National Ambulatory Medical Care Survey:
2016 National Summary Tables

The Ambulatory and Hospital Care Statistics Branch is pleased to release the most current nationally representative data on ambulatory care visits to physician offices in the United States. Statistics are presented on physician practices as well as patient and visit characteristics using data collected in the 2016 National Ambulatory Medical Care Survey (NAMCS). NAMCS is an annual nationally representative sample survey of visits to nonfederal office-based patient care physicians, excluding anesthesiologists, radiologists, and pathologists.

The sampling design changed for 2016. For 2012–2015, the design targeted varying numbers of states, but no states were targeted for 2016. The 2016 NAMCS sampling design used a stratified two-stage sample, with physicians selected in the first stage and visits in the second stage. A stratified sample list of physicians was selected from the master files maintained by the American Medical Association and American Osteopathic Association. The sampling strata were defined by census region (Northeast, Midwest, South, and West) and 15 broad physician specialty groups (general and family practice, osteopathy, internal medicine, pediatrics, obstetrics and gynecology, general surgery, orthopedic surgery, cardiovascular diseases, dermatology, urology, psychiatry, neurology, ophthalmology, otolaryngology, and a residual category for all other specialties). Although an additional sample was also selected of physicians and nonphysician practitioners from community health center (CHC) delivery sites, CHC estimates are not included in the summary tables and will be presented in a separate report.

The 2016 NAMCS sample included 3,699 physicians. A total of 1,377 physicians did not meet all of the criteria and were ruled out of scope (ineligible) for the study. Of the 2,080 in-scope (eligible) physicians, 677 completed patient record forms (PRFs) in the study. PRFs were not completed by 185 physicians because they saw no patients during their sample week due to vacation, illness, or other reasons for temporarily not being in practice. Of the 677 physicians who completed PRFs, 536 participated fully or adequately (i.e., at least one-half of the expected PRFs were submitted, based on the total number of visits during the reporting week), and 141 participated minimally (i.e., fewer than one-half of the expected number of PRFs were submitted). Within physician practices, data are abstracted from medical records for up to 30 sampled visits during a randomly assigned 1-week reporting period. In all, 13,165 PRFs were submitted. The participation rate—the percentage of in-scope physicians for whom at least one PRF was completed—was 39.3%. The response rate—the percentage of in-scope physicians for whom at least one-half of their expected number of PRFs was completed—was 32.7%. Among the four census regions, response rates ranged from 24.6% to 40.0%.

For the first time, the 2016 NAMCS used two methods of data collection. The first mode, which accounted for the majority of sampled records, involved the use of a computerized instrument developed by the U.S. Census Bureau to abstract medical records. The second mode was the first attempt by NCHS to collect data directly from electronic health records (EHRs) via NCHS' National Health Care Surveys Registry. However, data from EHRs are not included in these summary tables because efforts to harmonize data collected from the computerized instrument and EHRs are ongoing. For more details, see the 2016 NAMCS Public Use Data File Documentation.

Data processing and medical coding were performed by RTI International, Research Triangle Park, North Carolina. As part of the quality assurance procedure, an 11.6% quality control sample of NAMCS survey records was independently recoded and compared. Differences were adjudicated by a quality control supervisor with error rates reported to NCHS. Coding error rates for the 11.6% sample ranged between 0.03% and 0.8%.

Web table estimates consist of visits to physicians at office-based practices. Visit estimates are based on sample data weighted to produce annual national estimates and include standard errors. Because of the complex multistage design of NAMCS, a sample weight is computed for each sample visit that takes all stages of design into account. The survey data are inflated or weighted to produce national annual estimates. The visit weight includes four basic components: inflation by reciprocals of selection probabilities, adjustment for nonresponse, population ratio adjustments, and weight smoothing. Estimates of the sampling variability were calculated using Taylor approximations in SUDAAN, which take into account the complex sample design of NAMCS. Detailed information on the design, conduct, and estimation procedures of 2016 NAMCS are discussed in the 2016 NAMCS Public Use Data File Documentation.

As in any survey, results are subject to sampling and nonsampling errors. Nonsampling errors include reporting and processing errors as well as biases due to nonresponse and incomplete response. In 2016, race data were missing for 29.2% of visits, and ethnicity data were missing for 24.5% of visits. Starting with 2009 data, NAMCS adopted the technique of model-based single imputation for NAMCS race and ethnicity data. Race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2016 NAMCS Public Use Data File Documentation. Information on missing data for other variables is provided in table footnotes. Beginning in 2016, NAMCS diagnosis data are coded according to the *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD–10–CM). Three tables presenting estimates of primary diagnoses and injury diagnoses (Tables 14, 15, and 17) use ICD–10–CM codes and are different from pre-2016 Web tables presenting diagnosis estimates using the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM) coding system. Because the ICD–9–CM and ICD–10–CM coding systems differ substantially, users should take caution when comparing diagnosis estimates for 2016 with those for previous years.

Beginning with the 2016 NAMCS, proportion estimates are not presented or are flagged based on the procedure specified in "National Center for Health Statistics Data Presentation Standards for Proportions." For all estimates other than estimates of proportions, the following approach is used: Visit estimates are not presented and replaced with an asterisk (*) if they are based on fewer than 30 cases in the sample data. Visit estimates based on 30 or more cases include an asterisk if the relative standard error of the estimate exceeds 30%.

Suggested citation: Rui P, Okeyode T. National Ambulatory Medical Care Survey: 2016 National Summary Tables. Available from: https://www.cdc.gov/nchs/data/ahcd/namcs_summary/2016_namcs_web_tables.pdf.

Table 1. Physician office visits, by selected physician characteristics: United States, 2016

Physician characteristic	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year[1-3] (standard error of rate)
All visits	883,725 (30,070)	100.0 …	277.9 (9.5)
Physician specialty[4]			
General and family practice	202,494 (18,247)	22.9 (1.8)	63.7 (5.7)
Pediatrics[5]	136,119 (16,931)	15.4 (1.7)	173.3 (22.4)
Internal medicine	81,701 (10,328)	9.2 (1.1)	25.7 (3.2)
Obstetrics and gynecology[6]	73,198 (8,457)	8.3 (0.9)	54.8 (6.5)
Dermatology	49,947 (5,533)	5.7 (0.6)	15.7 (1.7)
Ophthalmology	46,289 (4,068)	5.2 (0.5)	14.6 (1.3)
Orthopedic surgery	30,114 (4,280)	3.4 (0.5)	9.5 (1.3)
Psychiatry	29,993 (4,049)	3.4 (0.5)	9.4 (1.3)
Otolaryngology	28,965 (3,489)	3.3 (0.4)	9.1 (1.1)
Cardiovascular diseases	27,783 (4,581)	3.1 (0.5)	8.7 (1.4)
Urology	26,153 (4,298)	3.0 (0.5)	8.2 (1.4)
General surgery	15,685 (2,651)	1.8 (0.3)	4.9 (0.8)
Neurology	14,407 (2,471)	1.6 (0.3)	4.5 (0.8)
All other specialties	120,875 (13,379)	13.7 (1.4)	38.0 (4.2)
Professional identity			
Doctor of medicine	824,581 (29,007)	93.3 (0.9)	259.3 (9.1)
Doctor of osteopathy	59,144 (7,925)	6.7 (0.9)	18.6 (2.5)
Specialty type[4]			
Primary care	481,963 (26,921)	54.5 (1.9)	151.6 (8.5)
Medical specialty	234,521 (17,122)	26.5 (1.8)	73.7 (5.4)
Surgical specialty	167,241 (9,892)	18.9 (1.2)	52.6 (3.1)
Geographic region			
Northeast	184,172 (13,208)	20.8 (1.4)	332.0 (23.8)
Midwest	187,186 (12,556)	21.2 (1.4)	279.6 (18.8)
South	317,747 (21,309)	36.0 (1.8)	264.7 (17.8)
West	194,620 (13,842)	22.0 (1.4)	257.6 (18.3)
Metropolitan status[7]			
MSA	819,106 (31,780)	92.7 (1.3)	299.0 (11.6)
Non-MSA	64,619 (11,770)	7.3 (1.3)	146.7 (26.7)

… Category not applicable.

[1]Visit rates are based on the July 1, 2016, set of estimates of the civilian noninstitutional population of the United States as developed by the U.S. Census Bureau, Population Division.

[2]Population estimates by metropolitan statistical area definitions status are based on estimates of the U.S. civilian noninstitutional population as of July 1, 2016, from the 2016 National Health Interview Survey, National Center for Health Statistics, compiled according to November 2009 Office of Management and Budget definitions of core-based statistical areas. See https://www.census.gov/programs-surveys/metro-micro.html for more about metropolitan statistical definitions.

[3]For geographic and metropolitan statistical area, population denominators are different for each category and thus do not add to total population rate. For other variables, the denominator is the total population.

[4]Physician specialty and specialty type are defined in the 2016 National Ambulatory Medical Care Survey Public Use Data File Documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2016.pdf.

[5]Number of visits (numerator) and population estimate (denominator) consist of children aged under 18 years.

[6]Number of visits (numerator) and population estimate (denominator) consist of females aged 15 years and over.

[7]MSA is metropolitan statistical area.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 2. Office visits, by selected physician practice characteristics: United States, 2016

Physician practice characteristics	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All visits	883,725 (30,070)	100.0 …
Employment status		
Full-owner	312,703 (26,358)	35.4 (2.7)
Part-owner	215,778 (22,360)	24.4 (2.4)
Employee	321,250 (25,628)	36.4 (2.7)
Contractor	*30,273 (9,112)	3.4 (1.0)
Blank[1]	*3,721 (2,222)	0.4 (0.3)
Ownership		
Physician or group	661,158 (31,589)	74.8 (2.3)
Other health care corporation	73,100 (14,277)	8.3 (1.6)
Other hospital	67,856 (12,870)	7.7 (1.4)
Medical or academic health center	19,317 (5,659)	2.2 (0.6)
HMO[2]	*13,309 (6,715)	1.5 (0.8)
Other[3]	*11,057 (4,939)	1.3 (0.6)
Blank[1]	37,928 (9,671)	4.3 (1.1)
Practice size		
Solo	281,330 (24,717)	31.8 (2.6)
2	73,737 (15,099)	8.3 (1.7)
3–5	270,433 (26,299)	30.6 (2.7)
6–10	152,925 (18,826)	17.3 (2.1)
11 or more	103,768 (15,095)	11.7 (1.7)
Blank[1]	*1,532 (1,242)	0.2 (0.1)
Type of practice		
Single-specialty group	364,324 (28,289)	41.2 (2.8)
Multispecialty group	234,715 (23,566)	26.6 (2.5)
Solo	281,330 (24,717)	31.8 (2.6)
Blank[1]	*3,355 (2,155)	0.4 (0.2)
Office type		
Private practice	793,127 (30,717)	89.7 (1.7)
Freestanding clinic or urgicenter	54,204 (12,961)	6.1 (1.4)
Other[4]	36,394 (10,349)	4.1 (1.2)
Electronic medical records		
Yes—all electronic	654,761 (32,604)	74.1 (2.4)
Yes—part paper and part electronic	123,827 (16,988)	14.0 (1.9)
No	104,890 (14,539)	11.9 (1.6)
Blank[1]	* …	0.0 (0.0)
Practice submits claims electronically		
Yes	812,721 (31,210)	92.0 (1.4)
No	64,376 (11,701)	7.3 (1.3)
Blank[1]	*6,628 (3,996)	0.8 (0.5)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
[0].0 Quantity more than zero but less than 0.05.
[1]Blank may include missing, unknown, or "refused to answer the question" data.
[2]Health maintenance organization.
[3]Includes owners such as local government (state, county, or city) and charitable organizations.
[4]Includes the following office types: HMO, nonfederal government clinic, mental health center, family planning clinic, and faculty practice plan.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 3. Office visits, by patient age and sex: United States, 2016

Patient age and sex	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year[1] (standard error of rate)
All visits	883,725 (30,070)	100.0 …	277.9 (9.5)
Age (years)			
Under 15	156,860 (16,160)	17.7 (1.6)	257.4 (26.5)
Under 1	29,211 (4,066)	3.3 (0.4)	736.1 (102.5)
1–4	45,013 (4,648)	5.1 (0.5)	282.2 (29.1)
5–14	82,636 (9,597)	9.4 (1.0)	201.5 (23.4)
15–24	65,077 (4,433)	7.4 (0.4)	153.0 (10.4)
25–44	170,734 (8,924)	19.3 (0.9)	205.4 (10.7)
45–64	252,037 (11,468)	28.5 (0.9)	301.9 (13.7)
65 and over	239,016 (10,814)	27.0 (1.0)	498.5 (22.6)
65–74	132,148 (6,579)	15.0 (0.6)	465.2 (23.2)
75 and over	106,868 (5,536)	12.1 (0.6)	546.8 (28.3)
Sex and age (years)			
Female	512,192 (19,436)	58.0 (0.9)	315.0 (12.0)
Under 15	73,886 (9,243)	8.4 (0.9)	247.7 (31.0)
15–24	40,969 (3,600)	4.6 (0.4)	194.4 (17.1)
25–44	118,727 (7,026)	13.4 (0.7)	281.8 (16.7)
45–64	145,010 (7,472)	16.4 (0.7)	337.2 (17.4)
65–74	70,787 (4,045)	8.0 (0.4)	467.9 (26.7)
75 and over	62,813 (3,827)	7.1 (0.4)	549.9 (33.5)
Male	371,533 (14,578)	42.0 (0.9)	239.0 (9.4)
Under 15	82,975 (7,993)	9.4 (0.8)	266.7 (25.7)
15–24	24,108 (2,029)	2.7 (0.2)	112.3 (9.4)
25–44	52,007 (3,804)	5.9 (0.4)	126.9 (9.3)
45–64	107,027 (6,185)	12.1 (0.6)	264.4 (15.3)
65–74	61,361 (3,528)	6.9 (0.4)	462.2 (26.6)
75 and over	44,055 (2,609)	5.0 (0.3)	542.4 (32.1)

… Category not applicable.

