In 2010, there were an estimated 1 billion visits to nonfederally employed, office-based physicians in the United States. Almost half of the visits were made by persons 25–64 years of age.

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

<table>
<thead>
<tr>
<th>Patient’s age in years</th>
<th>Percent of visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;15</td>
<td>16</td>
</tr>
<tr>
<td>15-24</td>
<td>8</td>
</tr>
<tr>
<td>25-44</td>
<td>20</td>
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<tr>
<td>45-64</td>
<td>29</td>
</tr>
<tr>
<td>65-74</td>
<td>13</td>
</tr>
<tr>
<td>75+</td>
<td>13</td>
</tr>
</tbody>
</table>

The annual visit rate increased with age from age 15. The visit rate was highest for persons 75 years and over. Females had a higher visit rate than males.

Annual office visit rates by patient’s age and sex: 2010

<table>
<thead>
<tr>
<th>Patient’s age in years</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;15</td>
<td>268</td>
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<tr>
<td>15-24</td>
<td>192</td>
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<tr>
<td>25-44</td>
<td>256</td>
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<tr>
<td>45-64</td>
<td>371</td>
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<tr>
<td>65-74</td>
<td>624</td>
<td></td>
</tr>
<tr>
<td>75+</td>
<td>715</td>
<td></td>
</tr>
</tbody>
</table>

Medications were provided or prescribed at 74 percent of office visits. The top 5 generic substances utilized were:
- Aspirin
- Simvastatin
- Lisinopril
- Levothyroxine
- Albuterol

Expected source(s) of payment included:
- Private insurance — 53%
- Medicare — 25%
- Medicaid/CHIP — 12%
- No insurance — 4%
- Worker’s compensation — 1%

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

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

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA*, *Archives of Internal Medicine* (renamed *JAMA Internal Medicine*), and the *American Journal of Medicine*. Here are a few recent publications using NAMCS data:


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](http://www.cdc.gov/nchs/ahcd/ahcd_products.htm)

NAMCS(FS)-13 (2-13)
In 2010, there were an estimated 214 million visits to nonfederally employed, office-based general and family practitioners in the United States.

The percent distribution of office visits by patient’s age: 2010

<table>
<thead>
<tr>
<th>Patient’s age in years</th>
<th>Percent of visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;15</td>
<td>11</td>
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<tr>
<td>15–24</td>
<td>10</td>
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<tr>
<td>25–44</td>
<td>27</td>
</tr>
<tr>
<td>45–64</td>
<td>32</td>
</tr>
<tr>
<td>65–74</td>
<td>11</td>
</tr>
<tr>
<td>75+</td>
<td>9</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Patient’s age in years</th>
<th>Number of visits per 100 persons per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;15</td>
<td>37</td>
</tr>
<tr>
<td>15–24</td>
<td>52</td>
</tr>
<tr>
<td>25–44</td>
<td>71</td>
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<tr>
<td>45–64</td>
<td>86</td>
</tr>
<tr>
<td>65–74</td>
<td>109</td>
</tr>
<tr>
<td>75+</td>
<td>110</td>
</tr>
</tbody>
</table>

Male: 62
Female: 78

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

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.

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  General/Family Practice

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:


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

NAMCS(FS)-3 (2-13)
In 2010, there were an estimated 67 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.

The annual visit rate increased with age.

Expected source(s) of payment included:
- Private insurance — 52%
- Medicare — 21%
- Medicaid/CHIP — 12%

The major reason for visit was:
- New problem — 40%
- Chronic problem, routine — 27%
- Preventative care — 17%
- Chronic problem, flare-up — 6%

The top 5 reasons given by patients for visiting osteopaths were:
- Progress visit
- General medical examinations
- Cough
- Medication
- Test results

The top 5 diagnoses were:
- Essential hypertension
- General medical examination
- Diabetes mellitus
- Normal pregnancy
- Chronic sinusitis

Medications were provided or prescribed at 75 percent of office visits. The top 5 generic substances utilized were:
- Lisinopril
- Aspirin
- Acetaminophen-Hydrocodone
- Levothyroxine
- Simvastatin

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

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 the American Osteopathic Association*. Here are just a few recent publications using NAMCS data:


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](http://www.cdc.gov/nchs/ahcd/ahcd_products.htm)

NAMCS(FS)-10 (2-13)
In 2010, there were an estimated 139 million visits to nonfederally employed, office-based physicians specializing in internal medicine in the United States. Over 75 percent of the visits were made by persons 45 years and over.

