hyperlipidemia | 7,828 | 1,442 | 3,006 | 1,702 | 1,678 | 5,367 | 2,460 |
| Arthritis | 8,700 | 999 | 4,034 | 2,075 | 1,592 | 5,059 | 3,640 |
| Asthma | 6,504 | 4,017 | 1,716 | 421 | 350 | 4,444 | 2,059 |
| Obesity | 5,908 | 2,708 | 2,290 | 595 | 316 | 4,187 | 1,721 |
| Cancer | 3,028 | *576 | 1,049 | 743 | 659 | 1,816 | 1,211 |
| COPD ² | 3,467 | 952 | 1,283 | 737 | 496 | 2,042 | 1,425 |
| Ischemic heart disease | 2,208 | *205 | 901 | 537 | 565 | 1,081 | 1,127 |
| CHF ³ | 1,532 | 102 | 516 | 401 | 512 | 852 | 680 |
| Osteoporosis | 1,625 | * | 510 | 401 | 624 | 1,470 | *155 |
| Cerebrovascular disease | 859 | 119 | 321 | 175 | 245 | 435 | 424 |
| Chronic renal failure | 762 | 99 | 310 | 151 | 202 | 411 | 351 |
| Standard error in thousands | | | | | | | |
| All visits | 8,609 | 5,600 | 2,301 | 910 | 788 | 5,322 | 3,443 |
| One or more chronic conditions | 4,288 | 1,525 | 1,683 | 788 | 691 | 2,737 | 1,625 |
| None | 4,951 | 4,278 | 753 | 159 | 176 | 2,941 | 2,137 |
| Unknown. | 522 | 285 | 214 | 53 | 44 | 341 | 206 |
| Hypertension | 2,136 | 323 | 978 | 501 | 497 | 1,349 | 819 |
| Depression | 1,233 | 658 | 438 | 128 | 155 | 823 | 470 |
| Diabetes | 1,039 | 265 | 467 | 262 | 205 | 679 | 411 |
| Hyperlipidemia | 1,112 | 186 | 438 | 313 | 289 | 785 | 360 |
| Arthritis | 1,331 | 140 | 679 | 340 | 308 | 755 | 615 |
| Asthma | 709 | 471 | 230 | 80 | 67 | 503 | 246 |
| Obesity | 752 | 356 | 317 | 109 | 75 | 544 | 242 |
| Cancer | 515 | 216 | 186 | 148 | 127 | 345 | 195 |
| COPD ² | 450 | 181 | 185 | 143 | 84 | 278 | 206 |
| Ischemic heart disease | 467 | 121 | 229 | 112 | 115 | 231 | 269 |
| CHF ³ | 287 | 27 | 125 | 91 | 107 | 160 | 141 |
| Osteoporosis | 296 | ... | 94 | 96 | 130 | 263 | 52 |
| Cerebrovascular disease | 137 | 34 | 57 | 39 | 65 | 74 | 86 |
| Chronic renal failure | 126 | 25 | 69 | 39 | 54 | 73 | 66 |
| Percent distribution | | | | | | | |
| All visits | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| One or more chronic conditions | 46.1 | 27.6 | 67.1 | 80.9 | 82.9 | 47.3 | 44.1 |
| None | 51.4 | 70.0 | 29.9 | 16.6 | 14.8 | 50.0 | 53.6 |
| Unknown. | 2.5 | 2.4 | *3.0 | 2.5 | 2.3 | 2.6 | 2.4 |
| Hypertension | 19.7 | 5.0 | 34.9 | 48.1 | 54.5 | 20.2 | 19.0 |
| Depression | 10.3 | 8.5 | 14.6 | 9.0 | 10.1 | 11.7 | 8.1 |
| Diabetes | 10.0 | 3.4 | 17.3 | 24.9 | 20.6 | 10.1 | 9.7 |
| Hyperlipidemia | 8.7 | 2.7 | 13.0 | 22.6 | 26.5 | 9.7 | 7.0 |
| Arthritis | 9.6 | 1.9 | 17.4 | 27.6 | 25.1 | 9.2 | 10.4 |
| Asthma | 7.2 | 7.5 | 7.4 | 5.6 | 5.5 | 8.0 | 5.9 |
| Obesity | 6.5 | 5.1 | 9.9 | 7.9 | 5.0 | 7.6 | 4.9 |
| Cancer | 3.3 | *1.1 | 4.5 | 9.9 | 10.4 | 3.3 | 3.4 |
| COPD ² | 3.8 | 1.8 | 5.5 | 9.8 | 7.8 | 3.7 | 4.1 |
| Ischemic heart disease | 2.4 | *0.4 | 3.9 | 7.1 | 8.9 | 2.0 | 3.2 |
| CHF ³ | 1.7 | 0.2 | 2.2 | 5.3 | 8.1 | 1.5 | 1.9 |
| Osteoporosis | 1.8 | * | 2.2 | 5.3 | 9.8 | 2.7 | *0.4 |
| Cerebrovascular disease | 1.0 | 0.2 | 1.4 | 2.3 | 3.9 | 0.8 | 1.2 |
| Chronic renal failure | 0.8 | 0.2 | 1.3 | 2.0 | 3.2 | 0.7 | 1.0 |

See footnotes at end of table.

