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1980 Summary: National Ambulatory Medical Care Survey

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During 1980 an estimated 575.7 million office visits were made to nonfederally employed, office-based physicians in the conterminous United States, an average of 2.7 office visits per person per year. These and other estimates presented in this report are based on data collected in the 1980 National Ambulatory Medical Care Survey, a probability sample survey conducted annually by the Division of Health Care Statistics of the National Center for Health Statistics. The physician sample for the National Ambulatory Medical Care Survey (NAMCS) is selected, with the cooperation of the American Medical Association and the American Osteopathic Association, from a list of nonfederally employed physicians who are principally engaged in office-based practice. Physicians practicing in Alaska and Hawaii, and physicians in the specialties of anesthesiology, pathology, and radiology are excluded from the survey.

This report provides an overview of the data from the 1980 NAMCS. Utilization of office-based ambulatory medical care services is described in terms of the number and percent of office visits and of annual visit rates. Utilization statistics are presented on patient, physician, and visit characteristics as follows:

Table 1	Patient sex and age
Table 2	Patient race and ethnicity
Table 3	Physician specialty and type of practice
Tables 4 and 5	Principal reason for visit as expressed by the patient
Table 6	Major reason for visit, prior visit status, and referral status
Table 7	Diagnostic services ordered or provided
Tables 8 and 9	Principal diagnosis rendered by the physician
Tables 10 and 11	Medication therapy ordered or provided
Table 12	Non-medication therapy

Table 13 Disposition and duration of visit

Since the estimates presented in this report are based on a sample rather than on the entire universe of office visits, the data are subject to sampling variability. The technical notes at the end of this report provide a brief description of the sample design, an explanation of sampling errors, and guidelines for judging the precision of the estimates. A more detailed description of the NAMCS sample design and survey methodology has been published.¹

Figure 1 is a facsimile of the 1980 NAMCS Patient Record used by participating physicians to record information about their office visits. The Patient Record can be a useful reference as survey findings are reviewed.

Data highlights

Patient characteristics

Office visit data according to patient demographic characteristics are presented in tables 1 and 2. As shown in table 1, the annual visit rate for 1980 varied from 2.1 visits per person per year for the 15-24 year age group to 4.2 visits per person per year for the 65 years and over age group. Females accounted for about 60 percent of all visits. The annual visit rate for females (3.1 visits per person per year) was higher than the visit rate for males (2.2 visits per person per year). White persons accounted for approximately 90 percent of all office visits (table 2). As also shown in table 2, persons of Hispanic origin accounted for 5 percent of all visits.

¹National Center for Health Statistics: The National Ambulatory Medical Care Survey, 1977 Summary, United States, January-December 1977, by T. Ezzati and T. McLemore. *Vital and Health Statistics*. Series 13-No. 44. DHEW Pub No. (PHS) 80-1795, Public Health Service, Washington. U.S. Government Printing Office, Apr. 1980.

