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From the CENTERS FOR DISEASE CONTROL AND PREVENTION / National Center for Health Statistics

National Ambulatory Medical Care Survey: 1993 Summary

April 1998

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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April 1998
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Objective

This report describes ambulatory care visits made to private office-based settings in the United States during 1993. Ambulatory medical care services are described in terms of physician, patient, and visit characteristics.

Methods

The data presented in this report are from the 1993 National Ambulatory Medical Care Survey (NAMCS). This survey is part of the ambulatory care component of the National Health Care Survey (NHCS), which measures health care utilization across a variety of providers. The NAMCS is a national probability sample survey of visits to office-based physicians in the United States. Sample data were weighted to produce annual estimates.

Results

During 1993, an estimated 717.2 million visits were made to physician offices in the United States, resulting in an average of 2.8 visits per person per year. This rate did not differ significantly from the overall visit rate of 3.0 in 1992. Females made 60 percent of the visits. White persons had a significantly higher rate of visits to physicians than black persons (3.0 visits per person per year and 1.8 visits per person per year, respectively). Over one-quarter (27.6 percent) of the visits were to general and family physicians. About 84 million, or 12 percent, of the visits were injury related. The annual rate of injury-related office visits was 33.0 visits per 100 persons. Essential hypertension was the most common diagnosis made by physicians in 1993 as it has been since the survey began in 1973. Two-thirds of the visits resulted in another scheduled appointment and the mean duration was 18 minutes.

Keywords: *physicians • office • diagnoses • injury • diagnostic services • medications*

National Ambulatory Medical Care Survey: 1993 Summary

by Cheryl Nelson and David Woodwell
Division of Health Care Statistics

Highlights

- Females had a higher annual rate of office visits (3.3 visits per person) compared with males (2.3 visits per person) and made 60.0 percent of the visits.
- The visit rate increased with each successive age group from 15–24 years to 75 years and older. Persons 75 years and older made 6.1 visits per person annually.
- More than 6 of every 10 office visits (61.5 percent) were made to primary care physicians.
- Doctors of osteopathy received 18 visits per 100 persons, compared with 264 visits per 100 persons to doctors of medicine.
- More than half (57.7 percent) of visits were the result of a symptomatic complaint, with respiratory symptoms accounting for 11.6 percent of the total.
- Hypertension was the most common principal diagnosis rendered by physicians, cited at 3.9 percent of the visits.
- There was an annual average of 33 injury-related office visits per 100 persons. ‘‘Sprains and strains of joints and adjacent muscles’’ was the most common principal diagnosis at these visits, accounting for 18.3 percent of the total.
- Nearly three-quarters of office visits included one or more tests, procedures, or therapies ordered or performed. The mean number of services was 1.3 per visit. In addition, two-thirds of the visits also included medication therapy with an average of 1.3 medications and/or injections per visit.
- Nearly three-quarters (72.6 percent) of the visits for patients 75 years and older included at least one medication.
- The expected source of payment at office visits was most often ‘‘private/commercial’’ insurance (38.7 percent). ‘‘HMO/other prepaid’’ was reported at nearly one-fifth of visits. More than one expected source of payment could be listed.
- Eight of every 10 office visits were made by established patients, and more than half (63.1 percent) were by patients returning for previously treated problems.

Introduction

This report presents national estimates of the provision and utilization of ambulatory medical care services provided by office-based physicians in the United States during 1993. The estimates are based on data from the National Ambulatory Medical Care Survey (NAMCS). The NAMCS, a probability sample survey, is conducted by the Division of Health Care Statistics, National Center for Health

Statistics, Centers for Disease Control and Prevention.

The NAMCS began in 1973 and was conducted annually through 1981. It was next conducted in 1985 and resumed an annual schedule in 1989. Summary reports for previous data years are available (1–10) as are supplemental reports on special topics (11).

This report describes the provision and utilization of ambulatory medical care services in terms of patient characteristics (age, sex, and race), physician characteristics (specialty and professional status), and visit characteristics (patient's principal reason for visit, physician's principal diagnosis, checklist of medical conditions, injury-related visits, diagnostic and therapeutic services, and other characteristics). The appendixes include a description of the survey's statistical design, guidelines for judging the precision of estimates, definitions of terms used in the survey, and copies of the survey instruments. A complete description of the background and methodology of the survey has been published (12), and a summary of general findings from the 1993 NAMCS is available (13).

Methods

The data presented in this report are from the 1993 NAMCS, conducted from January 4, 1993, through January 2, 1994. The NAMCS is part of the National Health Care Survey, which measures health care utilization across various types of providers. This report does not include visits to hospital emergency and outpatient departments or visits for ambulatory surgery at hospital-based or free-standing surgery units. These types of ambulatory settings are covered by the National Hospital Ambulatory Medical Care Survey and the National Survey of Ambulatory Surgery, respectively.

The target universe of NAMCS includes visits made in the United States to offices of nonfederally employed physicians (excluding those in the specialties of anesthesiology, radiology, and pathology) who were classified by the American Medical Association (AMA) and the American Osteopathic Association (AOA) as ''office-based, patient care.'' Visits to private, nonhospital-based clinics and health maintenance organizations (HMO's) were within the scope of the survey, but those that took place in government-operated facilities and hospital-based outpatient departments were not. Telephone contacts and visits made outside the physician's office were also excluded.

NAMCS utilizes a multistage probability sample design involving samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within physician practices. The PSU's are counties, groups of counties, county equivalents (such as parishes or independent cities), or towns and townships (for some PSU's in New England). Sample physicians were asked to complete Patient Record forms for a systematic random sample of office visits occurring during a randomly assigned 1-week reporting period. Of 3,400 physicians selected from the master files of the AMA and the AOA, 2,464 were in scope, or eligible to participate in the survey. The Patient Record (appendix III) is the survey instrument used by physicians participating in the NAMCS to record information about their patients' office visits. The physician response rate was 73.0 percent, and a total of 35,978 Patient Record forms were submitted.

Several medical classification systems were used to code data from NAMCS. Reasons for visit were coded using the *Reason for Visit Classification for Ambulatory Care* (RVC) (14). In item 10 of the Patient Record form, physicians were asked to record the patient's ''complaint(s), symptom(s), or other reason(s) for this visit'' using the patient's (or patient's spokesperson's) own words, if possible. Up to three reasons for visit were coded and classified according to the RVC (14).

Diagnoses were coded using the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (15). Item 11 of the Patient Record form asks the physician to record the principal diagnosis associated with the patient's most important reason for visit as well as other significant current diagnoses. Up to three diagnoses were coded and classified according to the ICD–9–CM.

Revisions to the 1993 Patient Record form were made for three data items: ambulatory surgical procedures, diagnostic/screening services, and therapeutic services, which consisted mainly of checkboxes in 1992. The 1993 Patient Record form combined these three items into one (item 14) and renamed it ''Tests, Surgical and Nonsurgical Procedures, and Therapies.'' There are six checkboxes with additional space provided for physicians to write in up to eight services ordered or performed during the visit. The eight write-ins could be any other diagnostic and/or screening services not listed as a checkbox, any surgical or nonsurgical procedures, or therapeutic services. The consolidation and modification of several checkbox items to a single predominately open-ended item allowed more active participation by the physician and was expected to provide a truer picture of services ordered or performed during the visit. Medication therapy and counseling and/or education therapy were collected in separate items.

Medication data are based on entries in item 16 on the Patient Record form. This item asked physicians to report new and continued medications ordered, supplied, or administered during the office visit. Physicians were asked to report both nonprescription and prescription drugs. Up to five medications, referred to as drug mentions, could be reported per visit. The methodology used to collect, classify, and process drug information according to a scheme developed at NCHS is reported elsewhere (16). Drug characteristics for medications mentioned in the NAMCS include prescription status, therapeutic class, generic and brand name, Drug Enforcement Administration Federal control schedule, and composition status. Therapeutic classification of medications was determined using the *National Drug Code Directory*, 1985 edition (17).

Population figures used to compute annual visit rates with NAMCS data are

based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1993. Population estimates by age, race, sex, and region are provided in table VII of appendix I in the Technical Notes.

Because the estimates presented in this report are based on a sample rather than on the entire universe of office visits, they are subject to sampling variability. More complete information about the sample design, sampling and nonsampling errors, adjustment for nonresponse, tests of significance, and definitions of terms are in appendixes I and II.

Results

Patient Characteristics

In 1993, an estimated 717.2 million visits were made to nonfederally employed, office-based physicians in the United States, or an annual rate of 2.8 visits per person. This rate is not significantly different from office visit rates observed since 1975. Table 1 shows that females made 60.0 percent of all office visits and accounted for higher percents of visits than males did in all age categories except the youngest (under 15 years). Females also had significantly higher visit rates than males did in each age category with the exception of the youngest (under 15 years) and the two oldest groups (65–74 years and 75 years and over). Among males, the rate increased with each successive age group after 15–24 years. Among females, the rate also increased with each successive age category between 15 and 74 years of age. Persons 75 years and older had the highest visit rate, 6.1 visits per person (figure 1).

White persons made 88.2 percent of all office-based visits, with black persons and Asian/Pacific Islanders accounting for 8.1 percent and 3.3 percent, respectively. The visit rate for the white population was significantly higher (3.0 visits per person) than for the black population (1.8 visits per person). White persons also had higher visit rates than black persons in all age categories except those age 45–64 years and 75 years and older (figure 2). Among white persons, the visit rate increased with each successive age group after 15–24 years. The highest visit rates were for white persons age 75 years and older at 6.3 visits per person. Conversely, the lowest visit rates were for black persons in the two youngest age categories—under 15 years (1.1 visits per person) and age 15–24 years (1.2 visits per person). Historically, while visit rates for black persons to physician offices tend to be lower than for white persons, visit rates to hospital settings tend to be higher for black persons compared with white persons (18, 19).

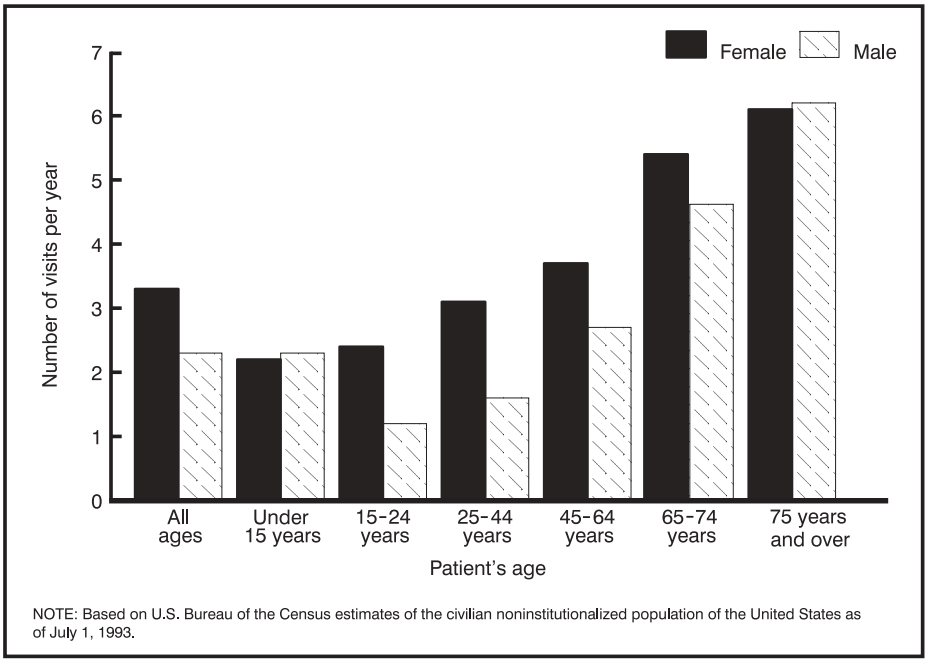

Figure 1. Annual rate of visits to office-based physicians by patient's age and sex: United States, 1993

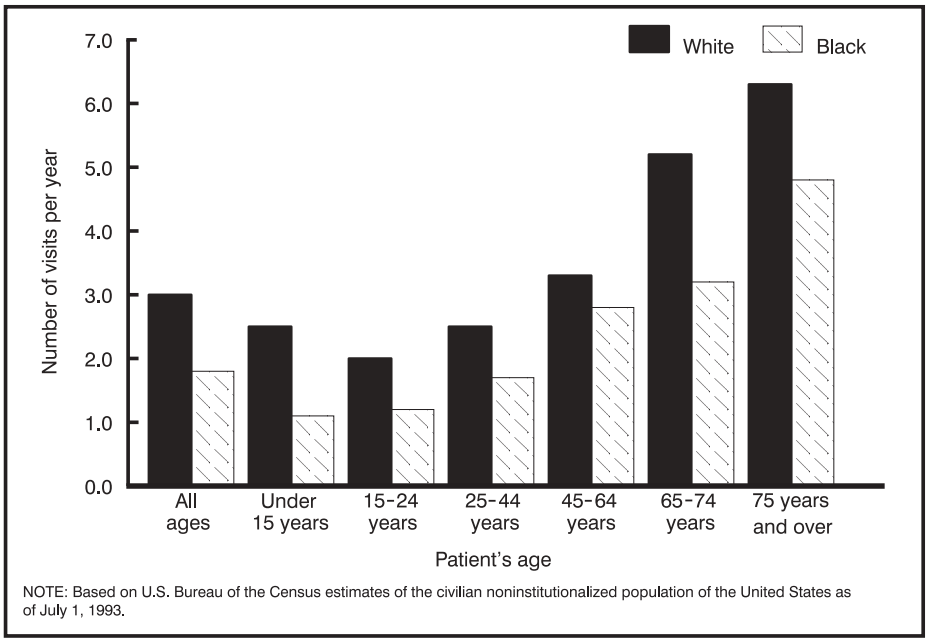

Figure 2. Annual rate of visits to office-based physicians by patient's age and race: United States, 1993

Physician Characteristics

Geographic Region

Visits by geographic region—Northeast, Midwest, South, and West—are shown in tables 1 and 2. The largest proportion of office visits occurred in the South (29.7 percent). The Northeast region visit rate (3.4 visits per persons per year) was not significantly different than the West (2.9 visits per person per year), but it was higher than the Midwest (2.7 visits per person per year) and the South (2.5 visits per person per year). Regional rates were not significantly different than the corresponding 1992 rates. White persons living in any region had higher visit rates than black persons. White persons living in the Northeast region had higher visit rates than white persons living in the Midwest and South regions. There were no differences in visit rates across regions for black persons.

Specialty and Professional Status

Visits by physician specialty according to patient's age, sex, and race are displayed in table 3. Visits to primary care physicians (general and family practitioners, internists, pediatricians, and obstetricians) accounted for over 60 percent of all visits. Visits to general and family practitioners accounted for the largest proportion of office visits (27.6 percent).

Office visit rates by physician specialty are shown in figure 3. The rate of visits to general and family practitioners was 77.7 visits per 100 persons in 1993. Visit rates to each of the major specialties were not significantly different from the 1992 rates with the exception of otolaryngologists. The rate of visits to this specialty decreased from 9.1 visits per 100 persons in 1992 to 6.0 visits per 100 persons in 1993. The 1993 figure is not significantly different from the corresponding rate of 7.7 visits per 100 in 1991. Because the visit rate to otolaryngologists ranged from 6.5 to 7.0 visits per 100 persons between 1975 and 1990, the 1992 figure appears to be an anomaly.

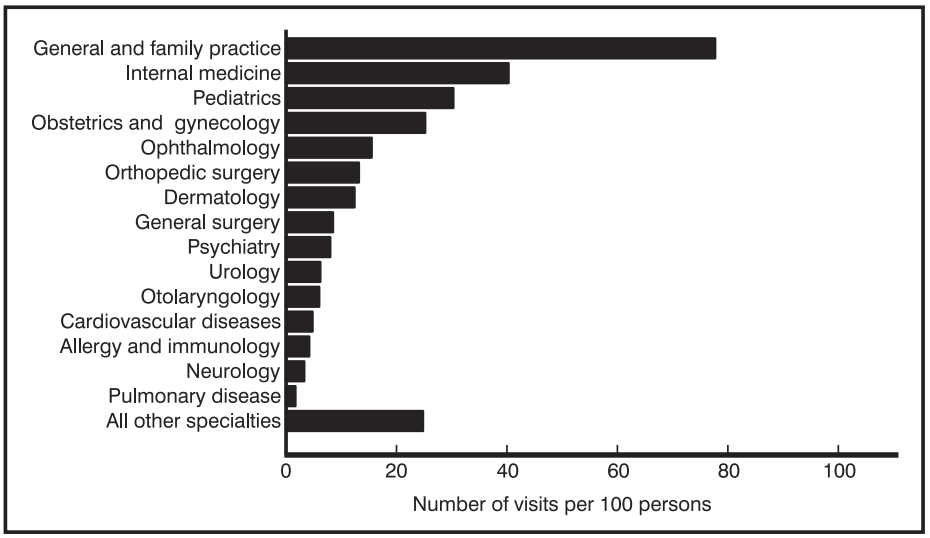

Figure 3. Annual rate of visits to office-based physicians by specialty: United States, 1993

Visit rates by race to selected physician specialties are shown in figure 4. There was no significant difference in visit rates to internists between white and black persons (40.8 and 38.9 visits per 100 persons, respectively). However, white persons had higher visit rates than black persons had to general and family practitioners, pediatricians, and obstetricians and gynecologists.

An estimated 672.3 million office visits were made to doctors of medicine (93.7 percent) and 44.9 million visits were made to doctors of osteopathy (6.3 percent) in 1993. For doctors of osteopathy, this proportion of total visits is a slight increase over the 1992 figure of 5.9 percent. Doctors of osteopathy received 17.7 visits per 100 persons during 1993, compared with 264.4 visits per 100 persons to doctors of medicine.

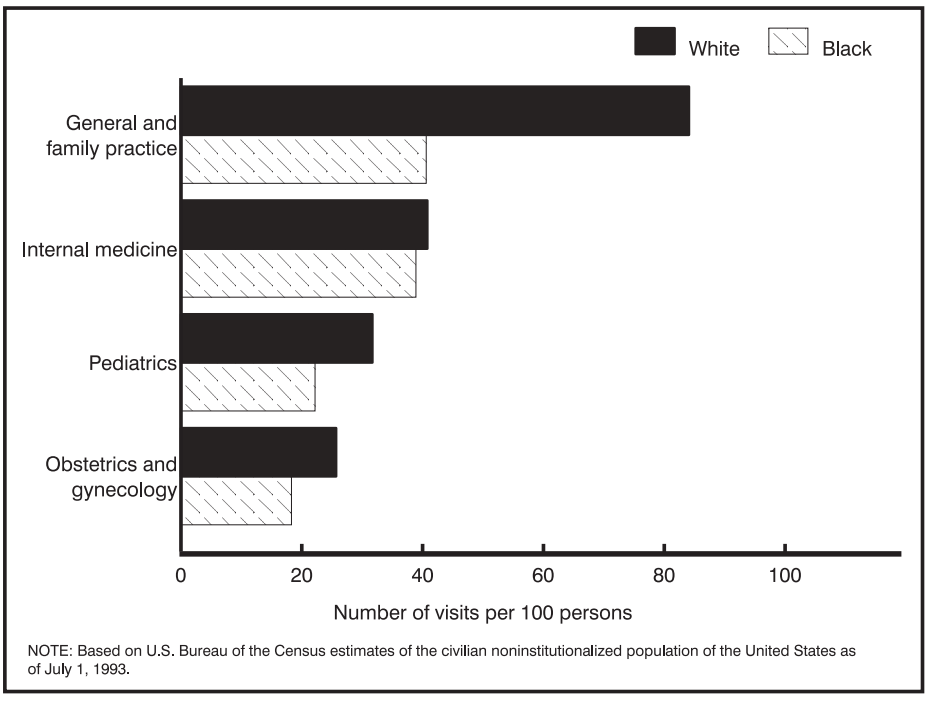

Figure 4. Annual rate of visits for selected physician specialties by patient's race: United States, 1993

Visit Characteristics

Patient's Principal Reason for Visit

The principal reason for visit is the problem or complaint listed in item 11a of the Patient Record form. The *Reason for Visit Classification for Ambulatory Care* (RVC) (14) is divided into eight modules or groups of reasons: symptom; disease; diagnostic/screening and preventive; treatment; injuries and adverse effects; test results; administrative; and other, which includes complaints not classified elsewhere, illegible entries, blanks, and entries of ''none.'' The symptom module accounted for nearly 60 percent of all office visits (57.7 percent), followed by the diagnostic/screening and preventive module (16.1 percent) (figure 5).

Visits by principal reason module according to patient's age and sex is shown in table 4. One fifth (20.2 percent) of the visits by persons under 15 years were made for respiratory symptoms, and 14.6 percent were made for eye and ear symptoms. These were relatively higher proportions than for all other age groups.

The top 10 principal reasons for visit most frequently mentioned by patients according to patient's age and sex are shown in table 5. General medical examination (5.3 percent), routine prenatal examination (3.6 percent), and cough (3.4 percent) were the reasons for visit most frequently mentioned by patients. Well baby examination was the most frequently mentioned reason for visit by persons under 15 years of age (10.8 percent). Routine prenatal examination was the most frequently mentioned reason for visit by persons age 15–24 years (14.3 percent), and persons age 25–44 years (8.6 percent). General medical examination was the most frequently mentioned reason by persons over 44 years of age.

Table 6 shows visits by patient's age, sex, and race according to morbidity-related reasons for visits. Morbidity-related reasons are those classifiable as illness or injury. Three-quarters (76.6 percent) of all visits for fever were made by persons under 15 years, as were more than half of the visits for earache or ear infection. Visits for low back symptoms (48.7 percent) and neck symptoms (46.8 percent) were highest for persons age 25–44 years. Four of every 10 visits for hypertension (43.6 percent) were made by persons 45–64 years. A larger proportion of females compared with males gave headache (74.0 percent), vision dysfunction (67.3 percent), or depression (65.6 percent) as reasons for visiting the physician. The principal reasons for a visit according to physician specialty are shown in tables 7 and 8.

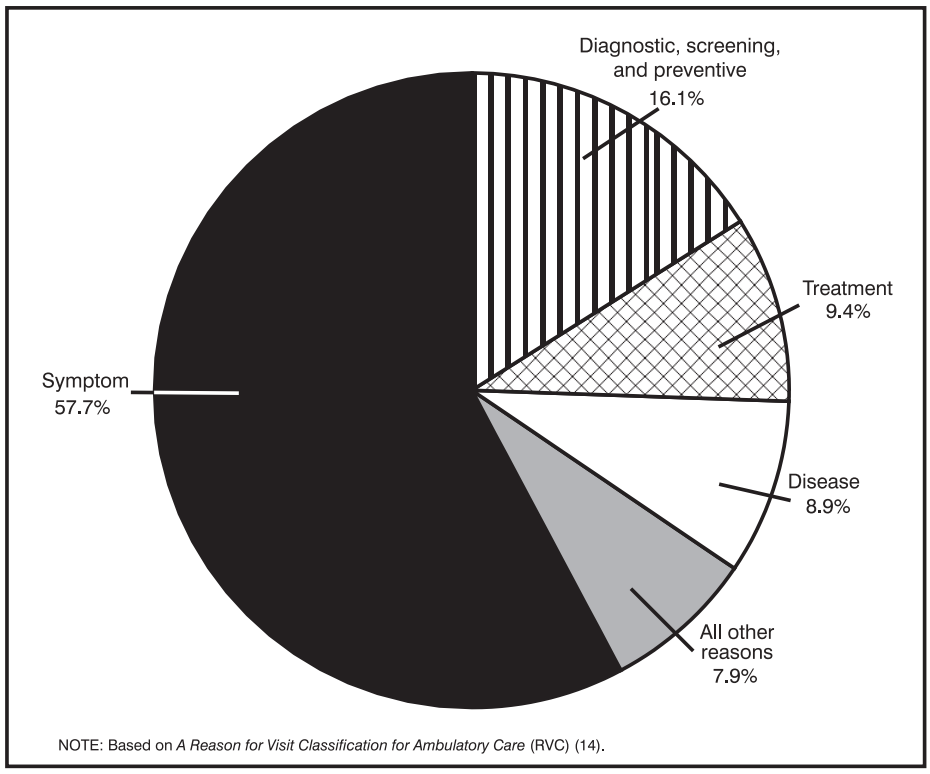

Figure 5. Percent distribution of office visits by patient's principal reason for visit: United States, 1993

Principal Diagnosis

Item 11 of the Patient Record form asks the physician to record the principal diagnosis or problem associated with the patient's most important reason for the current visit as well as any other significant current diagnoses. Figure 6 shows the office visits by principal diagnosis using the major disease categories specified by the *International Classification of Diseases, 9th revision, Clinical Modification, Volume 3, Procedures Classification* (ICD–9–CM) (15). The supplementary classification, used for diagnoses not classifiable to injury or illness (for example, general medical examination, routine prenatal examination, and health supervision of infant or child), accounted for 15.6 percent of all visits. Diseases of the respiratory system (13.8 percent) and diseases of the nervous system (10.8 percent) were also among the top broad diagnostic categories.

The top five principal diagnoses reflecting the three-digit coding level of the ICD–9–CM are shown in figure 7. The most commonly recorded diagnosis was essential hypertension, cited at 11.1 office visits per 100 persons per year.

Data on visits by principal diagnosis, shown as major disease categories according to patient's age, sex, and race, are shown in table 9. About one-quarter (23.9 percent) of the visits by persons under 15 years of age resulted in a respiratory disease diagnosis, a significant proportion compared with all other age groups. Supplementary classifications accounted for about 3 of every 10 visits for persons 15–24 years old. Visits by

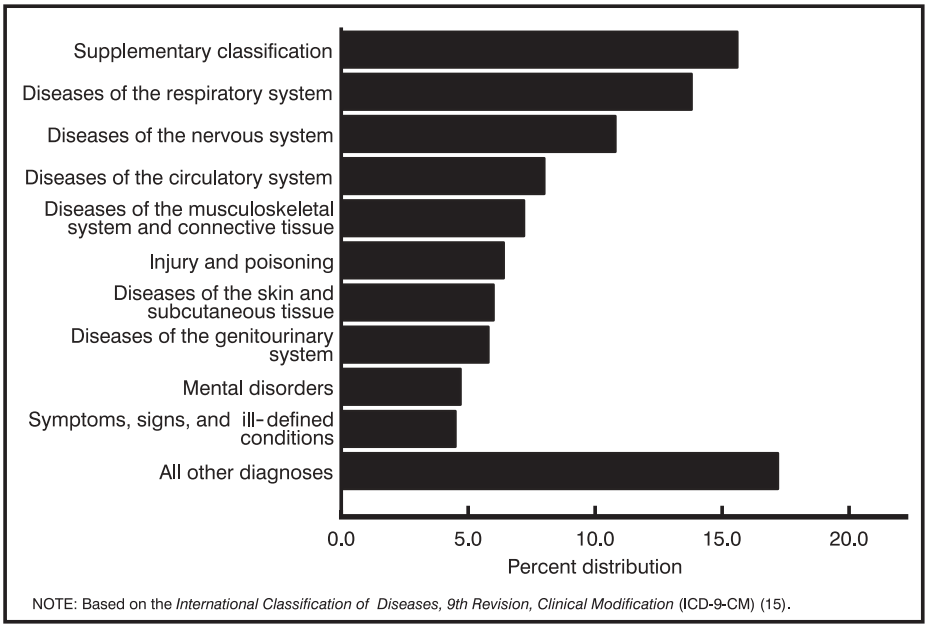

Figure 6. Percent distribution of office visits by physician's principal diagnosis: United States, 1993

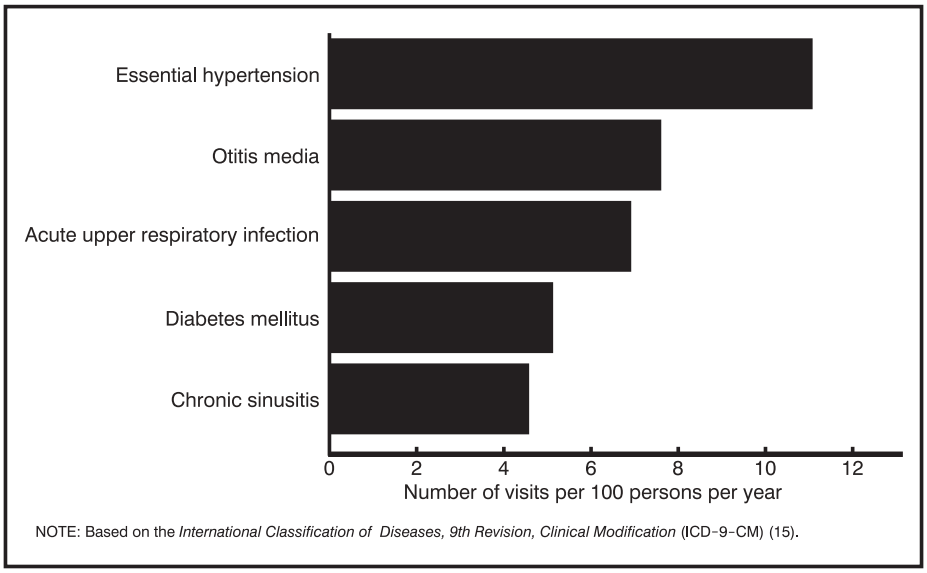

Figure 7. Rate of office visits by selected principal diagnoses: United States, 1993

females were more likely to receive this type of diagnosis, in part because of the large number of visits for normal pregnancy. Circulatory diseases were diagnosed at increasingly higher proportions of visits for each successive age group.

Table 10 shows office visits by patient's age, sex, and race according to selected principal diagnoses. More than three-quarters of the visits with a principal diagnosis of suppurative and unspecified otitis media were made by patients under 15 years (78.3 percent). Four of every 10 visits for diseases of the sebaceous glands (acne, seborrhea, etc.) were made by persons age 15–24 years of age. Six of every 10 visits for back sprains and strains were made by persons 25–44 years of age, and 4 of every 10 visits for diabetes were made by persons 45–64 years of age. More than 8 of every 10 visits with a diagnosis of cataract were made by persons 65 years and over. Sixty percent of the visits for essential hypertension were made by females, while visits by males accounted for 60 percent of diagnoses of ''other forms of chronic ischemic heart disease.''

The 10 principal diagnoses most frequently rendered by physicians according to patient's age and sex are shown in table 11. Hypertension was the most frequently rendered diagnosis for visits by persons 45–64 years old (6.7 percent), 65–74 years old (7.9 percent), and 75 years and over (8.1 percent). Normal pregnancy was the most frequent diagnosis given at visits by persons ages 15–24 years (15.3 percent) and 25–44 years (8.7 percent). Health supervision of infant and child was the diagnosis most frequently rendered at visits by persons under 15 years (14.1 percent). Additional data on principal diagnoses as related to physician specialty are shown in tables 12–14.

Checklist of Selected Medical Conditions

Additional diagnostic data on the patient's current health status were collected in item 13 of the Patient Record form. Physicians were given a list of four common conditions—asthma, diabetes, human immunodeficiency virus (HIV), obesity, and osteoporosis—and asked to record whether the patient currently has any of them, regardless of what was recorded as the current diagnosis in item 11 of the survey form. Results for item 13 are shown in tables A and B.

One-fifth (19.9 percent) of the visits were made by patients who were reported to have one or more of the five conditions listed on the survey form. Obesity was checked most frequently, at 62.7 million visits (8.7 percent of the total). A diagnosis of obesity was more likely to be cited at visits by females than visits by males. The percent of visits with a mention of obesity increased with age for each age group up to 45–64 years. Osteoporosis was also reported by physicians more often at visits made by females than visits by males.

Injury-Related Visits

Visits were considered to be injury related if the response to item 8, ''Is this

Table A. Number and percent of office visits by selected medical conditions, according to patient's age, sex, and race: United States, 1993

Patient characteristic	Number of visits in thousands	Selected medical condition [1,2]				
		Asthma	Diabetes	Obesity	Osteoporosis	None of these
		Percent of visits				
All visits	717,191	4.9	5.6	8.7	2.5	81.1
Age						
Under 15 years	129,279	7.0	*	1.8	*	91.0
15–24 years	62,346	4.4	*	5.7	*	88.9
25–44 years	193,914	4.6	2.4	8.7	*	85.1
45–64 years	160,146	4.5	9.0	14.7	1.5	74.9
65–74 years	93,873	4.5	13.3	11.9	6.3	71.4
75 years and over	77,633	3.7	19.4	6.8	11.3	72.8
Sex						
Female	430,170	4.8	5.3	10.0	3.5	79.8
Male	287,021	5.1	6.1	6.8	0.9	83.1
Race						
White	632,500	4.5	5.3	8.4	2.6	81.6
Black	58,154	7.4	8.4	13.1	1.1	75.9
Other	26,537	8.3	7.5	6.9	*	79.6

* Figure does not meet standard of reliability or precision.
[1]More than one condition may be reported per visit.
[2]Figures for HIV (human immunodeficency virus) are not shown because they do not meet standard of reliability or precision.

Table B. Number and percent of office visits by selected medical conditions, according to physician specialty: United States, 1993

Physician specialty	Number of visits in thousands	Selected medical condition[1,2]				
		Asthma	Diabetes	Obesity	Osteoporosis	None of these
		Percent of visits				
All visits	717,191	4.9	5.6	8.7	2.5	81.1
General and family practice	197,605	3.9	5.9	9.7	2.2	80.9
Internal medicine	102,436	7.4	12.5	18.4	5.6	65.2
Pediatrics	76,982	7.8	0.2	2.5	–	89.9
Obstetrics and gynecology	64,030	2.9	*	7.4	*	87.5
Ophthalmology	39,373	2.7	8.7	2.1	*	86.4
Orthopedic surgery	33,638	*	3.6	7.6	4.6	84.8
Dermatology	31,469	3.4	2.1	3.2	*	91.0
General surgery	21,703	2.4	6.4	9.5	2.0	82.5
Psychiatry	20,469	3.1	2.3	11.1	*	83.3
Urology	15,690	2.1	5.9	7.1	*	86.3
Otolaryngology	15,380	4.1	2.2	2.8	*	90.8
Cardiovascular diseases	12,178	3.3	13.2	13.4	3.3	71.0
Allergy and immunology[3]	10,605	34.0	1.1	3.9	*	62.5
Neurology	8,393	2.2	4.3	5.9	1.9	86.5
Pulmonary diseases[3]	4,251	26.3	7.1	10.6	3.2	58.3
Other	62,991	3.1	6.0	7.6	4.5	81.2

– Quantity zero.
* Figure does not meet standard of reliability or precision.
[1]More than one condition may be reported per visit.
[2]Figures for HIV (human immunodeficency virus) are not shown because they do not meet standard of reliability or precision.
[3]These specialties were sampled separately in 1993 as part of a supplemental data collection project.

visit injury related?'' was ''yes.'' The reader should note that this is a basic definition of ''injury.'' In 1995 and later survey years, the definition of ''injury'' was expanded to be more comprehensive, involving ''cause,'' ''reason,'' and/or ''diagnosis.'' There were about 84.0 million injury-related visits to office-based physicians in 1993, or 11.7 percent of all office visits. The annual rate of injury-related visits was 33.0 per 100 persons. Overall, males did not have higher injury-related visits than females did. The proportion of injury-related office visits was highest for patients age 25–44 years (38.8 percent) as shown in table 15. However, the rate of injury-related visits was highest for those 75 years and older (51.2 per 100 persons), followed by those 65–74 years old (39.2 per 100

persons), and those 25–44 years old (39.9 per 100 persons). The rate of injury visits significantly increased between the 15–24 years age group (24.7 per 100 persons) and the 25–44 years (39.9 per 100 persons).

The proportion of visits that were injury related varied by specialty (table 16). More than half of all visits to orthopedic surgeons (62.3 percent) were injury-related, as were one-fifth of the visits to neurologists. Table 17 shows injury related office visits by the 25 most frequently mentioned principal reasons for visit. Table 18 shows the most frequent principal diagnoses according to patient's age and sex at injury-related visits. ''Fracture of upper limb'' was the most frequent diagnosis category for persons under 15 years old (11.5 percent). ''Sprains and strains of joints and adjacent muscles'' was the most frequent diagnosis category at visits by all other age groups.

Diagnostic, Screening, and Therapeutic Services

Questions 14–16 on the Patient Record form collected information on the diagnostic, screening, and therapeutic services ordered or provided at visits to the physician's office. As mentioned earlier, question 14, ''Tests, surgical and nonsurgical procedures, and therapies,'' was revised in 1993 and was separated into two parts. The first section (14a) includes five check boxes for services that are either performed often or are of significant public health interest. The second section (14b) asks the physician to fill in up to eight additional services that were performed or ordered during the visit. This includes tests, imagings, surgeries, and nonmedication therapies (such as contact lenses, psychotherapy, and physiotherapy). The responses to question 14b were to exclude counseling and/or education and medications as these items are asked in subsequent questions. Question 15, ''Counseling/Education,'' collects information on eight counseling and/or education services that may have been ordered or provided during the visit. Question 16, ''medication/injections,'' asks the physician to list up to five drugs that were administered, prescribed, or continued (with or without new orders). As used in NAMCS, the term ''drug'' is interchangeable with the term ''medication,'' and the term ''prescribing'' is used broadly to mean ordering or providing any medication. It includes both prescription and nonprescription preparations, allergy shots, immunizations, and anesthetics.

Overall, about three-quarters (73.2 percent) of the visits to office-based physicians included at least one test, procedure, or therapy (1.3 services per visit), and about two-thirds (65.2 percent) included at least one medication (1.3 medications and/or injections per visit). About one-half (49.5 percent) of visits included some form of counseling and/or education. For each of the three types of services mentioned, the rates varied by physician specialty. For example, there were 2.4 tests, procedures, and/or therapies ordered or performed per visit to obstetricians and gynecologists compared with less than one of these services per visit to pediatricians. The rates for medications and/or injections and tests, procedures, and/or therapies also varied by age. The rate of medications and/or injections was higher for those 45 years and over compared with those under 45 years. For tests, procedures, and/or therapies, the rate was lowest for persons under 15 years, but no significant difference was found among the other age groups. The rate of services was higher for females than for males. No significant differences were found for counseling and/or education by age group, but the rate was higher for black persons than for white persons (table C). As shown in figure 8, the mean number of combined services at visits to cardiovascular disease specialists was almost 5 per visit. In comparison, for visits to orthopedic surgeons and otolaryngologists, the mean was less than 2 services per visit. Additional data on these three types of services are shown in tables 19–27.

Table D includes only those procedures written in by the physician in question 14b of the Patient Record form. Pap smear, electrocardiogram, and ''other nonoperative measurements and examinations'' were the top three procedures, but did not significantly differ in ranking from each other. ''Other local excision or destruction of lesion or tissue of skin and subcutaneous tissue'' was the invasive procedure most commonly reported, at 13.9 million visits or 1.9 percent of all visits.

As shown in table E, there were an estimated 913.5 million drug mentions in 1993 resulting from an estimated 467.3 million drug visits (visits with at least one drug mention on the Patient Record form). The percent of visits with medication therapy was lower for patients 15–24 years of age than for those under 15 years old, but increased for each successive age group to a high of almost 72 percent for patients 75 years of age and older. No difference was found in the percent of drug visits by sex. Table E also details medication therapy by physician specialty.

Figure 9 displays the annual rate of drug mentions at office visits by therapeutic class. Antimicrobial agents and cardiovascular-renal drugs each accounted for about 17 mentions for every 100 physician office visits, which is significantly greater than drugs used for the relief of pain—the next highest therapeutic class. These trends do not differ significantly from 1992 patterns. More detailed information on drug mentions are shown in tables 28–35.

Other Visit Characteristics

Expected source(s) of payment, question 6 on the Patient Record form, asks physicians to check all of the applicable payment categories for this survey item so that multiple payment sources could be coded for each visit. The patient-paid category includes the patient's contribution toward ''co-payments'' and ''deductibles'' (except copayments for prepaid plans). Private/commercial insurance (38.7 percent of the visits) represented a significantly greater proportion of visits than Medicare did in 1993 (22.1 percent of the visits) (figure 10) as was also the case in 1992. Figure 11 shows the distribution of the expected sources of payment by race of the patient. Visits by black patients listed Medicaid as an expected source of payment more than

Table C. Annual rate of diagnostic and therapeutic services ordered or performed at office visits, by physician specialty and patient's sex, age, and race: United States, 1993

Physician and patient charactistics	Number of services per 100 visits		
	Tests, procedures, and therapies	Counseling/ education	Medications/ Injections
All visits	133	66	127
Physician specialty			
General and family practice	136	61	150
Internal medicine	171	100	183
Pediatrics	57	68	116
General surgery	123	53	59
Obstetrics and gynecology	236	74	70
Orthopedic surgery	81	60	52
Cardiovascular diseases	199	84	204
Dermatology	61	50	123
Urology	173	39	55
Psychiatry	70	62	148
Neurology	122	50	111
Ophthalmology	139	34	86
Otolaryngology	68	40	84
Allergy and immunology[1]	72	40	196
Pulmonary diseases[1]	181	63	229
All other specialties	136	64	121
Patient's sex			
Female	143	67	129
Male	118	64	125
Patient's age			
Under 15 years	60	62	107
15–24 years	139	63	98
25–44 years	149	66	107
45–64 years	148	72	141
65–74 years	153	68	155
75 years and over	156	58	175
Patient's race			
White	132	64	127
Black	142	83	138

[1]These specialties were sampled separately in 1993 as part of a supplemental data collection project.

twice as often as visits by white patients; visits by white patients were more likely to cite private insurance. Visits with an expected source of payment of ''HMO/other prepaid plan'' were more likely to be made to primary care physicians than were visits with other payment sources. As expected, ''HMO/other prepaid plan'' had a higher percent of visits to primary care specialties than to other specialties (figure 12). Tables 36 and 37 show expected source(s) of payment in more detail.

Prior-visit status for each specialty is shown in table F. Consistent with past years, most visits were made by established patients (63.1 percent). Also shown in table F is the return visit rate for each specialty. The return visit rate is the ratio of visits made by previously seen patients for the care of previously treated problems to visits made for the treatment of new problems. This varied greatly by specialty and, because of their nature, psychiatry and allergy and immunology specialties have significantly higher return visit rates than the other specialties did. The majority of specialties had return visit rates between 1.3 and 1.9. Tables 38–40 show these data in more detail. Data on patient's cigarette-smoking status can be found in tables 41 and 42.

As shown in table G, more than half of all office visits in 1993 ended with a disposition for the patient to return at a specified time (62.4 percent), and one-quarter of the visits ended with a disposition for the patient to return if needed (23.3 percent). Hospital admissions accounted for less than 1 percent of visits (0.8 percent). This distribution of visit disposition is not statistically different than 1992. More than one disposition could be checked per Patient Record form. Comparing the mean number of tests, procedures, and therapies by disposition of the visit and visits with a telephone followup planned had a mean of 4.2 services per visit and visits with no planned followup had a mean number of services of 2.1 per visit (figure 13).

Duration of the visit is shown in figure 14. Duration of the visit represents the amount of time spent in face-to-face contact between the patient and the physician and does not include time waiting to see the physician or time waiting for test results. Six of every 10 visits lasted 15 minutes or less. Only 2 percent of the visits had a duration of 0 minutes, with no face-to-face contact between patient and physician. At such visits, patients received care from a member of the physician's staff. Tables 43 through 49 present additional data on duration of visit.

