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Office Visits to Dermatologists: National Ambulatory Medical Care Survey, United States, 1975-76¹

This report presents data on office visits to dermatologists practicing in the coterminous United States. The data presented were collected during 1975 and 1976 by means of the National Ambulatory Medical Care Survey (NAMCS), a continuous survey designed to explore the provision and utilization of ambulatory medical care in physicians' offices and conducted by the National Center for Health Statistics. The survey sample of physicians was selected from non-federally employed doctors of medicine and osteopathy who are primarily engaged in office-based patient-care practice. It excludes physicians practicing in Alaska and Hawaii and physicians whose specialty is anesthesiology, pathology, or radiology.

The estimates are based on information obtained from the "Patient Record" (figure 1), an encounter form used by participating physicians to record selected information about their office visits. A brief description of the sample design and an explanation of sampling errors associated with the estimates may be found in the "Technical Notes" of this report. A more detailed description of the sample design used in NAMCS has been presented in an earlier report.²

¹This report was prepared by Trena Ezzati, Division of Health Resources Utilization Statistics.

²National Center for Health Statistics: The National Ambulatory Medical Care Survey: 1975 summary, United States, January-December 1975, by H. Koch and T. McLemore. *Vital and Health Statistics*. Series 13-No. 33. DHEW Pub. No. (PHS) 78-1784. Public Health Service, Washington, U.S. Government Printing Office, Jan. 1978.

DATA HIGHLIGHTS

During the 24-month period of January 1975 through December 1976 an estimated 35.7 million visits were made to office-based physicians specializing in dermatology (table 1). This represents 3.1 percent of the estimated 1.2 billion ambulatory visits to physicians' offices during this period.

Of the estimated 35.7 million visits to dermatologists from January 1975 through December 1976, approximately two-thirds (67 percent) were made to physicians engaged in solo practice (table 2). This exceeded the proportion of visits made to all physicians in solo practice (60 percent). Table 2 also shows that visits to dermatologists located in metropolitan areas (86 percent) exceeded the proportion to those practicing in nonmetropolitan areas (14 percent).

The data in table 3 show that the proportion of visits to dermatologists made by females (60 percent) exceeded the proportion made by males (40 percent). This distribution by sex is the same for visits to all office-based physicians. The distribution of visits to dermatologists (table 3) by age of patient shows that approximately 40 percent of the visits were made by persons under 25 years of age. The visit rate per 100 persons per year varied from a low of 3.6 for persons under 15 years to a high of 13.7 for persons aged 15-24 years. It may be noted from table 3 that the proportion of visits by black persons to dermatologists (5 percent) was less than the proportion made by black persons to all physicians (8 percent).