ASSURANCE OF CONFIDENTIALITY—All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to other persons or used for any other purpose.		Department of Health, Education, and Welfare Public Health Service Office of Health Research, Statistics, and Technology National Center for Health Statistics		A No. 003904	
PATIENT RECORD NATIONAL AMBULATORY MEDICAL CARE SURVEY					
1. DATE OF VISIT _____ / _____ / _____ <small>Month Day Year</small>					
2. DATE OF BIRTH _____ / _____ / _____ <small>Month Day Year</small>		3. SEX 1 <input type="checkbox"/> FEMALE 2 <input type="checkbox"/> MALE		4. COLOR OR RACE 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> ASIAN/PACIFIC ISLANDER 4 <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE	
		5. ETHNICITY 1 <input type="checkbox"/> HISPANIC ORIGIN 2 <input type="checkbox"/> NOT HISPANIC		6. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT [In patient's own words] a. MOST IMPORTANT _____ b. OTHER _____	
7. MAJOR REASON FOR THIS VISIT [Check one] 1 <input type="checkbox"/> ACUTE PROBLEM 2 <input type="checkbox"/> CHRONIC PROBLEM, ROUTINE 3 <input type="checkbox"/> CHRONIC PROBLEM, FLAREUP 4 <input type="checkbox"/> POST SURGERY/POST INJURY 5 <input type="checkbox"/> NON-ILLNESS CARE (ROUTINE PRENATAL, GENERAL EXAM, WELL BABY, ETC.)		8. DIAGNOSTIC SERVICES THIS VISIT [Check all ordered or provided] 1 <input type="checkbox"/> NONE 2 <input type="checkbox"/> LIMITED HISTORY/EXAM. 3 <input type="checkbox"/> GENERAL HISTORY/EXAM. 4 <input type="checkbox"/> PAP TEST 5 <input type="checkbox"/> CLINICAL LAB TEST 6 <input type="checkbox"/> X-RAY 7 <input type="checkbox"/> BLOOD PRESSURE CHECK 8 <input type="checkbox"/> EKG 9 <input type="checkbox"/> VISION TEST 10 <input type="checkbox"/> ENDOSCOPY 11 <input type="checkbox"/> MENTAL STATUS EXAM. 12 <input type="checkbox"/> OTHER (Specify) _____		9. PHYSICIAN'S DIAGNOSES a. PRINCIPAL DIAGNOSIS/PROBLEM ASSOCIATED WITH ITEM 6a. _____ b. OTHER SIGNIFICANT CURRENT DIAGNOSES _____	
10. HAVE YOU SEEN PATIENT BEFORE? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO IF YES, FOR THE CONDITION IN ITEM 9a? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO		11. MEDICATION THERAPY THIS VISIT <input type="checkbox"/> NONE <i>[Using brand or generic names, record all new and continued medications ordered, injected, administered, or otherwise provided at this visit. Include immunizing and desensitizing agents]</i> a. FOR PRINCIPAL DIAGNOSES IN ITEM 9a. 1. _____ 2. _____ 3. _____ 4. _____ b. FOR ALL OTHER REASONS. 1. _____ 2. _____ 3. _____ 4. _____			
12. NON-MEDICATION THERAPY [Check all services ordered or provided this visit] 1 <input type="checkbox"/> NONE 2 <input type="checkbox"/> PHYSIOTHERAPY 3 <input type="checkbox"/> OFFICE SURGERY 4 <input type="checkbox"/> FAMILY PLANNING 5 <input type="checkbox"/> PSYCHOTHERAPY/THERAPEUTIC LISTENING 6 <input type="checkbox"/> DIET COUNSELING 7 <input type="checkbox"/> FAMILY/SOCIAL COUNSELING 8 <input type="checkbox"/> MEDICAL COUNSELING 9 <input type="checkbox"/> OTHER (Specify) _____		13. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO		14. DISPOSITION THIS VISIT [Check all that apply] 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 6 <input type="checkbox"/> RETURNED TO REFERRING PHYSICIAN 7 <input type="checkbox"/> ADMIT TO HOSPITAL 8 <input type="checkbox"/> OTHER (Specify) _____	
				15. DURATION OF THIS VISIT [Time actually spent with physician] _____ Minutes	
PHS-6105-A (9/79)		OMB No. 68-R1498			

Figure 1. 1980 National Ambulatory Medical Care Survey Patient Record

Physician characteristics

Among office-based physicians, general and family practitioners led all other specialties in volume of office visits, accounting for one-third of all office visits made during 1980 (table 3). The distribution of visits by the physician's type of practice shows that 55 percent of all visits were made to solo practitioners and 45 percent were made to physicians engaged in multiple member practice.

