FROM VITAL & HEALTH STATISTICS OF THE NATIONAL CENTER FOR HEALTH STATISTICS

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1978 Summary:
National Ambulatory Medical Care Survey

During 1978 an estimated 584.5 million office visits—an average of 2.8 per person per year—were made to nonfederally employed, office-based physicians in the conterminous United States. These and other estimates presented in this report highlight the findings of the National Ambulatory Medical Care Survey (NAMCS), a probability sample survey conducted yearly by the Division of Health Resources Utilization Statistics of the National Center for Health Statistics. With cooperation from the American Medical Association and the American Osteopathic Association, the survey sample is selected from a list of nonfederally employed doctors of medicine and osteopathy who are principally engaged in office-based practice. In its current scope, NAMCS excludes physicians practicing in Alaska and Hawaii and physicians whose specialties are anesthesiology, pathology, or radiology.

Figure 1 is a facsimile of the 1978 Patient Record used by participating physicians to record information about their office visits.

The body of the report consists of 9 tables designed to supply data on various aspects of office-based ambulatory care, as follows:

Table 1: Physician specialty and type of practice

Table 2: Sex, age, and race of patient

Table 3: Referral information, time since onset of complaint, and prior visit status

Tables 4
and 5: Reason for the visit expressed by the patient

Tables 6
and 7: Diagnosis rendered by the physician

Table 8: Diagnostic and therapeutic services ordered or provided

Table 9: Seriousness of the problem and duration and disposition of visit

Since the estimates presented in this report are based on a sample rather than on the entire universe of office-based physicians, the data are subject to sampling variability. The Technical Notes at the end of this report provide a brief explanation and guidelines for judging the precision of the estimates presented. A more detailed description of the sample and definitions of certain terms used in NAMCS have been published.[2]

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[1] This report was prepared by Hugo Koch and Thomas McLemore, Division of Health Resources Utilization Statistics.

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[2] National Center for Health Statistics: The National Ambulatory Medical Care Survey, 1975 Summary, United States, January-December, 1975, by H. Koch and T. McLemore. *Vital and Health Statistics.* Series 13-No. 33. DHEW Pub. No. (PHS) 78-1784. Public Health Service. Washington. U.S. Government Printing Office, Jan. 1978.

Figure 1. 1978 PATIENT RECORD

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 purposes of the survey and will not be disclosed or released to other persons or used for any other purpose.

D

1. DATE OF VISIT
___/___/___
Mo / Day / Yr

PATIENT RECORD
NATIONAL AMBULATORY MEDICAL CARE SURVEY

TIME OF VISIT

2. DATE OF BIRTH	3. SEX	4. COLOR OR RACE	5. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN?	6. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT (In patient's own words)
___/___/___ Mo/Day/Yr	1 ☐ FEMALE 2 ☐ MALE	1 ☐ WHITE 2 ☐ NEGRO/BLACK 3 ☐ OTHER 4 ☐ UNKNOWN	1 ☐ YES 2 ☐ NO	a. MOST IMPORTANT_____ b. OTHER _____

7. TIME SINCE ONSET OF COMPLAINT/SYMPTOM IN ITEM 6a *(Check one)*
1 ☐ LESS THAN 1 DAY
2 ☐ 1-6 DAYS
3 ☐ 1-3 WEEKS
4 ☐ 1-3 MONTHS
5 ☐ MORE THAN 3 MONTHS
6 ☐ NOT APPLICABLE

8. PHYSICIAN'S DIAGNOSES
a. PRINCIPAL DIAGNOSIS/PROBLEM ASSOCIATED WITH ITEM 6a
b. OTHER SIGNIFICANT CURRENT DIAGNOSES

9. HAVE YOU SEEN PATIENT BEFORE?
1 ☐ YES 2 ☐ NO
IF YES, FOR THE CONDITION IN ITEM 8a?
1 ☐ YES 2 ☐ NO

10. SERIOUSNESS OF CONDITION IN ITEM 8a *(Check one)*
1 ☐ VERY SERIOUS
2 ☐ SERIOUS
3 ☐ SLIGHTLY SERIOUS
4 ☐ NOT SERIOUS

a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.

