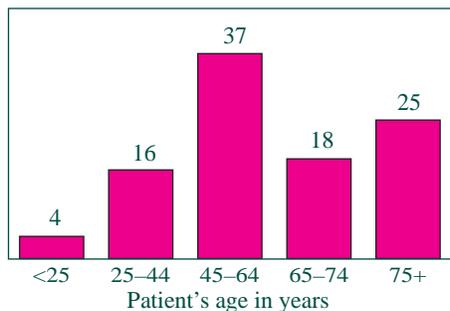


INTERNAL MEDICINE

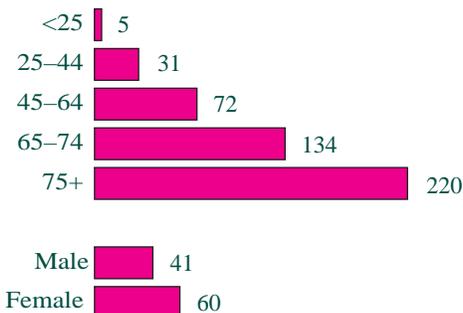
In 2009, there were an estimated 153 million visits to nonfederally employed, office-based physicians specializing in internal medicine in the United States. Eighty percent of the visits were made by persons 45 years and over.

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



The annual visit rate increased with age. Females had a higher visit rate than males.

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 — 61%
- Medicare — 37%
- Medicaid — 10%
- No insurance¹ — 3%

¹ 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 — 38%
- New problem — 34%
- Preventative care — 17%
- Chronic problem, flare-up — 8%
- Pre- or post-surgery/injury follow-up — 2%

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

- General medical exam
- Progress visit
- Hypertension
- Diabetes melitus
- Cough

The top 5 diagnoses were:

- Essential hypertension
- Diabetes mellitus
- Disorders of lipid metabolism
- Other symptoms
- Arthropathies and related disorders

Medications were provided or prescribed at 88 percent of office visits. The top 5 generic substances utilized were:

- Aspirin
- Lisinopril
- Simvastatin
- Levothyroxine
- Metoprolol

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 published in nationally recognized medical journals, including *JAMA*, *Archives of Internal Medicine*, and *Medical Care*. Here are just a few recent publications using NAMCS data:

Ananthakrishnan AN, McGinley EL, Saeian K. Length of office visits for gastrointestinal disease: impact of physician specialty. *Am J Gastroenterol*. 105(8):1719–25. Aug 2010.

Bleich SN, Pickett-Blakely O, Cooper LA. Physician practice patterns of obesity diagnosis and weight-related counseling. *Patient Educ Couns*. Mar 2010. [Epub ahead of print]

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.

Friedenberg FK, Hanlon A, Vanar V, Nehemia D, Mekapati J, Nelson DB, Richter JE. Trends in Gastroesophageal Reflux Disease as Measured by the National Ambulatory Medical Care Survey. *Dig Dis Sci*. Oct 2009. [Epub ahead of print]

Neumiller JJ, Sclar DA, Robison LM, Setter SM, Skaer TL. Rate of obesity in U.S. ambulatory patients with diabetes mellitus: A national assessment of office-based physician visits. *Prim Care Diabetes*. Jul 2009. [Epub ahead of print]

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.

Peek ME, Tang H, Alexander GC, Chin MH. National Prevalence of Lifestyle Counseling or Referral Among African-Americans and Whites with Diabetes. *J Gen Intern Med*. Aug 2008. [Epub ahead of print]

Keyhani S, Scobie JV, Hebert PL, McLaughlin MA. Gender disparities in blood pressure control and cardiovascular care in a national sample of ambulatory care visits. *Hypertension*. 51(4):1149–55. Apr 2008. [Epub Feb 2008]

McAlpine DD, Wilson AR. Trends in obesity-related counseling in primary care: 1995–2004. *Med Care*. 45(4):322–9. Apr 2007.

Steinman MA, Chren M, Landefeld CS. What's in a Name? Use of Brand Name Versus Generic Drug Names in United States Outpatient Practice. *Journal of General Internal Medicine*. 22(5):645–648. May 2007.

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

NAMCS(FS)-5 (7-11)