Visit characteristics

Reason for visit.—Data in tables 4 and 5 represent the principal reason for visiting the physician's

office as expressed in the patient's own words. The principal reason for visit is the problem, complaint, or reason listed first in item 6 of the Patient Record. These data have been classified and coded according to the *Reason for Visit Classification for Ambulatory Care*.² As shown in table 4, reasons falling into the Symptom Module accounted for over half of all visits, with symptoms of the respiratory and musculoskeletal systems accounting for about 19 percent

²National Center for Health Statistics: A Reason for Visit Classification for Ambulatory Care, by D. Schneider, L. Appleton, and T. McLemore. *Vital and Health Statistics*. Series 2-No. 78. DHEW Pub. No. (PHS) 79-1352. Public Health Service. Washington. U.S. Government Printing Office, Feb. 1979.

Table 1. Number, percent distribution, and annual rate of office visits by sex and age of patient: United States, 1980

Sex and age	Number of visits in thousands	Percent distribution of visits	Number of visits per person per year ¹
Both sexes			
All ages	575,745	100.0	2.7
Under 15 years	109,356	19.0	2.2
15-24 years	81,561	14.2	2.1
25-44 years	154,695	26.9	2.6
45-64 years	129,645	22.5	3.0
65 years and over	100,488	17.5	4.2
Female			
All ages	346,106	60.1	3.1
Under 15 years	50,503	8.8	2.1
15-24 years	54,879	9.5	2.7
25-44 years	103,562	18.0	3.3
45-64 years	76,385	13.3	3.4
65 years and over	60,777	10.6	4.3
Male			
All ages	229,639	39.9	2.2
Under 15 years	58,852	10.2	2.3
15-24 years	26,682	4.6	1.4
25-44 years	51,134	8.9	1.8
45-64 years	53,260	9.3	2.6
65 years and over	39,712	6.9	4.0

ates are based on estimates of the civilian noninstitutionalized population of the United States, excluding Alaska and Hawaii, as of July 1, 1980.

Table 2. Number and percent distribution of office visits by race and ethnicity of patient: United States, 1980

Race and ethnicity	Number of visits in thousands	Percent distribution
All visits	575,745	100.0
Race		
White	516,616	89.7
All other	59,129	10.3
Black	52,872	9.2
Asian or Pacific Islander	4,133	0.7
American Indian or Alaskan native	2,124	0.4
Ethnicity		
Hispanic	28,720	5.0
Not Hispanic	547,025	95.0

all visits. The 20 most common principal reasons for visit are listed in table 5. The reader is cautioned that the rankings presented in table 5 may be somewhat artificial because some estimates may not be statistically different from other near estimates due to sampling variability. Detailed tabulations of reason

Table 3. Number and percent distribution of office visits by physician specialty and type of practice: United States, 1980

Physician specialty and type of practice	Number of visits in thousands	Percent distribution
All visits	575,745	100.0
Physician specialty		
General and family practice	191,744	33.3
Medical specialties	177,127	30.8
Internal medicine	69,481	12.1
Pediatrics	64,223	11.2
Other	43,423	7.5
Surgical specialties	172,524	30.0
General surgery	28,315	4.9
Obstetrics and gynecology	55,123	9.6
Other	89,086	15.5
Other specialties	34,350	6.0
Psychiatry	15,856	2.8
Other	18,494	3.2
Type of practice		
Solo	313,963	54.5
Partnership	123,643	21.5
Other ¹	138,140	24.0

¹Includes group practice and other.

for visit data from the 1977-78 NAMCS are in *Vital and Health Statistics*, Series 13, Number 56.³

Table 6 shows the number and percent distribution of office visits by major reason for visit, patient's prior visit status, and referral status.

Major reason for visit.—In item 7 of the Patient Record, the physician was instructed to check the one major reason for the patient's office visit. Approximately equal proportions of visits were made for acute problems and chronic problems (36 percent and 37 percent, respectively).

Prior visit status.—Approximately 85 percent of the visits to office-based physicians were by patients who had seen the physician before ("old" patients). Furthermore, the majority of visits (63 percent) were made by "old" patients with an "old" problem, i.e., problems which had previously been treated by the physician.

Referral status.—Approximately 4 percent of all visits were the result of referrals from another physician. However, about 26 percent of all "new" patient visits were referrals.