Table 15. Number and percent distribution of outpatient department visits with corresponding standard errors by selected chronic conditions, according to patient age and sex: United States, 2005—Con.

| Chronic conditions ¹ | Total | Patient age | | | | Patient sex | |
|--|-------|---------------------------|-------------|-------------|-------------------|-------------|------|
| | | Under 45 years | 45–64 years | 65–74 years | 75 years and over | Female | Male |
| | | Standard error of percent | | | | | |
| All visits | ... | ... | ... | ... | ... | ... | ... |
| One or more chronic conditions | 2.0 | 1.4 | 2.0 | 1.7 | 2.4 | 1.9 | 2.3 |
| None | 2.0 | 1.5 | 1.7 | 1.5 | 2.3 | 2.0 | 2.3 |
| Unknown | 0.6 | 0.5 | 0.9 | 0.7 | 0.7 | 0.6 | 0.6 |
| Hypertension | 1.4 | 0.5 | 1.9 | 2.4 | 3.0 | 1.4 | 1.6 |
| Depression | 1.1 | 1.1 | 1.3 | 1.3 | 2.0 | 1.1 | 1.2 |
| Diabetes | 0.7 | 0.4 | 1.2 | 1.7 | 1.7 | 0.8 | 0.8 |
| Hyperlipidemia | 0.8 | 0.2 | 1.2 | 2.4 | 2.7 | 0.9 | 0.7 |
| Arthritis | 1.0 | 0.2 | 1.9 | 2.3 | 2.6 | 0.9 | 1.3 |
| Asthma | 0.3 | 0.4 | 0.5 | 0.8 | 0.9 | 0.4 | 0.4 |
| Obesity | 0.5 | 0.5 | 0.9 | 1.0 | 1.0 | 0.6 | 0.5 |
| Cancer | 0.5 | 0.4 | 0.6 | 1.2 | 1.3 | 0.5 | 0.5 |
| COPD ² | 0.3 | 0.3 | 0.6 | 1.3 | 1.0 | 0.3 | 0.4 |
| Ischemic heart disease | 0.4 | 0.2 | 0.8 | 1.0 | 1.4 | 0.4 | 0.7 |
| CHF ³ | 0.2 | 0.0 | 0.4 | 0.9 | 1.0 | 0.2 | 0.3 |
| Osteoporosis | 0.2 | ... | 0.3 | 1.0 | 1.6 | 0.4 | 0.1 |
| Cerebrovascular disease | 0.1 | 0.1 | 0.2 | 0.5 | 0.8 | 0.1 | 0.2 |
| Chronic renal failure | 0.1 | 0.0 | 0.3 | 0.5 | 0.7 | 0.1 | 0.2 |

* Figure does not meet standards of reliability or precision.

... Category not applicable.

0.0 Quantity more than zero but less than 0.05.

¹Presence of chronic conditions, regardless of visit diagnosis, were based on checkbox responses.²COPD is chronic obstructive pulmonary disease.³CHF is congestive heart failure.

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

Table 16. Number and percentage of outpatient department visits with corresponding standard errors, by diagnostic and screening services ordered or provided: United States, 2005

| Diagnostic and screening services ordered or provided | Number of visits in thousands ¹ | Standard error in thousands | Percent of visits | Standard error of percent |
|---|--|-----------------------------|-------------------|---------------------------|
| All visits | 90,393 | 8,609 | ... | ... |
| One or more diagnostic or screening services ordered or provided ² | 80,606 | 7,904 | 89.2 | 1.3 |
| None | 9,036 | 1,350 | 10.0 | 1.3 |
| Blank | *751 | 272 | *0.8 | 0.3 |
| Examinations | | | | |
| Skin | 10,787 | 1,949 | 11.9 | 1.7 |
| Pelvic | 5,373 | 744 | 5.9 | 0.6 |
| Breast | 4,867 | 777 | 5.4 | 0.7 |
| Rectal | 1,888 | 340 | 2.1 | 0.3 |
| Depression screening | 1,222 | 349 | 1.4 | 0.4 |
| Vital signs | | | | |
| Weight | 57,720 | 5,899 | 63.9 | 1.9 |
| Blood pressure | 57,575 | 5,625 | 63.7 | 2.2 |
| Temperature | 49,278 | 5,328 | 54.5 | 3.1 |
| Height | 31,982 | 3,577 | 35.4 | 2.2 |
| Blood tests | | | | |
| CBC ³ | 13,268 | 1,971 | 14.7 | 1.7 |
| Glucose | 7,378 | 1,379 | 8.2 | 1.4 |
| Lipids/Cholesterol | 6,946 | 1,211 | 7.7 | 1.1 |
| Electrolytes | 6,142 | 1,365 | 6.8 | 1.4 |
| HgbA1C ⁴ | 5,275 | 1,127 | 5.8 | 1.1 |
| PSA ⁵ | 753 | 137 | 0.8 | 0.1 |
| Other blood test | 13,147 | 1,869 | 14.5 | 1.6 |
| Other tests | | | | |
| Urinalysis | 9,729 | 1,651 | 10.8 | 1.4 |
| EKG/ECG ⁶ | 4,124 | 895 | 4.6 | 0.9 |
| Pap test/Cervical cytology | 3,143 | 504 | 3.5 | 0.4 |
| Any scope procedure | 2,081 | 480 | 2.3 | 0.5 |
| Sigmoidoscopy or colonoscopy | *1,006 | 380 | *1.1 | 0.4 |
| Cystoscopy | *123 | 59 | *0.1 | 0.1 |
| Other scope | 1,067 | 267 | 1.2 | 0.2 |
| Chlamydia test | 1,383 | 265 | 1.5 | 0.2 |
| Spirometry/Pulmonary function test | *1,188 | 413 | *1.3 | 0.4 |
| Biopsy | 866 | 150 | 1.0 | 0.1 |
| Other test or service | 14,459 | 1,954 | 16.0 | 1.6 |
| Imaging | | | | |
| Any imaging | 16,810 | 2,141 | 18.6 | 1.3 |
| X ray | 8,282 | 1,228 | 9.2 | 0.9 |
| Ultrasound | 3,255 | 559 | 3.6 | 0.5 |
| MRI/CT/PET ⁷ | 2,952 | 478 | 3.3 | 0.4 |
| Mammography | 2,597 | 631 | 2.9 | 0.6 |
| Bone mineral density | 508 | 103 | 0.6 | 0.1 |
| Other imaging | 1,975 | 442 | 2.2 | 0.4 |