[1]Visit rates are based on the July 1, 2016, set of estimates of the civilian noninstitutional population of the United States as developed by the U.S. Census Bureau, Population Division.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 4. Number of office visits per 100 persons per year by patient age and patient sex, by region: United States, 2016

	Northeast	Midwest	South	West
All visits	332.0 (23.8)	279.6 (18.8)	264.7 (17.8)	257.6 (18.3)
Age (years)				
Under 18	380.3 (57.7)	157.8 (28.6)	264.1 (47.3)	186.6 (38.7)
18–64	269.2 (26.2)	252.7 (20.0)	220.4 (16.0)	228.1 (19.3)
65 and over	517.4 (55.6)	572.8 (47.9)	445.0 (42.2)	502.7 (38.4)
Sex				
Female	371.6 (30.6)	297.9 (20.5)	306.1 (22.5)	302.5 (22.9)
Male	290.0 (22.9)	260.6 (22.4)	220.8 (16.6)	211.7 (17.9)

NOTE: Visit rates are based on the July 1, 2016, set of estimates of the civilian noninstritutionalized population of the United States as developed by the U.S.Census Bureau, Population Division.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

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Table 5. Office visits, by patient race and age, and ethnicity: United States, 2016

Patient characteristic	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year[1] (standard error of rate)
All visits	883,725 (30,070)	100.0 …	277.9 (9.5)
Race and age (years)[2]			
White	740,740 (26,472)	83.8 (0.9)	302.3 (10.8)
Under 15	125,825 (13,599)	14.2 (1.3)	285.5 (30.9)
15–24	53,231 (3,657)	6.0 (0.4)	170.0 (11.7)
25–44	137,377 (7,817)	15.5 (0.8)	220.2 (12.5)
45–64	213,075 (9,881)	24.1 (0.8)	319.9 (14.8)
65–74	116,382 (6,181)	13.2 (0.6)	488.4 (25.9)
75 and over	94,849 (4,978)	10.7 (0.5)	565.3 (29.7)
Black or African American	93,410 (6,816)	10.6 (0.7)	224.3 (16.4)
Under 15	19,613 (3,099)	2.2 (0.3)	213.8 (33.8)
15–24	8,884 (1,388)	1.0 (0.2)	137.4 (21.5)
25–44	22,203 (2,377)	2.5 (0.3)	194.8 (20.9)
45–64	25,424 (2,690)	2.9 (0.3)	249.2 (26.4)
65–74	9,656 (1,412)	1.1 (0.2)	349.6 (51.1)
75 and over	7,631 (1,056)	0.9 (0.1)	464.9 (64.3)
Other[3]	49,575 (5,491)	5.6 (0.6)	158.1 (17.5)
Race, ethnicity, and age (years)[2]			
Hispanic or Latino	146,703 (19,333)	16.6 (1.9)	258.2 (34.0)
Under 15	*37,895 (11,573)	4.3 (1.3)	*245.6 (75.0)
15–24	13,667 (2,441)	1.5 (0.3)	145.0 (25.9)
25–44	32,403 (5,162)	3.7 (0.6)	190.9 (30.4)
45–64	36,941 (5,256)	4.2 (0.6)	333.8 (47.5)
65–74	15,380 (4,035)	1.7 (0.5)	644.3 (169.0)
75 and over	10,417 (1,920)	1.2 (0.2)	681.4 (125.6)
Not Hispanic or Latino	737,022 (23,407)	83.4 (2.6)	282.2 (9.0)
White	605,588 (20,678)	68.5 (2.3)	310.5 (10.6)
Under 15	90,829 (9,405)	10.3 (1.1)	294.6 (30.5)
15–24	41,207 (3,063)	4.7 (0.3)	178.5 (13.3)
25–44	108,324 (6,555)	12.3 (0.7)	228.4 (13.8)
45–64	178,512 (8,179)	20.2 (0.9)	315.0 (14.4)
65–74	101,543 (4,851)	11.5 (0.5)	468.9 (22.4)
75 and over	85,173 (4,660)	9.6 (0.5)	554.3 (30.3)
Black or African American	85,060 (6,437)	9.6 (0.7)	218.6 (16.5)
Under 15	17,803 (3,007)	2.0 (0.3)	213.4 (36.0)
15–24	7,660 (1,274)	0.9 (0.1)	127.7 (21.2)
25–44	19,574 (2,052)	2.2 (0.2)	185.0 (19.4)
45–64	23,474 (2,548)	2.7 (0.3)	241.0 (26.2)
65–74	9,625 (1,409)	1.1 (0.2)	360.9 (52.8)
75 and over	6,924 (990)	0.8 (0.1)	436.4 (62.4)
Other[3]	46,374(5,241)	5.2(0.6)	170.2(19.2)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
[1]Visit rates are based on the July 1, 2016, set of estimates of the civilian noninstitutional population of the United States as developed by the U.S. Census Bureau, Population Division.
[2]The race groups white, black or African American, and other include persons of Hispanic and not of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is detailed in the 2016 National Ambulatory Medical Care Survey Public Use Data File Documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2016.pdf. For 2016, race data were missing for 29.2% of visits, and ethnicity data were missing for 24.5% of visits.
[3]Other race includes visits by Asian, Native Hawaiian or other Pacific Islander, and American Indian or Alaska Native persons, and persons with more than one race.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 6. Expected sources of payment at office visits: United States, 2016

Expected source of payment	Number of visits in thousands (standard error in thousands)	Percent of visits (standard error of percent)
All visits[1]	883,725 (30,070)	… …
Private insurance	526,607 (21,984)	59.6 (1.6)
Medicare	217,966 (10,752)	24.7 (1.1)
Medicaid or CHIP or other state-based program[2]	137,745 (13,513)	15.6 (1.4)
Medicare and Medicaid[3]	12,969 (1,944)	1.5 (0.2)
No insurance[4]	28,325 (5,079)	3.2 (0.6)
Self-pay	27,148 (5,058)	3.1 (0.6)
No charge or charity	*1,177 *(402)	0.1 (0.0)
Workers' compensation	*6,311 *(2,130)	0.7 (0.2)
Other	14,470 (1,910)	1.6 (0.2)
Unknown or blank	47,131 (8,435)	5.3 (0.9)

… Category not applicable.

* Estimate does not meet NCHS standards of reliability.

[1]Combined total of expected sources of payment exceeds "all visits," and "percent of visits" exceeds 100%, because more than one source of payment may be reported per visit.

[2]CHIP is Children's Health Insurance Program.

[3]Visits in this category are also included in both the Medicare and the Medicaid or CHIP or other state-based program categories.

[4]Defined as having only self-pay, no charge, or charity as payment sources. The individual self-pay and no charge or charity categories are not mutually exclusive.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 7. Primary care provider and referral status of office visits, by prior-visit status: United States, 2016

Prior-visit status, primary care provider, and referral status	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All visits	883,725 (30,070)	100.0 …
Visit to PCP[1]	374,251 (24,625)	42.3 (2.0)
Visit to non-PCP[1,2]	488,273 (20,972)	55.3 (2.0)
Referred for this visit	158,512 (11,183)	17.9 (1.3)
Not referred for this visit	259,781 (17,397)	29.4 (1.8)
Unknown if referred[3]	69,980 (9,708)	7.9 (1.1)
Unknown if PCP[1] visit[2,3]	21,202 (4,113)	2.4 (0.5)
Established patient		
All visits	757,029 (28,248)	85.7 (0.7)
Visit to PCP[1]	354,186 (23,618)	46.8 (2.1)
Visit to non-PCP[1,2]	386,642 (18,370)	51.1 (2.1)
Referred for this visit	97,839 (9,622)	12.9 (1.2)
Not referred for this visit	234,771 (16,031)	31.0 (2.0)
Unknown if referred[3]	54,032 (8,098)	7.1 (1.1)
Unknown if PCP[1] visit[2,3]	16,201 (3,737)	2.1 (0.5)
New patient		
All visits	126,697 (6,503)	14.3 (0.7)
Visit to PCP[1]	20,065 (2,740)	15.8 (2.0)
Visit to non-PCP[1,2]	101,631 (5,868)	80.2 (2.1)
Referred for this visit	60,673 (4,091)	47.9 (2.6)
Not referred for this visit	25,010 (3,518)	19.7 (2.4)
Unknown if referred[3]	15,948 (2,617)	12.6 (1.9)
Unknown if PCP[1] visit[2,3]	5,001 (926)	3.9 (0.7)

… Category not applicable.
[1]PCP is patient's primary care provider as indicated by a positive response to the question, "Are you the patient's primary care physician/provider?"
[2]Referral status was asked only for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 16.8% of visits.
[3]Unknown category includes blanks.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 8. Primary care provider and referral status, according to physician specialty: United States, 2016

Physician specialty	Total	Visit to PCP[1]	Visit to non-PCP[1,2]			Unknown if PCP[1] visit[2,3]
			Referred by other physician	Not referred by other physician	Unknown if referred[3]	
All visits	100.0	42.3 (2.0)	17.9 (1.3)	29.4 (1.8)	7.9 (1.1)	2.4 (0.5)
General and family practice	100.0	88.1 (2.5)	2.1 (1.0)	* *	1.6 (0.5)	* *
Pediatrics	100.0	80.4 (5.1)	* *	* *	* *	1.1 (0.5)
General surgery	100.0	* …	41.5 (7.0)	* *	* *	* …
Obstetrics and gynecology	100.0	* *	12.3 (3.3)	* *	* *	* *
Orthopedic surgery	100.0	* …	41.1 (7.0)	52.0 (7.1)	6.0 (1.4)	0.7 (0.3)
Dermatology	100.0	0.6 (0.3)	18.5 (3.7)	60.4 (5.9)	18.2 (5.2)	2.3 (1.0)
Urology	100.0	* …	* *	32.8 (6.9)	* *	0.5 (0.3)
Ophthalmology	100.0	0.8 (0.3)	31.9 (4.1)	50.0 (5.5)	* *	* …
Otolaryngology	100.0	* *	37.9 (5.3)	35.3 (6.0)	* *	* *
All other specialties[4]	100.0	28.4 (3.3)	25.5 (3.0)	35.5 (3.7)	9.3 (2.5)	1.2 (0.4)

* Estimate does not meet NCHS standards of reliability.
… Category not applicable.
[1]PCP is patient's primary care provider as indicated by a positive response to the question, "Are you the patient's primary care physician/provider?"
[2]Referral status was asked only for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 16.8% of visits.
[3]Unknown category includes blanks.
[4]Internal medicine, cardiovascular diseases, psychiatry, and neurology specialties were combined with other specialties not listed because estimates for those specialties did not meet NCHS standards of reliability.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 9. Continuity-of-care office visit characteristics, by specialty type: United States, 2016

Continuity-of-care visit characteristic	All specialties	Specialty type[1]			All specialties	Specialty type[1]		
		Primary care	Surgical specialties	Medical specialties		Primary care	Surgical specialties	Medical specialties
	Number of visits in thousands (standard error in thousands)				Percent distribution (standard error of percent)			
All visits	883,725 (30,070)	481,963 (26,921)	167,241 (9,892)	234,521 (17,122)	100.0 …	100.0 …	100.0 …	100.0 …
Prior-visit status and number of visits in last 12 months								
Established patient[2]	757,029 (28,248)	444,031 (25,791)	124,096 (7,814)	188,901 (14,830)	85.7 (0.7)	92.1 (0.8)	74.2 (1.4)	80.5 (1.6)
None	59,340 (4,334)	31,013 (3,326)	13,371 (1,527)	14,956 (2,471)	6.7 (0.5)	6.4 (0.6)	8.0 (0.7)	6.4 (1.0)
1–2 visits	269,188 (12,579)	145,795 (11,005)	53,457 (3,489)	69,936 (6,457)	30.5 (1.0)	30.3 (1.5)	32.0 (1.0)	29.8 (1.8)
3–5 visits	213,422 (9,045)	132,287 (8,308)	35,209 (2,604)	45,926 (3,982)	24.2 (0.7)	27.4 (1.0)	21.1 (1.0)	19.6 (1.2)
6 or more visits	215,078 (14,813)	134,936 (12,739)	22,059 (2,455)	58,084 (8,356)	24.3 (1.3)	28.0 (1.9)	13.2 (1.2)	24.8 (2.6)
New patient	126,697 (6,503)	37,932 (3,984)	43,145 (3,310)	45,620 (4,721)	14.3 (0.7)	7.9 (0.8)	25.8 (1.4)	19.5 (1.6)

… Category not applicable.
[1]Defined in the 2016 NAMCS Public Use Data File Documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2016.pdf.
[2]Number of previous visits by established patients to responding physician in the last 12 months.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 10. Twenty leading principal reasons for office visits, by patient's sex: United States, 2016

Principal reason for visit and RVC code[1]		Number of visits in thousands[1] (standard error in thousands)	Both sexes	Female[2]	Male[3]
			Percent distribution (standard error of percent)		
All visits	…	883,725 (30,070)	100.0 …	100.0 …	100.0 …
Progress visit, not otherwise specified	T800	127,535 (9,519)	14.4 (1.0)	14.2 (1.1)	14.7 (1.0)
General medical examination	X100	72,132 (6,359)	8.2 (0.7)	6.7 (0.6)	10.1 (0.9)
Prenatal examination, routine	X205	22,477 (4,901)	2.5 (0.5)	4.4 (0.9)	* …
Postoperative visit	T205	18,636 (1,806)	2.1 (0.2)	2.0 (0.2)	2.2 (0.3)
Medication, other and unspecified kinds	T115	17,283 (2,387)	2.0 (0.3)	1.5 (0.2)	2.6 (0.5)
Cough	S440	16,417 (2,328)	1.9 (0.2)	1.6 (0.2)	2.2 (0.4)
Well-baby examination	X105	15,865 (2,881)	1.8 (0.3)	1.8 (0.4)	1.8 (0.3)
Medical counseling, not otherwise specified	T605	13,485 (1,985)	1.5 (0.2)	1.6 (0.3)	1.4 (0.2)
Skin rash	S860	13,374 (1,672)	1.5 (0.2)	1.4 (0.2)	1.7 (0.3)
Gynecological examination	X225	11,743 (2,039)	1.3 (0.2)	2.3 (0.4)	* …
Hypertension	D510	11,406 (1,703)	1.3 (0.2)	1.3 (0.2)	1.3 (0.2)
Knee symptoms	S925	10,581 (1,550)	1.2 (0.2)	1.0 (0.2)	1.4 (0.2)
Preoperative visit for specified and unspecified types of surgery	T200	10,129 (1,381)	1.1 (0.2)	1.1 (0.2)	1.3 (0.2)
Symptoms referable to throat	S455	10,056 (1,613)	1.1 (0.2)	1.3 (0.2)	0.9 (0.2)
For other and unspecified test results	R700	9,786 (2,189)	1.1 (0.2)	1.1 (0.3)	1.1 (0.3)
Vision dysfunctions	S305	9,666 (1,623)	1.1 (0.2)	1.1 (0.2)	1.0 (0.2)
Fever	S010	8,836 (2,065)	1.0 (0.2)	0.7 (0.1)	1.5 (0.4)
Other special examination	X240	8,739 (1,690)	1.0 (0.2)	0.8 (0.2)	1.2 (0.3)
Diabetes mellitus	D205	8,512 (1,495)	1.0 (0.2)	0.9 (0.2)	1.1 (0.3)
Earache or ear infection	…	8,507 (1,164)	1.0 (0.1)	0.9 (0.2)	1.0 (0.2)
All other reasons	…	458,559 (18,928)	51.9 (1.3)	52.3 (1.5)	51.4 (1.5)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
[1]Based on Reason for Visit Classification for ambulatory care (RVC), defined in the 2016 NAMCS Public Use Data File Documentation available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2016.pdf.
[2]Based on 512,192,000 visits made by females.
[3]Based on 371,533,000 visits made by males.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 11. Provider-assessed major reason for office visit, by selected patient and visit characteristics: United States, 2016