Diagnostic services.—Information on various diagnostic services that may be ordered or provided during an office visit is presented in table 7. A limited

³National Center for Health Statistics: Patients' Reasons for Physician Visits, NAMCS, U.S. 1977-78, by B. Cypress. *Vital and Health Statistics*. Series 13-No. 56. DHEW Pub. No. (PHS) 82-1717. Public Health Service. Washington. U.S. Government Printing Office, In press.

Table 4. Number and percent distribution of office visits by patient's principal reason for visit: United States, 1980

Principal reason for visit and RVC code ¹	Number of visits in thousands	Percent distribution
All visits	575,745	100.0
Symptom module S001-S999	313,162	54.4
General symptoms S001-S099	43,730	7.6
Symptoms referable to psychological and mental disorders S100-S199	15,529	2.7
Symptoms referable to nervous system (excluding sense organs) S200-S259	17,449	3.0
Symptoms referable to the cardiovascular and lymphatic systems S260-S299	3,336	0.6
Symptoms referable to the eyes and ears S300-S399	33,360	5.8
Symptoms referable to the respiratory system S400-S499	54,710	9.5
Symptoms referable to the digestive system S500-S639	26,011	4.5
Symptoms referable to the genitourinary system S640-S829	26,475	4.6
Symptoms referable to the skin, nails, and hair S830-S899	38,330	6.7
Symptoms referable to the musculoskeletal system S900-S999	54,233	9.4
Disease module D001-D999	46,279	8.0
Diagnostic, screening, and preventive module X100-X599	112,726	19.6
Treatment module T100-T899	59,110	10.3
Injuries and adverse effects module J001-J999	23,151	4.0
Test results module R100-R700	2,601	0.5
Administrative module A100-A140	8,830	1.5
Other ² U990-U999	9,887	1.7

¹Based on "A Reason for Visit Classification for Ambulatory Care," *Vital and Health Statistics*, Series 2-No. 78, Feb. 1979

²Includes blanks, problems and complaints not elsewhere classified, entries of "none," and illegible entries.

history or examination was rendered at 64 percent of all visits. The procedures ordered or provided most often were blood pressure checks (34 percent) and clinical laboratory tests (22 percent). Although a Pap test was ordered or provided during about 4 percent of all visits, this represents about 7 percent of the visits by women.

Principal diagnosis.—Tables 8 and 9 present data on the principal diagnosis rendered by the physician. The principal diagnosis refers to the first-listed diagnosis in item 9 on the Patient Record, the one associated with the patient's presenting problem. The *International Classification of Diseases-9-Clinical Modification (ICD-9-CM)*⁴ was used to classify these

⁴Commission on Professional and Hospital Activities: *International Classification of Diseases, 9th Revision, Clinical Modification*. Ann Arbor. Edwards Brothers, Inc., 1978.

Table 5. Number and percent of office visits, by the 20 most common principal reasons for visit: United States, 1980

Rank	Most common principal reason for visit and RVC code ¹	Number of visits in thousands	Percent
1	General medical examination X100	33,853	5.9
2	Prenatal examination X205	25,347	4.4
3	Postoperative visit T205	16,573	2.9
4	Progress visit not otherwise specified T800	14,392	2.5
5	Symptoms referable to the throat S455	14,337	2.5
6	Cough S440	13,233	2.3
7	Back symptoms S905	9,948	1.7
8	Well-baby examination X105	9,936	1.7
9	Skin rash S860	9,625	1.7
10	Head cold, upper respiratory infection S445	9,535	1.7
11	Fever S010	9,499	1.6
12	Earache, or ear infection S355	9,470	1.6
13	Blood pressure test X320	9,354	1.6
14	Headache, pain in head S210	8,279	1.4
15	Abdominal pain, cramps, spasms . . S550	8,250	1.4
16	Chest pain and related symptoms . . S050	7,910	1.4
17	Acne or pimples S830	7,643	1.3
18	Hypertension D510	6,813	1.2
19	Vision dysfunctions S305	6,659	1.2
20	Eye examination X230	6,543	1.1
	All other reasons	338,547	58.8

¹Based on "A Reason for Visit Classification for Ambulatory Care (RVC) *Vital and Health Statistics*, Series 2-No. 78, Feb. 1979.

