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Office Visits by Persons Aged 65 and Over: National Ambulatory Medical Care Survey, United States, 1975¹

In 1975 there were an estimated 93 million visits made to office-based physicians by persons aged 65 years and over. This represents an annual rate of 426 visits per 100 persons per year.

These and other preliminary data about visits by persons 65 years and over are presented in this report from the 1975 National Ambulatory Medical Care Survey (NAMCS). NAMCS is a probability sample survey conducted by the Division of Health Resources Utilization Statistics of the National Center for Health Statistics. A complete description of the background and survey methodology is available in an earlier report entitled "National Ambulatory Medical Care Survey: Background and Methodology, United States, 1967-72."²

The reader may find it useful to refer to the facsimile of the "Patient Record", figure 1, in Advance Data No. 12 as selected aspects of the survey findings are discussed. The "Patient Record" was used by participating physicians to record information about their office encounters.

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²National Center for Health Statistics: National Ambulatory Medical Care Survey: Background and Methodology, United States, 1967-72, by J. B. Tenney and others. *Vital and Health Statistics*. Series 2-No. 61. DHEW Pub. No. (HRA) 76-1335. Health Resources Administration, Washington, U.S. Government Printing Office, Apr. 1974.

DATA HIGHLIGHTS

During 1975 there were an estimated 568 million patient visits to the offices of all physicians within the scope of NAMCS. Persons aged 65 years and over accounted for 93 million, or 16 percent, of these visits.

From table 1 the reader can compare office visits made by persons in various age-sex groups. The visit rate increased considerably with age for both sexes, yet the difference between the sexes decreased in the oldest age groups.

It should be noted that in this report the descriptors "elderly," "aged persons," and "persons aged 65 years and over" are used synonymously.

Tables 2-9 describe visits made by persons aged 65 years and over according to selected characteristics of the visitor and of the physician. For each characteristic, the visit experience of aged persons is compared with that of persons under 65. The data show that the visit experience of aged persons differed markedly from that of persons under 65. Compared with younger patients, the elderly

- Had more return visits for the same problems.
- Were twice as likely to have a chronic condition.
- Visited internists more frequently.

Table 1. Annual rate of visits to office-based physicians by age and sex of visitors: United States, 1975

Sex	Age						Under 65 years of age
	All ages	Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over	
	Number of visits per 100 persons per year						
Both sexes-----	273	189	222	275	343	426	255
Male-----	222	198	150	191	284	399	205
Female-----	322	180	294	356	396	445	305

¹The base populations used in computing the rates are national estimates published by the U.S. Bureau of the Census for the civilian noninstitutionalized population as of July 1, 1975, in Series P25 and P26 of Current Population Reports.

- Had a substantially greater proportion of visits when the problem was reported by the physician as being serious or very serious.
- Had a much smaller proportion of visits when no followup was planned.
- Had an EKG or blood pressure check more often.
- Had a much greater proportion of visits for diseases of the circulatory system.

Table 2 shows visits for the two age groups in terms of sex, prior visit status, and nature of the problem or reason for the visit. Statistics on prior visit status reflect more return visits for the same problems among the older group. For persons under 65 years of age, 84 percent of the visits were return visits and 70 percent of these

were for the same problem. For persons 65 years or older, 92 percent of the visits were return visits and 83 percent of these were for the same problem.

Also accompanying an increase in age was an increase in the prevalence of chronic conditions. It is apparent from table 3, where visits for acute and chronic conditions are distributed among several age groups, that the proportion of visits for chronic conditions increases dramatically with age. In addition table 2 shows that the nature of the problem for aged persons was considered to be chronic in 62 percent of the visits; for persons under age 65, the problems were considered to be chronic in only 31 percent of the visits.

