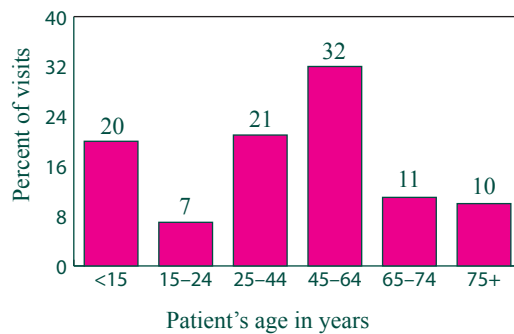


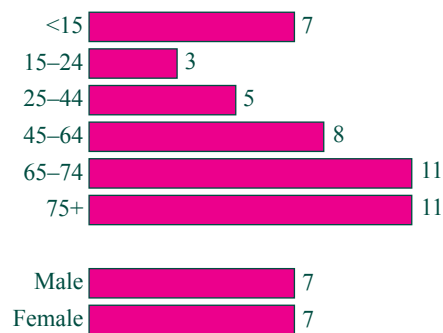
In 2010, there were an estimated 20 million visits to nonfederally employed, office-based otolaryngologists in the United States. One-fifth of the visits were made by persons under 15 years of age.

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



The visit rate was not different for males and females.

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 — 59%
- Medicare — 19%
- Medicaid/CHIP — 12%

The major reason for visit was:

- New problem — 34%
- Chronic problem, routine — 29%
- Chronic problem, flare-up — 17%
- Pre- or post-surgery/injury follow-up — 15%

The top 3 reasons given by patients for visiting otolaryngologists were:

- Hearing dysfunction
- Earache or ear infection
- Nasal congestion

The top 3 diagnoses were:

- Otitis media
- Chronic sinusitis
- Impacted cerumen

Medications were provided or prescribed at 55 percent of office visits.

The top 3 generic substances utilized were:

- Mometasone nasal
- Omeprazole
- Fluticasone nasal

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>.



THE IMPORTANCE OF NAMCS DATA

Otolaryngology

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA*, *Laryngoscope*, and *Otolaryngology Head and Neck Surgery*. Here are a few recent publications using NAMCS data:

Bhattacharyya N. Characteristics and trends in ambulatory otolaryngology visits and practices. *Otolaryngol Head Neck Surg*. 147(6):1060-1064. Dec 2012.

Bhattacharyya N, Kepnes LJ. Ambulatory office visits and medical comorbidities associated with obstructive sleep apnea. *Otolaryngol Head Neck Surg*. Sep 2012.

Bhattacharyya N. Involvement of physician extenders in ambulatory otolaryngology practice. *Laryngoscope*. 122(5):1010-1013. May 2012.

Sidell D, Shapiro NL, Bhattacharyya N. Demographic influences on antibiotic prescribing for pediatric acute otitis media. *Otolaryngol Head Neck Surg*. 146(4):653-658. Apr 2012.

Soler ZM, Mace JC, Litvack JR, Smith TL. Chronic rhinosinusitis, race, and ethnicity. *Am J Rhinol Allergy*. 26(2):110-116. Mar 2012.

Bhattacharyya N, Kepnes LJ. Initial impact of the acute otitis externa clinical practice guideline on clinical care. *Otolaryngol Head Neck Surg*. 145(3):414-417. Sep 2011.

Lin HW, Bhattacharyya N. Otologic diagnoses in the elderly: current utilization and predicted workload increase. *Laryngoscope*. 121(7):1504-1507. Jul 2011.

Lee LN, Bhattacharyya N. Regional and specialty variations in the treatment of chronic rhinosinusitis. *Laryngoscope*. 121(5):1092-1097. May 2011.

Mattos JL, Woodard CR, Payne SC. Trends in common rhinologic illnesses: analysis of US healthcare surveys 1995-2007. *Int Forum Allergy Rhinol*. 1(1):3-12. Jan-Feb 2011.

Shapiro DJ, Gonzales R, Cabana MD, Hersh AL. National trends in visit rates and antibiotic prescribing for children with acute sinusitis. *Pediatrics*. 127(1):28-34. Jan 2011.

Best SR, Fakhry C. The prevalence, diagnosis, and management of voice disorders in a National Ambulatory Medical Care Survey (NAMCS) cohort. *Laryngoscope*. 121(1):150-157. Jan 2011.

Smith WM, Davidson TM, Murphy C. Regional variations in chronic rhinosinusitis, 2003-2006. *Otolaryngol Head Neck Surg*. 141(3):347-352. Sep 2009.

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):104-111. Mar-Apr 2009.

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