Table 6. Number and percent distribution of office visits by patient's major reason for visit, prior visit status, and referral status: United States, 1980

Visit characteristic	Number of visits in thousands	Percent distribution
All visits	575,745	100.0
Major reason for visit		
Acute problem	208,428	36.2
Chronic problem, routine	162,075	28.2
Chronic problem, flareup	52,703	9.2
Postsurgery or postinjury	50,169	8.7
Nonillness care ¹	102,370	17.8
Prior visit status		
New patient	85,519	14.9
Old patient	490,226	85.1
New problem	130,294	22.6
Old problem	359,932	62.5
Referral status		
Referred by another physician	25,370	4.4
Not referred by another physician	550,375	95.6

¹Includes, for example, routine prenatal care, general examination, and well-baby examination.

Table 7. Number and percent of office visits by diagnostic service ordered or provided: United States, 1980

Diagnostic service	Number of visits in thousands	Percent
None	47,126	8.2
Limited history/exam	367,467	63.8
General history/exam.	90,790	15.8
Pap test.	25,419	4.4
Clinical lab test	125,613	21.8
X-ray	41,925	7.3
Blood pressure check	195,382	33.9
Electrocardiogram	16,294	2.8
Vision test	32,726	5.7
Endoscopy.	4,687	0.8
Mental status exam	8,907	1.5
Other	29,222	5.1

data. The Supplementary Classification of the *ICD-9-CM*, which contains categories for entries other than diseases and injuries, e.g., general medical and normal pregnancy examinations, accounted for the largest proportion of visits (18 percent), with diseases of the respiratory system accounting for the second largest proportion (13 percent). The 20 most common three digit *ICD-9-CM* categories are presented in table 9. The presence of several large categories from the Supplementary Classification is evident. As in table 5, these rankings may vary somewhat due to sampling variability.

Medication therapy.—During 1980, specific information on medication therapy was collected for the first time in the NAMCS. In item 11 of the Patient Record, the physician was asked to record, using brand or generic names, all new or continued medications ordered, injected, administered, or otherwise provided at this visit, including immunization and desensitizing agents. The physician was instructed to list drugs prescribed for the principal diagnosis in item 11a and all other drugs prescribed at that visit in item 11b. As used in the NAMCS, the term *drug* is interchangeable with the term *medication*, and the term *prescribing* is used in the broad sense to mean the ordering or providing of any medication, either prescription or nonprescription.

The NAMCS drug data have been classified and coded according to a scheme developed at NCHS based on the American Society of Hospital Pharmacists' Drug Product Information File. This new scheme permits classification by such variables as specific product name; generic class; entry form chosen by the physician, i.e., brand name, generic name, or therapeutic effect desired; prescription status, i.e., prescription (Rx) or nonprescription (OTC); Federally controlled substance status (for addicting or habituating drugs); composition status, i.e., single or multiple ingredient; and therapeutic category. Future scheduled reports include one describing the development of collection and pro-

Table 8. Number and percent distribution of office visits by principal diagnosis: United States, 1980

Principal diagnosis and ICD-9-CM code ¹	Number of visits in thousands	Percent distribution
All diagnoses.	575,745	100.0
Infectious and parasitic diseases.001-139	19,628	3.4
Neoplasms140-239	16,021	2.8
Endocrine, nutritional, and metabolic diseases and immunity disorders240-279	24,166	4.2
Mental disorders.290-319	24,343	4.2
Diseases of the nervous system and sense organs320-389	52,593	9.1
Diseases of the circulatory system390-459	53,691	9.3
Diseases of the respiratory system460-519	72,886	12.7
Diseases of the digestive system520-579	23,421	4.1
Diseases of the genitourinary system580-629	32,936	5.7
Diseases of the skin and subcutaneous tissue.680-709	36,214	6.3
Diseases of the musculoskeletal system and connective tissue710-739	36,839	6.4
Symptoms, signs, and ill-defined conditions780-799	19,020	3.3
Injury and poisoning800-999	46,187	8.0
Supplementary classificationV01-V82	102,237	17.8
All other diagnoses ²	7,951	1.4
Unknown diagnoses ³	7,613	1.3