Table 4 shows visits by persons 65 and over and persons under 65 according to physician specialty and type of practice. The two distributions are very similar except for the proportion of visits to internists. For persons 65 and over, 1

Table 2. Number and percent distribution of office visits made by persons 65 years and over and percent distribution of office visits made by persons under 65 years by sex of visitor, prior visit status, and nature of the problem: United States, 1975

Sex of visitor, prior visit status, and nature of the problem	Office visit		
	65 years and over	65 years and over	Under 65 years
All visits-----	93,061	100.0	¹ 100.0
<u>Sex of visitor</u>			
Female-----	57,339	61.6	60.2
Male-----	35,721	38.4	39.8
<u>Prior visit status</u>			
Patient seen for first time-----	7,857	8.4	16.2
Patient seen before:			
New problem-----	14,889	16.0	24.9
Old problem-----	70,314	75.6	58.9
<u>Nature of problem</u>			
Morbid condition:			
Acute condition:			
Initial visit-----	19,603	21.1	33.7
Followup-----	11,254	12.1	12.4
Chronic condition:			
Routine-----	43,151	46.4	21.8
Flareup-----	14,694	15.8	9.5
Other problem or reason for visit-----	4,358	4.7	22.6

¹Based on an estimated 474,540,000 visits.

Table 3. Percent of visits to office-based physicians by age of visitor and selected reasons for visit: United States, 1975

Reason for visit	Age of visitor					
	All ages	Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over
	Percent					
Acute conditions-----	43.9	57.7	46.3	44.1	39.8	33.2
Chronic conditions-----	36.4	15.6	20.6	30.5	49.1	62.2

Table 4. Number and percent distribution of office visits made by persons 65 years and over and percent distribution of office visits made by persons under 65 years by physician specialty and type of practice: United States, 1975

Physician specialty and type of practice	Office visit		
	65 years and over	65 years and over	Under 65 years
All visits-----	Number in thousands 93,061	Percent distribution 100.0	¹ 100.0
<u>Physician specialty</u>			
General and family practice-----	42,343	45.5	40.5
Internal medicine-----	17,925	19.3	9.3
General surgery-----	7,335	7.9	7.2
Ophthalmology-----	6,429	6.9	3.8
Cardiovascular diseases-----	3,177	3.4	0.9
Urology-----	3,175	3.4	1.6
Otolaryngology-----	2,231	2.4	3.0
Dermatology-----	2,173	2.3	2.5
Orthopedic surgery-----	1,750	1.9	3.7
Obstetrics and gynecology-----	1,132	1.2	9.9
Other specialties-----	5,388	5.8	17.6
<u>Type of practice</u>			
Solo-----	60,677	65.2	58.8
Other ² -----	32,383	34.8	41.2

¹Based on an estimated 474,540,000 visits.

²Includes partnership and group practices.

out of every 5 visits in 1975 was made to an internist compared with about 1 out of 11 for persons under 65.

Table 5 contains data on seriousness of problems and disposition and duration of patient visits. Seriousness refers to the physician's clinical judgment as to the extent of the patient's impairment that might result if no care were available. About 29 percent of the visits by persons 65 years and over were reported by the physician as being serious or very serious compared with 17 percent of the visits by persons under 65 years.

Disposition refers to the physician's disposition of the visit in terms of the seven specific alternatives listed in item 11 on the patient record. The only differences between the age groups 65 and over and under 65 occurred when the final disposition was either "return at a specified time" or "no followup planned." For the group 65 and over the final instruction to "return at a specified time" occurred in 7 out of every 10 visits compared with 6 out of 10 visits for those under 65. On the other hand, "no followup planned" was the final instruction in 6 percent of the visits by persons 65 and over; for

Table 5. Number and percent distribution of office visits made by persons 65 years and over and percent distribution of office visits made by persons under 65 years by seriousness of the problem and disposition of the patient visit: United States, 1975