Figure 1. PATIENT RECORD

ASSURANCE OF CONFIDENTIALITY—All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to other persons or used for any other purpose.						BN ^o
PATIENT RECORD NATIONAL AMBULATORY MEDICAL CARE SURVEY						
1. DATE OF VISIT <i>Mo / Day / Yr</i>		4. COLOR OR RACE 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> NEGRO/BLACK 3 <input type="checkbox"/> OTHER 4 <input type="checkbox"/> UNKNOWN		5. PATIENT'S PRINCIPAL PROBLEM(S) COMPLAINT(S), OR SYMPTOM(S) THIS VISIT <i>(In patient's own words)</i> a. MOST IMPORTANT _____ b. OTHER _____		6. SERIOUSNESS OF PROBLEM IN ITEM 5a <i>(Check one)</i> 1 <input type="checkbox"/> VERY SERIOUS 2 <input type="checkbox"/> SERIOUS 3 <input type="checkbox"/> SLIGHTLY SERIOUS 4 <input type="checkbox"/> NOT SERIOUS
2. DATE OF BIRTH <i>Mo / Day / Yr</i>		3. SEX 1 <input type="checkbox"/> FEMALE 2 <input type="checkbox"/> MALE		7. HAVE YOU EVER SEEN THIS PATIENT BEFORE? <i>If YES, for the problem indicated in ITEM 5a?</i> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO		
8. MAJOR REASON(S) FOR THIS VISIT <i>(Check all major reasons)</i> 1 <input type="checkbox"/> ACUTE PROBLEM 2 <input type="checkbox"/> ACUTE PROBLEM, FOLLOW-UP 3 <input type="checkbox"/> CHRONIC PROBLEM, ROUTINE 4 <input type="checkbox"/> CHRONIC PROBLEM, FLARE-UP 5 <input type="checkbox"/> PRENATAL CARE 6 <input type="checkbox"/> POSTNATAL CARE 7 <input type="checkbox"/> POSTOPERATIVE CARE <i>(Operative procedure)</i> 8 <input type="checkbox"/> WELL ADULT/CHILD EXAM 9 <input type="checkbox"/> FAMILY PLANNING 10 <input type="checkbox"/> COUNSELING/ADVICE 11 <input type="checkbox"/> IMMUNIZATION 12 <input type="checkbox"/> REFERRED BY OTHER PHYS/AGENCY 13 <input type="checkbox"/> ADMINISTRATIVE PURPOSE 14 <input type="checkbox"/> OTHER <i>(Specify)</i> _____				9. PHYSICIAN'S PRINCIPAL DIAGNOSIS THIS VISIT a. DIAGNOSIS ASSOCIATED WITH ITEM 5a ENTRY _____ _____ _____ b. OTHER SIGNIFICANT CURRENT DIAGNOSES <i>(In order of importance)</i> _____ _____		
10. DIAGNOSTIC/THERAPEUTIC SERVICES ORDERED/PROVIDED THIS VISIT <i>(Check all that apply)</i> 01 <input type="checkbox"/> NONE 02 <input type="checkbox"/> LIMITED HISTORY/EXAM 03 <input type="checkbox"/> GENERAL HISTORY/EXAM 04 <input type="checkbox"/> CLINICAL LAB. TEST 05 <input type="checkbox"/> BLOOD PRESSURE CHECK 06 <input type="checkbox"/> EKG 07 <input type="checkbox"/> HEARING TEST 08 <input type="checkbox"/> VISION TEST 09 <input type="checkbox"/> ENDOSCOPY 10 <input type="checkbox"/> OFFICE SURGERY 11 <input type="checkbox"/> DRUG PRESCRIBED 12 <input type="checkbox"/> X-RAY 13 <input type="checkbox"/> INJECTION 14 <input type="checkbox"/> IMMUNIZATION/DESENSITIZATION 15 <input type="checkbox"/> PHYSIOTHERAPY 16 <input type="checkbox"/> MEDICAL COUNSELING 17 <input type="checkbox"/> PSYCHOTHERAPY/THERAPEUTIC LISTENING 18 <input type="checkbox"/> OTHER <i>(Specify)</i> _____				11. DISPOSITION THIS VISIT <i>(Check all that apply)</i> 1 <input type="checkbox"/> NO FOLLOW-UP PLANNED 2 <input type="checkbox"/> RETURN AT SPECIFIED TIME 3 <input type="checkbox"/> RETURN IF NEEDED, P.R.N. 4 <input type="checkbox"/> TELEPHONE FOLLOW-UP PLANNED 5 <input type="checkbox"/> REFERRED TO OTHER PHYSICIAN/AGENCY 6 <input type="checkbox"/> RETURNED TO REFERRING PHYSICIAN 7 <input type="checkbox"/> ADMIT TO HOSPITAL 8 <input type="checkbox"/> OTHER <i>(Specify)</i> _____		12. DURATION OF THIS VISIT <i>(Time actually spent with physician)</i> _____ MINUTES

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Data concerning the patient's prior visit status (table 3) show that 74 percent of the visits to dermatologists were made by old returning patients and 26 percent by new patients. Furthermore, the percent of visits by new patients to dermatologists (26 percent) was proportionately higher than such visits to all physicians (15 percent).

Table 4 presents the most common patient problems, complaints, or symptoms presented to the dermatologist. The patients' problems, complaints, or symptoms are coded according to a special classification developed for use in

NAMCS.³ The nine problems, complaints, or symptoms presented in table 4 accounted for 84 percent of all problems presented to the dermatologist. Visits for acne (24 percent) out-

³National Center for Health Statistics: The National Ambulatory Medical Care Survey: symptom classification, United States, by S. Meads and T. McLemore. *Vital and Health Statistics*, Series 2-No. 63. DHEW Pub. No. (HRA) 74-1337. Health Resources Administration, Washington. U.S. Government Printing Office, May 1974.

numbered visits to the dermatologist for any other problem.

