

National Ambulatory Medical Care Survey: 2011 Summary Tables

The Ambulatory and Hospital Care Statistics Branch is pleased to release nationally representative data on 2011 ambulatory care visits to physician offices in the United States. Statistics are presented on the physician's practice, patient, and visit characteristics based on data collected in the 2011 National Ambulatory Medical Care Survey (NAMCS). NAMCS is an annual nationally representative sample survey of visits to nonfederal office-based patient care physicians, excluding anesthesiologists, radiologists, and pathologists.

The sampling frame for the 2011 NAMCS was composed of all physicians contained in the master files maintained by the American Medical Association and American Osteopathic Association. The 2011 NAMCS utilized a multistage probability design that involved probability samples of primary sampling units (PSUs), physicians within PSUs, and patient visits within practices. An additional sample of physicians and nonphysician practitioners was selected from a separate stratum of 104 community health centers.

The 2011 NAMCS sample included 3,819 physicians. A total of 1,264 physicians did not meet all of the criteria and were ruled out of scope (ineligible) for the study. Of the 2,555 in-scope (eligible) physicians, 1,472 participated in the study. Patient record forms (PRFs) were not completed by 180 physicians due to vacations, illness, or other reasons for being temporarily not in practice. Of the 1,292 physicians who completed PRFs, 1,220 participated fully or adequately (i.e. at least half of the PRFs expected, based on the total number of visits during the reporting week, were submitted), and 72 participated minimally (i.e. fewer than half of the expected number of PRFs were submitted). Within physician practices and CHCs, data are abstracted from medical records for up to 30 sampled visits during a randomly assigned 1-week reporting period. In all, 30,872 PRFs were submitted. The unweighted response rate was 54.3 percent (54.1 percent weighted), based on the number of full participants only.

The 2011 NAMCS was conducted from December 27, 2010, through December 25, 2011. The U.S. Census Bureau was the data collection agent for the 2011 NAMCS. The physician, office staff, or Census field representatives completed a PRF for a sample of up to 30 visits during a randomly assigned 1-week reporting period. The PRF may be viewed at: http://www.cdc.gov/nchs/data/ahcd/NAMCS_30A_2011.pdf.

Data processing and medical coding were performed by SRA International, Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10 percent quality control sample of NAMCS survey records was independently keyed and coded. For nonmedical coding items, the error rate was 0.04 percent. For items that required medical coding, discrepancy rates ranged between 0.03 and 0.48 percent. For further details, see 2011 NAMCS Public Use Data File Documentation at:

ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2011.pdf.

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

estimation procedures of 2011 NAMCS are discussed in the NAMCS Public Use Data File Documentation at:

ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2011.pdf.

As in any survey, results are subject to sampling and nonsampling errors. Nonsampling errors include reporting and processing errors as well as biases due to nonresponse and incomplete response. In 2011, race data were missing for 22.9 percent of visits, and ethnicity data were missing for 21.2 percent of visits. Starting with 2009 data, NAMCS adopted the technique of model-based single imputation for NAMCS race and ethnicity data. Race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2011 NAMCS Public Use Data File Documentation at:

ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2011.pdf.

Information on missing data for other variables is provided in table footnotes.

In the following tables, estimates are not presented if they are based on fewer than 30 cases in the sample data; only an asterisk (*) appears in the tables. The relative standard error (RSE) of an estimate is obtained by dividing the standard error by the estimate itself. The result is then expressed as a percentage of the estimate. Estimates based on 30 or more cases include an asterisk if the RSE of the estimate exceeds 30 percent.

Suggested citation: Talwalkar A, Hing E, Palso K. National Ambulatory Medical Care Survey: 2011 summary tables. Available from: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm.

Table 1. Physician office visits, by selected physician characteristics: United States 2011

Patient characteristic	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number of visits per 100 persons per year (standard error of rate) ^{1,2,3}	
All visits	987,029	(41,951)	100.0	...	322.2	(13.7)
Physician specialty ⁴						
General and family practice	195,174	(15,133)	19.8	(1.3)	63.7	(4.9)
Internal medicine	160,235	(18,338)	16.2	(1.6)	52.3	(6.0)
Pediatrics ⁵	156,620	(14,850)	15.9	(1.2)	212.3	(20.1)
Obstetrics and gynecology ⁶	73,619	(8,308)	7.5	(0.8)	58.0	(6.5)
Ophthalmology	50,064	(5,537)	5.1	(0.5)	16.3	(1.8)
Orthopedic surgery	43,729	(5,567)	4.4	(0.6)	14.3	(1.8)
Dermatology	36,302	(4,589)	3.7	(0.5)	11.8	(1.5)
Psychiatry	35,586	(3,796)	3.6	(0.4)	11.6	(1.2)
Cardiovascular diseases	23,540	(2,897)	2.4	(0.3)	7.7	(0.9)
Otolaryngology	20,959	(2,855)	2.1	(0.3)	6.8	(0.9)
Urology	20,816	(2,927)	2.1	(0.3)	6.8	(1.0)
General surgery	17,317	(2,600)	1.8	(0.3)	5.7	(0.8)
Oncology	16,436	(2,387)	1.7	(0.2)	5.4	(0.8)
Neurology	14,405	(1,693)	1.5	(0.2)	4.7	(0.6)
Other specialties	122,229	(12,264)	12.4	(1.2)	39.9	(4.0)
Professional identity						
Doctor of Medicine	916,876	(42,641)	92.9	(0.9)	299.3	(13.9)
Doctor of Osteopathy	70,153	(8,190)	7.1	(0.9)	22.9	(2.7)
Specialty type ⁴						
Primary care	574,478	(33,252)	58.2	(1.7)	187.5	(10.9)
Medical specialty	237,558	(16,144)	24.1	(1.5)	77.5	(5.3)
Surgical specialty	174,993	(10,221)	17.7	(1.0)	57.1	(3.3)
Geographic region						
Northeast	200,986	(19,264)	20.4	(1.7)	367.0	(35.2)
Midwest	170,272	(13,922)	17.3	(1.4)	257.4	(21.0)
South	360,044	(30,961)	36.5	(2.3)	316.6	(27.2)
West	255,727	(16,525)	25.9	(1.6)	356.5	(23.0)
Metropolitan status ⁷						
MSA	875,636	(39,002)	88.7	(1.8)	340.2	(15.2)
Non-MSA	111,393	(19,440)	11.3	(1.8)	227.5	(39.7)

...Category not applicable.

¹Visit rates are based on the July 1, 2011 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

²Population estimates by metropolitan statistical area definitions status are based on estimates of the civilian noninstitutional population of the United States as of July 1, 2011 from the 2011 National Health Interview Survey, National Center for Health Statistics, compiled according to November 2009 Office of Management and Budget definitions of core-based statistical areas. See <http://www.census.gov/population/metro/> for more about metropolitan statistical definitions.

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

⁴Physician specialty and specialty type are defined in the 2011 National Ambulatory Medical Care Survey Public Use Data File documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2011.pdf.

⁵Number of visits (numerator) and population estimate (denominator) include children under 18 years of age.

⁶Number of visits (numerator) and population estimate (denominator) include females 15 years old and older.

⁷MSA is metropolitan statistical area.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 2. Office visits, by selected physician practice characteristics: United States, 2011

Physician practice characteristics	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All visits	987,029	(41,951)	100.0	...
Employment status				
Owner	657,109	(35,869)	66.6	(2.1)
Employee	302,459	(22,935)	30.6	(2.0)
Contractor	26,492	(5,246)	2.7	(0.5)
Blank	969	(622)	0.1	(0.1)
Ownership				
Physician or group	774,096	(39,786)	78.4	(1.8)
Other health care corporation	94,742	(15,903)	9.6	(1.5)
Other hospital	26,232	(6,560)	2.7	(0.7)
Community Health Center	25,513	(4,082)	2.6	(0.4)
HMO ¹	25,269	(6,956)	2.6	(0.7)
Medical or academic health center	22,489	(5,589)	2.3	(0.6)
Other ²	17,949	(5,198)	1.8	(0.5)
Blank	739	(579)	0.1	(0.1)
Practice size				
Solo	301,176	(22,577)	30.5	(2.0)
2	143,266	(16,501)	14.5	(1.4)
3–5	270,850	(21,604)	27.4	(1.9)
6–10	142,763	(14,024)	14.5	(1.3)
11 or more	126,729	(14,797)	12.8	(1.4)
Blank	2,245	(835)	0.2	(0.1)
Type of practice				
Single-specialty group	471,876	(31,120)	47.8	(2.2)
Multispecialty group	213,614	(19,118)	21.6	(1.8)
Solo	301,176	(22,577)	30.5	(2.0)
Blank	364	(209)	0.0	(0.0)
Office type				
Private practice	867,817	(40,911)	87.9	(1.2)
Clinic or urgent center	40,396	(8,960)	4.1	(0.9)
Community Health Center	25,513	(4,082)	2.6	(0.4)
Other ³	53,302	(8,933)	5.4	(0.9)
Electronic medical records				
Yes, all electronic	475,888	(29,439)	48.2	(2.2)
Yes, part paper and part electronic	117,151	(13,669)	11.9	(1.2)
No	390,345	(25,619)	39.5	(2.2)
Unknown or blank	3,644	(1,695)	0.4	(0.2)
Practice submits claims electronically				
Yes	867,902	(37,859)	87.9	(1.3)
No	106,201	(13,713)	10.8	(1.3)
Unknown or blank	12,925	(3,447)	1.3	(0.3)

...Category not applicable.

0.0 Quantity more than zero but less than 0.05.

*Figure does not meet standards of reliability or precision.

¹HMO is health maintenance organization.

²Other" includes owners such as local government (state, county, or city) and charitable organizations.

³Other" includes the following office types: HMO, nonfederal government clinic, mental health center, family planning clinic, and faculty practice plan.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 3. Office visits, by patient age and sex: United States, 2011

Patient age and sex	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number of visits per 100 persons per year ¹ (standard error of rate)	
All visits	987,029	(41,951)	100.0	...	322.2	(13.7)
Age						
Under 15 years	179,921	(14,513)	18.2	(1.1)	294.2	(23.7)
Under 1 year	33,871	(3,465)	3.4	(0.3)	847.9	(86.7)
1–4 years	57,230	(5,369)	5.8	(0.4)	354.1	(33.2)
5–14 years	88,820	(7,000)	9.0	(0.5)	216.6	(17.1)
15–24 years	76,170	(4,498)	7.7	(0.4)	177.9	(10.5)
25–44 years	189,416	(9,591)	19.2	(0.7)	235.8	(11.9)
45–64 years	285,784	(12,130)	29.0	(0.6)	348.6	(14.8)
65 years and over	255,736	(14,652)	25.9	(1.0)	637.8	(36.5)
65–74 years	131,233	(7,227)	13.3	(0.5)	589.7	(32.5)
75 years and over	124,503	(8,162)	12.6	(0.6)	697.8	(45.7)
Sex and age						
Female	566,429	(23,478)	57.4	(0.7)	361.2	(15.0)
Under 15 years	82,715	(6,802)	8.4	(0.5)	276.5	(22.7)
15–24 years	45,669	(3,273)	4.6	(0.3)	215.2	(15.4)
25–44 years	127,371	(7,387)	12.9	(0.6)	311.5	(18.1)
45–64 years	167,996	(7,352)	17.0	(0.4)	397.6	(17.4)
65–74 years	72,628	(3,996)	7.4	(0.3)	610.7	(33.6)
75 years and over	70,050	(4,574)	7.1	(0.4)	657.4	(42.9)
Male	420,600	(20,840)	42.6	(0.7)	281.3	(13.9)
Under 15 years	97,207	(8,054)	9.9	(0.6)	311.2	(25.8)
15–24 years	30,502	(2,380)	3.1	(0.2)	141.2	(11.0)
25–44 years	62,045	(3,700)	6.3	(0.3)	157.4	(9.4)
45–64 years	117,788	(5,954)	11.9	(0.4)	296.5	(15.0)
65–74 years	58,605	(3,907)	5.9	(0.3)	565.6	(37.7)
75 years and over	54,453	(4,138)	5.5	(0.3)	757.7	(57.6)

...Category not applicable.

