

National Ambulatory Medical Care Survey

ABOUT NAMCS

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

OTOLARYNGOLOGY

Annually, an estimated **25 million visits** are made to nonfederally employed, office-based physicians specializing in otolaryngology in the United States.

CONTACT US

Ambulatory and Hospital
Care Statistics Branch:

301-458-4600

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



MAJOR REASON FOR VISIT

NEW PROBLEM	37%
CHRONIC PROBLEM, ROUTINE	31%
PRE- OR POST-SURGERY	13%
CHRONIC PROBLEM, FLARE-UP	11%

TOP 3 DIAGNOSES

- IMPACTED CERUMEN
- EUSTACHIAN TUBE DYSFUNCTION
- UNSPECIFIED SINUSITIS (CHRONIC)

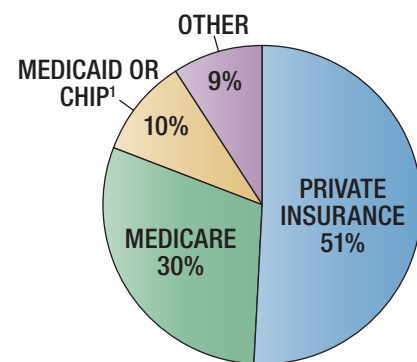
TOP 5 SERVICES ORDERED OR PROVIDED

- AUDIOMETRY
- SKIN EXAMINATION
- NEUROLOGICAL EXAMINATION
- CAT SCAN
- RETINAL EXAMINATION

PATIENTS' TOP 4 REASONS FOR VISIT

- PROGRESSIVE VISIT
- HEARING DYSFUNCTION
- POSTOPERATIVE VISIT
- EARACHE

EXPECTED SOURCE OF PAYMENT



¹Children's Health Insurance Program.

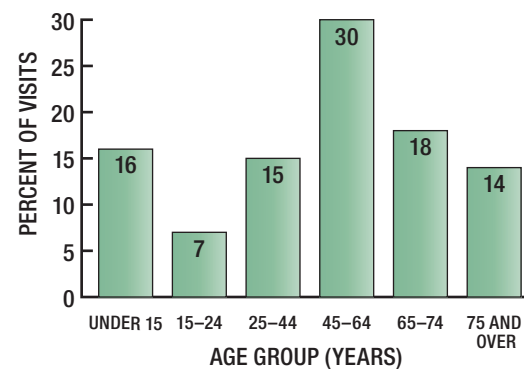
MEDICATIONS WERE PRESCRIBED OR CONTINUED AT 63% OF OFFICE VISITS.

TOP 3 ACTIVE INGREDIENTS



- FLUTICASONE NASAL
- ASPIRIN
- OMEPRAZOLE

PERCENT DISTRIBUTION OF OTOLARYNGOLOGY OFFICE VISITS, BY PATIENT'S AGE: 2015



NATIONAL CENTER FOR HEALTH STATISTICS

Otolaryngology Fact Sheet *from the*

National Ambulatory Medical Care Survey

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

Gilani S, Pynnonen MA, Shin JJ. **National practice patterns of antireflux medication for chronic rhinosinusitis.** JAMA Otolaryngol Head Neck Surg 142(7):627–33. 2016.

Bergmark RW, Ishman SL, Scangas GA, Cunningham MJ, Sedaghat AR. **Insurance status and quality of outpatient care for uncomplicated acute rhinosinusitis.** JAMA Otolaryngol Head Neck Surg 141(6):505–11. 2015.

Mahboubi H, Verma SP. **Swallowing disorders in the ambulatory medical setting.** Otolaryngol Head Neck Surg 150(4):563–7. 2014.

Chambers KJ, Bhattacharyya N. **The increasing role of otolaryngology in the management of surgical thyroid disorders.** Laryngoscope 123(12):3239–42. 2013.

Bhattacharyya N. **Trends in otolaryngologic utilization of computed tomography for sinonasal disorders.** Laryngoscope 123(8). 2013.

Bhattacharyya N. **Characteristics and trends in ambulatory otolaryngology visits and practices.** Otolaryngol Head Neck Surg 147(6):1060–4. 2012.

Bhattacharyya N, Kepnes LJ. **Ambulatory office visits and medical comorbidities associated with obstructive sleep apnea.** Otolaryngol Head Neck Surg 147(6):1154–7. 2012.

Bhattacharyya N. **Involvement of physician extenders in ambulatory otolaryngology practice.** Laryngoscope 122(5):1010–13. 2012.

Sidell D, Shapiro NL, Bhattacharyya N. **Demographic influences on antibiotic prescribing for pediatric acute otitis media.** Otolaryngol Head Neck Surg 146(4):653–8. 2012.

Soler ZM, Mace JC, Litvack JR, Smith TL. **Chronic rhinosinusitis, race, and ethnicity.** Am J Rhinol Allergy 26(2):110–6. 2012.

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