Patient and visit characteristic	Total number of visits in thousands (standard error in thousands)	Total percent	New problem	Chronic problem, routine	Chronic problem, flare-up	Pre-surgery	Post-surgery	Preventive care[1]	Unknown or blank
All visits	883,725 (30,070)	100.0	30.4 (1.3)	29.7 (1.3)	8.1 (0.7)	1.7 (0.2)	4.6 (0.4)	23.1 (1.3)	2.4 (0.5)
Age (years)									
Under 15	156,860 (16,160)	100.0	47.4 (3.5)	11.5 (2.6)	4.5 (1.1)	0.9 (0.3)	1.6 (0.4)	32.8 (3.0)	1.3 (0.4)
Under 1	29,211 (4,066)	100.0	32.6 (4.4)	1.9 (0.9)	* …	* …	0.5 (0.3)	62.6 (4.5)	* …
1–4	45,013 (4,648)	100.0	53.8 (4.4)	5.7 (1.7)	2.6 (0.9)	1.3 (0.6)	* …	31.2 (3.9)	2.4 (1.1)
5–14	82,636 (9,597)	100.0	49.1 (4.2)	18.0 (3.9)	6.8 (1.8)	0.9 (0.4)	1.3 (0.4)	23.2 (3.1)	0.7 (0.3)
15–24	65,077 (4,433)	100.0	35.4 (2.8)	25.7 (2.6)	5.3 (0.9)	0.4 (0.2)	2.4 (0.5)	28.7 (3.2)	2.2 (0.7)
25–44	170,734 (8,924)	100.0	27.9 (1.7)	25.1 (2.2)	7.6 (0.9)	1.1 (0.2)	4.2 (0.5)	31.8 (2.5)	2.3 (0.8)
45–64	252,037 (11,468)	100.0	27.6 (1.4)	34.0 (1.6)	10.1 (1.3)	2.2 (0.4)	5.7 (0.6)	17.7 (1.7)	2.6 (0.6)
65 and over	239,016 (10,814)	100.0	22.8 (1.1)	41.5 (1.8)	9.4 (1.2)	2.4 (0.4)	6.4 (0.6)	14.5 (1.5)	3.0 (0.6)
65–74	132,148 (6,579)	100.0	23.8 (1.5)	39.0 (2.0)	9.9 (1.5)	2.4 (0.4)	7.1 (0.7)	15.0 (1.7)	2.9 (0.6)
75 and over	106,868 (5,536)	100.0	21.6 (1.5)	44.6 (2.1)	8.9 (1.1)	2.4 (0.4)	5.5 (0.7)	13.9 (1.7)	3.2 (0.9)
Sex									
Female	512,192 (19,436)	100.0	30.0 (1.4)	28.2 (1.4)	7.9 (0.8)	1.4 (0.2)	4.5 (0.4)	25.4 (1.6)	2.4 (0.6)
Male	371,533 (14,578)	100.0	31.0 (1.5)	31.7 (1.5)	8.3 (0.8)	2.0 (0.3)	4.8 (0.4)	19.8 (1.4)	2.4 (0.5)
Race[2]									
White	740,740 (26,472)	100.0	31.3 (1.3)	29.9 (1.3)	7.5 (0.6)	1.8 (0.2)	4.8 (0.4)	22.3 (1.4)	2.4 (0.5)
Black or African American	93,410 (6,816)	100.0	26.9 (2.0)	26.0 (2.4)	10.6 (1.6)	0.9 (0.3)	4.2 (0.8)	29.0 (2.6)	2.3 (0.7)
Other[3]	49,575 (5,491)	100.0	24.8 (2.8)	33.2 (4.0)	11.6 (3.0)	1.3 (0.6)	2.6 (0.9)	23.2 (3.2)	* …

See footnotes at end of table.

Table 11. Provider-assessed major reason for office visit, by selected patient and visit characteristics: United States, 2016—Con.

Patient and visit characteristic	Total number of visits in thousands (standard error in thousands)	Total percent	New problem	Chronic problem, routine	Chronic problem, flare-up	Pre-surgery	Post-surgery	Preventive care[1]	Unknown or blank
Ethnicity[2]									
Hispanic or Latino	146,703 (19,333)	100.0	35.2 (4.2)	21.6 (2.8)	9.9 (1.9)	1.2 (0.3)	3.9 (0.6)	26.5 (3.5)	1.6 (0.4)
Not Hispanic or Latino	737,022 (23,407)	100.0	29.5 (1.1)	31.3 (1.3)	7.7 (0.7)	1.8 (0.2)	4.8 (0.4)	22.4 (1.4)	2.6 (0.5)
White	605,588 (20,678)	100.0	30.3 (1.2)	31.8 (1.4)	7.1 (0.6)	1.9 (0.2)	5.0 (0.5)	21.5 (1.4)	2.5 (0.5)
Black or African American	85,060 (6,437)	100.0	26.4 (2.1)	27.3 (2.5)	10.0 (1.5)	1.0 (0.3)	4.5 (0.9)	28.2 (2.7)	2.5 (0.8)
Other[3]	46,374 (5,241)	100.0	25.3 (2.8)	32.7 (4.2)	11.1 (3.0)	1.3 (0.6)	2.6 (0.8)	23.6 (3.3)	* …
Expected source(s) of payment[4]									
Private insurance	526,607 (21,984)	100.0	32.0 (1.4)	27.4 (1.4)	7.8 (0.7)	1.7 (0.2)	4.6 (0.4)	24.8 (1.5)	1.7 (0.3)
Medicare	217,966 (10,752)	100.0	23.0 (1.2)	41.1 (1.9)	9.6 (1.3)	2.3 (0.4)	5.9 (0.6)	15.5 (1.6)	2.6 (0.5)
Medicare and Medicaid[5]	12,969 (1,944)	100.0	18.0 (3.3)	42.6 (5.3)	13.2 (3.3)	1.5 (0.7)	* …	* …	* …
Medicaid or CHIP[6]	137,745 (13,513)	100.0	30.8 (3.1)	24.3 (2.9)	10.5 (1.8)	1.1 (0.4)	3.4 (0.6)	28.7 (3.7)	1.1 (0.4)
No insurance[7]	28,325 (5,079)	100.0	28.9 (6.5)	* …	* …	1.9 (0.8)	* …	12.2 (3.0)	* …
Other[8]	49,283 (6,836)	100.0	35.4 (4.5)	31.9 (3.9)	8.1 (2.1)	1.9 (0.7)	6.4 (1.3)	15.4 (2.7)	1.0 (0.4)

* Estimate does not meet NCHS standards of reliability.

… Category not applicable.

[1]Includes routine prenatal, well-baby, screening, insurance, and general examinations (see the question, Major reason for visit, on the Patient Record Sample card available from: https://www.cdc.gov/nchs/data/ahcd/2016_NAMCS_PRF_Sample_Card.pdf).

[2]The race groups white, black or African American, and other include persons of Hispanic and not of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2016 NAMCS Public Use Data File Documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2016.pdf. For 2016, race data were missing for 29.2% of visits, and ethnicity data were missing for 24.5% of visits.

[3]Other race includes visits by Asian, Native Hawaiian or Other Pacific Islander, and American Indian or Alaska Native persons, and persons with more than one race.

[4]Combined total of individual sources exceeds "all visits," and percent of visits exceeds 100%, because more than one source of payment may be reported per visit.

[5]The visits in this category are also included in both the Medicaid or CHIP and Medicare categories.

[6]CHIP is Children's Health Insurance Program.

[7]Defined as having only self-pay, no charge, or charity as payment sources.

[8]Includes workers' compensation, unknown, blank, and sources not classified elsewhere.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

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Table 12. Preventive care visits made to primary care specialists, by selected patient and visit characteristics: United States, 2016

Patient and visit characteristics	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year[1] (standard error of rate)	Percent of preventive care visits made to primary care specialists[2] (standard error of percent)
All preventive care visits[3]	203,824 (13,817)	100.0 …	64.1 (4.3)	80.6 (3.2)
Age (years)				
Under 15	51,469 (6,151)	25.3 (2.7)	84.5 (10.1)	**96.2 (1.3)
Under 1	18,288 (2,946)	9.0 (1.3)	460.9 (74.2)	**98.9 (1.1)
1–4	14,039 (2,204)	6.9 (1.0)	88.0 (13.8)	**97.0 (2.0)
5–14	19,142 (2,702)	9.4 (1.2)	46.7 (6.6)	**93.1 (2.5)
15–24	18,648 (2,682)	9.1 (1.1)	43.8 (6.3)	**87.7 (3.9)
25–44	54,344 (5,794)	26.7 (2.1)	65.4 (7.0)	88.9 (3.2)
45–64	44,690 (5,090)	21.9 (1.8)	53.5 (6.1)	67.5 (5.9)
65 and over	34,673 (3,899)	17.0 (1.6)	72.3 (8.1)	57.2 (5.6)
65–74	19,783 (2,481)	9.7 (1.0)	69.6 (8.7)	60.2 (6.2)
75 and over	14,890 (1,946)	7.3 (0.9)	76.2 (10.0)	53.2 (6.5)
Sex and age (years)				
Female	130,099 (10,225)	63.8 (2.1)	80.0 (6.3)	82.0 (3.5)
Under 15	24,180 (3,764)	11.9 (1.7)	81.1 (12.6)	**96.9 (1.3)
15–24	14,334 (2,481)	7.0 (1.1)	68.0 (11.8)	**91.1 (3.6)
25–44	44,655 (5,360)	21.9 (2.1)	106.0 (12.7)	91.0 (2.7)
45–64	27,448 (3,653)	13.5 (1.4)	63.8 (8.5)	* …
65–74	9,953 (1,472)	4.9 (0.7)	65.8 (9.7)	62.1 (7.0)
75 and over	9,528 (1,412)	4.7 (0.7)	83.4 (12.4)	56.7 (7.2)
Male	73,726 (6,297)	36.2 (2.1)	47.4 (4.1)	78.0 (3.3)
Under 15	27,289 (3,320)	13.4 (1.5)	87.7 (10.7)	**95.7 (1.7)
15–24	4,314 (949)	2.1 (0.4)	20.1 (4.4)	* …
25–44	9,689 (1,634)	4.8 (0.7)	23.6 (4.0)	* …
45–64	17,242 (2,669)	8.5 (1.2)	42.6 (6.6)	70.9 (5.6)
65–74	9,830 (1,458)	4.8 (0.6)	74.0 (11.0)	58.3 (7.2)
75 and over	5,362 (926)	2.6 (0.4)	66.0 (11.4)	* …
Race[4]				
White	165,224 (12,174)	81.1 (1.8)	67.4 (5.0)	78.8 (3.7)
Black or African American	27,086 (3,419)	13.3 (1.5)	65.0 (8.2)	89.7 (2.4)
Other[5]	11,514 (1,760)	5.6 (0.9)	36.7 (5.6)	83.9 (4.8)

See footnotes at end of table.

Table 12. Preventive care visits made to primary care specialists, by selected patient and visit characteristics: United States, 2016—Con.

Patient and visit characteristics	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year[1] (standard error of rate)	Percent of preventive care visits made to primary care specialists[2] (standard error of percent)
Ethnicity[4]				
Hispanic or Latino	38,942 (7,082)	19.1 (3.1)	68.5 (12.5)	**88.2 (3.8)
Not Hispanic or Latino	164,882 (12,017)	80.9 (3.1)	63.1 (4.6)	78.8 (3.5)
White	129,960 (10,437)	63.8 (2.9)	66.6 (5.4)	76.4 (4.2)
Black or African American	23,986 (3,207)	11.8 (1.5)	61.6 (8.2)	89.1 (2.6)
Other[5]	10,936 (1,739)	5.4 (0.8)	40.1 (6.4)	83.9 (4.8)
Expected source(s) of payment[6]				
Private insurance	130,813 (10,059)	64.2 (3.0)	66.0 (5.1)	83.0 (3.0)
Medicare	33,762 (4,019)	16.6 (1.6)	64.4 (7.7)	57.6 (6.0)
Medicaid or CHIP[7]	39,588 (7,011)	19.4 (3.0)	68.6 (12.1)	**88.0 (4.4)
Medicare and Medicaid	* …	1.1 (0.4)	… …	* …
No insurance[8]	3,454 (746)	1.7 (0.4)	12.4 (2.7)	* …
Other[9]	7,574 (1,703)	3.7 (0.8)	… …	80.4 (5.7)

… Category not applicable.
** Estimate meets NCHS standards of reliability, but its complement does not.
* Estimate does not meet NCHS standards of reliability.
[1]Visit rates for age, sex, and race and ethnicity are based on the July 1, 2016, set of estimates of the civilian noninstitutional population of the United States as developed by the U.S. Census Bureau, Population Division. Visit rates for expected source(s) of payment are based on 2016 National Health Interview Survey (NAMCS) estimates of health insurance.
[2]Primary care specialty is defined in the 2016 Public Use Data File Documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2016.pdf.
[3]Preventive care includes routine prenatal, well-baby, screening, insurance, and general examinations (see the question, Major reason for this visit, on the Patient Record Sample card, available from:
https://www.cdc.gov/nchs/data/ahcd/2016_NAMCS_PRF_Sample_Card.pdf).
[4]The race groups white, black or African American, and other include persons of Hispanic and not of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is detailed in the 2016 NAMCS Public Use Data File Documentation. For 2016, race data were missing for 28.6% of preventive care visits, and ethnicity data were missing for 19.7% of preventive care visits.
[5]Includes visits by Asian, Native Hawaiian or Other Pacific Islander, and American Indian or Alaska Native persons, and persons with more than one race.
[6]Combined total of individual sources exceeds all visits, and percent of visits exceeds 100%, because more than one source of payment may be reported per visit.
[7]CHIP is Children's Health Insurance Program.
[8]Defined as having only self-pay, no charge, or charity as payment sources. The visit rate was calculated using uninsured as the denominator from 2016 estimates of health insurance coverage from the National Health Interview Survey.
[9]Includes workers' compensation, unknown, blank, and sources not classified elsewhere.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 13. Preventive care visits made to primary care specialists, by region and metropolitan statistical area: United States, 2016

Geographic area	Number of visits in thousands (standard error in thousands)	Number of visits per 100 persons per year[1] (standard error of rate)	Percent of preventive care visits made to primary care specialists[2] (standard error of percent)
All preventive care visits[3]	203,824 (13,817)	64.1 (4.3)	100.0 (0.0)
Region			
Northeast	35,781 (5,761)	64.5 (10.4)	17.6 (2.6)
Midwest	34,248 (4,837)	51.1 (7.2)	16.8 (2.3)
South	89,419 (10,199)	74.5 (8.5)	43.9 (3.5)
West	44,376 (5,918)	58.7 (7.8)	21.8 (2.7)
Metropolitan status[4]			
MSA	191,679 (13,771)	70.0 (5.0)	**94.0 (1.8)
Non-MSA	*12,145 *(3,736)	*27.6 *(8.5)	* …

** Estimate meets NCHS standards of reliability, but its complement does not.
* Estimate does not meet NCHS standards of reliability.
[1]Visit rates are based on the July 1, 2016, set of estimates of the civilian noninstitutionalized population of the United States as developed by the U.S. Census Bureau, Population Division.
[2]Primary care specialty is defined in the 2016 Public Use Data File Documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2016.pdf.
[3]Preventive care includes routine prenatal, well-baby, screening, insurance, and general examinations (see the question, Major reason for this visit, on the Patient Record Sample Card, available from: https://www.cdc.gov/nchs/data/ahcd/2016_NAMCS_PRF_Sample_card.pdf).
[4]MSA is metropolitan statistical area.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 14. Primary diagnosis at office visits, classified by major disease category: United States, 2016

Major disease category and ICD–10–CM code range[1]		Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All visits	…	883,725 (30,070)	100.0 (0.0)
Certain infectious and parasitic diseases	A00-B99	15,454 (1,494)	1.7 (0.2)
Neoplasms	C00-D49	35,824 (4,733)	4.1 (0.5)
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50-D89	5,258 (1,200)	0.6 (0.1)
Endocrine, nutritional, and metabolic disease	E00-E89	45,934 (4,325)	5.2 (0.5)
Mental, behavioral and neurodevelopmental disorders	F01-F99	56,784 (5,719)	6.4 (0.6)
Diseases of the nervous system	G00-G99	23,534 (2,772)	2.7 (0.3)
Diseases of the eye and adnexa	H00-H59	39,339 (3,256)	4.5 (0.4)
Diseases of the ear and mastoid process	H60-H95	22,295 (2,200)	2.5 (0.2)
Diseases of the circulatory system	I00-I99	72,128 (6,878)	8.2 (0.7)
Diseases of the respiratory system	J00-J99	85,165 (9,244)	9.6 (0.9)
Diseases of the digestive system	K00-K95	22,424 (2,792)	2.5 (0.3)
Diseases of the skin and subcutanaous tissue	L00-L99	52,500 (5,197)	5.9 (0.5)
Diseases of the musculoskeletal and connective tissue	M00-M99	73,609 (8,655)	8.3 (0.9)
Diseases of the genitourinary system	N00-N99	36,514 (3,583)	4.1 (0.4)
Pregnancy, childbirth and the puerperium	O00-O9A	10,612 (2,171)	1.2 (0.2)
Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	69,971 (4,499)	7.9 (0.4)
Injury, poisoning and certain other consequences of external causes	S00-T88	30,831 (4,573)	3.5 (0.5)
All other diagnoses[2]	…	180,548 (10,804)	20.4 (1.1)
Blank	…	*5,002 (1,621)	0.6 (0.2)

… Category not applicable.
0.0 Quantity more than zero but less than 0.05.
* Estimate does not meet NCHS standards of reliability.
[1]Based on *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD–10–CM). Certain codes are combined to better describe utilization of ambulatory care services.
[2]Includes certain conditions originating in perinatal period (P00–P96), congenital malformations, deformations and chromosomal abnormalities (Q00–Q99), external causes of morbidity (V00–Y99), and factors influencing health status and contact with health services (Z00–Z99).

