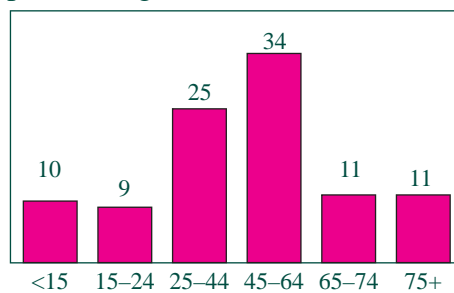


Factsheet

GENERAL/FAMILY PRACTICE

In 2009, there were an estimated 240 million visits to nonfederally employed, office-based general and family practitioners in the United States.

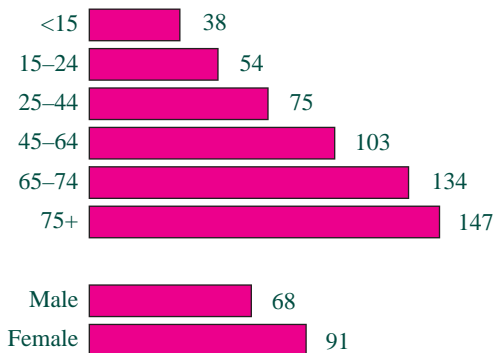
Percent distribution of office visits by patient's age: 2009



Patient's age in years

The annual visit rate increased with age, and females had a higher visit rate than males.

Annual office visit rates by patient's age and sex: 2009



Number of visits per 100 persons per year

Primary expected source of payment included:

- Private insurance — 62%
- Medicare — 21%
- Medicaid — 16%
- No insurance¹ — 6%

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

The major reason for visit was:

- New problem — 46%
- Chronic problem, routine — 25%
- Preventative care — 18%
- Chronic problem, flare-up — 8%
- Pre- or post-surgery/injury follow-up — 1%

The top 5 reasons given by patients for visiting general and family practitioners were:

- General medical exam
- Cough
- Progress visit
- Medication
- Hypertension

The top 5 diagnoses were:

- Essential hypertension
- Acute upper respiratory infections, excluding pharyngitis
- Diabetes mellitus
- Spinal disorders
- General medical exam

Medications were provided or prescribed at 82 percent of office visits. The top 5 generic substances utilized were:

- Aspirin
- Lisinopril
- Simvastatin
- Levothyroxine
- Albuterol

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

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA*, *Archives of Family Medicine*, and *Journal of Family Practice*. Here are just a few recent publications using NAMCS data:

Katerndahl D, Wood R, Jaén CR. Family Medicine Outpatient Encounters are More Complex Than Those of Cardiology and Psychiatry. *J Am Board Fam Med*. 24(1):6–15. Jan–Feb 2011.

Hing E, Hooker RS, Ashman JJ. Primary Health Care in Community Health Centers and Comparison with Office-Based Practice. *J Community Health*. Nov 2010. [Epub ahead of print]

Bleich SN, Pickett-Blakely O, Cooper LA. Physician practice patterns of obesity diagnosis and weight-related counseling. *Patient Educ Couns*. Mar 2010. [Epub ahead of print]

Fang J, Keenan NL, Ayala C. Health care services provided during physician office visits for hypertension: differences by specialty. *J Clin Hypertens* (Greenwich). 12(2):89–95. Feb 2010.

Decker SL, Burt CW, Sisk JE. Trends in diabetes treatment patterns among primary care providers. *J Ambul Care Manage*. 32(4):333–341. Oct–Dec 2009.

Cohen D, Coco A. Declining trends in the provision of prenatal care visits by family physicians. *Ann Fam Med*. 7(2):128–33. Mar–Apr 2009.

Morgan PA, Strand J, Ostbye T, Albanese MA. Missing in action: care by physician assistants and nurse practitioners in national health surveys. *Health Serv Res*. 42(5):2022–37. Oct 2007.

Binns HJ, Lanier D, Pace WD, Galliher JM, Ganiats TG, Grey M, Ariza AJ, Williams R; Primary Care Network Survey (PRINS) Participants. Describing primary care encounters: the Primary Care Network Survey and the National Ambulatory Medical Care Survey. *Ann Fam Med*. 5(1):39–47. Jan–Feb 2007.

Licciardone JC, Clearfield MB, Guillory VJ. Clinical practice characteristics of osteopathic and allopathic primary care physicians at academic health centers: results from the National Ambulatory Medical Care Survey. *Acad Med*. 84(6):744–50. Jun 2009.

McAlpine DD, Wilson AR. Trends in obesity-related counseling in primary care: 1995–2004. *Med Care*. 45(4):322–9. Apr 2007.

Fiscella K, Franks P. Does the content of primary care visits differ by the racial composition of physicians' practices? *Am J Med*. 119(4):348–53. Apr 2006.

The complete list of publications using NAMCS data, which includes hundreds of articles and reports, is available on our Web site.