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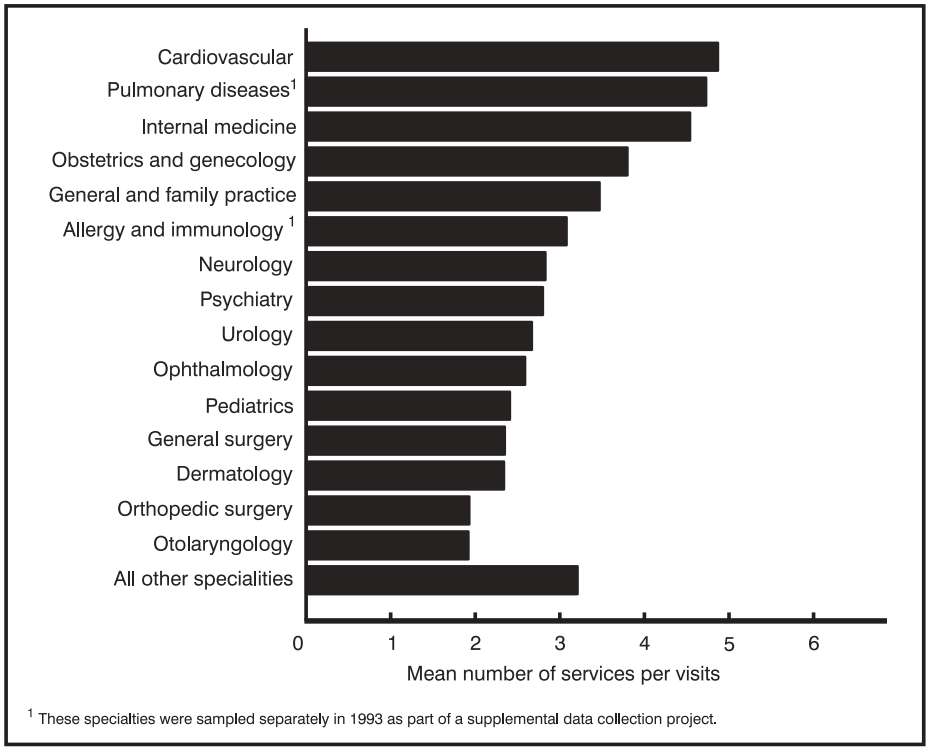

Figure 8. Mean number of services ordered or provided at office visits by physician specialty: United States, 1993

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Table D. Number and percent distribution of office visits, by diagnostic and therapeutic procedures most frequently ordered or performed: United States, 1993

Diagnostic or therapeutic procedure ordered or performed and ICD–9–CM code[1]	Number of visits in thousands	Percent distribution of all office visits	Percent distribution of visits by females	Percent distribution of visits by males
All visits	717,191	100.0	100.0	100.0
Pap smear .91.46	19,613	2.7	4.6	–
Electrocardiogram .89.52	18,539	2.6	2.5	2.8
Other nonoperative measurments and examinations .89.39	18,268	2.5	2.8	2.2
Eye examination .95.09	17,179	2.4	2.3	2.5
Routine chest x ray .87.44	14,015	2.0	1.8	2.2
Other local excision or destruction of lesion or tissue of skin and subcutaneous tissue .86.30	13,881	1.9	1.8	2.2
Ear, nose, throat culture .90.32	12,392	1.7	1.6	1.9
Other individual psychotherapy .94.39	11,570	1.6	1.5	1.8
Tonometry .89.11	10,267	1.4	1.5	1.3
Limited eye examination .95.01	9,659	1.3	1.5	1.1
Other mammography .87.37	9,363	1.3	2.2	0.0
Other physicial therapy .93.39	7,313	1.0	0.8	1.4
General physicial examination .89.70	6,562	0.9	0.8	1.0
Gynecological examination .89.26	5,650	0.8	1.3	. . .
Other diagnostic ultrasound 88.79	4,506	0.6	0.9	0.2
Audiometry 95.41	4,218	0.6	0.5	0.8
Diagnostic ultrasound of gravid uterus 88.78	4,198	0.6	1.0	0.0
Skeletal x ray of wrist and hand .88.23	4,149	0.6	0.5	0.7
Skeletal x ray of thigh, knee, and lower leg .88.27	3,978	0.6	0.4	0.7
Skeletal x ray of ankle and foot .88.28	3,881	0.5	0.5	0.5
All other	517,990	72.2	69.3	76.7

– Quantity zero.

0.0 Quantity more than zero but less than 0.05.

. . . Category not applicable.

[1]Based on *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (15).

Table E. Number and percent distribution of drug visits and drug mentions, and percent of office visits with drug mentions by patient's age and sex and physician specialty: United States, 1993.

Patient characteristics and physician specialty	Drug visits		Drug mentions		Percent of visits with drug mentions[1]
	Number in thousands	Percent distribution	Number in thousands	Percent distribution	
All drug mentions	467,301	100.0	913,503	100.0	65.2
Patient's age					
Under 15 years	84,070	18.0	137,961	15.1	65.0
15–24 years	37,264	8.0	61,206	6.7	59.8
25–44 years	117,532	25.2	208,061	22.8	60.6
45–64 years	108,488	23.2	225,553	24.7	67.7
65–74 years	64,311	13.8	145,065	15.9	68.5
75 years and over	55,637	11.9	135,657	14.9	71.7
Patient's sex and age					
Female	279,430	59.8	555,474	60.8	65.0
Under 15 years	38,915	8.3	65,162	7.1	64.1
15–24 years	24,995	5.3	41,357	4.5	60.4
25–44 years	75,505	16.2	132,900	14.5	58.6
45–64 years	67,004	14.3	142,236	15.6	69.8
65–74 years	38,190	8.2	87,316	9.6	69.2
75 years and over	34,820	7.5	86,505	9.5	72.5
Male	187,871	40.2	358,028	39.2	65.5
Under 15 years	45,154	9.7	72,800	8.0	65.8
15–24 years	12,269	2.6	19,849	2.2	58.6
25–44 years	42,027	9.0	75,161	8.2	64.6
45–64 years	41,484	8.9	83,317	9.1	64.7
65–74 years	26,121	5.6	57,749	6.3	67.6
75 years and over	20,816	4.5	49,153	5.4	70.3
Physician specialty					
General and family practice	147,257	31.5	296,201	32.4	74.5
Internal medicine	81,874	17.5	187,379	20.5	79.9
Pediatrics	54,773	11.7	89,594	9.8	71.2
Obstetrics and gynecology	29,736	6.4	44,818	4.9	46.4
Dermatology	21,255	4.5	38,635	4.2	67.5
Ophthalmology	19,230	4.1	33,686	3.7	48.8
Psychiatry	15,161	3.2	30,379	3.3	74.1
Orthopedic surgery	11,783	2.5	17,656	1.9	35.0
Allergy and immunology[2]	9,861	2.1	20,738	2.3	93.0
Cardiovascular diseases	8,614	1.8	24,800	2.7	70.7
Otolaryngology	7,949	1.7	12,945	1.4	51.7
General surgery	7,189	1.5	12,908	1.4	33.1
Urology	6,350	1.4	8,611	0.9	40.5
Neurology	4,953	1.1	9,356	1.0	59.0
Pulmonary diseases[2]	3,312	0.7	9,743	1.1	77.9
All other specialties	38,006	8.1	76,054	8.3	60.3

[1]Number of drug visits divided by number of office visits multiplied by 100.

[2]These specialties were sampled separately in 1993 as part of a supplemental data collection project.

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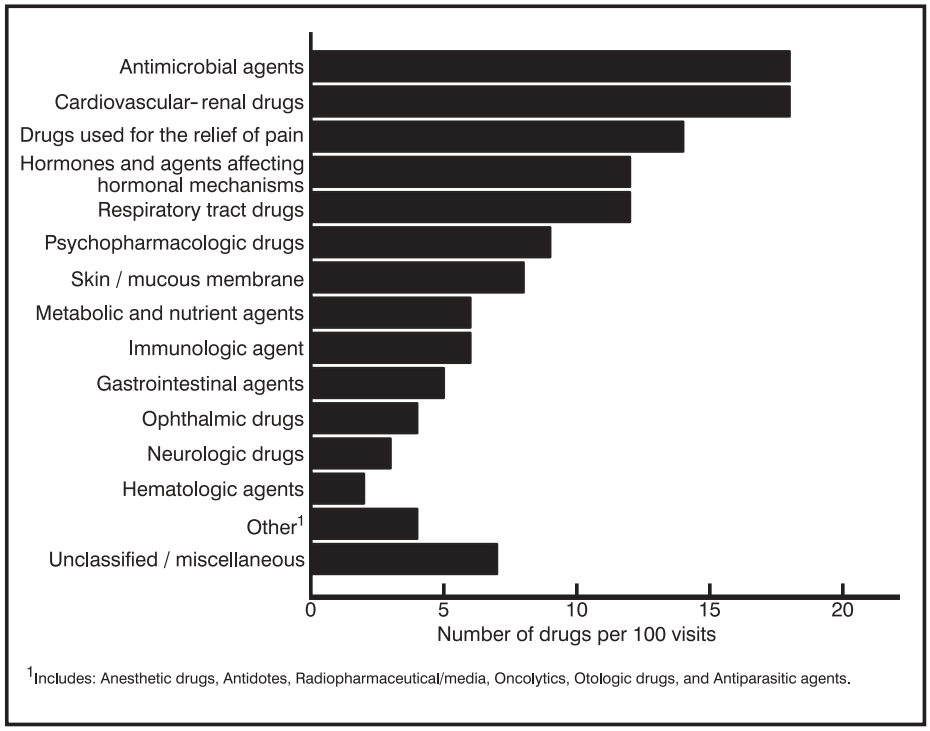

Figure 9. Annual rate of drug mentions at office visits by therapeutic class of drug: United States, 1993

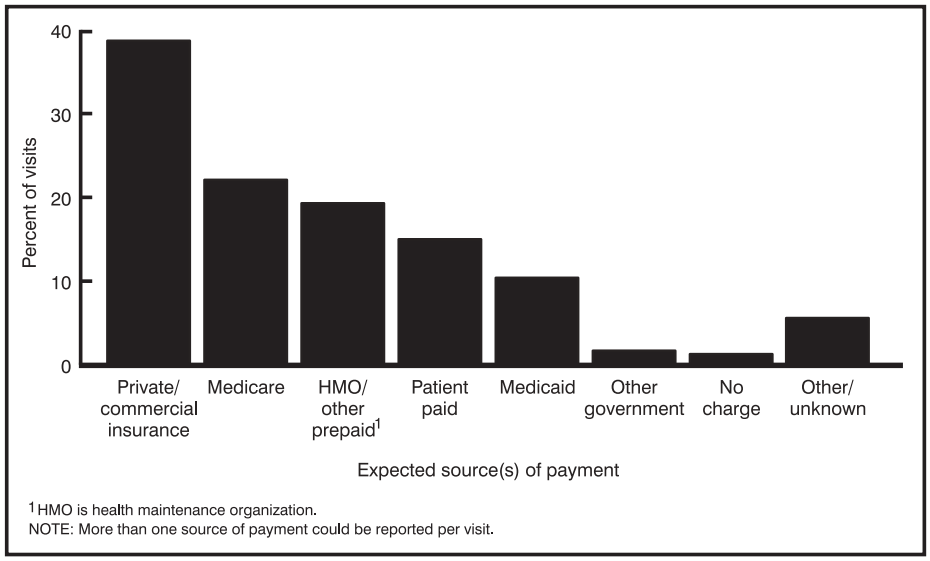

Figure 10. Percent of office visits by expected sources of payment: United States, 1993

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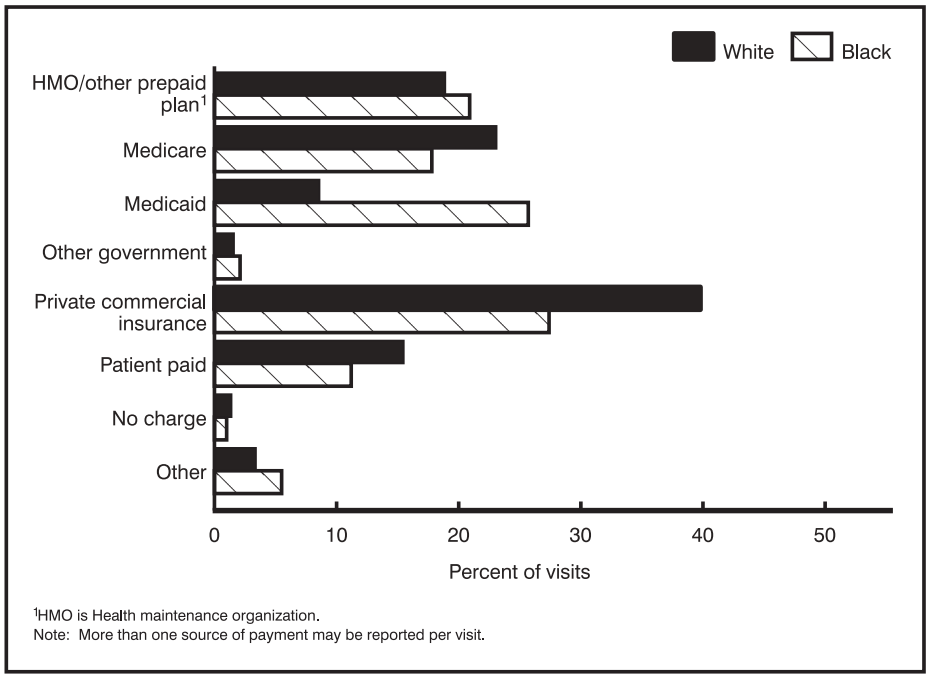
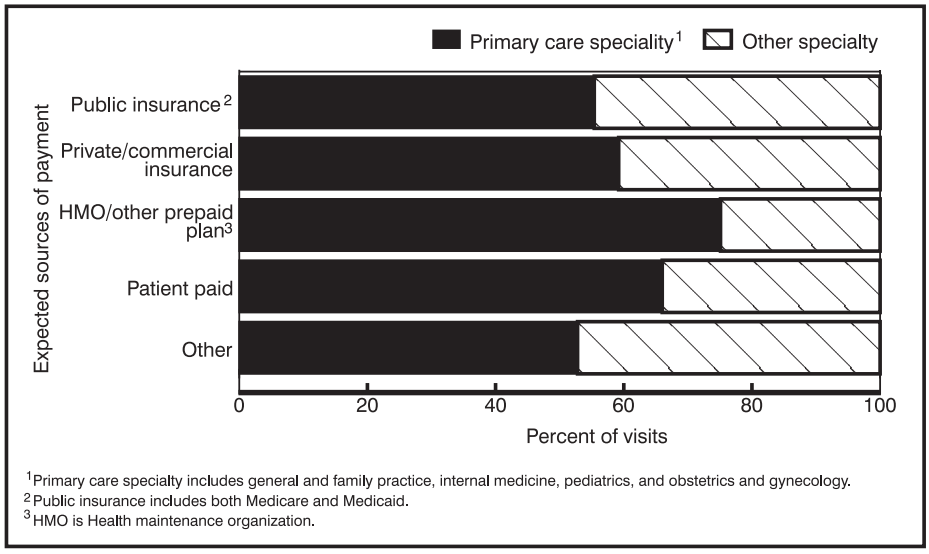


1HMO is Health maintenance organization.
Note: More than one source of payment may be reported per visit.

Figure 11. Percent of visits to office-based physicians by expected sources of payment and patient's race: United States, 1993



1Primary care specialty includes general and family practice, internal medicine, pediatrics, and obstetrics and gynecology.
2Public insurance includes both Medicare and Medicaid.
3HMO is Health maintenance organization.

Figure 12. Percent distribution of office visits by type of specialty according to primary expected sources of payment: United States, 1993

Table F. Number and percent distribution of office visits by patient's prior-visit status and return-visit rate, according to physician specialty: United States, 1993

Physician specialty	Total	New problem visits[1]	Return visits for old problems	Total	New problem visits	Return visits for old problems	Return visit rate[2]
	Number in thousands			Percent distribution			
All visits	717,191	264,820	452,372	100.0	36.9	63.1	1.7
General and family practice	197,605	86,078	111,527	100.0	43.6	56.4	1.3
Internal medicine	102,436	37,057	65,379	100.0	36.2	63.8	1.8
Pediatrics	76,982	32,943	44,039	100.0	42.8	57.2	1.3
Obstetrics and gynecology	64,030	20,891	43,139	100.0	32.6	67.4	2.1
Ophthalmology	39,373	10,455	28,919	100.0	26.6	73.4	2.8
Orthopedic surgery	33,638	12,542	21,096	100.0	37.3	62.7	1.7
Dermatology	31,469	11,625	19,844	100.0	36.9	63.1	1.7
General surgery	21,703	8,328	13,375	100.0	38.4	61.6	1.6
Psychiatry	20,469	3,273	17,196	100.0	16.0	84.0	5.3
Urology	15,690	4,133	11,557	100.0	26.3	73.7	2.8
Otolaryngology	15,380	6,318	9,062	100.0	41.1	58.9	1.4
Cardiovascular diseases	12,178	2,767	9,410	100.0	22.7	77.3	3.4
Allergy and immunology[3]	10,605	1,921	8,684	100.0	18.1	81.9	4.5
Neurology	8,393	3,530	4,863	100.0	42.1	57.9	1.4
Pulmonary diseases[3]	4,251	1,125	3,126	100.0	26.5	73.5	2.8
Other	62,991	21,836	41,156	100.0	34.7	65.3	1.9

[1]"New problem" visits may be made by either old or new patients.

[2]Return visit rate is the ratio of visits made by previously seen patients for the care of previously treated problems to visits made for the treatment of new problems.

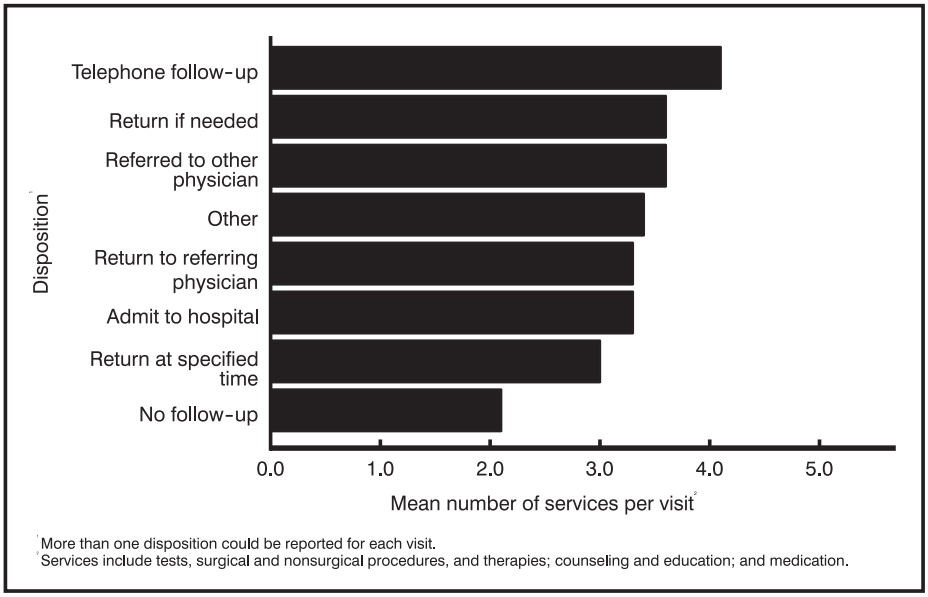
[3]These specialties were sampled separately in 1993 as part of a supplemental data collection project.

Table G. Number and percent of office visits by disposition of visit: United States, 1993

Disposition	Number of visits in thousands[1]	Percent of visits
All visits	717,191	. . .
Return at specified time	447,169	62.4
Return if needed	166,947	23.3
No followup planned	61,687	8.6
Telephone followup planned	30,937	4.3
Referred to other physician	26,411	3.7
Admit to hospital	6,022	0.8
Return to referring physician	8,960	1.2
Other	13,954	1.9

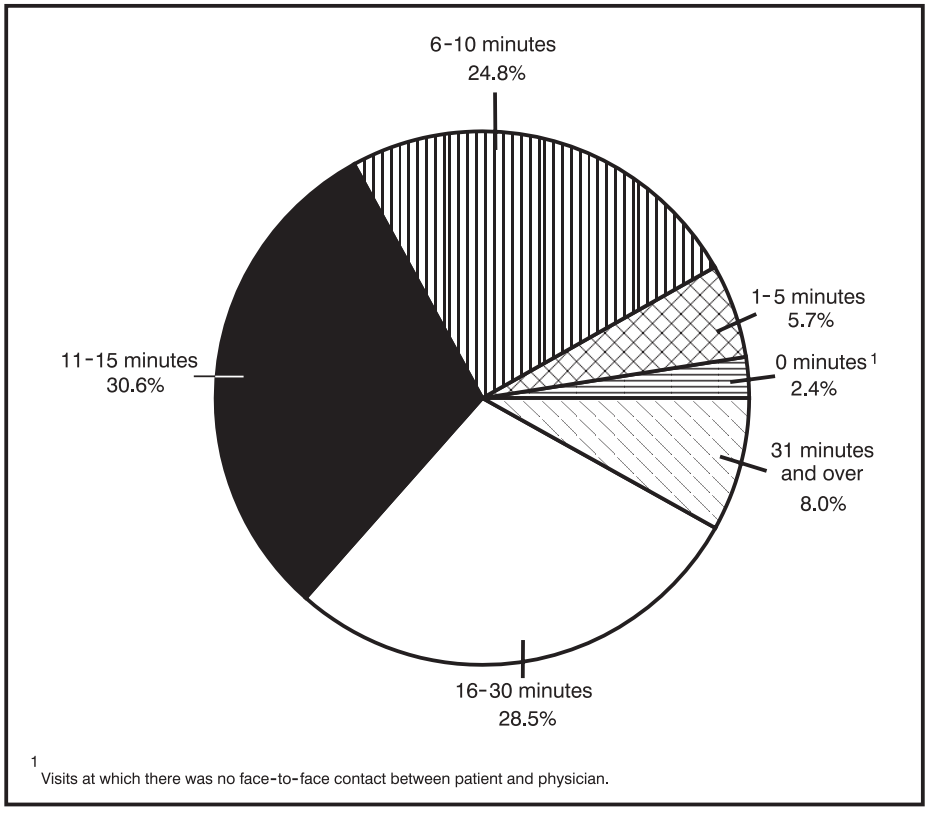
. . . Category not applicable.

[1]Numbers may not add to totals because more than one disposition may be reported per visit.



[1] More than one disposition could be reported for each visit.
[2] Services include tests, surgical and nonsurgical procedures, and therapies; counseling and education; and medication.

Figure 13. Mean number of diagnostic and therapeutic services ordered or performed at office visits by disposition of visit: United States, 1993



[1] Visits at which there was no face-to-face contact between patient and physician.

Figure 14. Percent distribution of office visits by duration of visit: United States, 1993

Table 1. Number, percent distribution, and annual rate of office visits by patient's age, sex, race, and geographic region of visit: United States, 1993

Patient characteristics	Number of visits in thousands	Percent distribution	Number of visits per person per year[1]
All visits	717,191	100.0	2.8
Age			
Under 15 years	129,279	18.0	2.3
15–24 years	62,346	8.7	1.8
25–44 years	193,914	27.0	2.4
45–64 years	160,146	22.3	3.2
65–74 years	93,873	13.1	5.0
75 years and over	77,633	10.8	6.1
Sex and age			
Female	430,170	60.0	3.3
Under 15 years	60,664	8.5	2.2
15–24 years	41,408	5.8	2.4
25–44 years	128,854	18.0	3.1
45–64 years	96,011	13.4	3.7
65–74 years	55,215	7.7	5.4
75 years and over	48,017	6.7	6.1
Male	287,021	40.0	2.3
Under 15 years	68,615	9.6	2.3
15–24 years	20,938	2.9	1.2
25–44 years	65,060	9.1	1.6
45–64 years	64,135	8.9	2.7
65–74 years	38,658	5.4	4.6
75 years and over	29,616	4.1	6.2
Race and age			
White	632,500	88.2	3.0
Under 15 years	113,506	15.8	2.5
15–24 years	53,650	7.5	2.0
25–44 years	167,026	23.3	2.5
45–64 years	140,231	19.6	3.3
65–74 years	86,204	12.0	5.2
75 years and over	71,884	10.0	6.3
Black	58,154	8.1	1.8
Under 15 years	10,328	1.4	1.1
15–24 years	6,308	0.9	1.2
25–44 years	16,946	2.4	1.7
45–64 years	14,399	2.0	2.8
65–74 years	5,381	0.8	3.2
75 years and over	4,793	0.7	4.8
All other races			
Asian/Pacific Islander	23,377	3.3	274.0
American Indian/Eskimo/Aleut	3,160	0.4	145.9
Geographic region			
Northeast	168,438	23.5	3.4
Midwest	169,035	23.6	2.7
South	213,356	29.7	2.5
West	166,363	23.2	2.9

[1]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1993.

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

Table 2. Number and percent distribution of office visits by patient's age, sex, and race, according to geographic region of visit: United States, 1993

Patient characteristic	All geographic regions	Northeast	Midwest	South	West
			Number of visits in thousands		
All visits	717,191	168,438	169,035	213,356	166,363
Age					
Under 15 years	129,279	31,458	33,258	38,580	25,983
15–24 years	62,346	13,465	15,740	18,793	14,349
25–44 years	193,914	43,275	43,287	56,579	50,773
45–64 years	160,146	37,618	37,112	50,112	35,304
65–74 years	93,873	23,802	21,367	26,927	21,777
75 years and over	77,633	18,821	18,270	22,366	18,176
Sex					
Female	430,170	99,186	101,586	129,551	99,847
Male	287,021	69,252	67,449	83,804	66,516
Race					
White	632,500	153,251	153,765	181,352	144,132
Black	58,154	11,210	12,373	28,029	6,542
Asian/Pacific Islander	23,377	3,730	2,350	3,695	13,601
American Indian/Eskimo/Aleut	3,160	*	*	*	2,087
			Percent distribution		
All visits	100.0	100.0	100.0	100.0	100.0
Age					
Under 15 years	18.0	18.7	19.7	18.1	15.6
15–24 years	8.7	8.0	9.3	8.8	8.6
25–44 years	27.0	25.7	25.6	26.5	30.5
45–64 years	22.3	22.3	22.0	23.5	21.2
65–74 years	13.1	14.1	12.6	12.6	13.1
75 years and over	10.8	11.2	10.8	10.5	10.9
Sex					
Female	60.0	58.9	60.1	60.7	60.0
Male	40.0	41.1	39.9	39.3	40.0
Race					
White	88.2	91.0	91.0	85.0	86.6
Black	8.1	6.7	7.3	13.1	3.9
Asian/Pacific Islander	3.3	2.2	1.4	1.7	8.2
American Indian/Eskimo/Aleut	0.4	*	*	*	1.3

* Figure does not meet standard of reliability or precision.

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

Table 3. Number, percent distribution, and annual rate of office visits by physician specialty, according to patient's age, sex, and race: United States, 1993

Physician specialty	All ages, both sexes	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
	Number of visits in thousands											
All visits	717,191	129,279	62,346	193,914	160,146	93,873	77,633	430,170	287,021	632,500	58,154	26,537
General and family practice	197,605	31,264	20,364	56,847	46,992	23,412	18,727	115,123	82,482	177,766	13,012	6,827
Internal medicine	102,436	3,009	4,859	23,470	30,425	21,295	19,378	61,149	41,287	86,196	12,459	3,781
Pediatrics	76,982	69,462	5,126	1,611	*	*	*	37,629	39,354	66,961	7,105	2,916
Obstetrics and gynecology	64,030	*	13,050	39,795	8,348	1,665	*	63,344	*	54,300	5,864	3,865
Ophthalmology	39,373	3,981	1,261	5,590	8,123	9,476	10,943	24,259	15,115	35,967	2,668	*
Orthopedic surgery	33,638	2,668	2,690	10,618	9,654	4,487	3,520	17,081	16,557	30,563	2,250	825
Dermatology	31,469	2,456	4,419	8,413	7,520	5,052	3,609	17,685	13,784	29,127	1,525	817
General surgery	21,703	786	1,434	6,201	6,852	3,603	2,826	13,593	8,110	18,941	2,046	716
Psychiatry	20,469	1,177	1,579	9,234	6,404	1,259	815	11,551	8,917	18,838	1,267	364
Urology	15,690	742	372	2,589	4,398	4,458	3,131	3,819	11,870	14,173	1,267	*
Otolaryngology	15,380	3,943	1,086	3,969	3,200	1,785	1,397	8,357	7,023	13,865	920	595
Cardiovascular diseases	12,178	*	*	1,368	4,247	3,441	2,957	5,716	6,461	10,314	1,496	368
Allergy and immunology[2]	10,605	2,115	1,012	3,906	2,562	718	291	6,301	4,304	9,453	575	577
Neurology	8,393	832	630	2,747	2,264	1,085	834	4,903	3,490	7,563	643	186
Pulmonary diseases[2]	4,251	*	173	672	1,362	1,062	940	2,375	1,876	3,912	257	81
All other specialties	62,991	6,072	4,157	16,884	17,286	10,899	7,693	37,286	25,706	54,560	4,801	3,630
	Percent distribution											
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
General and family practice	27.6	24.2	32.7	29.3	29.3	24.9	24.1	26.8	28.7	28.1	22.4	25.7
Internal medicine	14.3	2.3	7.8	12.1	19.0	22.7	25.0	14.2	14.4	13.6	21.4	14.2
Pediatrics	10.7	53.7	8.2	0.8	*	*	*	8.7	13.7	10.6	12.2	11.0
Obstetrics and gynecology	8.9	*	20.9	20.5	5.2	1.8	*	14.7	*	8.6	10.1	14.6
Ophthalmology	5.5	3.1	2.0	2.9	5.1	10.1	14.1	5.6	5.3	5.7	4.6	*
Orthopedic surgery	4.7	2.1	4.3	5.5	6.0	4.8	4.5	4.0	5.8	4.8	3.9	3.1
Dermatology	4.4	1.9	7.1	4.3	4.7	5.4	4.6	4.1	4.8	4.6	2.6	3.1
General surgery	3.0	0.6	2.3	3.2	4.3	3.8	3.6	3.2	2.8	3.0	3.5	2.7
Psychiatry	2.9	0.9	2.5	4.8	4.0	1.3	1.0	2.7	3.1	3.0	2.2	1.4
Urology	2.2	0.6	0.6	1.3	2.7	4.7	4.0	0.9	4.1	2.2	2.2	*
Otolaryngology	2.1	3.0	1.7	2.0	2.0	1.9	1.8	1.9	2.4	2.2	1.6	2.2
Cardiovascular diseases	1.7	*	*	0.7	2.7	3.7	3.8	1.3	2.3	1.6	2.6	1.4
Allergy and immunology[2]	1.5	1.6	1.6	2.0	1.6	0.8	0.4	1.5	1.5	1.5	1.0	2.2
Neurology	1.2	0.6	1.0	1.4	1.4	1.2	1.1	1.1	1.2	1.2	1.1	0.7
Pulmonary diseases[2]	0.6	*	0.3	0.3	0.9	1.1	1.2	0.6	0.7	0.6	0.4	0.3
All other specialties	8.8	4.7	6.7	8.7	10.8	11.6	9.9	8.7	9.0	8.6	8.3	13.7

See footnotes at end of table.

Table 3. Number, percent distribution, and annual rate of office visits by physician specialty, according to patient's age, sex, and race: United States, 1993—Con.

Physician specialty	All ages, both sexes	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
	Number of visits per 100 persons[1]											
All visits	282.0	225.8	181.5	237.6	321.7	504.3	613.5	329.4	232.0	299.3	181.6	243.1
General and family practice	77.7	54.6	59.3	69.6	94.4	125.8	148.0	88.2	66.7	84.1	40.6	62.5
Internal medicine	40.3	5.3	14.1	28.8	61.1	114.4	153.1	46.8	33.4	40.8	38.9	34.6
Pediatrics	30.3	121.3	14.9	2.0	*	*	*	28.8	31.8	31.7	22.2	26.7
Obstetrics and gynecology	25.2	*	38.0	48.8	16.8	8.9	*	48.5	*	25.7	18.3	35.4
Ophthalmology	15.5	7.0	3.7	6.8	16.3	50.9	86.5	18.6	12.2	17.0	8.3	*
Orthopedic surgery	13.2	4.7	7.8	13.0	19.4	24.1	27.8	13.1	13.4	14.5	7.0	7.6
Dermatology	12.4	4.3	12.9	10.3	15.1	27.1	28.5	13.5	11.1	13.8	4.8	7.5
General surgery	8.5	1.4	4.2	7.6	13.8	19.4	22.3	10.4	6.6	9.0	6.4	6.6
Psychiatry	8.0	2.1	4.6	11.3	12.9	6.8	6.4	8.8	7.2	8.9	4.0	3.3
Urology	6.2	1.3	1.1	3.2	8.8	23.9	24.7	2.9	9.6	6.7	4.0	*
Otolaryngology	6.0	6.9	3.2	4.9	6.4	9.6	11.0	6.4	5.7	6.6	2.9	5.5
Cardiovascular diseases	4.8	*	*	1.7	8.5	18.5	23.4	4.4	5.2	4.9	4.7	3.4
Allergy and immunology[2]	4.2	3.7	2.9	4.8	5.1	3.9	2.3	4.8	3.5	4.5	1.8	5.3
Neurology	3.3	1.5	1.8	3.4	4.5	5.8	6.6	3.8	2.8	3.6	2.0	1.7
Pulmonary diseases[2]	1.7	*	0.5	0.8	2.7	5.7	7.4	1.8	1.5	1.9	0.8	0.7
All other specialties	24.8	10.6	12.1	20.7	34.7	58.5	60.8	28.6	20.8	25.8	15.0	33.3

* Figure does not meet standard of reliability or precision.

[1]Based on U.S. Bureau of the Census national estimates of the civilian noninstitutionalized U.S. population as of July 1, 1993.

[2]These specialties were sampled separately in 1993 as part of a supplemental data collection project.

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

Table 4. Number and percent distribution of office visits by patient's principal reason for visit, according to patient's age, sex, and race: United States, 1993

Principal reason for visit and RVC code[1]	All ages, both sexes	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
	Number of visits in thousands											
All visits	717,191	129,279	62,346	193,914	160,146	93,873	77,633	430,170	287,021	632,500	58,154	26,537
Symptom module S001–S999	414,163	78,831	33,737	112,254	93,862	51,626	43,854	242,903	171,260	363,275	34,243	16,645
General symptoms S001–S099	46,990	11,254	3,194	11,009	9,273	5,651	6,608	27,523	19,467	40,050	4,325	2,614
Symptoms referable to psychological/mental disorders S100–S199	22,256	2,247	1,275	8,004	6,985	2,494	1,251	12,166	10,089	20,509	1,356	*
Symptoms referable to the nervous system (excluding sense organs) S200–S259	22,556	1,721	1,808	6,859	6,600	2,897	2,672	15,142	7,415	19,471	2,262	824
Symptoms referable to the cardiovascular/ lymphatic system S260–S299	3,748	*	*	729	922	764	*	2,504	1,244	3,226	*	*
Symptoms referable to the eyes and ears S300–S399	51,514	18,900	2,508	8,126	8,250	7,020	6,711	29,286	22,228	46,988	3,286	1,240
Symptoms referable to the respiratory system S400–S499	83,482	26,068	7,392	19,555	15,824	7,723	6,920	45,911	37,571	73,110	6,617	3,755
Symptoms referable to the digestive system S500–S639	32,454	5,470	2,967	8,679	7,786	3,988	3,563	19,546	12,908	27,235	2,947	2,271
Symptoms referable to the genitourinary system S640–S829	31,370	2,196	2,793	12,456	7,089	4,151	2,684	23,420	7,950	26,725	2,887	1,758
Symptoms referable to the skin, hair, and nails S830–S899	43,130	7,632	6,577	11,348	8,751	5,009	3,812	24,553	18,577	38,762	2,765	1,603
Symptoms referable to the musculoskeletal system S900–S999	76,664	3,021	4,820	25,489	22,382	11,930	9,023	42,852	33,813	67,199	7,456	2,010
Disease module D001–D999	63,981	7,945	2,814	13,163	18,499	11,393	10,168	35,924	28,057	57,396	4,634	1,951
Diagnostic/screening, and preventive module X100–X599	115,728	25,331	14,427	36,972	18,010	11,810	9,178	84,148	31,580	102,266	9,008	44,554
Treatment module T100–T899	67,537	7,516	4,204	15,319	18,531	12,451	9,517	37,802	29,735	61,343	4,647	1,547
Injuries and adverse effects module J001–J999	23,248	4,850	2,975	7,583	4,014	1,934	1,892	11,374	11,874	21,011	1,403	834
Test results module R100–R700	9,141	*	*	2,907	2,758	1,826	816	5,991	3,150	8,064	728	*
Administrative module A100–A140	7,939	3,108	2,013	1,721	724	*	*	3,060	4,879	6,787	*	*
Other[2] U990–U999	15,455	1,533	1,509	3,996	3,749	2,594	2,074	8,968	6,486	12,359	2,765	*
	Percent distribution											
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Symptom module S001–S999	57.7	61.0	54.1	57.9	58.6	55.0	56.5	56.5	59.7	57.4	58.9	62.7
General symptoms S001–S099	6.6	8.7	5.1	5.7	5.8	6.0	8.5	6.4	6.8	6.3	7.4	9.9
Symptoms referable to psychological/mental disorders S100–S199	3.1	1.7	2.0	4.1	4.4	2.7	1.6	2.8	3.5	3.2	2.3	*
Symptoms referable to the nervous system (excluding sense organs) S200–S259	3.1	1.3	2.9	3.5	4.1	3.1	3.4	3.5	2.6	3.1	3.9	3.1
Symptoms referable to the cardiovascular/ lymphatic system S260–S299	0.5	*	*	0.4	0.6	0.8	*	0.6	0.4	0.5	*	*
Symptoms referable to the eyes and ears S300–S399	7.2	14.6	4.0	4.2	5.2	7.5	8.6	6.8	7.7	7.4	5.7	4.7
Symptoms referable to the respiratory system S400–S499	11.6	20.2	11.9	10.1	9.9	8.2	8.9	10.7	13.1	11.6	11.4	14.2
Symptoms referable to the digestive system S500–S639	4.5	4.2	4.8	4.5	4.9	4.2	4.6	4.5	4.5	4.3	5.1	8.6
Symptoms referable to the genitourinary system S640–S829	4.4	1.7	4.5	6.4	4.4	4.4	3.5	5.4	2.8	4.2	5.0	6.6
Symptoms referable to the skin, hair, and nails S830–S899	6.0	5.9	10.5	5.9	5.5	5.3	4.9	5.7	6.5	6.1	4.8	6.0
Symptoms referable to the musculoskeletal system S900–S999	10.7	2.3	7.7	13.1	14.0	12.7	11.6	10.0	11.8	10.6	12.8	7.6
Disease module D001–D999	8.9	6.1	4.5	6.8	11.6	12.1	13.1	8.4	9.8	9.1	8.0	7.4
Diagnostic/screening, and preventive module X100–X599	16.1	19.6	23.1	19.1	11.2	12.6	11.8	19.6	11.0	16.2	15.5	167.9
Treatment module T100–T899	9.4	5.8	6.7	7.9	11.6	13.3	12.3	8.8	10.4	9.7	8.0	5.8
Injuries and adverse effects module J001–J999	3.2	3.8	4.8	3.9	2.5	2.1	2.4	2.6	4.1	3.3	2.4	3.1
Test results module R100–R700	1.3	*	*	1.5	1.7	1.9	1.1	1.4	1.1	1.3	1.3	*
Administrative module A100–A140	1.1	2.4	3.2	0.9	0.5	*	*	0.7	1.7	1.1	*	*
Other[2] U990–U999	2.2	1.2	2.4	2.1	2.3	2.8	2.7	2.1	2.3	2.0	4.8	*

* Figure does not meet standard of reliability or precision.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (14).

[2]Includes problems and complaints not elsewhere classified, entries of ''none,'' blanks, and illegible entries.

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

Table 5. Number and percent of office visits by patient's age and sex and the 10 principal reasons for visit most frequently mentioned by patients: United States, 1993

Patient's age and sex, principal reason for visit, and RVC code[1]	Number of visits in thousands	Percent of visits
Patient's age		
All ages:		
All visits	717,191	. . .
General medical examination X100	38,185	5.3
Prenatal examination, routine X205	25,893	3.6
Cough S440	24,642	3.4
Postoperative visit T205	18,129	2.5
Symptoms referable to throat S455	17,263	2.4
Earache, or ear infection S355	16,130	2.2
Well-baby examination X105	14,023	2.0
Stomach and abdominal pain, cramps and spasms S545	13,027	1.8
Back symptoms S905	12,768	1.8
Vision dysfunctions S305	12,416	1.7
Under 15 years:		
All visits	129,279	. . .
Well-baby examination X105	14,023	10.8
Earache, or ear infection S355	9,985	7.7
Cough S440	9,816	7.6
General medical examination X100	8,414	6.5
Fever S010	7,671	5.9
Symptoms referable to throat S455	5,512	4.3
Other symptoms referable to the ears S365	4,351	3.4
Nasal congestion S400	4,313	3.3
Skin rash S860	4,158	3.2
Head cold, upper respiratory infection (coryza) S445	3,477	2.7
15–24 years:		
All visits	62,346	. . .
Prenatal examination, routine X205	8,941	14.3
Symptoms referable to throat S455	3,278	5.3
Acne or pimples S830	2,671	4.3
General medical examination X100	2,026	3.2
Physical examination required for employment A100	1,609	2.6
Cough S440	1,587	2.5
Stomach and abdominal pain, cramps and spasms S545	1,470	2.4
Headache, pain in head S210	1,284	2.1
Earache, or ear infection S355	1,060	1.7
Postoperative visit T205	1,057	1.7
25–44 years:		
All visits	193,914	. . .
Prenatal examination, routine X205	16,754	8.6
General medical examination X100	9,563	4.9
Back symptoms S905	4,981	2.6
Cough S440	4,836	2.5
Symptoms referable to throat S455	4,746	2.4
Postoperative visit T205	4,264	2.2
Headache, pain in head S210	4,182	2.2
Stomach and abdominal pain, cramps and spasms S545	4,036	2.1
Depression S110	3,871	2.0
Neck symptoms S900	3,804	2.0
45–64 years:		
All visits	160,146	. . .
General medical examination X100	8,772	5.5
Postoperative visit T205	4,695	2.9
Back symptoms S905	4,369	2.7
Cough S440	4,202	2.6
Hypertension D510	4,142	2.6
Stomach and abdominal pain, cramps and spasms S545	3,417	2.1
Headache, pain in head S210	3,342	2.1
Chest pain and related symptoms S050	3,194	2.0
Depression S110	2,981	1.9
Blood pressure test X320	2,877	1.8

See footnotes at end of table.

Table 5. Number and percent of office visits by patient's age and sex and the 10 principal reasons for visit most frequently mentioned by patients: United States, 1993—Con.