Information on the physician's judgment of the seriousness of the patient's problem, complaint, or symptom (in terms of the extent of impairment that might result if care were not available) is presented in table 5. Compared with visits to all physicians, the percent of visits to dermatologists for "not serious" problems was proportionately higher (55 percent compared with 49 percent), and the percent for "serious or very serious" was proportionately lower (12 percent compared with 19 percent).

Tables 6 and 7 present information on the principal diagnosis associated with office visits to dermatologists. In table 6 the diagnostic data are grouped by the classes used in the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA)*.⁴ As might be predicted, the majority (63 percent) of diagnoses rendered by the dermatologist fell into the category of diseases of the skin and subcutaneous tissue. An additional 17 percent of the visits were for infective and parasitic diseases. Table 7 provides a listing of the 11 specific diagnoses most commonly rendered by the dermatologist. These 11 diagnoses accounted

for approximately 72 percent of all diagnoses rendered by the dermatologist.

Information in table 8 shows that the most frequent diagnostic service ordered or provided by the dermatologist was the limited examination (48 percent). This percentage did not differ statistically from the corresponding statistic for all physicians (52 percent). The two therapeutic services most frequently ordered or provided by the dermatologist were drugs prescribed (55 percent) and office surgery (31 percent). The percentages for these two services were both higher than the overall percentages for all physicians (44 and 7 percent, respectively).

Data on disposition (table 8) show that less than 1 in 10 (9 percent) of the visits required no followup and that approximately two-thirds of the visits were scheduled for followup.

Duration of the visit represents the amount of time spent by the patient in face-to-face contact with the physician. From table 8 it may be noted that over one-half (58 percent) of the visits to dermatologists took less than 11 minutes. The mean duration of visits for office visits to dermatologists was approximately 12 minutes. This was significantly less than the estimated mean duration of 15 minutes for all physicians.

⁴National 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 1. Number and percent distribution of office visits by physician specialty: United States, 1975-76

Physician specialty	Number of visits in thousands	Percent distribution
All specialties	1,155,900	100.0
General and family practice	460,297	39.8
Internal medicine	130,367	11.3
Pediatrics	107,085	9.3
Obstetrics and gynecology	97,070	8.4
General surgery	77,259	6.7
Orthopedic surgery	47,152	4.1
Dermatology	35,721	3.1
All other	200,949	17.4

Table 2. Number and percent distribution of office visits to dermatologists and percent distribution of office visits to all specialists by type and location of physician's practice: United States, 1975-76

Type and location of physician's practice	Visits to dermatologists		Visits to all specialists
	Number in thousands	Percent distribution	
All visits	35,721	100.0	100.0
<u>Type of practice</u>			
Solo	23,902	66.9	60.0
Partner	3,189	8.9	17.1
Group	8,630	24.2	22.9
<u>Location of practice</u>			
Metropolitan	30,588	85.6	73.3
Nonmetropolitan	5,133	14.4	26.7

Table 3. Number, percent distribution, and rate per year of office visits to dermatologists and percent distribution of office visits to all specialists by patient's age, sex, race, and prior visit status: United States, 1975-76

Patient characteristic	Visits to dermatologists			Visits to all specialists
	Number in thousands	Percent distribution	Number per 100 persons per year	Percent distribution
All visits	35,721	100.0	8.6	100.0
<u>Age</u>				
Under 15 years	3,792	10.6	3.6	18.1
15-24 years	10,583	29.6	13.7	15.1
25-44 years	8,954	25.1	8.5	25.5
45-64 years	7,881	22.1	9.2	25.1
65 years and over	4,511	12.6	10.5	16.2
<u>Sex</u>				
Female	21,369	59.8	9.9	60.4
Male	14,352	40.2	7.1	39.6
<u>Race</u>				
White	33,576	94.0	9.3	89.9
Black	1,813	5.1	3.9	7.8
Other	*332	0.9		2.3
<u>Prior visit status</u>				
New patient	9,229	25.8	-	14.6
Old patient:				
New problem	4,214	11.8	-	23.2
Old problem	22,279	62.4	-	62.3