11. DIAGNOSTIC SERVICES THIS VISIT *(Check all ordered or provided)*
1 ☐ NONE
2 ☐ LIMITED EXAM/HISTORY
3 ☐ GENERAL EXAM/HISTORY
4 ☐ PAP TEST
5 ☐ CLINICAL LAB TEST
6 ☐ X-RAY
7 ☐ EKG
8 ☐ VISION TEST
9 ☐ ENDOSCOPY
10 ☐ BLOOD PRESSURE CHECK
11 ☐ OTHER (Specify)_____

12. THERAPEUTIC SERVICES THIS VISIT *(Check all ordered or provided)*
1 ☐ NONE
2 ☐ IMMUNIZATION/DESENSITIZATION
3 ☐ DRUGS (PRESCRIPTION/NONPRESCRIPTION)
4 ☐ DIET COUNSELING
5 ☐ FAMILY PLANNING
6 ☐ MEDICAL COUNSELING
7 ☐ PHYSIOTHERAPY
8 ☐ OFFICE SURGERY
9 ☐ PSYCHOTHERAPY/THERAPEUTIC LISTENING
10 ☐ OTHER (Specify)_____

13. DISPOSITION THIS VISIT *(Check all that apply)*
1 ☐ NO FOLLOW-UP PLANNED
2 ☐ RETURN AT SPECIFIED TIME
3 ☐ RETURN IF NEEDED, P.R.N.
4 ☐ TELEPHONE FOLLOW-UP PLANNED
5 ☐ REFERRED TO OTHER PHYSICIAN
6 ☐ RETURNED TO REFERRING PHYSICIAN
7 ☐ ADMIT TO HOSPITAL
8 ☐ OTHER (Specify)_____

14. DURATION OF THIS VISIT *(Time actually spent with physician)*
_____ MINUTES

HRA-34-2
REV. 9-76

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
NATIONAL CENTER FOR HEALTH STATISTICS

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Table 1. Number and percent distribution of office visits, by physician specialty and type of practice: United States, 1978

Physician characteristic	Number of visits in thousands	Percent distribution
All visits.................	584,498	100.0
Physician specialty		
General and family practice....	211,017	36.1
Medical specialties...................	170,479	29.2
Internal medicine	68,331	11.7
Pediatrics	60,159	10.3
Other.................................	41,989	7.2
Surgical specialties..................	179,805	30.8
General surgery	33,099	5.7
Obstetrics and gynecology..	55,139	9.4
Other...:.............................	91,567	15.7
Other specialties......	23,196	4.0
Psychiatry...........................	15,316	2.6
Other.................................	7,880	1.4
Type of practice		
Solo...	348,143	59.6
Other[1]	236,355	40.4

[1]Includes partnership and group practice.

Table 2. Number and percent distribution of office visits and number of office visits per person, per year, by race, age, and sex of patient: United States, 1978

Patient characteristic	Number of visits in thousands	Percent distribution	Number of visits per person per year
All visits......	584,498	100.0	2.8
Race			
White	520,435	89.0	2.8
All other races	64,063	11.0	2.2
Age			
Under 15 years	108,917	18.6	2.2
15-24 years..................	86,495	14.8	2.2
25-44 years..................	153,655	26.3	2.7
45-64 years..................	141,508	24.2	3.3
65 years and over.........	93,924	16.1	4.1
Sex and age			
Female	349,244	59.8	3.7
Under 15 years	52,102	8.9	2.6
15-24 years..................	56,181	9.6	3.3
25-44 years..................	100,736	17.2	4.0
45-64 years..................	83,996	14.4	4.2
65 years and over.........	56,230	9.6	4.6
Male	235,254	40.2	2.6
Under 15 years	56,815	9.7	2.7
15-24 years..................	30,314	5.2	1.8
25-44 years..................	52,919	9.1	2.2
45-64 years..................	57,511	9.8	3.1
65 years and over.........	37,694	6.5	4.5