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 15. Annual number and percent distribution of office visits, by diagnosis group: United States, 2016

Primary diagnosis group[1]	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All visits	883,725 (30,070)	100.0 …
Certain infectious and parasitic diseases		
Septicemia (sepsis)	* …	* …
Human immunodeficiency virus syndrome (HIV) (HIV+) (HIV positive)	* …	0.1 (0.0)
Viral warts, not sexually transmitted	1,498 (347)	0.2 (0.0)
Acute and Chronic Viral Hepatitis B	* …	* …
Acute and Chronic Viral Hepatitis C	* …	0.0 …
STIs excluding Viral Hepatitis and HIV	* …	0.1 (0.0)
Unspecified viral infection	* …	0.2 (0.1)
Dermatophytosis	* …	0.2 (0.1)
Candidiasis	* …	0.1 (0.0)
Other systemic infectious and parasitic diseases	6,920 (996)	0.8 (0.1)
Neoplasms		
Malignant neoplasm of large intestine and rectum	* …	0.1 (0.0)
Malignant neoplasm of other digestive organs	* …	0.1 (0.1)
Malignant neoplasm of trachea, bronchus and lung	* …	0.2 (0.1)
Malignant melanoma	* …	0.1 (0.0)
Other malignant neoplasm of skin	6,039 (1,085)	0.7 (0.1)
Malignant neoplasm of breast	4,080 (1,084)	0.5 (0.1)
Malignant neoplasm of female genital organs	* …	0.1 (0.0)
Malignant neoplasm of prostate	2,493 (520)	0.3 (0.1)
Malignant neoplasm of bladder	647 (186)	0.1 (0.0)
Malignant neoplasm of lymphoid, hematopoietic and related tissue	*2,648 (1,373)	0.3 (0.2)
Other malignant neoplasms, not listed above	3,064 (886)	0.3 (0.1)
Carcinoma in situ, all sites	* …	0.1 (0.0)
Benign neoplasm of colon	* …	* …
Lipoma	* …	0.1 (0.0)
Benign neoplasm of skin	4,025 (933)	0.5 (0.1)
Benign neoplasm of the breast	* …	0.0 (0.0)
Benign neoplasm of the uterus	* …	0.1 (0.0)
Other benign neoplasm, not listed above	1,241 (263)	0.1 (0.0)
Neoplasms of uncertain behavior or unspecified nature	4,416 (845)	0.5 (0.1)
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism		
Anemias	2,831 (702)	0.3 (0.1)
Other diseases of the blood and blood-forming organs and certain	* …	0.3 (0.1)
Endocrine, nutritional and metabolic diseases		
Acquired hypothyroidism	3,195 (795)	0.4 (0.1)
Disorders of thyroid gland, excluding acquired hypothyroidism	* …	0.2 (0.1)
Type 1 Diabetes Mellitus	* …	0.0 (0.0)
Type 2 Diabetes Mellitus or unspecified	20,327 (2,303)	2.3 (0.2)
Other types of diabetes mellitus	* …	* …
Other disorders of endocrine glands	3,137 (839)	0.4 (0.1)
Overweight, excluding obesity	* …	0.1 (0.1)
Obesity	3,145 (838)	0.4 (0.1)
Hyperlipidemias	10,607 (1,649)	1.2 (0.2)
Volume depletion	* …	* …
Other nutritional deficiencies and metabolic disorders	* …	0.3 (0.1)

See footnotes at end of table.

Table 15. Annual number and percent distribution of office visits, by diagnosis group: United States, 2016—Con.

Primary diagnosis group[1]	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
Mental, behavioral, and neurodevelopment disorders		
Dementia, excluding Alzheimer's	* ...	0.1 (0.0)
Alcohol-related disorders, excluding alcohol-related dementia and chronic alcoholic liver disease	* ...	0.0 (0.0)
Opioid related disorders	*7,577 (3,048)	0.9 (0.3)
Nicotine dependence	* ...	* ...
Other drug related disorders excluding other drug-related dementia	* ...	0.2 (0.1)
Schizophrenia	* ...	0.2 (0.1)
Non-mood psychoses, excluding schizophrenia	* ...	0.1 (0.0)
Bipolar disorders, excluding those with depression	2,349 (528)	0.3 (0.1)
Bipolar disorders, with depression	* ...	0.0 (0.0)
Depressive disorders, excluding bipolar depression and adjustment reaction with depressed mood	10,985 (1,462)	1.2 (0.2)
Dysthymic disorder	* ...	0.1 (0.1)
Acute reaction to stress and adjustment reaction, excluding those with depressed mood	* ...	0.1 (0.0)
Acute reaction to stress and adjustment reaction with depressed mood	* ...	0.1 (0.0)
Eating disorders	* ...	* ...
Impulse disorders	* ...	* ...
Other mood disorders, nonpsychotic mental disorders, behavioral syndromes, and disorders of adult personality behavior	11,227 (1,546)	1.3 (0.2)
Attention-deficit hyperactivity disorders	13,576 (2,827)	1.5 (0.3)
Conduct disorders, excluding oppositional defiant disorder	* ...	* ...
Autism spectrum disorder	* ...	0.1 (0.0)
Other mental disorders	* ...	0.2 (0.1)
Diseases of the nervous system		
Alzheimer's disease	* ...	0.0 (0.0)
Other degenerative diseases of the nervous system, excluding Alzheimer's disease	* ...	0.0 (0.0)
Migraine	4,337 (819)	0.5 (0.1)
Transient cerebral ischemic attacks and related syndromes	* ...	0.0 (0.0)
Sleep disorders, excluding sleep apnea (adult) (pediatric) (obstructive) and non-organic sleep disorders	* ...	0.3 (0.1)
Obstructive sleep apnea (adult) (pediatric), and sleep apnea, not otherwise specified	*4,559 (1,755)	0.5 (0.2)
Carpal tunnel syndrome	*1,202 (462)	0.1 (0.1)
Other disorders of the nervous system	10,409 (1,481)	1.2 (0.2)
Diseases of the eye and adnexa		
Inflammation and disorders of eyelid	2,408 (446)	0.3 (0.1)
Conjunctivitis	3,745 (771)	0.4 (0.1)
Cataracts, excluding diabetic cataracts	9,311 (1,387)	1.1 (0.2)
Retinal detachment and other retinal disorders, excluding diabeti	*4,716 (1,433)	0.5 (0.2)
Glaucoma	7,192 (1,027)	0.8 (0.1)
Disorders of refraction and accommodation	1,659 (376)	0.2 (0.0)
Other disorders of the eye and adnexa	10,264 (1,577)	1.2 (0.2)
Diseases of the ear and the mastoid process		
Disorders of external ear	4,531 (736)	0.5 (0.1)
Otitis media and eustachian tube disorders	10,900 (1,469)	1.2 (0.2)
Other disorders of the ear and mastoid process	6,865 (1,136)	0.8 (0.1)

See footnotes at end of table.

Table 15. Annual number and percent distribution of office visits, by diagnosis group: United States, 2016—Con.

Primary diagnosis group[1]	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
Diseases of the circulatory system		
Heart valve disorders	* …	0.2 (0.1)
Essential hypertension	32,779 (3,111)	3.7 (0.3)
Hypertensive heart disease with heart failure	* …	0.0 (0.0)
Hypertensive heart disease without heart failure	* …	0.1 (0.0)
Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease or unspecified chronic kidney disease	* …	0.2 (0.1)
Angina pectoris	* …	0.1 (0.0)
Coronary atherosclerosis and other chronic ischemic heart disease	10,300 (2,598)	1.2 (0.3)
Pulmonary heart disease and diseases of pulmonary circulation	* …	0.2 (0.1)
Conduction disorders	* …	* …
Cardiac dysrhythmias, excluding ventricular fibrillation	9,652 (2,496)	1.1 (0.3)
Cardiac arrest and ventricular fibrillation	* …	* …
Heart failure, non-hypertensive	1,932 (479)	0.2 (0.1)
Pericarditis, endocarditis, myocarditis and cardiomyopathy	* …	0.1 (0.0)
Other and ill-defined heart disease	* …	* …
Cerebrovascular disease	2,155 (620)	0.2 (0.1)
Diseases of the arteries, arterioles and capillaries	2,977 (766)	0.3 (0.1)
Varicose veins of lower extremity	* …	0.1 (0.1)
Other disorder of circulatory system	3,164 (660)	0.4 (0.1)
Diseases of the respiratory system		
Streptococcal phayrngitis and tonsillitis	* …	0.3 (0.1)
Acute sinusitis	7,755 (1,388)	0.9 (0.2)
Acute pharyngitis, except streptococcal pharyngitis	*10,407 (3,366)	1.2 (0.4)
Acute tonsillitis, except streprococcal tonsillitis	* …	0.4 (0.2)
Influenza	* …	0.2 (0.0)
Pneumonia	* …	* …
Acute bronchitis and bronchiolitis	3,106 (778)	0.4 (0.1)
Other acute respiratory infections	14,554 (2,446)	1.6 (0.3)
Allergic rhinitis	11,956 (3,110)	1.4 (0.3)
Chronic sinusitis	4,057 (913)	0.5 (0.1)
Deviated nasal septum	* …	0.1 (0.0)
Chronic diseases of tonsils and adenoids	* …	0.1 (0.0)
Chronic and unspecified bronchitis	* …	0.2 (0.1)
Emphysema and other chronic obstructive pulmonary disease, including chronic obstructive asthma	5,719 (1,517)	0.6 (0.2)
Asthma, excluding chronic obstructive asthma	9,789 (2,132)	1.1 (0.2)
Other diseases of the respiratory system	5,107 (903)	0.6 (0.1)
Diseases of the digestive system		
Diseases of the teeth and supporting structures, excluding dentofacial anomalies and disorders of the jaw	* …	0.2 (0.1)
Esophagitis without gastroesophageal reflux disease	* …	* …
Gastroesophageal reflux disease (with esophagitis)	4,346 (759)	0.5 (0.1)
Other diseases of the esophagus	* …	* …
Gastritis and duodentitis	* …	0.1 (0.1)
Appendicitis	* …	* …
Diaphragmatic hernia	* …	0.0 (0.0)
Hernias of abdominal cavity, except diaphragmatic hernia	2,522 (636)	0.3 (0.1)
Crohn's disease and ulcerative colitis	* …	0.1 (0.0)
Other and unspecified noninfectious enteritis and colitis	* …	0.2 (0.1)
Intestinal obstructions	* …	* …
Diverticula of intestine	* …	0.1 (0.0)
Irritable bowel syndrome	* …	* …
Constipation	* …	0.3 (0.1)
Anal and rectal diseases	* …	0.1 (0.1)
Hemorrhoids and perianal venous thrombosis	* …	0.2 (0.1)
Other diseases of the liver	* …	0.0 (0.0)
Disorders of gallbladder and biliary tract	*1,189 (359)	0.1 (0.0)
Diseases of the pancreas	* …	* …
Unspecified gastrointestinal bleeding	* …	* …
Other diseases of the digestive system	1,716 (377)	0.2 (0.0)

See footnotes at end of table.

Table 15. Annual number and percent distribution of office visits, by diagnosis group: United States, 2016—Con.

Primary diagnosis group[1]	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
Diseases of the skin and subcutaneous tissue		
Cellulitis	* …	0.3 (0.1)
Cutaneous abscess	* …	0.0 (0.0)
Other local infections of the skin and subcutaneous tissue	* …	0.3 (0.1)
Contact dermatitis and other eczema	*3,003 (919)	0.3 (0.1)
Psoriasis and other similar disorders	3,433 (716)	0.4 (0.1)
Urticaria	* …	0.2 (0.1)
Other inflammatory conditions of skin and subcutaneous tissue	11,185 (1,599)	1.3 (0.2)
Actinic keratosis and other sun exposure related disorders	5,694 (851)	0.6 (0.1)
Acne	7,043 (1,180)	0.8 (0.1)
Sebaceous cyst	* …	0.1 (0.0)
Seborrheic keratosis	3,532 (841)	0.4 (0.1)
Corns, callosities and other hypertrophic and atrophic skin condition	2,188 (413)	0.2 (0.0)
Other disorders of the skin and subcutaneous tissue	8,232 (1,064)	0.9 (0.1)
Diseases of the musculoskeletal system and connective tissue		
Rheumatoid arthritis	* …	0.6 (0.3)
Infectious and inflammatory arthropathies, excluding rheumatoid and juvenile arthritis	* …	0.3 (0.1)
Osteoarthritis	11,147 (2,212)	1.3 (0.2)
Acquired deformities of fingers and toes	* …	0.0 (0.0)
Internal derangement of knee	* …	0.1 (0.0)
Other joint disorders	11,840 (2,125)	1.3 (0.2)
Spinal stenosis	* …	0.1 (0.0)
Spondylopathies, excluding spinal stenosis	* …	0.2 (0.1)
Intervertebral disc disorders	* …	0.3 (0.1)
Low back pain, unspecified	5,784 (1,064)	0.7 (0.1)
Other conditions of the spine and back, excluding low back pain	9,085 (1,064)	1.0 (0.1)
Synovitis and tenosynovitis	* …	0.1 (0.0)
Soft tissue disorders related to use, overuse and pressure	6,111 (1,151)	0.7 (0.1)
Ganglion and cyst of synovium, tendon and bursa	* …	0.1 (0.0)
Myalgia and myositis, unspecified	* …	0.1 (0.0)
Osteoporosis	* …	0.1 (0.1)
Disorders of bone and cartilage, excluding osteoporosis	* …	0.2 (0.1)
Other diseases of the musculoskeletal system and connective tissue	11,096 (1,949)	1.3 (0.2)
Diseases of the genitourinary system		
Nephritis, nephrotic syndrome, and nephrosis	* …	* …
Infections of kidney	* …	* …
Acute kidney failure	* …	* …
Chronic kidney disease, excluding end stage renal disease (ESRD)	* …	0.2 (0.1)
End stage renal disease (ESRD)	* …	* …
Unspecified kidney failure, including uremia NOS	* …	* …
Calculus of kidney and ureter	2,732 (754)	0.3 (0.1)
Cystitis	* …	*0.1 (0.0)
Urethral stricture	* …	0.0 (0.0)
Urinary tract infection, site not specified	3,748 (735)	0.4 (0.1)
Stress and other specified urinary incontinence, excluding functional	*1,473 (527)	0.2 (0.1)
Other diseases of the urinary system	2,495 (561)	0.3 (0.1)
Benign prostatic hyperplasia (BPH)	5,350 (993)	0.6 (0.1)
Disorders of prepuce	* …	* …
Other disorders of the male genital system	2,696 (512)	0.3 (0.1)
Unspecified lump or mass in breast	* …	0.1 (0.0)
Disorders of the breast, excluding unspecified lump or mass	2,291 (626)	0.3 (0.1)
Inflammatory disease of female pelvic organs	* …	0.2 (0.0)
Endometriosis	* …	* …
Genital prolapse (female)	* …	0.1 (0.0)
Dysplasia of cervix (uteri)	* …	* …
Other noninflammatory disorders of the female genital organs	2,360 (606)	0.3 (0.1)
Disorders of menstruation and abnormal bleeding	3,107 (708)	0.4 (0.1)
Menopausal and postmenopausal disorders	*1,849 (648)	0.2 (0.1)
Other disorders of female genital tract	* …	0.1 (0.1)

See footnotes at end of table.