Patient's age and sex, principal reason for visit, and RVC code[1]	Number of visits in thousands	Percent of visits
65–74 years:		
All visits	93,873	. . .
General medical examination X100	5,062	5.4
Postoperative visit T205	3,942	4.2
Vision dysfunctions S305	3,154	3.4
Hypertension D510	2,329	2.5
Cough S440	2,089	2.2
Knee symptoms S925	1,943	2.1
Blood pressure test X320	1,899	2.0
Leg symptoms S920	1,870	2.0
Stomach and abdominal pain, cramps and spasms S545	1,681	1.8
Chest pain and related symptoms S050	1,618	1.7
75 years and over:		
All visits	77,633	. . .
General medical examination X100	4,348	5.6
Vision dysfunctions S305	3,611	4.7
Postoperative visit T205	2,993	3.9
Cough S440	2,113	2.7
Shortness of breath S415	2,052	2.6
Hypertension D510	2,040	2.6
Leg symptoms S920	1,550	2.0
Blood pressure test X320	1,529	2.0
Chest pain and related symptoms S050	1,357	1.7
Hip symptoms S915	1,348	1.7
Patient's sex		
Female:		
All visits	430,170	. . .
Prenatal examination, routine X205	25,893	6.0
General medical examination X100	24,708	5.7
Cough S440	12,291	2.9
Symptoms referable to throat S455	10,700	2.5
Postoperative visit T205	10,389	2.4
Earache, or ear infection S355	8,619	2.0
Stomach and abdominal pain, cramps and spasms S545	8,543	2.0
Vision dysfunctions S305	8,350	1.9
Headache, pain in head S210	7,940	1.8
Well-baby examination X105	7,436	1.7
Male:		
All visits	287,021	. . .
General medical examination X100	13,477	4.7
Cough S440	12,351	4.3
Postoperative visit T205	7,740	2.7
Earache, or ear infection S355	7,511	2.6
Well-baby examination X105	6,587	2.3
Symptoms referable to throat S455	6,563	2.3
Back symptoms S905	6,449	2.2
Skin rash S860	5,547	1.9
Fever S010	4,995	1.7
Stomach and abdominal pain, cramps and spasms S545	4,483	1.6

. . . Category not applicable.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (14).

Table 6. Number and percent distribution of office visits for the 25 morbidity-related principal reasons for visit most frequently mentioned by patients, by patient's age, sex, and race: United States, 1993

Principal reason for visit and RVC code[1]	Number of visits in thousands	Total	Age						Sex		Race		
			Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
		Percent distribution											
All visits	717,191	100.0	18.0	8.7	27.0	22.3	13.1	10.8	60.0	40.0	88.2	8.1	3.7
Cough S440	24,642	100.0	39.8	6.4	19.6	17.1	8.5	8.6	49.9	50.1	89.5	6.5	4.1
Symptoms referable to throat S455	17,263	100.0	31.9	19.0	27.5	15.1	4.6	*	62.0	38.0	88.0	7.8	*
Earache, or ear infection S355	16,130	100.0	61.9	6.6	14.3	11.0	4.4	*	53.4	46.6	91.1	6.7	*
Stomach and abdominal pain, cramps and spasms S545	13,027	100.0	8.8	11.3	31.0	26.2	12.9	9.8	65.6	34.4	81.2	9.4	9.4
Back symptoms S905	12,768	100.0	*	7.1	39.0	34.2	8.6	8.9	49.5	50.5	88.8	8.7	*
Vision dysfunctions S305	12,416	100.0	*	*	14.0	23.1	25.4	29.1	67.3	32.7	92.1	6.9	*
Skin rash S860	12,138	100.0	34.3	8.4	21.9	20.3	7.9	7.3	54.3	45.7	89.1	6.9	*
Headache, pain in head S210	10,736	100.0	9.1	12.0	38.9	31.1	6.2	2.6	74.0	26.0	82.1	13.2	*
Head cold, upper respiratory infection (coryza) S445	10,160	100.0	34.2	*	24.5	21.5	*	*	56.9	43.1	82.3	12.2	*
Fever S010	1,006	100.0	76.7	*	*	*	*	*	50.1	49.9	86.5	*	*
Nasal congestion S400	9,872	100.0	43.7	5.4	24.2	17.0	6.8	*	56.1	43.9	90.1	5.0	5.0
Chest pain and related symptoms S050	9,535	100.0	*	*	25.5	33.5	17.0	14.2	55.8	44.2	85.0	9.5	*
Hypertension D510	9,503	100.0	*	*	10.1	43.6	24.5	21.5	54.3	45.7	89.6	7.7	*
Knee symptoms S925	8,824	100.0	*	*	26.7	26.1	22.0	12.6	52.5	47.5	91.6	*	*
Depression S110	8,758	100.0	*	*	44.2	34.0	6.3	6.7	65.6	34.4	94.0	5.4	*
Neck symptoms S900	8,122	100.0	*	7.9	46.8	25.2	12.1	*	61.1	38.9	84.6	9.3	*
Leg symptoms S920	7,378	100.0	*	*	21.6	21.6	25.4	21.0	58.9	41.1	85.9	11.4	*
Low back symptoms S910	6,686	100.0	*	*	48.7	26.2	9.6	*	43.2	56.8	85.3	11.7	*
Foot and toe symptoms S935	6,338	100.0	*	*	20.9	38.4	14.4	16.5	64.3	35.7	92.6	*	*
Skin lesion S865	6,273	100.0	*	*	23.8	27.7	20.6	17.5	55.8	44.2	93.0	*	*
Anxiety and nervousness S100	5,999	100.0	*	*	36.7	31.1	19.9	*	58.9	41.1	93.0	*	*
Vertigo-dizziness S225	5,774	100.0	*	*	17.7	32.2	22.8	22.0	63.9	36.1	88.2	*	*
Other symptoms referable to ears S365	5,736	100.0	75.9	*	*	9.8	*	*	47.1	52.9	94.0	*	*
Shoulder symptoms S940	5,630	100.0	*	*	26.2	32.8	22.3	*	53.5	46.5	88.6	*	*
Shortness of breath S415	5,487	100.0	*	*	11.3	24.1	21.1	37.4	48.1	51.9	93.3	*	*

* Figure does not meet standard of reliability or precision.

[1]Based on *A Reason for Visit for Ambulatory Care* (RVC) (14).

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

Table 7. Number and percent distribution of office visits by patient's principal reason for visit, according to physician specialty: United States, 1993

Principal reason for visit and RVC code[1]	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthalmology	Orthopedic surgery	Dermatology	General surgery	Psychiatry	Urology	Otolaryngology	Cardiovascular diseases	Allergy and Immunology[3]	Neurology	Pulmonary diseases[3]	All other
	Number of visits in thousands																
All visits	717,191	197,605	102,436	76,982	64,030	39,373	33,638	31,469	21,703	20,469	15,690	15,380	12,178	10,605	8,393	4,250	62,991
	Percent distribution																
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Symptom module S001–S999	57.7	61.5	59.7	62.7	23.1	48.1	62.4	74.5	46.2	69.7	54.5	74.0	51.1	55.5	77.8	67.3	62.4
General symptoms S001–S099	6.6	7.3	8.9	10.8	2.3	*	*	1.9	5.3	2.4	3.7	3.7	22.3	13.9	7.7	8.0	6.5
Symptoms referable to psychological/mental disorders S100–S199	3.1	1.7	2.4	*	*	–	–	–	*	62.9	3.2	*	*	*	2.8	2.2	2.5
Symptoms referable to the nervous system (excluding sense organs) S200–S259	3.1	3.8	4.0	1.6	*	*	*	*	1.4	1.7	*	6.2	4.7	1.9	43.2	3.0	3.7
Symptoms referable to the cardiovascular/ lymphatic system S260–S299	0.5	*	*	*	–	–	–	*	*	–	*	*	4.9	*	*	*	*
Symptoms referable to the eyes and ears S300–S399	7.2	5.3	3.1	13.8	*	45.4	–	*	1.2	*	*	34.9	*	2.8	2.3	*	4.2
Symptoms referable to the respiratory system S400–S499	11.6	17.1	15.5	22.6	*	–	–	*	3.1	*	*	24.3	9.9	32.0	*	40.9	7.3
Symptoms referable to the digestive system S500–S639	4.5	5.6	7.1	4.7	*	*	*	*	10.7	*	2.0	1.8	*	*	*	4.1	8.3
Symptoms referable to the genitourinary system S640–S829	4.4	3.3	2.8	*	16.6	–	–	0.3	7.9	0.1	42.1	–	*	*	*	*	2.3
Symptoms referable to the skin, hair, and nails S830–S899	6.0	4.3	4.3	4.6	*	*	*	64.7	6.8	*	*	*	*	2.6	*	*	5.5
Symptoms referable to the musculoskeletal system S900–S999	10.7	12.5	10.7	1.6	*	*	58.3	4.1	8.5	*	2.2	*	*	0.8	19.5	6.4	21.7
Disease module D001–D999	8.9	8.8	11.9	4.5	5.0	13.8	2.9	11.8	15.3	2.9	12.8	6.5	13.5	9.1	6.6	11.0	11.2
Diagnostic, screening, and preventive module X100–X599	16.1	14.0	12.9	23.6	59.8	17.3	*	1.4	8.8	*	9.7	2.5	14.7	3.4	3.6	8.2	6.6
Treatment module T100–T899	9.4	5.5	7.2	3.6	5.6	16.6	15.4	10.7	22.3	23.1	16.6	12.7	15.5	29.0	7.9	10.1	12.2
Injuries and adverse effects module J001–J999	3.2	3.8	2.1	2.8	*	*	17.0	*	3.4	*	*	1.7	*	0.9	*	*	5.0
Test results module R100–R700	1.3	1.5	2.0	*	2.9	*	*	–	1.8	–	3.0	*	*	*	*	*	*
Administrative module A100–A140	1.1	2.4	*	*	*	–	*	*	*	*	–	–	*	*	*	*	*
Other[2] U990–U999	2.2	2.6	*	1.0	2.8	2.3	*	*	1.4	2.6	3.2	2.0	*	2.0	2.2	*	0.9

* Figure does not meet standard of reliability or precision. – Quantity zero.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (14).

[2]Includes problems and complaints not elsewhere classified, entries of ''none,'' blanks, and illegible entries.

[3]These specialties were sampled separately in 1993 as part of a supplemental data collection project.

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

Table 8. Number and percent of office visits by physician specialty and the 10 principal reasons for visit most frequently mentioned by patients: United States, 1993

Physician specialty, principal reason for visit, and RVC code[1]	Number of visits in thousands	Percent of visits
General and family practice		
All visits	197,605	. . .
Cough S440	10,639	5.4
General medical examination X100	8,693	4.4
Symptoms referable to throat S455	8,403	4.3
Back symptoms S905	5,946	3.0
Earache, or ear infection S355	4,894	2.5
Head cold, upper respiratory infection (coryza) S445	4,620	2.3
Hypertension D510	4,513	2.3
Stomach and abdominal pain, cramps and spasms S545	4,411	2.2
Blood pressure test X320	4,260	2.2
Headache, pain in head S210	4,167	2.1
Internal medicine		
All visits	102,436	. . .
General medical examination X100	6,411	6.3
Cough S440	5,187	5.1
Stomach and abdominal pain, cramps and spasms S545	3,797	3.7
Hypertension D510	3,637	3.6
Chest pain and related symptoms S050	2,992	2.9
Symptoms referable to throat S455	2,430	2.4
Head cold, upper respiratory infection (coryza) S445	2,278	2.2
Headache, pain in head S210	2,207	2.2
Blood pressure test X320	2,173	2.1
Prophylactic inoculations X400	*	*
Pediatrics		
All visits	76,982	. . .
Well-baby examination X105	9,961	12.9
General medical examination X100	7,251	9.4
Earache, or ear infection S355	6,385	8.3
Cough S440	6,345	8.2
Fever S010	5,422	7.0
Symptoms referable to throat S455	3,811	5.0
Nasal congestion S400	3,192	4.1
Other symptoms referable to the ears S365	2,961	3.8
Head cold, upper respiratory infection (coryza) S445	2,319	3.0
Skin rash S860	2,084	2.7
Obstetrics and gynecology		
All visits	64,030	. . .
Prenatal examination, routine X205	22,638	35.4
General medical examination X100	7,989	12.5
Pap smear X365	2,338	3.7
Postoperative visit T205	1,819	2.8
For cytology findings R300	1,742	2.7
Postpartum examination X215	1,637	2.6
Symptoms of infertility S815	*	*
Uterine and vaginal bleeding S755	1,281	2.0
Other vaginal symptoms S765	*	*
Menopausal symptoms S750	*	*
Ophthalmology		
All visits	39,373	. . .
Vision dysfunctions S305	11,721	29.8
Postoperative visit T205	3,390	8.6
Eye examination X230	3,218	8.2
Abnormal sensations of the eye S320	2,390	6.1
General medical examination X100	2,253	5.7

See footnotes at end of table.

Table 8. Number and percent of office visits by physician specialty and the 10 principal reasons for visit most frequently mentioned by patients: United States, 1993—Con.

Physician specialty, principal reason for visit, and RVC code[1]	Number of visits in thousands	Percent of visits
Ophthalmology—Con.		
Glaucoma D415	1,955	5.0
Cataract D410	1,740	4.4
Other and unspecified diagnostic tests X370	1,247	3.2
Other symptoms referable to eye S335	1,039	2.6
Other diseases of the eye D420	978	2.5
Orthopedic surgery		
All visits	33,638	. . .
Knee symptoms S925	4,457	13.2
Postoperative visit T205	2,516	7.5
Back symptoms S905	2,163	6.4
Shoulder symptoms S940	2,020	6.0
Low back symptoms S910	2,016	6.0
Foot and toe symptoms S935	1,464	4.4
Hip symptoms S915	1,333	4.0
Hand and finger symptoms S960	1,270	3.8
Wrist symptoms S955	1,080	3.2
Neck symptoms S900	1,031	3.1
Dermatology		
All visits	31,469	. . .
Skin rash S860	3,924	12.5
Acne or pimples S830	3,879	12.3
Discoloration or pigmentation S835	2,283	7.3
Skin lesion S865	2,097	6.7
Warts S850	1,554	4.9
Other growths of skin S855	1,422	4.5
Other symptoms referable to skin S880	1,188	3.8
Symptoms of skin moles S845	1,065	3.4
Symptoms referable to hair and scalp S890	1,012	3.2
Skin irritations S870	925	2.9
General surgery		
All visits	21,703	. . .
Postoperative visit T205	3,242	14.9
Stomach and abdominal pain, cramps and spasms S545	1,138	5.2
Lump or mass in breast S805	1,067	4.9
Skin lesion S865	682	3.1
Hernia of abdominal cavity D660	675	3.1
General medical examination X100	648	3.0
Breast examination X220	542	2.5
Symptoms referable to anus-rectum S605	435	2.0
Suture-insertion, removal T555	331	1.5
Pain S055	313	1.4
Psychiatry		
All visits	20,469	. . .
Depression S110	6,262	30.6
Anxiety and nervousness S100	3,022	14.8
Medication, other and unspecified kinds T115	1,280	6.3
Psychotherapy T410	1,233	6.0
Other symptoms or problems relating to psychological and mental disorders S165	1,193	5.8
Disturbances of sleep S135	622	3.0
Behavioral disturbances S130	508	2.5
Marital problems T705	390	1.9
Functional psychoses D305	*	*
Fears and phobias S105	*	*

See footnotes at end of table.

Table 8. Number and percent of office visits by physician specialty and the 10 principal reasons for visit most frequently mentioned by patients: United States, 1993—Con.

Physician specialty, principal reason for visit, and RVC code[1]	Number of visits in thousands	Percent of visits
Urology		
All visits	15,690	. . .
Other urinary dysfunctions S660	1,292	8.2
Postoperative visit T205	1,045	6.7
General medical examination X100	953	6.1
Frequency and urgency of urination S645	873	5.6
Symptoms of prostate S710	849	5.4
Cancer, urinary and male genital tract D125	742	4.7
Abnormalities of urine S640	738	4.7
Incontinence of urine (enuresis) S655	672	4.3
Psychosexual disorders S160	507	3.2
Symptoms of scrotum and testes S715	459	2.9
Otolaryngology		
All visits	15,380	. . .
Earache, or ear infection S355	2,074	13.5
Hearing dysfunctions S345	1,451	9.4
Postoperative visit T205	1,220	7.9
Nasal congestion S400	863	5.6
Symptoms referable to throat S455	814	5.3
Plugged feeling in ear S360	716	4.7
Other symptoms referable to the ears S365	649	4.2
Vertigo-dizziness S225	625	4.1
Sinus problems S410	543	3.5
Discharge from ear S350	456	3.0
Cardiovascular diseases		
All visits	12,178	. . .
Chest pain and related symptoms S050	2,047	16.8
Shortness of breath S415	789	6.5
General medical examination X100	579	4.8
Abnormal pulsations and palpitations S260	533	4.4
Postoperative visit T205	476	3.9
Hypertension D510	418	3.4
Other heart disease D520	362	3.0
Blood pressure test X320	*	*
Ischemic heart disease D515	*	*
Medication, other, and unspecified kinds T115	*	*
Allergy and immunology [2]		
All visits	10,605	. . .
Allergy medication T100	2,212	20.9
Nasal congestion S400	1,289	12.2
Allergy S090	1,233	11.6
Sinus problems S410	597	5.6
Cough S440	473	4.5
Injections S110	445	4.2
Asthma D625	376	3.5
Wheezing S425	267	2.5
Hay fever D635	229	2.2
General medical examination X100	209	2.0
Neurology		
All visits	8,393	. . .
Headache, pain in head S210	1,346	16.0
Convulsions S205	742	8.8
Disturbances of sensation S220	503	6.0
Neck symptoms S900	409	4.9

See footnotes at end of table.

Table 8. Number and percent of office visits by physician specialty and the 10 principal reasons for visit most frequently mentioned by patients: United States, 1993—Con.

Physician specialty, principal reason for visit, and RVC code[1]	Number of visits in thousands	Percent of visits
Neurology—Con.		
Vertigo-dizziness S225	381	4.5
Abnormal involuntary movements. S200	338	4.0
Back symptoms. S905	284	3.4
General medical examination X100	252	3.0
Low back symptoms. S910	190	2.3
Leg symptoms S920	186	2.2
Pulmonary diseases [2]		
All visits	4,251	. . .
Cough S440	534	12.6
Shortness of breath S415	528	12.4
General medical examination X100	232	5.5
Labored or difficult breathing (dyspnea) S420	201	4.7
Chest pain and related symptoms S050	142	3.3
Asthma. D625	114	2.7
Wheezing S425	85	2.0
Hypertension D510	82	1.9
Stomach and abdominal pain, cramps and spasms. S545	*	*
Leg symptoms S920	*	*
All other specialties		
All visits	62,991	. . .
Postoperative visit T205	2,533	4.0
Neck symptoms S900	2,143	3.4
General medical examination X100	2,127	3.4
Back symptoms. S905	1,595	2.5
Stomach and abdominal pain, cramps and spasms. S545	1,510	2.4
Leg symptoms S920	1,458	2.3
Symptoms of unspecified joints S970	1,423	2.3
Symptoms referable to throat S455	1,284	2.0
Low back symptoms. S910	1,164	1.8
Hand and finger symptoms. S960	1,011	1.6

. . . Category not applicable.

* Figure does not meet standard of reliability or precision.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (14).

[2]These specialties were sampled separately in 1993 as part of a supplemental data collection project.

Table 9. Number and percent distribution of office visits by physician's principal diagnosis, according to patient's age, sex, and race: United States, 1993

Major disease category and ICD–9–CM range[1]	All ages, both sexes	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
	Number of visits in thousands											
All visits	717,191	129,279	62,346	193,914	160,146	93,873	77,633	430,170	287,021	632,500	58,154	26,537
Infectious and parasitic diseases 001–139	21,828	8,603	3,316	4,889	2,725	1,438	856	11,893	9,934	18,713	2,112	1,003
Neoplasms 140–239	21,876	596	699	4,456	5,962	5,645	4,518	11,653	10,223	20,357	1,083	437
Endocrine, nutritional, and metabolic diseases and immunity disorders 240–279	25,428	*	*	4,929	9,675	6,636	3,054	16,119	9,309	21,624	2,861	943
Mental disorders 290–319	33,613	3,698	3,061	12,317	9,700	2,850	1,986	18,917	14,696	30,799	2,181	633
Diseases of the nervous system and sense organs 320–389	77,737	25,014	3,260	12,776	13,463	11,342	11,881	44,465	33,272	70,602	5,186	1,949
Diseases of the circulatory system 390–459	57,564	*	743	6,108	19,348	15,018	15,926	31,532	26,033	50,158	5,900	1,506
Diseases of the respiratory system 460–519	99,114	30,852	8,613	26,407	19,786	7,618	5,839	56,548	42,566	86,869	8,296	3,949
Diseases of the digestive system 520–579	27,651	3,326	1,784	7,340	7,402	4,499	3,300	15,401	12,251	23,876	2,386	1,390
Diseases of the gentiourinary system 580–629	41,281	2,019	2,952	16,127	10,810	5,810	3,564	31,138	10,143	35,574	3,222	2,485
Diseases of the skin and subcutaneous tissue 680–709	42,771	5,966	6,820	10,953	8,987	5,507	4,538	23,782	18,989	37,978	3,121	1,672
Diseases of the musculoskeletal system and connective tissue 710–739	51,910	1,787	1,825	15,752	16,804	9,018	6,724	30,802	21,108	46,475	4,606	829
Symptoms, signs, and ill-defined conditions 780–799	32,503	4,803	2,294	8,104	9,077	4,679	3,544	19,273	13,229	27,387	3,447	1,669
Injury and poisoning 800–999	46,161	7,039	5,623	17,636	8,903	3,616	3,343	22,011	24,150	40,769	3,726	1,666
Supplementary classification V01–V82	112,087	29,647	18,392	38,256	13,148	6,900	5,744	79,881	32,206	100,602	8,101	3,385
All other diagnoses[2]	8,554	2,189	921	2,513	961	885	1,084	6,200	2,354	7,066	*	*
Unknown[3]	17,112	2,700	1,528	5,350	3,393	2,409	1,732	10,554	6,558	13,652	984	2,476
	Percent distribution											
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases 001–139	3.0	6.7	5.3	2.5	1.7	1.5	1.1	2.8	3.5	3.0	3.6	3.8
Neoplasms 140–239	3.1	0.5	1.1	2.3	3.7	6.0	5.8	2.7	3.6	3.2	1.9	1.6
Endocrine, nutritional, and metabolic diseases and immunity disorders 240–279	3.5	*	*	2.5	6.0	7.1	3.9	3.7	3.2	3.4	4.9	3.6
Mental disorders 290–319	4.7	2.9	4.9	6.4	6.1	3.0	2.6	4.4	5.1	4.9	3.8	2.4
Diseases of the nervous system and sense organs 320–389	10.8	19.3	5.2	6.6	8.4	12.1	15.3	10.3	11.6	11.2	8.9	7.3
Diseases of the circulatory system 390–459	8.0	*	1.2	3.1	12.1	16.0	20.5	7.3	9.1	7.9	10.1	5.7
Diseases of the respiratory system 460–519	13.8	23.9	13.8	13.6	12.4	8.1	7.5	13.1	14.8	13.7	14.3	14.9
Diseases of the digestive system 520–579	3.9	2.6	2.9	3.8	4.6	4.8	4.3	3.6	4.3	3.8	4.1	5.2
Diseases of the gentiourinary system 580–629	5.8	1.6	4.7	8.3	6.8	6.2	4.6	7.2	3.5	5.6	5.5	9.4
Diseases of the skin and subcutaneous tissue 680–709	6.0	4.6	10.9	5.6	5.6	5.9	5.8	5.5	6.6	6.0	5.4	6.3
Diseases of the musculoskeletal system and connective tissue 710–739	7.2	1.4	2.9	8.1	10.5	9.6	8.7	7.2	7.4	7.3	7.9	3.1
Symptoms, signs, and ill-defined conditions 780–799	4.5	3.7	3.7	4.2	5.7	5.0	4.6	4.5	4.6	4.3	5.9	6.3
Injury and poisoning 800–999	6.4	5.4	9.0	9.1	5.6	3.9	4.3	5.1	8.4	6.4	6.4	6.3
Supplementary classification V01–V82	15.6	22.9	29.5	19.7	8.2	7.4	7.4	18.6	11.2	15.9	13.9	12.8
All other diagnoses[2]	1.2	1.7	1.5	1.3	0.6	0.9	1.4	1.4	0.8	1.1	*	*
Unknown[3]	2.4	2.1	2.5	2.8	2.1	2.6	2.2	2.5	2.3	2.2	1.7	9.3

* Figure does not meet standard of reliability or precision.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (15).

[2]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–779).

[3]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

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

Table 10. Number and percent distribution of office visits by patient's age, sex, and race, according to selected principal diagnoses: United States, 1993

Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Total	Age						Sex		Race		
			Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
		Percent distribution											
All visits	717,191	100.0	18.0	8.7	27.0	22.3	13.1	10.8	60.0	40.0	88.2	8.1	3.7
Infectious and parasitic diseases 001–139	21,828	100.0	39.4	15.2	22.4	12.5	6.6	3.9	54.5	45.5	85.7	9.7	4.6
Neoplasms 140–239	21,876	100.0	2.7	3.2	20.4	27.3	25.8	20.7	53.3	46.7	93.1	5.0	2.0
Endocrine, nutritional, and metabolic diseases and immunity disorders 240–279	25,428	100.0	*	*	19.4	38.0	26.1	12.0	63.4	36.6	85.0	11.3	3.7
Diabetes mellitus 250	12,997	100.0	*	*	12.0	42.5	31.5	12.2	55.7	44.3	80.5	14.6	*
Mental disorders 290–319	33,613	100.0	11.0	9.1	36.6	28.9	8.5	5.9	56.3	43.7	91.6	6.5	1.9
Affective psychoses 296	7,351	100.0	*	5.8	45.7	33.4	9.4	4.1	66.3	33.7	94.0	*	*
Neurotic disorders 300	8,532	100.0	*	7.7	36.6	34.7	11.1	*	56.1	43.9	92.6	*	*
Diseases of the nervous system and sense organs 320–389	77,737	100.0	32.2	4.2	16.4	17.3	14.6	15.3	57.2	42.8	90.8	6.7	2.5
Glaucoma 365	6,173	100.0	*	–	*	20.0	35.6	36.7	60.4	39.6	88.6	*	*
Cataract 366	6,739	100.0	*	*	*	13.1	39.1	44.8	65.8	34.2	92.2	*	–
Suppurative and unspecified otitis media 382	19,309	100.0	78.3	4.8	6.5	5.0	*	*	45.4	54.6	93.9	4.0	*
Diseases of the circulatory system 390–459	57,564	100.0	*	1.3	10.6	33.6	26.1	27.7	54.8	45.2	87.1	10.2	2.6
Essential hypertension 401	28,124	100.0	*	*	10.9	38.4	26.5	22.3	59.7	40.3	86.0	12.2	*
Other forms of chronic ischemic heart disease 414	6,379	100.0	*	–	*	35.4	25.5	34.3	40.4	59.6	90.1	*	*
Diseases of the respiratory system 460–519	99,114	100.0	31.1	8.7	26.6	20.0	7.7	5.9	57.1	42.9	87.6	8.4	4.0
Acute pharyngitis 462	9,576	100.0	38.0	13.7	28.2	15.9	*	*	60.6	39.4	87.8	*	*
Acute upper respiratory infections of multiple and unspecified sites 465	17,557	100.0	48.0	8.0	20.6	14.7	4.0	*	53.8	46.2	85.2	9.5	*
Chronic sinusitis 473	11,594	100.0	19.0	8.7	38.4	24.3	7.0	*	66.7	33.3	89.2	*	*
Allergic rhinitis 477	9,637	100.0	17.0	8.6	39.7	22.3	9.0	3.5	60.6	39.4	91.7	4.5	3.8
Bronchitis, not specified as acute or chronic 490	10,093	100.0	24.7	*	29.2	19.0	9.3	7.9	56.9	43.1	92.9	*	*
Asthma 493	11,340	100.0	29.2	6.0	28.8	24.7	6.7	4.7	61.1	38.9	76.7	17.4	5.9
Diseases of the digestive system 520–579	27,651	100.0	12.0	6.5	26.5	26.8	16.3	11.9	55.7	44.3	86.3	8.6	5.03
Diseases of the genitourinary system 580–629	41,281	100.0	4.9	7.2	39.1	26.2	14.1	8.6	75.4	24.6	86.2	7.8	6.02
Other disorders of the urethra and urinary tract 599	6,167	100.0	*	*	22.2	26.2	18.2	12.1	75.7	24.3	90.2	*	*
Diseases of the skin and subcutaneous tissue 680–709	42,771	100.0	13.9	15.9	25.6	21.0	12.9	10.6	55.6	44.4	88.8	7.3	3.9
Contact dermatitis and other eczema 692	6,919	100.0	30.7	*	23.1	20.4	*	10.8	48.9	51.1	83.7	11.9	*
Diseases of the sebaceous glands 706	9,193	100.0	8.5	41.1	32.9	8.7	3.9	*	59.5	40.5	88.4	7.6	*
Diseases of the musculoskeletal system and connective tissue 710–739	51,910	100.0	3.4	3.5	30.3	32.4	17.4	13.0	59.3	40.7	89.5	8.9	1.6
Osteoarthrosis and allied disorders 715	6,890	100.0	–	*	*	28.0	35.7	29.5	62.1	37.9	92.0	*	*
Symptoms, signs, and ill-defined conditions 780–799	32,503	100.0	14.8	7.1	24.9	27.9	14.4	10.9	59.3	40.7	84.3	10.6	5.1
General symptoms 780	6,050	100.0	16.3	7.2	25.1	27.6	14.7	9.7	56.5	43.5	85.4	*	*
Injury and poisoning 800–999	46,161	100.0	15.3	12.2	38.2	19.3	7.8	7.2	47.7	52.3	88.3	8.1	3.6
Sprains and strains of other and unspecified parts of back 847	6,257	100.0	*	16.1	60.2	16.3	*	*	49.9	50.1	83.0	*	*
Supplementary classification V01–V82	112,087	100.0	26.5	16.4	34.1	11.7	6.2	5.1	71.3	28.7	89.8	7.2	3.0
Health supervision of infant or child V20	18,508	100.0	98.6	*	–	–	–	–	50.5	49.5	88.2	6.6	*
Normal pregnancy V22	26,489	100.0	*	35.9	63.5	*	–	–	100.0	–	87.5	8.9	*
Other postsurgical states V45	7,880	100.0	5.6	8.4	33.2	27.9	15.9	8.9	64.7	35.3	91.9	6.4	*
General medical examination V70	19,065	100.0	26.8	17.1	28.6	18.3	6.5	*	55.3	44.7	90.4	6.6	*
Special investigations and examinations V72	7,111	100.0	*	*	46.0	22.3	*	*	87.7	12.3	94.6	*	*
All other diagnoses[2]	8,554	100.0	25.6	10.8	29.4	11.2	10.4	12.7	72.5	27.5	82.6	*	*
Unknown[3]	17,112	100.0	15.8	8.9	31.3	19.8	14.1	10.1	61.7	38.3	79.8	5.8	14.5

* Figure does not meet standard of reliability or precision. – Quantity zero. [1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (15).

[2]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740-759); and certain conditions originating in the perinatal period (760-779).

[3]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

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

Table 11 Number and percent of office visits by patient's age and sex and the 10 principal diagnoses most frequently rendered by physicians: United States, 1993

Patient's age and sex, principal diagnosis, and ICD–9–CM code[1]	Number of visits in thousands	Percent of visits
Patient's age		
All ages:		
All visits	717,191	. . .
Essential hypertension 401	28,124	3.9
Normal pregnancy V22	26,489	3.7
Suppurative and unspecified otitis media 382	19,309	2.7
General medical examination V70	19,065	2.7
Health supervision of infant or child V20	18,508	2.6
Acute upper respiratory infections of multiple or unspecified sites 465	17,557	2.4
Diabetes mellitus 250	12,997	1.8
Chronic sinusitis 473	11,594	1.6
Asthma 493	11,340	1.6
Bronchitis, not specified as acute or chronic 490	10,093	1.4
Under 15 years:		
All visits	129,279	. . .
Health supervision of infant or child V20	18,247	14.1
Suppurative and unspecified otitis media 382	15,121	11.7
Acute upper respiratory infections of multiple or unspecified sites 465	8,433	6.5
General medical examination V70	5,108	4.0
Acute pharyngitis 462	3,643	2.8
Asthma 493	3,309	2.6
Bronchitis, not specified as acute or chronic 490	2,497	1.9
Nonsuppurative otitis media and eustachian tube disorders 381	2,263	1.8
Hyperkinetic syndrome of childhood 314	2,219	1.7
Personal history of certain other diseases V12	2,207	1.7
15–24 years:		
All visits	62,346	. . .
Normal pregnancy V22	9,512	15.3
Diseases of sebaceous glands 706	3,774	6.1
General medical examination V70	3,262	5.2
Acute upper respiratory infections of multiple or unspecified sites 465	1,405	2.3
Acute pharyngitis 462	1,315	2.1
Other diseases due to viruses and chlamydiae 78	1,169	1.9
Chronic sinusitis 473	1,013	1.6
Sprains and strains of other and unspecified parts of back 847	1,010	1.6
Bronchitis, not specified as acute or chronic 490	996	1.6
Suppurative and unspecified otitis media 382	928	1.5
25–44 years:		
All visits	193,914	. . .
Normal pregnancy V22	16,819	8.7
General medical examination V70	5,453	2.8
Chronic sinusitis 473	4,457	2.3
Allergic rhinitis 477	3,823	2.0
Sprains and strains of other and unspecified parts of back 847	3,766	1.9
Acute upper respiratory infections of multiple or unspecified sites 465	3,624	1.9
Affective psychoses 296	3,363	1.7
Special investigations and examinations V72	3,272	1.7
Asthma 493	3,262	1.7
Neurotic disorders 300	3,119	1.6
45–64 years:		
All visits	160,146	. . .
Essential hypertension 401	10,801	6.7
Diabetes mellitus 250	5,529	3.5
General medical examination V70	3,495	2.2
Neurotic disorders 300	2,963	1.9

See footnotes at end of table.

Table 11 Number and percent of office visits by patient's age and sex and the 10 principal diagnoses most frequently rendered by physicians: United States, 1993—Con.

Patient's age and sex, principal diagnosis, and ICD–9–CM code[1]	Number of visits in thousands	Percent of visits
45–64 years:—Con.		
Chronic sinusitis 473	2,820	1.8
Asthma 493	2,802	1.7
Acute upper respiratory infections of multiple or unspecified sites 465	2,585	1.6
Affective psychoses 296	2,453	1.5
Menopausal and postmenopausal disorders 627	2,441	1.5
Other forms of chronic ischemic heart disease 414	2,260	1.4
65–74 years:		
All visits	93,873	. . .
Essential hypertension 401	7,453	7.9
Diabetes mellitus 250	4,088	4.4
Cataract 366	2,633	2.8
Osteoarthrosis and allied disorders 715	2,461	2.6
Glaucoma 365	2,197	2.3
Other dermatoses 702	1,763	1.9
Other forms of chronic ischemic heart disease 414	1,625	1.7
Hyperplasia of prostate 600	1,414	1.5
Other postsurgical states V45	1,254	1.3
General medical examination V70	1,233	1.3
75 years and over:		
All visits	77,633	. . .
Essential hypertension 401	6,285	8.1
Cataract 366	3,020	3.9
Glaucoma 365	2,263	2.9
Other forms of chronic ischemic heart disease 414	2,188	2.8
Heart failure 428	2,064	2.7
Osteoarthrosis and allied disorders 715	2,032	2.6
Organ or tissue replaced by other means V43	1,645	2.1
Diabetes mellitus 250	1,589	2.0
Other dermatoses 702	1,479	1.9
Chronic airway obstruction, not elsewhere classified 496	1,200	1.5
Patient's sex		
Female:		
All visits	430,170	. . .
Normal pregnancy V22	26,489	6.2
Essential hypertension 401	16,787	3.9
General medical examination V70	10,533	2.4
Acute upper respiratory infections of multiple or unspecified sites 465	9,452	2.2
Health supervision of infant or child V20	9,352	2.2
Suppurative and unspecified otitis media 382	8,775	2.0
Chronic sinusitis 473	7,734	1.8
Diabetes mellitus 250	7,243	1.7
Asthma 493	6,932	1.6
Special investigations and examinations V72	6,240	1.5
Male:		
All visits	287,021	. . .
Essential hypertension 401	11,337	3.9
Suppurative and unspecified otitis media 382	10,533	3.7
Health supervision of infant or child V20	9,157	3.2
General medical examination V70	8,532	3.0
Acute upper respiratory infections of multiple or unspecified sites 465	8,105	2.8
Diabetes mellitus 250	5,755	2.0
Asthma 493	4,408	1.5
Bronchitis, not specified as acute or chronic 490	4,351	1.5
Chronic sinusitis 473	3,860	1.3
Other forms of chronic ischemic heart disease 414	3,799	1.3

. . . Category not applicable.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (15).

Table 12. Number and percent distribution of office visits by principal diagnosis, according to physician specialty: United States, 1993

Major disease category and ICD–9–CM range[1]	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	General surgery	Psy-chiatry	Urology	Otolaryn-gology	Cardio-vascular diseases	Allergy and Immunology[4]	Neuro-logy	Pulmonary diseases[4]	All other
	Number of visits in thousands																
All visits	717,191	197,605	102,436	76,982	64,030	39,373	33,638	31,469	21,703	20,469	15,690	15,380	12,178	10,605	8,393	4,250	62,991
	Percent distribution																
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases 001–139	3.0	2.8	2.8	7.5	2.2	*	*	12.0	1.0	*	*	*	*	0.9	*	2.2	2.0
Neoplasms 140–239	3.1	1.3	1.8	*	3.0	*	*	14.4	10.7	–	16.8	2.8	*	*	*	3.2	7.9
Endocrine, nutritional, and metabolic diseases and immunity disorders 240–279	3.5	4.9	8.4	*	2.4	2.3	*	*	2.3	*	*	*	5.8	*	*	3.7	3.9
Mental disorders 290–319	4.7	3.2	3.2	1.7	*	–	–	–	*	95.4	2.5	*	0.7	*	7.9	*	2.5
Diseases of the nervous system and sense organs 320–389	10.8	6.7	4.8	17.7	*	76.3	3.4	*	1.7	*	*	37.5	1.3	3.6	36.5	*	7.0
Diseases of the circulatory system 390–459	8.0	10.7	19.5	*	*	*	*	2.0	8.5	*	*	*	63.8	*	4.9	10.6	7.6
Diseases of the respiratory system 460–519	13.8	20.2	17.0	25.4	*	*	–	*	3.9	*	–	32.7	3.6	76.2	*	51.3	8.1
Diseases of the digestive system 520–579	3.9	4.0	6.9	3.2	*	–	*	*	15.8	–	*	2.7	1.4	*	*	2.2	8.7
Diseases of the genitourinary system 580–629	5.8	4.2	3.4	*	23.7	–	–	*	10.9	*	53.9	–	0.9	*	*	*	3.4
Diseases of the skin and subcutaneous tissue 680–709	6.0	3.8	3.8	4.3	*	*	*	65.8	8.5	–	*	1.5	0.6	3.4	*	*	5.7
Diseases of the musculoskeletal system and connective tissue 710–739	7.2	7.1	9.0	*	*	*	41.6	*	3.3	*	*	*	2.5	*	14.5	3.9	17.7
Symptoms, signs, and ill-defined conditions 780–799	4.5	5.0	6.8	4.3	2.5	*	*	*	5.1	*	7.2	5.1	8.5	1.3	22.7	9.3	5.7
Injury and poisoning 800–999	6.4	8.2	3.7	3.9	*	2.9	36.2	*	6.9	*	*	2.5	1.2	5.1	6.4	1.9	9.0
Supplementary classification V01–V82	15.6	12.8	5.9	26.7	57.4	13.0	13.9	2.2	16.7	*	11.8	10.7	5.8	2.4	1.5	3.5	6.8
All other diagnoses[2]	1.2	0.8	1.6	1.4	2.6	*	*	*	*	*	*	*	0.6	*	*	*	2.1
Unknown[3]	2.4	4.2	*	*	2.8	*	*	*	3.0	*	1.9	*	2.5	3.7	1.1	*	2.0

* Figure does not meet standard of reliability or precision.

– Quantity zero.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (15).

[2]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congential anomalies (740–759); and certain conditions originating in the perinatal period (760–779).

[3]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

[4]These specialties were sampled separately in 1993 as part of a supplemental data collection project.

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

Table 13. Number and percent of office visits by physician's specialty and the 10 principal diagnoses most frequently rendered: United States, 1993

Physician specialty, principal diagnosis, and ICD–9–CM code[1]	Number of visits in thousands	Percent of visits
General and family practice		
All visits	197,605	. . .
Essential hypertension .401	13,363	6.8
General medical examination V70	7,627	3.9
Acute upper respiratory infections of multiple or unspecified sites .465	7,534	3.8
Bronchitis, not specified as acute or chronic .490	6,196	3.1
Chronic sinusitis .473	5,577	2.8
Suppurative and unspecified otitis media .382	5,210	2.6
Diabetes mellitus .250	4,940	2.5
Acute pharyngitis .462	4,796	2.4
Health supervision of infant or child V20	3,961	2.0
Sprains and strains of other and unspecified parts of back .847	3,486	1.8
Internal medicine		
All visits	102,436	. . .
Essential hypertension .401	11,490	11.2
Diabetes mellitus 250	5,292	5.2
Acute upper respiratory infections of multiple or unspecified sites .465	3,212	3.1
Asthma .493	2,563	2.5
General medical examination V70	2,076	2.0
Chronic sinusitis .473	2,043	2.0
Osteoarthrosis and allied disorders 715	2,000	2.0
Other forms of chronic ischemic heart disease 414	1,842	1.8
Bronchitis, not specified as acute or chronic 490	1,621	1.6
Symptoms involving respiratory system and other chest symptoms 786	1,596	1.6
Pediatrics		
All visits	76,982	. . .
Health supervision of infant or child V20	14,198	18.4
Suppurative and unspecified otitis media .382	10,046	13.0
Acute upper respiratory infections of multiple or unspecified sites .465	5,332	6.9
General medical examination V70	3,135	4.1
Acute pharyngitis .462	2,738	3.6
Asthma 493	1,846	2.4
Viral and chlamydial infections in conditions classified elsewhere and of unspecified site 79	1,665	2.2
Personal history of certain other diseases V12	1,587	2.1
Nonsuppurative otitis media and eustachian tube disorders 381	1,406	1.8
Acute tonsillitis 463	1,400	1.8
Obstetrics and gynecology		
All visits	64,030	. . .
Normal pregnancy V22	22,812	35.6
General medical examination V70	3,876	6.1
Special investigations and examinations V72	2,814	4.4
Menopausal and postmenopausal disorders 627	2,715	4.2
Disorders of menstruation and other abnormal bleeding from female genital tract 626	2,398	3.7
Inflammatory disease of cervix, vagina, and vulva 616	2,071	3.2
Postpartum care and examination V24	1,671	2.6
Noninflammatory disorders of cervix 622	1,359	2.1
Contraceptive management V25	1,348	2.1
Pain and other symptoms associated with female genital organs 625	1,278	2.0
Ophthalmology		
All visits	39,373	. . .
Cataract 366	6,435	16.3
Glaucoma 365	6,122	15.5
Disorders of refraction and accommodation 367	5,559	14.1

See footnotes at end of table.

Table 13. Number and percent of office visits by physician's specialty and the 10 principal diagnoses most frequently rendered: United States, 1993—Con.