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

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

Annual office visit rates by patient’s age in years and sex: 2010

<table>
<thead>
<tr>
<th>Patient’s age in years</th>
<th>Number of visits per 100 persons per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25</td>
<td>6</td>
</tr>
<tr>
<td>25–44</td>
<td>32</td>
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<tr>
<td>45–64</td>
<td>69</td>
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<tr>
<td>65–74</td>
<td>113</td>
</tr>
<tr>
<td>75+</td>
<td>163</td>
</tr>
</tbody>
</table>

Male  | Female
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>51</td>
</tr>
</tbody>
</table>

The major reason for visit was:
- New problem — 37%
- Chronic problem, routine — 32%
- Preventative care — 19%
- Chronic problem, flare-up — 8%
- Pre- or post-surgery/injury follow-up — 2%

The top 4 reasons given by patients for visiting internists were:
- General medical exam
- Progress visit
- Hypertension
- Cough

The top 4 diagnoses were:
- Essential hypertension
- Diabetes mellitus
- General medical exam
- Disorders of lipid metabolism

Medications were provided or prescribed at 87 percent of office visits.
The top 5 generic substances utilized were:
- Aspirin
- Simvastatin
- Lisinopril
- Levothyroxine
- Omeprazole

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*, *Archives of Internal Medicine* (renamed *JAMA Internal Medicine*), and *Journal of General Internal Medicine*. Here are a few recent publications using NAMCS data:


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](http://www.cdc.gov/nchs/ahcd/ahcd_products.htm)
In 2010, there were an estimated 132 million visits to nonfederally employed, office-based pediatricians in the United States. Half of these visits were made by children under the age of 5.

The visit rate was not different for males and females.

The major reason for visit was:
- New problem — 45%
- Preventative care — 41%
- Chronic problem, routine — 9%
- Chronic problem, flare-up — 4%

The top 4 reasons for visiting the pediatrician given by patients/patient spokespersons were:
- General medical exam
- Well baby exam
- Cough
- Fever

The top 5 diagnoses were:
- Routine infant or child health check
- Otitis media and eustachian tube disorders
- Acute upper respiratory infections, excluding pharyngitis
- Acute pharyngitis
- Asthma

Medications or immunizations were provided or prescribed at 71 percent of pediatric visits. The top 5 generic substances utilized were:
- Influenza virus vaccine, inactivated
- Amoxicillin
- Albuterol
- Hepatitis A vaccine
- Acetaminophen

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

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, Archives of Pediatric and Adolescent Medicine* (renamed *JAMA Pediatrics*), and the *Journal of Family Practice*. Here are a few recent publications using NAMCS data:


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](http://www.cdc.gov/nchs/ahcd/ahcd_products.htm)
In 2010, there were an estimated 19 million visits to nonfederally employed, office-based physicians specializing in general surgery in the United States. More than 60 percent of the visits were made by persons between 25–64 years of age.

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

<table>
<thead>
<tr>
<th>Patient’s age in years</th>
<th>Percent of visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25</td>
<td>5</td>
</tr>
<tr>
<td>25–44</td>
<td>22</td>
</tr>
<tr>
<td>45–64</td>
<td>44</td>
</tr>
<tr>
<td>65–74</td>
<td>16</td>
</tr>
<tr>
<td>75+</td>
<td>13</td>
</tr>
</tbody>
</table>

The annual visit rates were highest for persons 65 years and over.

