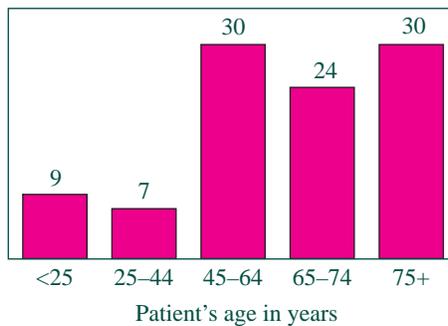


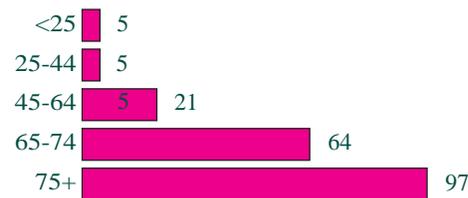
**In 2009, there were an estimated 56 million visits to nonfederally employed, office-based ophthalmologists in the United States. A majority of the visits were made by persons 45 years of age and over.**

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



**The visit rates for persons in the three oldest age groups were higher compared to each of the two youngest age groups.**

Annual office visit rates by patient's age: 2009



Male 16  
Female 20

Number of visits per 100 persons per year

**Primary expected source of payment included:**

- Private insurance — 69%
- Medicare — 48%
- Medicaid — 9%
- No insurance<sup>1</sup> — 3%

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

**The major reason for visit was:**

- Chronic problem, routine — 36%
- New problem — 24%
- Preventative care — 18%
- Pre- or post-surgery/injury follow-up — 16%
- Chronic problem, flare-up — 6%

**The top 5 reasons given by patients for visiting ophthalmologists were:**

- Vision dysfunctions
- Eye exam
- Postoperative visit
- Cataract
- Progressive visit

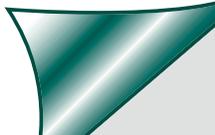
**The top 5 diagnoses were:**

- Glaucoma
- Cataract
- Retinal detachment and other retinal disorders
- Diabetes mellitus
- Disorders of refraction and accommodation

**Medications were provided or prescribed at 59 percent of office visits. The top 3 generic substances utilized were:**

- Prednisolone ophthalmic
- Miscellaneous ophthalmic agents
- Latanoprost ophthalmic

*For more information, contact the Ambulatory Care Statistics Branch at 301-458-4600 or visit our Web site at <[www.cdc.gov/namcs](http://www.cdc.gov/namcs)>.*



**NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA*, *Archives of Ophthalmology*, and *Ophthalmic Surgery*. Here are just a few recent publications using NAMCS data:**

Valderas JM, Starfield B, Forrest CB, Sibbald B, Roland M. Ambulatory care provided by office-based specialists in the United States. *Ann Fam Med*. 7(2):104–11. Mar–Apr 2009.

McGwin G Jr. Rate of eye injury in the United States. *Arch Ophthalmol*. 123(7):970–6. Jul 2005.

Freed GL, Nahra TA, Wheeler JR. Which physicians are providing health care to America's children? Trends and changes during the past 20 years. *Arch Pediatr Adolesc Med*. 158(1):22–6. Jan 2004.

Chiang Y-P, Wang F, Javitt JC. Office visits to ophthalmologists and other physicians for eye care among the U.S. population, 1990. *Public Health Rep*. 110(2):147–153. Mar–Apr 1995.

Gilchrist VJ, Stange KC, Flocke SA, McCord G, Bourguet CC. A Comparison of the National Ambulatory Medical Care Survey (NAMCS) Measurement Approach With Direct Observation of Outpatient Visits. *Medical Care*. 42(3):276–280. March 2004.

Glied S, Zivin JG. How do doctors behave when some (but not all) of their patients are in managed care? *Journal of Health Economics*. 21(2):337–353. Mar 2002.

Bernstein AB, Hing E, Burt CW, Hall MJ. Trend data on medical encounters: tracking a moving target. *Health Aff (Millwood)*. 20(2):58–72. Mar–Apr 2001.

Forrest CB, Whelan E. Primary care safety-net delivery sites in the United States: A comparison of community health centers, hospital outpatient departments, and physicians' offices. *JAMA*. 284:2077–2083. 2000.

Sastry SM, Chiang YP, Javitt JC. Practice patterns of the office-based ophthalmologist. *Ophthalmic Surg*. 25(2):76–81. Feb 1994.

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

NAMCS(FS)-8 (7-11)