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Total exceeds "all visits" because more than one service may be reported per visit.

²Includes measurement of height, weight, temperature, and blood pressure.

³CBC is complete blood count.

⁴HgbA1C is glycohemoglobin.

⁵PSA is prostate specific antigen.

⁶EKG/ECG is electrocardiogram.

⁷MRI is magnetic resonance imaging. CT is computed tomography. PET is positron emission tomography.

Table 17. Number and percent distribution of initial blood pressure measurements for adults 18 years and over at outpatient department visits where blood pressure was taken with corresponding standard errors, by selected patient characteristics: United States, 2005

| Patient characteristic | Number of visits in thousands | Initial blood pressure ¹ | | | | | | | | | | |
|---------------------------|-------------------------------|-------------------------------------|------|--------|-------------|-----------------|---------------|---------------------------|--------|-------------|-----------------|---------------|
| | | Percent distribution | | | | | | Standard error of percent | | | | |
| | | Total | Low | Normal | Mildly high | Moderately high | Severely high | Low | Normal | Mildly high | Moderately high | Severely high |
| All visits ² | 48,929 | 100.0 | 7.7 | 23.4 | 40.3 | 20.6 | 7.9 | 0.7 | 1.0 | 0.8 | 0.8 | 0.6 |
| Age | | | | | | | | | | | | |
| 18–24 years | 5,718 | 100.0 | 14.9 | 40.1 | 37.0 | 6.5 | 1.5 | 1.6 | 2.0 | 2.1 | 1.0 | 0.4 |
| 25–44 years | 16,226 | 100.0 | 10.2 | 30.7 | 40.8 | 14.0 | 4.2 | 1.1 | 1.3 | 1.6 | 0.8 | 0.5 |
| 45–64 years | 16,795 | 100.0 | 4.2 | 18.0 | 42.3 | 25.4 | 10.1 | 0.6 | 1.1 | 1.3 | 1.1 | 0.9 |
| 65–74 years | 5,562 | 100.0 | 4.1 | 11.2 | 40.9 | 31.3 | 12.6 | 0.9 | 1.2 | 2.2 | 1.7 | 1.8 |
| 75 years and over | 4,628 | 100.0 | 7.6 | 11.6 | 34.6 | 30.6 | 15.6 | 1.7 | 1.3 | 2.1 | 2.3 | 1.8 |
| Sex | | | | | | | | | | | | |
| Female | 32,528 | 100.0 | 8.9 | 26.3 | 38.5 | 18.8 | 7.6 | 0.8 | 1.2 | 1.0 | 1.0 | 0.7 |
| Male | 16,401 | 100.0 | 5.4 | 17.8 | 43.9 | 24.2 | 8.7 | 1.0 | 1.3 | 1.3 | 1.3 | 0.8 |
| Race ³ | | | | | | | | | | | | |
| White | 35,158 | 100.0 | 7.9 | 24.2 | 41.1 | 19.8 | 7.2 | 0.8 | 1.0 | 1.1 | 0.9 | 0.6 |
| Black or African American | 11,803 | 100.0 | 6.7 | 20.0 | 38.2 | 24.2 | 10.9 | 0.8 | 1.7 | 1.5 | 1.4 | 1.3 |
| Asian | 1,452 | 100.0 | 11.6 | 33.4 | 36.9 | 14.5 | *3.7 | 2.4 | 3.4 | 3.0 | 2.3 | 1.4 |
| Other | 516 | 100.0 | 11.9 | 23.7 | 46.0 | 11.8 | *6.6 | 3.2 | 2.5 | 4.1 | 3.1 | 2.4 |
| Ethnicity ³ | | | | | | | | | | | | |
| Hispanic or Latino | 7,636 | 100.0 | 13.6 | 30.9 | 36.9 | 13.8 | 4.7 | 1.8 | 2.3 | 2.1 | 1.6 | 0.8 |
| Not Hispanic or Latino | 41,292 | 100.0 | 6.7 | 22.0 | 40.9 | 21.8 | 8.5 | 0.6 | 1.0 | 0.8 | 0.8 | 0.7 |

* Figure does not meet standards of reliability or precision.