Annual office visit rates by patient’s age and sex: 2010

<table>
<thead>
<tr>
<th>Patient’s age in years</th>
<th>&lt;25</th>
<th>25–44</th>
<th>45–64</th>
<th>65–74</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1</td>
<td>5</td>
<td>10</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Expected source(s) of payment included:
- Private insurance — 52%
- Medicare — 28%
- Medicaid/CHIP — 7%

The major reason for visit was:
- Pre- or post-surgery/injury follow-up — 38%
- New problem — 30%
- Chronic problem, flare-up — 6%

The top 2 reasons given by patients for visiting general surgeons were:
- Postoperative visit
- Hernia of abdominal cavity

The top diagnoses were:
- Malignant neoplasms of breast
- Sebaceous cyst
- Hernia of abdominal cavity

Medications or immunizations were provided or prescribed at 49 percent of the visits to general surgeons. The top 2 generic substances utilized were:
- Levothyroxine
- Lisinopril

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

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including JAMA, American Journal of Public Health, and Journal of the American College of Surgeons. Here are a few recent publications using NAMCS data:


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

NAMCS(FS)-4 (2-13)
In 2010, there were an estimated 79 million visits to nonfederally employed, office-based physicians specializing in obstetrics and gynecology in the United States. More than half of the visits were made by women 25–44 years of age.

Percent distribution of office visits by females according to patient’s age: 2010

The major reason for visit was:
- Preventative care — 71%
- New problem — 16%
- Pre- or post-surgery/injury follow-up — 6%
- Chronic problem, routine — 4%
- Chronic problem, flare-up — 3%

The top 5 reasons given by patients for visiting OB/GYNs were:
- Gynecological examination
- Routine prenatal examination
- Progress visit
- Complications of pregnancy and puerperium
- Postpartum examination

The top 4 diagnoses were:
- Normal pregnancy
- Gynecological examination
- High risk pregnancy
- Postpartum follow-up

Medications were provided or prescribed at 62 percent of office visits. The top 5 generic substances utilized were:
- Ergocalciferol; Pyridoxine; Riboflavin; Thiamine; Vitamin A
- Levothyroxine
- Multivitamin
- Estradiol
- Ethinyl estradiol with norgestimate

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

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including JAMA, American Journal of Obstetrics & Gynecology, and Obstetrics and Gynecology. Here are a few recent publications using NAMCS data:


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

NAMCS(FS)-7 (2-13)
In 2010, there were an estimated 63 million visits to nonfederally employed, office-based physicians specializing in orthopedic surgery in the United States. More than half of the visits were made by persons aged 25–64 years.

The annual visit rate was highest in the 65-74 age group.

Annual office visit rates by patient’s age and sex: 2010

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

The major reason for visit was:
- New problem — 37%
- Pre- or post-surgery/injury follow-up — 23%
- Chronic problem, routine — 22%
- Chronic problem, flare-up — 15%

The top 4 reasons given by patients for visiting orthopedic surgeons were:
- Knee symptoms
- Shoulder symptoms
- Postoperative visit
- Back symptoms

The top 3 diagnoses were:
- Osteoarthritis
- Lower limb joint pain
- Tear of medial cartilage

Medications were provided or prescribed at 49 percent of office visits. The top 3 generic substances utilized were:
- Acetaminophen with hydrocodone
- Naproxen
- Ibuprofen

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

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


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](http://www.cdc.gov/nchs/ahcd/ahcd_products.htm)
In 2010, there were an estimated 29 million visits to nonfederally employed, office-based physicians specializing in cardiovascular diseases in the United States. More than half of the visits were made by persons 65 years of age and over.

The visit rates were highest for persons 65 years and over. The overall rate did not differ by sex.