Seriousness of the problem and disposition of the patient visit	Office visit		
	65 years and over	65 years and over	Under 65 years
All visits-----	93,061	100.0	¹ 100.0
<u>Seriousness of problem</u>			
Not serious-----	32,560	35.0	51.5
Slightly serious-----	33,111	35.6	31.7
Serious or very serious-----	27,389	29.4	16.8
<u>Disposition of visit²</u>			
Return at specified time-----	65,198	70.1	57.1
Return if needed-----	17,827	19.2	22.9
No followup planned-----	5,615	6.0	14.5
Telephone followup planned-----	2,836	3.1	3.8
Referred to other physician agency-----	2,753	3.0	2.8
Admitted to hospital-----	2,510	2.7	2.0
Returned to referring physician-----	1,018	1.1	0.9
<u>Duration of visit³</u>			
No face-to-face encounter with physician-----	1,291	1.4	1.2
1-5 minutes-----	11,083	11.9	17.0
6-10 minutes-----	25,078	27.0	32.1
11-15 minutes-----	28,495	30.6	26.0
16-30 minutes-----	22,545	24.2	17.9
31 minutes or more-----	4,568	4.9	5.8

¹Based on an estimated 474,540,000 visits.

²Percents will add to more than 100 because some patients required more than one disposition.

³Time spent in face-to-face encounter between physician and patient.

persons under 65, it was the final instruction in 15 percent of the visits.

Duration of visit refers to the time the physician spent in face-to-face contact with the patient. For the aged the duration of visit was not much different from that of persons under

65 years of age. Six out of 10 visits by the elderly lasted 11 minutes or more compared with 5 out of 10 visits for persons under 65 years of age. The mean duration of visit for the elderly was 16 minutes; for those under 65 the mean was 15 minutes.

Table 6. Number and percent of office visits made by persons 65 years and over and percent of office visits made by persons under 65 years by diagnostic and therapeutic services most frequently ordered or provided: United States, 1975

Diagnostic and therapeutic services most frequently ordered or provided	Office visit		
	65 years and over ¹	65 years and over ¹	Under 65 years ²
<u>Diagnostic services</u>	Number in thousands	Percent	
Limited history, exam-----	51,200	55.0	50.6
Blood pressure check-----	44,812	48.2	30.2
Clinical lab test-----	23,133	24.9	22.5
General history, exam-----	11,039	11.9	16.5
X-ray-----	7,007	7.5	7.3
EKG-----	6,155	6.6	2.8
Vision test-----	5,620	6.0	4.4
Endoscopy-----	1,765	1.9	1.0
Hearing test-----	912	1.0	1.4
<u>Therapeutic services</u>			
Drug prescribed-----	44,289	47.6	43.7
Injection-----	15,654	16.8	13.2
Medical counseling-----	11,220	12.1	12.3
Office surgery-----	5,833	6.3	6.8
Immunization, desensitization-----	2,603	2.8	4.9
Psychotherapy, therapeutic listening-----	2,346	2.5	4.6
Physiotherapy-----	2,285	2.5	2.2

¹Based on an estimated 93,061,000 visits.

²Based on an estimated 474,540,000 visits.

Table 6 contains data on the diagnostic and therapeutic services provided. The distribution of visits by diagnostic and therapeutic services for persons 65 years and over was not unlike that for persons under 65 except for two procedures. The blood pressure check was rendered to persons 65 and over in about half the visits compared with a third of the visits for persons in the age group under 65. In addition, an EKG was provided at 7 percent of the visits by the elderly compared with 3 percent of the visits by persons under 65.

Data on the diagnosis associated with each ambulatory visit are shown in table 7 by classes of the *Eighth Revision International Classification of Diseases, Adapted for Use in the United*

States (ICDA).³ Although the diagnoses rendered to persons 65 years and over covered a broad spectrum of conditions, four of the ICDA classes accounted for more than half (53 percent) of all visits. These are shown in figure 1. Diseases of the circulatory system accounted for 1 out of every 4 visits by older persons compared with 1 out of every 15 visits for persons under 65 years.

³National Center for Health Statistics: *Eighth Revision International Classification of Diseases, Adapted for Use in the United States*. PHS Pub. No. 1693. Public Health Service, Washington, U.S. Government Printing Office, 1967.

