



ABOUT NAMCS

The National Ambulatory Medical Care Survey (NAMCS) produces statistics that are representative of people in the United States who visit office-based physicians. The survey provides information on office visits by physician practice characteristics, patient characteristics, and visit characteristics.

NAMCS

In 2015–2016, there were an estimated **937 million visits per year** to nonfederally employed, office-based providers in the United States.

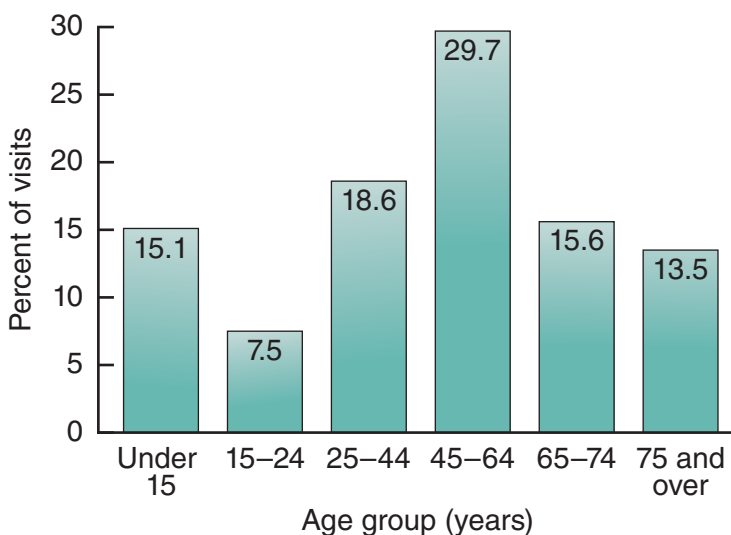
PROVIDER-ASSESSED MAJOR REASON FOR VISIT

Chronic problem, routine	31.6%
New problem ¹	30.7%
Preventive care	21.7%
Chronic problem, flare-up	7.5%
Postsurgery	4.6%
Presurgery	1.6%

¹Onset less than 3 months.

NOTE: Major reason for visit is the broad category of the problem or symptom, which in the physician's judgment was most responsible for the patient making this visit.

PERCENT DISTRIBUTION OF VISITS TO ALL OFFICE-BASED PHYSICIANS, BY PATIENT'S AGE: 2015–2016



PATIENTS' TOP 5 PRINCIPAL REASONS FOR VISIT

- Progress visit
- General medical examination
- Medication
- Postoperative visit
- Routine prenatal examination

NOTE: Principal reason for visit is based on the patient's primary expressed reason for the visit, which is abstracted from the medical record and later coded into categories using an internal National Center for Health Statistics system.

MEDICATIONS WERE PRESCRIBED OR CONTINUED AT 75.2% OF OFFICE VISITS.

TOP 5 ACTIVE INGREDIENTS

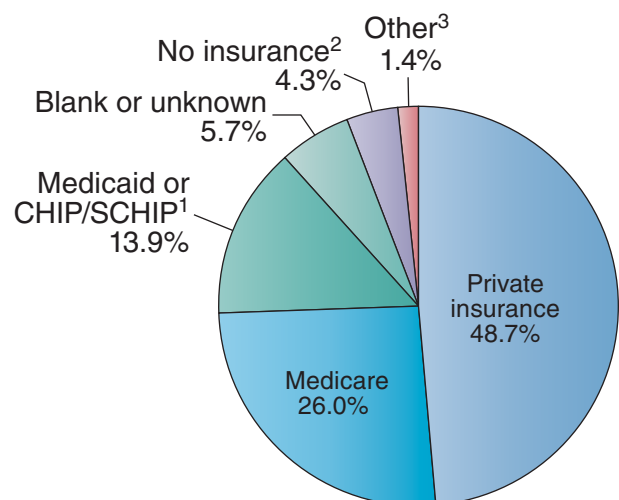
- Aspirin
- Multivitamin
- Albuterol
- Lisinopril
- Omeprazole



TOP 5 SERVICES, ORDERED OR PROVIDED

- Skin examination
- Retinal or eye examination
- Diet or nutrition counseling
- Neurologic examination
- Complete blood count (CBC)

PRIMARY EXPECTED SOURCE OF PAYMENT



¹CHIP is Children's Health Insurance Program; SCHIP is State CHIP.

²No insurance is defined as having only self-pay, no charge, or charity as source of payment.

³Includes workers' compensation and other sources of payment.



Physician Office Visits

NAMCS data are widely used in research studies appearing in nationally recognized medical journals. Here are a few recent publications using NAMCS data:

Ward BW, Myrick KL, Cherry DK. **Physician specialty and office visits made by adults with diagnosed multiple chronic conditions: United States, 2014–2015.** Public Health Rep 135(3):372–82. 2020.

Goodson JD, Shahbazi S, Rao K, Song Z. **Differences in the complexity of office visits by physician specialty: NAMCS 2013–2016.** J Gen Intern Med 35(6):1715–20. 2020.

Stussman BJ, Nahin RR, Barnes PM, Ward BW. **U.S. physician recommendations to their patients about the use of complementary health approaches.** J Altern Complement Med 26(1):25–33. 2020.

Ciciurkaite G, Moloney ME, Brown RL. **The incomplete medicalization of obesity: Physician office visits, diagnoses, and treatments, 1996–2014.** Public Health Rep 134(2):141–9. 2019.

Hong YR, Turner K, Yadav S, Huo J, Mainous AG 3rd. **Trends in e-visit adoption among U.S. office-based physicians: Evidence from the 2011–2015 NAMCS.** Int J Med Inform 129:260–6. 2019.

Rhee TG. **Coprescribing of benzodiazepines and opioids in older adults: Rates, correlates, and national trends.** J Gerontol A Biol Sci Med Sci 74(12):1910–5. 2019.

Wen H, Borders TF, Cummings JR. **Trends in buprenorphine prescribing by physician specialty.** Health Aff (Millwood) 38(1):24–8. 2019.

Pilla SJ, Segal JB, Maruthur NM. **Primary care provides the majority of outpatient care for patients with diabetes in the US: NAMCS 2009–2015.** J Gen Intern Med 34(7):1089–91. 2019.

Molina KC, Fairman KA, Sclar DA. **Concomitant use of opioid medications with triptans or serotonergic antidepressants in US office-based physician visits.** Drug Healthc Patient Saf 10:37–43. 2018.

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



CONTACT US

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