Annual office visit rates by patient’s age and sex: 2010

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;45</td>
<td>1</td>
<td>10</td>
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<tr>
<td>45–64</td>
<td>12</td>
<td>17</td>
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<tr>
<td>65–74</td>
<td>37</td>
<td>54</td>
</tr>
<tr>
<td>75+</td>
<td>52</td>
<td>59</td>
</tr>
</tbody>
</table>

The major reason for visit was:
- Chronic problem, routine — 54%
- New problem — 17%
- Preventive Care — 12%
- Chronic problem, flare-up — 9%
- Pre- or post-surgery/injury follow-up — 5%

The top 3 reasons given by patients for visiting cardiovascular disease specialists were:
- Progress visit
- Chest pain
- Ischemic heart disease

The top 4 diagnoses were:
- Coronary atherosclerosis
- Essential hypertension
- Atrial fibrillation
- Chest pain

Medications were provided or prescribed at 91 percent of office visits. The top 5 generic substances utilized were:
- Aspirin
- Metoprolol
- Simvastatin
- Lisinopril
- Clopidogrel

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  Cardiovascular Diseases

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including JAMA, Journal of the American College of Cardiology, and Circulation. Here are a few recent publications using NAMCS data:


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

NAMCS(FS)-1 (2-13)
In 2010, there were an estimated 39 million visits to nonfederally employed, office-based dermatologists in the United States. Over one-third of these visits were made by persons 45-64 years of age.

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

![](chart.png)

The visit rate was highest for persons 75 years and over. The visit rate increased with age.

Annual office visit rates by patient’s age and sex: 2010

<table>
<thead>
<tr>
<th>Patient’s age in years</th>
<th>Number of visits per 100 persons per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;15</td>
<td>3</td>
</tr>
<tr>
<td>15–24</td>
<td>9</td>
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<tr>
<td>25–44</td>
<td>8</td>
</tr>
<tr>
<td>45–64</td>
<td>17</td>
</tr>
<tr>
<td>65–74</td>
<td>32</td>
</tr>
<tr>
<td>75+</td>
<td>37</td>
</tr>
</tbody>
</table>

For more information per 100 persons per year

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>15</td>
</tr>
</tbody>
</table>

Expected source(s) of payment included:

- Private insurance — 63%
- Medicare — 30%

The major reason for visit was:

- New problem — 38%
- Chronic problem, routine — 31%
- Chronic problem, flare-up — 12%
- Preventative care — 10%
- Pre- or post-surgery/injury follow-up — 9%

The top 4 reasons given by patients for visiting dermatologists were:

- Acne or pimples
- Discoloration or pigmentation
- Special examination
- Skin lesion

The top 5 diagnoses were:

- Acne
- Actinic and seborrheic keratosis
- Unspecified cause
- Benign neoplasm
- Malignant neoplasms

Medications were provided or prescribed at 66 percent of office visits. The top 4 generic substances utilized were:

- Aspirin
- Clobetasol Topical
- Simvastatin
- Tretinoin Topical

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](http://www.cdc.gov/namcs).
THE IMPORTANCE OF NAMCS DATA

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including JAMA, Journal of the American Academy of Dermatology, and Archives of Dermatology. Here are a few recent publications using NAMCS data:


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

NAMCS(FS)-2 (2-13)
In 2010, there were an estimated 19 million visits to nonfederally employed, office-based urologists in the United States.

The annual visit rate increased with age. Males had a higher visit rate than females.

Annual office visit rates by patient’s age and sex: 2010

- **<25**: 1
- **25-44**: 3
- **45-64**: 8
- **65-74**: 22
- **75+**: 30

Number of visits per 100 persons per year

Male: 10
Female: 3

Expected source(s) of payment included:
- Medicare — 45%
- Private insurance — 44%
- Medicaid/CHIP — 4%

The major reason for visit was:
- Chronic problem, routine — 43%
- New problem — 26%
- Pre- or post-surgery/injury follow-up — 12%
- Chronic problem, flare-up — 9%
- Preventative care — 8%

The top 5 diagnoses were:
- Malignant neoplasms
- Other specified aftercare
- Benign hypertrophy of the prostate
- Urinary tract infection
- Calculus of kidney

Medications were provided or prescribed at 68 percent of office visits. The top 5 generic substances utilized were:
- Aspirin
- Tamsulosin
- Ciprofloxacin
- Simvastatin
- Lisinopril

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

Urology

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, Journal of Urology*, and *Clinical Infectious Diseases*. Here are a few recent publications using NAMCS data:


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

NAMCS(FS)-15 (2-13)
In 2010, there were an estimated 26 million visits to nonfederally employed, office-based psychiatrists in the United States. Two-thirds of the visits were made by persons 25–64 years of age.

