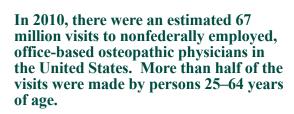


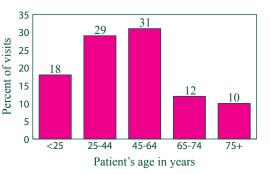
## National Ambulatory Medical Care Survey Factsheet

## OSTEOPATHY



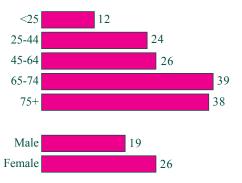


Percent distribution of office visits by patient's age: 2010



The annual visit rate increased with age.

Annual office visit rates by patient's age and sex: 2010



Number of visits per 100 persons per year

## Expected source(s) of payment included:

- Private insurance 52%
- Medicare 21%
- Medicaid/CHIP 12%

#### The major reason for visit was:

- New problem 40%
- Chronic problem, routine 27%
- Preventative care 17%
- Chronic problem, flare-up 6%

## The top 5 reasons given by patients for visiting osteopaths were:

- Progress visit
- General medical examinations
- Cough
- Medication
- Test results

#### The top 5 diagnoses were:

- Essential hypertension
- General medical examination
- Diabetes mellitus
- Normal pregnancy
- Chronic sinusitis

#### Medications were provided or prescribed at 75 percent of office visits. The top 5 generic substances utilized were:

- Lisinopril
- Aspirin
- Acetaminophen-Hydrocodone
- Levothyroxine
- Simvastatin

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

#### THE IMPORTANCE OF NAMCS DATA

#### Osteopathy

# NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA*, *Archives of Pediatric and Adolescent Medicine*, and *Journal of the American Osteopathic Association*. Here are just a few recent publications using NAMCS data:

Licciardone JC, Singh KP. Sociodemographic and geographic characteristics associated with patient visits to osteopathic physicians for primary care. *BMC Health Serv Res.* 11(1):303. Nov 2011.

Moser A, Segars LW. Assessment of antihyperlipidemic therapy in US patients with coronary heart disease. *J Am Osteopath Assoc.* 110(6):331-339. Jun 2010.

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):744-750. Jun 2009.

Licciardone JC. The epidemiology and medical management of low back pain during ambulatory medical care visits in the United States. *Osteopath Med Prim Care*. 2(1):11. Nov 2008.

McAlpine DD, Wilson AR. Trends in obesity-related counseling in primary care: 1995-2004. *Medical Care*. 45(4):322-329. Apr 2007.

Sciamanna CN, Rogers ML, Shenassa ED, Houston TK. Patient access to US physicians who conduct Internet or E-mail consults. *J Gen Intern Med.* 22(3):378-381. Mar 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.

Hambidge SJ, Emsermann CB, Federico S, Steiner JF. Disparities in pediatric preventive care in the United States, 1993-2002. *Arch Pediatr Adolesc Med.* 161(1):30-36. Jan 2007.

Licciardone JC. A comparison of patient visits to osteopathic and allopathic general and family medicine physicians: results from the National Ambulatory Medical Care Survey, 2003-2004. *Osteopath Med Prim Care.* 1(2):1-12. Jan 2007.

Sun C, Jew S, Dasta SL. Osteopathic physicians in the United States: antibiotic prescribing practices for patients with nonspecific upper respiratory tract infections. *J Am Osteopath Assoc.* 106(8):450-455. Aug 2006.

Young SE, Mainous AG 3rd, Diaz VA, Everett CJ. Practice patterns in sildenafil prescribing. *Fam Med.* 38(2):110-115. Feb 2006.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd\_products.htm

NAMCS(FS)-10 (2-13)