Table 15. Annual number and percent distribution of office visits, by diagnosis group: United States, 2016—Con.

Primary diagnosis group[1]	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
Complications of pregnancy, childbirth, and the puerperium		
Missed abortion	* …	* …
Other pregnancy with abortive outcome	* …	0.1 (0.0)
Supervision of high-risk pregnancy	*3,588 (1,186)	0.4 (0.1)
Pre-existing diabetes mellitus, types 1 and 2, complicating pregnancy	* …	* …
Early or threatened labor	* …	* …
Other complications of pregnancy	5,912 (1,115)	0.7 (0.1)
Certain conditions originating in the perinatal period		
Certain other conditions originating in the perinatal period	* …	0.2 (0.1)
Congenital anomalies		
Congenital anomolies	*5,137 (3,665)	0.6 (0.4)
Symptoms, signs, and ill-defined conditions		
Abnormal heart beat and heart sounds	* …	0.2 (0.1)
Epistaxis	* …	0.1 (0.0)
Cough, unspecified	3,879 (718)	0.4 (0.1)
Dyspnea and respiratory abnormalities	* …	0.1 (0.0)
Chest pain	3,856 (814)	0.4 (0.1)
Abdominal pain	6,910 (1,593)	0.8 (0.2)
Fecal incontinence	* …	* …
Unspecified jaundice, edema and other non-specific skin symptoms	7,761 (1,095)	0.9 (0.1)
Hematuria	1,152 (305)	0.1 (0.0)
Urinary incontinence, unspecified and functional	* …	0.0 (0.0)
Symptoms involving the urinary system, excluding hematuria and urinary incontinence	3,983 (696)	0.5 (0.1)
Age-related cognitive decline, age-related physical debility	* …	* …
Vertigo and lightheadedness	3,092 (637)	0.3 (0.1)
Fever of other and unknown origin	* …	0.2 (0.1)
Headache	2,527 (604)	0.3 (0.1)
Malaise and fatigue	2,488 (632)	0.3 (0.1)
Syncope and collapse	* …	0.2 (0.1)
Convulsions and seizures, not elsewhere classified	* …	0.1 (0.0)
Other symptoms, signs, abnormal findings, and ill-defined conditions	25,532 (2,276)	2.9 (0.2)
Injury and poisoning		
Injury of eye and orbit	* …	0.0 (0.0)
Contusions (bruise, hematoma)	* …	0.2 (0.1)
Superficial injuries, excluding contusions (abrasion, blister, external constriction, splinter, superficial bite)	* …	0.1 (0.0)
Open wound of head	* …	0.0 (0.0)
Open wound of wrist, hand and fingers	* …	* …
Open wound of hip and lower limb	* …	0.0 (0.0)
Open wound, excluding head, hand, fingers, lower limb and internal organs	* …	* …
Traumatic fracture of shoulder and upper arm (clavicle, scapula, humerus)	* …	0.1 (0.0)
Traumatic fracture of forearm (radius and ulna)	* …	0.1 (0.0)
Traumatic fracture of wrist, hand and fingers (carpal, metacarpals, phalanges)	* …	0.1 (0.0)
Traumatic fracture of hip (head and neck of femur)	* …	* …
Traumatic fracture of ankle (medial malleolus, lateral malleolus, bimalleolar, trimalleolar)	* …	0.0 (0.0)
Traumatic fracture of leg, foot and toes, excluding hip and ankle (femur, patella, tibia, fibula, tarsals, metatarsals, phalanges)	* …	0.2 (0.1)
Other traumatic fractures (skull, facial bones, vertebrae, ribs, sternum, pelvis)	* …	0.1 (0.0)
Tear of medial meniscus, current injury	* …	0.1 (0.0)
Dislocations, excluding tear of medial meniscus	* …	0.1 (0.0)
Sprains and strains of neck	*3,932 (3,086)	0.4 (0.3)
Sprains and strains of back	* …	0.2 (0.1)
Sprains and strains of wrist and hand	* …	* …
Sprains and strains of knee	* …	0.1 (0.0)
Strains and sprains of ankle	* …	0.2 (0.1)
Sprain and strains, excluding neck, back, wrist, hand, knee, ankle	2,172 (608)	0.2 (0.1)

See footnotes at end of table.

Table 15. Annual number and percent distribution of office visits, by diagnosis group: United States, 2016—Con.

Primary diagnosis group[1]	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
Injury and poisoning—Con.		
Concussion	* …	0.0 (0.0)
Intracranial injury, excluding concussion	* …	0.1 (0.0)
Internal injury of chest, abdomen and pelvis	* …	* …
Other injuries, excluding burns and poisonings	4,791 (832)	0.5 (0.1)
Burns and corrosions, external and internal, excluding sunburn	* …	0.1 (0.0)
Poisoning (overdose or wrong substance given or taken in error) due to drugs and biological substances, accidental (unintentional)	* …	0.2 (0.1)
Poisoning (overdose or wrong substance given or taken in error) due to drugs and biological substances, undetermined intent	* …	* …
Adverse effects (of correct substance properly administered) of drugs and biological substances	* …	* …
Toxic effects of substances chiefly non-medical, accidental (unintentional)	* …	* …
Toxic effects of substances chiefly non-medical, undetermined	* …	* …
Other and unspecified effects of external causes	* …	0.1 (0.1)
Complications of surgical and medical care	1,872 (512)	0.2 (0.1)
Supplemental classifications		
Encounter for general adult medical examinations, including routine gynecological examination	38,928 (4,223)	4.4 (0.5)
Encounter for routine newborn health examination	* …	0.4 (0.1)
Encounter for routine child examination, exluding newborns	41,500 (5,581)	4.7 (0.6)
Encounter and observation for suspected conditions ruled out	* …	0.2 (0.1)
Encounter for specific procedures and aftercare and follow-up examination after completed treatment, excluding for injuries	20,055 (1,940)	2.3 (0.2)
Potential health hazards related to communicable diseases	* …	0.1 (0.0)
Encounter for contraceptive management	3,861 (960)	0.4 (0.1)
Encounter for supervision of normal pregnancy	20,064 (3,940)	2.3 (0.4)
Other encounter related to pregnancy, excluding incidental pregnancy	* …	0.2 (0.1)
Postpartum care and examination	* …	0.3 (0.1)
Personal history of pulmonary embolism and other venous thrombosis and embolism	* …	* …
Personal history of cerebral infarction or transient ischemic attack (TIA) without residual deficits	* …	* …
Potential health hazards related to personal and family history, excluding personal history of pulmonary embolism and personal history of cerebral infarction or transient ischemic attack (TIA) without residual deficits	6,668 (1,023)	0.8 (0.1)
Body mass index (BMI) 30 or greater, adult	* …	* …
Other factors influencing health status and contact with health services	25,574 (2,714)	2.9 (0.3)
Uncodable entries[2]	6,542 (1,228)	0.7 (0.1)
Unknown or blank	*5,002 (1,621)	0.6 (0.2)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
0.0 Quantity more than zero but less than 0.05.
[1]Based on the *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD–10–CM). Codes have been combined to better describe the utilization of ambulatory care services. For a list of ICD–10–CM codes corresponding to a specific diagnosis group, contact the Ambulatory and Hospital Care Statistics Branch.
[2]Common examples include illegible diagnosis and entry of "none," "no diagnosis," "no disease," or "healthy" as the only entry in the diagnosis item.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 16. Injury visits to office-based physicians, by selected patient and visit characteristics: United States, 2016

Patient characteristics	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year[1] (standard error of rate)
All injury visits[2]	61,124 (5,972)	100.0 …	19.2 (1.9)
Age group (years)			
Under 15	10,281 (1,624)	16.8 (2.6)	16.9 (2.7)
Under 1	* …	1.4 (0.8)	* …
1–4	* …	3.2 (1.1)	* …
5–14	7,444 (1,164)	12.2 (1.9)	18.2 (2.8)
15–24	7,054 (1,111)	11.5 (1.4)	16.6 (2.6)
25–44	12,080 (2,290)	19.8 (2.4)	14.5 (2.8)
45–64	19,576 (2,596)	32.0 (2.2)	23.4 (3.1)
65 and over	12,134 (1,186)	19.9 (2.0)	25.3 (2.5)
65–74	6,798 (825)	11.1 (1.2)	23.9 (2.9)
75 and over	5,335 (737)	8.7 (1.3)	27.3 (3.8)
Sex and age group (years)			
Female	30,018 (3,186)	49.1 (1.8)	18.5 (2.0)
Under 15	4,962 (916)	8.1 (1.5)	16.6 (3.1)
15–24	2,936 (660)	4.8 (0.9)	13.9 (3.1)
25–44	5,338 (1,076)	8.7 (1.2)	12.7 (2.6)
45–64	9,631 (1,395)	15.8 (1.5)	22.4 (3.2)
65–74	3,628 (578)	5.9 (0.8)	24.0 (3.8)
75 and over	3,523 (607)	5.8 (1.0)	30.8 (5.3)
Male	31,106 (3,196)	50.9 (1.8)	20.0 (2.1)
Under 15	5,319 (994)	8.7 (1.6)	17.1 (3.2)
15–24	4,118 (735)	6.7 (1.1)	19.2 (3.4)
25–44	6,742 (1,411)	11.0 (1.6)	16.5 (3.4)
45–64	9,945 (1,498)	16.3 (1.6)	24.6 (3.7)
65–74	3,170 (590)	5.2 (1.0)	23.9 (4.4)
75 and over	1,812 (375)	3.0 (0.7)	22.3 (4.6)
Race[3]			
White	53,245 (5,402)	87.1 (1.5)	21.7 (2.2)
Black or African American	5,162 (834)	8.4 (1.1)	12.4 (2.0)
Other[4]	2,717 (659)	4.4 (1.1)	8.7 (2.1)
Ethnicity[3]			
Hispanic or Latino	12,186 (3,034)	19.9 (3.6)	21.5 (5.3)
Not Hispanic or Latino	48,938 (3,924)	80.1 (3.6)	18.7 (1.5)
White	41,450 (3,418)	67.8 (3.5)	21.3 (1.8)
Black or African American	5,032 (824)	8.2 (1.1)	12.9 (2.1)
Other[4]	2,456 (633)	4.0 (1.1)	9.0 (2.3)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
[1]Visit rates for age, sex, race, and ethnicity are based on the July 1, 2016, set of estimates of the civilian noninstitutional population of the United States as developed by the U.S. Census Bureau, Population Division.
[2]The National Ambulatory Medical Care Survey (NAMCS) definition of injury visits, as shown in this table, changed in 2016 and includes only any listed reason for visit and diagnosis codes that are related to injury, poisoning, or adverse effects. Reason for visit was coded using "A Reason for Visit Classification for Ambulatory Care"; diagnosis was coded using the *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD–10–CM). Using this definition, injury visits accounted for 6.9% (SE = 0.6) of all office visits in 2016. For more information on why this definition changed, see the 2016 NAMCS Public Use Data File Documentation, available from:
https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2016.pdf.
[3]The race groups white, black or African American, and other include persons of Hispanic and not of Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is detailed in the 2016 NAMCS Public Use Data File Documentation. For 2016, race data were missing for 37.3% of injury visits, and ethnicity data were missing for 34.6% of injury visits.
[4]Other race includes visits by Asian, Native Hawaiian or Other Pacific Islander, and American Indian or Alaska Native persons, and persons with more than one race.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 17. Office visits related to injury, poisoning, and adverse effect, by intent: United States, 2016

Intent[1]	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All visits related to injury, poisoning, and adverse effect[2]	72,560 (6,368)	100.0 …
Unintentional	39,493 (5,444)	54.4 (3.7)
Other[3]	2,403 (528)	3.3 (0.7)
Blank cause	30,664 (2,454)	42.3 (3.5)

… Category not applicable.

[1]Based on the proposed *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD–10–CM) *External Cause of Injury Matrix*. For more information, see the report, "Proposed Framework for Presenting Injury Data Using ICD–10–CM External Cause of Injury Codes," at: https://www.cdc.gov/injury/wisqars/pdf/ICD-10-CM_External_Cause_Injury_Codes-a.pdf.

[2]The definition of visits related to injury, poisoning, and adverse effects changed in 2016 because of the switch from the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM) coding system, used to code diagnosis data prior to 2016, to the ICD–10–CM coding system for 2016 and later years. In prior years, injury visits included any listed reason for visit and diagnosis codes related to injury and poisoning based on ICD–9–CM. In 2016, injury visits include any listed reason for visit and diagnosis codes related to injury, poisoning, and adverse effects based on ICD–10–CM, as well as information indicating that the visit is related to an injury or trauma, overdose or poisoning, or adverse effect of medical or surgical treatment based on the patient record form item, "Is this visit related to an injury/trauma, overdose/poisoning, or adverse effect of medical/surgical treatment?" and further consideration of values for visits with no concrete evidence of injury. Using this definition, Injury visits accounted for 8.6% (SE = 0.7) of all office visits in 2016. Certain diagnosis codes for injury visits were not captured using the ICD–10–CM external cause matrix (2% of visits in 2016). Common diagnoses in this group include activity of person seeking health care and place of occurrence of external cause. For more details, see the 2016 NAMCS Public Use Data File Documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc16.pdf.