Physician specialty, principal diagnosis, and ICD–9–CM code[1]	Number of visits in thousands	Percent of visits
Ophthalmology—Con.		
Organ or tissue replaced by other means . . . V43	2,619	6.7
Strabismus and other disorders of binocular eye movements . . . 378	1,827	4.6
Other retinal disorders . . . 362	1,714	4.4
Other disorder of eye . . . 379	1,422	3.6
Disorders of conjunctiva . . . 372	1,186	3.0
Inflammation of eyelids . . . 373	1,087	2.8
Diabetes mellitus . . . 250	883	2.2
Orthopedic surgery		
All visits . . .	33,638	. . .
Osteoarthrosis and allied disorders . . . 715	2,375	7.1
Other postsurgical states . . . V45	1,936	5.8
Peripheral enthesopathies and allied syndromes . . . 726	1,852	5.5
Other disorders of synovium, tendon, and bursa . . . 727	1,717	5.1
Intervertebral disc disorders . . . 722	1,444	4.3
Other and unspecified disorders of back . . . 724	1,148	3.4
Dislocation of knee . . . 836	1,015	3.0
Fracture of radius and ulna . . . 813	959	2.9
Sprains and strains of other and unspecified parts of back . . . 847	937	2.8
Other personal history presenting hazard to health . . . V15	845	2.5
Dermatology		
All visits . . .	31,469	. . .
Diseases of the sebaceous glands . . . 706	5,491	17.5
Other dermatosis . . . 702	4,762	15.1
Contact dermatitis and other eczema . . . 692	2,718	8.6
Other diseases due to viruses and chlamydiae . . . 78	2,517	8.0
Other malignant neoplasms of skin . . . 173	1,983	6.3
Benign neoplasms of skin . . . 216	1,677	5.3
Psoriasis and similar disorders . . . 696	1,610	5.1
Erythematous conditions . . . 695	920	2.9
Diseases of hair and hair follicles . . . 704	897	2.9
Other diseases of skin and subcutaneous tissue . . . 709	712	2.3
General surgery		
All visits . . .	21,703	. . .
Other postsurgical states . . . V45	1,224	5.6
Other disorders of breast . . . 611	1,071	4.9
Inguinal hernia . . . 550	809	3.7
Benign mammary dysplasias . . . 610	772	3.6
Malignant neoplasms of female breast . . . 174	720	3.3
Other hernia of abdominal cavity without mention of obstruction or gangrene . . . 553	696	3.2
Followup examination . . . V67	571	2.6
Cholelithiasis . . . 574	567	2.6
General medical examination . . . V70	550	2.5
Diseases of sebaceous glands . . . 706	499	2.3
Psychiatry [2]		
All visits . . .	20,469	. . .
Affective psychoses . . . 296	7,088	34.6
Neurotic disorders . . . 300	5,096	24.9
Schizophrenic disorders . . . 295	1,797	8.8
Depressive disorder, NEC[4] . . . 311	1,562	7.6
Adjustment reaction . . . 309	1,098	5.4
Personality disorders . . . 301	747	3.7
Hyperkinetic syndrome of childhood . . . 314	396	1.9

See footnotes at end of table.

Table 13. Number and percent of office visits by physician's specialty and the 10 principal diagnoses most frequently rendered: United States, 1993—Con.

Physician specialty, principal diagnosis, and ICD–9–CM code[1]	Number of visits in thousands	Percent of visits
Urology		
All visits	15,690	. . .
Hyperplasia of prostate .600	2,466	15.7
Malignant neoplasms of prostate .185	1,753	11.2
Other disorders of urethra and urinary tract .599	1,428	9.1
Symptoms involving urinary system .788	806	5.1
Calculus of kidney and ureter .592	782	4.7
Other disorders of bladder .596	556	3.5
Inflammatory diseases of prostate .601	542	3.5
Cystitis .595	442	2.8
Urethral stricture .598	390	2.5
Sexual deviations and disorders .302	389	2.5
Otolaryngology		
All visits	15,380	. . .
Suppurative and unspecified otitis media 382	1,573	10.2
Disorders of external ear .380	1,205	7.8
Chronic sinusitis .473	1,198	7.8
Nonsuppurative otitis media and eustachian tube disorder .381	1,075	7.0
Hearing loss .389	825	5.4
Allergic rhinitis .477	678	4.4
Other postsurgical states V45	601	3.9
Chronic disease of tonsils and adenoids .474	425	2.8
Deviated nasal septum .470	382	2.5
Followup examination V67	339	2.2
Cardiovascular diseases [2]		
All visits	12,178	. . .
Other forms of chronic ischemic heart disease .414	2,107	17.3
Essential hypertension .401	1,286	10.6
Cardiac dysrhythmias .427	837	6.9
Heart failure .428	558	4.6
Symptoms involving respiratory system and other chest symptoms .786	533	4.4
Angina pectoris .413	513	4.2
Ill-defined descriptions and complications of heart disease .429	487	4.0
Allergy and Immunology[2,3]		
All visits	10,605	. . .
Allergic rhinitis .477	4,338	40.9
Asthma .493	2,563	24.2
Certain adverse effects NEC[4] .995	438	4.1
Chronic sinusitis .473	343	3.2
Disorders of conjunctiva .372	260	2.5
Chronic pharyngitis and nasopharyngitis 472	214	2.0
Need for isolation and other prophylactic measures V07	190	1.8
Urticaria .708	160	1.5
Acute sinusitis .461	128	1.2
Neurology		
All visits	8,393	. . .
General symptoms .780	1,059	12.6
Migraine .346	701	8.3
Symptoms involving head and neck .784	514	6.1
Epilepsy .345	328	3.9
Parkinson's disease .332	325	3.9
Other disorders of cervical region .723	303	3.6
Mononeuritis of upper limb and mononeuritis multiplex .354	301	3.6
Multiple sclerosis .340	294	3.5
Other disorders of soft tissues .729	261	3.1
Other and unspecified disorders of back .724	261	3.1

See footnotes at end of table.

Table 13. Number and percent of office visits by physician's specialty and the 10 principal diagnoses most frequently rendered: United States, 1993—Con.

Physician specialty, principal diagnosis, and ICD–9–CM code[1]	Number of visits in thousands	Percent of visits
Pulmonary diseases[2,3]		
All visits	4,251	. . .
Asthma .493	761	17.9
Chronic airway obstruction .496	438	10.3
Essential hypertension .401	213	5.0
Symptoms involving respiratory system and other chest symptoms .786	186	4.4
Chronic bronchitis .491	123	2.9
General symptoms .780	104	2.4
Emphysema .492	96	2.3
Bronchitis, not specified as acute or chronic 490	82	1.9
Chronic sinusitis .473	78	1.8
All other specialties [2]		
All visits	62,991	. . .
Rheumatoid arthritis and other inflammatory polyarthropathies .714	1,892	3.0
Other postsurgical states V45	1,199	1.9
Essential hypertension .401	1,169	1.9
Other and unspecified disorders of back .724	1,164	1.8
Osteoarthrosis and allied disorders .715	1,105	1.8
Diabetes mellitus .250	1,044	1.7
Sprains and strains of other and unspecified parts of back .847	882	1.4

. . . Category not applicable.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (15).

[2]Less than 10 principal diagnoses are listed when estimates do not meet standard of reliability or precision.

[3]These specialties were sampled separately in 1993 as part of a supplemental data collection project.

[4]NEC is not elsewhere classified.

Table 14. Number, percent, and annual rate of office visits by selected principal diagnoses, according to selected years: United States, 1985–93

Principal diagnosis and ICD–9–CM code[1]	1985	1989	1991	1993
	Number of visits in thousands			
All visits	636,386	692,702	669,689	717,191
Essential hypertension 401	26,049	27,708	23,188	28,124
Normal pregnancy V22	24,182	23,578	20,657	26,489
Health supervision of infant or child V20	17,088	15,669	17,271	18,508
Suppurative and unspecified otitis media 382	15,607	20,033	16,185	19,309
General medical examination V70	14,916	20,166	18,321	19,065
Acute upper respiratory infections of multiple or unspecified sites 465	14,691	15,765	16,928	17,557
Diabetes mellitus 250	12,302	13,237	12,793	12,997
Neurotic disorders 300	9,320	8,511	6,220	8,532
Acute pharyngitis 462	9,302	10,958	11,015	9,576
Disorders of refraction and accommodation 367	8,268	7,686	5,420	5,744
Diseases of sebaceous glands 706	8,104	8,146	9,464	9,193
Allergic rhinitis 477	7,835	11,631	9,405	9,637
Bronchitis, not specified as acute or chronic 490	7,563	11,160	9,757	10,093
Other forms of chronic ischemic heart disease 414	6,732	5,712	5,713	6,379
Asthma 493	6,503	6,822	8,804	11,340
Cataract 366	6,285	6,335	7,540	6,739
Special investigations and examinations V72	5,838	4,261	6,318	7,111
Contact dermatitis and other eczema 692	5,837	6,542	7,048	6,919
Chronic sinusitis 473	5,675	8,700	11,570	11,594
Osteoarthrosis and allied disorders 715	5,522	6,259	5,513	6,890
Sprains and strains of other and unspecified part of back 847	5,322	7,614	6,381	6,257
General symptoms 780	4,874	5,550	6,101	6,050
Glaucoma 365	4,304	4,952	11,043	6,173
All other diagnoses	404,267	435,707	417,034	446,915
	Percent of visits			
All visits	. . .	. . .	. . .	. . .
Essential hypertension 401	4.1	4.0	3.5	3.9
Normal pregnancy V22	3.8	3.4	3.1	3.7
Health supervision of infant or child V20	2.7	2.3	2.6	2.6
Suppurative and unspecified otitis media 382	2.5	2.9	2.4	2.7
General medical examination V70	2.3	2.9	2.7	2.7
Acute upper respiratory infections of multiple or unspecified sites 465	2.3	2.3	2.5	2.4
Diabetes mellitus 250	1.9	1.9	1.9	1.8
Neurotic disorders 300	1.5	1.2	0.9	1.2
Acute pharyngitis 462	1.5	1.6	1.6	1.3
Disorders of refraction and accommodation 367	1.3	1.1	0.8	0.8
Diseases of sebaceous glands 706	1.3	1.2	1.4	1.3
Allergic rhinitis 477	1.2	1.7	1.4	1.3
Bronchitis, not specified as acute or chronic 490	1.2	1.6	1.5	1.4
Other forms of chronic ischemic heart disease 414	1.1	0.8	0.9	0.9
Asthma 493	1.0	1.0	1.3	1.6
Cataract 366	1.0	0.9	1.1	0.9
Special investigations and examinations V72	0.9	0.6	0.9	1.0
Contact dermatitis and other eczema 692	0.9	0.9	1.1	1.0
Chronic sinusitis 473	0.9	1.3	1.7	1.6
Osteoarthrosis and allied disorders 715	0.9	0.9	0.8	1.0
Sprains and strains of other and unspecified part of back 847	0.8	1.1	1.0	0.9
General symptoms 780	0.8	0.8	0.9	0.8
Glaucoma 365	0.7	0.7	1.6	0.9
All other diagnoses	63.5	62.9	62.3	62.3

See footnotes at end of table.

Table 14. Number, percent, and annual rate of office visits by selected principal diagnoses, according to selected years: United States, 1985–93—Con.

Principal diagnosis and ICD–9–CM code[1]	1985	1989	1991	1993
	Number of visits per 100 persons[2]			
All visits	274.1	284.4	269.3	282.0
Essential hypertension 401	11.2	11.4	9.3	11.1
Normal pregnancy V22	10.4	9.7	8.3	10.4
Health supervision of infant or child V20	7.4	6.4	6.9	7.3
Suppurative and unspecified otitis media 382	6.7	8.2	6.5	7.6
General medical examination V70	6.4	8.3	7.4	7.5
Acute upper respiratory infections of multiple or unspecified sites 465	6.3	6.5	6.8	6.9
Diabetes mellitus 250	5.3	5.4	5.1	5.1
Neurotic disorders 300	4.0	3.5	2.5	3.4
Acute pharyngitis 462	4.0	4.5	4.4	3.8
Disorders of refraction and accommodation 367	3.6	3.2	2.2	2.3
Diseases of sebaceous glands 706	3.5	3.3	3.8	3.6
Allergic rhinitis 477	3.4	4.8	3.8	3.8
Bronchitis, not specified as acute or chronic 490	3.3	4.6	3.9	4.0
Other forms of chronic ischemic heart disease 414	2.9	2.3	2.3	2.5
Asthma 493	2.8	2.8	3.5	4.5
Cataract 366	2.7	2.6	3.0	2.7
Special investigations and examinations V72	2.5	1.7	2.5	2.8
Contact dermatitis and other eczema 692	2.5	2.7	2.8	2.7
Chronic sinusitis 473	2.4	3.6	4.7	4.6
Osteoarthrosis and allied disorders 715	2.4	2.6	2.2	2.7
Sprains and strains of other and unspecified part of back 847	2.3	3.1	2.6	2.5
General symptoms 780	2.1	2.3	2.5	2.4
Glaucoma 365	1.9	2.0	4.4	2.4

. . . Category not applicable.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (15).

[2]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1 of each year.

Table 15. Number, percent distribution, and annual rate of injury-related office visits by patient's age and sex: United States, 1993

Patient characteristic	Number of visits in thousands	Percent distribution	Number of visits per 100 persons per year[1]	Percent of visits that are injury related[2]
All injury-related visits	83,980	100.0	33.0	11.7
Age				
Under 15 years	11,018	13.1	19.2	8.5
15–24 years	8,489	10.1	24.7	13.6
25–44 years	32,552	38.8	39.9	16.8
45–64 years	18,148	21.6	36.5	11.3
65–74 years	7,297	8.7	39.2	7.8
75 years and over	6,476	7.7	51.2	8.3
Sex and age				
Female	41,157	49.0	31.5	9.6
Under 15 years	4,798	5.7	17.2	7.9
15–24 years	3,667	4.4	21.3	8.9
25–44 years	14,979	17.8	36.2	11.6
45–64 years	8,982	10.7	34.8	9.4
65–74 years	4,078	4.9	39.8	7.4
75 years and over	4,653	5.5	59.0	9.7
Male	42,823	50.9	34.6	14.9
Under 15 years	6,220	7.4	21.2	9.1
15–24 years	4,822	5.7	28.2	23.0
25–44 years	17,573	20.9	43.7	27.0
45–64 years	9,166	10.9	38.3	14.3
65–74 years	3,219	3.8	38.5	8.3
75 years and over	1,823	2.2	38.2	6.2

[1]Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1993.

[2]Percent of office visits in each category that are injury related.

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

Table 16. Number and percent distribution of office visits by injury status, according to physician specialty: United States, 1993

Physician specialty	Number of visits in thousands	Is this visit injury related?		
		Total	Yes	No
		Percent distribution		
All visits	717,191	100.0	11.7	88.3
General and family practice	197,605	100.0	13.2	86.8
Internal medicine	102,436	100.0	8.2	91.8
Pediatrics	76,982	100.0	6.8	93.2
Obstetrics and gynecology	64,030	100.0	*	98.6
Ophthalmology	39,373	100.0	4.8	95.2
Orthopedic surgery	33,638	100.0	62.3	37.7
Dermatology	31,469	100.0	2.9	97.1
General surgery	21,703	100.0	11.4	88.6
Psychiatry	20,469	100.0	6.5	93.5
Urology	15,690	100.0	2.5	97.5
Otolaryngology	15,380	100.0	5.0	95.0
Cardiovascular diseases	12,178	100.0	*	97.0
Allergy and immunology[1]	10,605	100.0	7.1	92.9
Neurology	8,393	100.0	20.5	79.5
Pulmonary diseases[1]	4,251	100.0	4.9	95.1
Other	62,991	100.0	18.4	81.6

* Figure does not meet standard of reliability or precision.

[1]These specialties were sampled separately in 1993 as part of a supplemental data collection project.

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

Table 17. Number and percent distribution of injury-related office visits by the 25 most frequently mentioned principal reasons for visit: United States, 1993

Principal reason for visit and RVC code[1]	Number of visits in thousands	Percent distribution
All injury-related visits	83,980	100.0
Back symptoms S905	5,874	7.0
Neck symptoms S900	4,205	5.0
Low back symptoms S910	3,947	4.7
Knee symptoms S925	3,548	4.2
Shoulder symptoms S940	2,245	2.7
Postoperative care T205	2,227	2.7
Accident, not otherwise specified J810	1,861	2.2
Hand and finger symptoms S960	1,728	2.1
Foot and toe symptoms S935	1,722	2.1
Leg symptoms S920	1,554	1.9
Wrist symptoms S955	1,490	1.8
Lacerations and cuts of upper extremity J225	1,487	1.8
Ankle symptoms S930	1,468	1.7
Injury, other and unspecified type of hand and finger(s) J570	1,339	1.6
Injury, other and unspecified type of head, neck, and face J505	1,286	1.5
Arm symptoms S945	1,157	1.4
Headache, pain in head S210	1,143	1.4
Insect bites J755	1,124	1.3
General medical examination X100	1,096	1.3
Skin rash S860	1,094	1.3
Pain, site not referable to a specific body system S055	1,088	1.3
Injury, multiple, or unspecified J575	1,072	1.3
Elbow symptoms S950	1,042	1.2
Pain and related symptoms, generalized site unspecified S060	1,013	1.2
Chest pain and related symptoms S050	900	1.1
All other reasons for visit	37,273	45.3

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (14).

Table 18. Number and percent of injury-related office visits by patient's age and sex, and the 10 principal diagnoses most frequently rendered by physicians: United States, 1993

Patient's age and sex, principal diagnosis, and ICD–9–CM code[1]	Number of visits in thousands	Percent of visits
Patient's age		
All ages:		
All injury-related visits	83,980	. . .
Sprains and strains of joints and adjacent muscles 840–848	15,404	18.3
Dorsopathies 720–724	5,118	6.1
Fracture of upper limb 810–819	4,631	5.5
Rheumatism, excluding back 725–729	4,102	4.9
Fracture of lower limb 820–829	3,834	4.6
Contusion with intact skin surface 920–924	3,485	4.2
Anthropathies and related disorders 710–719	3,368	4.0
Superficial injury 910–919	2,812	3.3
Open wound of head, neck, and trunk 870–879	2,532	3.0
Open wound of upper limb 880–887	2,074	2.5
Under 25 years: [2]		
All injury-related visits	19,507	. . .
Sprains and strains of joints and adjacent muscles 840–848	3,081	15.8
Fracture of upper limb 810–819	1,803	9.2
Contusion with intact skin surface 920–924	1,314	6.7
Open wound of head, neck, and trunk 870–879	1,047	5.4
Fracture of lower limb 820–829	993	5.1

See footnotes at end of table.

Table 18. Number and percent of injury-related office visits by patient's age and sex, and the 10 principal diagnoses most frequently rendered by physicians: United States, 1993—Con.

Patient's age and sex, principal diagnosis, and ICD–9–CM code[1]	Number of visits in thousands	Percent of visits
25–44 years: [2]		
All injury-related visits	32,552	. . .
Sprains and strains of joints and adjacent muscles 840–848	7,890	24.2
Dorsopathies 720–724	2,964	9.1
Rheumatism, excluding back 725–729	2,053	6.3
Superficial injury 910–919	1,110	3.4
Fracture of upper limb 810–819	1,107	3.4
Contusion with intact skin surface 920–924	1,001	3.1
Fracture of lower limb 820–829	964	3.0
Anthropathies and related disorders 710–719	886	2.7
Open wound of upper limb 880–887	673	2.1
45 years and over: [2]		
All injury-related visits	31,921	. . .
Sprains and strains of joints and adjacent muscles 840–848	4,433	13.9
Anthropathies and related disorders 710–719	2,102	6.6
Fracture of lower limb 820–829	1,877	5.9
Dorsopathies 720–724	1,794	5.6
Fracture of upper limb 810–819	1,721	5.4
Rheumatism, excluding back 725–729	1,465	4.6
Contusion with intact skin surface 920–924	1,171	3.7
Open wound of upper limb 880–887	900	2.8
Open wound of head, neck, and trunk 870–879	861	2.7
Patient's sex		
Female: [2]		
All injury-related visits	41,156	. . .
Sprains and strains of joints and adjacent muscles 840–848	7,089	17.2
Fracture of lower limb 820–829	2,135	5.2
Fracture of upper limb 810–819	1,978	4.8
Anthropathies and related disorders 710–719	1,902	4.6
Dorsopathies 720–724	1,854	4.5
Rheumatism, excluding back 725–729	1,745	4.2
Contusion with intact skin surface 920–924	1,646	4.0
Superficial injury 910–919	1,636	4.0
Open wound of head, neck, and trunk 870–879	1,148	2.8
Male:[2]		
All injury-related visits	42,824	. . .
Sprains and strains of joints and adjacent muscles 840–848	8,315	19.4
Dorsopathies 720–724	3,264	7.6
Fracture of upper limb 810–819	2,653	6.2
Rheumatism, excluding back 725–729	2,357	5.5
Contusion with intact skin surface 920–924	1,840	4.3
Fracture of lower limb 820–829	1,699	4.0
Open wound of upper limb 880–887	1,560	3.6
Anthropathies and related disorders 710–719	1,465	3.4
Open wound of head, neck, and trunk 870–879	1,384	3.2
Superficial injury 910–919	1,176	2.7

. . . Category not applicable.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (15).

[2]Less than 10 principal diagnoses are listed when estimates do not meet standard of reliability or precision.

Table 19. Number and percent distribution of office visits by number of services ordered or performed, according to patient's age and sex: United States, 1993

Patient characteristics	All visits	Number of services ordered or performed[1]					
		None	1	2	3	4	5 or more
	Number of visits in thousands						
All visits	717,191	191,891	265,483	154,344	64,331	25,400	15,743
Age							
Under 15 years	129,279	76,919	35,428	10,987	4,200	1,289	*
15–24 years	62,346	14,582	23,204	15,572	5,470	2,322	1,197
25–44 years	193,914	40,937	72,794	46,032	20,570	8,209	5,371
45–64 years	160,146	31,017	66,833	34,659	16,423	6,809	4,405
65–74 years	93,873	16,070	36,564	26,036	9,041	3,659	2,503
75 years and over	77,633	12,367	30,659	21,059	8,626	3,111	1,811
Sex and age							
Female	430,170	103,199	156,680	97,532	43,642	17,858	11,260
Under 15 years	60,664	36,092	16,040	5,796	2,051	485	*
15–24 years	41,408	8,474	13,812	12,182	3,984	1,992	964
25–44 years	128,854	24,219	45,511	32,001	16,604	6,409	4,111
45–64 years	96,011	17,542	39,737	20,449	10,255	4,750	3,279
65–74 years	55,215	9,241	21,536	14,911	5,673	2,177	1,677
75 years and over	48,017	7,631	20,045	12,191	5,075	2,046	1,029
Male	287,021	88,693	108,803	56,812	20,689	7,542	4,483
Under 15 years	68,615	40,827	19,388	5,191	2,149	*	*
15–24 years	20,938	6,108	9,392	3,390	1,486	*	*
25–44 years	65,060	16,718	27,283	14,031	3,967	1,801	1,260
45–64 years	64,135	13,475	27,097	14,210	6,169	2,059	1,126
65–74 years	38,658	6,829	15,028	11,124	3,368	1,483	826
75 years and over	29,616	4,736	10,615	8,867	3,551	1,065	782
	Percent distribution						
All visits	100.0	26.8	37.0	21.5	9.0	3.5	2.2
Age							
Under 15 years	100.0	59.5	27.4	8.5	3.2	1.0	*
15–24 years	100.0	23.4	37.2	25.0	8.8	3.7	1.9
25–44 years	100.0	21.1	37.5	23.7	10.6	4.2	2.8
45–64 years	100.0	19.4	41.7	21.6	10.3	4.3	2.8
65–74 years	100.0	17.1	39.0	27.7	9.6	3.9	2.7
75 years and over	100.0	15.9	39.5	27.1	11.1	4.0	2.3
Sex and age							
Female	100.0	24.0	36.4	22.7	10.1	4.2	2.6
Under 15 years	100.0	59.5	26.4	9.6	3.4	0.8	*
15–24 years	100.0	20.5	33.4	29.4	9.6	4.8	2.3
25–44 years	100.0	18.8	35.3	24.8	12.9	5.0	3.2
45–64 years	100.0	18.3	41.4	21.3	10.7	4.9	3.4
65–74 years	100.0	16.7	39.0	27.0	10.3	3.9	3.0
75 years and over	100.0	15.9	41.7	25.4	10.6	4.3	2.1
Male	100.0	30.9	37.9	19.8	7.2	2.6	1.6
Under 15 years	100.0	59.5	28.3	7.6	3.1	*	*
15–24 years	100.0	29.2	44.9	16.2	7.1	*	*
25–44 years	100.0	25.7	41.9	21.6	6.1	2.8	1.9
45–64 years	100.0	21.0	42.2	22.2	9.6	3.2	1.8
65–74 years	100.0	17.7	38.9	28.8	8.7	3.8	2.1
75 years and over	100.0	16.0	35.8	29.9	12.0	3.6	2.6

* Figure does not meet standard of reliability or precision.

[1]Includes diagnostic tests, surgical and nonsurgical procdures, and therapies.

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

Table 20. Number and percent distribution of office visits by number of services ordered or performed, according to physician specialty: United States, 1993

Physician specialty	All visits	Number of services ordered or performed[1]					
		None	1	2	3	4	5 or more
	Number of visits in thousands						
All visits	717,191	191,891	265,483	154,344	64,331	25,400	15,743
General and family practice	197,605	38,940	87,097	45,171	18,187	5,360	2,850
Internal medicine	102,436	10,334	42,609	29,590	11,715	4,281	3,907
Pediatrics	76,982	48,484	18,673	5,913	2,689	*	*
Obstetrics and gynecology	64,030	3,229	13,384	22,709	12,989	6,948	4,770
Ophthalmology	39,373	13,093	11,762	6,434	4,145	2,939	1,001
Orthopedic surgery	33,638	14,077	13,761	4,451	1,023	*	*
Dermatology	31,469	16,010	12,424	2,494	*	*	*
General surgery	21,703	6,062	8,943	4,186	1,441	574	*496
Psychiatry	20,469	8,399	10,348	1,327	*	*	*
Urology	15,690	2,327	4,703	5,237	2,301	752	*369
Otolaryngology	15,380	4,889	5,323	1,599	386	*	*
Cardiovascular disease	12,178	*	4,056	4,837	1,879	667	*418
Allergy and immunology[2]	10,605	6,135	2,487	1,269	442	161	*110
Neurology	8,393	2,342	3,346	1,722	610	300	*
Pulmonary diseases[2]	4,251	395	1,573	1,333	530	269	*151
All other specialties	62,991	13,855	24,994	16,070	5,253	1,894	926
	Percent distribution						
All visits	100.0	26.8	37.0	21.5	9.0	3.5	2.2
General and family practice	100.0	19.7	44.1	22.9	9.2	2.7	1.4
Internal medicine	100.0	10.1	41.6	28.9	11.4	4.2	3.8
Pediatrics	100.0	63.0	24.3	7.7	3.5	*	*
Obstetrics and gynecology	100.0	5.0	20.9	35.5	20.3	10.9	7.4
Ophthalmology	100.0	33.3	29.9	16.3	10.5	7.5	2.5
Orthopedic surgery	100.0	41.8	40.9	13.2	3.0	*	*
Dermatology	100.0	50.9	39.5	7.9	*	*	*
General surgery	100.0	27.9	41.2	19.3	6.6	2.6	*2.3
Psychiatry	100.0	41.0	50.6	6.5	*	*	*
Urology	100.0	14.8	30.0	33.4	14.7	4.8	*2.4
Otolaryngology	100.0	31.8	34.6	10.4	2.5	*	*
Cardiovascular disease	100.0	*	33.3	39.7	15.4	5.5	*3.4
Allergy and immunology[2]	100.0	57.8	23.5	12.0	4.2	1.5	*1.0
Neurology	100.0	27.9	39.9	20.5	7.3	3.6	*
Pulmonary diseases[2]	100.0	9.3	37.0	31.4	12.5	6.3	*3.6
All other specialties	100.0	22.0	39.7	25.5	8.3	3.0	1.5

* Figure does not meet standard of reliability or precision.

[1]Includes diagnostic tests, surgical and nonsurgical procedures, and therapies.

[2]These specialties were sampled separately in 1993 as part of a supplemental data collection project.

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

Table 21. Number and percent of office visits by selected diagnostic tests ordered or provided and patient's age, sex, and race: United States, 1993

Selected diagnostic tests ordered or provided	All ages, both sexes	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
	Number of visits in thousands[1]											
All visits	717,191	129,279	62,346	193,914	160,146	93,873	77,633	430,170	287,021	632,500	58,154	26,537
Blood pressure	357,085	18,756	33,376	110,055	93,420	55,072	46,406	233,422	123,663	312,582	31,258	13,246
Urinalysis	96,674	9,684	14,060	34,048	20,049	10,827	8,006	67,846	28,827	81,831	10,998	3,845
Spirometry	4,577	*455	*278	1,287	1,439	*413	*704	2,506	2,071	4,143	*400	*
Allergy testing	2,140	*554	*184	802	*453	*114	*	1,220	919	1,920	*	*164
HIV serology[2]	1,825	*	*	*	*	*	*	1,164	*661	1,445	*	*
Other blood tests	114,904	11,714	8,947	27,879	29,558	20,418	16,387	70,896	44,008	98,202	10,952	5,750
	Percent of visits[1]											
All visits	...	...	...	...	...	...	...	...	...	...	...	...
Blood pressure	49.8	14.5	53.5	56.8	58.3	58.7	59.8	54.3	43.1	49.4	53.8	49.9
Urinalysis	13.5	7.5	22.6	17.6	12.5	11.5	10.3	15.8	10.0	12.9	18.9	14.5
Spirometry	0.6	*0.4	*0.4	0.7	0.9	*0.4	*0.9	0.6	0.7	0.7	*0.7	*
Allergy testing	0.3	*0.4	*0.3	0.4	*0.3	*0.1	*	0.3	0.3	0.3	*	*0.6
HIV serology[2]	0.3	*	*	*	*	*	*	0.3	*0.2	0.2	*	*
Other blood tests	16.0	9.1	14.4	14.4	18.5	21.8	21.1	16.5	15.3	15.5	18.8	21.7

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]Numbers may not add to totals because more than one type of diagnostic test may be reported per visit.

[2]HIV is human immunodeficiency virus.

Table 22. Number and percent of office visits by selected diagnostic tests ordered or provided and physician specialty: United States, 1993

Selected diagnostic tests ordered or provided[1]	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	General surgery	Psychiatry	Urology	Otolaryn-gology	Cardio-vascular diseases	Allergy and Immunology[2]	Neurology	Pulmonary diseases[2]	All other
	Number of visits in thousands																
All visits	717,191	197,605	102,436	76,982	64,030	39,373	33,638	31,469	21,703	20,469	15,690	15,380	12,178	10,605	8,393	4,250	62,991
	Percent of visits																
Blood pressure	49.8	70.1	82.3	10.7	83.2	2.1	2.8	2.2	41.5	5.8	26.1	6.5	90.0	25.9	43.0	85.9	54.2
Urinalysis	13.5	13.5	14.7	8.2	45.9	*	*	*	8.1	*	69.5	*	9.5	1.3	*	5.8	6.4
Other tests[3]	1.1	0.8	*	*	*	–	*	*	*	*	*	*	*	22.6	*	15.4	*
Other blood tests	16.0	15.9	30.7	11.9	22.4	*	*	3.6	9.9	4.2	18.1	3.8	26.6	5.3	15.7	27.6	21.6

* Figure does not meet standard of reliability or precision.

– Quantity zero.

[1]Numbers my not add to totals because more than one type of diagnostic test may be reported per visit.

[2]These specialties were sampled separately in 1993 as part of a supplemental data collection project.

[3]Other tests include spirometry, allergy tests, and HIV serology.

Table 23. Number and percent of office visits by diagnostic tests, surgical and nonsurgical procedures and therapies ordered or performed, and selected principal diagnoses: United States, 1993

Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Selected services				All other services	
		None	Blood pressure	Urinalysis	Other tests	Other blood test	Surgical procedures[2]	Diagnostic and therapeutic procedures[3]
		Percent of visits[4]						
All visits	717,191	26.8	49.8	13.5	1.1	16.0	7.8	32.0
Infectious and parasitic diseases 001–139	21,828	36.4	32.2	8.4	*	12.1	18.0	23.1
Neoplasms 140–239	21,876	18.2	41.9	10.8	*	24.8	29.1	24.8
Endocrine, nutritional, and metabolic diseases, and immunity disorders 240–279	25,428	7.4	81.6	19.3	*	62.1	3.1	20.0
Diabetes mellitus .250	12,997	*4.9	85.6	21.9	*	68.8	*	14.8
Mental disorders 290–319	33,613	33.1	33.7	4.0	*	8.7	*	41.0
Affective psychoses .296	7,351	41.1	*8.1	*	*	*5.9	–	53.7
Neurotic disorders .300	8,532	24.8	36.9	*	*	*8.7	*	51.2
Diseases of the nervous system and sense organs 320–389	77,737	41.3	21.3	2.1	*0.7	5.0	*	40.6
Glaucoma .365	6,173	25.5	*	–	–	*	*	74.2
Cataract .366	6,739	29.4	*10.8	*	–	*	15.7	65.5
Suppurative and unspecified otitis media .382	19,309	70.5	17.6	*	*	*3.8	*	11.4
Diseases of the circulatory system 390–459	57,564	4.1	89.0	10.6	*	25.0	4.1	29.5
Essential hypertension .401	28,124	*	95.5	11.7	*	22.8	*	16.1
Other forms of chronic ischemic heart disease .414	6,379	*	94.6	*	*	23.2	*	51.0
Diseases of the respiratory system 460–519	99,114	34.3	49.6	5.0	4.1	9.7	2.2	24.6
Acute pharyngitis .462	9,576	21.4	44.2	*	*	*	*	49.3
Acute upper respiratory infections of multiple and unspecified sites .465	17,557	45.9	42.1	*	*	7.7	*	18.5
Chronic sinusitis .473	11,594	28.4	54.9	*	*1.7	8.1	*4.5	24.2
Allergic rhinitis 477	9,637	55.7	33.5	*	8.7	*6.2	*	11.2
Bronchitis, not specified as acute or chronic .490	10,093	27.0	64.7	*	*	*	*	20.3
Asthma 493	11,340	33.0	52.9	12.9	14.4	12.6	*	17.5
Diseases of the digestive system 520–579	27,651	19.5	63.2	10.0	*	21.9	14.8	30.5
Diseases of the genitourinary system 580–629	41,281	8.7	62.2	44.1	*	21.8	13.3	46.1
Other disorders of the urethra and urinary tract .599	6,167	*	58.9	84.6	–	13.5	*	27.3
Diseases of the skin and subcutaneous tissue 680–709	42,771	49.1	23.2	2.3	*0.5	6.6	22.4	11.6
Contact dermatitis and other eczema .692	6,919	64.2	28.9	*	*	*	*	*8.0
Diseases of the sebaceous glands .706	9,193	57.3	12.1	*	–	*8.2	22.8	*7.3
Diseases of the musculoskeletal system and connective tissue 710–739	51,910	21.3	53.7	7.4	*	13.6	6.5	37.5
Osteoarthrosis and allied disorders 715	6,890	19.8	58.3	*	*	21.9	*	38.4
Symptoms, signs, and ill-defined conditions 780–799	32,503	17.8	63.1	13.6	*0.8	25.3	6.2	36.0
General symptoms 780	6,050	14.7	62.4	*	*	34.9	*	31.3
Injury and poisoning 800–999	46,161	29.5	34.4	3.4	*0.4	3.8	5.6	45.8
Sprains and strains of other and unspecified parts of back 847	6,257	27.1	45.2	*	–	*	2.2	39.9
Supplementary classification V01–V82	112,087	26.7	56.2	34.4	0.9	17.7	*	30.8
Health supervision of infant or child V20	18,508	62.5	21.3	16.7	–	17.0	*	10.1
Normal pregnancy V22	26,489	*	92.8	79.8	–	19.0	13.1	27.2
Other postsurgical states V45	7,880	35.6	26.5	*	–	*9.8	*7.2	42.8
General medical examination V70	19,065	14.8	71.5	40.2	*	28.3	*	38.9
Special investigations and examinations V72	7,111	*8.1	70.6	27.9	–	21.1	*	59.4
All other diagnoses[5]	8,554	21.1	50.2	11.3	*	33.2	*7.5	29.2
Unknown[6]	17,112	37.0	42.0	12.9	*	15.4	*3.8	30.3

* Figure does not meet standard of reliability or precision.

– Quantity zero.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (15).

[2]Based on volume 3 of the ICD–9–CM and includes codes 00–86.

[3]Based on volume 3 of the ICD–9–CM and includes codes 87–99.

[4]Sum of percents may exceed 100.0 because more than one category may be reported per visit.

[5]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–779).

[6]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

Table 24. Number and percent distribution of office visits by diagnostic and therapeutic procedures ordered or performed with corresponding standard errors, according to patient's sex: United States, 1993

Major procedure category and ICD–9–CM code range[1]	Both sexes	Standard error[2]	Patient's sex: Female	Standard error[2]	Male	Standard error[2]
	Number of visits in thousands and corresponding standard error[3]					
All visits	717,191	21,858	430,167	14,005	287,024	9,388
Visits with write-in procedures	272,048	17,591	169,075	11,827	102,974	7,328
Operations on the nervous system 01–05	1,521	319	*621	135	900	255
Operations on the eye 08–16	5,157	977	3,239	671	1,917	389
Operations on the ear 18–20	1,536	245	*646	125	890	211
Operations on the nose, mouth, and pharynx 21–29	2,701	441	1,215	238	1,486	282
Operations on the cardiovascular system 35–39	1,625	348	1,191	318	*434	97
Operations on the digestive system 42–54	8,404	1,400	4,309	804	4,095	703
Operations on the urinary system 55–59	3,137	416	1,600	259	1,537	231
Operations on the male genital system 60–64	1,114	190	. . .	. . .	1,114	190
Operations on the female genital system 65–71	5,699	1,021	5,699	1,021	. . .	. . .
Obstetrical procedures 72–75	3,918	1,043	3,918	1,043	. . .	. . .
Operations on the musculoskeletal system 76–84	5,223	744	2,392	355	2,830	601
Operations on the integumentary system 85–86	22,545	1,877	12,894	1,098	9,651	912
Miscellaneous diagnostic and therapeutic procedures 87–99	312,390	15,657	199,355	11,096	113,035	5,857
Other procedures[4]	1,382	196	808	166	*574	88
Visits without write-in procedures	445,143	8,726	261,095	4,754	184,048	4,439
	Percent distribution[3]					
All visits	100.0	. . .	100.0	. . .	100.0	. . .
Visits with write-in procedures	37.9	1.0	39.3	0.9	35.9	1.2
Operations on the nervous system 01–05	0.2	0.1	*0.1	0.0	0.3	0.1
Operations on the eye 08–16	0.7	0.2	0.8	0.2	0.7	0.2
Operations on the ear 18–20	0.2	0.0	*0.2	0.0	0.3	0.1
Operations on the nose, mouth, and pharynx 21–29	0.4	0.1	0.3	0.1	0.5	0.1
Operations on the cardiovascular system 35–39	0.2	0.1	0.3	0.1	*0.2	0.0
Operations on the digestive system 42–54	1.2	0.2	1.0	0.2	1.4	0.3
Operations on the urinary system 55–59	0.4	0.1	0.4	0.1	0.5	0.1
Operations on the male genital system 60–64	0.2	0.0	. . .	. . .	0.4	0.1
Operations on the female genital system 65–71	0.8	0.1	1.3	0.2	. . .	. . .
Obstetrical procedures 72–75	0.5	0.2	0.9	0.3	. . .	. . .
Operations on the musculoskeletal system 76–84	0.7	0.1	0.6	0.1	1.0	0.2
Operations on the integumentary system 85–86	3.1	0.3	3.0	0.3	3.4	0.3
Miscellaneous diagnostic and therapeutic procedures 87–99	43.6	1.7	46.3	2.1	39.4	1.6
Other procedures[4]	0.2	0.0	0.2	0.0	*0.2	0.0
Visits without write-in procedures	62.1	1.0	60.7	0.9	64.1	1.2

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

0.0 Quantity more than zero but less than 0.05.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification*, volume 3 (ICD–9–CM) (15). Reflects item 14b of Patient Record form.

[2]Estimates relating to ambulatory procedures are presented with specific standard errors calculated using SUDAAN software (21).

[3]Numbers may not add to totals because up to eight procedures could be reported per visit. There were an estimated 376.4 million write-in procedures scheduled or performed overall.

[4]Includes operations on the endocrine system (ICD–9–CM codes 06–07), operations on the respiratory system (ICD–9–CM codes 30–34), and operations on the hemic and lymphatic system (ICD–9–CM codes 40–41).

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

Table 25. Number and percent distribution of office visits by diagnostic and therapeutic procedures ordered or performed with corresponding standard errors according to patient's age: United States, 1993

Major procedure category and ICD–9–CM code range[1]	All ages	Standard error[2]	Patient's age: Under 25 years	Standard error[2]	25–64 years	Standard error[2]	65 years and over	Standard error[2]
	Number of visits in thousands and corresponding standard error[3]							
All visits	717,191	21,858	191,625	9,717	354,060	12,642	171,506	6,353
Visits with write-in procedures	272,048	17,591	52,273	5,144	147,033	11,032	72,742	5,782
Operations on the nervous system 01–05	1,521	319	*	. . .	941	207	*	. . .
Operations on the eye 08–16	5,157	977	*	. . .	1,630	294	2,954	769
Operations on the ear 18–20	1,536	245	*607	151	*593	121	*	. . .
Operations on the nose, mouth, and pharynx 21–29	2,701	441	*596	127	1,545	304	*559	132
Operations on the cardiovascular system 35–39	1,625	348	*	. . .	808	188	*666	181
Operations on the digestive system 42–54	8,404	1,400	*262	62	5,250	887	2,892	619
Operations on the urinary system 55–59	3,137	416	*	. . .	1,400	196	1,518	253
Operations on the male genital system 60–64	1,114	190	*	. . .	*553	127	*372	86
Operations on the female genital system 65–71	5,699	1,021	*	. . .	4,950	959	*	. . .
Obstetrical procedures 72–75	3,918	1,043	*	. . .	3,095	902	–	. . .
Operations on the musculoskeletal system 76–84	5,223	744	*	. . .	3,357	638	1,438	235
Operations on the integumentary system 85–86	22,545	1,877	3,938	499	11,415	964	7,192	902
Miscellaneous diagnostic and therapeutic procedures 87–99	312,390	15,657	56,709	4,435	168,582	9,069	87,098	5,625
Other procedures[4]	1,382	196	*	. . .	730	138	*493	97
Visits without write-in procedures	445,143	8,726	139,352	6,169	207,028	4,153	98,763	1,930
	Percent distribution[3]							
All visits	100.0	. . .	100.0	. . .	100.0	. . .	100.0	. . .
Visits with write-in procedures	37.9	1.0	27.3	1.7	41.5	1.1	42.4	1.1
Operations on the nervous system 01–05	0.2	0.1	*	. . .	0.3	0.1	*	. . .
Operations on the eye 08–16	0.7	0.2	*	. . .	0.5	0.1	1.7	0.5
Operations on the ear 18–20	0.2	0.0	*0.3	0.1	*0.2	0.0	*	. . .
Operations on the nose, mouth, and pharynx 21–29	0.4	0.1	*0.3	0.1	0.4	0.1	*0.3	0.1
Operations on the cardiovascular system 35–39	0.2	0.1	*	. . .	0.2	0.1	*0.4	0.1
Operations on the digestive system 42–54	1.2	0.2	*0.1	0.0	1.5	0.3	1.7	0.4
Operations on the urinary system 55–59	0.4	0.1	*	. . .	0.4	0.1	0.9	0.2
Operations on the male genital system 60–64	0.2	0.0	*	. . .	*0.2	0.0	*0.3	0.1
Operations on the female genital system 65–71	0.8	0.1	*	. . .	1.4	0.3	*	. . .
Obstetrical procedures 72–75	0.5	0.2	*	. . .	0.9	0.3	–	–
Operations on the musculoskeletal system 76–84	0.7	0.1	*	. . .	0.9	0.2	0.8	0.1
Operations on the integumentary system 85–86	3.1	0.3	2.1	0.3	3.2	0.3	4.2	0.5
Miscellaneous diagnostic and therapeutic procedures 87–99	43.6	1.7	29.6	1.9	47.6	2.0	50.8	2.9
Other procedures[4]	0.2	0.0	*	. . .	0.2	0.0	*0.3	0.1
Visits without write-in procedures	62.1	1.0	72.7	1.7	58.5	1.1	57.6	1.1

* Figure does not meet standard of reliability or precision.