Table 7. Number and percent distribution of office visits made by persons 65 years and over and percent distribution of office visits made by all persons by physician diagnoses in diagnostic groups: United States, 1975

ICDA group and code for diagnosis ¹	Office visit		
	65 years and over	65 years and over	Under 65 years
All diagnoses-----	93,061	100.0	² 100.0
Infective and parasitic diseases-----000-136	1,909	2.1	4.4
Neoplasms-----140-239	3,862	4.2	2.0
Endocrine, nutritional, and metabolic diseases-----240-279	5,895	6.3	3.9
Diseases of blood and blood forming organs-----280-289	1,809	1.9	0.6
Mental disorders-----290-315	2,353	2.5	4.8
Diseases of nervous system and sense organs-----320-389	8,709	9.4	7.6
Diseases of circulatory system-----390-458	24,134	25.9	6.8
Diseases of respiratory system-----460-519	7,776	8.4	15.3
Diseases of digestive system-----520-577	4,463	4.8	3.3
Diseases of genitourinary system-----580-629	5,074	5.5	6.9
Diseases of skin and subcutaneous tissue-----680-709	3,346	3.6	5.3
Diseases of musculoskeletal system and connective tissue-----710-738	8,647	9.3	5.1
Symptoms and ill-defined conditions--780-796	3,457	3.7	4.8
Accidents, poisoning, and violence---800-999	4,191	4.5	7.7
Special conditions and examinations without illness-----Y00-Y13	6,399	6.9	19.9
Diagnosis given as "none" or diagnosis unknown ³ -----	879	0.9	1.1
All other categories ⁴ -----	*157	0.2	0.7

¹Diagnostic groupings and codes are based on the Eighth Revision International Classification of Diseases, Adapted for Use in the United States.

²Based on an estimated 474,540,000 visits.

³Blank diagnosis; noncodable diagnosis; illegible diagnosis.

⁴280-289, Diseases of the blood and blood-forming organs; 630-678, Complications of pregnancy, childbirth, and the puerperium; 740-759, Congenital anomalies; 760-779, Certain causes of perinatal morbidity and mortality.

Figure 1. DIAGNOSES ACCOUNTING FOR 53 PERCENT OF VISITS TO OFFICE-BASED PHYSICIANS BY PERSONS 65 AND OVER: UNITED STATES, 1975

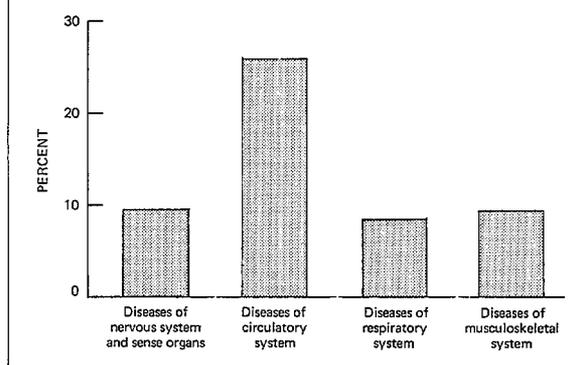


Table 8 contains more specific information on diagnoses, listing the 20 most frequent ICDA three-digit categories of the principal diagnosis given by the physician during visits made by per-

sons 65 years and over. The most frequently rendered diagnoses are essential benign hypertension, chronic ischemic heart disease, and diabetes mellitus, accounting for 20 percent of all the diagnoses. These diagnoses accounted for only 5 percent of the visits by persons under 65.

Table 9 presents data on the most frequent problems, complaints, or symptoms presented by persons 65 years and older to office-based physicians. These data reflect the reasons for seeking care in the patients' own words. The most frequent reasons given by older people for visiting office-based physicians were lower extremity problems, surgical aftercare, fatigue, back problems, and high blood pressure. Together these reasons accounted for 20 percent of all visits by persons 65 and over compared with 14 percent of the visits for persons in the age group under 65.