[3]Combines self-harm, assault, legal intervention or war, undetermined, and other causes because estimates for those causes of injury did not meet NCHS standards of reliability.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 18. Presence of selected chronic conditions at office visits, by patient age and sex: United States, 2016

Chronic condition[1]	Age group (years)					Sex	
	Total	Under 45	45–64	65–74	75 and over	Female	Male
	Percent distribution (standard error of percent)						
All visits	100.0 …	100.0 …	100.0 …	100.0 …	100.0 …	100.0 …	100.0 …
None	42.9 (1.5)	67.9 (1.9)	29.0 (1.5)	18.6 (1.3)	13.5 (1.3)	44.9 (1.7)	40.0 (1.7)
One or more chronic conditions	55.5 (1.5)	30.2 (1.8)	69.4 (1.6)	79.9 (1.3)	85.3 (1.4)	53.4 (1.7)	58.2 (1.7)
One	22.1 (0.7)	20.9 (1.2)	25.8 (1.1)	19.7 (1.1)	20.3 (1.5)	21.8 (0.8)	22.4 (0.9)
Two	13.2 (0.6)	5.9 (0.8)	17.8 (0.8)	20.0 (1.1)	20.9 (1.2)	12.8 (0.7)	13.8 (0.7)
Three or more	20.2 (1.2)	3.3 (0.4)	25.8 (1.7)	40.3 (1.9)	44.0 (2.1)	18.9 (1.2)	22.0 (1.4)
Blank	1.7 (0.4)	1.9 (0.6)	1.6 (0.5)	1.5 (0.4)	1.2 (0.7)	1.6 (0.5)	1.7 (0.4)
Diabetes mellitus (DM)	11.5 (0.7)	1.9 (0.3)	16.2 (1.1)	24.0 (1.4)	20.8 (1.4)	10.0 (0.6)	13.6 (1.1)
Diabetes mellitus (DM), Type 1	0.5 (0.1)	0.3 (0.1)	0.5 (0.2)	0.7 (0.2)	0.6 (0.3)	0.4 (0.1)	0.5 (0.1)
Diabetes mellitus (DM), Type 2	7.3 (0.6)	0.8 (0.2)	10.6 (1.0)	15.0 (1.4)	14.2 (1.3)	6.2 (0.5)	8.8 (1.0)
Diabetes mellitus (DM), Type unspecified	3.7 (0.4)	0.8 (0.2)	5.0 (0.6)	8.2 (0.9)	6.0 (0.8)	3.4 (0.4)	4.3 (0.5) •
Hypertension	27.2 (1.2)	5.1 (0.5)	35.6 (1.5)	52.1 (2.0)	57.7 (2.1)	25.1 (1.2)	30.1 (1.4)
Hyperlipidemia	17.1 (1.1)	2.7 (0.3)	23.7 (1.6)	33.6 (2.0)	34.6 (2.2)	15.0 (1.1)	20.1 (1.4)
Arthritis	10.9 (1.0)	1.5 (0.3)	14.7 (1.7)	21.4 (1.8)	23.5 (1.8)	12.0 (1.2)	9.4 (0.9)
Depression	9.3 (0.6)	6.8 (0.7)	13.1 (1.0)	9.6 (1.0)	9.3 (1.1)	11.1 (0.8)	6.8 (0.6)
Obesity	7.5 (0.6)	5.7 (0.8)	10.4 (0.9)	9.9 (1.1)	4.7 (0.8)	8.2 (0.7)	6.6 (0.7)
Cancer	7.4 (0.6)	0.8 (0.2)	7.8 (0.8)	15.8 (1.5)	20.2 (1.6)	7.0 (0.7)	8.0 (0.7)
Asthma	7.1 (0.5)	7.3 (0.7)	8.8 (0.9)	5.6 (0.7)	4.4 (0.6)	8.2 (0.7)	5.7 (0.5)
Coronary artery disease (CAD), ischemic heart disease (IHD), or history of myocardial infarction	6.7 (0.9)	* …	6.4 (1.0)	13.4 (1.5)	17.3 (1.5)	5.0 (1.0)	9.1 (1.0)
Chronic obstructive pulmonary disease (COPD)	3.6 (0.4)	0.5 (0.2)	4.3 (0.8)	7.0 (0.8)	8.8 (1.1)	3.5 (0.4)	3.7 (0.4)
Obstructive sleep apnea (OSA)	3.5 (0.4)	1.0 (0.2)	5.9 (0.8)	5.8 (0.8)	4.0 (0.6)	2.8 (0.4)	4.4 (0.5)
Chronic kidney disease (CKD)	2.5 (0.3)	0.2 (0.1)	2.6 (0.5)	5.7 (1.1)	7.0 (1.0)	2.1 (0.3)	3.1 (0.5)
Osteoporosis	2.4 (0.3)	0.2 (0.1)	2.1 (0.6)	5.2 (0.8)	8.1 (0.9)	3.6 (0.5)	0.8 (0.2)
Substance abuse or dependence	2.2 (0.4)	2.9 (0.8)	2.5 (0.4)	0.8 (0.3)	0.6 (0.3)	1.6 (0.3)	3.0 (0.7)
Attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD)	2.1 (0.3)	3.9 (0.6)	1.0 (0.2)	0.2 (0.1)	0.3 (0.2)	1.5 (0.3)	2.8 (0.5)

See footnotes at end of table.

Table 18. Presence of selected chronic conditions at office visits, by patient age and sex: United States, 2016—Con.

Chronic condition[1]	Age group (years)					Sex	
	Total	Under 45	45–64	65–74	75 and over	Female	Male
	Percent distribution (standard error of percent)						
Cerebrovascular disease	1.9 (0.2)	0.2 (0.1)	1.7 (0.3)	3.5 (0.5)	6.4 (0.8)	1.6 (0.2)	2.3 (0.3)
Congestive heart failure(CHF)	1.7 (0.2)	0.2 (0.1)	1.7 (0.5)	3.5 (0.7)	5.2 (0.8)	1.3 (0.2)	2.3 (0.4)
Alcohol misuse, abuse, or dependence	0.8 (0.1)	0.4 (0.1)	1.7 (0.4)	0.6 (0.2)	* …	0.4 (0.1)	1.4 (0.3)
Alzheimer's disease and dementia	0.7 (0.1)	* …	0.4 (0.2)	0.8 (0.3)	3.5 (0.6)	0.7 (0.1)	0.7 (0.1)
History of pulmonary embolism (PE) or deep vein thrombosis (DVT)	0.7 (0.1)	0.1 (0.1)	1.1 (0.3)	1.2 (0.4)	1.2 (0.4)	0.7 (0.2)	0.7 (0.2)
Autism spectrum disorder	0.4 (0.1)	0.8 (0.2)	* …	* …	* …	0.1 (0.0)	0.8 (0.2)
Hepatitis C	0.4 (0.1)	0.2 (0.1)	0.8 (0.2)	0.6 (0.3)	* …	0.4 (0.1)	0.4 (0.2)
End-stage renal disease (ESRD)	0.2 (0.1)	* …	0.2 (0.1)	0.3 (0.1)	0.5 (0.2)	0.2 (0.1)	0.2 (0.1)
Hepatitis B	0.2 (0.0)	* …	0.3 (0.1)	* …	* …	0.2 (0.1)	0.2 (0.1)
HIV infection and AIDS	0.2 (0.1)	0.2 (0.1)	0.3 (0.1)	* …	* …	0.0 (0.0)	0.4 (0.1)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
0.0 Quantity more than zero but less than 0.05.
[1]Presence of chronic conditions was based on the checklist of chronic conditions and reported diagnoses. Combined total visits by patients with chronic condtions and percentage of visits exceeds 100% because more than one chronic condition may be reported per visit.

NOTE: Numbers may not add to totals because more than one chronic condition may be reported per visit.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 19. Presence of selected chronic conditions at office visits, by geographic area: United States, 2016

Chronic conditions	Region				Metropolitan status	
	Northeast	Midwest	South	West	MSA[1]	Non-MSA[1]
	Percent of visits (standard error of percent)					
All visits	20.8 (1.4)	21.2 (1.4)	36.0 (1.8)	22.0 (1.4)	92.7 (1.3)	7.3 (1.3)
Hypertension	24.7 (2.4)	33.0 (1.9)	27.8 (2.5)	23.0 (1.9)	26.4 (1.2)	37.0 (4.9)
Hyperlipidemia	14.6 (2.0)	22.5 (2.1)	18.4 (2.5)	12.4 (1.4)	16.4 (1.1)	26.2 (6.1)
Arthritis	10.5 (2.6)	14.1 (1.3)	11.0 (2.0)	8.1 (1.2)	10.4 (1.0)	17.1 (3.5)
Diabetes[2]	9.5 (1.0)	13.6 (1.2)	12.8 (1.7)	9.5 (1.0)	11.3 (0.8)	14.8 (1.9)
Depression	8.5 (1.2)	12.8 (1.2)	8.9 (1.1)	7.4 (1.3)	9.1 (0.6)	12.6 (2.5)
Obesity	5.0 (0.9)	8.1 (1.0)	9.2 (1.4)	6.5 (0.9)	7.4 (0.7)	9.2 (1.8)
Asthma	10.8 (1.5)	7.1 (0.7)	5.8 (0.8)	5.8 (0.6)	7.3 (0.5)	4.9 (0.6)
Cancer	5.6 (0.9)	10.9 (2.1)	6.5 (0.8)	7.2 (1.0)	7.5 (0.7)	* …
COPD[3]	3.5 (0.8)	5.2 (0.9)	3.3 (0.7)	2.4 (0.5)	3.3 (0.4)	6.9 (1.7)
Osteoporosis	2.4 (0.6)	3.3 (0.6)	2.7 (0.8)	1.0 (0.2)	2.4 (0.4)	2.5 (1.0)

* Estimate does not meet NCHS standards of reliability.
… Category not applicable.
[1]MSA is metropolitan statistical area.
[2]Includes both Type I diabetes mellitus (insulin dependent or IDDM) and Type II diabetes mellitus (non-insulin dependent or NIDDM), and diabetes with type unspecified. Excludes diabetes insipidus and gestational diabetes.
[3]Chronic obstructive pulmonary disease.

NOTES: Presence of chronic conditions was based on the checklist of chronic conditions and reported diagnoses. Combined total visits by patients with chronic condtions and percentage of visits exceeds 100% because more than one chronic condition may be reported per visit. Numbers may not add to totals because more than one chronic condition may be reported per visit.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

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Table 20. Selected services ordered or provided at office visits, by patient sex: United States, 2016

Services	Number of visits in thousands (standard error in thousands)	Both sexes	Female[2]	Male[3]
		Percent distribution (standard error of percent)		
All visits[1]	883,725 (30,070)	100.0 …	100.0 …	100.0 …
One or more services ordered or provided[4]	862,299 (29,807)	97.6 (0.4)	97.6 (0.5)	97.5 (0.5)
None	21,426 (3,804)	2.4 (0.4)	2.4 (0.5)	2.5 (0.5)
Examinations and screenings				
Domestic violence screening	* …	0.2 (0.1)	0.3 (0.1)	* …
Skin	185,996 (17,014)	21.0 (1.8)	19.4 (1.7)	23.3 (2.1)
Retinal	135,895 (13,793)	15.4 (1.5)	14.3 (1.4)	16.9 (1.7)
Neurologic	117,668 (14,206)	13.3 (1.5)	12.7 (1.6)	14.1 (1.7)
Depression screening	38,009 (7,297)	4.3 (0.8)	4.4 (0.9)	4.1 (0.8)
Pelvic	37,347 (4,997)	4.2 (0.6)	7.3 (1.0)	* …
Breast	30,023 (5,261)	3.4 (0.6)	5.4 (0.9)	0.6 (0.4)
Foot	27,549 (6,212)	3.1 (0.7)	3.2 (0.8)	3.1 (0.7)
Alcohol misuse screening (includes AUDIT, MAST, CAGE, T–ACE)	*19,985 (6,091)	2.3 (0.7)	2.1 (0.6)	2.5 (0.9)
Rectal	14,871 (3,780)	1.7 (0.4)	1.4 (0.4)	2.1 (0.7)
Substance abuse screening (includes NIDA/NIM ASSIST, CAGE/AID, DAST–10)	12,733 (3,491)	1.4 (0.4)	1.2 (0.4)	1.8 (0.5)
Vital signs				
Weight	685,341 (28,582)	77.6 (1.3)	78.0 (1.3)	76.9 (1.5)
Height	603,360 (27,488)	68.3 (1.8)	69.5 (1.8)	66.6 (2.0)
Blood pressure	582,435 (25,403)	65.9 (1.6)	68.0 (1.7)	63.0 (1.9)
Temperature	370,833 (25,350)	42.0 (2.3)	40.5 (2.4)	44.0 (2.5)
Laboratory tests				
Complete blood count (CBC)	118,418 (12,250)	13.4 (1.3)	13.2 (1.4)	13.7 (1.4)
Lipids or cholesterol	80,718 (9,621)	9.1 (1.0)	8.8 (1.1)	9.6 (1.1)
Comprehensive metabolic panel	80,162 (9,554)	9.1 (1.0)	8.8 (1.1)	9.5 (1.1)
Urinalysis (UA)	73,692 (7,630)	8.3 (0.8)	8.3 (0.9)	8.4 (1.0)
Glycohemoglobin (HgbA1C)	55,943 (8,767)	6.3 (0.9)	6.3 (1.1)	6.4 (0.9)
TSH or thyroid panel	51,915 (6,362)	5.9 (0.7)	6.2 (0.7)	5.4 (0.9)
Glucose	36,371 (8,240)	4.1 (0.9)	4.4 (1.1)	3.8 (0.9)
Basic metabolic panel	34,427 (6,276)	3.9 (0.7)	3.5 (0.7)	4.4 (0.9)
Pap test	22,644 (3,247)	2.6 (0.4)	4.4 (0.6)	* …
Rapid strep test	19,127 (4,631)	2.2 (0.5)	1.9 (0.5)	2.5 (0.6)
Prostate specific antigen (PSA)	17,637 (2,555)	2.0 (0.3)	* …	4.7 (0.7)
Vitamin D test	13,721 (2,454)	1.6 (0.3)	1.8 (0.4)	1.2 (0.3)
Creatinine or renal function panel	13,034 (2,269)	1.5 (0.3)	1.2 (0.2)	1.8 (0.4)
Liver enzymes or hepatic function panel	11,100 (2,696)	1.3 (0.3)	1.1 (0.3)	1.5 (0.4)
Chlamydia test	6,860 (1,370)	0.8 (0.2)	1.1 (0.2)	0.3 (0.1)
Hepatitis testing	6,516 (1,244)	0.7 (0.1)	0.8 (0.2)	0.7 (0.2)
Pregnancy or HCG test	5,663 (837)	0.6 (0.1)	1.1 (0.2)	* …
HIV test\5	5,350 (1,033)	0.6 (0.1)	0.7 (0.2)	0.5 (0.1)
Gonorrhea test	4,811 (1,060)	0.5 (0.1)	0.8 (0.2)	0.2 (0.1)
HPV DNA test[6]	4,116 (867)	0.5 (0.1)	0.8 (0.2)	* …
Culture				
Urine	15,937 (3,245)	1.8 (0.4)	1.8 (0.4)	1.8 (0.4)
Throat	*7,989 (2,761)	0.9 (0.3)	0.8 (0.3)	1.1 (0.4)
Blood	*2,998 (981)	0.3 (0.1)	0.4 (0.2)	0.3 (0.1)
Other	7,692 (1,377)	0.9 (0.2)	0.9 (0.2)	0.9 (0.2)

See footnotes at end of table.

Table 20. Selected services ordered or provided at office visits, by patient sex: United States, 2016—Con.