– Quantity zero.

. . . Category not applicable.

0.0 Quantity more than zero but less than 0.05.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification*, volume 3 (ICD–9–CM) (15). Reflects item 14b of Patient Record form.

[2]Estimates relating to ambulatory procedures are presented with specific standard errors calculated using SUDAAN software (21).

[3]Numbers may not add to totals because up to eight procedures could be reported per visit. There were an estimated 376.4 million procedures scheduled or performed in all.

[4]Includes operations on the endocrine system (ICD–9–CM codes 06–07), operations on the respiratory system (ICD–9–CM codes 30–34), and operations on the hemic and lymphatic system (ICD–9–CM codes 40–41).

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

Table 26. Number and percent of office visits by counseling and education ordered or provided and selected principal diagnoses: United States, 1993

Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	None	Exercise	Cholesterol reduction	Weight reduction	Smoking cessation	Growth/ development	Injury prevention	HIV and other STD transmission[2]	Other
		Percent of visits[3]								
All visits	717,191	51.5	9.0	3.8	5.7	3.2	4.2	3.0	2.7	34.2
Infectious and parasitic diseases 001–139	21,828	54.1	*	*	*	*	*	*	11.8	36.9
Neoplasms 140–239	21,876	47.7	3.6	*	*2.8	*2.6	*	*	*	46.6
Endocrine, nutritional, and metabolic diseases, and immunity disorders 240–279	25,428	36.7	19.5	16.0	23.6	5.2	*	*	*	33.6
Diabetes mellitus .250	12,997	35.9	23.6	12.4	27.5	*	–	*	*	36.9
Mental disorders 290–319	33,613	44.1	5.8	*1.8	5.7	4.7	6.3	*	*	43.5
Affective psychoses .296	7,351	49.9	*5.9	*	*5.8	*	*	*	*	41.9
Neurotic disorders .300	8,532	48.2	*5.9	*	*	*	*	*	*	43.3
Diseases of the nervous system and sense organs 320–389	77,737	61.1	2.3	*	1.3	1.1	1.6	1.7	*	35.0
Glaucoma .365	6,173	69.4	*	–	*	*	–	–	–	30.5
Cataract .366	6,739	60.3	–	–	–	–	–	*	–	38.9
Suppurative and unspecified otitis media .382	19,309	62.4	*	*	*	*	*	*	–	33.4
Diseases of the circulatory system 390–459	57,564	44.9	20.1	15.1	18.2	5.7	*	1.9	*	26.4
Essential hypertension .401	28,124	45.6	19.4	18.6	23.3	6.0	*	*	*	20.1
Other forms of chronic ischemic heart disease .414	6,379	34.9	32.2	21.5	19.8	*	–	*	*	28.4
Diseases of the respiratory system 460–519	99,114	61.3	4.5	3.1	4.3	5.8	1.4	0.9	4.3	29.6
Acute pharyngitis .462	9,576	64.2	*	*	*	*	*	*	*	29.3
Acute upper respiratory infections of multiple or unspecified sites .465	17,557	69.4	*	*	*	*	*	*	*	24.5
Chronic sinusitis .473	11,594	68.2	*	*	*	*	*	*	–	22.0
Allergic rhinitis .477	9,637	63.8	*	*	*	*	*	–	*	31.9
Bronchitis, not specified as acute or chronic .490	10,093	58.9	*	*	*	*	*	*	*	30.2
Asthma .493	11,340	44.5	17.1	13.7	15.0	9.2	*	*	21.6	41.3
Diseases of the digestive system 520–579	27,651	43.2	6.3	4.1	6.8	4.2	*	*1.2	*	48.5
Diseases of the genitourinary system 580–629	41,281	50.2	5.5	2.2	4.8	2.1	*	*	3.7	40.9
Other disorders of the urethra and urinary tract 599	6,167	64.0	*	*	*	*	*	*	*	31.3
Diseases of the skin and subcutaneous tissue 680–709	42,771	56.3	*	*	*	*	*	*1.6	*	41.7
Contact dermatitis and other eczema .692	6,919	61.0	*	*	*	*	*	*	*	38.5
Diseases of the sebaceous glands .706	9,193	58.3	*	*	*	*	*	*	–	40.9
Diseases of the musculoskeletal system and connective tissue 710–739	51,910	47.8	25.8	3.1	5.7	2.8	*	5.0	*	25.8
Osteoarthrosis and allied disorders .715	6,890	46.2	29.2	*	*	*	–	*	*	26.1
Symptoms, signs, and ill-defined conditions 780–799	32,503	51.9	9.9	5.6	8.8	4.6	*	*	*	34.1
General symptoms .780	6,050	50.9	*11.6	*	13.0	*	*	*	*	33.7
Injury and poisoning 800–999	46,161	50.6	15.7	*	2.9	*1.4	*	9.7	*	29.9
Sprains and strains of other and unspecified parts of back .847	6,257	53.3	27.2	*	*	*	–	*	–	21.6
Supplementary classification V01–V82	112,087	46.6	7.4	2.0	3.4	2.1	19.5	7.0	3.5	33.6
Health supervision of infant or child V20	18,508	21.8	*	*	*	–	69.3	29.2	*	27.2
Normal pregnancy V22	26,489	40.4	6.4	*	*	*	22.3	*	*	41.0
Other postsurgical states V45	7,880	49.8	14.3	*	*	*	*	*	*	34.8
General medical examination V70	19,065	57.6	8.7	*	*	*	9.8	6.4	*	28.4
Special investigations and examinations V72	7,111	55.2	*	*	*	*	*	*	*	37.5
All other diagnoses[4]	8,554	42.9	*	*	*	*	*8.3	*	*	45.4
Unknown[5]	17,112	65.7	6.8	*	*	*	*	*	*	24.6

* Figure doen not meet standard of reliability or precision.

– Quantity zero.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (15).

[2]HIV is human immunodeficiency virus and STD is sexually transmitted disease.

[3]Sum of percents may exceed 100.0 because more than one category may be reported per visit.

[4]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–779).

[5]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

Table 27. Number, percent distribution, and cumulative percent of office visits by counseling and education ordered or provided and ranked principal diagnoses: United States, 1993

Counseling and education ordered or provided, principal diagnosis, and ICD–9–CM code[1]	Number of visits in thousands	Percent distribution	Cumulative percent
Exercise	64,257	100.0	. . .
Essential hypertension 401	5,459	8.5	8.5
Diabetes mellitus 250	3,069	4.8	13.3
Other forms of chronic ischemic heart disease 414	2,051	3.2	16.5
Osteoarthrosis and allied disorders 715	2,014	3.1	19.6
Asthma 493	1,936	3.0	22.6
Other and unspecified disorders of back 724	1,742	2.7	25.3
Sprains and strains of other and unspecified parts of back 847	1,704	2.7	28.0
Normal pregnancy V22	1,699	2.6	30.6
General medical examination V70	1,651	2.6	33.2
Peripheral enthesopathies and allied syndromes 726	1,500	2.3	35.5
All other diagnoses	41,432	64.5	100.0
Weight reduction	40,715	100.0	. . .
Essential hypertension 401	6,544	16.1	16.1
Diabetes mellitus 250	3,580	8.8	24.9
Asthma 493	1,705	4.2	29.1
Other forms of chronic ischemic heart disease 414	1,266	3.1	32.2
Obesity and other forms of hyperalimentation 278	1,097	2.7	34.9
General symptoms 780	785	1.9	36.8
All other diagnoses	25,738	63.2	100.0
Growth development	30,255	100.0	. . .
Health supervision of infant or child V20	12,818	42.4	42.4
Normal pregnancy V22	5,919	19.6	62.0
General medical examination V70	1,867	6.2	68.2
Hyperkinetic syndrome of childhood 314	1,159	3.8	72.0
Suppurative and unspecified otitis media 382	1,080	3.6	75.6
All other diagnoses	7,412	24.4	100.0
Cholesterol reduction	27,063	100.0	. . .
Essential hypertension 401	5,219	19.3	19.3
Disorders of lipoid metabolism 272	2148	7.9	27.2
Diabetes mellitus 250	1,605	5.9	33.1
Asthma 493	1,553	5.7	38.8
Other forms of chronic ischemic heart disease 414	1,371	5.1	43.9
All other diagnoses	15,167	56.1	100.0
Smoking cessation	22,674	100.0	. . .
Essential hypertension 401	1,687	7.4	7.4
Asthma 493	1,047	4.6	12.0
Bronchitis, not specified as acute or chronic 490	800	3.5	15.5
All other diagnoses	19,140	84.5	100.0
Injury prevention	21,786	100.0	. . .
Health supervision of infant or child V20	5,411	24.8	24.8
General medical examination V70	1,213	5.6	30.4
All other diagnoses	15,162	69.6	100.0

. . . Category not applicable.

[1]Based on the *International Classification of Diseases, 9th revision, Clinical Modification* (ICD–9–CM)(15).

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

Table 28. Number and percent distribution of office visits by medication therapy and number of medications ordered or provided, according to patient's age, sex, and race: United States, 1993

Visit characteristic	All ages, both sexes	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
	Number of visits in thousands											
All visits	717,191	129,279	62,346	193,914	160,146	93,873	77,633	430,170	287,021	632,500	58,154	26,537
Medication therapy[1]												
Drug visits[2]	467,301	84,070	37,264	117,532	108,488	64,311	55,637	279,430	187,871	412,463	38,742	16,095
Visits without mention of medication therapy	249,890	45,209	25,082	76,382	51,658	29,562	21,996	150,740	99,150	220,037	19,412	10,442
Number of medications ordered or provided												
None	249,890	45,209	25,082	76,382	51,658	29,562	21,996	150,740	99,150	220,037	19,412	10,442
1	226,541	48,871	20,923	62,424	48,111	25,680	20,532	132,524	94,017	200,650	17,710	8,180
2	124,634	22,467	10,655	32,332	29,490	16,369	13,321	74,649	49,985	110,301	9,643	4,690
3	56,803	7,889	4,169	13,731	14,274	9,467	7,274	34,188	22,615	49,821	5,337	1,649
4	29,329	3,722	1,122	5,442	7,425	5,731	5,888	19,253	10,075	25,618	2,887	823
5	29,994	1,120	*396	3,603	9,188	7,065	8,622	18,815	11,179	26,073	3,165	*756
	Percent distribution											
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Medication therapy[1]												
Drug visits[2]	65.2	65.0	59.8	60.6	67.7	68.5	71.7	65.0	65.5	65.2	66.6	60.7
Visits without mention of medication therapy	34.8	35.0	40.2	39.4	32.3	31.5	28.3	35.0	34.5	34.8	33.4	39.3
Number of medications ordered or provided												
None	34.8	35.0	40.2	39.4	32.3	31.5	28.3	35.0	34.5	34.8	33.4	39.3
1	31.6	37.8	33.6	32.2	30.0	27.4	26.4	30.8	32.8	31.7	30.5	30.8
2	17.4	17.4	17.1	16.7	18.4	17.4	17.2	17.4	17.4	17.4	16.6	17.7
3	7.9	6.1	6.7	7.1	8.9	10.1	9.4	7.9	7.9	7.9	9.2	6.2
4	4.1	2.9	1.8	2.8	4.6	6.1	7.6	4.5	3.5	4.1	5.0	3.1
5	4.2	0.9	*0.6	1.9	5.7	7.5	11.1	4.4	3.9	4.1	5.4	*2.8

* Figure does not meet standard of reliability or precision.

[1]Includes prescription drugs, over-the-counter preparations, immunizng agents, and desensitizing agents.

[2]Visits at which one or more drugs were provided or prescribed by the physician.

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

Table 29. Number and percent distribution of office visits by selected therapeutic services ordered or provided, according to physician specialty: United States, 1993

Therapeutic services ordered or provided	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	General surgery	Psychiatry	Urology	Otolaryn-gology	Cardio-vascular diseases	Allergy and immunology[1]	Neurology	Pulmonary diseases[1]	Other
								Number of visits in thousands									
All visits	717,191	197,605	102,436	76,982	64,030	39,373	33,638	31,469	21,703	20,469	15,690	15,380	12,178	10,605	8,393	4,251	62,991
Counseling and education								Percent of visits[2]									
Exercise	9.0	9.6	17.7	1.5	5.7	*	28.5	*	6.1	5.1	*	*	23.6	1.9	8.8	9.9	9.4
Cholesterol reduction	3.8	4.2	12.4	*	*	–	*	–	2.2	*	*	*	18.1	*	*	4.9	2.6
Weight reduction	5.7	6.7	15.7	*	2.9	*	2.5	*	3.9	4.7	*	*	17.1	2.0	2.1	8.5	4.2
Smoking cessation	3.2	3.5	8.1	*	2.4	*	*	*	2.3	4.2	*	*	5.5	1.9	1.5	5.2	3.6
Growth/development	4.2	2.6	*	19.4	10.6	–	*	*	*	3.2	*	*	–	*	1.9	*	3.2
Injury prevention[3]	3.0	2.7	3.0	9.4	*	*	7.5	*	2.6	*	*	1.4	*	*	3.8	*	1.9
HIV transmission	1.3	*	5.7	*	*	–	–	*	*	*	*	–	–	*	*	*	*
Other STD transmission[3]	1.4	0.8	5.2	*	3.0	–	–	*	*	*	*	–	–	*	–	*	*
Other	34.2	30.8	32.2	34.1	46.2	33.9	20.1	47.4	34.9	42.6	33.4	36.5	17.7	31.9	30.9	33.8	37.8
None	51.5	53.5	44.9	51.8	41.0	65.7	52.5	51.6	55.8	48.7	65.0	61.3	53.0	64.5	57.7	49.1	47.4
Medication therapy[4]								Percent distribution									
All visits	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Drug visit[5]	65.2	74.5	79.9	71.1	46.4	48.8	35.0	67.5	33.1	74.1	40.5	51.7	70.7	93.0	59.0	77.9	60.3
1 drug mention	31.6	33.7	31.7	42.0	29.5	26.3	24.1	32.1	18.9	31.5	30.4	30.0	14.6	45.0	29.7	19.5	28.3
2 drug mentions	17.4	21.2	20.2	18.5	12.1	14.1	6.7	21.0	7.8	22.1	7.0	14.1	18.4	18.1	15.4	16.2	16.1
3 drug mentions	7.9	9.7	11.1	6.4	3.5	4.9	2.7	10.2	2.9	11.8	2.1	5.0	13.6	13.5	7.7	11.8	7.5
4 drug mentions	4.1	4.8	7.2	3.1	*	2.0	*	3.3	1.6	6.3	*	1.7	9.2	8.1	3.1	10.1	4.4
5 drug mentions	4.2	5.1	9.8	*	*	1.8	*	*	2.0	2.5	*	*	14.9	8.3	3.1	20.3	4.0
Visits without mention of medication	34.8	25.5	20.1	28.9	53.6	51.2	65.0	32.5	66.9	25.9	59.2	48.3	29.3	7.0	41.0	22.1	39.7

* Figure does not meet standard of reliability or precision.

– Quantity zero.

[1]These specialties were sampled separately in 1993 as part of a supplemental data collection project.

[2]Sum of percents may exceed 100.0 because more than one counseling/education category may be reported per visit.

[3]Category is new in the 1993 National Ambulatory Care Survey.

[4]Includes prescription drugs, over-the-counter preparations, immunizng agents, and desensitizing agents.

[5]Visits at which one or more drugs were provided or prescribed by the physician.

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

Table 30. Number and percent distribution of office visits by medication therapy ordered or provided, according to selected principal diagnoses: United States, 1993

Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	1 or more medications ordered or provided at the visit		
		Total	Yes	No
		Percent distribution		
All visits	717,191	100.0	65.2	34.8
Infectious and parasitic diseases 001–139	21,828	100.0	66.9	33.1
Neoplasms 140–239	21,876	100.0	45.8	54.2
Endocrine, nutritional, and metabolic diseases, and immunity disorders 240–279	25,428	100.0	77.6	22.4
Diabetes mellitus .250	12,997	100.0	79.2	20.8
Mental disorders 290–319	33,613	100.0	76.8	23.2
Affective psychoses .296	7,351	100.0	100.0	*9.5
Neurotic disorders .300	8,532	100.0	67.7	32.3
Diseases of the nervous system and sense organs 320–389	77,737	100.0	64.8	35.2
Glaucoma .365	6,173	100.0	77.2	22.8
Cataract .366	6,739	100.0	41.7	58.3
Suppurative and unspecified otitis media .382	19,309	100.0	89.1	10.9
Diseases of the circulatory system 390–459	57,564	100.0	81.0	19.0
Essential hypertension .401	28,124	100.0	88.8	11.2
Other forms of chronic ischemic heart disease .414	6,379	100.0	79.5	20.5
Diseases of the respiratory system 460–519	99,114	100.0	87.0	13.0
Acute pharyngitis .462	9,576	100.0	79.8	20.2
Acute upper respiratory infections of multiple and unspecified sites .465	17,557	100.0	84.4	15.6
Chronic sinusitis .473	11,594	100.0	88.4	11.6
Allergic rhinitis .477	9,637	100.0	100.0	*4.2
Bronchitis, not specified as acute or chronic .490	10,093	100.0	100.0	*
Asthma .493	11,340	100.0	100.0	*5.9
Diseases of the digestive system 520–579	27,651	100.0	68.2	31.8
Diseases of the genitourinary system 580–629	41,281	100.0	53.6	46.4
Other disorders of the urethra and urinary tract .599	6,167	100.0	71.0	29.0
Diseases of the skin and subcutaneous tissue 680–709	42,771	100.0	73.5	26.5
Contact dermatitis and other eczema .692	6,919	100.0	87.3	12.7
Diseases of the sebaceous glands .706	9,193	100.0	79.9	20.1
Diseases of the musculoskeletal system and connective tissue 710–739	51,910	100.0	68.6	31.4
Osteoarthrosis and allied disorders .715	6,890	100.0	76.7	23.3
Symptoms, signs, and ill-defined conditions 780–799	32,503	100.0	60.0	40.0
General symptoms .780	6,050	100.0	69.3	30.7
Injury and poisoning 800–999	46,161	100.0	49.0	51.0
Sprains and strains of other and unspecified parts of back .847	6,257	100.0	63.3	36.7
Supplementary classification V01–V82	112,087	100.0	46.9	53.1
Health supervision of infant or child V20	18,508	100.0	65.4	34.6
Normal pregnancy V22	26,489	100.0	42.8	57.2
Other postsurgical states V45	7,880	100.0	43.1	56.9
General medical examination V70	19,065	100.0	35.7	64.3
Special investigations and examinations V72	7,111	100.0	47.6	52.4
All other diagnoses[2]	8,554	100.0	52.5	47.5
Unknown[3]	17,112	100.0	39.2	60.8

* Figure does not meet standard of reliability or precision.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (15).

[2]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–779).

[3]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

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

Table 31. Number and percent distribution of drug mentions by therapeutic classification, according to physician specialty: United States, 1993

Therapeutic classification[1]	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Derma-tology	Ophthal-mology	Psychiatry	Cardio-vascular diseases	Allergy and immunology[3]	Orthopedic surgery	Otolaryn-gology	General surgery	Pulmonary diseases[3]	Neurology	Urology	Other
								Number of drug mentions in thousands									
All drug mentions	913,503	292,771	188,654	89,594	44,818	38,635	33,686	30,379	24,800	20,935	17,656	12,945	12,872	9,774	9,405	8,611	77,970
Cardiovascular-renal drugs	127,549	48,096	46,525	*	1,164	*	2,123	682	12,845	504	*	246	1,952	1,563	1,098	1,198	8,131
Antimicrobial agents	127,190	49,086	18,558	26,014	4,070	7,088	1,296	*	*	1,310	*	3,796	1,860	688	175	2,877	9,186
Drugs used for relief of pain	100,898	36,089	21,053	6,172	3,106	514	705	690	3,422	357	9,176	576	2,191	553	2,162	842	13,289
Respiratory tract drugs	87,751	33,259	16,307	14,362	1,479	941	876	528	668	6,855	*	2,960	893	2,814	225	*	5,316
Hormones and agents affecting hormonal mechanisms	85,421	26,607	20,869	1,831	13,611	2,708	1,228	575	1,668	1,431	2,249	1,095	1,252	1,572	475	763	7,485
Psychopharmacologic drugs	62,592	17,192	10,042	1,268	*	660	*	22,520	708	257	*	*	623	344	1,927	*	4,991
Skin/mucous membrane	54,551	12,150	5,253	4,839	2,543	20,855	*	*	*	871	963	1,465	870	151	*	369	3,478
Metabolic and nutrient agents	43,427	11,791	9,911	2,972	11,107	*	*	*	2,179	146	*	*	424	332	172	*	2,844
Immunologic agent	39,732	10,832	6,138	19,898	*	*	–	–	*	*	–	*	218	113	*	*	1,944
Gastrointestinal agents	38,658	13,575	11,906	*	*	*	*	*	1,051	188	*	*	891	379	226	451	7,010
Ophthalmic drugs	31,320	2,447	2,067	1,514	*	*	22,866	*	*	671	*	287	*	259	*	*	*
Neurologic drugs	20,418	6,487	4,072	*	*	*	*	3,423	*	*	908	*	178	108	2,245	*	2,016
Hematologic agents	16,219	4,522	4,454	*	3,235	*	*	*	873	*	*	–	201	101	128	*	1,904
Other and unclassified[2]	77,777	20,638	11,499	8,599	2,472	4,468	2,824	1,336	569	8,182	1,496	2,035	1,319	797	459	1,362	10,376
								Percent distribution									
All drug mentions	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Cardiovascular-renal drugs	14.0	16.4	24.7	*	2.6	*	6.3	2.2	51.8	2.4	*	1.9	15.2	16.0	11.7	13.9	10.4
Antimicrobial agents	13.9	16.8	9.8	29.0	9.1	18.3	3.8	*	*	6.3	*	29.3	14.4	7.0	1.9	33.4	11.8
Drugs used for relief of pain	11.0	12.3	11.2	6.9	6.9	1.3	2.1	2.3	13.8	1.7	52.0	4.4	17.0	5.7	23.0	9.8	17.0
Respiratory tract drugs	9.6	11.4	8.6	16.0	3.3	2.4	2.6	1.7	2.7	32.7	*	22.9	6.9	28.8	2.4	*	6.8
Hormones and agents affecting hormonal mechanisms	9.4	9.1	11.1	2.0	30.4	7.0	3.6	1.9	6.7	6.8	12.7	8.5	9.7	16.1	5.1	8.9	9.6
Psychopharmacologic drugs	6.9	5.9	5.3	1.4	*	1.7	*	74.1	2.9	1.2	*	*	4.8	3.5	20.5	*	6.4
Skin/mucous membrane	6.0	4.2	2.8	5.4	5.7	54.0	*	*	*	4.2	5.5	11.3	6.8	1.5	*	4.3	4.5
Metabolic and nutrient agents	4.8	4.0	5.3	3.3	24.8	*	*	*	8.8	0.7	*	*	3.3	3.4	1.8	*	3.6
Immunologic agent	4.3	3.7	3.3	22.2	*	*	–	–	*	*	–	*	1.7	1.2	*	*	2.5
Gastrointestinal agents	4.2	4.6	6.3	*	*	*	*	*	4.2	0.9	*	*	6.9	3.9	2.4	5.2	9.0
Ophthalmic drugs	3.4	0.8	1.1	1.7	*	*	67.9	*	*	3.2	*	2.2	*	2.6	*	*	*
Neurologic drugs	2.2	2.2	0.2	*	*	*	*	11.3	*	*	5.1	*	1.4	1.1	23.9	*	2.6
Hematologic agents	1.8	1.5	2.4	*	7.2	*	*	*	3.5	*	*	–	1.6	1.0	1.4	*	2.4
Other and unclassified[2]	8.5	7.1	7.9	8.5	5.5	11.8	8.5	4.4	2.4	39.1	8.5	15.7	10.2	8.2	4.9	15.8	13.3

* Figure does not meet standard of reliability or precision. – Quantity zero.

[1]Therapeutic classification is based on the standard drug classification used in the *National Drug Code Directory, 1985 edition* (17).

[2]Includes anesthetics, antidotes, radiopharmaceutical/contrast media, oncolytics, otologic drugs, antiparasitic agents, and unclassified/miscellaneous drugs.

[3]This specialty was sampled separately in 1993 as part of a supplemental data collection project.

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

Table 32. Number and percent distribution of drug mentions by therapeutic classification: United States, 1993

Therapeutic classification[1]	Number of drug mentions in thousands	Percent distribution
All drug mentions	913,503	100.0
Cardiovascular-renal drugs	127,549	14.0
Antihypertensive agents	49,826	5.5
Diuretics	29,843	3.3
Antianginal agents	25,888	2.8
Cardiac glycosides	10,021	1.1
Antiarrhythmic agents	7,289	0.8
Agents used in peripheral or cerebral vascular disorders	1,742	0.2
Other	2,940	0.3
Antimicrobial agents	127,190	13.9
Penicillins	37,264	4.1
Cephalosporins	25,221	2.8
Erythromycins and lincosamides	22,206	2.4
Sulfonamides and trimethoprim	10,313	1.1
Tetracyclines	9,675	1.1
Miscellaneous antibacterial agents	7,812	0.9
Urinary tract antiseptics	7,468	0.8
Antifungal agents	3,017	0.3
Antiviral agents	2,503	0.3
Other	1,711	0.2
Drugs used for the relief of pain	100,898	11.0
General analgesics	52,262	5.7
Antiarthritics	42,795	4.7
Drugs used in gout	3,361	0.4
Other	2,480	0.3
Respiratory tract drugs	87,751	9.6
Bronchodilators, antiasthmatics	28,225	3.1
Nasal decongestants	23,361	2.6
Antitussives, expectorants, mucolytics	18,950	2.1
Antihistamines	17,052	1.9
Other	*	*
Hormones and agents affecting hormonal mechanisms	85,421	9.4
Adrenal corticosteroids	25,419	2.8
Estrogens and progestins	19,947	2.2
Blood glucose regulators	19,579	2.1
Agents used to treat thyroid disease	10,729	1.2
Contraceptive agents	7,077	0.8
Androgens and anabolic steroids	1,515	0.2
Other	*1,155	*0.1
Psychopharmacologic drugs	62,592	6.9
Antidepressants	27,695	3.0
Antianxiety agents	17,838	2.0
Antipsychotic drugs	7,380	0.8
Sedatives and hypnotics	5,312	0.6
Other	4,367	0.5
Skin/mucous membrane	54,551	6.0
Dermatologics	49,269	5.4
Other	5,282	0.6
Metabolic and nutrient agents	43,427	4.8
Vitamins, minerals	21,507	2.4
Replenishers and regulators of water and electrolytes	10,741	1.2
Agents used to treat hyperlipidemia	10,196	1.1
Other	*983	*0.1
Immunologic agent	39,732	4.3
Vaccines and antiserum	39,373	4.3
Other	*	*
Gastrointestinal agents	38,658	4.2
Agents used in disorders of upper GI tract	24,324	2.7
Miscellaneous gastrointestional agents	7,835	0.9
Laxatives	4,931	0.5
Other	*1,568	*0.2

See footnotes at end of table.

Table 32. Number and percent distribution of drug mentions by therapeutic classification: United States, 1993—Con.

Therapeutic classification[1]	Number of drug mentions in thousands	Percent distribution
Ophthalmic drugs	31,320	3.4
Ocular anti-infective and anti-inflammatory agents	13,577	1.5
Agents used to treat glaucoma	8,171	0.9
Miscellaneous ophthalmic preparations	7,066	0.8
Mydriatics and cycloplegics	2,506	0.3
Neurologic drugs	20,418	2.2
Drugs used to treat skeletal muscle hyperactivity	8,892	1.0
Anticonvulsants	8,452	0.9
Drugs used in extrapyramidal movement disorders	2,715	0.3
Drugs used in myasthenia gravis	*	*
Hematologic agents	16,219	1.8
Agents used to treat deficiency anemias	11,607	1.3
Anticoagulants or thrombolytics	4,548	0.5
Other	*	*
Radiopharmaceutical/contrast media	9,773	1.1
Oncolytics	6,864	0.8
Otologic drugs	5,166	0.6
Other and unclassified[2]	55,974	6.1

* Figure does not meet standard of reliability or precision.

[1]Therapeutic classification is based on the standard drug classification used in the *National Drug Code Directory, 1985 edition* (17).

[2]Includes anesthetics, antidotes, antiparasitic agents and unclassified/miscellaneous drugs.

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

Table 33. Number, percent distribution, and therapeutic classification of the 20 drugs most frequently provided or prescribed at office visits by entry name of drug: United States, 1993

Entry name of drug[1]	Number of drug mentions in thousands	Percent distribution	Therapeutic classification[2]
All drug mentions	913,503	100.0	. . .
Amoxicillin	19,212	2.1	Penicillins
Tylenol	11,225	1.2	General analgesics
Premarin	10,675	1.2	Estrogens and progestins
Lasix	10,578	1.2	Diuretics
Amoxil	10,569	1.2	Penicillins
Prednisone	10,562	1.2	Adrenal corticosteroids
Zantac	9,303	1.0	Agents used in disorders of upper GI tract
Cardizem	8,977	1.0	Antianginal agents
Allergy relief or shots	8,029	0.9	Diagnostics, nonradioactive and radiopaque
Influenza virus vaccine	7,685	0.8	Vaccines and antiserums
Procardia	7,575	0.8	Antianginal agents
Lanoxin	7,177	0.8	Cardiac glycosides
Synthroid	7,169	0.8	Agents used to treat thyroid disease
Vasotec	7,032	0.8	Antihypertensive agents
Diphtheria/tetanus toxoids/pertussis	6,994	0.8	Vaccines and antiserums
Ventolin	6,940	0.8	Bronchodilators, antiasthmatics
Prenatal vitamins	6,902	0.8	Vitamins, minerals
Naprosyn	6,769	0.7	Nonsteroidal anti-inflammatory agents
Proventil	6,626	0.7	Bronchodilators, antiasthmatics
Prozac	6,462	0.7	Antidepressants
Poliomyelitis vaccine	6,248	0.7	Vaccines and antiserums
Seldane	6,163	0.7	Antihistamines
Motrin	6,162	0.7	Nonsteroidal anti-inflammatory agents
Xanax	6,127	0.7	Anxiety agents
A.S.A	5,759	0.6	Analgesics, anti-inflammatory, antipyretics
All other	706,583	77.3	. . .

. . . Category not applicable.

[1]The entry made by the physician on the prescription or other medical records. This may be a trade name, generic name, or desired therapeutic effect.

[2]Based on the *National Drug Code Directory, 1985 edition* (NDC) (17). In cases where a drug had more than one therapeutic use, it was listed under the NDC category that occurred with the highest frequency.

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

Table 34. Number of occurrences and percent of all drug mentions by the 20 most frequent generic substances in drug mentions at office visits: United States, 1993

Generic substance[1]	Number of occurrences in thousands	Percent of all drug mentions[2]
All generic substances	1,080,968	. . .
Amoxicillin	35,234	3.9
Acetaminophen	34,277	3.8
Hydrochlorothiazide	15,217	1.7
Albuterol	14,943	1.6
Ibuprofen	14,405	1.6
Multivitamins general	14,064	1.5
Erythromycin	13,459	1.5
Aspirin	13,293	1.5
Phenylephrine	12,568	1.4
Guaifenesin	11,727	1.3
Estrogens	11,660	1.3
Furosemide	11,212	1.2
Prednisone	10,833	1.2
Codeine	10,153	1.1
Digoxin	9,964	1.1
Trimethoprim	9,886	1.1
Diltiazem	9,541	1.0
Hydrocortisone	9,516	1.0
Phenylpropanolamine	9,485	1.0
Rantidine	9,325	1.0
Sulfamethoxazole	9,233	1.0
Beclomethasone	8,871	1.0
Insulin	8,720	1.0
Naproxen	8,555	0.9
Enalapril	8,416	0.9

. . . Category not applicable

[1]Frequency of mention combines single-ingredient agents with mentions of the agent as an ingredient in a combination drug.

[2]Based on an estimated 913,503,000 drug mentions in 1993.

Table 35. Number of occurrences and percent of all drug mentions for the 10 generic substances most frequently used at office visits by patient's age and sex: United States, 1993

Patient's age and sex, and generic substance	Number of occurrences in thousands[1]	Percent of drug mentions[2]
Patient's age		
All ages:		
All generic substances	1,080,968	. . .
Amoxicillin	35,234	3.9
Acetaminophen	34,277	3.8
Hydrochlorothiazide	15,217	1.7
Albuterol	14,943	1.6
Ibuprofen	14,405	1.6
Multivitamins general	14,064	1.5
Erythromycin	13,459	1.5
Aspirin	13,293	1.5
Phenylephrine	12,568	1.4
Guaifenesin	11,727	1.3
Under 15 years:		
All generic substances	179,594	. . .
Amoxicillin	19,140	13.9
Diphtheria-pertussis-tetanus	6,916	5.0
Acetaminophen	6,656	4.8
Polio vaccine	6,248	4.5
Albuterol	5,292	3.8
Haemophilus B vaccine	5,202	3.8
Hepatitis B vaccine	4,496	3.3
Trimethoprim	3,813	2.8
Erythromycin	3,762	2.7
Sulfamethoxazole	3,621	2.6
15–24 years:		
All generic substances	73,819	. . .
Multivitamins general	4,070	6.6
Amoxicillin	3,814	6.2
Erythromycin	2,461	4.0
Acetaminophen	2,074	3.4
Iron preparations	1,764	2.9
Benzoyl peroxide	1,661	2.7
Tretinoin	*1,559	*2.5
Phenylephrine	*1,333	*2.2
Guaifenesin	*1,294	*2.1
Codeine	*1,162	*1.9
25–44 years:		
All generic substances	253,627	. . .
Acetaminophen	11,456	5.5
Multivitamins general	7,236	3.5
Amoxicillin	6,425	3.1
Ibuprofen	5,572	2.7
Guaifenesin	4,216	2.0
Codeine	3,798	1.8
Phenylephrine	3,734	1.8
Erythromycin	3,345	1.6
Naproxen	3,312	1.6
Hydrocodone	3,308	1.6
45–64 years:		
All generic substances	259,826	. . .
Acetaminophen	7,229	3.2
Estrogens	7,164	3.2
Hydrochlorothiazide	5,349	2.4
Medroxyprogesterone	3,960	1.8
Amoxicillin	3,954	1.8
Aspirin	3,918	1.7

See footnotes at end of table.

Table 35. Number of occurrences and percent of all drug mentions for the 10 generic substances most frequently used at office visits by patient's age and sex: United States, 1993—Con.

Patient's age and sex, and generic substance	Number of occurrences in thousands[1]	Percent of drug mentions[2]
45–64 years:—Con.		
Insulin	3,487	1.5
Ibuprofen	3,234	1.4
Prednisone	3,140	1.4
Rantidine	3,139	1.4
65–74 years:		
All generic substances	162,747	. . .
Hydrochlorothiazide	4,351	3.0
Acetaminophen	3,723	2.6
Aspirin	3,361	2.3
Diltiazem	3,166	2.2
Digoxin	2,795	1.9
Furosemide	2,678	1.8
Influenza virus vaccine	2,477	1.7
Levothyroxine	2,397	1.7
Estrogens	2,371	1.6
Glyburide	2,317	1.6
75 years and over:		
All generic substances	151,356	. . .
Furosemide	5,392	4.0
Digoxin	5,213	3.8
Hydrochlorothiazide	4,286	3.2
Potassium replacement solution	3,767	2.8
Aspirin	3,571	2.6
Diltiazem	3,203	2.4
Acetaminophen	3,139	2.3
Nifedipine	2,498	1.8
Influenza virus vaccine	2,374	1.7
Triamterene	2,346	1.7
Patient's sex		
Female:		
All generic substances	661,027	. . .
Acetaminophen	20,297	3.7
Amoxicillin	19,130	3.4
Multivitamins general	12,971	2.3
Estrogens	11,611	2.1
Hydrochlorothiazide	10,878	2.0
Ibuprofen	8,589	1.5
Albuterol	8,218	1.5
Guaifenesin	8,022	1.4
Erythromycin	7,873	1.4
Phenylephrine	7,499	1.4
Male:		
All generic substances	419,942	. . .
Amoxicillin	16,104	4.5
Acetaminophen	13,979	3.9
Aspirin	7,385	2.1
Albuterol	6,725	1.9
Ibuprofen	5,816	1.6
Erythromycin	5,586	1.6
Furosemide	5,381	1.5
Phenylephrine	5,069	1.4
Digoxin	4,586	1.3
Hydrochlorothiazide	4,339	1.2

. . . Category not applicable.

* Figure does not meet standard of reliability or precision.

[1]Frequency of mention combines single-ingredient agents with mentions of the agent as an ingredient in a combined drug.

[2]Based on number of occurrences divided by number of drug mentions in each category. Denominators for each age and sex group can be found in Table E.

Table 36. Number of office visits by expected sources of payment, referral status and prior-visit status of patient, percent of visits by expected sources(s) of payment, and percent distribution of office visits by referral status of patients and prior-visit status, according to patient's age, sex, and race: United States, 1993

Visit characteristic	All ages, both sexes	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
	Number of visits in thousands											
All visits	717,191	129,279	62,346	193,914	160,146	93,873	77,633	430,170	287,021	632,500	58,154	26,537
Expected sources of payment[1]												
Private/commercial insurance	277,596	46,149	22,748	85,433	75,650	28,625	18,989	167,706	109,890	251,945	15,957	9,694
Medicare	158,804	836	*529	4,175	12,558	74,287	66,419	95,716	63,088	145,907	10,376	2,521
HMO/other prepaid plan[2]	138,387	36,760	14,056	44,752	29,395	8,067	5,357	81,938	56,449	119,730	12,165	6,493
Patient-paid	107,629	21,805	11,047	34,075	28,975	6,588	5,140	63,283	44,346	98,341	6,529	2,760
Medicaid	74,712	23,654	11,173	17,085	11,392	5,737	5,671	49,789	24,923	54,649	14,970	5,092
Other government	11,946	1,712	1,053	3,897	3,844	805	*635	6,209	5,737	10,104	1,215	*627
No charge	9,623	1,133	922	3,618	2,488	866	*596	6,342	3,281	8,769	*578	*
Other	25,618	2,772	2,790	10,727	6,291	1,824	1,214	11,870	13,748	21,820	3,220	*578
Unknown	14,054	2,141	1,606	4,172	4,016	1,146	972	8,476	5,578	12,778	982	*
Referral status												
Patient was referred for this visit by another physician	98,159	11,691	6,924	28,596	24,423	14,813	11,713	56,227	41,933	88,217	7,056	2,886
Patient was not referred for this visit by another physician	619,032	117,588	55,423	165,318	135,723	79,060	65,920	373,943	245,089	544,283	51,098	23,651
Prior-visit status												
New patient	111,922	16,605	13,886	39,403	23,704	10,773	7,551	65,333	46,589	96,334	9,625	5,963
Old patient	605,269	112,674	48,460	154,511	136,442	83,100	70,082	364,837	240,462	536,167	48,528	20,573
New problem	152,898	41,185	16,250	40,326	30,588	14,828	9,721	90,382	62,515	132,514	12,813	7,570
Old problem	452,372	71,489	32,210	114,186	105,855	68,272	60,361	274,455	177,947	403,653	35,715	13,003
	Percent of visits											
All visits	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
Expected sources of payment[1]												
Private/commercial insurance	38.7	35.7	36.5	44.1	47.2	30.5	24.5	39.0	38.3	39.8	27.4	36.5
Medicare	22.1	0.6	*0.8	2.2	7.8	79.1	85.6	22.3	22.0	23.1	17.8	9.5
HMO/other prepaid plan[2]	19.3	28.4	22.5	23.1	18.4	8.6	6.9	19.0	19.7	18.9	20.9	24.5
Patient-paid	15.0	16.9	17.7	17.6	18.1	7.0	6.6	14.7	15.5	15.5	11.2	10.4
Medicaid	10.4	18.3	17.9	8.8	7.1	6.1	7.3	11.6	8.7	8.6	25.7	19.2
Other government	3.6	2.1	4.5	5.5	3.9	1.9	1.6	2.8	4.8	3.4	2.1	*2.4
No charge	1.7	1.3	1.7	2.0	2.4	0.9	*0.8	1.4	2.0	1.6	*1.0	*
Other	1.3	0.9	1.5	1.9	1.6	0.9	*0.8	1.5	1.1	1.4	5.5	*2.2
Unknown	2.0	1.7	2.6	2.2	2.5	1.2	1.3	2.0	1.9	2.0	1.7	*
Referral status					Percent distribution							
Patient was referred for this visit by another physician	13.7	9.0	11.1	14.7	15.3	15.8	15.1	13.1	14.6	13.9	12.1	10.9
Patient was not referred for this visit by another physician	86.3	91.0	88.9	85.3	84.7	84.2	84.9	86.9	85.4	86.1	87.9	89.1
Prior-visit status												
New patient	15.6	12.8	22.3	20.3	14.8	11.5	9.7	15.2	16.2	15.2	16.6	22.5
Old patient	84.4	87.2	77.7	79.7	85.2	88.5	90.3	84.8	83.8	84.8	83.4	77.5
New problem	21.3	31.9	26.1	20.8	19.1	15.8	12.5	21.0	21.8	21.0	22.0	28.5
Old problem	63.1	55.3	51.7	58.9	66.1	72.7	77.8	63.8	62.0	63.8	61.4	49.0

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]Numbers may not add to totals because more than one expected source of payment may be recorded for each visit.

[2]HMO is health maintenance organization.