¹Visit rates are based on the July 1, 2011 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 4. Office visits, by patient race and age, and ethnicity: United States, 2011

Patient characteristic	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number of visits per 100 persons per year (standard error of rate) ¹	
All visits	987,029	(41,951)	100.0	...	322.2	(13.7)
Race and age ²						
White	826,912	(39,329)	83.8	(1.2)	344.7	(16.4)
Under 15 years	152,836	(12,956)	15.5	(1.0)	340.3	(28.8)
15–24 years	64,685	(4,269)	6.6	(0.3)	202.0	(13.3)
25–44 years	155,105	(8,788)	15.7	(0.6)	251.1	(14.2)
45–64 years	233,050	(10,896)	23.6	(0.5)	349.6	(16.3)
65–74 years	112,188	(6,470)	11.4	(0.4)	593.6	(34.2)
75 years and over	109,049	(7,045)	11.0	(0.5)	697.7	(45.1)
Black or African American	104,476	(9,315)	10.6	(0.9)	265.6	(23.7)
Under 15 years	15,048	(2,222)	1.5	(0.2)	163.6	(24.2)
15–24 years	8,105	(871)	0.8	(0.1)	123.5	(13.3)
25–44 years	23,920	(2,147)	2.4	(0.2)	228.1	(20.5)
45–64 years	37,715	(4,287)	3.8	(0.4)	392.5	(44.6)
65–74 years	11,240	(1,589)	1.1	(0.2)	539.2	(76.2)
75 years and over	8,447	(1,385)	0.9	(0.1)	605.4	(99.3)
All other ³	55,641	(8,586)	5.6	(0.9)	204.9	(31.6)
Ethnicity ²						
Hispanic or Latino	129,214	(15,426)	13.1	(1.3)	251.4	(30.0)
Not Hispanic or Latino	857,815	(35,609)	86.9	(1.3)	336.4	(14.0)
White	701,885	(32,520)	71.1	(1.5)	360.9	(16.7)
Black or African American	102,576	(9,197)	10.4	(0.9)	277.5	(24.9)
Others ³	53,354	(8,427)	5.4	(0.9)	226.9	(35.8)

...Category not applicable.

¹Visit rates are based on the July 1, 2011 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

²The race groups, white, black or African American, and other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for National Ambulatory Medical Care Survey race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2011 National Ambulatory Medical Care Survey Public Use Data File documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2011.pdf. For 2011, race data were missing for 22.9 percent of visits, and ethnicity data were missing for 21.2 percent of visits.

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

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 5. Expected sources of payment at office visits: United States, 2011

Expected source of payment	Number of visits in thousands ¹		Percent distribution	
		(standard error in thousands)		(standard error of percent)
All visits	987,029	(41,951)	100.0	...
Private insurance	601,206	(27,315)	60.9	(1.2)
Medicare	243,828	(14,588)	24.7	(1.0)
Medicaid or CHIP ²	150,987	(11,708)	15.3	(0.8)
Medicare and Medicaid ³	27,072	(3,651)	2.7	(0.4)
No insurance ⁴	49,676	(5,446)	5.0	(0.5)
Self-pay	46,111	(5,368)	4.7	(0.5)
No charge or charity	3,865	(842)	0.4	(0.1)
Worker's compensation	10,597	(2,594)	1.1	(0.3)
Other	26,934	(4,176)	2.7	(0.4)
Unknown or blank	41,854	(6,923)	4.2	(0.7)

...Category not applicable.

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

²CHIP is Children's Health Insurance Program.

³The visits in this category are also included in both the Medicare and Medicaid or CHIP categories.

⁴"No insurance" is defined as having only self-pay, no charge, or charity as payment sources. The individual self-pay and no charge or charity categories are not mutually exclusive.

NOTE: Numbers may not add to totals because of rounding. More than one category could be indicated.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 6. Primary care provider and referral status of office visits, by prior-visit status: United States, 2011

Prior-visit status, primary care provider, and referral status	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All visits	987,029	(41,951)	100.0	...
Visit to PCP ¹	444,175	(28,927)	45.0	(1.8)
Visit to non-PCP ^{1,2}	488,256	(24,119)	49.5	(1.7)
Referred for this visit	128,689	(9,056)	13.0	(0.9)
Not referred for this visit	280,000	(18,653)	28.4	(1.6)
Unknown if referred ³	79,567	(7,769)	8.1	(0.7)
Unknown if PCP ¹ visit ^{2,3}	54,598	(8,140)	5.5	(0.8)
Established patient				
All visits	856,554	(37,449)	100.0	...
Visit to PCP ¹	424,769	(27,731)	49.6	(1.8)
Visit to non-PCP ^{1,2}	385,568	(19,446)	45.0	(1.7)
Referred for this visit	67,769	(6,534)	7.9	(0.8)
Not referred for this visit	255,402	(17,054)	29.8	(1.7)
Unknown if referred ³	62,397	(6,611)	7.3	(0.7)
Unknown if PCP ¹ visit ^{2,3}	46,216	(7,701)	5.4	(0.9)
New patient				
All visits	130,475	(7,348)	100.0	...
Visit to PCP ¹	19,406	(2,188)	14.9	(1.6)
Visit to non-PCP ^{1,2}	102,688	(6,803)	78.7	(1.8)
Referred for this visit	60,920	(4,155)	46.7	(2.4)
Not referred for this visit	24,598	(3,766)	18.9	(2.3)
Unknown if referred ³	17,170	(2,078)	13.2	(1.4)
Unknown if PCP ¹ visit ^{2,3}	8,381	(1,200)	6.4	(0.9)

...Category not applicable.

¹PCP is patient's primary care provider as indicated by a positive response to the question "Are you the patients primary care physician/provider?"

²Referral status was only asked for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 23.4 percent of visits.

³The unknown category includes blanks.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 7. Primary care provider and referral status, according to physician specialty: United States, 2011

Physician specialty	Total	Visit to PCP ¹		Visit to non-PCP ^{1,2}							
				Referred by other physician		Not referred by other physician		Unknown if referred ³		Unknown if PCP ¹ visit ^{2,3}	
Percent distribution(standard error of percent)											
All visits	100.0	45.0	(1.8)	13.0	(0.9)	28.4	(1.6)	8.1	(0.7)	5.5	(0.8)
General and family practice	100.0	81.9	(2.2)	2.0	(0.6)	6.5	(1.6)	3.8	(0.8)	5.9	(1.2)
Internal medicine	100.0	71.7	(4.7)	3.4	(0.8)	*12.6	(3.9)	*3.9	(1.0)	*8.4	(2.9)
Pediatrics	100.0	90.4	(2.4)	*1.2	(0.4)	3.6	(1.0)	*1.4	(0.5)	*3.4	(1.5)
Obstetrics and gynecology	100.0	*11.3	(3.7)	9.8	(2.4)	49.9	(5.6)	17.7	(4.3)	*11.3	(4.7)
Orthopedic surgery	100.0	*3.1	(1.7)	32.2	(4.9)	45.2	(6.1)	*15.3	(4.2)	*4.2	(2.3)
Ophthalmology	100.0	*1.7	(0.8)	20.1	(3.6)	61.3	(4.9)	*13.9	(3.7)	3.0	(0.7)
Dermatology	100.0	*	...	16.5	(2.5)	65.1	(3.8)	12.7	(2.8)	*5.7	(2.3)
Cardiovascular diseases	100.0	*18.0	(5.4)	27.1	(5.3)	40.3	(5.5)	*9.9	(3.8)	*4.6	(1.5)
Psychiatry	100.0	*6.2	(2.5)	11.1	(2.7)	66.0	(4.7)	13.7	(3.2)	*3.0	(1.4)
Oncology	100.0	*2.7	(1.5)	21.0	(5.1)	61.8	(5.1)	*11.3	(3.3)	3.2	(0.9)
Otolaryngology	100.0	*	...	32.2	(3.3)	45.7	(4.6)	13.6	(2.7)	*6.7	(2.9)
Urology	100.0	*2.5	(1.1)	29.0	(4.3)	46.8	(5.7)	13.9	(2.8)	*7.8	(2.5)
General surgery	100.0	*6.2	(3.7)	50.7	(6.0)	30.6	(6.2)	10.5	(2.6)	*	...
Neurology	100.0	*3.0	(1.5)	31.8	(3.4)	49.0	(5.0)	11.2	(2.8)	5.1	(1.5)
Other specialties	100.0	*6.5	(2.6)	32.9	(4.0)	45.8	(4.4)	11.6	(2.5)	3.1	(0.9)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

¹PCP is patients primary care provider as indicated by a positive response to the question "Are you the patients primary care physician/provider?"

²Referral status was asked only for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 23.4 percent of visits.

³The unknown category includes blanks.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 8. Continuity-of-care office visit characteristics according to specialty type: United States, 2011

Continuity-of-care visit characteristic	Specialty type ¹								Specialty type ¹							
	All specialties		Primary care		Surgical specialties		Medical specialties		All specialties		Primary care		Surgical specialties		Medical specialties	
	Number of visits in thousands (standard error in thousands)								Percent distribution (standard error of percent)							
All visits	987,029	(41,951)	574,478	(33,252)	174,993	(10,221)	237,558	(16,144)	100.0	...	100.0	...	100.0	...	100.0	...
Established patient ²	856,554	(37,449)	526,164	(30,512)	138,253	(8,458)	192,137	(13,395)	86.8	(0.6)	91.6	(0.7)	79.0	(0.8)	80.9	(1.3)
None	56,737	(3,853)	32,503	(3,125)	12,478	(1,442)	11,755	(1,455)	5.7	(0.3)	5.7	(0.5)	7.1	(0.7)	4.9	(0.5)
1–2 visits	303,100	(13,877)	167,967	(10,654)	61,042	(4,153)	74,091	(6,158)	30.7	(0.5)	29.2	(0.8)	34.9	(1.1)	31.2	(1.2)
3–5 visits	270,794	(12,988)	172,627	(11,246)	42,081	(2,822)	56,087	(4,272)	27.4	(0.6)	30.0	(0.8)	24.0	(0.8)	23.6	(0.9)
6 or more visits	225,923	(12,110)	153,067	(10,548)	22,652	(2,189)	50,204	(4,310)	22.9	(0.7)	26.6	(1.0)	12.9	(0.9)	21.1	(1.3)
New patient	130,475	(7,348)	48,315	(5,072)	36,740	(2,387)	45,420	(4,379)	13.2	(0.6)	8.4	(0.7)	21.0	(0.8)	19.1	(1.3)

...Category not applicable.