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

Annual office visit rates by patient’s age and sex: 2010

Expected source(s) of payment included:
- Private insurance — 39%
- No insurance¹ — 24%
- Medicaid/CHIP — 17%
- Medicare — 15%

¹No 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 — 83%
- Chronic problem, flare-up — 9%
- New problem — 4%

The top 4 reasons given by patients for visiting psychiatrists were:
- Medication
- Progress visit
- Depression
- Anxiety and nervousness

The top 5 diagnoses were:
- Major depressive disorder, single episode
- Depressive disorder
- Attention deficit disorder
- Manic depressive psychosis
- General anxiety disorder

Medications were provided or prescribed at 84 percent of office visits. The top 5 generic substances utilized were:
- Clonazepam
- Quetiapine
- Bupropion
- Amphetamine Dextroamphetamine
- Alprazolam

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

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA*, *Archives of General Psychiatry* (renamed *JAMA Psychiatry*), and the *American Journal of Psychiatry*. Here are a few recent publications using NAMCS data:


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](http://www.cdc.gov/nchs/ahcd/ahcd_products.htm)
In 2010, there were an estimated 14 million visits to nonfederally employed, office-based neurologists in the United States. Sixty percent of visits were made by persons 25–64 years of age.

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

<table>
<thead>
<tr>
<th>Patient’s age in years</th>
<th>Percent of visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25</td>
<td>9</td>
</tr>
<tr>
<td>25-44</td>
<td>24</td>
</tr>
<tr>
<td>45-64</td>
<td>35</td>
</tr>
<tr>
<td>65-74</td>
<td>16</td>
</tr>
<tr>
<td>75+</td>
<td>16</td>
</tr>
</tbody>
</table>

The visit rate was lower for persons 24 years of age or less compared to the four older groups. The visit rate was not different for males and females.

Annual office visit rates by patient’s age and sex: 2010

<table>
<thead>
<tr>
<th>Patient’s age in years</th>
<th>Number of visits per 100 persons per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25</td>
<td>1</td>
</tr>
<tr>
<td>25-44</td>
<td>4</td>
</tr>
<tr>
<td>45-64</td>
<td>6</td>
</tr>
<tr>
<td>65-74</td>
<td>11</td>
</tr>
<tr>
<td>75+</td>
<td>13</td>
</tr>
</tbody>
</table>

Male: 4
Female: 5

The major reason for visit was:
- Chronic problem, routine — 60%
- New problem — 24%
- Chronic problem, flare-up — 11%

The top 5 reasons given by patients for visiting neurologists were:
- Progress visit
- Headache
- Convulsions
- Disturbances of sensation
- Abnormal involuntary movement

The top 4 diagnoses were:
- Migraine
- Parkinson’s disease
- Headache
- Epilepsy

Medications were provided or prescribed at 79 percent of office visits. The top 5 generic substances utilized were:
- Gabapentin
- Aspirin
- Topiramate
- Levetiracetam
- Simvastatin

For more information, contact the Ambulatory and Hospital Care Statistics Branch 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.
THE IMPORTANCE OF NAMCS DATA

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA, Archives of Neurology* (renamed *JAMA Neurology*), and *Sleep*. Here are a few recent publications using NAMCS data:


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

NAMCS(FS)-6 (2-13)
In 2010, there were an estimated 55 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: 2010

The visit rates for persons in the two oldest age groups were higher than the two youngest age groups.

Annual office visit rates by patient’s age and sex: 2010

The major reason for visit was:
- Chronic problem, routine — 33%
- New problem — 27%
- Pre- or post-surgery/injury follow-up — 18%
- Preventative care — 16%
- Chronic problem, flare-up — 6%

The top 5 reasons given by patients for visiting ophthalmologists were:
- Vision dysfunctions
- Eye exam
- Progress visit
- Postoperative visit
- Cataract

The top 3 diagnoses were:
- Cataract
- Lens replacement
- Diabetes ophthalmic manifestations

Medications were provided or prescribed at 59 percent of office visits. The top 4 generic substances utilized were:
- Multivitamin
- Aspirin
- Prednisone Ophthalmic
- Levothyroxine

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

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


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](http://www.cdc.gov/nchs/ahcd/ahcd_products.htm)
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.