Table 3. Number and percent distribution of office visits, by patient's referral status, time since onset of complaint or symptom, and patient's prior visit status: United States, 1978

Visit characteristic	Number of visits in thousands	Percent distribution
All visits..	584,498	100.0
Referral status		
Referred by another physician..	28,568	4.9
Not referred by another physician	555,930	95.1
Time since onset of complaint or symptom		
Less than 1 day..	23,706	4.1
1-6 days..	126,892	21.7
1-3 weeks	87,808	15.0
1-3 months..	75,861	13.0
More than 3 months..	199,667	34.2
Not applicable[1]	70,564	12.1
Prior visit status		
New patient..	87,386	15.0
Old patient	497,112	85.1
New problem	142,528	24.4
Old problem...	354,584	60.7

[1]Includes chiefly visits not involving a symptom or complaint, e.g., annual examination, well-baby examination.

Table 4. Number and percent distribution of office visits, by the patient's principal reason for visit and NAMCS code: United States, 1978

Principal reason for visit and code[1]	Number of visits in thousands	Percent distribution
All reasons for visit	584,498	100.0
Symptom module ... S001-S999	330,131	56.5
General symptoms ... S001-S099	50,505	8.6
Symptoms referable to psychological and mental disorders ... S100-S199	15,605	2.7
Symptoms referable to the nervous system (excluding sense organs) ... S200-S259	18,025	3.1
Symptoms referable to the cardiovascular and lymphatic systems ... S260-S299	3,438	0.6
Symptoms referable to the eyes and ears ... S300-S399	34,570	5.9
Symptoms referable to the respiratory system ... S400-S499	64,017	11.0
Symptoms referable to the digestive system ... S500-S639	27,528	4.7
Symptoms referable to the genitourinary system ... S640-S829	27,509	4.7
Symptoms referable to the skin, nails, and hair ... S830-S899	33,567	5.7
Symptoms referable to the musculoskeletal system ... S900-S999	55,367	9.5
Disease module ... D001-D999	47,424	8.1
Diagnostic, screening, and preventive module ... X100-X599	107,246	18.4
Treatment module ... T100-T899	55,177	9.4
Injuries and adverse effects module ... J001-J999	23,990	4.1
Test results module ... R100-R700	3,622	0.6
Administrative module ... A100-A140	8,626	1.5
Other[2] ... U990-U999	8,282	1.4

[1]National Center for Health Statistics: A reason for visit classification for ambulatory care, by D. Schneider, L. Appleton, and T. McLemore, *Vital and Health Statistics*. Series 2-No. 78, DHEW Pub. No. (PHS) 79-1352, Public Health Service. Washington. U.S. Government Printing Office, Feb. 1979.
[2]Includes blanks, problems and complaints not elsewhere classified, entries of "none," and illegible entries.

Table 5. Number of office visits by the 20 most common principal symptoms and NAMCS code in rank order: United States, 1978

Rank	Most common principal symptom and code[1]	Number of visits in thousands
1	Symptoms referable to throat ... S455	17,356
2	Cough ... S440	15,122
3	Back symptoms ... S905	11,811
4	Skin rash ... S860	10,522
5	Head cold, upper respiratory infection ... S445	10,111
6	Earache, or ear infection ... S355	9,850
7	Chest pain and related symptoms (not referable to body system) ... S050	9,693
8	Vision dysfunctions ... S305	8,980
9	Headache, pain in head ... S210	8,884
10	Abdominal pain, cramps, spasms ... S550	8,852
11	Fever ... S010	8,558
12	Weight gain ... S040	8,237
13	Anxiety and nervousness ... S100	5,929
14	Vertigo—dizziness ... S225	5,565
15	Knee symptoms ... S925	5,500
16	Nasal congestion ... S400	5,432
17	Leg symptoms ... S920	5,314
18	Acne or pimples ... S830	5,226
19	Low back symptoms ... S910	5,050
20	Neck symptoms ... S900	4,799

