

# advancedata

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

U.S. DEPARTMENT OF HEALTH,  
EDUCATION, AND WELFAREPublic Health Service  
Office of Health Research, Statistics, and Technology

Number 50

July 23, 1979

## Office Visits by Black Patients, National Ambulatory Medical Care Survey: United States, 1975-76<sup>1</sup>

Presented in this report are data about the estimated 90.5 million office visits made by black ambulatory patients over the 2-year span from January 1975 through December 1976. The data, which are contrasted with corresponding data for the overall visit universe, are based on the findings of the National Ambulatory Medical Care Survey (NAMCS). The NAMCS is a continuing sample survey conducted annually by the Division of Health Resources Utilization Statistics of the National Center for Health Statistics. The survey—national in range except for Alaska and Hawaii—is designed to explore the provision and utilization of ambulatory care in the offices of non-Federal, office-based physicians.

Figure 1 is a facsimile of the Patient Record used by participating physicians to record information about their office visits. The reader may find it useful to refer to figure 1 as selected survey findings are presented.

### DATA HIGHLIGHTS

#### General Perspective

During 1975 and 1976, the physician's office was the setting for an estimated 90,483,499 visits by black patients, about 7.8 percent of the total 1,155,900,228 office visits made by ambulatory patients of all races. This represented an average annual visit rate of 1.9 office visits per year for black members of the

civilian noninstitutionalized population, a visit rate which is markedly below the 2.8 visits per person per year estimated for all members of that population. Black patients showed a relatively greater tendency to visit other ambulatory care sites. According to findings of the Health Interview Survey, a national household survey conducted by the National Center for Health Statistics, they visited hospital outpatient clinics and emergency rooms with a frequency that was about 2 to 3 times that of white patients.

#### Provider Characteristics

About 77 percent of the office-based care rendered to black patients was provided in the offices of four specialists: the general or family physician, the internist, the pediatrician, and the obstetrician gynecologist (table 1). Visits to general and family physicians alone accounted for nearly one-half of all visits. In a ratio of about 3 to 2, visits to solo practitioners outnumbered visits to physicians in multiple-member practice. Table 1 also shows that about three-fourths of all office-based care for black patients was provided in metropolitan areas.

#### Patient Characteristics

Nearly 2 of every 3 visits by black patients were made by persons under 45 years of age (table 2). In contrast with the median visit age of 37 years found for the entire visit universe, the median visit age of black patients was a relatively youthful 33 years. Conforming with the overall pattern of office-based care, the annual visit rate for the black population generally increased in direct parallel to advancing age (table

<sup>1</sup>This report was prepared by Hugo Koch and Raymond O. Gagnon, Division of Health Resources Utilization Statistics.