¹Specialty types are defined in the 2011 National Ambulatory Medical Care Survey Public Use Data File documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2011.pdf.

²Number of previous visits by established patients to responding physician in last 12 months (excludes sample visit).

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 9. Twenty leading principal reasons for office visits, by patient sex: United States, 2011

Principal reason for visit and RVC code ¹		Number of visits in thousands ¹ (standard error in thousands)		Percent distribution (standard error of percent)		Female ² Percent distribution (standard error of percent)		Male ³ Percent distribution (standard error of percent)	
All visits		987,029	(41,951)	100.0	...	100.0	...	100.0	...
Progress visit, not otherwise specified	T800	99,451	(8,938)	10.1	(0.8)	9.7	(0.9)	10.6	(0.9)
General medical examination	X100	78,884	(7,135)	8.0	(0.6)	7.0	(0.5)	9.3	(0.8)
Cough	S440	28,873	(2,606)	2.9	(0.2)	2.5	(0.2)	3.5	(0.3)
Medication, other and unspecified kinds	T115	26,072	(3,915)	2.6	(0.4)	2.5	(0.4)	2.8	(0.5)
Postoperative visit	T205	22,206	(1,841)	2.2	(0.2)	2.2	(0.2)	2.3	(0.2)
For other and unspecified test results	R700	17,550	(2,525)	1.8	(0.2)	1.7	(0.3)	1.8	(0.3)
Well baby examination	X105	17,485	(2,222)	1.8	(0.2)	1.4	(0.2)	2.3	(0.3)
Gynecological examination	X225	17,107	(2,351)	1.7	(0.2)	3.0	(0.4)	...	...
Knee symptoms	S925	15,455	(2,063)	1.6	(0.2)	1.6	(0.2)	1.5	(0.2)
Stomach and abdominal pain, cramps, and spasms	S545	14,271	(1,929)	1.4	(0.2)	1.5	(0.2)	1.3	(0.3)
Prenatal examination, routine	X205	13,992	(2,565)	1.4	(0.3)	2.5	(0.5)	...	...
Skin rash	S860	13,528	(1,065)	1.4	(0.1)	1.3	(0.1)	1.5	(0.1)
Symptoms referable to throat	S455	13,484	(1,410)	1.4	(0.1)	1.3	(0.2)	1.5	(0.2)
Diabetes mellitus	D205	12,842	(1,862)	1.3	(0.2)	1.1	(0.2)	1.5	(0.2)
Hypertension	D510	11,779	(1,470)	1.2	(0.1)	1.1	(0.2)	1.3	(0.2)
Vision dysfunctions	S305	11,692	(2,366)	1.2	(0.2)	1.2	(0.3)	1.1	(0.2)
Fever	S010	11,581	(1,138)	1.2	(0.1)	1.1	(0.1)	1.3	(0.1)
Earache or ear infection	S355	11,575	(1,082)	1.2	(0.1)	1.0	(0.1)	1.4	(0.2)
Back symptoms	S905	11,537	(1,255)	1.2	(0.1)	1.2	(0.1)	1.2	(0.2)
Counseling, not otherwise specified	T605	11,336	(1,301)	1.1	(0.1)	1.2	(0.1)	1.1	(0.1)
All other reasons		526,329	(25,383)	53.3	(1.1)	53.7	(1.3)	52.8	(1.2)

...Category not applicable.

¹Based on A Reason for Visit Classification for Ambulatory Care (RVC) defined in the 2011 National Ambulatory Medical Care Survey Public Use Data File documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2011.pdf.

²Based on 566,429,000 visits made by females.

³Based on 420,600,000 visits made by males.

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

Table 10. Provider-assessed major reason for office visit, by selected patient and visit characteristics: United States, 2011

Patient and visit characteristic	Total number of visits in thousands		Total per cent	New problem		Chronic problem, routine		Chronic problem, flare-up		Pre- or post-surgery		Preventive care ¹		Unknown or blank	
	(standard error in thousands)														
All visits	987,029	(41,951)	100.0	32.3	(1.0)	31.5	(1.2)	8.9	(0.5)	6.3	(0.7)	19.0	(0.9)	1.9	(0.5)
Age															
Under 15 years	179,921	(14,513)	100.0	49.1	(1.7)	9.3	(1.2)	4.6	(0.6)	1.8	(0.4)	34.2	(1.7)	1.0	(0.2)
Under 1 year	33,871	(3,465)	100.0	36.9	(2.8)	*	...	*	...	*	...	57.5	(2.8)	*	...
1–4 years	57,230	(5,369)	100.0	53.0	(1.9)	6.6	(0.9)	4.8	(0.8)	2.4	(0.6)	32.4	(1.8)	*	...
5–14 years	88,820	(7,000)	100.0	51.2	(2.1)	13.6	(1.7)	5.5	(0.8)	1.8	(0.4)	26.6	(1.9)	1.3	(0.4)
15–24 years	76,170	(4,498)	100.0	42.3	(1.8)	19.5	(1.5)	6.6	(0.8)	4.2	(0.7)	26.5	(2.3)	*	...
25–44 years	189,416	(9,591)	100.0	31.7	(1.5)	28.5	(2.0)	9.4	(0.8)	6.4	(0.8)	21.9	(1.8)	*2.2	(0.7)
45–64 years	285,784	(12,130)	100.0	28.0	(1.2)	37.9	(1.5)	10.6	(0.8)	8.1	(1.1)	13.2	(0.9)	2.1	(0.5)
65 years and over	255,736	(14,652)	100.0	22.9	(1.0)	46.0	(1.8)	10.2	(0.8)	8.2	(0.9)	10.4	(0.9)	*2.3	(0.7)
65–74 years	131,233	(7,227)	100.0	22.3	(1.2)	43.2	(1.9)	10.8	(0.9)	9.8	(1.4)	12.0	(1.1)	*1.9	(0.8)
75 years and over	124,503	(8,162)	100.0	23.5	(1.4)	49.0	(2.1)	9.6	(0.9)	6.5	(0.7)	8.8	(1.0)	2.8	(0.8)
Sex															
Female	566,429	(23,478)	100.0	31.8	(1.0)	30.3	(1.3)	9.0	(0.6)	5.9	(0.5)	21.0	(1.1)	2.0	(0.5)
Male	420,600	(20,840)	100.0	33.0	(1.1)	33.3	(1.3)	8.7	(0.6)	6.9	(1.0)	16.4	(1.0)	1.7	(0.4)
Race ²															
White	826,912	(39,329)	100.0	32.7	(1.0)	30.9	(1.2)	9.0	(0.6)	6.7	(0.7)	18.8	(1.0)	1.8	(0.5)
Black or African American	104,476	(9,315)	100.0	28.5	(2.6)	36.8	(3.1)	8.2	(0.9)	4.3	(0.7)	19.8	(2.1)	2.3	(0.5)
Other ³	55,641	(8,586)	100.0	34.2	(2.3)	31.4	(3.6)	7.9	(1.4)	*4.6	(1.4)	20.1	(2.1)	*	...
Ethnicity ²															
Hispanic or Latino	129,214	(15,426)	100.0	38.5	(2.7)	25.8	(2.1)	6.6	(0.8)	5.0	(0.6)	22.6	(1.8)	1.5	(0.3)
Not Hispanic or Latino	857,815	(35,609)	100.0	31.4	(1.0)	32.4	(1.3)	9.2	(0.5)	6.5	(0.7)	18.5	(0.9)	1.9	(0.5)
Expected source(s) of payment ⁴															
Private insurance	601,206	(27,315)	100.0	33.4	(1.1)	29.3	(1.2)	8.8	(0.5)	6.7	(0.7)	20.2	(1.0)	1.5	(0.3)
Medicare	243,828	(14,588)	100.0	22.4	(1.1)	46.8	(1.9)	10.5	(0.8)	8.5	(1.1)	9.5	(0.8)	2.3	(0.6)
Medicaid or CHIP ⁵	150,987	(11,708)	100.0	34.3	(1.8)	27.5	(2.1)	8.3	(0.9)	4.3	(0.7)	23.6	(1.6)	*2.0	(0.7)
Medicare and Medicaid ⁶	27,072	(3,651)	100.0	20.2	(2.3)	52.8	(3.6)	13.9	(2.2)	4.4	(1.3)	7.0	(1.7)	*	...
No insurance ⁷	61,355	(6,429)	100.0	26.8	(2.6)	42.2	(4.2)	11.7	(1.6)	6.8	(1.9)	10.7	(1.6)	*	...
Other ⁸	67,823	(7,806)	100.0	34.7	(2.9)	28.3	(3.3)	7.9	(1.4)	7.7	(1.5)	20.3	(2.8)	*	...

...Category not applicable.

*Figure does not meet standards of reliability or precision.

¹Preventive care includes routine prenatal, general medical, well-baby, screening and insurance (see question 4c in patient record form) from: http://www.cdc.gov/nchs/data/ahcd/NAMCS_30A_2011.pdf

²The race groups, white, black or African American, and other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for National Ambulatory Medical Care Survey race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2011 NAMCS Public Use Data File documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2011.pdf. For 2011, race data were missing for 22.9 percent of visits, and ethnicity data were missing for 21.2 percent of visits.

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

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

⁵CHIP is Childrens Health Insurance Program.

⁶The visits in this category are also included in both the Medicaid or CHIP and Medicare categories.

⁷No insurance is defined as having only self-pay, no charge or charity as payment sources.