The visit rate was not different for males and females.

Annual office visit rates by patient’s age and sex: 2010.

- <15: 7
- 15–24: 3
- 25–44: 5
- 45–64: 8
- 65–74: 11
- 75+: 11

<table>
<thead>
<tr>
<th>Patient’s age in years</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;15</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>15–24</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>25–44</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>45–64</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>65–74</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>75+</td>
<td>11</td>
<td>11</td>
</tr>
</tbody>
</table>

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

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:


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

NAMCS(FS)-11 (2-13)
In 2010, there were an estimated 25 million visits to nonfederally employed, office-based oncologists in the United States.

The major reason for visit was:
- Chronic problem, routine — 72%
- New problem — 12%
- Chronic problem, flare-up — 5%
- Preventative care — 4%

The top 3 reasons given by patients for visiting oncologists were:
- Progress visit
- Cancer, breast
- Anemia

The top 3 diagnoses were:
- Malignant neoplasms, breast
- Malignant neoplasms, bronchus & lung
- Anemia

Medications were provided or prescribed at 84 percent of office visits.

The top 5 generic substances utilized were:
- Aspirin
- Lisinopril
- Levothyroxine
- Omeprazole
- 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>.
THE IMPORTANCE OF NAMCS DATA

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


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](http://www.cdc.gov/nchs/ahcd/ahcd_products.htm)

NAMCS(FS)-16 (2-13)
In 2010, there were an estimated 20 million visits to community health centers (CHCs) in the United States. The annual visit rate was 7 CHC visits per 100 persons. Over one-third of the visits were made by persons under 25 years of age.

Percent distribution of CHC visits by patient’s age: 2010

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Percent of Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 15</td>
<td>28</td>
</tr>
<tr>
<td>15-24</td>
<td>12</td>
</tr>
<tr>
<td>25-44</td>
<td>23</td>
</tr>
<tr>
<td>45-64</td>
<td>28</td>
</tr>
<tr>
<td>65+</td>
<td>9</td>
</tr>
</tbody>
</table>

Annual rate of CHC visits by patient age and sex: 2010

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;15</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>15-24</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>25-44</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>45-64</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>65+</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

Expected source(s) of payment included:
- Medicaid or Children’s Health Insurance Program — 45%
- No insurance\(^1\) — 19%
- Private insurance — 13%
- Medicare — 11%
- Other — 5%

Common reasons for visit:
- General medical examination
- Progress visit
- Test results
- Cough
- Well baby examination
- Medication
- Prenatal examination
- Diabetes mellitus
- Fever
- Back symptoms

Common diagnoses:
- Routine infant or child health check
- Diabetes mellitus
- Essential hypertension
- Acute upper respiratory infection
- Normal pregnancy
- General medical examination
- Gynecological examination
- Hyperlipidemia
- Depressive disorder
- Back ache

Percent of visits with selected chronic condition: 2010

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percent of Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>24</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>16</td>
</tr>
<tr>
<td>Diabetes</td>
<td>14</td>
</tr>
<tr>
<td>Asthma</td>
<td>9</td>
</tr>
</tbody>
</table>

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

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, JAMA Internal Medicine* (formerly *Archives of Internal Medicine*), and *American Journal of Preventive Medicine*. Here are a few of the publications that use NAMCS data:


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](http://www.cdc.gov/nchs/ahcd/ahcd_products.htm)
In 2010, there were an estimated 129.8 million visits to emergency departments (EDs) of nonfederal short-stay and general hospitals in the United States. The annual visit rate was 42.8 ED visits per 100 persons. More than one-third of the visits were made by persons under 25 years of age.

The visit rate was higher for Black or African American persons compared with White persons. Females had a higher visit rate compared with males.