¹Blood pressure levels were categorized using the following hierarchical definitions: Severely high blood pressure is defined as 160 mm Hg systolic or above, or 100 mm Hg diastolic or above. Moderately high blood pressure is defined as 140–159 mm Hg systolic or 90–99 mm Hg diastolic. Mildly high blood pressure is defined as 120–139 mm Hg systolic or 80–89 mm Hg diastolic. Low blood pressure is defined as less than 100 mm Hg systolic or less than 60 mm Hg diastolic. Normal blood pressure is defined as 100–119 mm Hg systolic and 60–79 mm Hg diastolic. Blood pressure classification was based on the "Seventh report of the Joint National Committee on prevention, detection, evaluation, and treatment of high blood pressure" (30).

²Visits where blood pressure was taken represent 74.0 percent (SE=2.5) of all outpatient department visits made by adults (18+ years of age). In 35.5 percent (SE=2.1) of visits by children (0–17 years of age) a blood pressure was recorded.

³Other race includes Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons of multiple races. All race categories may include visits by persons of Hispanic or not Hispanic origin. Starting with data year 1999, race- and ethnicity-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percentage of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

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

Table 18. Number and percentage of outpatient department visits with corresponding standard errors, by health education services ordered or provided: United States, 2005

| Health education services ordered or provided | Number of visits in thousands ¹ | Standard error in thousands | Percent of visits | Standard error of percent |
|---|--|-----------------------------|-------------------|---------------------------|
| All visits | 90,393 | 8,609 | ... | ... |
| One or more health education services ordered or provided | 41,748 | 5,362 | 46.2 | 3.1 |
| None | 46,382 | 4,733 | 51.3 | 3.1 |
| Blank | *2,263 | 777 | *2.5 | 0.9 |
| Diet or nutrition | 14,195 | 2,321 | 15.7 | 1.9 |
| Exercise | 7,499 | 1,777 | 8.3 | 1.6 |
| Growth or development | 4,276 | 755 | 4.7 | 0.6 |
| Stress management | 3,896 | 818 | 4.3 | 0.8 |
| Tobacco use or exposure | 3,430 | 528 | 3.8 | 0.4 |
| Weight reduction | 2,802 | 459 | 3.1 | 0.4 |
| Injury prevention | 2,686 | 492 | 3.0 | 0.4 |
| Asthma education | 1,686 | 278 | 1.9 | 0.2 |
| Other health education | 27,516 | 4,313 | 30.4 | 3.3 |

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Total exceeds "All visits" because more than one service may be reported per visit.

Table 19. Number and percentage of outpatient department visits with corresponding standard errors, by nonmedication treatment ordered or provided: United States, 2005

| Nonmedication treatment ordered or provided | Number of visits in thousands ¹ | Standard error in thousands | Percent of visits | Standard error of percent |
|--|--|-----------------------------|-------------------|---------------------------|
| All visits | 90,393 | 8,609 | ... | ... |
| One or more nonmedication treatments ordered or provided | 18,871 | 2,279 | 20.9 | 1.4 |
| None | 71,522 | 6,849 | 79.1 | 1.4 |
| Psychotherapy | 3,541 | 736 | 3.9 | 0.8 |
| Other mental health counseling | 3,527 | 705 | 3.9 | 0.7 |
| Wound care | 2,933 | 452 | 3.2 | 0.4 |
| Orthopedic care | 2,750 | 524 | 3.0 | 0.5 |
| Other surgical procedures | 2,345 | 402 | 2.6 | 0.3 |
| Physical therapy | 2,049 | 421 | 2.3 | 0.4 |
| Excision of tissue | *710 | 261 | *0.8 | 0.3 |
| Durable medical equipment | 595 | 122 | 0.7 | 0.1 |
| Home health care | *332 | 122 | *0.4 | 0.1 |
| Speech or occupational therapy | 296 | 83 | 0.3 | 0.1 |
| Complementary and alternative medicine (CAM) | *135 | 44 | *0.1 | 0.0 |
| Hospice care | * | ... | * | ... |
| Other nonsurgical procedures | 4,915 | 814 | 5.4 | 0.7 |

... Category not applicable.

* Figure does not meet standards of reliability or precision.

0.0 Quantity more than zero but less than 0.05.

¹Total exceeds "All visits" because more than one treatment may be reported per visit.

Table 20. Number and percent distribution of outpatient department visits with corresponding standard errors, by medication therapy and number of medications provided or prescribed: United States, 2005

| Medication therapy ¹ | Number of visits in thousands | Standard error in thousands | Percent distribution | Standard error of percent |
|--|-------------------------------|-----------------------------|----------------------|---------------------------|
| All visits | 90,393 | 8,609 | 100.0 | . . . |
| Visits with mention of medication ² | 65,586 | 6,752 | 72.6 | 1.6 |
| Visits without mention of medication | 24,807 | 2,451 | 27.4 | 1.6 |
| Number of medications provided or prescribed | | | | |
| All visits | 90,393 | 8,609 | 100.0 | 0.0 |
| 0 | 24,807 | 2,451 | 27.4 | 1.6 |
| 1 | 21,718 | 2,252 | 24.0 | 1.0 |
| 2 | 15,192 | 1,644 | 16.8 | 0.8 |
| 3 | 9,500 | 999 | 10.5 | 0.5 |
| 4 | 5,152 | 595 | 5.7 | 0.3 |
| 5 | 3,890 | 555 | 4.3 | 0.4 |
| 6 | 2,472 | 392 | 2.7 | 0.3 |
| 7 | 2,208 | 365 | 2.4 | 0.3 |
| 8 | 5,454 | 1,108 | 6.0 | 1.0 |

. . . Category not applicable.

