

National Ambulatory Medical Care Survey

ABOUT NAMCS

The National Ambulatory Medical Care Survey (NAMCS) produces statistics that are representative of people in the United States who visit office-based physicians. The survey provides information on office visits by physician practice characteristics, patient characteristics, and visit characteristics.

OTOLARYNGOLOGY

In 2015–2016, there were an estimated **27 million visits per year** to nonfederally employed, office-based providers specializing in otolaryngology in the United States.

CONTACT US

Ambulatory and Hospital
Care Statistics Branch:

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https://www.cdc.gov/nchs/ahcd/namcs_participant.htm
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MAJOR REASON FOR VISIT

NEW PROBLEM ¹	39.5%
CHRONIC PROBLEM, ROUTINE	28.9%
CHRONIC PROBLEM, FLARE-UP	13.6%
POSTSURGERY	11.2%
PREVENTIVE CARE	2.7%
PRESURGERY	1.5%

¹Onset less than 3 months.

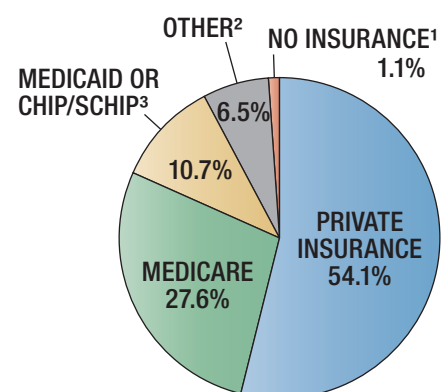
TOP 4 SERVICES, ORDERED OR PROVIDED

- AUDIOMETRY
- CT SCAN
- DIET/NUTRITION COUNSELING
- EXCISION OF TISSUE

PATIENTS' TOP 5 PRINCIPAL REASONS FOR VISIT

- PROGRESS VISIT
- HEARING DYSFUNCTION
- EARACHE OR EAR INFECTION
- POSTOPERATIVE VISIT
- PLUGGED FEELING IN EAR

PRIMARY EXPECTED SOURCE OF PAYMENT



¹Having only self-pay, no charge, or charity as source of payment.

²Includes workers' compensation, other sources of payment, unknown, and blank data.

³CHIP is Children's Health Insurance Program; SCHIP is State CHIP.

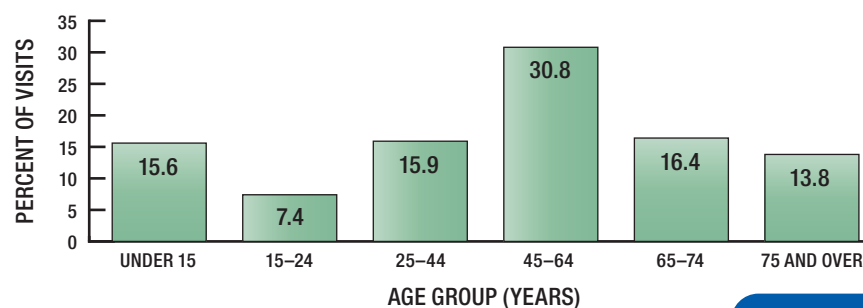
MEDICATIONS WERE PRESCRIBED OR CONTINUED AT 60.6% OF OFFICE VISITS.

TOP 5 ACTIVE INGREDIENTS



- FLUTICASONE NASAL
- ASPIRIN
- OMEPRAZOLE
- LEVOTHYROXINE
- ATORVASTATIN

PERCENT DISTRIBUTION OF OTOLARYNGOLOGY OFFICE VISITS, BY PATIENT'S AGE: 2015–2016



NATIONAL CENTER FOR HEALTH STATISTICS

Otolaryngology Fact Sheet *from the*

National Ambulatory Medical Care Survey

NAMCS data are widely used in research studies appearing in nationally recognized medical journals. Here are a few recent publications using NAMCS data:

Dvorin EL, Lamb MC, Monlezun DJ, Boese AC, Bazzano LA, Price-Haywood EG. **High frequency of systemic corticosteroid use for acute respiratory tract illnesses in ambulatory settings.** JAMA Intern Med 178(6):852–4. 2018.

Mohan S, Bhattacharyya N. **Opioids and the otolaryngologist: An ambulatory assessment.** Otolaryngol Head Neck Surg 159(1):29–34. 2018.

Hersh AL, Fleming-Dutra KE, Shapiro DJ, Hyun DY, Hicks LA, Outpatient Antibiotic Use Target-Setting Workgroup. **Frequency of first-line antibiotic selection among US ambulatory care visits for otitis media, sinusitis, and pharyngitis.** JAMA Intern Med 176(12):1870–2. 2016.

Gilani S, Pynnonen MA, Shin JJ. **National practice patterns of antireflux medication for chronic rhinosinusitis.** JAMA Otolaryngol Head Neck Surg 142(7):627–33. 2016.

Bergmark RW, Ishman SL, Scangas GA, Cunningham MJ, Sedaghat AR. **Insurance status and quality of outpatient care for uncomplicated acute rhinosinusitis.** JAMA Otolaryngol Head Neck Surg 141(6):505–11. 2015.

Mahboubi H, Verma SP. **Swallowing disorders in the ambulatory medical setting.** Otolaryngol Head Neck Surg 150(4):563–7. 2014.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at: https://www.cdc.gov/nchs/ahcd/ahcd_products.htm.

