NATIONAL CENTER FOR HEALTH STATISTICS Cardiovascular Disease Fact Sheet from the National Ambulatory Medical Care Survey

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.

CARDIOVASCULAR DISEASE

In 2015–2016, there were an estimated 35 million visits per year to nonfederally employed, office-based providers specializing in cardiovascular disease in the United States.

CONTACT US

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PROVIDER-ASSESSED MAJOR **REASON FOR VISIT**

CHRONIC PROBLEM, ROUTINE	56.0%
NEW PROBLEM ¹	16.6%
PREVENTIVE CARE	7.3%
PRESURGERY	2.8%
POSTSURGERY	2.5%

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.

PATIENTS' TOP 4 PRINCIPAL **REASONS FOR VISIT**

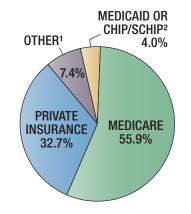
- PROGRESS VISIT
- HYPERTENSION
- ISCHEMIC HEART DISEASE
- CHEST PAIN AND RELATED **SYMPTOMS**

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 NCHS system.

TOP 4 SERVICES, ORDERED **OR PROVIDED**

- ELECTROCARDIOGRAM (EKG/ECG)
- DIET/NUTRITION COUNSELING
- ECHOCARDIOGRAM
- LIPID PROFILE

PRIMARY EXPECTED SOURCE OF PAYMENT



Includes workers' compensation, self-pay, no charge or charity, other sources of payment, unknown, and blank data. ²CHIP is Children's Health Insurance Program: SCHIP is State CHIP.

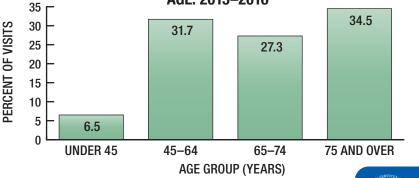
MEDICATIONS WERE PRESCRIBED OR CONTINUED AT 81% OF OFFICE VISITS.

TOP **5** ACTIVE INGREDIENTS



- ASPIRIN
- METOPROLOL
- ATORVASTATIN
- FUROSEMIDE
- CLOPIDOGREL

PERCENT DISTRIBUTION OF CARDIOLOGY OFFICE VISITS, BY PATIENT'S AGE: 2015-2016



National Center for Health Statistics National Health Care Surveys

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

Vatcheva KP, Aparicio V, Araya A, Gonzalez E, Laing ST. Statin prescription for patients with atherosclerotic cardiovascular disease from national survey data. Am J Cardiol 124(1):1–7. 2019.

Shah MK, Moore MA, Narayan KMV, Ali MK. Trends in lifestyle counseling for adults with and without diabetes in the U.S., 2005–2015. Am J Prev Med 57(5):e153–61. 2019.

Kelly KE, Jiroutek MR, Lewis K, Zagar B. Assessing changes in statin prescribing patterns surrounding the 2013 American College of Cardiology/American Heart Association lipid guidelines. Clin Ther 41(2):314–21. 2019.

Dudley N, Ritchie CS, Stijacic-Cenzer I, Lee SJ. **Palliative care needs in oncology, cardiology, and neurology clinic patients in the USA.** J Gen Intern Med 34(7):1100–2. 2019.

Berger JS, Ladapo JA. **Underuse of prevention and lifestyle counseling in patients with peripheral artery disease.** J Am Coll Cardiol 69(18):2293–2300. 2017.

Dean CA, Arnold LD, Hauptman PJ, Wang J, Elder K. **Patient, physician, and practice characteristics associated with cardiovascular disease preventive care for women.** J Womens Health (Larchmt) 26(5):491–9. 2017.

Ladapo JA, Chokshi DA. **Changes in cardiovascular care provision after the Affordable Care Act.** Am J Manag Care 23(11):e366–73. 2017.

Ladapo JA, Richards AK, DeWitt CM, Harawa NT, Shoptaw S, Cunningham WE, Mafi JN. **Disparities in the quality of cardiovascular care between HIV-infected versus HIV-uninfected adults in the United States: A cross-sectional study.** J Am Heart Assoc 6(11). 2017.



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.