⁸Other includes workers compensation, unknown or blank, and sources not classified elsewhere.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 11. Preventive care visits made to primary care specialists, by selected patient and visit characteristics: United States, 2011

Patient and visit characteristic	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number of visits per 100 persons per year ¹ (standard error of rate)		Percent of preventive care visits made to primary care specialists ² (standard error of percent)	
All preventive care visits ³	187,750	(12,369)	100.0	...	61.3	(4.0)	87.2	(1.4)
Age								
Under 15 years	61,614	(6,503)	32.8	(2.4)	100.8	(10.6)	96.3	(1.3)
Under 1 year	19,462	(2,398)	10.4	(1.0)	487.2	(60.0)	99.1	(0.6)
1–4 years	18,536	(2,293)	9.9	(1.0)	114.7	(14.2)	96.7	(1.7)
5–14 years	23,617	(2,717)	12.6	(1.1)	57.6	(6.6)	93.8	(1.8)
15–24 years	20,175	(2,221)	10.8	(1.0)	47.1	(5.2)	93.2	(2.2)
25–44 years	41,489	(4,160)	22.1	(1.7)	51.7	(5.2)	90.1	(2.0)
45–64 years	37,810	(3,084)	20.1	(1.1)	46.1	(3.8)	79.9	(2.4)
65 years and over	26,661	(2,788)	14.2	(1.2)	66.5	(7.0)	67.2	(4.0)
65–74 years	15,758	(1,653)	8.4	(0.7)	70.8	(7.4)	70.4	(3.7)
75 years and over	10,903	(1,436)	5.8	(0.7)	61.1	(8.0)	62.6	(5.2)
Sex and age								
Female	118,776	(8,533)	63.3	(1.7)	75.7	(5.4)	89.2	(1.5)
Under 15 years	28,694	(3,127)	15.3	(1.2)	95.9	(10.5)	96.5	(1.3)
15–24 years	14,069	(1,805)	7.5	(0.9)	66.3	(8.5)	95.0	(2.7)
25–44 years	35,612	(3,969)	19.0	(1.7)	87.1	(9.7)	91.4	(2.1)
45–64 years	24,751	(2,215)	13.2	(0.8)	58.6	(5.2)	84.3	(2.3)
65–74 years	9,416	(1,152)	5.0	(0.5)	79.2	(9.7)	76.0	(3.8)
75 years and over	6,236	(871)	3.3	(0.4)	58.5	(8.2)	69.3	(5.8)
Male	68,974	(5,525)	36.7	(1.7)	46.1	(3.7)	83.7	(1.9)
Under 15 years	32,921	(3,735)	17.5	(1.5)	105.4	(12.0)	96.2	(1.4)
15–24 years	6,107	(1,255)	3.3	(0.6)	28.3	(5.8)	89.2	(3.4)
25–44 years	5,878	(784)	3.1	(0.4)	14.9	(2.0)	82.2	(3.5)
45–64 years	13,059	(1,338)	7.0	(0.6)	32.9	(3.4)	71.4	(3.9)
65–74 years	6,342	(776)	3.4	(0.4)	61.2	(7.5)	62.1	(5.4)
75 years and over	4,667	(739)	2.5	(0.4)	64.9	(10.3)	53.6	(6.4)
Race ⁴								
White	155,810	(11,562)	83.0	(1.6)	65.0	(4.8)	86.7	(1.5)
Black or African American	20,736	(2,525)	11.0	(1.3)	52.7	(6.4)	91.4	(2.6)
Other ⁵	11,204	(1,578)	6.0	(0.8)	41.3	(5.8)	86.2	(4.6)
Ethnicity ⁴								
Hispanic or Latino	29,234	(4,226)	15.6	(1.7)	56.9	(8.2)	91.6	(2.1)
Not Hispanic or Latino	158,516	(9,940)	84.4	(1.7)	62.2	(3.9)	86.4	(1.5)
Expected source(s) of payment ⁶								
Private insurance	121,282	(8,603)	64.6	(1.8)	65.9	(4.7)	86.7	(1.6)
Medicare	23,064	(2,377)	12.3	(1.1)	52.8	(5.4)	67.7	(4.0)
Medicaid or CHIP ⁷	35,703	(3,655)	19.0	(1.4)	77.6	(7.9)	95.3	(1.2)
Medicare and Medicaid	1,899	(495)	1.0	(0.3)	...	...	71.1	(10.0)
No insurance ⁸	6,574	(1,060)	3.5	(0.6)	14.3	(2.3)	82.6	(5.5)
Other ⁹	13,785	(2,535)	7.3	(1.2)	...	...	84.6	(4.7)

...Category not applicable.

¹Visit rates for age, sex, and race and ethnicity are based on the July 1, 2011 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau. Visit rates for expected source(s) of payment are based on the 2011 National Health Interview Survey estimates of health insurance.

²Primary care specialty is defined in the 2011 public use file documentation (ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2011.pdf).

³Preventive care includes routine prenatal, well-baby, screening, insurance, or general exams (see question 4c on Patient Record Form, available from: http://www.cdc.gov/nchs/data/ahcd/2011_NAMCS30.pdf).

⁴The race groups, white, black or African American, and other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2011 National Ambulatory Medical Care Survey Public Use Data File documentation, available from: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2011.pdf. For 2011, race data were missing for 22.9 percent of visits, and ethnicity data were missing for 21.2 percent of visits.

⁵Other race includes visits by Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

⁶Combined total of individual sources exceeds 'all visits' and percent of visits exceeds 100% because more than one source of payment may be reported per visit.

⁷CHIP is Childrens Health Insurance Program.

⁸No insurance is defined as having only self-pay, no charge, or charity as payment sources. The visit rate was calculated using "uninsured" as the denominator from the 2011 estimates of health insurance coverage from the National Health Interview Survey.

⁹Other includes workers compensation, unknown or blank, and sources not classified elsewhere.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 12. Primary diagnosis at office visits, classified by major disease category: United States, 2011

Major disease category and ICD-9-CM code range ¹	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All visits	987,029	(41,951)	100.0	...
Infectious and parasitic diseases	001–139	24,476 (2,218)	2.5	(0.2)
Neoplasms	140–239	33,856 (3,116)	3.4	(0.3)
Endocrine, nutritional, metabolic diseases, and immunity disorders	240–279	59,306 (5,842)	6.0	(0.5)
Mental disorders	290–319	59,566 (5,190)	6.0	(0.5)
Diseases of the nervous system and sense organs	320–389	90,182 (6,980)	9.1	(0.6)
Diseases of the circulatory system	390–459	78,602 (6,856)	8.0	(0.6)
Diseases of the respiratory system	460–519	98,292 (7,543)	10.0	(0.6)
Diseases of the digestive system	520–579	35,163 (6,046)	3.6	(0.6)
Diseases of the genitourinary system	580–629	46,648 (4,679)	4.7	(0.5)
Diseases of the skin and subcutaneous tissue	680–709	49,791 (3,563)	5.0	(0.3)
Diseases of the musculoskeletal and connective tissue	710–739	88,145 (7,044)	8.9	(0.6)
Symptoms, signs, and ill-defined conditions	780–799	67,352 (3,902)	6.8	(0.3)
Injury and poisoning	800–999	40,876 (3,816)	4.1	(0.3)
Supplementary classification ²	V01–V85	183,674 (9,976)	18.6	(0.8)
All other diagnoses ³		19,154 (1,848)	1.9	(0.2)
Blank		* 11,945 (5,029)	*1.2	(0.5)

...Category not applicable.

¹Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD–9–CM) (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No.(PHS) 06–1260).

²Supplementary classification is preventive and follow-up care and includes general medical examination, routine prenatal examination, and health supervision of an infant or child, and other diagnoses not classifiable to injury or illness.

³Includes diseases of the blood and blood-forming organs(280–289); complications of pregnancy, childbirth, and the puerperium (630–679); congenital anomalies (740–759); certain conditions originating in perinatal period (760–779); and entries not codable to the ICD–9–CM (e.g. "illegible entries," "left against medical advice," "transferred," entries of "none," or "no diagnoses").

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 13. Twenty leading primary diagnosis groups for office visits: United States, 2011

Major disease category and ICD-9-CM code range ¹	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Female ² percent distribution (standard error)		Male ³ percent distribution (standard error of percent)		
All visits	987,029	(41,951)	100.0	...	100.0	...	100.0	...	
Routine infant or child health check	V20.0-V20.2	49,117	(5,592)	5.0	(0.5)	3.9	(0.4)	6.4	(0.7)
Essential hypertension	401	37,849	(4,182)	3.8	(0.4)	3.6	(0.4)	4.1	(0.5)
Arthropathies and related disorders	710-719	36,746	(4,651)	3.7	(0.4)	4.2	(0.6)	3.1	(0.4)
Acute upper respiratory infections, excluding pharyngitis	460-461,463-466	30,448	(2,792)	3.1	(0.2)	2.9	(0.3)	3.3	(0.3)
Diabetes mellitus	249-250	29,625	(4,161)	3.0	(0.4)	2.4	(0.4)	3.8	(0.5)
Spinal disorders	720-724	26,148	(2,424)	2.6	(0.2)	2.6	(0.3)	2.7	(0.3)
Malignant neoplasms	140-208,209-209.36, 209.7-209.79,230-234	23,305	(2,681)	2.4	(0.2)	2.0	(0.2)	2.9	(0.3)
Rheumatism, excluding back	725-729	20,513	(1,927)	2.1	(0.2)	2.2	(0.2)	1.9	(0.2)
Follow up examination	V67	17,648	(2,228)	1.8	(0.2)	1.8	(0.2)	1.8	(0.3)
General medical examination	V70	16,804	(1,965)	1.7	(0.2)	1.5	(0.2)	1.9	(0.2)
Gynecological examination	V72.3	16,040	(2,599)	1.6	(0.2)	2.8	(0.4)	...	...
Specific procedures and aftercare	V50-V59.9	15,146	(1,657)	1.5	(0.2)	1.5	(0.2)	1.6	(0.2)
Normal pregnancy	V22	14,092	(2,326)	1.4	(0.2)	2.5	(0.4)	...	...
Asthma	493	13,908	(2,406)	1.4	(0.2)	1.3	(0.2)	1.5	(0.3)
Otitis media and eustachian tube disorders	381-382	13,432	(1,372)	1.4	(0.1)	1.1	(0.1)	1.7	(0.2)
Psychoses, excluding major depressive disorder	290-295,296.0-296.1, 296.4-299	12,700	(1,660)	1.3	(0.2)	1.3	(0.2)	1.3	(0.2)
Heart disease, excluding ischemic	391-392.0,393-398,402,404, ,415-416,420-429	11,745	(1,325)	1.2	(0.1)	1.0	(0.1)	1.4	(0.2)
Ischemic heart disease	410-414.9	10,999	(1,959)	1.1	(0.2)	0.7	(0.1)	1.7	(0.3)
Acute pharyngitis	462	10,648	(1,349)	1.1	(0.1)	1.1	(0.2)	1.0	(0.2)
Benign neoplasms	210-229,209.4-209.69, 235-239	10,551	(915)	1.1	(0.1)	1.1	(0.1)	1.0	(0.1)
All other diagnoses⁴		569,565	(24,192)	57.7	(1.0)	58.4	(1.0)	56.8	(1.2)

...Category not applicable.

¹Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services.

Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No.(PHS) 06-1260). However, certain codes have been combined in this table to form larger categories that better describe the utilization of ambulatory care services.

²Based on 566,429,000 visits made by females.

³Based on 420,600,000 visits made by males.