Services	Number of visits in thousands (standard error in thousands)	Both sexes	Female[2]	Male[3]
Procedures		Percent distribution (standard error of percent)		
Fetal monitoring	*6,697 (2,038)	0.8 (0.2)	1.3 (0.4)	* …
Tonometry	*4,594 (1,740)	0.5 (0.2)	0.5 (0.2)	0.6 (0.2)
Electromyogram (EMG)	*3,470 (1,225)	0.4 (0.1)	0.5 (0.2)	0.2 (0.1)
Peak flow	*2,483 (753)	0.3 (0.1)	0.2 (0.1)	0.4 (0.2)
Spirometry	*12,204 (3,763)	1.4 (0.4)	1.7 (0.6)	1.0 (0.3)
Sigmoidoscopy	* …	0.1 (0.0)	* …	* …
Electroencephalogram (EEG)	* …	0.2 (0.0)	0.1 (0.0)	0.2 (0.1)
Tuberculosis skin testing or PPD	* …	0.2 (0.1)	0.3 (0.1)	* …
Upper gastrointestinal endoscopy or EGD	* …	0.1 (0.0)	0.1 (0.1)	0.1 (0.1)
Electrocardiogram (EKG or ECG)	41,186 (8,435)	4.7 (0.9)	4.2 (1.0)	5.3 (1.0)
Biopsy	13,455 (1,932)	1.5 (0.2)	1.2 (0.2)	1.9 (0.3)
Cryosurgery (cryotherapy)	11,795 (1,829)	1.3 (0.2)	0.9 (0.1)	1.9 (0.3)
Audiometry	10,834 (2,565)	1.2 (0.3)	1.1 (0.3)	1.4 (0.3)
Excision of tissue	9,472 (1,868)	1.1 (0.2)	0.9 (0.2)	1.3 (0.3)
Colonoscopy	*8,856 (2,659)	1.0 (0.3)	0.9 (0.3)	1.1 (0.4)
Cardiac stress test	7,060 (2,075)	0.8 (0.2)	0.7 (0.2)	0.9 (0.3)
Imaging				
Any imaging	127,955 (9,441)	14.5 (0.9)	16.5 (1.1)	11.7 (0.9)
X-ray	47,036 (5,169)	5.3 (0.5)	4.9 (0.6)	5.9 (0.6)
Ultrasound, excluding echocardiogram	32,867 (3,206)	3.7 (0.4)	4.5 (0.5)	2.6 (0.4)
Mammography	17,329 (2,608)	2.0 (0.3)	3.3 (0.5)	* …
Computed tomography (CT) scan	16,502 (2,048)	1.9 (0.2)	2.0 (0.3)	1.6 (0.2)
Echocardiogram	*14,215 (6,640)	1.6 (0.7)	1.8 (0.9)	1.3 (0.6)
Magnetic resonance imaging (MRI)	12,859 (1,706)	1.5 (0.2)	1.3 (0.2)	1.7 (0.3)
Bone mineral density	5,811 (1,105)	0.7 (0.1)	1.0 (0.2)	0.2 (0.1)
Other imaging	3,204 (572)	0.4 (0.1)	0.4 (0.1)	0.3 (0.1)
Treatment				
Home health care	*2,255 (1,121)	0.3 (0.1)	0.2 (0.1)	0.3 (0.2)
Complementary and alternative medicine (CAM)	* …	0.1 (0.0)	0.1 (0.0)	* …
Radiation therapy	* …	0.0 (0.0)	* …	* …
Occupation therapy	* …	0.1 (0.0)	0.1 (0.0)	0.1 (0.1)
Physical therapy	22,295 (5,136)	2.5 (0.6)	2.5 (0.6)	2.6 (0.6)
Psychotherapy	13,081 (3,057)	1.5 (0.3)	1.4 (0.4)	1.6 (0.4)
Wound care	12,810 (1,827)	1.4 (0.2)	1.2 (0.2)	1.8 (0.3)
Mental health counseling, excluding psychotherapy	12,646 (2,698)	1.4 (0.3)	1.1 (0.3)	1.8 (0.4)
Durable medical equipment	8,054 (1,723)	0.9 (0.2)	0.7 (0.2)	1.1 (0.3)
Cast, splint, or wrap	5,824 (1,242)	0.7 (0.1)	0.6 (0.1)	0.7 (0.2)

See footnotes at end of table.

Table 20. Selected services ordered or provided at office visits, by patient sex: United States, 2016—Con.

Services	Number of visits in thousands (standard error in thousands)	Both sexes	Female[2]	Male[3]
Health education and counseling		Percent distribution (standard error of percent)		
Substance abuse counseling	*9,600 (3,132)	1.1 (0.4)	0.7 (0.2)	1.6 (0.5)
Asthma action plan given to patient	*6,544 (2,174)	0.7 (0.2)	1.0 (0.3)	0.4 (0.2)
Genetic counseling	* …	* …	* …	* …
Diet or nutrition	118,387 (13,100)	13.4 (1.4)	12.6 (1.4)	14.4 (1.6)
Exercise	75,596 (9,550)	8.6 (1.0)	8.2 (1.0)	9.0 (1.2)
Weight reduction	32,706 (7,763)	3.7 (0.8)	3.8 (0.9)	3.5 (0.9)
Injury prevention	26,536 (5,958)	3.0 (0.7)	2.7 (0.7)	3.4 (0.8)
Growth or development	26,168 (6,526)	3.0 (0.7)	3.0 (0.8)	2.9 (0.7)
Tobacco use or exposure	23,707 (2,785)	2.7 (0.3)	2.4 (0.3)	3.1 (0.4)
Diabetes education	18,421 (3,647)	2.1 (0.4)	1.9 (0.4)	2.4 (0.5)
Asthma education	10,879 (2,880)	1.2 (0.3)	1.4 (0.4)	1.0 (0.3)
Stress management	8,194 (2,294)	0.9 (0.3)	0.9 (0.3)	1.0 (0.3)
Family planning or contraception	4,677 (920)	0.5 (0.1)	0.7 (0.2)	0.2 (0.1)
Alcohol abuse counseling	4,484 (1,151)	0.5 (0.1)	0.4 (0.2)	0.7 (0.2)
STD prevention	4,040 (947)	0.5 (0.1)	0.6 (0.2)	0.2 (0.1)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
0.0 Quantity more than zero but less than 0.05.
[1]Combined total of all listed services exceeds "all visits," and percentage of visits exceeds 100%, because more than one service may be reported per visit.
[2]Based on 512,192,000 visits made by females.
[3]Based on 371,533,000 visits made by males.
[4]Includes up to nine write-in procedures from the Services item on the patient record form. Procedures are coded to the *International Classification of Diseases, 10th* Revision, *Procedure Coding System* (ICD–10–PCS). Records with write-in procedures that overlap checkboxes are edited to ensure that the checkbox is marked; in this way, the checkbox always provides a summary estimate but should not be added to the corresponding ICD–10–PCS procedure to avoid double counting. Procedures that could not be included in one of the checkboxes are included in the estimated total number of visits with services but are not shown separately.
[5]HIV is human immunodeficiency virus.
[6]HPV is human papilloma virus; DNA is deoxyribonucleic acid.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 21. Initial blood pressure measurements recorded at office visits to primary care providers for adults aged 18 and over, by selected patient characteristics: United States, 2016

Patient characteristic	Number of visits in thousands	Initial blood pressure[1]				
		Total	Not high	Mildly high	Moderately high	Severely high
		Percent distribution (standard error of percent)				
All visits[2]	326,542	100.0	32.0 (1.6)	49.1 (1.6)	15.1 (1.1)	3.8 (0.5)
Age (years)						
18–24	24,509	100.0	53.3 (4.1)	39.6 (4.1)	5.9 (1.6)	* …
25–44	99,373	100.0	42.4 (2.6)	45.1 (2.4)	10.8 (1.2)	* …
45–64	117,320	100.0	25.7 (1.8)	52.3 (2.1)	18.0 (1.5)	* …
65–74	47,691	100.0	20.3 (3.4)	55.2 (3.1)	19.0 (2.8)	* …
75 and over	37,649	100.0	24.6 (2.5)	48.3 (2.9)	18.6 (2.4)	8.5 (1.8)
Sex						
Female	215,448	100.0	36.8 (1.8)	47.0 (1.7)	13.2 (1.1)	* …
Male	111,094	100.0	22.6 (2.2)	53.3 (2.5)	18.8 (1.8)	* …
Race[3]						
White	266,891	100.0	31.8 (1.6)	49.2 (1.6)	15.1 (1.1)	* …
Black or African American	41,574	100.0	32.8 (3.3)	47.2 (2.9)	15.8 (2.2)	* …
Other[4]	18,077	100.0	31.7 (6.0)	52.9 (6.9)	* …	* …
Ethnicity[3]						
Hispanic or Latino	58,420	100.0	42.2 (5.0)	46.5 (4.4)	9.5 (1.9)	* …
Not Hispanic or Latino	268,122	100.0	29.7 (1.4)	49.7 (1.5)	16.3 (1.1)	* …
White	214,770	100.0	29.5 (1.6)	49.7 (1.6)	16.6 (1.2)	* …
Black or African American	36,345	100.0	30.5 (2.9)	48.6 (2.8)	16.1 (2.0)	* …
Other[4]	17,007	100.0	31.3 (6.2)	* …	* …	* …

* Estimate does not meet NCHS standards of reliability.
… Category not applicable.

[1]Blood pressure (BP) levels were categorized using the following hierarchical definitions: Severely high BP is 160 mm Hg systolic or above, or 100 mm Hg diastolic or above. Moderately high BP is 140–159 mm Hg systolic or 90–99 mm Hg diastolic. Mildly high BP is 120–139 mm Hg systolic or 80–89 mm Hg diastolic. Not high BP is any BP less than 120 mm Hg systolic and less than 80 mm Hg diastolic. High BP classification was based on the "Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC–7)." Mildly high BP corresponds to the JNC–7 prehypertensive range. Moderately high BP corresponds to the JNC–7 stage 1 hypertensive range. Severely high BP corresponds to the JNC–7 stage 2 hypertensive range.

[2]Visits where blood pressure was taken represent 95.1% (SE = 0.8) of all office visits made to primary care specialists by adults (aged 18 and over).

[3]The race groups white, black or African American, and other include persons of Hispanic and non-Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the "2016 National Ambulatory Medical Care Survey Public Use Data File Documentation," available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2016.pdf. For 2016, race data were missing for 24.5% of adult visits made to primary care specialists, and ethnicity data were missing for 17.0% of adult visits made to primary care specialists.

[4]Other race includes visits by Asian, Native Hawaiian or Other Pacific Islander, and American Indian or Alaska Native persons, and by persons with more than one race.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 22. Medication therapy and number of medications mentioned at office visits, by patient sex: United States, 2016

Medication therapy[1]	Number of visits in thousands (standard error in thousands)	Both sexes	Female[2]	Male[3]
		Percent distribution (standard error of percent)		
All visits	883,725 (30,070)	100.0 …	100.0 …	100.0 …
Visits with mention of medication[4]	653,490 (25,938)	73.9 (1.4)	73.6 (1.7)	74.4 (1.4)
Visits without mention of medication	215,644 (12,308)	24.4 (1.2)	24.5 (1.5)	24.3 (1.3)
Blank	*14,592 (5,742)	1.7 (0.6)	1.9 (0.8)	1.3 (0.5)
Number of medications provided or prescribed				
All visits	883,725 (30,070)	100.0 …	100.0 …	100.0 …
0	215,644 (12,308)	24.4 (1.2)	24.5 (1.5)	24.3 (1.3)
1	175,340 (9,840)	19.8 (0.9)	20.5 (1.0)	18.9 (1.0)
2	111,254 (6,975)	12.6 (0.6)	12.2 (0.7)	13.1 (0.7)
3	80,972 (5,379)	9.2 (0.5)	8.8 (0.5)	9.6 (0.7)
4	57,188 (4,476)	6.5 (0.4)	6.8 (0.6)	6.1 (0.5)
5	45,653 (3,626)	5.2 (0.4)	5.1 (0.4)	5.3 (0.4)
6	32,645 (2,590)	3.7 (0.3)	3.4 (0.3)	4.1 (0.4)
7	26,329 (2,360)	3.0 (0.3)	2.6 (0.2)	3.5 (0.4)
8	25,993 (2,376)	2.9 (0.3)	2.9 (0.3)	3.0 (0.3)
9	15,778 (1,705)	1.8 (0.2)	1.5 (0.2)	2.1 (0.3)
10	20,431 (2,273)	2.3 (0.3)	2.4 (0.3)	2.2 (0.3)
11	12,160 (1,411)	1.4 (0.2)	1.4 (0.2)	1.3 (0.2)
12	10,794 (1,400)	1.2 (0.2)	1.4 (0.2)	1.0 (0.2)
13	7,835 (1,052)	0.9 (0.1)	1.0 (0.2)	0.7 (0.1)
14	8,044 (1,175)	0.9 (0.1)	0.9 (0.1)	1.0 (0.2)
15 or more	23,073 (2,592)	2.6 (0.3)	2.7 (0.3)	2.5 (0.3)
Blank	*14,592 (5,742)	1.7 (0.6)	1.9 (0.8)	1.3 (0.5)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
[1]Includes prescription drugs, over-the-counter preparations, immunizations, and desensitizing agents.
[2]Based on 512,192,000 visits made by females.
[3]Based on 371,533,000 visits made by males.
[4]A drug mention is documentation in a patient's record of a drug provided, prescribed, or continued at a visit (up to 30 per visit); also defined as drug visits.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 23. Office drug visits and drug mentions, by physician specialty: United States, 2016

Physician speciality	Drug visits[1]		Drug mentions[2]		Percent of office visits with drug mentions[3] (standard error of percent)	Drug mention rate[4] (standard error of rate)
	Number in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number in thousands (standard error in thousands)	Percent distribution (standard error of percent)		
All specialties	653,490 (25,938)	100.0 …	2,935,894 (157,973)	100.0 …	73.9 (1.4)	332.2 (14.5)
General and family practice	170,789 (15,422)	26.1 (2.0)	917,746 (92,977)	31.3 (2.7)	84.3 (2.6)	453.2 (33.7)
Pediatrics	98,675 (14,057)	15.1 (1.9)	268,166 (44,525)	9.1 (1.5)	72.5 (3.4)	197.0 (19.4)
Internal medicine	68,957 (9,465)	10.6 (1.4)	352,650 (72,217)	12.0 (2.3)	84.4 (3.4)	431.6 (71.9)
Obstetrics and gynecology	43,950 (6,765)	6.7 (1.0)	117,902 (21,343)	4.0 (0.7)	60.0 (6.6)	161.1 (24.8)
Ophthalmology	34,776 (3,863)	5.3 (0.6)	168,883 (29,948)	5.8 (1.0)	75.1 (3.4)	364.8 (45.9)
Dermatology	34,497 (4,374)	5.3 (0.7)	127,735 (24,906)	4.4 (0.8)	69.1 (3.8)	255.7 (38.5)
Psychiatry	23,030 (4,028)	3.5 (0.6)	60,336 (10,798)	2.1 (0.4)	76.8 (7.1)	201.2 (27.9)
Cardiovascular diseases	20,829 (4,321)	3.2 (0.7)	141,744 (34,973)	4.8 (1.2)	75.0 (6.8)	510.2 (73.6)
Urology	18,626 (3,181)	2.9 (0.5)	92,542 (18,903)	3.2 (0.6)	71.2 (5.1)	353.8 (58.5)
Otolaryngology	16,954 (2,276)	2.6 (0.4)	62,978 (12,913)	2.1 (0.4)	58.5 (4.9)	217.4 (40.0)
Orthopedic surgery	16,095 (3,278)	2.5 (0.5)	72,231 (20,534)	2.5 (0.7)	53.4 (5.9)	239.9 (50.5)
Neurology	10,509 (1,990)	1.6 (0.3)	49,480 (11,659)	1.7 (0.4)	72.9 (5.2)	343.4 (54.9)
General surgery	8,016 (1,884)	1.2 (0.3)	45,886 (12,035)	1.6 (0.4)	* …	292.5 (60.2)
All other specialties	87,787 (11,216)	13.4 (1.6)	457,616 (86,309)	15.6 (2.6)	72.6 (5.2)	378.6 (54.7)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
[1]Visits at which one or more drugs were provided or prescribed.
[2]A drug mention is documentation in a patient's record of a drug provided, prescribed, or continued at a visit (up to 30 per visit); also defined as drug visits.
[3]Percentage of visits that included one or more drugs provided or prescribed (number of drug visits divided by number of office visits multiplied by 100).
[4]Average number of drugs that were provided or prescribed per 100 visits (total number of drug mentions divided by total number of visits multiplied by 100).