Figure 1. 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 N <sup>o</sup>	
<b>PATIENT RECORD</b> NATIONAL AMBULATORY MEDICAL CARE SURVEY					
<b>1. DATE OF VISIT</b> Mo / Day / Yr		<b>2. DATE OF BIRTH</b> Mo / Day / Yr		<b>3. SEX</b> 1 <input type="checkbox"/> FEMALE 2 <input type="checkbox"/> MALE	
<b>4. COLOR OR RACE</b> 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> NEGRO/BLACK 3 <input type="checkbox"/> OTHER 4 <input type="checkbox"/> UNKNOWN		<b>5. PATIENT'S PRINCIPAL PROBLEM(S) COMPLAINT(S), OR SYMPTOM(S) THIS VISIT</b> (In patient's own words) a. MOST IMPORTANT _____ b. OTHER _____		<b>6. SERIOUSNESS OF PROBLEM IN ITEM 5a</b> (Check one) 1 <input type="checkbox"/> VERY SERIOUS 2 <input type="checkbox"/> SERIOUS 3 <input type="checkbox"/> SLIGHTLY SERIOUS 4 <input type="checkbox"/> NOT SERIOUS	
<b>7. HAVE YOU EVER SEEN THIS PATIENT BEFORE?</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO If YES, for the problem indicated in ITEM 5a? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO		<b>8. MAJOR REASON(S) FOR THIS VISIT</b> (Check all major reasons) 21 <input type="checkbox"/> ACUTE PROBLEM 22 <input type="checkbox"/> ACUTE PROBLEM, FOLLOW-UP 23 <input type="checkbox"/> CHRONIC PROBLEM, ROUTINE 24 <input type="checkbox"/> CHRONIC PROBLEM, FLARE-UP 25 <input type="checkbox"/> PRENATAL CARE 26 <input type="checkbox"/> POSTNATAL CARE 27 <input type="checkbox"/> POSTOPERATIVE CARE (Operative procedure) _____ 28 <input type="checkbox"/> WELL ADULT/CHILD EXAM 29 <input type="checkbox"/> FAMILY PLANNING 30 <input type="checkbox"/> COUNSELING/ADVICE 31 <input type="checkbox"/> IMMUNIZATION 32 <input type="checkbox"/> REFERRED BY OTHER PHYS/AGENCY 33 <input type="checkbox"/> ADMINISTRATIVE PURPOSE 34 <input type="checkbox"/> OTHER (Specify) _____		<b>9. PHYSICIAN'S PRINCIPAL DIAGNOSIS THIS VISIT</b> a. DIAGNOSIS ASSOCIATED WITH ITEM 5a ENTRY _____ _____ b. OTHER SIGNIFICANT CURRENT DIAGNOSES (In order of importance) _____ _____	
<b>10. DIAGNOSTIC/THERAPEUTIC SERVICES ORDERED/PROVIDED THIS VISIT</b> (Check all that apply) 01 <input type="checkbox"/> NONE 02 <input type="checkbox"/> LIMITED HISTORY/EXAM 03 <input type="checkbox"/> GENERAL HISTORY/EXAM 04 <input type="checkbox"/> CLINICAL LAB. TEST 05 <input type="checkbox"/> BLOOD PRESSURE CHECK 06 <input type="checkbox"/> EKG 07 <input type="checkbox"/> HEARING TEST 08 <input type="checkbox"/> VISION TEST 09 <input type="checkbox"/> ENDOSCOPY 10 <input type="checkbox"/> OFFICE SURGERY 11 <input type="checkbox"/> DRUG PRESCRIBED 12 <input type="checkbox"/> X-RAY 13 <input type="checkbox"/> INJECTION 14 <input type="checkbox"/> IMMUNIZATION/DESENSITIZATION 15 <input type="checkbox"/> PHYSIOTHERAPY 16 <input type="checkbox"/> MEDICAL COUNSELING 17 <input type="checkbox"/> PSYCHOTHERAPY/THERAPEUTIC LISTENING 18 <input type="checkbox"/> OTHER (Specify) _____		<b>11. DISPOSITION THIS VISIT</b> (Check all that apply) 1 <input type="checkbox"/> NO FOLLOW-UP PLANNED 2 <input type="checkbox"/> RETURN AT SPECIFIED TIME 3 <input type="checkbox"/> RETURN IF NEEDED, P.R.N. 4 <input type="checkbox"/> TELEPHONE FOLLOW-UP PLANNED 5 <input type="checkbox"/> REFERRED TO OTHER PHYSICIAN/AGENCY 6 <input type="checkbox"/> RETURNED TO REFERRING PHYSICIAN 7 <input type="checkbox"/> ADMIT TO HOSPITAL 8 <input type="checkbox"/> OTHER (Specify) _____		<b>12. DURATION OF THIS VISIT</b> (Time actually spent with physician) _____ MINUTES	

HRA-34-5  
REV. 8-74DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH RESOURCES ADMINISTRATION  
NATIONAL CENTER FOR HEALTH STATISTICSO.M.B. #68-572106  
EXPIRATION DATE 12/31/75

3). The rate for black patients of over 64 years of age, however, failed to show the pronounced increase common in the overall visit pattern. Visits by black females substantially exceeded those by black males, both in total number and in annual visit rate (tables 2 and 3).

At an estimated 43 percent of their visits, black patients presented problems that the physician had not previously encountered in those patients (table 2, prior visit status). These *new problem encounters* may be summed up as all visits made by new patients (17 percent) plus those made by old patients of the doctor at which a new problem was presented (26 percent). The remaining 57 percent of visits are return visits for previously treated problems,

yielding an average of about 1.3 return visits per year for every new problem presented. The return visit rate for black patients was lower than the return visit rate of 1.7 visits per year found by similar method for the entire visit universe, a difference that probably resulted chiefly from the relatively greater frequency among black patients of acute conditions, largely self-limiting in nature, which responded rapidly to office-based care (e.g. respiratory illness). For about 60 percent of the visits by black patients involving a symptom or complaint, the problem had an onset of less than 6 months before the visit and was therefore—for NAMCS purposes—classified as an “acute” problem.