⁴Includes all other diagnoses not listed above, as well as unknown and blank diagnoses.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 14. Injury visits to office-based physicians, by selected patient characteristics: United States, 2011

Patient characteristics	Number of visits in thousands		Percent distribution		Number of visits per 100 persons per year ¹	
	(standard error in thousands)	(standard error of percent)	(standard error of percent)	(standard error of percent)	(standard error of rate)	(standard error of rate)
All injury visits ²	59,915	(4,605)	100.0	...	19.6	(1.5)
Age						
Under 15 years	9,265	(1,296)	15.5	(1.6)	15.2	(2.1)
Under 1 year	*	...	*	...	*	...
1–4 years	2,715	(499)	4.5	(0.7)	16.8	(3.1)
5–14 years	6,392	(958)	10.7	(1.3)	15.6	(2.3)
15–24 years	8,297	(957)	13.8	(1.2)	19.4	(2.2)
25–44 years	13,832	(1,595)	23.1	(1.8)	17.2	(2.0)
45–64 years	17,623	(1,389)	29.4	(1.4)	21.5	(1.7)
65 years and over	10,897	(1,215)	18.2	(1.6)	27.2	(3.0)
65–74 years	5,248	(734)	8.8	(1.1)	23.6	(3.3)
75 years and over	5,649	(748)	9.4	(1.1)	31.7	(4.2)
Sex and age						
Female	30,616	(2,333)	51.1	(1.8)	19.5	(1.5)
Under 15 years	3,866	(564)	6.5	(0.8)	12.9	(1.9)
15–24 years	3,408	(570)	5.7	(0.8)	16.1	(2.7)
25–44 years	6,132	(765)	10.2	(1.0)	15.0	(1.9)
45–64 years	10,410	(959)	17.4	(1.2)	24.6	(2.3)
65–74 years	3,196	(469)	5.3	(0.7)	26.9	(3.9)
75 years and over	3,604	(509)	6.0	(0.8)	33.8	(4.8)
Male	29,299	(2,710)	48.9	(1.8)	19.6	(1.8)
Under 15 years	5,399	(959)	9.0	(1.3)	17.3	(3.1)
15–24 years	4,890	(604)	8.2	(0.8)	22.6	(2.8)
25–44 years	7,701	(1,134)	12.9	(1.5)	19.5	(2.9)
45–64 years	7,213	(730)	12.0	(0.9)	18.2	(1.8)
65–74 years	2,052	(429)	3.4	(0.7)	19.8	(4.1)
75 years and over	2,045	(469)	3.4	(0.7)	28.5	(6.5)
Race ³						
White	52,813	(4,390)	88.1	(1.3)	22.0	(1.8)
Black or African American	4,889	(668)	8.2	(1.0)	12.4	(1.7)
Other ⁴	2,213	(490)	3.7	(0.9)	8.2	(1.8)
Ethnicity ³						
Hispanic or Latino	9,312	(1,989)	15.5	(2.8)	18.1	(3.9)
Not Hispanic or Latino	50,603	(3,875)	84.5	(2.8)	19.8	(1.5)
White	43,556	(3,639)	72.7	(2.8)	22.4	(1.9)
Black or African American	4,875	(668)	8.1	(1.0)	13.2	(1.8)
Other ⁴	2,171	(484)	3.6	(0.9)	9.2	(2.1)

...Category not applicable.

¹Visit rates for age, sex, race, and ethnicity are based on the July 1, 2011 set of estimates of the civilian noninstitutional population of the United States as developed by the Population Division, U.S. Census Bureau.

²The National Ambulatory Medical Care Survey definition of injury visits, as shown in this table, changed in 2010 and includes only first-, second-, and third-listed reason for visit and diagnosis codes that are injury or poisoning related. Adverse effects and complications are excluded. Reason for visit was coded using A Reason for Visit Classification for Ambulatory Care, diagnosis was coded using the International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM) (U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Official version International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No. (PHS) 06–1260). Injury visits, using this definition, accounted for 6.1 percent (standard error = 0.4) of all office visits in 2011. For more information on why this definition changed, see the 2011 National Ambulatory Medical Care Survey Public Use Data File Documentation, available at: http://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2011.pdf.

³The race groups, White, Black or African American, and Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2011 National Ambulatory Medical Care Survey Public Use Data File documentation, available at: http://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2011.pdf. For 2011, race data were missing for 22.9 percent of visits, and ethnicity data were missing for 21.2 percent of visits.

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

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 15. Office visits related to injury, poisoning, and adverse effect: United States, 2011

Intent	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All visits related to injury, poisoning, and adverse effect ¹	67,370	(4,754)	100.0	...
Unintentional injury or poisoning	36,219	(3,532)	53.8	(2.7)
Intentional injury or poisoning	1,098	(320)	1.6	(0.5)
Injury or poisoning, unknown intent	21,696	(1,988)	32.2	(2.3)
Adverse effect of medical treatment, surgical care, or adverse effect of medicinal drug	8,357	(759)	12.4	(1.1)

...Category not applicable.

¹Data are based on item 2 of the survey instrument (Patient Record form) in conjunction with first-, second-, and third-listed reason for visit and diagnosis codes related to injury, poisoning, and adverse effects of medical or surgical care or adverse effects of medicinal drug. Reason for visit was coded using A Reason for Visit Classification for Ambulatory Care, diagnosis codes are based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No.(PHS) 06-1260). Visits related to injury, poisoning, and adverse effect accounted for 6.8 percent (standard error = 0.4) of all office visits in 2011.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 16. Presence of selected chronic conditions at office visits, by patient age and sex: United States, 2011

Chronic conditions ¹	Age						Sex	
	Total	Under 45	45–64	65–74	75 and over	Female	Male	
All visits	100.0 (0.0)	100.0 ...	100.0 ...	100.0 ...	100.0 ...	100.0 ...	100.0 ...	
None	40.9 (1.3)	67.4 (1.1)	25.3 (1.1)	12.9 (1.0)	11.8 (0.9)	41.5 (1.4)	40.1 (1.3)	
One or more chronic conditions	56.8 (1.3)	30.0 (1.1)	72.8 (1.1)	84.7 (1.4)	86.2 (1.2)	56.0 (1.4)	57.8 (1.4)	
One	23.3 (0.6)	21.0 (0.8)	28.6 (0.8)	23.0 (1.2)	19.8 (1.3)	23.7 (0.7)	22.8 (0.7)	
Two	13.9 (0.5)	5.5 (0.4)	20.1 (0.7)	21.8 (1.2)	21.9 (1.0)	13.7 (0.6)	14.2 (0.6)	
Three or more	19.5 (1.1)	3.6 (0.3)	24.1 (1.3)	39.9 (1.9)	44.5 (2.0)	18.5 (1.0)	20.8 (1.3)	
Blank	2.3 (0.5)	2.6 (0.5)	1.9 (0.5)	*2.4 (0.9)	*2.0 (0.8)	2.5 (0.6)	2.0 (0.4)	
Percent of visits (standard error of percent)								
Hypertension	29.7 (1.2)	7.1 (0.6)	39.7 (1.4)	55.3 (1.7)	60.4 (1.6)	27.8 (1.2)	32.1 (1.4)	
Hyperlipidemia	17.8 (0.9)	3.6 (0.4)	23.8 (1.2)	35.0 (1.7)	36.6 (1.9)	15.8 (0.8)	20.5 (1.2)	
Arthritis	13.6 (0.8)	4.1 (0.4)	18.0 (1.1)	25.2 (2.0)	25.1 (1.6)	14.6 (0.9)	12.2 (0.8)	
Diabetes	12.5 (0.7)	2.9 (0.2)	17.4 (0.9)	24.6 (1.3)	22.5 (1.4)	11.2 (0.7)	14.2 (0.8)	
Depression	10.5 (0.4)	8.0 (0.5)	14.7 (0.7)	11.6 (0.8)	9.1 (1.1)	12.6 (0.6)	7.8 (0.4)	
Obesity	8.4 (0.5)	6.2 (0.6)	12.2 (0.8)	9.8 (0.9)	5.8 (0.8)	8.8 (0.6)	7.8 (0.6)	
Asthma	7.5 (0.4)	8.6 (0.6)	7.5 (0.5)	6.3 (0.6)	4.9 (0.5)	7.7 (0.4)	7.2 (0.4)	
Cancer	6.2 (0.4)	0.9 (0.1)	7.0 (0.5)	13.2 (0.9)	16.0 (1.3)	5.4 (0.4)	7.3 (0.5)	
COPD ²	4.4 (0.4)	1.6 (0.3)	4.8 (0.6)	8.2 (0.8)	9.4 (0.8)	4.1 (0.4)	4.8 (0.4)	
Ischemic heart disease	4.0 (0.3)	* *	3.7 (0.5)	9.1 (0.7)	13.0 (1.0)	2.9 (0.3)	5.7 (0.5)	
Osteoporosis	3.3 (0.3)	* *	2.5 (0.2)	8.0 (1.2)	11.4 (1.1)	4.7 (0.4)	1.6 (0.3)	
Chronic renal failure	3.2 (0.5)	0.4 (0.1)	2.8 (0.5)	7.1 (1.3)	10.2 (1.4)	2.7 (0.5)	3.9 (0.6)	
CHF ³	2.2 (0.2)	* *	1.9 (0.3)	3.8 (0.5)	8.3 (0.8)	1.8 (0.2)	2.6 (0.3)	
Cerebrovascular disease	2.0 (0.2)	0.2 (0.1)	2.0 (0.2)	4.5 (0.5)	6.0 (0.6)	1.8 (0.2)	2.4 (0.2)	

...Category not applicable.

*Figure does not meet standards of reliability or precision.

¹Presence of chronic conditions was based on the checklist of chronic conditions and reported diagnoses. Combined total visits by patients with chronic conditions (percent of visits) exceeds 100% because more than one chronic condition may be reported per visit.²COPD is chronic obstructive pulmonary disease.³CHF is congestive heart failure.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 17. Selected services ordered or provided at office visits, by patient sex: United States, 2011