Table 4. Number, percent, and cumulative percent of office visits to dermatologists by the 9 most common patient problems, complaints, or symptoms: United States, 1975-76

Rank	9 most common patient problems, complaints, or symptoms and NAMCS codes ¹	Number of visits in thousands	Percent of visits ²	Cumulative percent of visits
1	Acne100	8,431	23.6	23.6
2	Allergic skin reactions.....112	5,712	16.0	39.6
3	Other specific symptoms referable to skin.....120	3,930	11.0	50.6
4	Swelling or mass of skin.....115	3,497	9.8	60.4
5	Warts.....111	3,002	8.4	68.8
6	Skin irritations not elsewhere classified.....113	2,118	5.9	74.7
7	Discoloration or pigmentation104	1,871	5.2	79.9
8	Skin moles109	818	2.3	82.2
9	Surgical aftercare986	640	1.8	84.0

¹Symptom titles and code numbers are based on a symptom classification developed for use in NAMCS.

²Based on an estimated 35,721,000 visits.

Table 5. Number and percent distribution of office visits to dermatologists and percent distribution of office visits to all specialists by degree of seriousness of patient's problem: United States, 1975-76

Degree of seriousness	Visits to dermatologists		Visits to all specialists
	Number in thousands	Percent distribution	
All visits.....	35,721	100.0	100.0
Serious or very serious	4,152	11.6	19.2
Slightly serious	11,869	33.2	32.3
Not serious	19,701	55.2	48.5

NOTE: Numbers may not add to totals due to rounding.

Table 6. Number and percent distribution of office visits to dermatologists by major ICDA diagnostic groups: United States, 1975-76

Major ICDA diagnostic group and ICDA code ¹	Number of visits in thousands	Percent of visits
All visits.....	35,721	100.0
Infective and parasitic diseases.....000-136	5,898	16.5
Neoplasms.....140-239	3,743	10.5
Diseases of the respiratory system.....460-519	*553	1.6
Diseases of the skin and subcutaneous tissue.....680-709	22,546	63.1
Symptoms and ill-defined conditions.....780-796	*566	1.6
All other diagnoses	2,415	6.8

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

Table 7. Number, percent, and cumulative percent of office visits to dermatologists by 11 most common principal diagnoses: United States, 1975-76

Rank	11 most common principal diagnoses and ICDA codes ¹	Number of visits in thousands	Percent of visits ²	Cumulative percent of visits
1	Diseases of sebaceous glands.....706	9,598	26.9	26.9
2	Other eczema and dermatitis.....692	3,701	10.4	37.3
3	Other viral diseases.....079	3,098	8.7	46.0
4	Other hypertrophic and atrophic conditions of skin.....701	1,965	5.5	51.5
5	Other malignant neoplasm.....173	1,737	4.9	56.4
6	Psoriasis and similar disorders.....696	1,372	3.8	60.2
7	Benign neoplasm of skin.....216	1,198	3.4	63.6
8	Pruitus and related conditions.....698	820	2.3	65.9
9	Dermatophytosis.....110	782	2.2	68.1
10	Seborrheic dermatitis.....690	743	2.1	70.2
11	Other diseases of skin.....709	727	2.0	72.2

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

²Based on an estimated 35,721,000 visits.

Table 8. Number and percent of office visits to dermatologists and percent of office visits to all specialists by services ordered or provided, and disposition and duration of visit: United States, 1975-76