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

Table 37. Number of office visits by expected sources of payment, referral status and prior-visit status of patient, percent of visits by expected sources of payment, and percent distribution of office visits by referral status of patients and prior-visit status, according to physician specialty: United States, 1993

Visit characteristic	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	General surgery	Psychiatry	Urology	Otolaryn-gology	Cardio-vascular diseases	Allergy and Immunology[1]	Neurology	Pulmonary diseases[1]	All other
								Number of visits in thousands									
All visits	717,191	197,605	102,436	76,982	64,030	39,373	33,638	31,469	21,703	20,469	15,690	15,380	12,178	10,605	8,393	4,251	62,991
Expected sources of payment[2]																	
Private/commercial insurance	277,596	66,718	34,576	23,713	30,690	13,351	15,789	12,468	8,965	9,321	7,976	6,867	5,042	5,705	3,135	1,772	31,508
Medicare	158,804	39,012	37,822	*	1,812	17,696	8,012	7,046	5,772	3,385	6,797	3,079	6,037	955	1,854	1,863	17,209
HMO/other prepaid[3]	138,387	41,484	20,173	28,706	14,924	3,891	3,422	4,411	3,255	1,749	2,374	2,320	1,483	2,275	1,564	526	5,832
Patient-paid	107,629	35,335	13,171	13,701	7,511	6,157	1,578	8,812	1,677	6,513	949	2,131	967	1,651	848	418	6,213
Medicaid	74,712	23,666	9,279	10,462	9,390	2,387	1,653	862	1,816	2,713	915	1,278	1,747	616	742	282	6,903
Other government	11,946	1,790	*	*	*	901	2,419	661	392	859	*	346	*	140	217	75	1,273
No charge	9,623	1,162	*	*	1,418	1,215	*	478	892	*	306	541	*	*	*	*	1,178
Other	25,618	8,191	1,575	2,010	*	990	4,440	894	1,142	444	*	403	*	235	608	147	3,163
Unknown	14,054	6,176	*	*	1,468	*	763	1,049	590	*	*	*	*	282	312	70	*
Referral status																	
Patient was referred for this visit by another physician	98,159	7,629	7,737	2,580	6,654	4,915	11,594	5,034	8,253	4,208	5,312	4,973	3,473	2,183	4,257	944	18,413
Patient was not referred for this visit by another physician	619,032	189,976	94,698	74,402	57,376	34,458	22,044	26,435	13,450	16,260	10,378	10,407	8,705	8,422	4,136	3,306	44,578
Prior-visit status																	
New patient	111,922	23,982	9,461	4,624	10,315	6,882	9,209	7,369	5,697	3,202	3,309	5,175	2,023	1,596	3,059	808	15,211
Old patient	605,269	173,623	92,975	72,358	53,715	32,491	24,428	24,100	16,005	17,267	12,380	10,205	10,154	9,009	5,334	3,443	47,780
New problem	152,898	62,096	27,596	28,319	10,576	3,573	3,333	4,256	2,631	*	824	1,143	744	325	471	317	6,624
Old problem	452,372	111,527	65,379	44,039	43,139	28,919	21,096	19,844	13,375	17,196	11,557	9,062	9,410	8,684	4,863	3,126	41,156
								Percent of visits									
All visits	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Expected sources of payment[2]																	
Private/commercial insurance	38.7	33.8	33.8	30.8	47.9	33.9	46.9	39.6	41.3	45.5	50.8	44.6	41.4	53.8	37.3	41.7	50.0
Medicare	22.1	19.7	36.9	0.0	2.8	44.9	23.8	22.4	26.6	16.5	43.3	20.0	49.6	9.0	22.1	43.8	27.3
HMO/other prepaid[3]	19.3	21.0	19.7	*	23.3	9.9	10.2	14.0	15.0	8.5	15.1	15.1	12.2	21.5	18.6	12.4	9.3
Patient-paid	15.0	17.9	12.9	17.8	11.7	15.6	4.7	28.0	7.7	31.8	6.0	13.9	7.9	15.6	10.1	9.8	9.9
Medicaid	10.4	12.0	9.1	13.6	14.7	6.1	4.9	2.7	8.4	13.3	5.8	8.3	14.3	5.8	8.8	6.6	11.0
Other government	1.7	0.9	*	*	*	2.3	7.2	2.1	1.8	4.2	*	2.3	*	1.3	2.6	1.8	2.0
No charge	1.3	0.6	*	*	2.2	3.1	*	1.5	4.1	*	2.0	3.5	*	*	*	*	1.9
Other	3.6	4.1	1.5	2.6	*	2.5	13.2	2.8	5.3	2.2	*	2.6	*	2.2	7.2	3.5	5.0
Unknown	2.0	3.1	*	*	2.3	*	2.3	3.3	2.7	*	*	*	*	2.7	3.7	1.6	*

See footnotes at end of table.

Table 37. Number of office visits by expected sources of payment, referral status and prior-visit status of patient, percent of visits by expected sources of payment, and percent distribution of office visits by referral status of patients and prior-visit status, according to physician specialty: United States, 1993—Con.

Visit characteristic	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	General surgery	Psychiatry	Urology	Otolaryn-gology	Cardio-vascular diseases	Allergy and Immunology[1]	Neurology	Pulmonary diseases[1]	All other
Referral status	Percent distribution																
Patient was referred for this visit by another physician	13.7	3.9	7.6	3.4	10.4	12.5	34.5	16.0	38.0	20.6	33.9	32.3	28.5	20.6	50.7	22.2	29.2
Patient was not referred for this visit by another physician	86.3	96.1	92.4	96.6	89.6	87.5	65.5	84.0	62.0	79.4	66.1	67.7	71.5	79.4	49.3	77.8	70.8
Prior-visit status																	
New patient	15.6	12.1	9.2	6.0	16.1	17.5	27.4	23.4	26.3	15.6	21.1	33.6	16.6	15.0	36.4	19.0	24.1
Old patient	84.4	87.9	90.8	94.0	83.9	82.5	72.6	76.6	73.7	84.4	78.9	66.4	83.4	85.0	63.6	81.0	75.9
New problem	21.3	31.4	26.9	36.8	16.5	9.1	9.9	13.5	12.1	*	5.2	7.4	6.1	3.1	5.6	7.5	10.5
Old problem	63.1	56.4	63.8	57.2	67.4	73.4	62.7	63.1	61.6	84.0	73.7	58.9	77.3	81.9	57.9	73.5	65.3

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

0.0 Quantity less than zero, but more than 0.05.

[1]These specialties were sampled separately in 1993 as part of a supplemental data collection project.

[2]Numbers may not add to totals because more than one expected source of payment may be recorded for each visit.

[3]HMO is health maintenance organization.

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

Table 38. Number and percent distribution of office visits by patient's prior-visit status and return visit rate, according to the 25 morbidity-related principal reasons for visit most frequently mentioned by patients: United States, 1993

Principal reason for visit and RVC code[1]	Total	New problem visits[2]	Return visits for old problems	Total	New problem visits[2]	Return visits for old problems	Return visit rate[3]
	Number in thousands			Percent distribution			
All visits	717,191	264,820	452,372	100.0	36.9	63.1	1.7
Cough S440	24,642	11,178	13,464	100.0	45.4	54.6	1.2
Symptoms referable to throat S455	17,263	10,126	7,138	100.0	58.7	41.3	0.7
Earache, or ear infection S355	16,130	7,380	8,749	100.0	45.8	54.2	1.2
Stomach and abdominal pain, cramps, and spasms S545	13,027	6,685	6,342	100.0	51.3	48.7	0.9
Back symptoms S905	12,768	4,790	7,978	100.0	37.5	62.5	1.7
Vision dysfunctions S305	12,416	4,504	7,912	100.0	36.3	63.7	1.8
Skin rash S860	12,138	7,961	4,177	100.0	65.6	34.4	0.5
Headache, pain in head S210	10,736	4,867	5,870	100.0	45.3	54.7	1.2
Head cold, upper respiratory infection (coryza) S445	10,160	4,452	5,708	100.0	43.8	56.2	1.3
Fever S010	10,006	5,705	4,301	100.0	57.0	43.0	0.8
Nasal congestion S400	9,872	4,108	5,764	100.0	41.6	58.4	1.4
Chest pain and related symptoms (not referable to a specific body system) S050	9,535	4,951	4,584	100.0	51.9	48.1	0.9
Hypertension D510	9,503	991	8,512	100.0	10.4	89.6	8.6
Knee symptoms S925	8,824	3,857	4,967	100.0	43.7	56.3	1.3
Depression S110	8,758	1,948	6,810	100.0	22.2	77.8	3.5
Neck symptoms S900	8,122	3,634	4,488	100.0	44.7	55.3	1.2
Leg symptoms S920	7,378	3,029	4,348	100.0	41.1	58.9	1.4
Low back symptoms S910	6,686	3,379	3,379	100.0	49.5	50.5	1.0
Foot and toe symptoms S935	6,338	3,055	3,055	100.0	51.8	48.2	1.0
Skin lesion S865	6,273	3,565	3,565	100.0	43.2	56.8	1.0
Anxiety and nervousness S100	5,999	4,654	4,654	100.0	22.4	77.6	1.0
Vertigo-dizziness S225	5,774	3,490	3,490	100.0	39.6	60.4	1.0
Other symptoms referable to ears S365	5,736	4,233	4,233	100.0	26.2	73.8	1.0
Shoulder symptoms S940	5,630	3,490	3,490	100.0	38.0	62.0	1.0
Shortness of breath S415	5,487	4,420	4,420	100.0	19.4	80.6	1.0

[1]Based on *A Reason for Visit for Ambulatory Care* (RVC) (14).

[2]"New problem" visits may be made by either old or new patients.

[3]Return visit rate is the ratio of visits made by previously seen patients for the care of previously treated problems to visits made for the treatment of new problems.

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

Table 39. Number and percent distribution of office visits by patient's prior-visit status and return-visit rate, according to selected principal diagnoses: United States, 1993

Principal diagnosis and ICD–9–CM code[1]	Total	New problem visits[2]	Return visits for old problems	Total	New problem visits[2]	Return visits for old problems	Return visit rate[3]
	Number in thousands			Percent distribution			
All visits	717,191	264,820	452,371	100.0	36.9	63.1	1.7
Infectious and parasitic diseases 001–139	21,828	13,197	8,631	100.0	60.5	39.5	0.7
Neoplasms 140–239	21,876	6,448	15,428	100.0	29.5	70.5	2.4
Endocrine, nutritional, and metabolic diseases, and immunity disorders 240–279	25,428	4,012	21,417	100.0	15.8	84.2	5.3
Diabetes mellitus 250	12,997	1,076	11,921	100.0	8.3	91.7	11.0
Mental disorders 290–319	33,613	7,758	25,855	100.0	23.1	76.9	3.3
Affective psychoses 296	7,351	976	6,375	100.0	13.3	86.7	6.5
Neurotic disorders 300	8,532	2,620	5,912	100.0	30.7	69.3	2.3
Diseases of the nervous system and sense organs 320–389	77,737	27,566	50,171	100.0	35.5	64.5	1.8
Glaucoma 365	6,173	*	5,763	100.0	*	93.4	*14.2
Cataract 366	6,739	1,721	5,018	100.0	25.5	74.5	2.9
Suppurative and unspecified otitis media 382	19,309	7,232	12,077	100.0	37.5	62.5	1.7
Diseases of the circulatory system 390–459	57,564	9,489	48,075	100.0	16.5	83.5	5.1
Essential hypertension 401	28,124	3,212	24,912	100.0	11.4	88.6	7.8
Other forms of chronic ischemic heart disease 414	6,379	948	5,432	100.0	14.9	85.1	5.7
Diseases of the respiratory system 460–519	99,114	41,152	57,963	100.0	41.5	58.5	1.4
Acute pharyngitis 462	9,576	5,577	3,999	100.0	58.2	41.8	0.7
Acute upper respiratory infections of multiple or unspecified sites 465	17,557	8,259	9,298	100.0	47.0	53.0	1.1
Chronic sinusitis 473	11,594	4,840	6,754	100.0	41.7	58.3	1.4
Allergic rhinitis 477	9,637	2,235	7,402	100.0	23.2	76.8	3.3
Bronchitis, not specified as acute or chronic 490	10,093	4,860	5,233	100.0	48.2	51.8	1.1
Asthma 493	11,340	1,449	9,891	100.0	12.8	87.2	6.8
Diseases of the digestive system 520–579	27,651	13,237	14,414	100.0	47.8	52.2	1.1
Diseases of the genitourinary system 580–629	41,281	17,718	23,564	100.0	42.9	57.1	1.3
Other disorders of the urethra and urinary tract 599	6,167	3,267	2,900	100.0	53.0	47.0	0.9
Diseases of the skin and subcutaneous tissue 680–709	42,771	18,875	23,896	100.0	44.1	55.9	1.3
Contact dermatitis and other eczema 692	6,919	4,181	2,738	100.0	60.4	39.6	0.7
Diseases of the sebaceous glands 706	9,193	2,961	6,231	100.0	32.2	67.8	2.1
Diseases of the musculoskeletal system and connective tissue 710–739	51,910	19,762	32,149	100.0	38.1	61.9	1.6
Osteoarthrosis and allied disorders 715	6,890	2,029	4,861	100.0	29.5	70.5	2.4
Symptoms, signs, and ill-defined conditions 780–799	32,503	14,990	17,513	100.0	46.1	53.9	1.2
General symptoms 780	6,050	2,440	3,610	100.0	40.3	59.7	1.5
Injury and poisoning 800–999	46,161	26,357	19,803	100.0	57.1	42.9	0.8
Sprains and strains of other and unspecified parts of back 847	6,257	2,953	3,304	100.0	47.2	52.8	1.1
Supplementary classification V01–V82	112,087	32,901	79,186	100.0	29.4	70.6	2.4
Health supervision of infant or child V20	18,508	5,342	13,166	100.0	28.9	71.1	2.5
Normal pregnancy V22	26,489	7,048	19,441	100.0	26.6	73.4	2.8
Other postsurgical states V45	7,880	737	7,143	100.0	9.3	90.7	9.8
General medical examination V70	19,065	8,601	10,464	100.0	45.1	54.9	1.2
Special investigations and examinations V72	7,111	2,252	4,859	100.0	31.7	68.3	2.2
All other diagnoses[4]	8,554	3,060	5,494	100.0	35.8	64.2	1.8
Unknown[5]	17,112	8,297	8,815	100.0	48.5	51.5	1.1

* Figure does not meet standard of reliability or precision.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (15).

[2]"New problem" visits may be made either by new or old patients.

[3]Return visit rate is the ratio of visits made by previously seen patients for the care of previously treated problems to visits made for the treatment of new problems.

[4]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–779).

[5]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

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

Table 40. Number, percent distribution, and cumulative percent of office visits by patient's prior-visit status and principal diagnosis: United States, 1993

Prior-visit status, principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Percent distribution	Cumulative percent
New problem visit[2]			
All new problem visits	264,820	100.0	. . .
General medical examination V70	8,601	3.2	3.2
Acute upper respiratory infection of multiple or unspecified sites 465	8,259	3.1	6.3
Suppurative and unspecified otitis media 382	7,232	2.7	9.0
Normal pregnancy V22	7,048	2.7	11.7
Acute pharyngitis 462	5,577	2.1	13.8
Health supervision of infant or child V20	5,342	2.0	15.8
Bronchitis, not specified as acute or chronic 490	4,860	1.8	17.6
Chronic sinusitis 473	4,840	1.8	19.4
Contact dermatitis and other eczema 692	4,181	1.6	21.0
Symptoms involving respiratory system and other chest symptoms 786	3,398	1.3	22.3
Other disorders of urethra and urinary tract 599	3,267	1.2	23.5
Essential hypertension 401	3,212	1.2	24.7
Diseases of the sebaceous glands 706	2,961	1.1	25.8
Sprains and strains of other and unspecified parts of back 847	2,953	1.1	26.9
Neurotic disorders 300	2,620	1.0	27.9
Viral and chlamydial infections in conditions classified elsewhere and of unspecified site 79	2,616	1.0	28.9
Influenza 487	2,526	1.0	29.9
General symptoms 780	2,440	0.9	30.8
Other and unspecified disorders of back 724	2,414	0.9	31.7
Disorders of refraction and accommodation 367	2,383	0.9	32.6
Disorders of external ear 380	2,380	0.9	33.5
Other disorders of soft tissue 729	2,357	0.9	34.4
Other disorders of synovium, tendon, and bursa 727	2,299	0.9	35.3
Peripheral enthesopathies and allied syndromes 726	2,292	0.9	36.2
Special investigations and examinations V72	2,252	0.9	37.1
All other diagnoses	171,054	62.9	100.0
Return visits for conditions previously treated by the physician			
All return visits	452,372	100.0	. . .
Essential hypertension 401	24,911	5.5	5.5
Normal pregnancy V22	19,441	4.3	9.8
Health supervision of infant or child V20	13,166	2.9	12.7
Suppurative and unspecified otitis media 382	12,077	2.7	15.4
Diabetes mellitus 250	11,921	2.6	18.0
General medical examination V70	10,464	2.3	20.3
Asthma 493	9,891	2.2	22.5
Acute upper respiratory infections of multiple or unspecified sites 465	9,298	2.1	24.6
Allergic rhinitis 477	7,402	1.6	26.2
Other postsurgical states V45	7,143	1.6	27.8
Chronic sinusitis 473	6,754	1.5	29.3
Affective psychoses 296	6,375	1.4	30.7
Diseases of sebaceous glands 706	6,231	1.4	32.1
Neurotic disorders 300	5,912	1.3	33.4
Glaucoma 365	5,763	1.3	34.7
Other forms of chronic ischemic heart disease 414	5,432	1.2	35.9
Bronchitis, not specified as acute or chronic 490	5,233	1.2	37.1
Cataract 366	5,018	1.1	38.2
Osteoarthrosis and allied disorders 715	4,861	1.1	39.3
Special investigations and examinations V72	4,859	1.1	40.4
Followup examination V67	4,307	1.0	41.4
Acute pharyngitis 462	3,999	0.9	42.3
Depressive disorder, not elsewhere classified 311	3,681	0.8	43.1
Other dermatosis 702	3,677	0.8	43.9
General symptoms 780	3,610	0.8	44.7
All other diagnoses	250,946	55.3	100.0

. . . Category not applicable.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM (15).

[2]"New problem" visits may be made by either old or new patients.

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

Table 41. Number and percent distribution of office visits by patient's cigarette-smoking status, age, and sex: United States, 1993

Cigarette-smoking status, age, and sex	Number of visits in thousands	Percent distribution
All visits	717,191	100.0
Does patient smoke cigarettes?		
Yes	67,720	9.4
No	455,475	63.5
Unknown	164,201	22.9
Unspecified	29,795	4.2
All visits by patients who smoke cigarettes	67,720	100.0
Age		
Under 15 years	*	*
15–24 years	6,121	9.0
25–44 years	27,692	40.9
45–64 years	22,541	33.3
65–74 years	8,357	12.3
75 years and over	2,891	4.3
Sex		
Female	39,928	59.0
Male	27,792	41.0

* Figure does not meet standard of reliability or precision.

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

Table 42. Number and percent distribution of office visits by patient's cigarette-smoking status, according to physician specialty and patient's age, sex, and race: United States, 1993

Selected physician and patient characteristics	Number of visits in thousands	Does patient smoke cigarettes?				
		Total	Yes	No	Unknown	Unspecified
		Percent distribution				
All visits	717,191	100.0	9.4	63.5	22.9	4.2
General and family practice	197,605	100.0	10.4	61.2	21.9	6.6
Internal medicine	102,436	100.0	13.8	70.9	12.3	3.0
Pediatrics	76,982	100.0	*	94.1	4.9	*
Obstetrics and gynecology	64,030	100.0	10.1	65.3	19.6	5.1
Ophthalmology	39,373	100.0	3.4	40.5	52.8	3.3
Orthopedic surgery	33,638	100.0	11.7	40.0	44.1	4.2
Dermatology	31,469	100.0	4.7	41.2	50.0	4.1
General surgery	21,703	100.0	11.7	51.3	31.7	5.2
Psychiatry	20,469	100.0	19.3	60.1	18.1	2.4
Urology	15,690	100.0	9.4	48.3	38.2	4.1
Otolaryngology	15,380	100.0	8.3	71.9	17.5	2.3
Cardiovascular diseases	12,178	100.0	9.1	66.3	17.9	6.8
Allergy and immunology[1]	10,605	100.0	4.5	73.5	19.7	2.2
Neurology	8,393	100.0	10.8	59.6	22.4	7.2
Pulmonary diseases[1]	4,251	100.0	12.7	69.1	12.5	5.8
All other specialties	62,991	100.0	11.3	62.7	23.5	2.5
Age						
Under 15 years	129,279	100.0	*	96.4	3.0	*
15–24 years	62,346	100.0	9.8	56.5	28.9	4.7
25–44 years	193,914	100.0	14.3	54.0	26.2	5.6
45–64 years	160,146	100.0	14.1	53.5	27.5	4.9
65–74 years	93,873	100.0	8.9	59.7	27.2	4.2
75 years and over	77,633	100.0	3.7	63.4	28.4	4.5
Sex and age						
Female	430,170	100.0	9.3	64.2	22.3	4.3
Under 15 years	60,664	100.0	*	96.1	3.2	*
15–24 years	41,408	100.0	10.3	57.7	26.9	5.1
25–44 years	128,854	100.0	13.0	58.6	23.0	5.4
45–64 years	96,011	100.0	13.3	55.3	26.5	4.9
65–74 years	55,215	100.0	8.4	61.6	25.7	4.3
75 years and over	48,017	100.0	2.9	64.8	27.9	4.4
Male	287,021	100.0	9.7	62.5	23.8	3.9
Under 15 years	68,615	100.0	*	96.6	2.8	*
15–24 years	20,938	100.0	8.8	54.1	33.0	4.1
25–44 years	65,060	100.0	16.8	44.7	32.5	6.0
45–64 years	64,135	100.0	15.3	50.9	28.8	5.0
65–74 years	38,658	100.0	9.6	56.9	29.3	4.1
75 years and over	29,616	100.0	5.0	61.2	29.1	4.7

* Figure does not meet standard of reliability or precision.

[1]These specialties were sampled separately in 1993 as part of a supplemental data collection project.

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

Table 43. Number of office visits by disposition and duration of visit, percent of visits by disposition of visit, and percent distribution by duration of visit, according to patient's age, sex, and race: United States, 1993

Visit characteristic	All ages, both sexes	Age						Sex		Race		
		Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Female	Male	White	Black	Other
	Number of visits in thousands											
All visits	717,191	129,279	62,346	193,914	160,146	93,873	77,633	430,170	287,021	632,500	58,154	26,537
Disposition of visit[1]												
No followup planned	61,687	20,341	7,254	17,812	9,484	4,261	2,535	34,290	27,398	53,283	4,593	3,811
Return at specified time	447,169	63,649	35,382	116,258	106,585	68,380	56,914	273,833	173,336	393,915	37,963	15,290
Return if needed	166,947	41,359	15,860	45,911	34,240	16,292	13,286	97,764	74,538	149,448	11,848	5,651
Telephone followup planned	30,937	5,263	2,411	8,167	7,404	4,145	3,547	19,653	11,285	28,093	1,971	874
Referred to other physician	26,411	3,245	2,263	8,633	5,716	3,489	3,066	15,382	11,029	22,595	2,335	1,482
Returned to referring physician	8,960	*701	*407	2,263	2,650	1,801	1,137	5,296	3,664	7,929	*761	*270
Admit to hospital	6,022	729	*	1,600	1,530	904	854	3,447	2,575	5,373	*502	*
Other	13,954	2,231	818	4,495	2,777	1,895	1,737	8,640	5,313	12,354	1,485	*
Duration of visit												
0 minutes[2]	17,484	2,261	1,131	5,185	4,167	2,783	1,958	10,841	6,644	15,096	871	1,517
1–5 minutes	40,611	9,434	5,186	11,710	6,954	4,124	3,203	23,228	17,384	34,251	3,594	2,766
6–10 minutes	177,841	44,830	17,924	46,331	35,366	18,769	14,622	103,303	74,538	156,330	16,486	5,026
11–15 minutes	219,418	41,440	18,822	55,966	47,737	30,000	25,453	131,828	87,591	195,323	17,805	6,291
16–30 minutes	204,296	25,492	15,849	56,621	51,152	29,815	25,367	127,152	77,144	179,970	15,563	8,762
31–60 minutes	52,143	5,379	3,049	16,258	13,483	7,656	6,318	30,400	21,744	46,828	3,349	1,966
More than 60 minutes	5,396	*442	*386	1,843	1,287	725	712	3,419	1,977	4,702	*	*208
	Percent of visits											
All visits	...	...	...	...	...	...	...	...	...	...	...	...
Disposition of visit[1]												
No followup planned	8.6	15.7	11.6	9.2	5.9	4.5	3.3	8.0	9.5	8.4	7.9	14.4
Return at specified time	62.3	49.2	56.8	60.0	66.6	72.8	73.3	63.7	60.4	62.3	65.3	57.6
Return if needed	23.3	32.0	25.4	23.7	21.4	17.4	17.1	22.7	26.0	23.6	20.4	21.3
Telephone followup planned	4.3	4.1	3.9	4.2	4.6	4.4	4.6	4.6	3.9	4.4	3.4	3.3
Referred to other physician	3.7	2.5	3.6	4.5	3.6	3.7	3.9	3.6	3.8	3.6	4.0	5.6
Returned to referring physician	1.2	*0.5	*0.7	1.2	1.7	1.9	1.5	1.2	1.3	1.3	*1.3	*1.0
Admit to hospital	0.8	0.6	*	0.8	1.0	1.0	1.1	0.8	0.9	0.8	*0.9	*
Other	1.9	1.7	1.3	2.3	1.7	2.0	2.2	2.0	1.9	2.0	2.6	*
Duration of visit	Percent distribution											
0 minutes[2]	2.4	1.7	1.8	2.7	2.6	3.0	2.5	2.5	2.3	2.4	1.5	5.7
1–5 minutes	5.7	7.3	8.3	6.0	4.3	4.4	4.1	5.4	6.1	5.4	6.2	10.4
6–10 minutes	24.8	34.7	28.7	23.9	22.1	20.0	18.8	24.0	26.0	24.7	28.3	18.9
11–15 minutes	30.6	32.1	30.2	28.9	29.8	32.0	32.8	30.6	30.5	30.9	30.6	23.7
16–30 minutes	28.5	19.7	25.4	29.2	31.9	31.8	32.7	29.6	26.9	28.5	26.8	33.0
31–60 minutes	7.3	4.2	4.9	8.4	8.4	8.2	8.1	7.1	7.6	7.4	5.8	7.4
More than 60 minutes	0.8	*0.3	*0.6	1.0	0.8	0.8	0.9	0.8	0.7	0.7	*	*0.8

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]Numbers may not add to totals because more than one disposition may be reported.

[2]Visits at which there was no face-to-face contact between the physician and the patient.

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

Table 44. Number of office visits, percent of visits by disposition of visit, and percent distribution by duration of visit, according to physician specialty: United States, 1993

Visit Characteristic	All specialties	General and family practice	Internal medicine	Pediatrics	Obstetrics and gynecology	Ophthal-mology	Orthopedic surgery	Derma-tology	General surgery	Psychiatry	Urology	Otolaryn-gology	Cardio-vascular diseases	Allergy and Immunology[1]	Neurology	Pulmonary diseases[1]	Other
								Number of visits in thousands									
All visits	717,191	197,605	102,436	76,982	64,030	39,373	33,638	31,469	21,703	20,469	15,690	15,380	12,178	10,605	8,393	4,251	62,991
Disposition of visit[2]								Percent of visits									
All visits	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No follow-up planned	8.6	12.7	4.8	15.4	5.9	5.6	5.2	8.2	8.2	1.0	4.9	9.9	2.0	3.7	6.1	2.4	6.4
Return at specified time	62.4	50.7	63.5	47.0	78.8	75.9	70.5	66.1	59.3	92.7	77.0	55.9	77.9	78.4	66.4	78.4	66.2
Return if needed	23.3	29.8	24.5	35.1	13.9	17.6	18.0	23.0	17.2	3.8	9.1	26.7	8.9	18.8	14.1	14.8	18.9
Telephone followup planned	4.3	4.0	7.1	5.9	4.7	*	*	2.1	5.2	1.6	4.8	1.4	8.4	1.9	5.8	3.7	3.9
Referred to other physician	3.7	4.6	5.8	2.9	1.7	2.1	2.4	*	4.0	1.7	*	2.6	*	*	3.1	3.4	5.3
Returned to referring physician	1.2	0.6	1.9	*	*	*	*	*	4.0	*	*	*	7.0	1.1	9.3	3.6	2.1
Admit to hospital	0.8	*	*	*	*	*	*	...	3.1	*	2.7	2.4	*	*	*	*	1.0
Other	1.9	1.0	1.6	*	2.3	2.3	3.7	*	7.0	1.3	*	3.4	*	1.2	*	*	3.6
Duration of visit								Percent distribution									
0 minutes[3]	2.4	3.9	2.1	*	*	2.2	*	*	*	*	*	*	*	32.2	*	0.5	1.0
1–5 minutes	5.7	5.2	3.4	6.8	8.4	5.3	6.4	9.5	9.8	*	7.7	9.6	*	7.9	*	0.8	4.7
6–10 minutes	24.8	27.1	17.4	37.3	23.9	23.3	36.8	36.0	26.2	*	23.2	27.8	15.1	8.8	3.7	11.3	19.5
11–15 minutes	30.6	36.7	31.6	31.5	26.4	22.1	29.4	33.0	30.4	6.9	30.1	29.4	28.9	17.1	25.1	42.8	28.2
16–30 minutes	28.5	23.6	36.0	20.8	34.3	36.7	24.7	18.5	26.9	33.3	32.3	27.9	40.3	20.3	38.2	32.0	32.8
More than 30 minutes	8.0	3.5	9.4	3.2	5.2	10.4	2.7	2.0	6.3	58.9	3.9	4.8	12.2	13.8	31.2	12.5	13.8

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]These specialties were sampled separately in 1993 as part of a supplemental data collection project.

[2]Sum of percents may exceed 100.0 because more than one category may be reported per visit.

[3]Visits at which there was no face-to-face contact between the physician and patient.

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

Table 45. Number and percent of office visits by disposition of visit and selected principal diagnoses: United States, 1993

Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Disposition of visit[2]			
		Return at specified time	Return if needed	No followup planned	Other
		Percent of visits			
All visits	717,191	62.4	23.3	8.6	12.0
Infectious and parasitic diseases 001–139	21,828	45.7	35.9	13.2	9.3
Neoplasms 140–239	21,876	75.9	12.6	3.9	19.0
Endocrine, nutritional, and metabolic diseases, and immunity disorders 240–279	25,428	80.3	11.7	*	15.5
Diabetes mellitus 250	12,997	87.8	7.9	*	13.0
Mental disorders 290–319	33,613	80.5	12.5	2.6	9.3
Affective psychoses 296	7,351	94.1	3.1	*	*5.0
Neurotic disorders 300	8,532	77.7	15.6	*	*7.7
Diseases of the nervous system and sense organs 320–389	77,737	63.6	23.9	8.1	9.4
Glaucoma 365	6,173	95.7	4.4	*	*
Cataract 366	6,739	77.0	15.3	*	*9.1
Suppurative and unspecified otitis media 382	19,309	61.9	26.3	9.2	7.6
Diseases of the circulatory system 390–459	57,564	83.3	10.2	*1.2	14.1
Essential hypertension 401	28,124	90.6	7.3	*	8.9
Other forms of chronic ischemic heart disease 414	6,379	81.3	13.8	*	24.8
Diseases of the respiratory system 460–519	99,114	40.3	41.9	13.5	9.7
Acute pharyngitis 462	9,576	14.4	57.0	18.9	16.1
Acute upper respiratory infections of multiple or unspecified sites 465	17,557	24.5	46.6	22.3	8.6
Chronic sinusitis 473	11,594	33.6	47.8	16.2	*4.7
Allergic rhinitis 477	9,637	61.7	29.8	*7.2	*5.0
Bronchitis, not specified as acute or chronic 490	10,093	34.2	47.0	*	*6.9
Asthma 493	11,340	63.4	32.2	*4.9	10.9
Diseases of the digestive system 520–579	27,651	56.2	23.1	5.7	23.6
Diseases of the genitourinary system 580–629	41,281	65.8	17.2	6.7	18.8
Other disorders of the urethra and urinary tract 599	6,167	63.9	19.0	*	15.5
Diseases of the skin and subcutaneous tissue 680–709	42,771	59.0	29.8	8.0	7.4
Contact dermatitis and other eczema 692	6,919	38.1	42.9	13.2	*
Diseases of the sebaceous glands 706	9,193	77.0	15.2	*4.6	*4.8
Diseases of the musculoskeletal system and connective tissue 710–739	51,910	62.9	24.3	4.1	13.7
Osteoarthrosis and allied disorders 715	6,890	64.9	23.9	*	15.0
Symptoms, signs, and ill-defined conditions 780–799	32,503	56.5	24.0	7.4	18.7
General symptoms 780	6,050	57.4	24.1	*	20.2
Injury and poisoning 800–999	46,161	55.1	26.2	11.0	11.7
Sprains and strains of other and unspecified parts of back 847	6,257	55.1	26.4	15.1	*
Supplementary classification V01–V82	112,087	67.6	17.8	13.4	7.8
Health supervision of infant or child V20	18,508	78.9	19.2	9.5	*
Normal pregnancy V22	26,489	93.5	7.0	*	6.1
Other postsurgical states V45	7,880	76.7	15.1	*8.0	*8.0
General medical examination V70	19,065	37.4	26.9	33.8	9.9
Special investigations and examinations V72	7,111	51.4	26.8	17.4	*7.9
All other diagnoses[3]	8,554	76.6	15.6	*	13.0
Unknown[4]	17,112	52.5	19.4	20.2	11.8

* Figure does not meet standard of reliability or precision.

[1]Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (15).

[2]Sum of percents may exceed 100.0 because more than one category may be reported per visit.

[3]Includes diseases of the blood and blood-forming organs (280–289); complications of pregnancy, childbirth, and the puerperium (630–676); congenital anomalies (740–759); and certain conditions originating in the perinatal period (760–779).

[4]Includes blank diagnoses, uncodable diagnoses, and illegible diagnoses.

Table 46. Number and percent distribution of office visits, mean duration of physician-patient contact, and standard error of mean contact duration, by physician specialty: United States, 1993

Physician specialty	Number of visits in thousands	Percent distribution	Mean contact duration in minutes[1]	Standard error of mean contact duration in minutes[2]
All visits	717,191	100.0	18.4	0.3
General and family practice	197,605	27.6	15.3	0.4
Internal medicine	102,436	14.3	19.9	1.0
Pediatrics	76,982	10.7	14.3	0.6
Obstetrics and gynecology	64,030	8.9	17.6	1.1
Ophthalmology	39,373	5.5	19.7	1.5
Orthopedic surgery	33,638	4.7	14.7	0.6
Dermatology	31,469	4.4	13.7	0.5
General surgery	21,703	3.0	16.8	0.5
Psychiatry	20,469	2.9	40.6	1.2
Urology	15,690	2.2	16.3	0.6
Otolaryngology	15,380	2.1	16.1	0.7
Cardiovascular diseases	12,178	1.7	22.2	1.5
Allergy and immunology[3]	10,605	1.5	17.8	3.1
Neurology	8,393	1.2	29.6	1.2
Pulmonary diseases[3]	4,251	0.6	21.3	0.8
All other specialties	62,991	8.8	21.6	1.2

[1]Time spent in face-to-face contact between physician and patient. Does not include visits at which there was no face-to-face contact between physician and patient.

[2]See appendix 1 for discussion of standard error and precision of NAMCS estimates.

[3]These specialties were sampled separately in 1993 as part of a supplemental data collection project.

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

Table 47. Number, percent, mean duration of physician-patient contact, and standard error of mean contact duration of office visits, by patient's expected sources of payment, referral status, and prior-visit status: United States, 1993

Selected characteristics	Number of visits in thousands	Percent of visit	Mean contact duration in minutes[1]	Standard error of mean contact duration in minutes[2]
All visits	717,191	. . .	18.4	0.3
Expected sources of payment[3]				
Private/commercial insurance	277,596	38.7	19.1	0.3
Patient-paid	107,629	15.0	19.3	0.6
Medicare	158,804	22.1	19.4	0.4
Medicaid	74,712	10.4	17.4	0.8
HMO/other prepaid[4]	138,387	19.3	16.8	0.5
Other government	11,946	1.7	19.6	1.1
No charge	9,623	1.3	15.6	1.1
Other	25,618	3.6	18.2	0.7
Unknown	14,054	2.0	18.6	0.8
Referral status				
Patient was referred for this visit by another physician	98,159	13.7	22.4	0.5
Patient was not referred for this visit by another physician	619,032	86.3	17.7	0.3
Prior-visit status				
New patient	111,922	15.6	23.0	0.5
Old patient	605,269	84.4	17.5	0.3
New problem	152,898	21.3	16.0	0.4
Old problem	452,372	63.1	18.0	0.3

. . . Category not applicable.

[1]Time spent in face-to-face contact between physician and patient. Does not include visits at which there was no face-to-face contact between physician and patient.

[2]See appendix I for discussion of standard error and precision of NAMCS estimates.

[3]Numbers may not add to totals because more than one expected source of payment may be recorded for each visit.

[4]HMO is health maintenance organization.

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

Table 48. Number, percent, cumulative percent, mean duration of physician-patient contact, and standard error of mean contact duration of office visits, by the 60 principal reasons for visit most frequently mentioned by patients: United States, 1993

Rank	Principal reason for visit and RVC code[1]	Number of visits in thousands	Percent	Cumulative percent	Mean contact duration in minutes[2]	Standard error of mean contact duration in minutes
. . .	All visits	717,191	100.0	. . .	18.4	0.3
1	General medical examination X100	38,185	5.3	5.3	21.7	0.9
2	Prenatal examination, routine X205	25,893	3.6	8.9	13.7	0.8
3	Cough S440	24,642	3.4	12.4	16.2	0.7
4	Postoperative visit T205	18,129	2.5	14.9	14.0	0.7
5	Symptoms referable to throat S455	17,263	2.4	17.3	13.9	0.5
6	Earache or ear infection S355	16,130	2.2	19.6	12.2	0.6
7	Well baby examination X105	14,023	2.0	21.5	16.1	0.7
8	Stomach pain, cramps, and spasms S545	13,027	1.8	23.3	21.3	0.9
9	Back symptoms S905	12,768	1.8	25.1	18.5	0.9
10	Vision dysfunctions S305	12,416	1.7	26.8	23.5	1.8
11	Skin rash S860	12,138	1.7	28.5	13.8	0.6
12	Headache, pain in head S210	10,736	1.5	30.0	21.0	1.1
13	Head cold, upper respiratory infection (coryza) S445	10,160	1.4	31.4	14.4	0.8
14	Fever S010	10,006	1.4	32.8	14.8	0.8
15	Nasal congestion S400	9,872	1.4	34.2	15.3	0.8
16	Chest pain and related symptoms (not referable to body system) S050	9,535	1.3	35.5	22.7	1.1
17	Hypertension D510	9,503	1.3	36.9	18.2	0.6
18	Knee symptoms S925	8,824	1.2	38.1	16.2	0.8
19	Depression S110	8,758	1.2	39.3	35.2	1.4
20	Neck symptoms S900	8,122	1.1	40.5	19.9	1.1
21	Blood pressure test X320	7,614	1.1	41.5	14.7	0.6
22	Leg symptoms S920	7,378	1.0	42.5	19.5	0.8
23	Low back symptoms S910	6,686	0.9	43.5	19.0	1.2
24	Medication, other unspecified kinds T115	6,567	0.9	44.4	16.8	1.1
25	Foot and toe symptoms S935	6,338	0.9	45.3	15.1	0.6
26	Skin lesion S865	6,273	0.9	46.2	17.5	0.9
27	Physical examination required for employment A100	6,165	0.9	47.0	17.0	1.1
28	Anxiety and nervousness S100	5,999	0.8	47.0	32.3	1.8
29	Vertigo-dizziness S225	5,774	0.8	47.8	22.2	1.3
30	Other symptoms referable to the ears, not elsewhere classfied S365	5,736	0.8	48.6	12.7	0.7
31	Pap smear X365	5,632	0.8	49.4	20.0	1.4
32	Shoulder symptoms S940	5,630	0.8	50.2	17.1	0.8
33	Shortness of breath S415	5,487	0.8	50.9	21.9	1.1
34	Acne or pimples S830	5,207	0.7	51.7	12.5	0.5
35	Sinus problems S410	4,836	0.7	52.3	20.8	4.1
36	Diabetes mellitus D205	4,771	0.7	53.0	17.0	1.0
37	Pain, site not referable to specific body system S055	4,614	0.6	53.6	18.0	1.3
38	Hand and finger symptoms S960	4,268	0.6	54.2	17.1	1.2
39	Tiredness, exhaustion S015	4,226	0.6	54.8	23.2	2.1
40	Prophylactic inoculations X400	4,224	0.6	55.4	13.0	1.0
41	Abnormal sensations of the eye S320	4,102	0.6	56.0	17.3	1.7
42	Allergy medication T100	3,696	0.5	56.5	9.7	2.0
43	Pain and related symptoms, generalized, site unspecified S060	3,691	0.5	57.0	20.2	2.0
44	Hip symptoms S915	3,511	0.5	57.5	18.4	1.1
45	Discoloration or pigmentation S835	3,440	0.5	58.0	15.5	0.9
46	Eye examination X230	3,307	0.5	58.4	22.3	2.7
47	Diarrhea S595	3,206	0.4	58.9	15.7	1.0
48	Hearing dysfunctions S345	3,190	0.4	59.3	19.5	1.1
49	Arm symptoms S945	3,178	0.4	59.8	18.7	2.2
50	Warts, not otherwise specified S850	2,966	0.4	60.2	13.6	0.8
51	Preoperative visit for specified and unspecified types of surgery T200	2,934	0.4	60.6	21.8	1.6
52	Counseling, not otherwise specified T605	2,920	0.4	61.0	26.4	2.5
53	Other growths of skin S855	2,892	0.4	61.4	18.4	2.0
54	Allergy, not otherwise specified S090	2,846	0.4	61.8	17.8	1.9
55	For other and unspecified test results R700	2,727	0.4	62.2	18.3	1.4
56	Wrist symptoms S955	2,553	0.4	62.5	14.9	0.8
57	For cytology findings R300	2,500	0.3	62.9	17.9	1.5
58	Ankle symptoms S930	2,498	0.3	63.2	15.3	1.0
59	Symptoms of unspecified joints S970	2,486	0.3	63.6	20.3	2.3
60	Disturbance of sensation S220	2,478	0.3	63.9	21.1	1.7

. . . Category not applicable.

[1]Based on *A Reason for Visit Classification for Ambulatory Care* (RVC) (14).

[2]Time spent in face-to-face contact between physician and patient. Does not include visits at which there was no face-to-face contact between physician and patient.