Selected diagnostic, screening and nonmedication treatment services ordered or provided	Number of visits		Percent of visits		Female ²		Male ³	
	in thousands ¹	(standard error in thousands)	(standard error of percent)	(standard error of percent)	(standard error of percent)	(standard error of percent)	(standard error of percent)	(standard error of percent)
All visits	987,029	(41,951)	100.0	...	57.4	(0.7)	42.6	(0.7)
One or more services ordered or provided ⁴	932,008	(39,865)	94.4	(0.6)	94.5	(0.6)	94.3	(0.6)
None	55,021	(6,222)	5.6	(0.6)	5.5	(0.6)	5.7	(0.6)
Examinations								
Skin	175,157	(14,458)	17.7	(1.2)	16.6	(1.0)	19.2	(1.6)
Pelvic	57,356	(5,465)	5.8	(0.5)	10.1	(0.9)	-	...
Breast	46,041	(5,130)	4.7	(0.4)	7.4	(0.6)	*1.0	(0.3)
Foot	40,320	(5,837)	4.1	(0.5)	3.6	(0.4)	4.8	(0.8)
Rectal	26,943	(5,086)	2.7	(0.5)	2.5	(0.4)	3.0	(0.8)
Retinal	37,308	(6,363)	3.8	(0.6)	3.5	(0.6)	4.2	(0.7)
Depression screening	14,464	(2,204)	1.5	(0.2)	1.4	(0.2)	1.6	(0.3)
Vital signs								
Weight	736,029	(34,279)	74.6	(1.2)	75.5	(1.2)	73.3	(1.3)
Blood pressure	620,383	(29,663)	62.9	(1.4)	65.7	(1.4)	59.0	(1.6)
Height	523,013	(25,823)	53.0	(1.6)	54.2	(1.8)	51.4	(1.7)
Temperature	387,552	(27,028)	39.3	(1.8)	37.6	(1.8)	41.5	(2.1)
Blood tests								
Complete blood count (CBC)	130,583	(11,845)	13.2	(1.1)	13.3	(1.1)	13.2	(1.3)
Lipids or cholesterol	80,369	(9,214)	8.1	(0.8)	7.3	(0.7)	9.3	(1.3)
Glucose	71,917	(8,291)	7.3	(0.8)	6.9	(0.6)	7.8	(1.2)
Glycohemoglobing (HgbA1C)	51,016	(7,621)	5.2	(0.7)	4.5	(0.6)	6.1	(1.2)
Prostate specific antigen (PSA)	22,114	(4,943)	2.2	(0.5)	-	...	5.3	(1.1)
Other blood test	140,347	(12,427)	14.2	(1.0)	14.5	(1.0)	13.9	(1.1)
Other tests								
Urinalysis (UA)	79,403	(7,183)	8.0	(0.7)	8.2	(0.7)	7.9	(0.8)
Pap test	26,159	(2,854)	2.7	(0.3)	4.6	(0.5)	-	...
Electrocardiogram (EKG or ECG)	24,388	(2,971)	2.5	(0.3)	2.2	(0.2)	2.8	(0.4)
Biopsy	17,757	(3,070)	1.8	(0.3)	1.7	(0.2)	1.9	(0.5)
Sigmoidoscopy or colonoscopy	11,834	(2,859)	1.2	(0.3)	1.0	(0.2)	*1.5	(0.5)
Chlamydia test	6,350	(1,212)	0.6	(0.1)	1.0	(0.2)	0.2	(0.1)
HIV test ⁵	3,254	(588)	0.3	(0.1)	0.4	(0.1)	0.2	(0.1)
Pregnancy test	5,899	(1,188)	0.6	(0.1)	1.0	(0.2)	-	...
HPV DNA test	4,024	(752)	0.4	(0.1)	0.6	(0.1)	*	...
Imaging								
Any imaging	148,617	(9,802)	15.1	(0.8)	16.5	(0.8)	13.2	(1.0)
X ray	67,688	(7,030)	6.9	(0.7)	6.3	(0.5)	7.6	(1.0)
Ultrasound, excluding echocardiogram	28,040	(2,686)	2.8	(0.2)	3.6	(0.4)	1.8	(0.2)
Magnetic resonance imaging (MRI)	15,516	(1,408)	1.6	(0.1)	1.6	(0.2)	1.6	(0.2)
Computed tomography (CT) scan	19,731	(3,345)	2.0	(0.3)	1.9	(0.3)	2.1	(0.5)
Mammography	17,558	(2,125)	1.8	(0.2)	3.1	(0.3)	*	...
Echocardiogram	11,638	(1,261)	1.2	(0.1)	1.2	(0.1)	1.2	(0.1)
Bone mineral density	6,637	(1,083)	0.7	(0.1)	1.0	(0.1)	*0.3	(0.1)
Nonmedication treatment								
Physical therapy	20,195	(2,077)	2.0	(0.2)	2.0	(0.2)	2.1	(0.2)
Excision of tissue	26,152	(4,240)	2.6	(0.4)	2.2	(0.3)	3.2	(0.7)
Wound care	20,605	(2,278)	2.1	(0.2)	1.8	(0.2)	2.5	(0.3)
Psychotherapy	21,079	(2,766)	2.1	(0.3)	2.0	(0.3)	2.3	(0.4)
Other mental health counseling	15,115	(2,507)	1.5	(0.3)	1.5	(0.3)	1.5	(0.3)
Splint or wrap	8,867	(1,511)	0.9	(0.2)	0.9	(0.2)	0.9	(0.2)
Complementary alternative medicine (CAM)	8,110	(1,659)	0.8	(0.2)	0.8	(0.2)	0.8	(0.2)
Durable medical equipment	8,588	(1,577)	0.9	(0.2)	0.9	(0.2)	0.8	(0.2)
Home health care	*3684	(1,145)	*0.4	(0.1)	0.4	(0.1)	*0.4	(0.1)
Radiation therapy	1,211	(310)	0.1	(0.0)	0.1	(0.0)	*0.1	(0.0)
Speech or occupational therapy	*2100	(1,059)	*0.2	(0.1)	*	...	*0.3	(0.1)
Cast	2,083	(489)	0.2	(0.1)	*	...	*	...

...Category not applicable.

*Figure does not meet standards of reliability or precision.

¹Combined total of diagnostic, screening and nonmedication treatment services exceeds "all visits" and percent of visits exceeds 100% because more than one service may be reported per visit.

²Based on 566,429,000 visits made by females.

³Based on 420,600,000 visits made by males.

⁴Includes up to 9 write-in procedures from items 7 and 9. Procedures are coded to the International Classification of Diseases, Ninth Revision, Clinical Modification, Volume 3, Procedure Classification. Records with write-in procedures that overlap checkboxes (for example, procedure 93.11, "Physical therapy exercises: Assisting exercise," (which could also be coded+A80 in the item 9 checkbox for physical therapy) are edited to ensure that the check box is marked; in this way the check box always provides a summary estimate, but should not be added to the corresponding ICD-9-CM procedure to avoid doublecounting. Procedures codes were reviewed against checkboxes for x-ray, bone mineral density, CT scan, echocardiogram, other ultrasound, mammography, MRI, other imaging, EKG and ECG, complementary and alternative medicine, physical therapy, speech and occupational therapy, psychotherapy, excision of tissue, wound care, cast, biopsy, and splint or wrap. Procedures that could not be included in one of these checkboxes are included in the estimated total number of visits with services, but are not shown separately.

⁵HIV is human immunodeficiency virus.

⁶HPV is human papilloma virus, DNA is deoxyribonucleic acid.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 18. Initial blood pressure measurements recorded at office visits to primary care providers for adults aged 18 and over, by selected patient characteristics: United States, 2011

Patient characteristic	Number of visits in thousand		Initial blood pressure ¹							
			Not high		Mildly high		Moderately high		Severely high	
Percent distribution (standard error of percent)										
All visits ²	369,572	100.0	30.1	(1.3)	47.3	(1.2)	17.3	(0.8)	5.3	(0.4)
Age										
18–24 years	29,255	100.0	51.1	(3.1)	41.4	(2.7)	6.0	(1.3)	*	...
25–44 years	104,112	100.0	40.7	(2.1)	44.1	(1.7)	11.7	(1.0)	3.5	(0.6)
45–64 years	130,731	100.0	25.1	(1.4)	50.1	(1.4)	19.2	(1.2)	5.6	(0.6)
65–74 years	53,659	100.0	19.0	(1.7)	51.3	(2.1)	22.2	(1.5)	7.6	(1.2)
75 years and over	51,815	100.0	20.8	(1.6)	45.8	(2.0)	25.4	(1.8)	7.9	(1.0)
Sex										
Female	236,677	100.0	34.2	(1.5)	45.9	(1.2)	15.7	(1.0)	4.3	(0.4)
Male	132,895	100.0	22.7	(1.3)	49.9	(1.7)	20.3	(1.3)	7.1	(0.7)
Race ³										
White	299,064	100.0	30.4	(1.3)	47.7	(1.3)	17.0	(0.9)	5.0	(0.4)
Black or African American	49,987	100.0	27.3	(2.3)	45.5	(2.0)	19.5	(2.0)	7.7	(1.3)
Other ⁴	20,522	100.0	32.2	(3.9)	46.0	(3.2)	17.3	(2.5)	*	...
Ethnicity ³										
Hispanic or Latino	41,398	100.0	36.2	(2.6)	44.6	(2.4)	13.6	(1.5)	5.6	(1.1)
Not Hispanic or Latino	328,175	100.0	29.3	(1.3)	47.6	(1.2)	17.8	(0.9)	5.3	(0.4)

...Category not applicable.

¹Figure does not meet standards of reliability or precision.

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

²Visits where blood pressure recorded represent 91.7 percent (standard error = 1.3) of all office visits made to primary care providers by adults (aged 18 and over).

³The race groups white, black or African American, and other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Starting with 2009 data, the National Center for Health Statistics adopted the technique of model-based single imputation for NAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2011 National Ambulatory Medical Care Survey Public Use Data File documentation, available at:

ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2011.pdf. For 2011, race data were missing for 22.9 percent of visits, and ethnicity data were missing for 21.2 percent of visits.

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

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 19. Selected health education ordered or provided at office visits, by patient sex: United States, 2011

Health education services ordered or provided	Number of visits in thousands ¹ (standard error in thousands)	Percent of visits (standard error of percent)		Female ² percent of visits (standard error of percent)		Male ³ percent of visits (standard error of percent)	
All visits	987,029 (41,951)	...	...	...	...	...	...
One or more health education services ordered or provided	450,108 (24,924)	45.6	(1.8)	45.4	(1.9)	45.9	(1.8)
None	518,834 (29,338)	52.6	(1.8)	52.7	(1.9)	52.4	(1.9)
Blank	18,087 (4,739)	1.8	(0.5)	2.0	(0.5)	1.7	(0.5)
Diet and nutrition	135,872 (10,303)	13.8	(0.9)	13.5	(1.0)	14.1	(1.2)
Exercise	86,919 (8,068)	8.8	(0.7)	8.8	(0.8)	8.8	(0.9)
Injury prevention	42,498 (4,998)	4.3	(0.5)	3.8	(0.5)	5.0	(0.7)
Weight reduction	40,689 (3,840)	4.1	(0.4)	4.5	(0.5)	3.6	(0.4)
Growth and development	36,025 (4,354)	3.6	(0.4)	2.9	(0.4)	4.7	(0.6)
Tobacco use or exposure	29,764 (3,553)	3.0	(0.3)	2.8	(0.3)	3.4	(0.5)
Stress management	26,237 (2,701)	2.7	(0.3)	2.6	(0.3)	2.7	(0.3)
Asthma	16,475 (2,673)	1.7	(0.2)	1.5	(0.3)	1.8	(0.3)
Family planning and contraception	11,739 (1,607)	1.2	(0.2)	1.9	(0.3)	0.2	(0.1)
Other health education	278,346 (21,217)	28.2	(1.8)	28.0	(2.0)	28.5	(1.8)

...Category not applicable.

¹Combined total of individual health education services exceeds "all visits" and percent of visits exceeds 100% because more than one service may be reported per visit.

²Based on 566,429,000 visits made by females.