0.0 Quantity more than zero but less than 0.05.

¹Includes prescription drugs, over-the-counter preparations, immunizations, and desensitizing agents.²Also defined as drug visits.

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

Table 21. Number and percent distribution of drug visits and drug mentions, percentage of drug visits, and drug mention rates per 100 visits with corresponding standard errors, by type of clinic: United States, 2005

| Clinic type | Drug visits ¹ | | | | Drug mentions ² | | | | Percent of drug visits ³ | | Drug mention rates ⁴ | |
|---|--------------------------|-----------------------------|----------------------|---------------------------|----------------------------|-----------------------------|----------------------|---------------------------|-------------------------------------|---------------------------|--|------------------------|
| | Number in thousands | Standard error in thousands | Percent distribution | Standard error of percent | Number in thousands | Standard error in thousands | Percent distribution | Standard error of percent | Percent | Standard error of percent | Number of drug mentions per 100 visits | Standard error of rate |
| All visits | 65,586 | 6,752 | 100.0 | ... | 194,579 | 23,494 | 100.0 | ... | 72.6 | 1.6 | 215.3 | 12.1 |
| General medicine ⁵ | 40,603 | 4,519 | 61.9 | 3.2 | 133,299 | 16,436 | 68.5 | 2.9 | 80.2 | 1.8 | 263.3 | 17.3 |
| Pediatrics | 8,704 | 1,627 | 13.3 | 2.0 | 18,771 | 3,533 | 9.6 | 1.6 | 69.0 | 3.6 | 148.8 | 11.6 |
| Obstetrics and gynecology | 5,483 | 963 | 8.4 | 1.1 | 9,897 | 1,885 | 5.1 | 0.7 | 64.2 | 3.6 | 115.9 | 8.8 |
| Surgery | 5,424 | 1,130 | 8.3 | 1.3 | 17,242 | 4,697 | 8.9 | 1.7 | 51.0 | 4.9 | 162.2 | 27.2 |
| Substance abuse and other | 5,372 | 1,052 | 8.2 | 1.5 | 15,369 | 3,070 | 7.9 | 1.4 | 67.3 | 4.3 | 192.6 | 15.7 |

... Category not applicable.

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

²Number of drugs mentioned at visits (up to eight per visit).

³Percentage of visits to the clinic that included one or more drug mentions (number of drug visits divided by number of clinic visits multiplied by 100).

⁴Average number of drugs that were mentioned per 100 visits to each clinic (number of drug mentions divided by total number of visits multiplied by 100).

⁵General medicine clinics include family practice, primary care clinics, and internal medicine and its subspecialties.

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

Table 22. Number and percentage of drugs mentioned at outpatient department visits for the 20 most frequently occurring therapeutic classes with corresponding standard errors: United States, 2005

| Therapeutic class ¹ | Number of occurrences in thousands | Standard error in thousands | Percent of drug mentions ² | Standard error of percent |
|---|------------------------------------|-----------------------------|---------------------------------------|---------------------------|
| Antidepressants | 9,946 | 1,664 | 5.1 | 1.4 |
| Nonnarcotic analgesics | 9,037 | 1,249 | 4.6 | 0.9 |
| NSAIDs ³ | 8,702 | 1,136 | 4.5 | 0.7 |
| Antiasthmatics or bronchodilators | 8,683 | 1,145 | 4.5 | 0.7 |
| Antipyretics | 8,295 | 1,203 | 4.3 | 0.9 |
| Hyperlipidemia | 8,120 | 1,400 | 4.2 | 1.1 |
| Vitamins or minerals | 7,541 | 1,303 | 3.9 | 1.1 |
| Blood glucose regulators | 7,326 | 1,018 | 3.8 | 0.8 |
| Vaccines or antisera | 7,306 | 1,467 | 3.8 | 1.3 |
| Acid or peptic disorders | 7,267 | 1,062 | 3.7 | 0.8 |
| Antihypertensive agents | 6,884 | 1,076 | 3.5 | 0.9 |
| Narcotic analgesics | 6,283 | 882 | 3.2 | 0.7 |
| Antihistamines | 6,158 | 837 | 3.2 | 0.6 |
| Antiarthritics | 6,144 | 1,075 | 3.2 | 0.9 |
| Diuretics | 6,045 | 1,105 | 3.1 | 0.9 |
| Beta blockers | 5,850 | 1,077 | 3.0 | 0.9 |
| ACE ⁴ inhibitors | 5,592 | 923 | 2.9 | 0.8 |
| Anticonvulsants | 4,830 | 706 | 2.5 | 0.6 |
| Penicillins | 4,502 | 717 | 2.3 | 0.6 |
| Calcium channel blockers | 3,806 | 636 | 2.0 | 0.6 |

¹Based on the standard four-digit drug classification used in the *National Drug Code Directory, 1995 edition* (36).

²Based on an estimated 194,579,000 drug mentions at outpatient department visits in 2005. Total of all therapeutic classes will exceed total drug mentions because up to three classes may be coded for each drug.

³NSAIDs are nonsteroidal anti-inflammatory drugs.

⁴ACE is angiotensin-converting enzyme.