Table 8. Number, percent, and cumulative percent of office visits made by persons 65 years and over by the 20 most frequent ICDA three-digit categories of principal diagnosis: United States, 1975

20 most frequent diagnoses and ICDA codes ¹		Number of visits in thousands	Percent of visits	Cumulative percent
1.	Essential benign hypertension-----401	7,756	8.3	8.3
2.	Chronic ischemic heart disease-----412	6,988	7.5	15.8
3.	Diabetes mellitus-----250	4,195	4.5	20.3
4.	Medical and surgical aftercare-----Y10	3,883	4.2	24.5
5.	Osteoarthritis and allied conditions-----713	2,811	3.0	27.5
6.	Symptomatic heart disease-----427	2,128	2.3	29.8
7.	Arthritis, unspecified-----715	1,896	2.0	31.8
8.	Cataract-----374	1,424	1.5	33.3
9.	Medical or special exam-----Y00	1,341	1.4	34.7
10.	Neuroses-----300	1,336	1.4	36.1
11.	Glaucoma-----375	1,127	1.2	37.3
12.	Other and unspecified anemias-----285	1,113	1.2	38.5
13.	Emphysema-----492	1,108	1.2	39.7
14.	Other eczema and dermatitis-----692	1,091	1.2	40.9
15.	Synovitis, bursitis, and tenosynovitis-----731	989	1.1	42.0
16.	Arteriosclerosis-----440	983	1.1	43.1
17.	Acute upper respiratory infections of multiple or unspecified site-----465	952	1.0	44.1
18.	Other diseases of eye-----378	879	0.9	45.0
19.	Bronchitis, unqualified-----490	816	0.9	45.9
20.	Refractive errors-----370	774	0.8	46.7

¹Diagnostic categories and code numbers are based on the Eighth Revision International Classification of Diseases, Adapted for Use in the United States.

Table 9. Number, percent, and cumulative percent of office visits made by persons 65 years and over by the 20 most frequent patient problems: United States, 1975

20 most frequent patient problems and NAMCS codes ¹		Number of visits in thousands	Percent of visits	Cumulative percent
1.	Progress visits-----980,985	13,482	14.5	14.5
2.	Problems of lower extremity-----400	5,049	5.4	19.9
3.	Surgical aftercare-----986	3,939	4.2	24.1
4.	Fatigue-----004	3,875	4.2	28.3
5.	Problems of back-----415	2,795	3.0	31.3
6.	High blood pressure-----205	2,711	2.9	34.2
7.	Pain in chest-----322	2,653	2.9	37.1
8.	Abdominal pain-----540	2,570	2.8	39.9
9.	Vertigo-----069	2,464	2.7	42.6
10.	Shortness of breath-----306	2,453	2.6	45.2
11.	Problems of upper extremity-----405	2,056	2.2	47.4
12.	Vision dysfunction, except blindness-----701	1,883	2.0	49.4
13.	General physical examination-----900	1,759	1.9	51.3
14.	Visit for medication-----910	1,691	1.8	53.1
15.	Eye examination-----908	1,586	1.7	54.8
16.	Cough-----311	1,582	1.7	56.5
17.	Arthritis-rheumatism-----427	1,278	1.4	57.9
18.	Headache-----056	1,257	1.4	59.3
19.	Problems of face, neck-----410	1,157	1.2	60.5
20.	Diabetes mellitus-----991	1,107	1.2	61.7

¹Symptomatic categories and code number inclusions are based on a symptom classification developed for use in NAMCS.

SYMBOLS	
Data not available-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05-----	0.0
Figure does not meet standards of reliability or precision-----	*

TECHNICAL NOTES

SOURCE OF DATA: Data presented in this report were obtained during 1975 through the National Ambulatory Medical Care Survey (NAMCS). The target population of NAMCS encompasses office visits within the conterminous United States made by ambulatory patients to physicians who are principally engaged in office practice.

SAMPLE DESIGN: The 1975 NAMCS utilized a multistage probability design that involved samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within practices. Within the 87 PSU's composing the first stage of selection, a sample of approximately 3,500 physicians was selected from master files maintained by the American Medical Association and the American Osteopathic Association. Sampled physicians, randomly assigned to 1 of the 52 weeks in the survey year, were requested to complete Patient Records (brief encounter forms) for a systematic random sample of office visits taking place within their practice during the assigned reporting period. (A facsimile of the Patient Record used is shown in a previous issue of *Advance Data From Vital and Health Statistics*, No. 12, October 12, 1977.) Additional data concerning physician practice characteristics such as primary specialty and type of practice were obtained during an induction interview.