Service ordered or provided and disposition and duration of visit	Visits to dermatologists		Visits to all specialists
	Number in thousands	Percent of visits	
<u>Service ordered or provided</u>			
No service.....	1,234	3.5	2.5
Diagnostic service (selected services):			
Limited history and/or examination.....	17,108	47.9	51.6
General history and/or examination.....	1,493	4.2	16.3
Clinical laboratory test.....	1,755	4.9	22.8
X-ray.....	*336	0.9	7.5
Blood pressure check.....	*377	1.1	33.2
Therapeutic service (selected services):			
Drug prescribed.....	19,625	54.9	43.6
Injection.....	2,095	5.9	13.1
Immunization and/or desensitization.....	892	2.5	4.9
Office surgery.....	11,128	31.2	6.9
Physiotherapy.....	2,321	6.5	2.6
Medical counseling.....	4,874	13.6	13.0
<u>Disposition of visit (selected actions)</u>			
No followup.....	3,359	9.4	12.3
Return at a specified time.....	23,812	66.7	60.2
Return if needed.....	7,397	20.7	21.9
Telephone followup.....	838	2.4	3.5
Referred to other physician, agency.....	*346	1.0	2.8
<u>Duration of visit</u>			
0 minutes ¹	1,058	3.0	1.8
1-5 minutes.....	6,160	17.3	15.1
6-10 minutes.....	14,481	40.5	31.5
11-15 minutes.....	9,876	27.7	26.6
16-30 minutes.....	3,899	10.9	19.5
31 minutes or more.....	*248	0.7	5.5

¹Represents no face-to-face contact between the patient and the physician.

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: The information presented in this report is based on data collected in the National Ambulatory Medical Care Survey (NAMCS) during 1975 and 1976. The target population of NAMCS encompasses office visits within the conterminous United States made by ambulatory patients to non-Federal physicians who are principally engaged in office practice and not in the specialties of anesthesiology, pathology or radiology. The National Opinion Research Center, under contract to the National Center for Health Statistics, was the organization responsible for the survey's field operations and data processing.

SAMPLE DESIGN: NAMCS utilizes a multistage probability design that involves samples of primary sampling units (PSU's), physician practices within PSU's, and patient visits within practices. Each year a sample of practicing physicians is selected from masterfiles maintained by the American Medical Association and American Osteopathic Association. The 1975 and 1976 NAMCS samples included 110 dermatologists, of whom 8 were found not eligible for participation at the time of the survey. Of the 102 dermatologists who were eligible for participation in NAMCS, 81 (79.4 percent) participated in the survey. The sample physicians are requested to complete Patient Records⁵ (brief encounter forms) for a systematic random sample of office visits taking place within their practice during a randomly assigned weekly reporting period. The number of Patient Records completed by sample dermatologists was 2,665 for the 2-year period.

Characteristics of the physician's practice such as primary specialty and type of practice are obtained during an induction interview.

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 esti-

mate. Relative standard errors of selected aggregate statistics are shown in table I. The standard errors appropriate for estimated percentages of visits are shown in table II.

Table I. Approximate relative standard errors of estimated numbers of office visits, NAMCS, 1975-76

Estimated number of office visits in thousands	Relative standard error in percent
600.....	30.2
1,000.....	23.5
2,000.....	16.7
4,000.....	12.0
10,000.....	8.0
40,000.....	4.8
200,000.....	3.4
1,000,000.....	3.1

Example of use of table: An aggregate estimate of 25,000,000 visits has a relative standard error of 6.4 percent or a standard error of 1,600,000 visits (6.4 percent of 25,000,000).

Table II. Approximate standard errors of percentages of estimated numbers of office visits, NAMCS, 1975-76

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
	Standard error in percentage points					
600.....	3.0	6.5	9.0	12.0	13.8	15.0
1,000.....	2.3	5.1	7.0	9.3	10.7	11.6
2,000.....	1.6	3.6	4.9	6.6	7.5	8.2
4,000.....	1.2	2.5	3.5	4.7	5.3	5.8
10,000.....	0.7	1.6	2.2	2.9	3.4	3.7
40,000.....	0.4	0.8	1.1	1.5	1.7	1.8
200,000.....	0.2	0.4	0.5	0.7	0.8	0.8
1,000,000.....	0.1	0.2	0.2	0.3	0.3	0.4

Example of use of table: An estimate of 20 percent based on an aggregate estimate of 80,000,000 visits has a standard error of 1.3 percent. The relative standard error of 20 percent is 6.5 percent (1.3 percent ÷ 20 percent).

DEFINITIONS: An *ambulatory patient* is an individual presenting himself or herself 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 or her ambulatory practice. Responsibility over time for patient care and professional services rendered there generally resides with the individual physician rather than an institution.

⁵See figure 1.

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

A *physician* is a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) currently in office-based practice who spends time in caring for ambulatory patients. Excluded

from NAMCS are physicians who are hospital based; physicians who specialize in anesthesiology, pathology, or 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.

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