Table 23. Number, percent distribution, and therapeutic classes of the 20 most frequently mentioned generic equivalents at outpatient department visits, by new or continued drug status, with corresponding standard errors: United States, 2005

| Generic equivalent ¹ | Number of mentions in thousands | Standard error in thousands | Percent distribution | Standard error of percent | Percent distribution | | | Standard error of percent | | | Therapeutic class ² | |
|--|---------------------------------|-----------------------------|----------------------|---------------------------|----------------------|------|-----------|---------------------------|-----|-----------|--------------------------------|--|
| | | | | | Total | New | Continued | Unknown | New | Continued | | Unknown |
| All drug mentions. | 194,579 | 23,501 | 100.0 | . . . | 100.0 | 30.9 | 65.7 | 3.4 | 2.5 | 2.7 | 0.7 | |
| Ibuprofen. | 4,870 | 726 | 2.5 | 0.3 | 100.0 | 63.0 | 33.4 | 3.6 | 2.9 | 2.9 | 1.0 | NSAIDs ³ |
| Aspirin | 4,740 | 923 | 2.4 | 0.3 | 100.0 | 5.7 | 92.8 | 1.5 | 1.5 | 1.8 | 0.6 | Nonnarcotic analgesics; antiarthritics; antipyretics |
| Albuterol | 4,242 | 578 | 2.2 | 0.1 | 100.0 | 25.8 | 71.0 | 3.2 | 3.9 | 4.0 | 0.8 | Antiasthmatics or bronchodilators |
| Acetaminophen | 3,778 | 583 | 1.9 | 0.3 | 100.0 | 60.7 | 35.4 | 3.9 | 4.4 | 4.2 | 0.8 | Nonnarcotic analgesics; antipyretics |
| Atorvastatin calcium | 3,421 | 568 | 1.8 | 0.1 | 100.0 | 6.0 | 93.0 | 1.0 | 1.3 | 1.3 | 0.3 | Hyperlipidemia |
| Metoprolol | 3,017 | 633 | 1.6 | 0.2 | 100.0 | 7.4 | 91.1 | 1.5 | 1.5 | 1.5 | 0.6 | Beta blockers |
| Hydrochlorothiazide | 2,951 | 505 | 1.5 | 0.2 | 100.0 | 10.1 | 89.2 | 0.7 | 1.5 | 1.6 | 0.3 | Diuretics |
| Lisinopril | 2,782 | 708 | 1.4 | 0.3 | 100.0 | 6.4 | 91.8 | 1.7 | 1.4 | 1.8 | 0.7 | ACE ⁴ inhibitors |
| Amoxicillin | 2,771 | 445 | 1.4 | 0.2 | 100.0 | 89.1 | 8.5 | 2.4 | 1.8 | 1.4 | 0.9 | Penicillins |
| Levothyroxine | 2,685 | 480 | 1.4 | 0.1 | 100.0 | 4.4 | 94.1 | 1.5 | 1.2 | 1.5 | 0.6 | Thyroid or antithyroid |
| Acetaminophen with hydrocodone | 2,313 | 403 | 1.2 | 0.2 | 100.0 | 54.7 | 40.8 | 4.4 | 5.9 | 6.0 | 1.4 | Narcotic analgesics |
| Simvastatin | 2,311 | 649 | 1.2 | 0.3 | 100.0 | 4.3 | 92.6 | 3.1 | 1.6 | 1.9 | 1.2 | Hyperlipidemia |
| Metformin | 2,300 | 347 | 1.2 | 0.1 | 100.0 | 7.9 | 88.5 | 3.6 | 2.1 | 2.4 | 1.3 | Blood glucose regulators |
| Furosemide | 2,260 | 483 | 1.2 | 0.2 | 100.0 | 7.8 | 90.1 | 2.1 | 2.2 | 2.6 | 1.1 | Diuretics |
| Atenolol | 2,019 | 414 | 1.0 | 0.1 | 100.0 | 7.3 | 89.7 | 3.0 | 2.2 | 2.3 | 1.1 | Beta blockers |
| Azithromycin | 1,954 | 393 | 1.0 | 0.2 | 100.0 | 91.4 | 6.7 | 1.9 | 2.6 | 2.1 | 1.0 | Erythromycins or lincosamides or macrolides |
| Warfarin sodium | 1,761 | 385 | 0.9 | 0.1 | 100.0 | 5.4 | 93.9 | 0.7 | 1.6 | 1.7 | 0.4 | Anticoagulants or thrombolytics |
| Influenza virus vaccine | 1,754 | 564 | 0.9 | 0.3 | 100.0 | 88.2 | 2.7 | 9.1 | 3.0 | 1.2 | 2.8 | Vaccines or antisera |
| Amlodipine | 1,706 | 256 | 0.9 | 0.1 | 100.0 | 4.8 | 92.8 | 2.4 | 1.4 | 1.7 | 1.2 | Calcium channel blockers |
| Prednisone | 1,648 | 253 | 0.8 | 0.1 | 100.0 | 52.0 | 46.3 | 1.7 | 5.4 | 5.3 | 1.0 | Adrenal corticosteroids |
| All other | 139,296 | 16,552 | 71.6 | 1.2 | 100.0 | 31.4 | 64.9 | 3.7 | 2.3 | 2.5 | 0.8 | |

. . . Category not applicable.

¹A generic equivalent of a drug is the combination of ingredients that make up the drug. For example, Anexsia, Bancap HC, and Dolacet all have the generic equivalent "Acetaminophen with hydrocodone." Thus, the number of drug mentions for "Acetaminophen with hydrocodone" is the sum of all drug mentions that have this generic equivalent.

