

National Ambulatory Medical Care Survey AMBULATORY MEDICINE FACT SHEET



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.

NAMCS

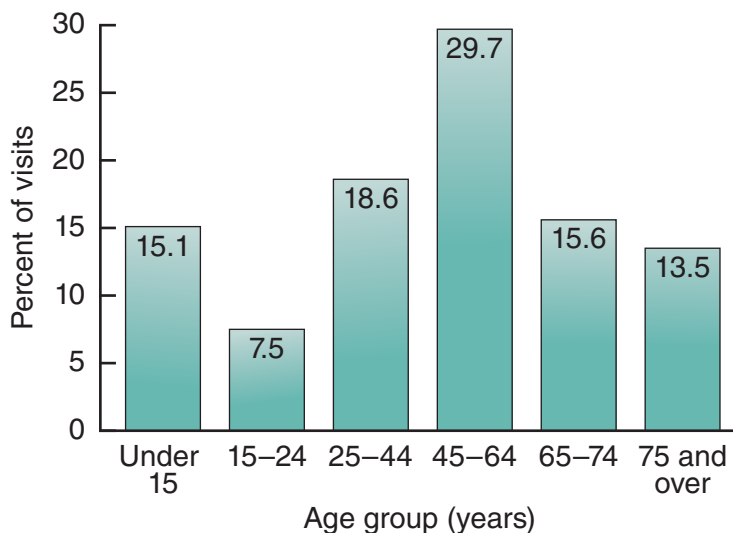
In 2015–2016, there were an estimated **937 million visits per year** to nonfederally employed, office-based providers in the United States.

MAJOR REASON FOR VISIT

Chronic problem, routine	31.6%
New problem ¹	30.7%
Preventive care	21.7%
Chronic problem, flare up	7.5%
Postsurgery	4.6%
Presurgery	1.6%

¹Onset less than 3 months.

PERCENT DISTRIBUTION OF VISITS TO ALL OFFICE-BASED PHYSICIANS, BY PATIENT'S AGE: 2015–2016



PATIENTS' TOP 5 PRINCIPAL REASONS FOR VISIT

- Progress visit
- General medical examination
- Medication
- Postoperative visit
- Routine prenatal examination

MEDICATIONS WERE PRESCRIBED OR CONTINUED AT **75.2%** OF OFFICE VISITS.

TOP 5 ACTIVE INGREDIENTS

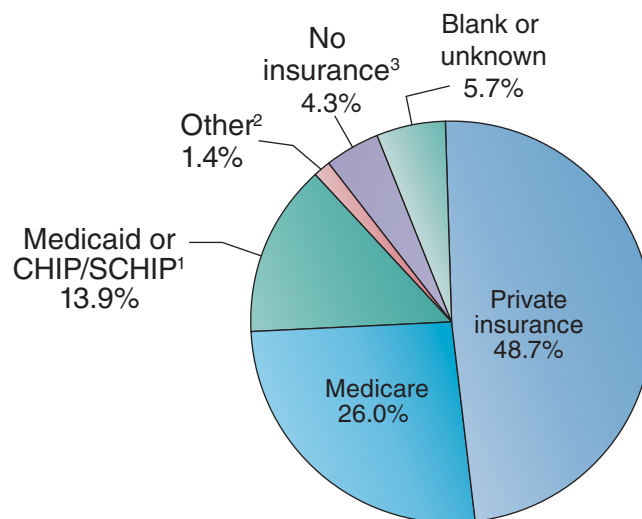
- Aspirin
- Multivitamin
- Albuterol
- Lisinopril
- Omeprazole



TOP 5 SERVICES, ORDERED OR PROVIDED

- Skin examination
- Retinal or eye examination
- Diet or nutrition counseling
- Neurologic examination
- Complete blood count (CBC)

PRIMARY EXPECTED SOURCE OF PAYMENT



¹CHIP is Children's Health Insurance Program; SCHIP is State CHIP.

²Includes workers' compensation and other sources of payment.

³No insurance is defined as having only self-pay, no charge or charity as source of payment.



Physician Office Articles

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

Rhee TG. **Coprescribing of benzodiazepines and opioids in older adults: Rates, correlates, and national trends.** J Gerontol A Biol Sci Med Sci. 2018. Available from: <https://doi.org/10.1093/gerona/gly283>.

Wen H, Borders TF, Cummings JR. **Trends in buprenorphine prescribing by physician specialty.** Health Affairs 38(1):24–28. 2019.

Pilla SJ, Segal JB, Maruthur NM. **Primary care provides the majority of outpatient care for patients with diabetes in the U.S.: NAMCS 2009–2015.** J Gen Intern Med. 2019. Available from: <https://doi.org/10.1007/s11606-019-04843-9>.

Mojtabai R, Olfson M. **Management of common medical conditions by office-based psychiatrists.** Psychiatr Serv 69(4):410–23. 2018.

Lau DT, McCaig LF, Hing E. **Toward a more complete picture of outpatient, office-based health care in the U.S.** Am J Prev Med 51(3):403–9. 2016.

Petterson SM, Liaw WR, Tran C, Bazemore AW. **Estimating the residency expansion required to avoid projected primary care physician shortages by 2035.** Ann Fam Med 13(2):107–14. 2015.

Nelson KE, Hersh AL, Nkoy FL, Maselli JH, Srivastava R, Cabana MD. **Primary care physician smoking screening and counseling for patients with chronic disease.** Prev Med 71:77–82. 2015.

Edwards ST, Mafi JN, Landon BE. **Trends and quality of care in outpatient visits to generalist and specialist physicians delivering primary care in the United States, 1997–2010.** J Gen Intern Med 29(6):947–55. 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.



CONTACT US

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