[1]National Center for Health Statistics: A reason for visit classification for ambulatory care, by D. Schneider, L. Appleton, and T. McLemore, *Vital and Health Statistics*. Series 2-No. 78, DHEW Pub. No. (PHS) 79-1352, Public Health Service. Washington. U.S. Government Printing Office, Feb. 1979.

Table 6. Number and percent distribution of office visits, by principal diagnosis and ICDA code: United States, 1978

Principal diagnosis and ICDA code[1]	Number of visits in thousands	Percent distribution
All diagnoses..	584,498	100.0
Infective and parasitic diseases 000-136	22,964	3.9
Neoplasms. 140-239	16,095	2.8
Endocrine, nutritional, and metabolic diseases 240-279	25,224	4.3
Mental disorders. 290-315	22,896	3.9
Diseases of the nervous system and sense organs 320-389	54,319	9.3
Diseases of the circulatory system 390-458	55,167	9.4
Diseases of the respiratory system 460-519	83,290	14.3
Diseases of the digestive system. 520-577	20,109	3.4
Diseases of the genitourinary system 580-629	34,751	6.0
Diseases of the skin and subcutaneous tissue 680-709	37,519	6.4
Diseases of the musculosketal system. 710-738	31,874	5.5
Symptoms and ill-defined conditions. 780-796	26,227	4.5
Accidents, poisonings, and violence. 800-999	46,896	8.0
Special conditions and examinations without sickness Y00-Y13	85,581	14.6
All other diagnoses[2]	8,201	1.4

[1]National Center for Health Statistics: *Eighth Revision International Classification of Diseases, Adapted for Use in the United States.* PHS Pub. No. 1693, Public Health Service. Washington. U.S. Government Printing Office, 1967.

[2]Includes 280-289, diseases of the blood and blood-forming organs; 630-678, complications of pregnancy, childbirth, and the puerperium; 740-759, congenital anomalies; 760-779, certain causes of perinatal morbidity and mortality; blank diagnosis; noncodable diagnosis; and illegible diagnosis.

Table 7. Number of office visits by the 20 most common principal diagnoses and ICDA code in rank order: United States, 1978

Rank	Most common principal diagnosis and ICDA code[1]	Number of visits in thousands
1	Medical or special examination Y00	41,317
2	Essential benign hypertension. 401	24,086
3	Prenatal care. Y06	22,610
4	Acute upper respiratory infections of multiple or unspecified sites. 465	16,487
5	Otitis media without mention of mastoiditis 381	13,350
6	Neuroses 300	11,556
7	Chronic ischemic heart disease 412	11,295
8	Hay fever. 507	11,035
9	Other eczema and dermatitis 692	10,998
10	Medical and surgical aftercare Y10	10,754
11	Refractive errors 370	10,251
12	Acute pharyngitis. 462	9,482
13	Diabetes mellitus 250	8,649
14	Diseases of sebaceous glands. 706	8,656
15	Bronchitis, unqualified 490	8,184
16	Sprains and strains of other and unspecified parts of back. 847	5,777
17	Asthma. 493	5,575
18	Synovitis, bursitis, and tenosynovitis. 731	5,567
19	Observation, without need for further medical care 793	5,010
20	Other viral diseases 079	4,945

[1]National Center for Health Statistics: *Eighth Revision International Classification of Diseases, Adapted for Use in the United States.* PHS Pub. No. 1693, Public Health Service. Washington. U.S. Government Printing Office, 1967.