Table 1. Number and percent distribution of office visits of black patients and percent distribution of office visits of all patients, by physician characteristics: United States, 1975-76

Physician characteristic	Number of visits of black patients in thousands	Visits by—	
		Black patients	All patients <sup>1</sup>
Percent distribution			
All visits.....	90,484	100.0	100.0
<b>Specialty</b>			
General and family practice.....	42,183	46.6	39.8
Obstetrics and gynecology.....	9,905	11.0	8.4
Internal medicine.....	9,692	10.7	11.3
Pediatrics.....	7,760	8.6	9.3
General surgery.....	5,657	6.3	6.7
Orthopedic surgery.....	3,177	3.5	4.1
Ophthalmology.....	2,854	3.2	4.7
Dermatology.....	1,813	2.0	3.1
Urology.....	1,308	1.5	1.8
Psychiatry.....	995	1.1	2.7
Otolaryngology.....	991	1.1	2.4
Cardiovascular disease..	713	0.8	1.2
All other specialties.....	3,436	3.6	4.5
<b>Location of practice</b>			
Metropolitan area <sup>2</sup> .....	68,137	75.3	73.3
Nonmetropolitan area..	22,346	24.7	26.7
<b>Type of practice</b>			
Solo.....	55,415	61.2	60.0
Other.....	35,068	38.8	40.0

<sup>1</sup>Based on 1,155,900,228 office visits over the 2-year span.

<sup>2</sup>Location within the standard metropolitan statistical areas (SMSA's). Composition of SMSA's does not reflect 1974 adjustments.

**Patient's Reason for Visit**

Table 4 presents in ranked order the 20 reasons that most frequently motivated black patients to visit the doctor's office. These reasons are those expressed by the patient, and they are coded according to a symptom classification developed for use by the NAMCS. The listing, which includes nonsymptomatic as well as symptomatic reasons, accounts for 52 percent of all black visits. It is noteworthy that "pregnancy visits" head the list. Also distinctive of office-based care provided black patients is the relative prominence of respiratory symptoms and of complaints involving the back and extremities.

Table 2. Number and percent distribution of office visits of black patients and percent distribution of office visits of all patients, by patient characteristics: United States, 1975-76

Patient characteristic	Number of visits of black patients in thousands	Visits by—	
		Black patients	All patients <sup>1</sup>
Percent distribution			
All visits.....	90,484	100.0	100.0
<b>Age</b>			
Under 15 years.....	15,271	16.9	18.1
15-24 years.....	14,935	16.5	15.1
25-44 years.....	28,122	31.1	25.5
45-64 years.....	22,229	24.6	25.1
65 years and over.....	9,926	11.0	16.9
<b>Sex and age</b>			
Female.....	57,875	64.0	60.4
Under 15 years.....	7,587	8.4	8.5
15-24 years.....	10,960	12.1	9.9
25-44 years.....	19,165	21.2	16.8
45-64 years.....	13,729	15.2	15.1
65 years and over....	6,433	7.1	10.0
Male.....	32,609	36.0	39.6
Under 15 years.....	7,684	8.5	9.6
15-24 years.....	3,974	4.4	5.2
25-44 years.....	8,957	9.9	8.7
45-64 years.....	8,500	9.4	10.0
65 years and over....	3,494	3.9	6.2
<b>Prior visit status</b>			
New patient.....	15,159	16.8	14.6
Old patient.....	75,325	83.3	85.4
New problem.....	23,507	26.0	23.2
Old problem.....	51,817	57.3	62.9

<sup>1</sup>Based on 1,155,900,228 office visits over the 2-year span.