Annual rate of ED visits by patient sex and race: 2010

Common reasons for visit:
- Stomach and abdominal pain (10.4 million)
- Chest pain (7.0 million)
- Fever (5.0 million)
- Headache (4.0 million)
- Back symptoms (3.5 million)
- Shortness of breath (3.5 million)
- Cough (3.4 million)
- Pain, unspecified (3.2 million)
- Vomiting (2.5 million)
- Throat symptoms (2.4 million)

Common diagnoses:
- Abdominal pain (6.4 million)
- Chest pain (5.4 million)
- Contusion with intact skin surface (4.8 million)
- Acute upper respiratory infection, excluding pharyngitis (4.1 million)
- Spinal disorders (4.0 million)
- Open wound, excluding head (3.6 million)
- Cellulitis and abscess (3.4 million)
- Fractures, excluding lower limb (2.7 million)
- UTI (2.4 million)
- Sprains and strains, excluding ankle and back (2.4 million)

Expected sources of payment:
- Private insurance (37%)
- Medicaid or Children's Health Insurance Program (31%)
- Medicare (18%)
- No insurance (16%)
- Other (4%)
- Unknown (3%)

NOTE: More than one source may be reported per visit.
Medications were provided or prescribed at 79 percent of ED visits for a total of 271 million drugs.

Common drug categories:
- Analgesics (94.7 million)
- Antiemetic or antivertigo agents (33.5 million)
- Minerals and electrolytes (14.7 million)
- Anxiolytics, sedatives, and hypnotics (12.0 million)
- Miscellaneous respiratory agents (10.9 million)
- Antihistamines (10.7 million)
- Bronchodilators (8.8 million)
- Cephalosporins (8.7 million)
- Penicillins (8.4 million)
- Adrenal cortical steroids (8.2 million)

Leading principal hospital discharge diagnosis groups:
- Nonischemic heart disease (1.1 million)
- Chest pain (1.0 million)
- Pneumonia (784,000)
- Ischemic heart disease (505,000)
- Cerebrovascular disease (457,000)

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/nhamcs>.

IMPORTANCE OF NHAMCS EMERGENCY DEPARTMENT DATA

NHAMCS data are widely used in research studies published in nationally recognized health and medical journals, including JAMA, Annals of Emergency Medicine, and Academic Emergency Medicine. Here are a few examples of recent publications.


Fortuna RJ, Halterman JS, Pulcino T, Robbins BW. Delayed Transition of Care: A National Study of Visits to Pediatricians by Young Adults. Acad Pediatr. 2012 Jun 17. [Epub ahead of print]


From 2007-2010, there were an estimated 10.5 million visits to emergency departments (EDs) of nonfederal short-stay and general hospitals in rural areas of the United States each year. The average annual visit rate was 55.0 per 100 persons. About one-third of the visits were made by persons under 25 years of age.

Average annual percent distribution of rural ED visits by patient age: 2007-2010

The average annual visit rate was higher in females compared to males.

Average annual rate of rural ED visits by patient sex: 2007-2010

Common reasons for visit:
- Chest pain (496,000)
- Fever (405,000)
- Stomach and abdominal pain (369,000)
- Headache (341,000)
- Cough (320,000)
- Shortness of breath (311,000)
- Back symptoms (264,000)
- Laceration, upper extremity (208,000)
- Nausea (202,000)
- Throat symptoms (197,000)

Common diagnoses:
- Contusions (568,000)
- Open wound, excluding head (421,000)
- Acute upper respiratory infections (403,000)
- Chest pain (356,000)
- Abdominal pain (329,000)
- Spinal disorders (250,000)
- Sprains and strains of neck and back (229,000)
- Urinary tract infection (228,000)
- Sprains and strains, excluding ankle, neck, and back (222,000)
- Fracture of lower limb (214,000)

Medications were provided or prescribed at 81 percent of rural ED visits for a total of 19 million drugs.