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 24. Twenty most frequently mentioned drugs, by therapeutic drug category at office visits: United States, 2016

Therapeutic drug category[1]	Number of occurrences in thousands (standard error in thousands)	Percent of drug mentions[2] (standard error of percent)
Analgesics[3]	327,162 (20,971)	11.1 (0.4)
Antihyperlipidemic agents	131,431 (9,506)	4.5 (0.2)
Dermatological agents	123,825 (9,757)	4.2 (0.3)
Vitamins	121,093 (10,629)	4.1 (0.2)
Antidepressants	118,752 (8,145)	4.0 (0.2)
Bronchodilators	107,253 (9,946)	3.7 (0.3)
Antiplatelet agents	101,466 (10,056)	3.5 (0.2)
Anxiolytics, sedatives, and hypnotics	100,564 (6,888)	3.4 (0.2)
Antidiabetic agents	100,365 (8,961)	3.4 (0.2)
Anticonvulsants	94,067 (6,875)	3.2 (0.2)
Beta-adrenergic blocking agents	90,004 (8,153)	3.1 (0.2)
Diuretics	84,872 (13,019)	2.9 (0.4)
Proton pump inhibitors	82,065 (6,101)	2.8 (0.1)
Vitamin and mineral combinations	80,402 (7,273)	2.7 (0.2)
Immunostimulants	74,457 (10,654)	2.5 (0.4)
Antihistamines	70,656 (6,031)	2.4 (0.2)
Ophthalmic preparations	65,903 (6,317)	2.2 (0.2)
Angiotensin-converting enzyme (ACE) inhibitors	60,984 (4,581)	2.1 (0.1)
Adrenal cortical steroids	54,364 (4,585)	1.9 (0.1)
Calcium channel blocking agents	51,114 (3,804)	1.7 (0.1)

[1]Based on Multum Lexicon second-level therapeutic drug category (see https://www.cerner.com/solutions/drug-database).
[2]Based on an estimated 2,935,894,000 drug mentions.
[3]Includes narcotic and nonnarcotic analgesics and nonsteroidal anti-inflammatory drugs.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 25. Twenty most frequently mentioned drug names at office visits, by new or continued status: United States, 2016

Drug name[1]	Number of mentions in thousands (Standard error in thousands)	Percent distribution (Standard error of percent)	Total	New	Continued	Unknown[2]	Therapeutic drug category[3]
				Percent of mention (standard error of percent)			
All drug mentions	2,935,894 (157,973)	100.0 …	100.0	20.8 (1.3)	78.6 (1.3)	0.6 (0.2)	…
Aspirin	82,806 (7,238)	2.8 (0.2)	100.0	3.0 (0.8)	96.5 (0.9)	0.5 (0.4)	Analgesics, Antiplatelet agents
Albuterol	65,113 (5,938)	2.2 (0.2)	100.0	11.1 (1.5)	88.5 (1.5)	* …	Bronchodilators
Multivitamin	60,500 (5,410)	2.1 (0.2)	100.0	6.1 (1.5)	93.7 (1.5)	* …	Vitamin and mineral combinations
Atorvastatin	50,000 (4,141)	1.7 (0.1)	100.0	7.2 (1.7)	92.2 (1.7)	0.6 (0.4)	Antihyperlipidemic agents
Lisinopril	48,754 (3,707)	1.7 (0.1)	100.0	8.1 (2.4)	91.3 (2.4)	0.6 (0.3)	Angiotensin-converting enzyme (ACE) inhibitors
Levothyroxine	45,322 (3,580)	1.5 (0.1)	100.0	3.9 (1.0)	95.6 (1.0)	0.6 (0.4)	Thyroid hormones
Metoprolol	44,345 (4,499)	1.5 (0.1)	100.0	6.1 (1.6)	93.3 (1.6)	0.7 (0.5)	Beta-adrenergic blocking agents
Omeprazole	42,346 (3,255)	1.4 (0.1)	100.0	8.8 (1.5)	90.1 (1.8)	* …	Proton pump inhibitors
Ibuprofen	42,315 (7,050)	1.4 (0.2)	100.0	38.8 (7.3)	61.2 (7.3)	* …	Analgesics
Metformin	38,505 (3,370)	1.3 (0.1)	100.0	4.1 (1.0)	95.5 (1.0)	0.4 (0.3)	Antidiabetic agents
Amlodipine	33,844 (2,816)	1.2 (0.1)	100.0	6.2 (1.3)	93.6 (1.3)	* …	Calcium channel blocking agents
Hydrochlorothiazide	33,112 (5,622)	1.1 (0.2)	100.0	* …	**93.2 (2.2)	* …	Diuretics
Ergocalciferol	32,508 (3,535)	1.1 (0.1)	100.0	9.4 (2.6)	90.5 (2.6)	* …	Vitamins
Acetaminophen	31,207 (3,680)	1.1 (0.1)	100.0	32.3 (6.3)	67.4 (6.3)	* …	Analgesics
Furosemide	30,237 (3,984)	1.0 (0.1)	100.0	* …	**94.5 (1.9)	* …	Diuretics
Acetaminophen-hydrocodone	29,968 (3,097)	1.0 (0.1)	100.0	22.0 (3.1)	78.0 (3.1)	* …	Analgesics
Simvastatin	29,901 (2,558)	1.0 (0.1)	100.0	1.3 (0.6)	98.2 (0.7)	* …	Antihyperlipidemic agents
Cholecalciferol	29,519 (2,998)	1.0 (0.1)	100.0	5.7 (1.4)	93.8 (1.5)	* …	Vitamins
Gabapentin	29,020 (2,759)	1.0 (0.1)	100.0	8.0 (1.7)	91.8 (1.7)	* …	Anticonvulsants
Fluticasone nasal	26,181 (2,542)	0.9 (0.1)	100.0	24.5 (3.7)	75.0 (3.7)	* …	Nasal preparations
Other	2,110,390 (110,995)	71.9 (0.5)	100.0	25.0 (1.4)	74.4 (1.4)	0.7 (0.2)	Other

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
** Estimate meets NCHS standards of reliability, but its complement does not.
[1] Based on Multum Lexicon terminology, drug name reflects the active ingredient(s)of a drug provided, prescribed, or continued.
[2] Includes drugs provided or prescribed that did not have either the new drug or continued drug checkboxes marked.
[3] Based on Multum Lexicon second-level therapeutic drug category (see https://www.cerner.com/solutions/drug-database).

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 26. Providers seen at office visits: United States, 2016

Type of provider	Number of visits in thousands (standard error in thousands)	Percent of visits (standard error of percent)
All visits[1]	883,725 (30,070)	… …
Physician	867,080 (29,841)	98.1 (0.5)
Other provider	264,215 (24,076)	29.9 (2.5)
RN[2] or LPN[3]	173,907 (20,322)	19.7 (2.2)
Physician assistant	41,627 (10,379)	4.7 (1.2)
Nurse practitioner or midwife	14,526 (4,005)	1.6 (0.5)
Mental health provider	5,639 (1,639)	0.6 (0.2)
Blank	* …	0.2 (0.1)

… Category not applicable.

* Estimate does not meet NCHS standards of reliability.

[1]Combined total of individual providers exceeds "all visits," and "percent of visits" exceeds 100%, because more than one provider may be reported per visit. The sample of visits was drawn from all scheduled visits to a sampled physician during the 1-week reporting period. However, at 1% of these visits, the physician was not seen; instead, the patient saw another provider.

[2]Registered nurse.

[3]Licensed practical nurse.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 27. Disposition of office visits: United States, 2016

Disposition	Number of visits in thousands (standard error in thousands)	Percent of visits (standard error of percent)
All visits[1]	883,725 (30,070)	… …
Return to referring physician	21,337 (3,799)	2.4 (0.4)
Refer to other physician	71,715 (9,264)	8.1 (1.0)
Return in less than 1 week	34,522 (5,131)	3.9 (0.6)
Return in 1 week to less than 2 months	259,028 (15,818)	29.3 (1.5)
Return in 2 months or more	268,351 (14,304)	30.4 (1.4)
Return at unspecified time	55,448 (11,652)	6.3 (1.3)
Return as needed (p.r.n.)	196,528 (13,311)	22.2 (1.3)
Refer to emergency room/Admit to hospital	2,780 (682)	0.3 (0.1)
Other disposition	69,800 (8,221)	7.9 (0.9)
Blank	*12,502 (3,821)	1.4 (0.4)

… Category not applicable.
* Estimate does not meet NCHS standards of reliability.
[1]Combined total of individual dispositions exceeds "all visits," and "percent of visits" exceeds 100%, because more than one disposition may be reported per visit.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 28. Time spent with physician: United States, 2016

Time spent with physician	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All visits	883,725 …	100.0 …
Visits at which no physician was seen	16,645 (4,093)	1.9 (0.5)
Visits at which a physician was seen	867,080 (29,841)	98.1 (0.5)
Total[1]	867,080 …	100.0 …
1–5 minutes	9,618 (1,892)	1.1 (0.2)
6–10 minutes	74,186 (10,512)	8.6 (1.1)
11–15 minutes	284,878 (17,930)	32.9 (1.8)
16–30 minutes	360,640 (17,849)	41.6 (1.6)
31–60 minutes	128,905 (11,151)	14.9 (1.2)
61 minutes and over	8,854 (1,788)	1.0 (0.2)

… Category not applicable.

[1]Time spent with physician was reported only for visits where a physician was seen. Time spent with physician was missing for 33.5% of visits where a physician was seen. Estimates presented include imputed values for missing data.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 29. Mean time spent with physician, by physician specialty: United States, 2016

Physician speciality	Mean time in minutes spent with physician (standard error of mean)[1]	25th percentile	Median	75th percentile
All visits	22.5 (0.4)	14.3	19.1	29.2
Psychiatry	31.5 (3.0)	15.6	28.2	43.1
Neurology	27.2 (1.2)	14.9	25.7	29.9
Cardiovascular diseases	25.2 (2.5)	14.6	20.9	29.9
General and family practice	23.5 (0.7)	14.7	19.7	29.3
Ophthalmology	22.6 (1.2)	14.2	19.1	29.4
Pediatrics	22.6 (1.6)	14.3	19.2	29.2
Internal medicine	21.7 (1.4)	14.3	14.9	26.0
Otolaryngology	21.5 (1.3)	14.4	14.9	24.9
General surgery	20.7 (1.0)	14.2	17.0	27.1
Dermatology	20.7 (1.2)	14.1	14.9	25.0
Orthopedic surgery	20.4 (1.3)	9.9	14.9	24.3
Urology	20.3 (1.3)	14.2	14.8	25.6
Obstetrics and gynecology	19.1 (0.9)	13.1	15.0	22.0
All other specialities	22.3 (0.8)	14.3	19.2	29.0

[1]Includes only visits where a physician was seen. Time spent with physician was missing for 33.5% of visits where physician was seen. Estimates presented include imputed values for missing data.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.

Table 30. Physician characteristics, by response status: United States, 2016

Physician characteristic[1]	Number of sampled in-scope physicians[2]	Total in-scope sample percent distribution[3] (weighted)	Responding physician percent distribution[4] (weighted)	Nonresponding physician percent distribution[5] (weighted)	Physician response rate[6] (weighted percent)	Participants[7]	Participation rate[8] (weighted percent)
All office-based physicians	2,080	100.0	100.0	100.0	34.9	862	41.8
Age (years)							
Under 50	804	40.1	40.2	40.0	35.0	323	40.0
50 and over	1,276	59.9	59.8	60.0	34.8	539	43.0
Sex							
Male	1,506	68.1	69.2	67.4	35.5	633	42.8
Female	574	31.9	30.8	32.6	33.6	229	39.7
Region							
Northeast	433	20.2	17.4	21.6	30.1	170	40.6
Midwest	466	21.5	23.4	20.4	38.0	185	41.7
South	664	32.8	39.7	29.2	42.1	343	53.5
West	517	25.5	19.5	28.8	26.6	164	28.0
Metropolitan status[9]							
MSA	1,927	92.1	91.5	92.5	34.6	798	41.6
Non-MSA	153	7.9	8.5	7.5	37.6	64	44.4
Type of doctor							
Doctor of medicine	1,946	94.0	93.7	94.2	34.7	808	41.9
Doctor of osteopathy	134	6.0	6.3	5.8	36.6	54	41.2
Physician specialty[10]							
General or family practice	264	17.4	16.2	18.0	32.5	108	40.9
Internal medicine	109	13.2	11.2	14.2	29.7	44	37.7
Pediatrics	114	11.2	14.7	9.4	45.6	57	50.8
General surgery	102	3.3	3.8	2.9	41.1	41	44.4
Obstetrics and gynecology	139	7.2	6.4	7.6	31.1	54	39.4
Orthopedic surgery	140	4.6	4.0	5.0	29.8	48	37.2
Cardiovascular diseases	154	4.2	3.5	4.6	29.0	52	33.1
Dermatology	164	2.7	2.6	2.7	33.5	80	42.6
Urology	142	1.9	1.9	1.9	34.8	52	38.5
Psychiatry	120	6.6	5.6	7.1	29.5	47	37.8
Neurology	122	2.6	2.5	2.7	33.0	48	41.5
Ophthalmology	168	4.0	4.8	3.6	41.4	79	49.0
Otolaryngology	140	1.9	1.6	2.0	30.7	54	36.7
All other specialties	202	19.3	21.3	18.3	38.4	98	44.4

See footnotes at end of table.

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Table 30. Physician characteristics, by response status: United States, 2016—Con.

Physician characteristic[1]	Number of sampled in-scope physicians[2]	Total in-scope sample percent distribution[3] (weighted)	Responding physician percent distribution[4] (weighted)	Nonresponding physician percent distribution[5] (weighted)	Physician response rate[6] (weighted percent)	Participants[7]	Particpation rate[8] (weighted percent)
Specialty type[10]							
Primary care	606	47.3	45.6	48.2	33.6	250	41.3
Surgical	756	20.5	21.0	20.3	35.7	308	43.4
Medical	718	32.2	33.4	31.5	36.2	304	41.6
Practice type							
Solo	479	22.8	23.4	22.4	35.8	217	46.3
Two physicians	95	4.2	4.3	4.1	36.0	45	45.8
Group or HMO[11]	1,117	52.2	52.0	52.3	34.7	457	41.1
Medical school or government	36	2.2	3.4	1.6	53.4	18	54.5
Other	144	7.0	6.7	7.1	33.5	52	40.2
Unclassified	209	11.6	10.2	12.4	30.5	73	33.8
Annual visit volume							
0–25 percentile	520	25.1	38.1	18.2	52.9	286	60.1
26–50 percentile	520	24.5	22.8	25.5	32.3	181	37.3
51–75 percentile	523	28.5	15.8	35.4	19.3	166	25.8
76–100 percentile	517	21.8	23.4	21.0	37.4	229	47.0

[1]Information on characteristics is drawn from a combination of sources: the master files of the American Medical Association and the American Osteopathic Association, and the NAMCS physician induction form.
[2]In-scope physicians are those who verified that they were nonfederal and involved in direct patient care in an office-based practice, excluding the specialties of radiology, pathology, and anesthesiology.
[3]Total in-scope sample physicians are those who were selected from (a) the master files of the American Medical Association, and (b) the American Osteopathic Association. In-scope determination was also used for inclusion in NAMCS.
[4]Responding physicians are those who were in-scope and participated fully in completion of patient record forms (PRFs) or were unavailable to complete PRFs.
[5]Nonresponding physicians are those who were in-scope and participated minimally or refused to participate in NAMCS.
[6]Values represent a response rate among physicians selected from the core office-based sample. Numerator is the number of in-scope physicians from the physician sample who participated fully in NAMCS or who did not see any patients during their sampled reporting week. Denominator is all in-scope physicians selected from the physician sample.
[7]Physicians for whom at least one PRF was completed (full and minimal responders) and including physicians who saw no patients during their sample week.
[8]Number of participants divided by the number of in-scope physicians.
[9]MSA is metropolitan statistical area.
[10]Physician specialty and type as defined in the 2016 National Ambulatory Medical Care Survey Public Use Data File Documentation (see ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2016.pdf).
[11]HMO is health maintenance organization.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2016.