Table 3. Number of office visits per year for black patients and for patients of all races, by sex and age: United States, 1975-76

Sex and age	Black patients	All patients
Total.....	1.9	2.8
<b>Sex</b>		
Female.....	2.2	3.3
Male.....	1.4	2.5
<b>Age</b>		
Under 15 years.....	1.0	2.0
15-24 years.....	1.5	2.2
25-44 years.....	2.5	2.7
45-64 years.....	2.8	3.4
65 years and over.....	2.7	4.3

Table 4. Number, percent, and cumulative percent of office visits of black patients and percent of visits of all patients, by the patients' 20 most common reasons for visits in ranked order: United States, 1975-76

Rank	Patient's principal reason for visit and NAMCS code	Black patients			Percent of visits of all patients <sup>1</sup>
		Number of visits in thousands	Percent of visits	Cumulative percent	
1	Pregnancy examination.....905	4,203	4.7	4.7	3.9
2	Pain, swelling, injury-back region.....415	3,890	4.3	9.0	2.9
3	Cold.....312	3,392	3.8	12.8	1.8
4	Physical examination (excluding well-baby)..... 900,901	3,241	3.6	16.4	4.2
5	Pain, swelling, injury—lower extremity.....400	3,222	3.6	20.0	3.7
6	Abdominal pain.....540	3,109	3.4	23.4	2.6
7	Surgical aftercare.....986	2,883	3.2	26.6	4.7
8	Pain, swelling, injury—upper extremity.....405	2,590	2.9	29.5	2.7
9	Headache.....056	2,585	2.9	32.4	1.7
10	Cough.....311	2,314	2.6	35.0	2.3
11	Pain, swelling, injury—face and neck.....410	1,917	2.1	37.1	1.4
12	Sore throat.....520	1,870	2.1	39.2	2.7
13	High blood pressure.....205	1,852	2.1	41.3	1.3
14	Allergic skin reaction.....112	1,741	1.9	43.2	1.8
15	Wounds of skin.....116	1,627	1.8	45.0	1.4
16	Pain in chest.....322	1,407	1.6	46.6	1.7
17	Vaginal discharge.....662	1,281	1.4	48.0	0.8
18	Fever.....002	1,260	1.4	49.4	1.4
19	Well-baby examination.....906	1,258	1.4	50.8	1.7
20	Dizziness.....069	1,222	1.4	52.2	1.1

<sup>1</sup>Based on 1,155,900,228 office visits by patients of all races over the 2-year span.

## Diagnostic Procedures and Diagnoses

To diagnose the problems that black patients presented, physicians focused on the limited examination (table 5), i.e., an examination confined to the body site or system directly connected with the patient's chief complaint. Reliance on this diagnostic approach, though general throughout ambulatory care, was significantly stronger in the treatment of black patients. It is also noteworthy from table 5 that blood pressure readings were taken substantially more often during visits made by black patients than during the overall pattern of visits (40 percent of visits by black patients compared with 33 percent by all patients).

The distribution of office visits made by black patients and by all patients is given in table 6 by major diagnostic groups. The five most common groups among black patients in order of frequency are diseases of the respiratory system; special conditions and examinations without illness; diseases of the circulatory system; accidents, poisonings, and violence; and

Table 5. Number and percent of office visits of black patients and percent of office visits of all patients, by diagnostic procedures ordered or provided: United States, 1975-76

Diagnostic procedures ordered or provided	Number of visits of black patients in thousands	Percent of visits by—	
		Black patients <sup>1</sup>	All patients <sup>2</sup>
Limited examination.....	52,395	57.9	51.6
General examination.....	15,944	17.6	16.3
Clinical laboratory test..	22,932	25.3	22.8
X-ray.....	6,522	7.2	7.6
Blood pressure check.....	36,126	39.9	33.2
Electrocardiogram.....	2,483	2.7	3.3
Hearing test.....	867	1.0	1.3
Vision test.....	3,426	3.8	5.0
Endoscopy.....	545	0.6	1.2

<sup>1</sup>Based on 90,483,499 visits.

<sup>2</sup>Based on 1,155,900,228 visits.

diseases of the genitourinary system. Table 7 presents in ranked order the 20 specific conditions most frequently encountered; note that they account for nearly one-half (47.3 percent) of all visits made by black patients.