Table 8. Number and percent of office visits, by diagnostic and therapeutic services ordered or provided: United States, 1978

Diagnostic and therapeutic services ordered or provided	Number of visits in thousands	Percent of visits
Diagnostic services		
None	53,252	9.1
Limited examination	361,404	61.8
General examination	124,266	21.3
Pap test	28,376	4.9
Clinical lab test	121,823	20.8
X-ray	47,937	8.2
Electrocardiogram	20,075	3.4
Vision test	28,049	4.8
Endoscopy	6,028	1.0
Blood pressure check	194,556	33.3
Other	23,542	4.0
Therapeutic services		
None	114,983	19.7
Immunization or desensitization	45,658	7.8
Drugs (prescription or nonprescription)	302,604	51.8
Diet counseling	43,209	7.4
Family planning	8,354	1.4
Medical counseling	113,285	19.4
Physiotherapy	21,231	3.6
Office surgery	45,197	7.7
Psychotherapy or therapeutic listening	29,300	5.0
Other	14,920	2.6

Table 9. Number and percent distribution of office visits, by seriousness of condition and disposition and duration of visit: United States, 1978

Visit characteristic	Number of visits in thousands	Percent distribution
All visits	584,498	100.0
Seriousness of condition[1]		
Serious and very serious	108,909	18.6
Slightly serious	186,918	32.0
Not serious	288,671	49.4
Disposition of visit[2]		
No followup	65,234	11.2
Return at specified time	353,784	60.5
Return if needed	131,078	22.4
Telephone followup planned	21,627	3.7
Referred to other physician	14,285	2.4
Returned to referring physician	4,226	0.7
Admit to hospital	13,200	2.3
Other	5,032	0.9
Duration of visit[3]		
0 minutes	19,696	3.4
1-5 minutes	89,753	15.4
6-10 minutes	170,829	29.2
11-15 minutes	156,935	26.9
16-30 minutes	114,730	19.6
31 minutes or more	32,496	5.5

[1]The physician's judgment as to the degree of impairment that might result if no treatment were given.
[2]Will not add to 100.0 since more than one disposition was possible.
[3]*0 minutes* represents visits at which there was no face-to-face contact between the patient and the physician. The mean duration of the visits that did involve physician-patient contact was 15.3 minutes.

TECHNICAL NOTES

SOURCE OF DATA AND SAMPLE DESIGN

The information presented in this report is based on data collected in the National Ambulatory Medical Care Survey (NAMCS) during 1978. The target universe of NAMCS encompasses office visits within the conterminous United States made by ambulatory patients to nonfederally employed physicians who are principally engaged in office practice. The National Opinion Research Center, under contract to the National Center for Health Statistics, was responsible for the survey's field operations.

The NAMCS utilizes a multistage probability design that involves samples of primary sampling units (PSU's), physicians' practices within PSU's, and patient visits within practices. For 1978 a sample of 3,007 non-Federal, office-based physicians was selected from master files maintained by the American Medical Association and American Osteopathic Association. The physician response rate for 1978 was 72.8 percent. Sampled physicians were asked to complete Patient Records (figure 1) for a systematic random sample of office visits taking place within their practice during a randomly assigned weekly reporting period. During 1978, 47,291 Patient Records were completed by sampled physicians.

SAMPLE ERRORS AND ROUNDING OF NUMBERS

The standard error is primarily a measure of the sampling variability that occurs by chance because only a sample, rather than the entire universe, is surveyed. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percentage of the estimate. Relative standard errors of selected aggregate statistics are shown in tables I and II. The standard errors for estimated percentages of visits are shown in tables III and IV.

Estimates of office visits have been rounded to the nearest thousand. For this reason detailed figures within tables do not always add to totals. Percents were calculated on the basis of original, unrounded figures and will not necessarily agree precisely with percents calculated from rounded data.

Table I. Approximate relative standard errors of estimated number of office visits based on all physician specialties: NAMCS, 1978

Estimated number of office visits in thousands	Relative standard error in percent
500	25.8
1,000	18.4
2,000	13.3
5,000	9.0
10,000	7.0
20,000	5.7
50,000	4.8
100,000	4.4
500,000	4.