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

Table 49. Number, percent, cumulative percent, mean duration of physician-patient contact, and standard error of mean contact duration of office visits, by the 60 principal diagnoses most frequently rendered by physicians: United States, 1993

Rank	Principal diagnosis and ICD–9–CM code[1]	Number of visits in thousands	Percent	Cumulative percent	Mean contact duration in minutes[2]	Standard error of mean contact duration in minutes
. . .	All visits	717,191	100.0	. . .	18.4	0.3
1	Essential hypertension 401	28,124	3.9	3.9	17.5	0.5
2	Normal pregnancy V22	26,489	3.7	7.6	13.4	0.7
3	Suppurative and unspecified otitis media 382	19,309	2.7	10.3	12.4	0.6
4	General medical examination V70	19,065	2.7	13.0	19.1	0.8
5	Health supervision of infant or child V20	18,508	2.6	15.6	16.4	0.6
6	Acute upper respiratory infection of multiple or unspecified sites 465	17,557	2.4	18.0	13.6	0.5
7	Diabetes mellitus 250	12,997	1.8	19.8	19.0	1.2
8	Chronic sinusitis 473	11,594	1.6	21.4	15.3	0.7
9	Asthma 493	11,340	1.6	23.0	21.1	1.4
10	Bronchitis, not specified as acute or chronic 490	10,093	1.4	24.4	14.8	0.6
11	Allergic rhinitis 477	9,637	1.3	25.7	21.6	3.0
12	Acute pharyngitis 462	9,576	1.3	27.0	13.5	0.6
13	Diseases of the sebaceous glands 706	9,193	1.3	28.3	13.7	0.8
14	Neurotic disorders 300	8,532	1.2	29.5	35.6	1.6
15	Other postsurgical states V45	7,880	1.1	30.6	14.3	0.6
16	Affective psychoses 296	7,351	1.0	31.6	37.9	1.3
17	Special investigations and examinations V72	7,111	1.0	32.6	18.7	1.3
18	Contact dermatitis and other eczema 692	6,919	1.0	33.6	13.0	0.7
19	Osteoarthrosis and allied disorders 715	6,890	1.0	34.6	18.4	1.0
20	Cataract 366	6,739	0.9	35.5	22.0	1.0
21	Other forms of chronic ischemic heart disease 414	6,379	0.9	36.4	23.8	1.6
22	Sprains and strains of other and unspecified parts of back 847	6,257	0.9	37.3	17.6	1.0
23	Glaucoma 365	6,173	0.9	38.2	16.6	1.2
24	Other disorders of urethra and urinary tract 599	6,167	0.9	39.1	15.1	0.6
25	General symptoms 780	6,050	0.8	39.9	22.1	0.9
26	Other and unspecified disorders of back 724	5,944	0.8	40.7	18.4	0.8
27	Disorders of refraction and accommodation 367	5,744	0.8	41.5	22.4	1.5
28	Symptoms involving respiratory system and other chest symptoms 786	5,714	0.8	42.3	21.0	1.2
29	Other dermatoses 702	5,432	0.8	43.1	13.6	0.8
30	Other disorders of soft tissues 729	5,257	0.7	43.8	17.1	0.9
31	Peripheral enthesopathies and allied syndromes 726	5,133	0.7	44.5	15.6	0.8
32	Depressive disorder 311	5,042	0.7	45.2	27.1	1.9
33	Followup examination V67	4,823	0.7	45.9	13.2	0.6
34	Disorders of external ear 380	4,710	0.7	46.6	14.2	1.1
35	Other diseases due to viruses and chlamydiae 78	4,657	0.6	47.2	13.2	0.6
36	Other disorders of synovium, tendon, and bursa 727	4,051	0.6	47.8	15.1	0.8
37	Nonsuppurative otitis media and eustachian tube disorders 381	3,739	0.5	48.3	13.2	0.7
38	Menopausal and post menopausal disorders 627	3,720	0.5	48.8	21.7	1.3
39	Other malignant neoplasm of skin 173	3,645	0.5	49.3	20.7	1.4
40	Disorders of lipoid metabolism 272	3,511	0.5	49.8	16.9	1.1
41	Disorders of conjunctiva 372	3,500	0.5	50.3	15.0	1.3
42	Other symptoms involving abdomen and pelvis 789	3,496	0.5	50.8	20.5	1.4
43	Acute tonsillitis 463	3,490	0.5	51.3	12.7	0.7
44	Diseases of the esophagus 530	3,455	0.5	51.8	20.8	1.6
45	Cardiac dysrhythmias 427	3,439	0.5	52.3	21.8	1.6
46	Observation and evaluation for suspected conditions V71	3,420	0.5	52.8	15.6	1.2
47	Hyperplasia of prostate 600	3,420	0.5	53.3	19.5	1.1
48	Personal history of certain other diseases V12	3,394	0.5	53.8	13.0	1.1
49	Organ or tissue replaced by other means V43	3,373	0.5	54.3	14.4	1.2
50	Pneumonia, organism unspecified 486	3,287	0.5	54.8	16.4	1.0
51	Other and unspecified arthropathies 716	3,233	0.5	55.3	18.4	1.2
52	Acute bronchitis and bronchiolitis 466	3,198	0.4	55.7	15.8	1.2
53	Viral and chlamydial infection in conditions classified elsewhere and of unspecified site 79	3,198	0.4	56.1	13.8	1.2
54	Functional digestive disorders 564	3,189	0.4	56.5	22.6	1.5
55	Intervertebral disc disorders 722	3,180	0.4	56.9	21.6	1.2
56	Gastritis and duodenitis 535	3,154	0.4	57.3	17.1	0.9
57	Influenza 487	3,137	0.4	57.7	14.7	1.4
58	Other disorders of breast 611	3,123	0.4	58.1	20.7	1.2
59	Other noninfectious gastroenteritis and colitis 558	3,111	0.4	58.5	15.7	0.9
60	Chronic airway obstruction 496	3,081	0.4	58.9	21.2	1.4

. . . Category not applicable.

[1]Based on *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (15).

[2]Time spent in face-to-face contact between physician and patient. Does not include visits at which there was no face-to-face contact between physician and patient.

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

Appendix I

Technical Notes

This report is based on data collected during the period January 4, 1993–January 3, 1994, in the National Ambulatory Medical Care Survey (NAMCS), a national probability sample survey of office-based physicians conducted by the Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Health Care Statistics. The NAMCS survey design and procedures are presented in the following sections.

Statistical Design

Scope of the Survey

The target population of the 1993 NAMCS includes office visits made in the United States by ambulatory patients to nonfederally employed physicians who are principally engaged in office-based patient care, but not in the specialties of anesthesiology, pathology, or radiology. Included are visits to solo, partnership, and group-practice settings, and visits that occur in private, nonhospital-based clinics and health maintenance organizations (HMO's). Visits made to hospital-based clinics and government-operated facilities, telephone contacts, and nonoffice visits are excluded.

Sample Design

The NAMCS utilizes a three-stage survey design that involves probability samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within physician practices. The first stage consisted of 112 PSU's that comprise a probability subsample of PSU's used in the 1985–94 National Health Interview Survey (NHIS). A PSU is a county, a group of counties, or county equivalents (such as parishes or independent cities), towns, townships, or minor civil divisions (for some PSU's in New England), or a metropolitan statistical area (MSA). MSA's were defined by the U.S. Office of Management and Budget on the basis of the 1980 Census. From the strata thus formed, the PSU's were selected with probability proportional to the projected 1985 population. For details of the NHIS PSU sample design, see Massey et al (20).

The second stage consisted of a probability sample of practicing physicians, selected from the master files maintained by the American Medical Association (AMA) and the American Osteopathic Association (AOA), as of December 31, 1992, who met the following criteria:

- Office-based, as defined by AMA and AOA
- Principally engaged in patient care activities
- Nonfederally employed
- Not in the specialties and subspecialties of anesthesiology, pathology, and radiology

The 1993 NAMCS physician universe included 344,207 doctors of medicine and 15,391 doctors of osteopathy. Eligible physicians were stratified into the following 17 groups:

General and family practice
Doctors of osteopathy
Internal medicine
Pediatrics
General surgery
Obstetrics and gynecology
Orthopedic surgery
Cardiovascular diseases
Dermatology
Urology
Psychiatry
Neurology
Ophthalmology
Otolaryngology
Allergy and immunology
Pulmonary diseases
Other specialties

In the 1993 NAMCS, in conjunction with the National Heart, Lung, and Blood Institute of the National Institutes of Health, two additional strata for allergy and immunology, and pulmonary diseases (which are generally combined in the group of ''other'' specialties) were added as part of a special supplemental collection on asthma.

The number of physicians selected from each stratum was calculated to produce strata with similar levels of precision. The 1993 NAMCS physician sample included 3,400 physicians. Sample physicians were screened at the time of the survey to ensure that they met the aforementioned criteria. Of those screened, 936 physicians did not meet the criteria and were ruled out of scope (ineligible) for the study. Reasons for being ruled out of scope included the following: physician is deceased; retired; employed in teaching, research, or administration; or engages mainly in hospital-based rather than office-based practice. Of the 2,464 in-scope (eligible) physicians, 1,802 (73.0 percent) participated in the study. Of the participating physicians, 254 saw no patients during their assigned reporting period because of vacations, illness, or other reasons for being temporarily not in practice. The physician universe, sample size, and response data by physician strata are shown in table I.

The third stage was the selection of patient visits within the practices of the sample physicians. This stage involved two steps. First, the total physician sample was divided into 52 random subsamples of approximately equal size. Then each subsample was randomly assigned to 1 of the 52 weeks in the survey year. Second, a systematic random sample of visits was selected by the physician during the assigned reporting week. The visit sampling rate varied for this final step from 100-percent sample for very small practices to 20 percent for very large practices. The method for determining the visit sampling rate is described later in this appendix and in the Induction Interview form in appendix III. The responding sample physicians completed 35,978 Patient Records for the 1993 NAMCS.

Data Collection and Processing

Field Procedures

The U.S. Bureau of the Census, Housing Surveys Branch, participated with NCHS staff in planning the survey and collecting survey data. The Census Bureau was responsible for carrying out all field operations and provided trained field representatives who worked closely with sample physicians.

Table I. Number of physicans in the universe, total sample response categories, and response rate by physician strata: National Ambulatory Medical Care Survey, 1993

Physician strata	Universe[1]	Sample					
		Total	Out of scope	In scope	Nonrespondents	Respondents	Response rate[2]
Total	359,598	3,400	936	2,464	662	1,802	73.1
General and family practice	56,916	164	51	113	27	86	76.1
Osteopathy	15,391	238	67	171	38	133	77.8
Internal medicine	52,402	157	49	108	32	76	70.4
Pediatrics	30,874	140	56	84	16	68	81.0
General surgery	19,897	617	204	413	99	314	76.0
Obstetrics and gynecology	27,216	112	18	94	21	73	77.7
Orthopedic surgery	16,224	120	28	92	27	65	70.7
Cardiovascular disease	11,974	147	36	111	38	73	65.8
Dermatology	6,477	104	12	92	23	69	75.0
Urology	7,683	126	20	106	31	75	70.8
Psychiatry	25,149	227	69	158	40	118	74.7
Neurology	6,744	213	54	159	48	111	69.8
Ophthalmology	13,786	114	13	101	31	70	69.3
Otolaryngology	6,645	173	37	136	34	102	75.0
Allergy and immunology	2,621	182	29	153	40	113	73.9
Pulmonary diseases	4,343	253	63	190	68	122	64.2
All other specialties	55,256	313	130	183	49	134	73.2

[1]Data are derived from the American Medical Association and the American Osteopathic Association and represent the total number of physicians who are eligible for the NAMCS.
[2]Response rate is the number of respondents divided by the number of in scope physicians.

Both mail and telephone contacts were used to enlist sample physicians for NAMCS. Initially, physicians were sent introductory letters from the Director of NCHS (see appendix III). When appropriate, a letter from the physician's specialty organization endorsing the survey and urging participation was enclosed with the NCHS letter. Approximately 2 weeks prior to the physician's assigned reporting period, a field representative telephoned the physician to briefly explain the study and to arrange an appointment for a personal interview. Physicians who did not initially respond were usually recontacted via telephone or special explanatory letter and requested to reconsider participation in the study.

During the personal interview, the field representative determined the physician's eligibility for the study, obtained cooperation, delivered survey materials with verbal and printed instructions, and assigned a predetermined Monday–Sunday reporting week. A short induction interview concerning basic practice characteristics, such as type of practice and expected number of office visits, was conducted (see appendix III). Office staff who were to assist with data collection were invited to attend the instructional session or were offered separate instructional sessions.

The field representative telephoned the sample physician prior to and during the assigned reporting week to answer questions that might have arisen and to ensure that survey procedures were going smoothly. At the end of the reporting week, the participating physician mailed the completed survey materials to the field representative who edited the forms for completeness before transmitting them for central data processing. Problems of missing or incomplete data were resolved through telephone followup by the field representative to the sample physicians.

Data Collection

The actual data collection for NAMCS was carried out by the sample physicians, often assisted by their office staff. Two data collection forms were used by the physicians: the Patient Log and the Patient Record form (see appendix III). The Patient Log was used to sequentially list all patients seen in the physician's office during the assigned reporting week and served as the sampling frame to indicate the office visits for which data were to be recorded on the Patient Record form. A perforation between the patient's name on the Patient Log and patient visit information on the Patient Record form permitted the physician to detach and retain the listing of patients, thus ensuring the anonymity of the patients.

Based on the physician's estimate of the expected number of office visits and expected number of days in practice during the assigned reporting week, each physician was assigned a visit sampling rate. The visit sampling rates were designed so that about 30 Patient Record forms would be completed by each physician during the assigned reporting week. Physicians expecting 10 or fewer visits each day recorded data for all visits, while those expecting more than 10 visits per day recorded data for every second, third, or fifth visit based on the predetermined sampling interval. These visit sampling procedures minimized the physician's data collection workload and maintained approximately equal reporting levels among sample physicians regardless of practice size. For physicians recording data for every second, third, or fifth patient visit, a random start was provided on the first page of the Patient Log so that predesignated sample visits recorded on each succeeding page of the Patient Log provided a systematic random sample of patient visits during the reporting period.

Data Processing

Data from the 1993 NAMCS were coded by trained medical coding personnel from the Division of Data Processing, Health Surveys Section, at the NCHS computer facility in Research Triangle Park, North Carolina. Information on the ''patient's complaint(s), symptom(s), or other reason(s) for this visit in the patient's (or surrogate's) own words'' (item 10) was coded according to *A Reason for Visit Classification for Ambulatory Care* (14). The physician's diagnoses (item 11) were coded according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (15). A maximum of three entries were coded from each of these items.

Medication data collected in item 16 of the Patient Record form were coded and classified according to a scheme developed at NCHS based on the American Society of Hospital Pharmacists' Drug Product Information File, which is maintained by the American Druggist Blue Book Data Center. A maximum of five entries was coded from the medication item. A description of the medication coding scheme used has been published (16).

In addition to followups by the field staff for missing and inconsistent data, numerous clerical edits were performed on data received for central data processing. Detailed editing instructions were provided to manually review the Patient Record forms and to reclassify or recode entries of ''other'' where possible. Computer edits for code ranges and inconsistencies were also performed.

All medical coding and keying for the NAMCS, as well as straight-key items, involved a two-way 10-percent independent verification procedure. Medication coding involved a 100-percent independent verification procedure. As an additional quality check, all Patient Record forms with differences between coders or with illegible entries for the reason for visit, diagnosis, procedures, or medication items were reviewed and adjudicated at NCHS.

Item nonresponse rates were 5 percent or less for all data items except the following: race, item 4 (6 percent), ethnicity, item 5 (12 percent), and duration of the visit, item 18 (10 percent).

In the case of missing or incomplete data, imputations were performed for the items listed below, using a ''hot deck'' procedure by assigning a value from a randomly selected Patient Record form with similar characteristics. For the NAMCS data, imputation procedures were performed for the following variables : item 2, date of birth; item 3, race; item 5, ethnicity; item 7, referral; item 12, seen before; item 17, disposition; and item 18, duration. The sort used the sampled 17 stratified physician specialty groups by region by the three-digit ICD–9–CM code for principal diagnosis. The specialty groups used were the following: general and family practice, doctors of osteopathy, internal medicine, pediatrics, general surgery, obstetrics and gynecology, orthopedic surgery, cardiovascular diseases, dermatology, urology, psychiatry, neurology, ophthalmology, otolaryngology, allergy and immunology, pulmonary diseases and other specialties. Records with imputed variables were flagged as such on the public-use data tape.

Estimation Procedures

Statistics from the NAMCS were derived by a multistage estimation procedure that produces essentially unbiased national estimates and has four basic components: (a) inflation by reciprocals of the probabilities of selection, (b) adjustment for nonresponse, (c) ratio adjustment to fixed totals, and (d) weight smoothing. Each component is briefly described below.

Inflation by Reciprocals of Probabilities of Selection

Because the survey utilizes a three-stage sample design, three probabilities of selection existed: (a) the probability of selecting the PSU, (b) the probability of selecting the physician within the PSU, and (c) the probability of selecting the office visit within the physician's practice. The overall probability of including a physician in the sample was the product of the probability of the PSU being selected multiplied by the probability of the physician being selected. The probability of selecting the physician within PSU's was 1.0 for physicians in some nonmetropolitan areas and was the PSU weight divided by the sampling interval for physicians in metropolitan areas. The probability of selecting the office visit was defined as the number of office visits during the physician's assigned reporting week divided by the number of Patient Record forms completed. All weekly estimates were inflated by a factor of 52 to derive annual estimates.

Adjustment for Nonresponse

Estimates from NAMCS data were adjusted to account for sample physicians who were in scope (eligible) but did not participate in the study. This adjustment was calculated to minimize the impact of response on final estimates by imputing to nonresponding physicians data from visits to similar physicians. For this purpose, physicians were judged similar if they had the same specialty designation and practice in the same PSU.

Ratio Adjustment

A post-ratio adjustment was made within each of the 17 physician strata. The ratio adjustment was a multiplication factor that has as its numerator the number of physicians in the universe in each physician specialty strata and as its denominator the estimated number of physicians in that particular specialty strata. The numerator was based on data obtained from the AMA and AOA master files, and the denominator was based on data from the sample.

Weight Smoothing

For each survey year, there tends to be a few NAMCS sample physicians whose final visit weights are large relative to those for the rest of the sample. The concern over the years has been that those few may adversely affect the ability of the resulting statistics to reflect the universe, especially if the sampled patient visits to those few physicians should be unusual relative to

the universe. Extremes in final visit weights also increases the resulting variances. Extreme weights can be truncated, but this leads to an understatement of the total visit count. The technique of weight smoothing is used instead because it preserves the total estimated visit count within specialty by shifting the ''excess'' from visits with the largest weights to visits with smaller weights. First, excessively large visit weights are truncated and a ratio adjustment is performed. The ratio adjustment is a multiplication factor that has as its numerator the total visit count in each physician specialty group before the largest weights are truncated (unsmoothed) and as its denominator the total visit count in that particular specialty group after the largest weights are truncated. The smoothing technique yields the same estimated total visit count as the unsmoothed weights and was made within each of the 17 physician specialty groups.

Reliability of Estimates

Because statistics from the NAMCS are based on a sample, they may differ somewhat from the data that would be obtained if a complete census were taken using the same forms, definitions, instructions, and procedures. However, the probability design of the NAMCS permitted the calculation of sampling errors. The standard error is primarily a measure of sampling variability that occurs by chance because only a sample rather than the entire population is surveyed. The standard error, as calculated for the NAMCS, also reflects part of the variation that arises in the measurement process, but does not include estimates of any systematic biases that may be in the data. The relative standard error (RSE) of an estimate is obtained by dividing the standard error by the estimate itself and is expressed as a percent of the estimate.

In repeated samples using the same forms and procedures, the chances are about 68 of 100 occurrences that an estimate from sample would differ from a complete census by less than the standard error. The chances are about 95 of 100 occurrences that the difference would be less than twice the standard error and about 99 of 100 that it would be less than 2½ times as large.

Published and Flagged Estimates

Estimates are not presented unless a reasonable assumption regarding their probability distribution is possible on the basis of the Central Limit Theorem. The Central Limit Theorem states that given sufficiently large sample size, the sample estimate approximates the population estimate and, upon repeated sampling, its distribution would be approximately normal.

In this report, estimates are not presented if they are based on fewer than 30 sample records in the sample data; only an asterisk (*) appears in the tables. Estimates based on 30 or more sample records include an asterisk only if the relative standard errors were unreliable. The relative standard errors were computed using a generalized variance curve and the computed curve coefficients as described below.

Estimation of Standard Errors

Estimates of sampling variability were calculated with SUDAAN software, which computes standard errors using a first-order Taylor approximation of the deviation of estimates from their expected values. A description of the software and the approach it uses has been published (21).

The SUDAAN procedure can be used to compute directly the standard errors and relative standard errors for the NAMCS estimates. However, this is not practical or feasible for all users of the data. To derive error estimates that would be applicable to a wide variety of statistics and could be prepared at moderate cost, a generalized procedure for approximating the sampling variability for NAMCS estimates was developed. Sampling variability computed using this procedure require several approximations and should be interpreted as approximate rather than exact for any specific estimate. While some of the error estimates in this report are SUDAAN based, most estimates of sampling variability are approximations.

Relative standard errors were computed for estimates in the *Advance Data* reports on office-based physicians (13). Regression techniques were then used to produce equations from which a standard error for any estimate may be approximated. The regression equations, represented by the parameters *a* and *b*, are shown in table II. It should be noted that these coefficients apply to NAMCS data where doctors of osteopathy have been aggregated with doctors of medicine according to their self-designated practice specialty. Separate equations were produced for estimates of visits and drug mentions. Rules explaining the use of these equations are presented in the following section.

The coefficients of determination (r^2) for the NAMCS are 0.74 for the visit equation and 0.72 for the drug mention equation. Particular attention should be exercised when the estimate of interest is small or when this procedure is used for estimates based on American Indian/Eskimo/Aleut or Asian/Pacific Islander race categories.

Estimates of Standard Errors for Aggregate Estimates

Approximate relative standard errors for estimates of number of visits (or drug mentions) with a particular characteristic may be computed using the following formula, where *x* is the aggregate estimate of interest and *a* and *b* are the appropriate coefficients from table II:

$$\mathrm{RSE}(x) = \sqrt{a + \frac{b}{x}}$$

Approximate relative standard errors for aggregate estimates are shown in tables III and IV. Table III presents approximate relative standard errors for aggregate estimates of visits to office-based physicians, and table IV presents approximate relative standard errors for aggregate estimates of drug mentions.

Estimates of Standard Errors of Percents

Alternatively, approximate relative standard errors (in percent) for estimates

Table II. Coefficients appropriate for determining approximate relative standard errors and lowest reliable estimate by type of estimate and physician specialty: National Ambulatory Medical Care Survey, 1993

Type of estimate and physician specialty	Coefficients for use with estimates in thousands		Lowest reliable estimate (in thousands)
	A	*B*	
Visits			
Overall totals	0.000880	62.959	707
General and family practice	0.003362	63.776	737
Internal medicine	0.004562	60.184	705
Pediatrics	0.007466	33.105	402
General surgery	0.003810	9.485	111
Obstetrics and gynecology	0.004572	37.415	438
Orthopedic surgery	0.008414	26.024	319
Cardiovascular diseases	0.009103	15.299	190
Dermatology	0.008460	13.062	161
Urology	0.007706	9.534	116
Psychiatry	0.009668	11.196	140
Neurology	0.010372	4.637	59
Ophthalmology	0.005684	22.881	272
Otolaryngology	0.008519	9.304	115
Allergy and immunology[1]	0.019835	3.658	53
Pulmonary diseases[1]	0.016040	2.804	38
All other specialties	0.003880	42.045	489
Drug mentions			
Overall totals	0.001213	140.644	1,585
General and family practice	0.004435	120.038	1,403
Internal medicine	0.008994	63.008	778
Pediatrics	0.010241	38.189	479
General surgery	0.019155	9.510	135
Obstetrics and gynecology	0.009293	41.354	513
Orthopedic surgery	0.015635	31.339	422
Cardiovascular diseases	0.014562	27.447	364
Dermatology	0.011320	15.619	199
Urology	0.012373	10.288	133
Psychiatry	0.016985	16.593	228
Neurology	0.020895	5.777	84
Ophthalmology	0.013491	34.546	452
Otolaryngology	0.014332	10.569	140
Allergy and immunology[1]	0.024651	6.293	97
Pulmonary diseases[1]	0.022148	6.111	91
All other specialties	0.008604	62.246	765

[1]Physician strata added as a supplement to the 1993 NAMCS only.

NOTE: These coefficients apply to NAMCS data where doctors of osteopathy (D.O.'s) have been aggregated with doctors of medicine (M.D.'s) according to MGR self-designated specialities.

To perform separate analyses on visits to doctors of osteopathy, the A and B coefficients for estimates of visits to D.O.'s in thousands are 0.0097 and 21.9825, respectively. The coefficients for estimates of drug mentions in thousands are 0.0148 and 34.9183.

of percents of visits (or drug mentions) may be computed using the following formula, where the p is the percent of interest, x is the denominator of the percent, and b is the appropriate coefficient from table II:

$$\mathrm{RSE}(p) = \sqrt{\frac{b \bullet (1-p)}{p \bullet x}} \bullet 100$$

The approximation of the absolute or relative standard error is valid if the relative standard error of the denominator is less than 0.05 (22) or if the relative standard errors of the numerator and denominator are both less than 0.10 (23).

Approximate relative standard errors (in percent) for estimates of percents are shown in tables V (visits) and VI (drug mentions).

Estimates of Rates Where the Denominator Is Assumed to Have Negligible Error

The approximate relative standard error for a rate in which the denominator is the total U.S. population or one or more of the age-sex-race groups of the total population is equivalent to the relative standard error of the numerator. This is obtained by using the relative standard error formula above with the appropriate coefficients from table II. The standard error is then given by:

$$\mathrm{SE}(r) = r \bullet \mathrm{RSE}(r)$$

Estimates of Rates ($r = x/y$) Where the Numerator Is Not a Subclass of the Denominator

The standard error for a rate may be approximated by:

$$\mathrm{RSE}(r)=\mathrm{RSE}(x/y)=\sqrt{\mathrm{RSE}^2(x)+\mathrm{RSE}^2(y)}\bullet 100$$

$$\mathrm{SE}(r) = r \bullet \mathrm{RSE}(r)$$

This approximation is valid if the relative standard error of the denominator is less than 0.05 (22) or if the relative standard errors of the numerator and denominator are both less than 0.10 (23).

Estimates of Differences Between Two Statistics

The standard error of the difference between two statistics is approximated by the following formula, where $\mathrm{SE}(x_1)$ and $\mathrm{SE}(x_2)$ are computed using the formulas given above:

$$\mathrm{SE}(x_1 - x_2) = \sqrt{\mathrm{SE}^2(x_1) + \mathrm{SE}^2(x_2)}$$

This formula represents the standard error for the difference between separate and uncorrelated characteristics, although it is only a rough approximation in most other cases.

Reliability of Estimates Relating to Ambulatory Procedures

Item 14 on the Patient Record form instructed the physician to record up to eight tests, surgical and nonsurgical procedures, and therapies that were ordered or performed at the office visit. Estimates relating to these ambulatory procedures are presented in tables in this report. Specific standard errors are calculated using SUDAAN software (21) rather than using the generalized variance curves that approximated relative standard errors for most NAMCS estimates. The decision to provide specific standard errors for

Table III. Approximate relative standard errors for selected estimates of office visits by physician specialty: National Ambulatory Medical Care Survey, 1993

Estimated number of office visits in thousands	Physician specialty																	
	All specialties	General and family practice	Internal medicine	Pediatrics	General surgery	Obstetrics/ gynecology	Orthopedic surgery	Cardio-vascular diseases	Derma-tology	Urology	Psychiatry	Neurology	Ophthal-mology	Otolaryn-gology	Allergy and immunology	Pulmonary diseases	Doctors of osteopathy	All other specialties
	Relative standard error in percent																	
30	144.9	145.9	141.8	105.4	56.6	111.9	93.6	72.0	66.6	57.1	61.9	40.6	87.7	56.4	37.7	33.1	86.2	118.5
40	125.5	126.4	122.8	91.4	49.1	97.0	81.2	62.6	57.9	49.6	53.8	35.5	76.0	49.1	33.4	29.4	74.8	102.7
50	112.3	113.1	109.9	81.8	44.0	86.8	72.7	56.1	51.9	44.5	48.3	32.1	68.1	44.1	30.5	26.9	67.0	91.9
70	94.9	95.6	93.0	69.3	37.3	73.4	61.7	47.7	44.2	37.9	41.2	27.7	57.7	37.6	26.9	23.7	56.9	77.8
100	79.4	80.1	77.9	58.2	31.4	61.5	51.8	40.3	37.3	32.1	34.9	23.8	48.4	31.9	23.8	21.0	47.9	65.1
200	56.2	56.8	55.3	41.6	22.6	43.8	37.2	29.3	27.2	23.5	25.6	18.3	34.7	23.5	19.5	17.3	34.6	46.3
300	45.9	46.5	45.3	34.3	18.8	36.0	30.8	24.5	22.8	19.9	21.7	16.1	28.6	19.9	17.9	15.9	28.8	38.0
400	39.8	40.3	39.4	30.0	16.6	31.3	27.1	21.8	20.3	17.8	19.4	14.8	25.1	17.8	17.0	15.2	25.4	33.0
500	35.6	36.2	35.3	27.1	15.1	28.2	24.6	19.9	18.6	16.4	17.9	14.0	22.7	16.5	16.5	14.7	23.2	29.7
1,000	25.3	25.9	25.4	20.1	11.5	20.5	18.6	15.6	14.7	13.1	14.4	12.3	16.9	13.4	15.3	13.7	17.8	21.4
2,000	18.0	18.8	18.6	15.5	9.2	15.3	14.6	12.9	12.2	11.2	12.4	11.3	13.1	11.5	14.7	13.2	14.4	15.8
3,000	14.8	15.7	15.7	13.6	8.3	13.1	13.1	11.9	11.3	10.4	11.6	10.9	11.5	10.8	14.5	13.0	13.0	13.4
4,000	12.9	13.9	14.0	12.5	7.9	11.8	12.2	11.4	10.8	10.0	11.2	10.7	10.7	10.4	14.4	12.9	12.3	12.0
5,000	11.6	12.7	12.9	11.9	7.6	11.0	11.7	11.0	10.5	9.8	10.9	10.6	10.1	10.2	14.3	12.9	11.9	11.1
10,000	8.5	9.9	10.3	10.4	6.9	9.1	10.5	10.3	9.9	9.3	10.4	10.4	8.9	9.7	14.2	12.8	10.9	9.0
20,000	6.3	8.1	8.7	9.6	6.5	8.0	9.9	9.9	9.5	9.0	10.1	10.3	8.3	9.5	14.1	12.7	10.4	7.7
30,000	5.5	7.4	8.1	9.3	6.4	7.6	9.6	9.8	9.4	9.0	10.0	10.3	8.0	9.4	14.1	12.7	10.2	7.3
40,000	5.0	7.0	7.8	9.1	6.4	7.4	9.5	9.7	9.4	8.9	10.0	10.2	7.9	9.4	14.1	12.7	10.1	7.0
50,000	4.6	6.8	7.6	9.0	6.3	7.3	9.5	9.7	9.3	8.9	9.9	10.2	7.8	9.3	14.1	12.7	10.1	6.9
100,000	3.9	6.3	7.2	8.8	6.2	7.0	9.3	9.6	9.3	8.8	9.9	10.2	7.7	9.3	14.1	12.7	10.0	6.6
200,000	3.5	6.1	7.0	8.7	6.2	6.9	9.2	9.6	9.2	8.8	9.9	10.2	7.6	9.3	14.1	12.7	9.9	6.4
300,000	3.3	6.0	6.9	8.7	6.2	6.9	9.2	9.6	9.2	8.8	9.9	10.2	7.6	9.2	14.1	12.7	9.9	6.3
400,000	3.2	5.9	6.9	8.7	6.2	6.8	9.2	9.6	9.2	8.8	9.8	10.2	7.6	9.2	14.1	12.7	9.9	6.3
500,000	3.2	5.9	6.8	8.7	6.2	6.8	9.2	9.6	9.2	8.8	9.8	10.2	7.6	9.2	14.1	12.7	9.9	6.3
700,000	3.1	5.9	6.8	8.7	6.2	6.8	9.2	9.6	9.2	8.8	9.8	10.2	7.6	9.2	14.1	12.7	9.9	6.3

NOTE: The lowest reliable estimates for visits to each of the above specialties are as follows:

All specialties (707,000 visits), general and family practice (737,000), internal medicine (705,000), pediatrics (402,000), general surgery (111,000), obstetrics and gynecology (438,000), orthopedic surgery (319,000), cardiovascular diseases (190,000), dermatology (161,000), urology (116,000), psychiatry (140,000), neurology (59,000), ophthalmology (272,000), otolaryngology (115,000), allergy and immunology (49,000), pulmonary diseases (38,000), doctors of osteopathy, (274,000), and all other specialties (489,000). Estimates below these figures have relative standard errors greater than 30 percent and are considered unreliable by NCHS standards. Estimates based on fewer than 30 sample records are considered unreliable regardless of the size of the relative standard error.

Table IV. Approximate relative standard errors for selected estimates of drug mentions by physician specialty: National Ambulatory Medical Care Survey, 1993

Estimated number of drug mentions in thousands	Physician specialty																	
	All specialties	General and family practice	Internal medicine	Pediatrics	General surgery	Obstetrics/ gynecology	Orthopedic surgery	Cardio-vascular diseases	Derma-tology	Urology	Psychiatry	Neurology	Ophthal-mology	Otolaryn-gology	Allergy and immunology	Pulmonary diseases	Doctors of osteopathy	All other specialties
	Relative standard error in percent																	
70	141.8	131.1	95.3	74.6	39.4	77.5	68.1	63.8	48.4	39.9	50.4	32.2	71.2	40.7	33.8	33.1	71.7	94.8
100	118.6	109.8	79.9	62.6	33.8	65.0	57.4	53.8	40.9	33.9	42.8	28.0	59.9	34.6	29.6	28.9	60.3	79.4
200	83.9	77.8	56.9	44.9	25.8	46.5	41.5	39.0	29.9	25.3	31.6	22.3	43.2	25.9	23.7	23.0	43.5	56.6
300	68.6	63.6	46.8	37.1	22.6	38.4	34.7	32.6	25.2	21.6	26.9	20.0	35.9	22.3	21.4	20.6	36.2	46.5
400	59.4	55.2	40.8	32.5	20.7	33.6	30.7	28.8	22.4	19.5	24.2	18.8	31.6	20.2	20.1	19.3	32.0	40.5
500	53.2	49.4	36.7	29.4	19.5	30.3	28.0	26.4	20.6	18.2	22.4	18.0	28.7	18.8	19.3	18.5	29.1	36.5
700	45.0	41.9	31.5	25.5	18.1	26.1	24.6	23.2	18.3	16.5	20.2	17.1	25.1	17.2	18.3	17.6	25.4	31.2
1,000	37.7	35.3	26.8	22.0	16.9	22.5	21.7	20.5	16.4	15.1	18.3	16.3	21.9	15.8	17.6	16.8	22.3	26.6
2,000	26.7	25.4	20.1	17.1	15.5	17.3	17.7	16.8	13.8	13.2	15.9	15.4	17.5	14.0	16.7	15.9	18.0	19.9
3,000	21.9	21.1	17.3	15.2	14.9	15.2	16.1	15.4	12.9	12.6	15.0	15.1	15.8	13.4	16.4	15.6	16.3	17.1
4,000	19.1	18.6	15.7	14.1	14.7	14.0	15.3	14.6	12.3	12.2	14.5	14.9	14.9	13.0	16.2	15.4	15.3	15.5
5,000	17.1	16.9	14.7	13.4	14.5	13.3	14.8	14.2	12.0	12.0	14.2	14.8	14.3	12.8	16.1	15.3	14.8	14.5
7,000	14.6	14.7	13.4	12.5	14.3	12.3	14.2	13.6	11.6	11.8	13.9	14.7	13.6	12.6	16.0	15.2	14.1	13.2
10,000	12.4	12.8	12.4	11.9	14.2	11.6	13.7	13.2	11.3	11.6	13.7	14.7	13.0	12.4	15.9	15.1	13.5	12.2
20,000	9.1	10.2	11.0	11.0	14.0	10.7	13.1	12.6	11.0	11.4	13.3	14.6	12.3	12.2	15.8	15.0	12.9	10.8
30,000	7.7	9.2	10.5	10.7	14.0	10.3	12.9	12.4	10.9	11.3	13.2	14.5	12.1	12.1	15.8	15.0	12.6	10.3
40,000	6.9	8.6	10.3	10.6	13.9	10.2	12.8	12.3	10.8	11.2	13.2	14.5	12.0	12.1	15.8	14.9	12.5	10.1
50,000	6.3	8.3	10.1	10.5	13.9	10.1	12.8	12.3	10.8	11.2	13.2	14.5	11.9	12.1	15.7	14.9	12.5	9.9
70,000	5.7	7.8	9.9	10.4	13.9	9.9	12.7	12.2	10.7	11.2	13.1	14.5	11.8	12.0	15.7	14.9	12.4	9.7
100,000	5.1	7.5	9.8	10.3	13.9	9.9	12.6	12.2	10.7	11.2	13.1	14.5	11.8	12.0	15.7	14.9	12.3	9.6
200,000	4.4	7.1	9.6	10.2	13.9	9.7	12.6	12.1	10.7	11.1	13.1	14.5	11.7	12.0	15.7	14.9	12.2	9.4
300,000	4.1	7.0	9.6	10.2	13.9	9.7	12.5	12.1	10.7	11.1	13.1	14.5	11.7	12.0	15.7	14.9	12.2	9.4
400,000	4.0	6.9	9.6	10.2	13.8	9.7	12.5	12.1	10.7	11.1	13.0	14.5	11.7	12.0	15.7	14.9	12.2	9.4
500,000	3.9	6.8	9.5	10.2	13.8	9.7	12.5	12.1	10.7	11.1	13.0	14.5	11.6	12.0	15.7	14.9	12.2	9.3
700,000	3.8	6.8	9.5	10.1	13.8	9.7	12.5	12.1	10.7	11.1	13.0	14.5	11.6	12.0	15.7	14.9	12.2	9.3
1,000,000	3.7	6.7	9.5	10.1	13.8	9.7	12.5	12.1	10.6	11.1	13.0	14.5	11.6	12.0	15.7	14.9	12.2	9.3

NOTE: The lowest reliable estimates for drug mentions to each of the above specialties are as follows:
All specialties (1,585,000 visits), general and family practice, (1,403,000), internal medicine (778,000), pediatrics (479,000), general surgery (135,000), obstetrics and gynecology (513,000), orthopedic surgery (422,000), cardiovascular diseases (364,000), dermatology (199,000), urology (133,000), psychiatry (228,000), neurology (84,000), ophthalmology (452,000), otolaryngology (140,000), allergy and immunology (94,000), pulmonary diseases (89,000), doctors of osteopathy, (465,000), and all other specialities, (765,000). Estimates below these figures have relative standard errors greater than 30 percent and are considered unreliable by NCHS standards. Estimates based on fewer than 30 sample records are considered unreliable regardless of the size of the relative standard error.

Table V. Approximate relative standard errors of percents of estimated numbers of office visits: National Ambulatory Medical Care Survey, 1993

Base of percent (visits in thousands)	Estimated percent						
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error in percentage points						
100	8.3	18.1	24.9	33.3	38.1	40.7	41.6
200	5.9	12.8	17.6	23.5	26.9	28.8	29.4
500	3.7	8.1	11.2	14.9	17.0	18.2	18.6
1,000	2.6	5.7	7.9	10.5	12.1	12.9	13.1
2,000	1.9	4.1	5.6	7.4	8.5	9.1	9.3
5,000	1.2	2.6	3.5	4.7	5.4	5.8	5.9
10,000	0.8	1.8	2.5	3.3	3.8	4.1	4.2
20,000	0.6	1.3	1.8	2.4	2.7	2.9	2.9
50,000	0.4	0.8	1.1	1.5	1.7	1.8	1.9
100,000	0.3	0.6	0.8	1.1	1.2	1.3	1.3
200,000	0.2	0.4	0.6	0.7	0.9	0.9	0.9
500,000	0.1	0.3	0.4	0.5	0.5	0.6	0.6
1,000,000	0.1	0.2	0.2	0.3	0.4	0.4	0.4

NOTE: Example of use of table: an estimate of 30 percent based on an aggregate of 10 million visits has standard error of 3.8 percent or a relative standard error of 12.7 percent (3.8 percent divided by 30 percent).

Table VI. Approximate relative standard errors of percents of estimated number of drug mentions: National Ambulatory Medical Care Survey, 1993

Base of percent (drug mentions in thousands)	Estimated percent						
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error in percentage points						
100	11.4	24.9	34.3	45.7	52.4	56.0	57.1
200	8.0	17.6	24.2	32.3	37.0	39.6	40.4
500	5.1	11.1	15.3	20.4	23.4	25.0	25.6
1,000	3.6	7.9	10.8	14.5	16.6	17.7	18.1
2,000	2.5	5.6	7.7	10.2	11.7	12.5	12.8
5,000	1.6	3.5	4.8	6.5	7.4	7.9	8.1
10,000	1.1	2.5	3.4	4.6	5.2	5.6	5.7
20,000	0.8	1.8	2.4	3.2	3.7	4.0	4.0
50,000	0.5	1.1	1.5	2.0	2.3	2.5	2.6
100,000	0.4	0.8	1.1	1.4	1.7	1.8	1.8
200,000	0.3	0.6	0.8	1.0	1.2	1.3	1.3
500,000	0.2	0.4	0.5	0.6	0.7	0.8	0.8
1,000,000	0.1	0.2	0.3	0.5	0.5	0.6	0.6

NOTE: Example of use of table: An estimate of 30 percent based on an aggregate of 100 million drug mentions has a standard error of 1.7 percent or a relative standard error of 5.7 percent (1.7 percent divided by 30 percent).

these estimates was made following the statistical analysis of the data that resulted from this survey item. Analysis of the data that resulted from this survey item suggested that a generalized variance curve does not fit the estimates very well, given the nature of the data in question.

Tests of Significance

In this report, the determination of statistical inference is based on the two-tailed *t*-test. The Bonferroni inequality was used to establish the critical value for statistically significant differences (0.05 level of significance) based on the number of possible comparisons with a particular variable (or combination of variables) of interest. Terms relating to differences such as ''greater than'' and ''less than'' indicate that the differences are statistically significant. Terms such as ''similar'' or ''no difference'' mean that no statistical significance exists between the estimates being compared. A lack of comment regarding the differences between any two estimates does not mean that the difference was tested and found to be not significant.

Population Figures

The population figures used in computing annual rates are shown in table VII. They are based on July 1, 1993, estimates of the civilian noninstitutionalized population of the United States.

Rounding of Numbers

Estimates presented in this report are rounded to the nearest thousand. For this reason, detailed figures within tables do not always add to totals. Rates and percents are calculated on the basis of the original, unrounded figures and may not agree precisely with rates and percents calculated from rounded data.

Nonsampling Error

Estimates based on the 1993 NAMCS are subject to nonsampling as well as sampling errors. Nonsampling errors include reporting and processing errors as well as biases due to nonresponse or incomplete response. Although the magnitude of the nonsampling errors cannot be computed, these errors are kept to a minimum by procedures built into the operation of the survey. To eliminate ambiguities and encourage uniform reporting, careful attention was given to the phrasing of questions, terms, and definitions. Also, extensive pretesting of most data items and survey procedures was also performed. Quality control procedures, consistency, and edit checks discussed in the data processing section reduced errors in data coding and processing. Because survey results are subject to sampling and nonsampling errors, the total error will be larger than the error due to sampling variability.

Systematic Bias

No formal attempt was undertaken to determine or measure systematic bias in the 1993 NAMCS data. The steps taken to reduce bias in the data are discussed in the sections on ''Field procedures'' and ''Data Collection''. It should be noted, however, that there are several factors affecting the data that indicate these data underrepresent the total number of office visits. Some of these factors are briefly discussed below:

Table VII. Population figures used in computing annual visit rates with the National Ambulatory Medical Care Survey data, by selected characteristics: July 1, 1993

Sex and race	All ages	Age groups: Under 15 years	15–24 years	25–44 years	45–64 years	65–74 years	75 years and over	Region: Northwest	Midwest	South	West
Sex											
Male	123,705,648	29,304,443	17,119,273	40,200,381	23,951,188	8,359,621	4,770,742	. . .	. . .	. . .	. . .
Female	130,575,579	27,942,032	17,230,664	41,425,944	25,836,971	10,256,046	7,883,922	. . .	. . .	. . .	. . .
Total	254,281,227	57,246,475	34,349,937	81,626,325	49,788,159	18,615,667	12,654,664	50,043,318	62,040,420	85,353,150	56,844,339
White											
Male	103,501,557	23,324,018	13,756,309	33,857,838	20,799,034	7,440,512	4,323,846	. . .	. . .	. . .	. . .
Female	107,833,590	22,119,434	13,628,573	33,871,106	22,027,537	9,081,379	7,105,561	. . .	. . .	. . .	. . .
Total	211,335,147	45,443,452	27,384,882	67,728,944	42,826,571	16,521,891	11,429,407	42,927,783	54,216,260	66,383,967	47,807,137
Black											
Male	15,014,698	4,654,495	2,481,559	4,499,507	2,292,497	726,475	360,165	. . .	. . .	. . .	. . .
Female	17,015,940	4,489,574	2,659,708	5,436,893	2,843,910	947,120	638,735	. . .	. . .	. . .	. . .
Total	64,061,276	9,144,069	5,141,267	9,936,400	5,136,407	1,673,595	998,900	5,529,318	6,355,652	17,050,331	3,095,337
Other											
Male	5,189,393	1,325,930	881,405	1,843,036	859,657	192,634	86,731	. . .	. . .	. . .	. . .
Female	5,726,049	1,333,024	942,383	2,117,945	965,524	227,547	139,626	. . .	. . .	. . .	. . .
Total	21,830,884	2,658,954	1,823,788	3,960,981	1,825,181	420,181	226,357	1,586,217	1,468,508	1,918,852	5,941,865

. . . Category not applicable.