Table 6. Number and percent distribution of office visits of black patients and percent distribution of office visits of all patients, by major diagnostic groups and inclusive ICDA codes: United States, 1975-76

Major diagnostic groups and inclusive ICDA codes <sup>1</sup>	Number of visits of black patients in thousands	Visits by--	
		Black patients	All patients <sup>2</sup>
All visits.....	90,484	100.0	100.0
Infective and parasitic diseases.....000-136	4,410	4.9	4.2
Neoplasms.....140-239	1,468	1.6	2.2
Endocrine, nutritional, and metabolic diseases.....240-279	4,270	4.7	4.2
Mental disorders.....290-315	3,068	3.4	4.2
Diseases of nervous system and sense organs.....320-389	4,998	5.5	8.2
Diseases of circulatory system.....390-458	9,366	10.4	9.6
Diseases of respiratory system.....460-519	14,704	16.3	14.1
Diseases of digestive system.....520-577	2,999	3.3	3.3
Diseases of genitourinary system.....580-629	6,822	7.5	6.2
Diseases of skin and subcutaneous tissue.....680-709	4,445	4.9	5.3
Diseases of musculoskeletal system.....710-738	5,271	5.8	5.7
Symptoms and ill-defined conditions.....780-796	4,063	4.5	4.7
Accidents, poisonings, and violence.....800-999	8,140	9.0	7.3
Special conditions and examinations without sickness.....Y00-Y13	14,295	15.8	18.1
Other diagnoses <sup>3</sup> .....	1,365	1.5	1.4
Diagnosis "none" or "unknown".....	788	0.9	1.3

<sup>1</sup>Based on Eighth Revision International Classification of Diseases, Adapted for Use in the United States, ICDA.

<sup>2</sup>Based on 1,155,900,228 office visits by patients of all races over the 2-year span 1975-76.

<sup>3</sup>Diseases of blood and blood-forming organs; complications of pregnancy, childbirth and the puerperium; congenital anomalies; and certain causes of perinatal morbidity and mortality.

Table 7. Number, percent, and cumulative percent of office visits of black patients and percent of visits of all patients, by the physicians' 20 most common diagnoses in ranked order: United States, 1976-76

Rank	Principal diagnosis and ICDA code <sup>1</sup>	Black patients			Percent of visits of all patients <sup>2</sup>
		Number of visits in thousands	Percent of visits	Cumulative percent	
1	Medical and special examinations ..... Y00	5,177	5.7	5.7	7.4
2	Essential benign hypertension ..... 401	5,019	5.6	11.3	4.0
3	Acute upper respiratory infection ..... 465	4,403	4.9	16.2	2.9
4	Prenatal care ..... Y06	4,211	4.7	20.9	3.7
5	Medical and surgical aftercare ..... Y10	3,179	3.5	24.4	4.9
6	Diabetes ..... 250	2,228	2.5	26.9	1.7
7	Sprains, strains: other and unspecified parts of back ..... 847	1,993	2.2	29.1	1.0
8	Chronic ischemic heart disease ..... 412	1,743	1.9	31.0	2.3
9	Neuroses ..... 300	1,712	1.9	32.9	2.2
10	Obesity ..... 277	1,329	1.5	34.4	1.4
11	Bronchitis (unqualified) ..... 490	1,311	1.5	35.9	1.2
12	Other eczema and dermatitis ..... 692	1,299	1.4	37.3	1.7
13	Sprains, strains: sacroiliac region ..... 846	1,230	1.4	38.7	0.7
14	Acute pharyngitis ..... 462	1,177	1.3	40.0	1.5
15	Asthma ..... 493	1,168	1.3	41.3	1.0
16	Cystitis ..... 595	1,167	1.3	42.6	0.8
17	Acute tonsillitis ..... 463	1,083	1.2	43.8	1.1
18	Osteoarthritis and allied conditions ..... 713	1,051	1.2	45.0	1.1
19	Disorders of menstruation ..... 626	1,048	1.2	46.2	0.7
20	Synovitis, bursitis, and tenosynovitis ..... 731	1,029	1.1	47.3	1.0

<sup>1</sup>Based on Eighth Revision International Classification of Diseases, Adapted For Use in the United States, ICDA.

<sup>2</sup>Based on 1,155,900,228 office visits by patients of all races over the 2-year span 1975-76.

### Other Visit Characteristics

In the physician's judgement, most of the conditions presented by black office patients were not very severe in prognosis. Four of every five conditions could be categorized as ranging from slightly serious to not serious (table 8). This is about the same proportion as in visits by all patients.

Drug therapy plays an extensive part in the overall pattern of office care. It is even more extensively applied in the care of black patients since more than half of all such visits involve treatment by a prescription or nonprescription drug (table 8, therapeutic services).