³Based on 420,600,000 visits made by males.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 20. Write-in surgical procedures ordered or performed at office visits, by procedure category: United States, 2011

Procedure or operation category and ICD-9-CM code range ¹		Number of procedures in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All write-in procedures		106,167	(11,966)	100.0	...
Nervous system	01-05	2,223	(482)	2.1	(0.5)
Eye	08-16	6,483	(1,941)	6.1	(1.8)
Ear	18-20	*2,906	(917)	*2.7	(0.9)
Nose, mouth, and pharynx	21-29	5,282	(1,315)	5.0	(1.3)
Cardiovascular system	35-39	4,698	(876)	4.4	(0.9)
Digestive system	42-54	*28,317	(10,442)	26.6	(7.4)
Urinary system	55-59	3,975	(718)	3.7	(0.7)
Male genital organs	60-64	1,479	(291)	1.4	(0.3)
Female genital organs	65-71	8,908	(2,292)	8.4	(2.2)
Obstetrical procedures	72-75	*1,718	(887)	*1.6	(0.8)
Musculoskeletal system	76-84	9,202	(1,624)	8.7	(1.6)
Integumentary system	85-86	27,465	(3,007)	25.9	(3.3)
Other procedures ²		3,512	(666)	3.3	(0.6)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

¹Based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services. Official version: International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition. DHHS Pub No.(PHS) 06-1260). At least one surgical procedure was ordered or performed at 9.05 percent of office visits.

²Includes operations on the endocrine system (ICD-9-CM codes 06-07), other miscellaneous diagnostic and therapeutic procedure (ICD-9-CM code 17), operations on the respiratory system (ICD-9-CM codes 30-34), operations on the hemic and lymphatic system (ICD-9-CM codes 40-41).

NOTE: In addition to the surgical procedures shown in this table, there were an additional 358,527,000 nonsurgical procedures reported (ICD-9-CM, Volume 3, codes 00, 87-99).

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 21. Medication therapy and number of medications mentioned at office visits, by patient sex: United States, 2011

Medication therapy ³	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Female ¹ Percent distribution (standard error of percent)		Male ² Percent distribution (standard error of percent)	
All visits	987,029	(41,951)	100.0	...	100.0	...	100.0	...
Visits with mention of medication ⁴	748,771	(35,709)	75.9	(1.1)	75.4	(1.3)	76.4	(1.0)
Visits without mention of medication	221,267	(12,203)	22.4	(1.0)	22.8	(1.2)	22.0	(0.9)
Blank	16,992	(5,054)	1.7	(0.5)	*1.8	(0.6)	1.6	(0.5)
Number of medications provided or prescribed								
All visits	987,029	(41,951)	100.0	...	100.0	...	100.0	...
0	221,267	(12,203)	22.4	(1.0)	22.8	(1.2)	22.0	(0.9)
1	217,057	(11,076)	22.0	(0.7)	22.0	(0.9)	21.9	(0.8)
2	139,142	(7,067)	14.1	(0.4)	13.5	(0.4)	15.0	(0.6)
3	99,866	(5,150)	10.1	(0.3)	10.3	(0.4)	9.9	(0.5)
4	69,261	(4,669)	7.0	(0.3)	6.7	(0.3)	7.5	(0.4)
5	53,869	(4,114)	5.5	(0.3)	5.6	(0.4)	5.3	(0.3)
6	40,418	(3,546)	4.1	(0.3)	4.2	(0.3)	4.0	(0.3)
7	33,898	(2,881)	3.4	(0.2)	3.5	(0.3)	3.4	(0.3)
8	95,260	(9,093)	9.7	(0.8)	9.8	(0.8)	9.5	(0.8)
Blank	16,992	(5,054)	1.7	(0.5)	*1.8	(0.6)	1.6	(0.5)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

¹Based on 566,429,000 visits made by females.

²Based on 420,600,000 visits made by males.

³Includes prescription drugs, over-the-counter preparations, immunizations, and desensitizing agents.

⁴A drug mention is documentation in a patient's record of a drug provided, prescribed, or continued at a visit (up to eight per visit). Also defined as drug visits.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 22. Office drug visits and drug mentions, by physician specialty: United States, 2011

Physician specialty	Drug visits ¹				Drug mentions ²				Percent of office visit with drug mentions ³ (standard error of percent)		Drug mention rates ⁴ (standard error of rate)	
	Number in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number in thousands (standard error in thousands)		Percent distribution (standard error of percent)					
All specialties	748,771	(35,709)	100.0	...	2,583,199	(155,400)	100.0	...	75.9	(1.1)	261.7	(9.1)
General and family practice	169,101	(13,557)	22.6	(1.5)	629,822	(61,361)	24.4	(1.9)	86.6	(1.1)	322.7	(16.3)
Internal medicine	129,022	(15,167)	17.2	(1.7)	501,262	(65,805)	19.4	(2.0)	80.5	(4.0)	312.8	(25.5)
Pediatrics	116,328	(11,262)	15.5	(1.2)	264,921	(29,374)	10.3	(1.0)	74.3	(1.5)	169.1	(9.4)
Obstetrics and gynecology	45,705	(6,014)	6.1	(0.8)	97,869	(16,696)	3.8	(0.7)	62.1	(3.7)	132.9	(17.4)
Psychiatry	31,850	(3,478)	4.3	(0.5)	84,265	(10,280)	3.3	(0.4)	89.5	(3.7)	236.8	(14.2)
Ophthalmology	30,140	(3,857)	4.0	(0.5)	105,468	(20,963)	4.1	(0.8)	60.2	(4.0)	210.7	(31.8)
Dermatology	25,528	(3,391)	3.4	(0.4)	70,106	(12,883)	2.7	(0.5)	70.3	(3.7)	193.1	(25.3)
Orthopedic surgery	24,930	(3,420)	3.3	(0.5)	71,940	(12,559)	2.8	(0.5)	57.0	(3.5)	164.5	(21.4)
Cardiovascular diseases	20,718	(2,544)	2.8	(0.4)	113,209	(15,295)	4.4	(0.6)	88.0	(3.2)	480.9	(30.8)
Urology	13,902	(2,107)	1.9	(0.3)	48,398	(9,028)	1.9	(0.3)	66.8	(3.4)	232.5	(27.2)
Oncologists	13,440	(2,091)	1.8	(0.3)	61,297	(11,400)	2.4	(0.4)	81.8	(2.8)	372.9	(30.3)
Otolaryngology	12,944	(2,055)	1.7	(0.2)	40,963	(8,200)	1.6	(0.3)	61.8	(3.2)	195.4	(23.4)
Neurology	11,735	(1,472)	1.6	(0.2)	46,853	(6,821)	1.8	(0.3)	81.5	(2.9)	325.3	(27.1)
General surgery	8,779	(1,762)	1.2	(0.2)	28,815	(5,952)	1.1	(0.2)	50.7	(5.8)	166.4	(23.9)
Other specialties	94,650	(10,835)	12.6	(1.4)	418,012	(55,719)	16.2	(1.9)	77.4	(3.3)	342.0	(26.5)

...Category not applicable.

¹Visits at which one or more drugs were provided, prescribed, or continued.

²A drug mention is documentation in a patients record of a drug provided, prescribed, or continued at a visit (up to eight per visit).

³Percent of visits that included one or more drugs provided, prescribed, or continued (number of drug visits divided by number of office visits multiplied by 100).

⁴Average number of drugs that were provided, prescribed, or continued per 100 visits (total number of drug mentions divided by total number of visits multiplied by 100).

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 23. Twenty most frequently mentioned drugs by therapeutic drug category at office visits: United States, 2011

Therapeutic drug category ¹	Number of occurrences in thousands (standard error in thousands)		Percent of drug mentions ² (standard error of percent)	
Analgesics ³	280,711	(17,361)	10.9	(0.3)
Antihyperlipidemic agents	138,640	(10,804)	5.4	(0.2)
Antidepressants	115,058	(7,117)	4.5	(0.2)
Anxiolytics, sedatives, and hypnotics	103,624	(7,728)	4.0	(0.1)
Antidiabetic agents	102,192	(10,435)	4.0	(0.3)
Immunostimulants	100,099	(11,679)	3.9	(0.4)
Antiplatelet agents	83,946	(7,418)	3.2	(0.2)
Beta-adrenergic blocking agents	82,962	(6,548)	3.2	(0.1)
Bronchodilators	82,356	(7,684)	3.2	(0.2)
Anticonvulsants	79,267	(5,629)	3.1	(0.1)
Dermatological agents	78,132	(5,884)	3.0	(0.2)
Proton pump inhibitors	72,639	(6,268)	2.8	(0.1)
Angiotensin converting enzyme inhibitors	70,598	(5,938)	2.7	(0.1)
Diuretics	65,850	(5,294)	2.5	(0.1)
Antihistamines	65,546	(5,995)	2.5	(0.1)
Vitamins	62,548	(5,370)	2.4	(0.1)
Adrenal cortical steroids	53,407	(4,439)	2.1	(0.1)
Calcium channel blocking agents	47,204	(3,833)	1.8	(0.1)
Thyroid hormones	47,181	(3,552)	1.8	(0.1)
Sex hormones	47,096	(4,676)	1.8	(0.2)

¹Based on Multum Lexicon second level therapeutic drug category (see <http://www.multum.com/lexicon.htm>).

²Based on an estimated 2,583,199,000 drug mentions at physician office visits in 2011.

³Includes narcotic and nonnarcotic analgesics and nonsteroidal anti-inflammatory drugs.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 24. Twenty most frequently mentioned drug names at office visits, by new or continued status: United States, 2011

Drug name ¹	Number of mentions in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Total	Percent distribution (standard error of percent)			Therapeutic drug category ³
						New	Continued	Unknown ²	
All drug mentions	2,583,199	(155,798)	100.0	...	100.0	24.6 (1.1)	73.0 (1.1)	2.4 (0.2)	...
Aspirin	65,171	(5,917)	2.5	(0.1)	100.0	5.1 (1.4)	92.5 (1.4)	2.4 (0.6)	Analgesics, Antiplatelet
Lisinopril	50,505	(4,197)	2.0	(0.1)	100.0	7.6 (1.2)	90.8 (1.2)	*1.6 (0.5)	Angiotensin converting
Simvastatin	46,741	(3,846)	1.8	(0.1)	100.0	5.0 (0.9)	93.1 (0.9)	2.0 (0.4)	Antihyperlipidemic agents
Albuterol	45,872	(4,435)	1.8	(0.1)	100.0	23.7 (2.8)	73.9 (2.8)	2.4 (0.6)	Bronchodilators
Levothyroxine	44,288	(3,311)	1.7	(0.1)	100.0	5.0 (0.8)	94.0 (0.9)	*0.9 (0.4)	Thyroid hormones
Metoprolol	36,819	(3,238)	1.4	(0.1)	100.0	7.2 (1.3)	90.1 (1.4)	2.7 (0.8)	Beta-adrenergic blocking
Acetaminophen-hydrocodone	35,450	(2,884)	1.4	(0.1)	100.0	26.8 (2.8)	71.9 (2.9)	*1.4 (0.5)	Analgesics
Metformin	35,198	(3,402)	1.4	(0.1)	100.0	7.3 (1.4)	91.0 (1.4)	1.6 (0.5)	Antidiabetic agents
Omeprazole	34,405	(2,969)	1.3	(0.1)	100.0	9.9 (1.3)	87.5 (1.3)	2.6 (0.7)	Proton pump inhibitors
Ibuprofen	34,070	(3,386)	1.3	(0.1)	100.0	42.7 (3.7)	55.0 (3.9)	*2.3 (0.8)	Analgesics
Multivitamin	32,111	(2,968)	1.2	(0.1)	100.0	7.4 (1.3)	90.3 (1.4)	2.4 (0.6)	Vitamin and mineral
Amlodipine	29,474	(2,585)	1.1	(0.1)	100.0	8.8 (1.3)	89.5 (1.3)	1.7 (0.5)	Calcium channel blocking
Furosemide	28,318	(2,748)	1.1	(0.1)	100.0	7.0 (1.3)	90.6 (1.5)	*2.5 (0.8)	Diuretics
Atorvastatin	26,775	(2,697)	1.0	(0.1)	100.0	3.7 (0.8)	94.7 (0.9)	*1.6 (0.5)	Antihyperlipidemic agents
Acetaminophen	26,357	(3,425)	1.0	(0.1)	100.0	50.6 (5.2)	48.1 (5.2)	*1.3 (0.4)	Analgesics
Hydrochlorothiazide	23,697	(2,140)	0.9	(0.1)	100.0	5.8 (1.3)	92.7 (1.2)	1.5 (0.4)	Diuretics
Azithromycin	21,556	(2,153)	0.8	(0.1)	100.0	87.5 (2.2)	11.9 (2.1)	*0.6 (0.3)	Macrolide derivatives
Amoxicillin	20,030	(1,958)	0.8	(0.1)	100.0	82.4 (2.4)	15.2 (2.3)	*2.4 (0.8)	Penicillins
Atenolol	18,262	(2,052)	0.7	(0.1)	100.0	4.3 (1.0)	94.6 (1.1)	*1.1 (0.5)	Beta-adrenergic blocking
Influenza virus vaccine, inactivated	17,313	(2,660)	0.7	(0.1)	100.0	79.6 (4.5)	*8.5 (3.9)	11.8 (3.0)	Immunostimulants
Other	1,910,788	(112,145)	74.0	(0.5)	100.0	26.5 (1.1)	71.0 (1.2)	2.5 (0.2)	Other