Example of use of table: An aggregate of 75,000,000 visits has a relative standard error of 4.6 percent or a standard error of 3,450,000 visits (4.6 percent of 75,000,000).

Table II. Approximate relative standard errors of estimated number of office visits based on an individual physician specialty: NAMCS, 1978

Estimated number of office visits in thousands	Relative standard error in percent
500	28.5
1,000	21.0
2,000	15.9
5,000	11.9
10,000	10.2
20,000	9.2
50,000	8.6
100,000	8.3
200,000	8.2

Example of use of table: An aggregate of 15,000,000 visits has a relative standard error of 9.7 percent or a standard error of 1,455,000 visits (9.7 percent of 15,000,000).

Table III. Approximate standard errors of percent of estimated numbers of office visits based on all physician specialties: NAMCS, 1978

Base of percent (number of office visits in thousands)	Estimated percent					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
	Standard error in percentage points					
500...............................	2.5	5.5	7.6	10.2	11.7	12.7
1,000.............................	1.8	3.9	5.4	7.2	8.2	9.0
2,000.............................	1.3	2.8	3.8	5.1	5.8	6.4
5,000.............................	0.8	1.8	2.4	3.2	3.7	4.0
10,000...........................	0.6	1.2	1.7	2.3	2.6	2.8
20,000...........................	0.4	0.9	1.2	1.6	1.8	2.0
50,000...........................	0.3	0.6	0.8	1.0	1.2	1.3
100,000.........................	0.2	0.4	0.5	0.7	0.8	0.9
500,000.........................	0.1	0.2	0.2	0.3	0.4	0.4

Example of use of table: An estimate of 30 percent based on an aggregate of 15,000,000 visits has a standard error of 2.2 percent or a relative standard error of 7.3 percent (2.2 percent ÷ 30 percent).

Table IV. Approximate standard errors of percent of estimated numbers of office visits based on an individual physician specialty: NAMCS, 1978

Base of percent (number of office visits in thousands)	Estimated percent					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
	Standard error in percentage points					
500...............................	2.7	6.0	8.2	10.9	12.5	13.7
1,000.............................	1.9	4.2	5.8	7.7	8.9	9.7
2,000.............................	1.4	3.0	4.1	5.5	6.3	6.8
5,000.............................	0.9	1.9	2.6	3.5	4.0	4.3
10,000...........................	0.6	1.3	1.8	2.4	2.8	3.1
20,000...........................	0.4	0.9	1.3	1.7	2.0	2.2
50,000...........................	0.3	0.6	0.8	1.1	1.3	1.4
100,000.........................	0.2	0.4	0.6	0.8	0.9	1.0
200,000.........................	0.1	0.3	0.4	0.5	0.6	0.7

Example of use of table: An estimate of 90 percent based on an aggregate of 7,500,000 visits has a standard error of 2.2 percent, or a relative standard error of 2.4 percent (2.2 percent ÷ 90 percent).

DEFINITIONS

Ambulatory patient.—An ambulatory patient is an individual presenting himself for personal health services who is neither bedridden nor currently admitted to any health care institution on the premises.

Office.—An office is a place that the physician identifies as a location for his ambulatory practice. Responsibility over time for patient care and professional services rendered there generally resides with the individual physician rather than an institution.

Visit.—A visit is a direct personal exchange between an ambulatory patient and a physician or a staff member working under the physician's supervision for the purpose of seeking care and rendering health services.

Physician.—A physician is a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) currently in office-based practice who spends time in caring for ambulatory patients. Excluded from NAMCS are physicians who are hospital based; physicians who specialize in anesthesiology, pathology, or radiology; physicians who are federally employed; physicians who treat only institutionalized patients; physicians employed full time by an institution; and physicians who spend no time seeing ambulatory patients.

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