In agreement with the overall tendency in office ambulatory care, a return visit was the form of disposition most frequently found in the care of black patients (table 9, disposition). Table 9 shows that the slightly greater-than-average use of the direction "return if needed" probably reflected the relatively higher incidence of acute, self-limiting conditions found among black office patients.

Table 8. Number and percent of office visits of black patients and percent of office visits of all patients, by seriousness of problem and selected therapeutic services ordered or provided: United States, 1975-76

Seriousness of problem and selected therapeutic services ordered or provided	Number of visits of black patients in thousands	Percent of visits by—	
		Black patients <sup>1</sup>	All patients <sup>2</sup>
<u>Seriousness of problem</u>			
Serious or very serious..	16,898	18.7	19.4
Slightly serious.....	32,009	35.4	32.0
Not serious.....	41,576	46.0	48.6
<u>Therapeutic services</u>			
Drug prescribed.....	48,852	54.0	43.6
Injection.....	12,604	13.9	13.1
Immunization or desensitization.....	2,961	3.3	4.9
Office surgery.....	3,975	4.4	6.9
Physiotherapy.....	3,094	3.4	2.6
Medical counseling.....	11,258	12.4	13.0
Psychotherapy and therapeutic listening...	1,720	1.9	4.2

<sup>1</sup>Based on 90,483,499 visits.

<sup>2</sup>Based on 1,155,900,228 visits.

Table 9. Number and percent distribution of office visits of black patients and percent distribution of office visits of all patients, by disposition and duration of physician-patient contact: United States, 1975-76

Disposition and duration of physician-patient contact	Number of visits of black patients in thousands	Visits by—	
		Black patients	All patients <sup>1</sup>
Percent distribution			
All visits.....	90,484	100.0	100.0
<u>Disposition<sup>2</sup></u>			
No followup planned..	10,712	11.8	12.3
Return at specified time.....	52,496	58.0	60.2
Return if needed.....	22,607	25.0	21.9
Telephone followup planned.....	1,846	2.0	3.5
Referred to other physician or agency..	3,220	3.6	2.8
Returned to referring physician.....	848	0.9	0.9
Admit to hospital.....	1,796	2.0	2.1
<u>Duration of contact</u>			
0 minutes (no face-to-face contact with physician).....	758	0.8	1.8
1-5 minutes.....	19,147	21.2	15.1
6-10 minutes.....	29,969	33.1	31.5
11-15 minutes.....	24,006	26.5	26.6
16-30 minutes.....	13,860	15.3	19.5
31 minutes or more....	2,744	3.0	5.5

<sup>1</sup>Based on 1,155,900,228 office visits by patients of all races over the 2-year span 1975-76.

<sup>2</sup>Will not total to 100.0 since more than one disposition was possible.

Data on duration of contact in table 9 suggest that the overall average length of time spent in face-to-face contact with the physician was less for black than for white patients. The mean contact duration for black patients was 13 minutes as compared with an estimated average of about 15 minutes for the total visit universe. It would be inaccurate to infer, however, that this shorter time was the direct product of color or race. Rather, the difference stemmed chiefly from the symptoms presented by black patients, of which a greater proportion than average were acute and self-declaring by nature, requiring relatively less time to diagnose and treat.

TECHNICAL NOTES

**SOURCE OF DATA:** The information presented in this report is based on data collected in the National Ambulatory Medical Care Survey (NAMCS) during 1975 and 1976. The target universe of the NAMCS is composed of office visits made within the coterminous United States to non-Federal physicians who are principally engaged in office practice and are not in the specialties of anesthesiology, pathology, or radiology. The National Opinion Research Center, under contract to the National Center for Health Statistics, was the organization responsible for the survey's field operation.