NOTE: Based on U.S. Bureau of the Census estimates of the civilian noninstitutionalized population of the United States as of July 1, 1993.

- Physicians who participated in NAMCS generally did a thorough and conscientious job in keeping the Patient Log. However, a postsurvey evaluation study conducted in the 1985 NAMCS among a random sample of participating physicians indicated that a small number of patient visits may be accidentally omitted from the Patient Log. Although this number is quite small, such omissions would result in an undercoverage of office visits. The same postsurvey study indicates that the inclusion of patient visits that did not actually occur was infrequent and would have a negligible effect on survey estimates.
- As previously stated, the physician universe for the 1993 NAMCS included all non-Federal, office-based patient care physicians on the AMA and AOA master files. The NAMCS was designed to provide statistically unbiased estimates of office visits to this designated population. Not included in the universe were physicians who were classified as federally employed or hospital based, or who were principally engaged in research, teaching, administration, or other nonpatient care activity. Consequently, ambulatory patient visits in an office setting to these physicians would not be included in the NAMCS estimates. To measure the number of office visits to physicians not in the NAMCS universe, a NAMCS Complement Survey was conducted in 1980 (24). This study involved a sample of approximately 230,000 physicians in the AMA and AOA master files who were not eligible (out of scope) for the 1980 NAMCS. Results indicate that about 17 percent of the Complement Survey physicians saw some ambulatory patients in an office setting and that an estimated 69 million office visits were made to these physicians in 1980.

Appendix II

Definitions of Terms

Terms Relating to the Survey

***Office*—**Premises identified by physicians as a location for their ambulatory practices. Offices customarily include consultation, examination, or treatment spaces that patients associate with a particular physician. Responsibility over time for patient care and professional services rendered generally reside with the individual physician rather than with any institution.

***Ambulatory patient*—**An individual seeking personal health services who is neither bedridden nor currently admitted to any health care institution on the premises.

***Physician*—**A duly licensed doctor of medicine or doctor of osteopathy. For purposes of NAMCS, physicians are classified as in scope (eligible) or out of scope (ineligible) as follows:

- *In scope*—Physicians currently in practice who spend time caring for ambulatory patients in office locations except as excluded below.
- *Out of scope*—Physicians who treat patients only indirectly, including specialists in anesthesiology, pathology, forensic pathology, radiology, therapeutic radiology, and diagnostic radiology.

  Physicians who are federally employed, including those physicians who work for the

Department of Veterans Affairs or who are in military service.

Physicians who treat patients only in institutional settings, such as nursing homes and hospitals.

Physicians employed full time in industry or by institutions and having no private practice, for example, physicians who work for the Ford Motor Company.

Physicians who spend no time seeing ambulatory patients or whose patient care activity is secondary to another principal activity, such as teaching, administration, or research.

Patient—A person under a physician's care for health reasons. For purposes of NAMCS, patients are defined as in scope (eligible) or out of scope (ineligible) as follows:

- *In scope*—A patient seen by an in-scope physician or a staff member in the physician's office except as excluded below.
- *Out of scope*—Patients seen by a physician in a hospital, nursing home, other extended care institution, or in the patient's home.

  NOTE: If the physician has a private office (which fits the definition of ''office'') located in a hospital, ambulatory patients seen there are considered in scope.

  Patients seen by the physician in an institution, including outpatient clinics of hospitals, for whom the institution has primary responsibility over time.

  Patients who contact and receive advice from the physician via telephone.

  Patients who come to the office only to leave a specimen, to pick up insurance forms, or to pay a bill.

  Patients who come to the office to pick up medications previously prescribed by the physician.

Visit—A direct, personal exchange between an ambulatory patient and a physician or a staff member working under the physician's supervision for the purpose of seeking care and rendering personal health services.

Drug mention—The physician's entry on the Patient Record form of a pharmaceutical agent ordered or provided, by any route of administration, for prevention, diagnosis, or treatment. Generic as well as brand name medications are included, as are nonprescription as well as prescription medications. Along with all new medications, the physician also records continued medications if the patient was specifically instructed during the visit to continue the medication.

Physician specialty— Principal specialty, including general practice, as designated by the physician at the time of the survey. Those physicians for whom a specialty was not obtained were assigned the principal specialty recorded in the physician master files maintained by the American Medical Association or the American Osteopathic Association.

Region of practice location—The four geographic regions that correspond to those used by the Bureau of the Census:

Northeast	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.
Midwest	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.
South	Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.
West	Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming.

Terms Relating to the Patient Record Form

Age—The age calculated from date of birth was the age at last birthday on the date of visit.

Race— Physicians were instructed to check the category they judged to be the most appropriate for each patient based on observation or prior knowledge. The following definitions were provided to the physicians:

- *White*—A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- *Black*—A person having origins in any of the black racial groups of Africa.
- *Asian/Pacific Islander*—A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. For example, this area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.
- *American Indian/Eskimo/Aleut*—A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Ethnicity—Category judged by the physician to be the most appropriate. The following definitions were provided:

- *Hispanic origin*—A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- *Not Hispanic*—A person not of Hispanic origin.

Expected source(s) of payment—The source(s) that to the best of the physician's knowledge describes how charges incurred for this visit will be paid:

- *Patient-paid*—Charges billed directly to the patient that will not be reimbursed by a third party. Includes ''copayments'' and ''deductibles.'' Does not include prepaid plans for which copayment is charged.
- *Medicare*—Charges paid in part or in full by a Medicare plan, including payments made directly to the physician as well as payments to the patient.

- *Medicaid*—Charges paid in part or in full by a Medicaid plan, including payments made directly to the physician as well as payment to the patient.
- *Private/commercial insurance*—Charges paid by a private insurance company, including payments reimbursed to the patient. If charges are covered under a Blue Cross/Blue Shield-sponsored prepaid plan, the physician is requested to check both the private/commercial insurance and the ''HMO/other prepaid'' category.
- *HMO/other prepaid*—Charges included under a health maintenance organization (HMO) plan or other prepayment plan, including independent practice associations (IPA's) and preferred provider organizations (PPO's).
- *Other government*—Charges paid under any other local, State, or Federal health care program, such as workers' compensation programs and the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).
- *No charge*—Visits for which no fee is charged (not including visits paid for as part of a total care package; for example, post-operative visits included in a surgical fee, pregnancy visits for which a flat fee was charged, and HMO and prepaid systems).
- *Other*—All other sources of payment not in the preceding categories, for example, private charitable institutions.
- *Unknown*—This category indicates that none of the previous source of payment categories was checked.

Was patient referred for this visit by another physician?—Referrals are any visits that are made at the advice or direction of a physician other than the one being visited. The interest is in referrals for the current visit and not in referrals for any prior visit.

Is this visit injury related?—The physician was instructed to check ''YES'' if any part of this visit was for acute or followup care of an injury.

Does patient smoke cigarettes?—The physician was instructed to check ''YES'' if it is known that the patient currently smokes cigarettes, regardless of quantity. ''NO'' is checked if it is known that the patient currently does not smoke cigarettes.

Patient's complaint(s), symptom(s), or other reason(s) for this visit (in patient's own words)—The patient's problem, complaint, symptom, or other reason for this visit as expressed by the patient. Physicians were instructed to record key words or phrases verbatim to the extent possible. ''Most important'' refers to that problem, which in the physician's judgment, was most responsible for the patient's visit.

Physician's diagnosis—The physician's best assessment of diagnosis of the patient's most important problem, complaint, or symptom. In the event of multiple diagnoses, the physician was instructed to list them in order of decreasing importance. The term ''principal'' refers to the first-listed diagnosis. The diagnosis represents the physician's best judgment at the time of the visit and may be tentative, provisional, or definitive.

Have you or anyone in your practice seen patient before?—''Seen before'' means provided care at any time in the past. The second part of item 12 refers to the patient's current episode of illness.

Does patient have any of the following: asthma, diabetes, HIV, obesity, osteoporosis—The physician was asked to check all that apply regardless of any entry made in item 11, physician diagnoses.

Tests, surgical and nonsurgical procedures, and therapies—The physician was instructed to mark all selected services, procedures, and therapies ordered or provided at this visit for the purpose of screening (i.e., early detection of health problems in asymptomatic individuals) or diagnosis (i.e., identification of health problems causing individuals to be symptomatic).

Selected services—

- Blood pressure
- Urinalysis
- Spirometry
- Allergy testing
- HIV serology
- Other blood test

All other services—The physician recorded any additional surgical and nonsurgical procedures and therapies ordered or performed.

1. *Surgical and nonsurgical procedures*—The physician was instructed to record the specific name of any ambulatory (outpatient) surgical procedures performed, ordered, or scheduled at the time of this visit. Routine surgical procedures such as wound care, as well as more complex procedures (such as cataract extraction, vasectomy, hernia repair, growth removal) should be reported. Any procedure designated in CPT-4 (which physicians and their staff will be familiar with) as a surgical procedure may be recorded.

2. *Therapeutic services*—The physician was instructed to record the specific name of any nonmedication therapy performed, ordered, or scheduled at the time of this visit. Examples include:

- *Psychotherapy*—All treatments designed to produce a mental or emotional response through suggestion, persuasion, reeducation, reassurance or support, e.g., psychological counseling, hypnosis, psychoanalysis, transactional therapy.
- *Corrective lenses*—Provision, ordering, or prescription for glasses or contact lenses.
- *Physiotherapy*—Any form of physical therapy including treatment using heat, light, sound, or physical pressure or movement, for example, ultrasonic, ultraviolet, infrared, whirlpool, diathermy, cold and manipulative therapy.

Counseling/Education—The physician was instructed to check all appropriate

boxes for any counseling, advice, education, instructions, or recommendations to the patient provided during this visit. Categories are:

- None
- Exercise
- Cholesterol reduction
- Weight reduction
- Smoking cessation
- Growth/development
- Injury prevention
- HIV transmission
- Other STD transmission
- Other

Medication—The physician was instructed to list all medications, including biologicals, that were ordered, injected, administered, or otherwise provided at this visit. These included prescription and nonprescription medications, vaccinations, immunizations, and desensitization agents. Physicians were requested to record the same specific medication name (brand or generic) that was used on any prescription of office medical record. Also included are medications ordered or provided prior to the visit that the physician instructed or expected the patient to continue taking.

Disposition this visit—Eight categories are provided to describe the physician's disposition of the case. The physician was instructed to check all applicable categories:

- *No followup planned*—No return visit or telephone contact was scheduled for the patient's problem.
- *Return at specified time*—Patient was told to schedule an appointment or was instructed to return at a particular time.
- *Return if needed, P.R.N*—No future appointment was made, but the patient was instructed to make an appointment with the physician if the patient considered it necessary (P.R.N., *pro re nata,* as necessary).
- *Telephone followup planned*—Patient was instructed to telephone the physician either on a particular day to report on progress, or at any time if the need should arise.
- *Referred to other physician*—Patient was instructed to consult or seek care from another physician. The patient may or may not return to this physician at a later date.
- *Returned to referring physician*—Patient was instructed to consult again with the referring physician.
- *Admit to hospital*—Patient was instructed that further care or treatment would be provided in a hospital. No further office visits were expected prior to hospital admission.
- *Other*—Any other disposition of the case not included in the preceding categories.

Duration of this visit—Time the physician spent with the patient, not including time the patient spent waiting to see the physician, time the patient spent receiving care from someone other than the physician without the presence of the physician, and time the physician spent in reviewing such things as records and test results. If the patient was provided care by a member of the physician's staff, but did not see the physician during the visit, the duration of the visit was recorded as zero (0) minutes.

Appendix III

Survey Instruments

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, Maryland 20782

NAMCS
Endorsing Organizations

American Academy of Dermatology

American Academy of Family Physicians

American Academy of Neurology

American Academy of Ophthalmology

American Academy of Orthopaedic Surgeons

American Academy of Pediatrics

American Academy of Physical Medicine and Rehabilitation

American College of Obstetricians and Gynecologists

American College of Physicians

American College of Preventive Medicine

American College of Surgeons

American Osteopathic Association

American Psychiatric Association

American Society of Internal Medicine

American Society of Plastic and Reconstructive Surgeons, Inc.

American Urological Association

Association of American Medical Colleges

Dear

The National Center for Health Statistics, as part of its continuing program to provide information on the health status of the American people, is conducting the National Ambulatory Medical Care Survey (NAMCS).

The purpose of this study is to collect information about ambulatory patients, their problems, and the resources used for their care. The resulting published statistics will help your profession plan for more effective health services, determine health manpower requirements, and improve medical education.

Since practicing physicians are the only reliable source of this information, we need your assistance in the NAMCS. As one of the physicians selected in our national sample, your participation is essential to the success of the study.

The NAMCS is authorized by Title 42, United States Code, Section 242k. Participation is voluntary. Although there are no penalties for not participating, each non-response makes the national statistics less accurate. All information collected is held in strict confidence, and will be used only to prepare statistical summaries.

Many organizations and leaders in the medical profession, including those shown to the left, have expressed their support for this study. They join me in urging your cooperation in this important research.

Within a few days, a representative of the Census Bureau, acting as our agent, will telephone you for an appointment to discuss the details of your participation. We greatly appreciate your cooperation.

Sincerely yours,

Manning Feinleib, M.D., Dr.P.H.
Director

OMB No. 0920-0234: Approval Expires 04/30/95

NOTICE — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this phase of the survey is estimated to average 25 minutes per response. If you have any comments regarding the burden estimate or any other aspect of this survey, including suggestions for reducing this burden, send them to the PHS Reports Clearance Officer; Attn: PRA: HHH Building, Rm. 721-B; 200 Independence Ave., S.W., Washington, DC 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920-0234); Washington, DC 20503.

1. Label

FORM **NAMCS-1** (9-1-92)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
NATIONAL CENTER FOR HEALTH STATISTICS
CENTERS FOR DISEASE CONTROL

NATIONAL AMBULATORY MEDICAL CARE SURVEY 1993 — 1994 PANELS

2. Physician's telephone numbers *(Area code and number)*	**3.** Field Representative information	
Office (1)	Telephone screener	Code
Office (2)	Induction interview	Code

Section I — TELEPHONE SCREENER

4. Record of telephone calls

Call	Date	Time	Results
1			
2			
3			
4			
5			
6			

5. Final outcome of screening

1 ☐ Appointment

Day	Date	Time

Place

2 ☐ Noninterview
3 ☐ Physician moved out of PSU } *Complete Section III, page 10*

6. Introduction

Hello, Dr. _____. I am *(Your name)*. **I'm calling for the Public Health Service Centers for Disease Control regarding their study of ambulatory care. You should have received a letter from Dr. Manning Feinleib, Director of the National Center for Health Statistics, explaining the study.** *(Pause)* **You've probably also received a letter from the Census Bureau. We are acting as field agent for the study.**

IF DOCTOR DOES NOT REMEMBER NCHS LETTER:

The National Center for Health Statistics, one of the Centers for Disease Control, has a continuing program to provide information on the health of the American people. As part of this program it is conducting a national study of ambulatory medical care.

The purpose of this study is to collect information about ambulatory patients, their problems, and the resources used for their care. The resulting published data will help your profession plan for more effective health services, determine health manpower requirements, and improve medical education.

Since practicing physicians are the only reliable source of this information, we need your assistance. As one of the physicians selected in our national sample, your participation is essential to the success of the study.

This study is authorized by Title 42, United States Code, Section 242K. Participation is voluntary, and there are no penalties for refusing to provide information. All information collected is held in strict confidence, and will be used only to prepare statistical summaries.

We include in this study most physicians whose practice INCLUDES any AMBULATORY PATIENTS. In order to know whether or not you should be included, I would like to ask you a few questions.

Section I — TELEPHONE SCREENER — Continued

7a. Do you directly care for any ambulatory patients in your practice?

(Mark without asking, if obvious)

1 ☐ Yes — *SKIP to item 8a*
2 ☐ No, does not give direct care [*7b — PROBE*]
3 ☐ No, no longer in practice — *Determine reason. Then read item 10.*

b. *PROBE:* **We include as ambulatory patients, any persons coming to see you for personal health services who are not currently admitted to any health care institution on the premises. Does your practice include any such individuals?**

1 ☐ Yes, cares for ambulatory patients — *Go to item 8a*
2 ☐ No, does not give direct care — *Determine reason. Then read item 10.*

8a. We have your address as *(Read address shown on label)***. Is that the correct address for your office where you see patients?**

1 ☐ Yes — *SKIP to item 9*
2 ☐ No, incorrect address — *Ask item 8b*

b. What is the (correct) address and telephone number of your office where you see ambulatory patients?

Number and street

City State ZIP Code

Telephone *(Area code and number)*

9. I would like to arrange an appointment with you within the next week or so to discuss the study. It will take about 15 minutes. What would be a good time for you, before Friday, _____ *(last Friday before the assigned reporting week)***?**

(Verify office location, if appropriate.)

Thank you, Dr. _____. I'll see you then. *(Record day, date, time, and place of appointment in item 5 on page 1.)*

10. Thank you, Dr. _____, but I believe that since you do not (see any ambulatory patients/practice any longer), our questions would not be appropriate for you. I appreciate your time and interest. *(Terminate telephone call and complete Section III on page 10.)*

SAMPLE PHYSICIAN'S OFFICE SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							
Office No.							

NOTES

Section II — INDUCTION INTERVIEW

Doctor, before we begin, I would like to give you a little background about this study.

Systematic information about the characteristics and problems of the people who consult physicians in their offices is essential for medical researchers, educators, and others who are concerned with medical education, manpower needs, and the changing nature of health care delivery.

In response to the demand for this information, the Centers for Disease Control, in close consultation with representatives of the medical profession, developed the National Ambulatory Medical Care Survey.

Your part in the study is very simple, carefully designed, and should not take much of your time. It consists of your participation during a specified 7-day period. During that time, you would supply a minimal amount of information about patients you see.

Now, before we get to the actual procedures, I have some questions to ask you about your practice. The answers you give will be used only for classification and analysis. Of course, ALL information you provide for this study will be held in strict confidence.

11a. Your specialty is _____, is that right?
(Specialty from code on label)

1 ☐ Yes — *SKIP to item 12a*
2 ☐ No

b. What is your specialty (including general practice)?

_____
(Name of specialty)

☐☐☐ Code

12a. This study will be concerned with the AMBULATORY patients you will see in your office during the week of Monday,

_____ through Sunday,

_____. Are you likely to see any ambulatory patients in your office during that week?

(For allergists, family practitioners, etc. — if routine care such as allergy shots, blood pressure checks, and so forth will be provided by staff in physician's absence, mark "Yes.")

1 ☐ Yes — *SKIP to item 13a*
2 ☐ No

b. Why is that? *Record verbatim.*

_____

_____

_____

(If appropriate, read item 12c below and leave form with physician. Otherwise, SKIP to item 13a.)

c. Since it's very important that we include any ambulatory patients that you might see in your office during that week, I'll leave these forms with you — just in case your plans change. I'll check back with your office just before *(Starting date)* **to make sure, and if necessary I can explain them in detail then.** *Give doctor the "A" patient log folio, and enter folio number in Table B on the bottom of page 5. Then continue with item 13a on page 4.*

NOTES

Section II — INDUCTION INTERVIEW — Continued

NOTE — *Enter responses to items 13a—g in the appropriate columns in chart below.*

13a. At what office locations (will you be seeing/would you normally be seeing) ambulatory patients during that 7-day period?

PROBE: **Are there any other office locations at which you (will be seeing/would normally be seeing) ambulatory patients during that 7-day period?**

b. *Mark (X) whether each location in item 13a is in-scope or out-of-scope. (See chart at right.)*

If in doubt, PROBE —

(1) Is that (clinic/facility/institution) hospital based?

(2) Is that (clinic/facility/institution) government operated?

In-scope	Out-of-scope
Private offices	Hospital emergency rooms
Free-standing clinics (nonhospital based)	Hospital outpatient departments
Groups, partnerships	School infirmaries
Neighborhood health centers	Industrial outpatient facilities
Privately operated clinics (except family planning)	Family planning clinics
Health maintenance organizations or other prepaid practices such as Kaiser, HIP, Mayo Clinic	Government operated clinics (VD, maternal and child health, etc.)

Ask 13c once to obtain total for all in-scope locations.

c. (During the week of Monday, _____ through Sunday, _____ /during a normal week), on how many DAYS (do/would) you expect to see any ambulatory patients? *(Only include days at in-scope locations.)*

Ask 13d—g for EACH in-scope location.

d. During (that week/a normal week), approximately how many ambulatory patient visits (do/would) you expect to see in your office practice (at *(Address of in-scope office location)***)?**

e. Do you have a solo practice, or are you associated with other physicians in a partnership, in a group practice, or in some other way (at *(Address of in-scope location)***)?**

If non-solo ask:

f. How many other physicians are associated with you (at this/that location)?

g. Do you perform any laboratory testing (in that office)?
NOTE: Lab must be administratively connected to office.

13a—g. *Enter responses in chart below.*

Office No.	a. Office locations *(Enter street address)*	b. In-scope	b. Out-of-scope	c. Number of days	d. Number of visits	e. Solo	e. Non solo	f. Number of other physicians	g. Lab testing Yes	g. Lab testing No
1		1☐	2☐			1☐	2☐		1☐	2☐
2		1☐	2☐			1☐	2☐		1☐	2☐
3		1☐	2☐			1☐	2☐		1☐	2☐
4		1☐	2☐			1☐	2☐		1☐	2☐
TOTAL FOR IN-SCOPE LOCATIONS →										

CHECK ITEM A

1☐ All locations out-of-scope — *Read CLOSING STATEMENT below*
2☐ "Yes" in item 12a — *SKIP to Tables A and B on page 5*
3☐ "No" in item 12a — *SKIP to item 15a on page 7*

CLOSING STATEMENT

Thank you, Dr. _____, but I do not believe your practice is within the scope of this study.
We appreciate your time and interest. *(Terminate interview and complete Sections III and IV on pages 10 and 11.)*

NOTES

Section II — INDUCTION INTERVIEW — Continued

Determine proper Patient Log from Table A below. Read down the "Expected TOTAL VISITS during survey week" column to the line corresponding to the total entry in item 13d. Then, read across to the "TOTAL DAYS in practice during week" column corresponding to the total entry in item 13c. CIRCLE the appropriate letter. Circled letter shows which of the four Patient Log forms (A, B, C, D) should be used by this doctor. Transcribe the circled letter to Table B below.

TABLE A (PATIENT LOG)

A — Patient Record is to be completed for ALL patients listed on log.

B — Patient Record is to be completed for every SECOND patient listed on log.

C — Patient Record is to be completed for every THIRD patient listed on log.

D — Patient Record is to be completed for every FIFTH patient listed on log.

Expected TOTAL VISITS during survey week	TOTAL DAYS in practice during week						
	1	**2**	**3**	**4**	**5**	**6**	**7**
1—12	A	A	A	A	A	A	A
13—25	B	A	A	A	A	A	A
26—39	B	B	A	A	A	A	A
40—52	B	B	B	B	A	A	A
53—65	C	C	B	B	B	B	B
66—79	D	C	C	B	B	B	B
80—92	D	D	C	C	B	B	B
93—105	D	D	C	C	B	B	B
106—118	D	D	C	C	C	C	C
119—131	D	D	C	C	C	C	C
132—145	D	D	D	C	C	C	C
146—158	D	D	D	D	D	C	C
159—299	D	D	D	D	D	D	D
300+	*In the rare instance the physician will see **300 or more patients** during the assigned reporting week, leave a "D" Patient Log Folio with instructions to complete a Patient Record form for only every **tenth** patient. Draw an X through the Patient Record on every other page starting with page 1 of the pad. The physician then completes the Patient Log on **every** page, but completes the Patient Record on every **second** page.* ***NOTE:** Notify supervisor if this situation arises.*						

*Fill Table B (Folio) below for each in-scope location **before** discussing folio instructions with physician (or assistant).* ***NOTE:** If doctor expects to see ambulatory patients at more than one in-scope location during assigned week, explain that you will deliver forms to other locations. Fill Table B (Folio) for other locations before delivering forms.*

TABLE B (FOLIO)

Office number *(Enter office number from item 13.)*	Folio		Number of lines stamped "BEGIN NEXT LINE."	**OFFICE USE ONLY**
	Letter	Number		Number of patient record forms completed

NOTES

Section II — INDUCTION INTERVIEW — Continued

INSTRUCTIONS:

HAND DOCTOR APPROPRIATE FOLIO AND A COPY OF THE SAMPLE PATIENT RECORD FORM (NAMCS-73), AND EXPLAIN HOW TO COMPLETE THE FORMS.

Cover following points —

(1) Who to list/Who not to list on the Patient Log.

List every ambulatory patient visit to all in-scope locations during the period.

INCLUDE patients doctor doesn't see but who receive care from an assistant, nurse, nurse practitioner, physician assistant, etc.

EXCLUDE patients who do not seek care or services, e.g., they come to pay a bill or leave a specimen.

EXCLUDE telephone contacts with patients.

(2) Explain sampling system. For "A" folio, list everyone on log **and** complete Patient Record for each patient. For "B," " C," and "D" folios, list everyone on Log but complete Patient Record only for patient listed at bottom of each page. Emphasize that **all** patients seen during that week must be listed.

Show doctor instruction card in folio pocket.

(3) Go over Patient Record item by item, paying particular attention to —

Item 8 — "Injury related" includes visits for follow-up of previously treated injuries (regardless of when the injury occurred) and visits for flare-ups of problems due to old injuries, as well as visits for recent injuries.

Item 10 — To be recorded in patient's own words. We want the patient's own complaint here, not the doctor's diagnosis. If the patient has no complaint, the physician should enter the reason for the visit.

Item 11a — Diagnosis can be tentative or provisional or expressed as a problem. Doctor **should not** record "Rule Out" diagnosis (R.O.).

Item 11b, c — Enter any other diagnoses, including those not necessarily connected with the visit.

Item 13 — This should be answered regardless of any entry in item 11. Also, it is not necessary to add or delete any entry in item 11 based on response(s) to this item.

Item 14 — Check ALL appropriate boxes for services ORDERED OR PROVIDED. If a general examination was performed, check appropriate boxes for EACH INDIVIDUAL SERVICE included.

Item 14b — List all other OUTPATIENT services, diagnostic or therapeutic, ORDERED or PROVIDED at this visit.

Item 16 — List ALL prescription and non-prescription drugs ORDERED OR PROVIDED — by any route of administration — at THIS VISIT. Include immunization agents, allergy shots, and other biologicals.

Include drugs prescribed at previous visit if patient was instructed at THIS VISIT to continue the medication.

Use SPECIFIC BRAND OR GENERIC DRUG NAMES as entered on prescription or medical records. Do NOT enter broad drug classes, such as "pain medication."

Limit entries to DRUG NAME ONLY. Additional information, such as route of administration, dosage, form, strength, or regimen is not required.

Item 18 — Doctor's best estimate of time spent in face-to-face contact with the patient. Answer may be zero (0), if the patient was entirely attended by a nurse or technician and did not see the doctor.

(4) Explain to the doctor, where appropriate, that the receptionist, nurse, or assistant can list patients on the Log as they enter office and check in or when they see the doctor. They may also fill out items 1—7 on Patient Record.

(5) Instruct doctor to enter number of patients seen and number of PRF's completed on front of folio — at end of each day.

(6) Before returning forms, doctor should remove log containing patient names.

Section II — INDUCTION INTERVIEW — Continued

14a. During the period Monday, _____ through Sunday, _____ will ANYONE be available to help you fill out these records at *(Read locations of in-scope office(s) in item 13a)*?

1 ☐ Yes — *Ask b*
2 ☐ No — *SKIP to item 15a*

b. Who will that be?

Name	Position	Location *(Enter office number and street name)*

15a. Are you currently participating in any prepaid plan such as —

NOTE: *Ask 15b for each "Yes" after asking (1)—(4) in 15a.*

b. What percentage of your patient visits are covered by the:

(1) HMO (Health Maintenance Organization)?	1 ☐ Yes 2 ☐ No	**(1) HMO?** _____ %
(2) IPA (Independent Practice Association)?	1 ☐ Yes 2 ☐ No	**(2) IPA?** _____ %
(3) PPO (Preferred Provider Organization)?	1 ☐ Yes 2 ☐ No	**(3) PPO?** _____ %
(4) Some other type of prepaid plan? — *Specify* _____	1 ☐ Yes 2 ☐ No	**(4)** *(Other plan name)* _____ %

NOTE *— If doctor practices in large group, the following information can be obtained from someone else.*

16a. What is the total number of full-time (35 hours or more per week) and part-time (less than 35 hours per week) employees of your (partnership/ group) practice? Include persons regularly employed who are now on vacation, temporarily ill, etc. Do NOT include other physicians. →	Full-time *(35 or more hours/week)* (a)	Part-time *(Less than 35 hours/week)* (b)
	_____ Total number 0 ☐ None	_____ Total number 0 ☐ None
NOTE : *READ CATEGORIES AND RECORD NUMBER OF EACH IN COLUMNS (a) AND (b).* **b. How many of these full-time and part-time employees are —**		
(1) A registered nurse?	_____ Number 0 ☐ None	_____ Number 0 ☐ None
(2) A licensed practical nurse?	_____ Number 0 ☐ None	_____ Number 0 ☐ None
(3) A nurse's aide?	_____ Number 0 ☐ None	_____ Number 0 ☐ None
(4) A nurse practitioner?*	_____ Number 0 ☐ None	_____ Number 0 ☐ None
(5) A physician assistant?**	_____ Number 0 ☐ None	_____ Number 0 ☐ None
(6) A technician?	_____ Number 0 ☐ None	_____ Number 0 ☐ None
(7) A secretary or receptionist?	_____ Number 0 ☐ None	_____ Number 0 ☐ None
(8) Other? — *Specify* _____	_____ Number 0 ☐ None	_____ Number 0 ☐ None

* Certified by American Nursing Association.
** Physician Assistant must be a graduate of an accredited training program for physician assistants (e.g., Medex) or certified by the National Commission on Certification for Physician Assistants.

CHECK ITEM B

1 ☐ "Yes" marked for lab testing in item 13g for at least one in-scope office — *Read Statement A on page 8.*
2 ☐ "No" marked in item 13g for ALL in-scope offices — *SKIP to Closing Statement, page 9.*

Section II — INDUCTION INTERVIEW — Continued

STATEMENT A: **The next few questions are about lab testing in your office (at** *(Read in-scope location from 13a on page 4)***).**

If more than one in-scope location, ask about the one with the MOST visits in item 13d.

17. Who in your office performs lab tests?

Mark (X) all that apply.

MEDICAL ASSISTANT:

Any office staff with some training in the use of laboratory testing equipment, but less training than the other categories.

MEDICAL TECHNICIAN:

An individual with post high school training as a laboratory technician either through a formal course curriculum or through two years laboratory experience as a trainee in a clinical laboratory.

MEDICAL TECHNOLOGIST:

An individual who possesses a current license as a clinical laboratory technologist through the American Society of Clinical Pathologists (ASCP), American Medical Technologist (AMT), or equivalent.

PHYSICIAN ASSISTANT:

A graduate of an accredited training program for physician assistants (physician extenders, Medex, etc.) or certified by the National Commission on Certification for Physician Assistants.

1 ☐ Medical Assistant
2 ☐ Medical Technician
3 ☐ Medical Technologist
4 ☐ Nurse
5 ☐ Physician
6 ☐ Physician Assistant
7 ☐ Other — *Specify* _____
8 ☐ Don't know

NOTE: *If "non-solo" is marked in item 13e for the location selected, items 17—22 refer to tests performed by the lab for the entire group practice, not for the sample doctor only.*

(The lab must be administratively connected to the doctor's/group's practice. Do not include "outside" labs.)

If you have already asked the lab questions for a doctor previously in the 1993 — 1994 panel sample, and you are certain that the lab questions are for the same office lab as before, enter the name of the previous sample physician and DO NOT ask the lab questions again this time.

NAME OF PREVIOUS SAMPLE PHYSICIAN _____
(Print name)

OFFICE USE ONLY | | | | | |

STATEMENT B:

Doctor, I have questions about specific tests, whether they are performed in your office and if there are quality control procedures for each. Would you prefer I get this information from you or from someone else?

1 ☐ Doctor
2 ☐ Someone else — *Specify* _____

If someone else, READ Closing Statement on page 9. Then complete questions 18a—22 with the person specified by the doctor.

Name

Title

NOTES

Section II — INDUCTION INTERVIEW — Continued

SHOW FLASHCARD

18a. Which, if any, of these tests are performed in your office?

	18a. Yes	18a. No	18a. DK	*Ask 18b for each Yes in 18a.* **b. Is quality control performed in office each day that patient samples are tested? *** Yes	b. No	b. DK	*Ask 18c for each Yes in 18b.* **c. Are there written instructions if quality control suggests an error? *** Yes	c. No	c. DK
(1) Dipstick urinalysis/specific gravity/microscopic	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(2) Pregnancy tests	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(3) Hemoglobin	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(4) WBC	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(5) Hematocrit	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(6) Gonorrhea cultures	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(7) Prothrombin	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(8) Glucose	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(9) Uric Acid	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(10) BUN	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(11) Cholesterol	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(12) Creatinine	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(13) Na/K	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(14) Triglycerides	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(15) Urine screen colony counts	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(16) Occult blood	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(17) RA Latex	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(18) Theophylline	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(19) B-strep rapid test	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
Other — *Specify ONLY if none of the above tests (1—19) are performed in office* → **(20)**	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(21)	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □
(22)	1 □	2 □	3 □	1 □	2 □	3 □	1 □	2 □	3 □

* Quality control is anything the laboratory performer does to check that the test is working properly on each day patient samples are run.

19. Approximately how many TESTS were performed (yesterday/during your last full day of practice) in your office (where most patients are seen)?

NOTE: Many tests can be performed on one specimen.

_____ Number

20. Approximately what percentage of TESTS ordered in your practice are sent to an outside lab?

_____ Percent

21. Has your practice enrolled in a laboratory proficiency testing program such as the ones offered by The College of American Pathologists, The American Association of Bioanalysts, or The American Society of Internal Medicine?

1 □ Yes
2 □ No
3 □ Don't know

22. Does your state have regulations governing laboratory testing in your office?

1 □ Yes
2 □ No
3 □ Don't know

CLOSING STATEMENT

Thank you for your time Dr. _____. I will call you on Monday, _____ to see if (everything is all right/your plans have changed). If you have any questions, please feel free to call me. My telephone number is written in the folio.

Section III — NONINTERVIEW

23. What is the reason the doctor did not participate in this study?

Explanations for noninterview codes 6 and 11 —

Temporarily not practicing — Refers to duration of 3 months or more

Unavailable during reporting period — Absence must be for duration of LESS than 3 months

1 ☐ Refused/Breakoff — *SKIP to item 25a*
2 ☐ Non-office based — *Ask item 24*
3 ☐ Sees no ambulatory patients — *Ask item 24*
4 ☐ Retired } *SKIP to item 28*
5 ☐ Deceased }
6 ☐ Temporarily not practicing — *SKIP to item 26*
7 ☐ Can't locate } *SKIP to item 28*
8 ☐ Not licensed }
9 ☐ Moved out of U.S.A. }
10 ☐ Other out-of-scope — *Specify* ⇁ _____ } *Ask item 24*
11 ☐ Unavailable during reporting period — *SKIP to item 26*
12 ☐ Moved out of PSU — *SKIP to item 27a*

24. Describe physician's practice or medical activities which define him/her as ineligible or out-of-scope.

_____ } *SKIP to item 28*
_____

25a. At what point in the interview did the refusal/break-off occur? *(Mark (X) one.)*

1 ☐ During telephone screening
2 ☐ During induction interview
3 ☐ After induction but prior to assigned reporting days
4 ☐ At reminder call
5 ☐ During assigned reporting days or mid-week calls
6 ☐ At follow-up contact

b. By whom? *(Mark (X) one.)*

1 ☐ Doctor
2 ☐ Doctor through nurse
3 ☐ Nurse/Secretary
4 ☐ Receptionist
5 ☐ Office manager/Administrator
6 ☐ Other office staff — *Specify* ⇁ _____

c. What reason was given? *(Verbatim)*

_____
_____

d. Date refusal/breakoff was reported to supervisor

Month ☐☐ Day ☐☐ Year ☐☐

e. Conversion attempt result

1 ☐ No conversion attempt } *SKIP to item 28*
2 ☐ Doctor refused }
3 ☐ Doctor agreed to see Field Representative — *Complete Section II*

26. Why is doctor unavailable or not in practice?

_____ } *SKIP to item 28*
_____

27a. What is the physician's new address?

Number and street
City, State, ZIP Code
Telephone

b. Name of Field Representative | RO | PSU | Date transferred

Section IV — DISPOSITION AND SUMMARY

28. FINAL DISPOSITION

1 ☐ Completed Patient Record Forms
2 ☐ Out-of-scope (Item 23, codes 2, 3, 4, 5, 6, 8, 9, or 10)
3 ☐ Refused-Breakoff (Item 23, code 1)
4 ☐ Unavailable during reporting period (Item 23, code 11)
5 ☐ Moved out of PSU (Item 23, code 12 — final)
6 ☐ Can't locate (Item 23, code 7)

FOR TRANSFER CASES MARK —

☐ Moved out of PSU (Item 23, code 12 — pending)

29. CASE SUMMARY

***1. Number of patient visits during reporting week** . . . . . ☐☐☐

2. Number of days during reporting week on which patients were seen . . ☐

****3. Number of patient record forms completed** . . . . . ☐☐☐

COMPLETE THE FORMULA BELOW

* Accurate determination of "Number of patient visits during reporting week" is EXTREMELY important. When reviewing the Patient Log, remember **not to count** as visits any lines marked "Begin Next Line," any lines known to have been skipped by the doctor/staff, or any lines or PRF's marked "void," "left before seeing," etc. **Do** remember to include all log entries on the **last used Patient Log**, which often will be attached to an unused Patient Record.

** If doctor was assigned the:

A Folio: Item 29(3) × 1 = Item 29(1)
B Folio: Item 29(3) × 2 = Item 29(1) ± 1
C Folio: Item 29(3) × 3 = Item 29(1) ± 2
D Folio: Item 29(3) × 5 = Item 29(1) ± 4

Verify Item 29

☐ × _____ = ☐ ⟶ compare answer with Item 29(1)

If comparison is not within specified range, explain difference in NOTES below.

NOTES

Assurance of Confidentiality-All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to other persons or used for any other purpose.

Department of Health and Human Services
Public Health Service
Centers for Disease Control
National Center for Health Statistics

A

NATIONAL AMBULATORY MEDICAL CARE SURVEY
1993–94 PATIENT RECORD

OMB NO. 0920-0234
Expires 4-30-95
CDC 64.21A

1. DATE OF VISIT
___/___/___
Month Day Year

2. DATE OF BIRTH
___/___/___
Month Day Year

3. SEX
1 ☐ Female 2 ☐ Male

4. COLOR OR RACE
1 ☐ White
2 ☐ Black
3 ☐ Asian / Pacific Islander
4 ☐ American Indian / Eskimo / Aleut

5. ETHNICITY
1 ☐ Hispanic origin
2 ☐ Not Hispanic

6. EXPECTED SOURCE(S) OF PAYMENT *[Check all that apply]*
1 ☐ Private / commercial
2 ☐ Medicare
3 ☐ Medicaid
4 ☐ Other government
5 ☐ HMO/ other prepaid
6 ☐ Patient paid
7 ☐ No charge
8 ☐ Other

7. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN?
1 ☐ Yes
2 ☐ No

8. IS THIS VISIT INJURY RELATED?
1 ☐ Yes 2 ☐ No

9. DOES PATIENT SMOKE CIGARETTES?
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

10. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT
[In patient's own words]

a. Most important: _____

b. Other: _____

c. Other: _____

11. PHYSICIAN'S DIAGNOSES *[As specific as possible]*

a. Principal diagnosis / problem associated with item 10.a: _____

b. Other: _____

c. Other: _____

12. HAVE YOU OR ANYONE IN YOUR PRACTICE SEEN PATIENT BEFORE?
1 ☐ Yes 2 ☐ No

If yes, for the condition in item 11a?
1 ☐ Yes 2 ☐ No

13. DOES PATIENT HAVE:
[Check all that apply regardless of any entry in item 11]
1 ☐ Asthma
2 ☐ Diabetes
3 ☐ HIV
4 ☐ Obesity
5 ☐ Osteoporosis
6 ☐ None of the above

14. TESTS, SURGICAL AND NONSURGICAL PROCEDURES, AND THERAPIES None ☐

a. SELECTED SERVICES
[Check all ordered or provided]
1 ☐ Blood pressure
2 ☐ Urinalysis
3 ☐ Spirometry
4 ☐ Allergy testing
5 ☐ HIV serology
6 ☐ Other blood test

b. ALL OTHER SERVICES
[Record one on each line and check performed or ordered for each.]

Include: • *Tests* • *Imagings* • *Surgeries and other procedures* • *Other therapies (such as contact lens Rx, individual psychotherapy, or physiotherapy)*

Exclude: • *Services in item 14a* • *Counseling / education* • *Medications*

Performed	Ordered		Performed	Ordered	
1 ☐	2 ☐	_____	1 ☐	2 ☐	_____
1 ☐	2 ☐	_____	1 ☐	2 ☐	_____
1 ☐	2 ☐	_____	1 ☐	2 ☐	_____
1 ☐	2 ☐	_____	1 ☐	2 ☐	_____

15. COUNSELING / EDUCATION
[Check all ordered or provided]
1 ☐ None
2 ☐ Exercise
3 ☐ Cholesterol reduction
4 ☐ Weight reduction
5 ☐ Smoking cessation
6 ☐ Growth / development
7 ☐ Injury prevention
8 ☐ HIV transmission
9 ☐ Other STD transmission
10 ☐ Other

16. MEDICATIONS / INJECTIONS None ☐

[Include:
- *Rx and OTC*
- *Immunizations*
- *Allergy shots*
- *Anesthetics*
- *Meds ordered, supplied, or administered*
- *New meds*
- *Continuing meds (with or without new orders)]*

1 _____
2 _____
3 _____
4 _____
5 _____

17. DISPOSITION THIS VISIT
[Check all that apply]
1 ☐ No follow-up planned
2 ☐ Return at specified time
3 ☐ Return if needed, P.R.N.
4 ☐ Telephone follow-up planned
5 ☐ Referred to other physician
6 ☐ Returned to referring physician
7 ☐ Admit to hospital
8 ☐ Other *[Specify]* _____

18. DURATION OF THIS VISIT
[Time actually spent with physician]

_____
Minutes

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For answers to questions about this report or for a list of reports published in these series, contact:

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