...Category not applicable.

*Figure does not meet standards of reliability or precision.

¹Based on Multum Lexicon terminology, drug name reflects the active ingredient(s) of a drug provided, prescribed, or continued.

²Unknown includes drugs provided or prescribed that did not have either the new drug or continued drug checkboxes marked.

³Based on Multum Lexicon second-level therapeutic drug category (see www.multum.com/lexicon.htm).

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 25. Providers seen at office visits: United States, 2011

Type of Provider	Number of visits in thousands ¹		Percent of visits	
	(standard error in thousands)		(standard error of percent)	
All visits	987,029	(41,951)	...	...
Physician	950,095	(41,358)	96.3	(0.6)
R.N. or L.P.N.	216,144	(26,956)	21.9	(2.4)
Physician assistant	50,310	(8,025)	5.1	(0.9)
Nurse practitioner or midwife	15,582	(3,797)	1.6	(0.4)
Mental health provider	*7,353	(2,279)	*0.74	(0.2)
Other provider	142,079	(15,031)	14.4	(1.4)

...Category not applicable.

*Figure does not meet standards of reliability or precision.

¹Combined total of individual providers exceeds "all visits" and "percent of visits" exceeds 100%, because more than one provider may be reported per visit. The sample of visits was drawn from all scheduled visits to a sampled physician during the 1-week reporting period. However, at 3.7 percent of these visits, the physician was not seen; instead, the patient saw another provider. In addition, at many visits, patients were seen by multiple providers, the most common being a physician and an R.N. or L.P.N.

NOTES: Numbers may not add to totals because of rounding. RN is Registered Nurse; LPN is Licensed Practical Nurse.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 26. Disposition of office visits: United States, 2011

Disposition	Number of visits in thousands ¹		Percent of visits	
	(standard error in thousands)		(standard error of percent)	
All visits	987,029	(41,951)	...	...
Return at specified time	709,344	(35,144)	71.9	(1.3)
Referred to other physician	81,940	(5,821)	8.3	(0.4)
Refer to emergency room or admit to hospital	4,732	(851)	0.5	(0.1)
Other disposition	201,021	(13,094)	20.4	(1.1)
Blank	44,023	(6,652)	4.5	(0.7)

...Category not applicable.

¹Combined total of individual dispositions exceeds "all visits," and "percent of visits" exceeds 100% because more than one disposition may be reported per visit.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 27. Time spent with physician: United States, 2011

Time spent with physician ¹	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)	
All visits	987,029	(41,951)	100.0	...
Visits at which no physician was seen	36,934	(6,394)	3.7	(0.6)
Visits at which a physician was seen	950,095	(41,358)	96.3	(0.6)
Total	950,095	...	100.0	...
1–5 minutes	4,280	(755)	0.5	(0.1)
6–10 minutes	82,416	(7,106)	8.7	(0.6)
11–15 minutes	321,241	(19,917)	33.8	(1.4)
16–30 minutes	415,339	(22,168)	43.7	(1.3)
31–60 minutes	116,026	(7,598)	12.2	(0.7)
61 minutes and over	10,794	(2,410)	1.1	(0.3)

...Category not applicable.

¹Time spent with physicians was missing for 28.9 percent of visits where a physician was seen. Estimates presented include imputed values for missing data.

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

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 28. Mean time spent with physician, by physician specialty: United States, 2011

Physician specialty	Mean time in minutes spent with physician	Standard error of mean	25th percentile	Median	75th percentile
All visits	22.3	0.3	14.4	19.1	29.0
Psychiatry	33.8	1.5	19.5	29.6	44.6
Neurology	28.9	1.1	15.4	25.6	36.8
Oncology	25.8	1.6	14.6	19.7	29.7
Cardiovascular diseases	24.0	1.5	14.6	19.4	29.3
Internal medicine	22.8	1.0	14.5	19.3	29.2
General surgery	22.7	1.1	14.3	19.1	29.4
Obstetrics and gynecology	21.3	1.0	14.4	17.1	24.9
Ophthalmology	21.3	0.7	14.2	18.9	27.9
General and family practice	20.7	0.5	14.3	16.2	24.6
Urology	20.2	1.2	14.1	14.8	24.2
Orthopedic surgery	20.1	1.0	14.1	15.0	24.0
Dermatology	19.8	1.1	12.4	14.8	19.9
Pediatrics	19.5	0.6	14.3	16.1	20.0
Otolaryngology	19.3	0.6	14.2	14.8	21.3
All other specialties	26.5	1.4	14.7	20.0	29.8

NOTES: Only visits where a physician was seen are included. Time spent with physicians was missing for 28.9 percent of visits where a physician was seen. Estimates presented include imputed values for missing data.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Table 29. Physician characteristics, by response status: United States, 2011

Physician characteristic ¹	Number of sampled in-scope physicians ²	Number of sample percent distribution ³ (weighted)	Responding physician percent distribution ⁴ (weighted)	Nonresponding physician percent distribution ⁵ (weighted)	Combined physician weighted response rate ⁶
All office-based physicians	2,555	100.0	100.0	100.0	0.541
Age					
Under 50 years	1,122	44.9	45.3	44.3	0.545
50 years and over	1,423	54.6	54.3	55.1	0.540
Unknown	10	0.5	0.4	0.6	0.337
Sex					
Male	1,865	70.2	71.3	69.0	0.550
Female	688	29.5	28.7	30.4	0.524
Unknown	2	0.3	0.0	0.6	.
Region					
Northeast	582	22.0	19.5	25.0	0.478
Midwest	512	20.2	20.6	19.7	0.552
South	815	32.3	30.3	34.7	0.509
West	646	25.6	29.7	20.6	0.626
Metropolitan status ⁷					
MSA	2,340	89.7	88.1	91.7	0.531
Non-MSA	215	10.3	11.9	8.3	0.626
Type of doctor					
Doctor of medicine	2,235	91.1	89.3	93.3	0.534
Doctor of osteopathy	180	6.0	6.1	6.0	0.549
Community health center physician	140	2.8	4.6	0.7	0.688
Physician specialty ⁸					
General or family practice	410	18.9	20.9	16.5	0.588
Internal medicine	149	13.8	13.9	13.7	0.544
Pediatrics	171	10.6	12.9	7.8	0.657
General surgery	131	3.3	3.7	2.8	0.608
Obstetrics and gynecology	147	7.9	6.0	10.1	0.417
Orthopedic surgery	126	4.8	4.4	5.2	0.507
Cardiovascular diseases	169	3.8	3.6	4.0	0.518
Dermatology	118	2.4	2.2	2.7	0.491
Urology	135	2.0	1.8	2.2	0.505
Psychiatry	191	5.6	5.7	5.5	0.554
Neurology	186	2.1	1.8	2.4	0.472
Ophthalmology	127	4.2	4.1	4.4	0.529
Otolaryngology	135	2.0	1.8	2.2	0.501
Oncology	130	1.8	1.5	2.2	0.440
All other specialties	230	17.0	15.7	18.5	0.504
Specialty type ⁸					
Primary care	859	50.0	52.8	46.7	0.566
Surgical	731	20.7	19.7	21.8	0.520
Medical	965	29.3	27.5	31.5	0.511
Practice type					
Solo	612	23.9	23.0	25.0	0.525
Two physicians	110	4.5	3.8	5.2	0.467
Group or HMO ⁹	1,417	57.4	56.7	58.1	0.539
Medical school or government	34	1.0	1.2	0.7	0.667
Community health center	140	2.8	4.6	0.7	0.688
Other	27	1.1	1.3	0.8	0.649
Unclassified	215	9.4	9.3	9.4	0.542
Annual visit volume					
0–25% percentile	625	24.9	31.1	17.4	0.683
26–50% percentile	634	23.8	23.3	24.5	0.533
51–75% percentile	692	29.4	20.7	40.0	0.383
76–100% percentile	464	19.0	20.3	17.5	0.581
Unknown	140	2.8	4.6	0.7	0.688

¹Characteristic information is from a combination of sources: the master files of the American Medical Association, the American Osteopathic Association, the Health Resources and Services Administration (HRSA), and the NAMCS induction form.

²In-scope physicians are those who verified that they were nonfederal and involved in direct patient care in an office-based or community health center (CHC), excluding the specialties of radiology, pathology, and anesthesiology.

³Total physicians are those who were selected from (a) the master files of the American Medical Association, (b) the American Osteopathic Association, and (c) physicians practicing in federally funded or look alike CHCs. In-scope determination was also used for inclusion in NAMCS.

⁴Responding physicians are those who were in-scope and participated fully in completion of patient record forms (PRFs) or were unavailable to complete PRFs.

⁵Nonresponding physicians are those who were in-scope and participated minimally or refused to participate in the NAMCS.

⁶Values represent a combined response rate among physicians selected from the office-based sample and the CHC sample. Numerator is the combined number of in-scope physicians from the physician and CHC samples who participated fully in NAMCS or who did not see any patients during their sampled reporting week. Denominator is all in-scope physicians selected from both the physician and CHC sample. Response rate for CHC physicians is adjusted to take into account CHC facility response.

⁷MSA is metropolitan statistical area.

⁸Physician specialty and specialty type are defined in the 2011 National Ambulatory Medical Care Survey Public Use Data File documentation (ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2011.pdf).

⁹HMO health maintenance organization.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.