**SAMPLE DESIGN:** The NAMCS utilizes a multi-stage probability design that involves samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within practices. Each year a sample of practicing physicians is selected from master files maintained by the American Medical Association and American Osteopathic Association. For the 2-year period 1975-76, a total of 6,529 physicians were included in the sample. Of those found eligible for the survey, 79.9 percent participated. Characteristics of the physician's practice—for example, primary specialty and type of practice—are obtained during an induction interview. During a 1-week reporting period, physicians who participated in the NAMCS completed brief encounter forms for a sample of their office visits (see Patient Record, figure 1). The Patient Record included an entry for color or race (item 4). The physician was instructed to select the racial category that, based on his observation or prior knowledge of the patient, was most appropriate for the patient. The estimates presented in this report are based on the Patient Records completed for 15,004 visits by black patients over the 2-year period 1975-76. A detailed description of the NAMCS design and procedures has been presented in an earlier publication.<sup>2</sup>

**SAMPLING ERRORS:** Since the estimates for this report are based on a sample rather than the

entire universe, they are subject to sampling variability. The standard error is primarily a measure of sampling variability. 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 percent of the estimate. Relative standard errors of selected aggregate statistics are shown in table I. The standard errors appropriate for the estimated percentages of the office visits are shown in table II.

Table I. Approximate relative standard error of estimated numbers of office visits, NAMCS 1975-76

Estimate in thousands	Relative standard error in percentage points
600 .....	30.2
1,000 .....	23.5
2,000 .....	16.7
4,000 .....	12.0
10,000 .....	8.0
40,000 .....	4.8
200,000 .....	3.4
1,000,000 .....	3.1

*Example of use of table:* An aggregate estimate of 25,000,000 visits has a relative standard error of 6.4 percent or a standard error of 1,600,000 visits (6.4 percent of 25,000,000).

Table II. Approximate standard errors of percentages for estimated numbers of office visits, NAMCS 1975-76

Base of percentage (number of visits in thousands)	Estimated percentage					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
	Standard error in percentage points					
600.....	3.0	6.5	9.0	12.0	13.8	15.0
1,000.....	2.3	5.1	7.0	9.3	10.7	11.6
2,000.....	1.6	3.6	4.9	6.6	7.5	8.2
4,000.....	1.2	2.5	3.5	4.7	5.3	5.8
10,000.....	0.7	1.6	2.2	2.9	3.4	3.7
40,000.....	0.4	0.8	1.1	1.5	1.7	1.8
200,000.....	0.2	0.4	0.5	0.7	0.8	0.8
1,000,000.....	0.1	0.2	0.2	0.3	0.3	0.4

*Example of use of table:* An estimate of 20 percent based on an aggregate estimate of 80,000,000 visits has a standard error of 1.3 percent. The relative standard error of 20 percent is 6.5 (1.3 percent ÷ 20 percent).

**ROUNDING OF NUMBERS:** Aggregate estimates of office visits presented in the tables are rounded to the nearest thousand. The rates and percents, however, were calculated on the basis of original, unrounded figures. Because of rounding of percents, the sum of percentages may not equal 100.0 percent.

<sup>2</sup>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.

**DEFINITIONS:** 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.

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.

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.

A *physician* is a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) currently in practice who spends time in caring

for ambulatory patients at an office location. Excluded from NAMCS are 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.

<b>SYMBOLS</b>	
Data not available-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05-----	0.0
Figure does not meet standards of reliability or precision-----	*

<b>Recent Issues of <i>Advance Data From Vital and Health Statistics</i></b>	
No. 49. Office Visits for Family Planning, National Ambulatory Medical Care Survey: United States, 1977 (Issued: April 16, 1979)	No. 46. Hemoglobin and Selected Iron-Related Findings of Persons 1-74 Years of Age: United States, 1971-74 (Issued: January 26, 1979)
No. 48. 1977 Summary: National Ambulatory Medical Care Survey (Issued: April 13, 1979)	No. 45. Use of Family Planning Services by Currently Married Women 15-44 Years of Age: United States, 1973 and 1976 (Issued: February 7, 1979)
No. 47. Prevalence, Disability, and Health Care for Psoriasis Among Persons 1-74 Years: United States (Issued: April 3, 1979)	
A complete list of <i>Advance Data From Vital and Health Statistics</i> is available from the Scientific and Technical Information Branch.	

**NCHS**

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
 Public Health Service  
 Office of Health Research, Statistics, and Technology  
 National Center for Health Statistics  
 3700 East West Highway  
 Hyattsville, Maryland 20782

OFFICIAL BUSINESS  
 PENALTY FOR PRIVATE USE, \$300

DHEW Publication No.  
 (PHS) 79-1250

POSTAGE AND FEES PAID  
 U.S. DEPARTMENT OF H.E.W.

HEW 396



FIRST CLASS MAIL

To receive this publication regularly, contact the National Center for Health Statistics by calling 301-436-NCHS.