Common drug categories:
- Analgesics (6.1 million)
- Antiemetic or antivertigo agents (1.8 million)
- Antihistamines (1.2 million)
- Anxiolytics, sedatives, and hypnotics (771,000)
- Cephalosporins (703,000)
- Adrenal cortical steroids (637,000)
- Penicillins (585,000)
- Bronchodilators (510,000)
- Miscellaneous antibiotics (484,000)
- Minerals and electrolytes (428,000)

Expected sources of payment:
- Private insurance (29%)
- Medicaid or Children's Health Insurance Program (27%)
- Medicare (25%)
- No insurance (13%)
- Other (3%)
- Unknown (4%)*

NOTE: More than one source may be reported per visit.

*Figure does not meet standards of reliability or precision.
Leading principal hospital discharge diagnosis groups:
- Pneumonia (65,000)
- Nonischemic heart disease (55,000)
- Chest pain (38,000)
- Chronic and unspecified bronchitis (36,000)
- Urinary tract infection (25,000)

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/nhamcs>.

IMPORTANCE OF NHAMCS EMERGENCY DEPARTMENT DATA

NHAMCS data are widely used in research studies published in nationally recognized health and medical journals, including JAMA, Annals of Emergency Medicine, and Academic Emergency Medicine. Here are a few examples of recent publications.


Pitts SR. Medical records, chart reviews, and NHAMCS: becoming the lords of all that we survey. Ann Emerg Med. 2013 Apr 5. pii: S0196-0644(13)00209-6. doi: 10.1016/j.annemergmed.2013.03.003. [Epub ahead of print]


In 2010, there were an estimated 100.7 million visits to outpatient departments (OPDs) of nonfederal short-stay and general hospitals in the United States. The annual visit rate was 33.2 OPD visits per 100 persons. About one-third of the visits were made by persons under 25 years of age.

The visit rate was higher for females compared with males and for Black or African American persons compared with White persons.

Common reasons for visit:
- Progress visit (12.0 million)
- General medical examination (5.3 million)
- Prenatal examination (3.0 million)
- Diabetes mellitus (2.8 million)
- Medication (2.4 million)
- Cough (2.3 million)
- Counseling (2.2 million)
- Postoperative visit (2.2 million)
- Stomach and abdominal pain (1.7 million)
- Throat symptoms (1.6 million)

Common diagnoses:
- Diabetes mellitus (4.8 million)
- Malignant neoplasms (4.4 million)
- Hypertension (3.6 million)
- Routine infant or child health check (3.3 million)
- Acute upper respiratory infection, excluding pharyngitis (2.7 million)
- Normal pregnancy (2.5 million)
- Spinal disorders (2.4 million)
- Arthropathies (2.3 million)
- Psychoses, excluding major depressive disorder (1.8 million)
- General medical examination (1.7 million)

Expected sources of payment:
- Private insurance (44%)
- Medicaid or Children’s Health Insurance Program (32%)
- Medicare (22%)
- No insurance (7%)
- Other (5%)
- Unknown (4%)

NOTE: More than one source may be reported per visit.
Medications were provided or prescribed at 74 percent of OPD visits for a total of 285 million drugs.

Common drug categories:
- Analgesics (31.3 million)
- Antidiabetic agents (14.5 million)
- Antihyperlipidemic agents (13.4 million)
- Antidepressants (12.8 million)
- Anxiolytics, sedatives, and hypnotics (11.2 million)
- Bronchodilators (10.0 million)
- Immunostimulants (10.0 million)
- Anticonvulsants (9.7 million)
- Antiplatelet agents (9.7 million)
- Beta-adrenergic blocking agents (9.7 million)
- Diuretics (8.8 million)

**IMPORTANCE OF NHAMCS OUTPATIENT DEPARTMENT DATA**

NHAMCS OPD data are widely used in research studies published in nationally recognized health and medical journals, including *Pediatrics, Obstetrics and Gynecology*, and *Clinical Infectious Diseases*. Here are a few examples of recent publications.

Fortuna RJ, Halterman JS, Pulcino T, Robbins BW. Delayed Transition of Care: A National Study of Visits to Pediatricians by Young Adults. *Acad Pediatr*. 2012 Jun 17. [Epub ahead of print]


NHAMCS(FS)-2 (2-13)