²Based on the standard drug classification used in the *National Drug Code Directory, 1995 edition* (NDC) (36). In the NDC, therapeutic classes are assigned to drugs using 21 broad categories (two-digit level), and into specific categories (four-digit level) within each broad group. In the NHAMCS, up to three therapeutic classes can be coded for each drug. Drugs are counted in each class where they may occur.

³NSAIDs are nonsteroidal anti-inflammatory drugs.

⁴ACE is angiotensin-converting enzyme.

Table 24. Number and percentage of outpatient department visits with corresponding standard errors, by providers seen: United States, 2005

| Type of provider | Number of visits in thousands ¹ | Standard error in thousands | Percent of visits | Standard error of percent |
|--|--|-----------------------------|-------------------|---------------------------|
| All visits | 90,393 | 8,609 | ... | ... |
| Any physician | 73,914 | 7,116 | 81.8 | 1.9 |
| R.N. ² or L.P.N. ³ | 45,525 | 5,733 | 50.4 | 3.6 |
| Physician assistant | 6,318 | 1,381 | 7.0 | 1.3 |
| Nurse practitioner or midwife | 5,998 | 882 | 6.6 | 0.7 |
| Other provider | 18,325 | 1,917 | 20.3 | 1.7 |

... Category not applicable.

¹Total exceeds "All visits" because more than one provider may be reported per visit.

²R.N. is registered nurse.

³L.P.N. is licensed practical nurse.

Table 25. Number and percentage of outpatient department visits with with corresponding standard errors, by visit disposition: United States, 2005

| Disposition | Number of visits in thousands ¹ | Standard error in thousands | Percent of visits | Standard error of percent |
|---|--|-----------------------------|-------------------|---------------------------|
| All visits | 90,393 | 8,609 | ... | ... |
| Return at specified time | 56,573 | 5,840 | 62.6 | 2.9 |
| Return if needed, P.R.N. ² | 25,530 | 3,323 | 28.2 | 2.1 |
| Refer to other physician | 13,088 | 2,253 | 14.5 | 2.0 |
| No follow-up planned | 6,529 | 1,471 | 7.2 | 1.4 |
| Telephone follow-up planned | *4,052 | 1,720 | *4.5 | 1.8 |
| Refer to emergency department | 496 | 134 | 0.5 | 0.1 |
| Admit to hospital | 477 | 86 | 0.5 | 0.1 |
| Other disposition | 1,324 | 352 | 1.5 | 0.3 |
| Blank | *2,188 | 776 | *2.4 | 0.9 |

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Total exceeds "All visits" because more than one disposition may be reported per visit.

²P.R.N. is "as needed."

Technical Notes

Form Approved OMB No. 0920-0278 Exp. Date 05/31/2007 CGC 64 136

| | |
|--|--|
| FORM NHAMCS-100(OPD) <small>(9-1-2004)</small> | U.S. DEPARTMENT OF COMMERCE Economic and Statistics Administration U.S. CENSUS BUREAU <small>ACTING AS DATA COLLECTION AGENCY FOR THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention National Center for Health Statistics</small> |
| NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY 2005 OUTPATIENT DEPARTMENT PATIENT RECORD | |
| <small>Assurance of confidentiality - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without consent of the individual or the establishment in accordance with section 308(a) of the Public Health Service Act (42 USC 242a).</small> | |