A complete description of the survey's background and development has been presented in an earlier publication in Series 2 of *Vital and Health Statistics* (No. 61. DHEW Pub. No. (HRA) 76-1335. Health Resources Administration. Washington. U.S. Government Printing Office, Apr. 1974). A detailed description of the 1975 NAMCS design and procedures will be presented in future publications.

SAMPLING ERRORS: Since the estimates for this report are based on a sample rather than the entire universe, they are subject to sampling variability. The standard error is primarily a measure of sampling variability. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percent of the estimate. Relative standard errors of selected aggregate

Table I. Approximate relative standard errors of estimated numbers of office visits

Estimate in thousands	Relative standard error in percentage points
500	30.1
1,000	21.4
2,000	15.3
5,000	10.0
10,000	7.5
30,000	5.1
100,000	4.0
550,000	3.5

Example of use of table: An aggregate of 80,000,000 has a relative standard error of 4.3 percent or a standard error of 3,440,000 (4.3 percent of 80,000,000).

Table II. Approximate standard errors of percentages for estimated numbers of office visits

Base of percentage (number of visits in thousands)	Estimated percentage					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
1,000	2.1	4.6	6.3	8.5	9.7	10.6
3,000	1.2	2.7	3.7	4.9	5.6	6.1
5,000	0.9	2.1	2.8	3.8	4.3	4.7
10,000	0.7	1.5	2.0	2.7	3.1	3.3
50,000	0.3	0.7	0.9	1.2	1.4	1.5
100,000	0.2	0.5	0.6	0.8	1.0	1.1
500,000	0.1	0.2	0.3	0.4	0.4	0.5

Example of use of table: An estimate of 30 percent based on an aggregate of 75,000,000 has a standard error of 1.2 percent. The relative standard error of 30 percent is 4.0 percent (1.2 percent ÷ 30 percent).

statistics are shown in table I. The standard errors appropriate for the estimated percentages of office visits are shown in table II.

ROUNDING: Aggregate estimates of office visits presented in the tables are rounded to the nearest thousand. The rates and percents, however, were calculated on the basis of original, unrounded figures. Due to rounding of percents, the sum of percentages may not equal 100.0 percent.

DEFINITIONS: An *ambulatory patient* is an individual presenting himself for personal health services who is neither bedridden nor currently admitted to any health care institution on the premises.

An *office* is a place that the physician identifies as a location for his ambulatory practice. Responsibility over time for patient care and professional services rendered there generally resides with the individual physician rather than an institution.

A *visit* is a direct personal exchange between an ambulatory patient and a physician or a staff member working under the physician's super-

vision for the purpose of seeking care and rendering health services.

A *physician* is a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) currently in practice who spends time in caring for ambulatory patients at an office location. Excluded from NAMCS are physicians who specialize in anesthesiology, pathology, radiology; physicians who are Federally employed; physicians who treat only institutionalized patients; physicians employed full time by an institution; and physicians who spend no time seeing ambulatory patients.

Recent Issues of *Advance Data From Vital and Health Statistics*

No. 21. Selected Findings of Dietary Food Consumption Profiles of Persons 1-74 Years of Age in the United States, 1971-74 (In preparation)

No. 20. Office Visits to Obstetrician-Gynecologists: National Ambulatory Medical Care Survey, United States, 1975 (Issued: March 13, 1978)

No. 19. Exercise and Participation in Sports Among Persons 20 Years of Age and Over: United States, 1975 (Issued: March 15, 1978)

No. 18. Episodes of Persons Injured: United States, 1975 (Issued: March 7, 1978)

No. 17. Access to Ambulatory Health Care: United States, 1974 (Issued: February 23, 1978)

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