



Factsheet

GENERAL/FAMILY PRACTICE

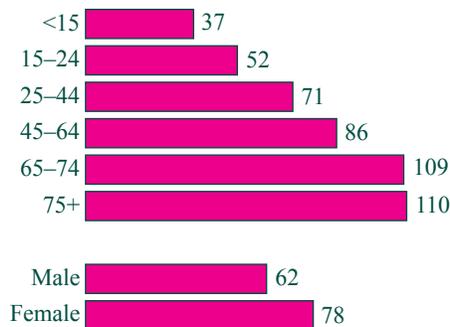
In 2010, there were an estimated 214 million visits to nonfederally employed, office-based general and family practitioners in the United States.

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



The annual visit rate increased with age, and females had a higher visit rate than males.

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 — 54%
- Medicare — 20%
- Medicaid/CHIP — 14%
- No insurance¹ — 6%

¹ No insurance is defined as having only self-pay, no charge, or charity visits as payment sources.

The major reason for visit was:

- New problem — 44%
- Chronic problem, routine — 25%
- Preventative care — 19%
- Chronic problem, flare-up — 8%
- Pre- or post-surgery/injury follow-up — 1%

The top 5 reasons given by patients for visiting general and family practitioners were:

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

The top 5 diagnoses were:

- Essential hypertension
- General medical exam
- Diabetes mellitus
- Infant/Child check
- Acute upper respiratory infections, excluding pharyngitis

Medications were provided or prescribed at 85 percent of office visits. The top 5 generic substances utilized were:

- Lisinopril
- Aspirin
- Simvastatin
- Albuterol
- Acetaminophen hydrocodone

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>.



NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA*, *Journal of Family Practice*, and *Annals of Family Medicine*. Here are a few recent publications using NAMCS data:

Xierali IM, Hsiao CJ, Puffer JC, Green LA, Rinaldo JC, Bazemore AW, Burke MT, Phillips RL Jr. The rise of electronic health record adoption among family physicians. *Ann Fam Med*. 11(1):14-19. Jan 2013.

Hing E, Hooker RS, Ashman JJ. Primary health care in community health centers and comparison with office-based practice. *J Community Health*. 36(3): 406-413. Jun 2011.

Cohen D, Coco A. Trends in the provision of preventive women's health services by family physicians. *Fam Med*. 43(3):166-171. Mar 2011.

Katerndahl D, Wood R, Jaén CR. Family medicine outpatient encounters are more complex than those of cardiology and psychiatry. *J Am Board Fam Med*. 24(1):6-15. Jan-Feb 2011.

Bleich SN, Pickett-Blakely O, Cooper LA. Physician practice patterns of obesity diagnosis and weight-related counseling. *Patient Educ Couns*. 82(1): 123-129. Jan 2011.

Cohen D, Coco A. Trends in well-child visits to family physicians by children younger than 2 years of age. *Ann Fam Med*. 8(3):245-248. May-Jun 2010.

Fang J, Keenan NL, Ayala C. Health care services provided during physician office visits for hypertension: differences by specialty. *J Clin Hypertens* (Greenwich). 12(2):89-95. Feb 2010.

Decker SL, Burt CW, Sisk JE. Trends in diabetes treatment patterns among primary care providers. *J Ambul Care Manage*. 32(4):333-341. Oct-Dec 2009.

Cohen D, Coco A. Declining trends in the provision of prenatal care visits by family physicians. *Ann Fam Med*. 7(2):128-133. Mar-Apr 2009.

Morgan PA, Strand J, Ostbye T, Albanese MA. Missing in action: care by physician assistants and nurse practitioners in national health surveys. *Health Serv Res*. 42(5):2022-2037. Oct 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.

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