NHAMCS-100(OPD)-04-1-2004

| | | | |
|---|--|--|---|
| 1. PATIENT INFORMATION | | 2. INJURY/POISONING/ADVERSE EFFECT | |
| a. Date of visit Month Day Year 2 0 0 | d. Sex <input type="checkbox"/> Female - Is patient pregnant? <input type="checkbox"/> Yes - Specify gestation week → OR <input type="checkbox"/> Male <input type="checkbox"/> No <input type="checkbox"/> Unknown | e. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | Is this visit related to any of the following? <input type="checkbox"/> Unintentional injury/poisoning <input type="checkbox"/> Intentional injury/poisoning <input type="checkbox"/> Adverse effect of medical/surgical care or adverse effect of medicinal drug <input type="checkbox"/> None of the above <input type="checkbox"/> Unknown |
| b. ZIP code 2 0 0 | f. Race - Mark (X) one or more. <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native | g. Tobacco use <input type="checkbox"/> Not current <input type="checkbox"/> Current <input type="checkbox"/> Former | h. Expected source(s) of payment for this visit - Mark (X) all that apply. <input type="checkbox"/> Private insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid/SCHIP <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Self-pay <input type="checkbox"/> No charge/Charity <input type="checkbox"/> Other <input type="checkbox"/> Unknown |
| 3. REASON FOR VISIT Patient's complaint(s), symptom(s), or other reason(s) for this visit - Use patient's own words. (1) Most important: (2) Other: (3) Other: | | 4. CONTINUITY OF CARE a. Are you the patient's primary care physician/provider? <input type="checkbox"/> Yes - SKIP to item 4b. <input type="checkbox"/> No <input type="checkbox"/> Unknown Was patient referred for this visit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 5. PHYSICIAN'S DIAGNOSIS FOR THIS VISIT | | | |
| a. As specifically as possible, list diagnoses related to this visit including chronic conditions. (1) Primary diagnosis: (2) Other: (3) Other: | | b. Regardless of the diagnosis written in 5a, does the patient now have - Mark (X) all that apply. <input type="checkbox"/> Arthritis <input type="checkbox"/> COPD <input type="checkbox"/> Obesity <input type="checkbox"/> Asthma <input type="checkbox"/> Depression <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> None of the above <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Hypertension <input type="checkbox"/> CHF <input type="checkbox"/> Ischemic heart disease <input type="checkbox"/> Chronic renal failure | |
| c. Status of patient enrollment in a disease management program for any of the conditions marked in 5b. <input type="checkbox"/> Currently enrolled <input type="checkbox"/> Ordered/advised to enroll at this visit <input type="checkbox"/> Not enrolled <input type="checkbox"/> Unknown | | | |
| 6. VITAL SIGNS | | 7. DIAGNOSTIC/SCREENING SERVICES | |
| (1) Height <input type="checkbox"/> ft/in <input type="checkbox"/> cm (2) Weight <input type="checkbox"/> lbs <input type="checkbox"/> kg (3) Temperature <input type="checkbox"/> °C <input type="checkbox"/> °F (4) Blood pressure _____ / _____ | | Mark (X) all ordered or provided at this visit. <input type="checkbox"/> NONE Examinations: <input type="checkbox"/> Breast <input type="checkbox"/> Pelvic <input type="checkbox"/> Rectal <input type="checkbox"/> Skin <input type="checkbox"/> Depression screening Imaging: <input type="checkbox"/> Bone mineral density <input type="checkbox"/> Mammography <input type="checkbox"/> MRI/CT/PET <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray <input type="checkbox"/> Other imaging Blood tests: <input type="checkbox"/> CBC (complete blood count) <input type="checkbox"/> Electrolytes <input type="checkbox"/> Glucose <input type="checkbox"/> HgbA1C (glycohemoglobin) <input type="checkbox"/> Lipids/Cholesterol <input type="checkbox"/> PSA (prostate specific antigen) <input type="checkbox"/> Other blood test Other tests: <input type="checkbox"/> Biopsy <input type="checkbox"/> Chlamydia test <input type="checkbox"/> EKG/ECG <input type="checkbox"/> PAP test/Cervical cytology <input type="checkbox"/> Scope procedure (e.g., colonoscopy) - Specify _____ <input type="checkbox"/> Spirometry/Pulmonary function test <input type="checkbox"/> Urinalysis (UA) <input type="checkbox"/> Other test/service - Specify _____ | |
| 8. HEALTH EDUCATION | | 9. NON-MEDICATION TREATMENT | |
| Mark (X) all ordered or provided at this visit. <input type="checkbox"/> NONE <input type="checkbox"/> Asthma education <input type="checkbox"/> Diet/Nutrition <input type="checkbox"/> Exercise <input type="checkbox"/> Growth/Development <input type="checkbox"/> Injury prevention <input type="checkbox"/> Stress management <input type="checkbox"/> Tobacco use/Exposure <input type="checkbox"/> Weight reduction <input type="checkbox"/> Other | | Mark (X) all ordered or provided at this visit. <input type="checkbox"/> NONE <input type="checkbox"/> Complementary alternative medicine (CAM) <input type="checkbox"/> Durable medical equipment <input type="checkbox"/> Home health care <input type="checkbox"/> Hospice care <input type="checkbox"/> Physical therapy <input type="checkbox"/> Speech/Occupational therapy <input type="checkbox"/> Psychotherapy <input type="checkbox"/> Other mental health counseling <input type="checkbox"/> Excision of tissue <input type="checkbox"/> Orthopedic care <input type="checkbox"/> Wound care Procedures: <input type="checkbox"/> Other non-surgical procedures - Specify _____ <input type="checkbox"/> Other surgical procedures - Specify _____ | |
| 10. MEDICATIONS & IMMUNIZATIONS | | 11. PROVIDERS | 12. VISIT DISPOSITION |
| <input type="checkbox"/> NONE Include Rx and OTC drugs, immunizations, allergy shots, anesthetics, and dietary supplements that were ordered, supplied, administered or continued during the visit. (1) _____ <input type="checkbox"/> New <input type="checkbox"/> Continue (2) _____ <input type="checkbox"/> <input type="checkbox"/> (3) _____ <input type="checkbox"/> <input type="checkbox"/> (4) _____ <input type="checkbox"/> <input type="checkbox"/> (5) _____ <input type="checkbox"/> <input type="checkbox"/> (6) _____ <input type="checkbox"/> <input type="checkbox"/> (7) _____ <input type="checkbox"/> <input type="checkbox"/> (8) _____ <input type="checkbox"/> <input type="checkbox"/> | | Mark (X) all (providers seen at this visit) <input type="checkbox"/> Physician <input type="checkbox"/> Physician assistant <input type="checkbox"/> Nurse practitioner/Midwife <input type="checkbox"/> RN/LPN <input type="checkbox"/> Other | Mark (X) all that apply. <input type="checkbox"/> No follow-up planned <input type="checkbox"/> Return if needed, PRN <input type="checkbox"/> Refer to other physician <input type="checkbox"/> Return at specified time <input type="checkbox"/> Telephone follow-up <input type="checkbox"/> Refer to emergency department <input type="checkbox"/> Admit to hospital <input type="checkbox"/> Other |

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