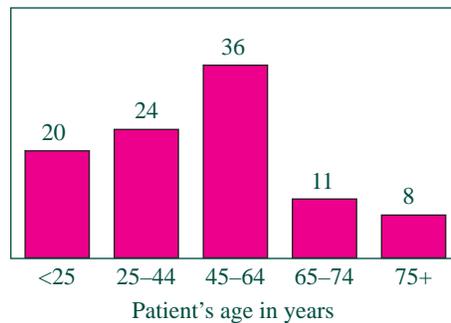


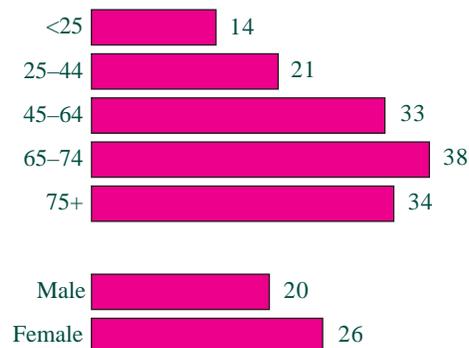
In 2009, there were an estimated 71 million visits to nonfederally employed, office-based osteopathic physicians in the United States. More than half of the visits were made by persons 25–64 years of age.

Percent distribution of office visits by patient's age: 2009



The annual visit rate increased with age. Until 74 years of age the visit rate was not different for males and females.

Annual office visit rates by patient's age and sex: 2009



Number of visits per 100 persons per year

Primary expected source of payment included:

- Private insurance — 57%
- Medicare — 19%
- Medicaid — 16%
- No insurance¹ — 5%

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 — 37%
- Chronic problem, routine — 32%
- Preventative care — 17%
- Chronic problem, flare-up — 9%

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

- General medical examinations
- Progress visit
- Medication
- Neck symptoms
- Nasal congestion

The top 4 diagnoses were:

- Spinal disorders
- Essential hypertension
- Rheumatism, excluding back
- Acute URI, excluding pharyngitis

Medications were provided or prescribed at 76 percent of office visits. The top 5 generic substances utilized were:

- Lisinopril
- Levothyroxine
- Simvastatin
- Metoprolol
- Metformin

For more information, contact the Ambulatory 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*, *Archives of Pediatric and Adolescent Medicine*, and *Journal of Family Practice*. Here are just a few recent publications using NAMCS data:

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.

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

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

Burt CW, Sisk JE. Which physicians and practices are using electronic medical records? *Health Aff (Millwood)*. 24(5):1334–1343. Sep–Oct 2005.

Coco A, Kleinhans E. Prevalence of primary HIV infection in symptomatic ambulatory patients. *Ann Fam Med*. 3(5):400–404. Sep–Oct 2005.

Fiscella K, Franks P. Is patient HMO insurance or physician HMO participation related to racial disparities in primary care? *Am J Manag Care*. 11(6):397–402. Jun 2005.

Gottschalk A, Flocke SA. Time spent in face-to-face patient care and work outside the examination room. *Ann Fam Med*. 3(6):488–493. Nov–Dec 2005.

The complete list of publications using NAMCS data, which includes hundreds of articles and reports, is available on our Web site.