¹Based on the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

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

³Includes blank diagnosis, noncodable diagnosis, and illegible diagnosis.

cessing procedures for the NAMCS drug data and several reports exploring various aspects of the NAMCS drug data.

Data on the provision of medication by office-based physicians are highlighted in tables 10 and 11. Data on drug visits, that is, visits at which at least one medication was prescribed, are presented in table 10. Forty percent of all drug visits were made to general and family practitioners. As calculated from tables 3 and 10, some 63 percent of all office visits resulted in the use of a drug, chiefly for therapy, but also as a diagnostic or preventive agent. The percent of drug visits ranged from 35 percent for general surgeons to 76 percent for internists and other medical specialists.

Data on the number and percent of drug mentions, that is, the total number of medications listed in items 11a and 11b (figure 1), are presented in tables 10 and 11. As shown in table 10, there were 679.6 million drug mentions in 1980, an average of 1.2 drug mentions for every office visit or 1.9 mentions for every visit at which one or more medications were prescribed. Three physician specialties—general and family practice, internal medicine, and

Table 9. Number and percent of office visits, by the 20 most common principal diagnoses: United States, 1980

Rank	Most common principal diagnosis and ICD-9-CM code ¹	Number of visits in thousands	Percent
1	Normal pregnancy V22	26,256	4.6
2	Essential hypertension 401	25,137	4.4
3	Health supervision of infant or child . V20	17,496	3.0
4	General medical examination V70	16,078	2.8
5	Acute upper respiratory infections of multiple or unspecified sites . . . 465	15,050	2.6
6	Suppurative and unspecified otitis media 382	11,748	2.0
7	Neurotic disorders 300	11,251	2.0
8	Diseases of sebaceous glands 706	10,578	1.8
9	Followup examinations V67	9,682	1.7
10	Diabetes mellitus 250	9,551	1.7
11	Special investigations and examinations V72	9,530	1.7
12	Acute pharyngitis 462	9,361	1.6
13	Allergic rhinitis 477	8,439	1.5
14	Obesity and other hyperalimentation. 278	8,081	1.4
15	Other forms of chronic ischemic heart disease 414	6,958	1.2
16	Disorders of refraction and accommodation 367	6,271	1.1
17	Bronchitis, not specified as acute or chronic 490	6,024	1.0
18	Asthma 493	5,921	1.0
19	Contact dermatitis and other eczema. 692	5,720	1.0
20	Other diseases due to viruses and Chlamydiae 078	5,093	0.9
	All other diagnoses	351,522	61.1

¹Based on International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

pediatrics—accounted for 70 percent of all drug mentions. The distribution of drug mentions by therapeutic category is shown in table 11. Central nervous system drugs and anti-infective agents were the leading therapeutic categories, accounting for 32 percent of all drug mentions. Of the drug mentions for anti-infective agents, 86 percent were for antibiotics.

Non-medication therapy.—Table 12 presents data on various types of non-medication therapy that may be ordered or provided during an office visit. Office surgery was ordered or performed at about 7 percent of all visits.

Disposition of visit.—Data on disposition show that the majority of office visits involved some type of scheduled followup. At about 64 percent of the visits a return visit or telephone followup was planned (table 13). Approximately 2 percent of the office visits ended in hospital admission.

Duration of visit.—Duration of visit is that amount of time spent in face-to-face contact between physician and patient. It does not include time spent waiting to see the physician, time spent receiving care from someone other than the physician without the presence of the physician, or time spent reviewing records, test results, etc. In cases where the patient received care from a member of the physician's staff, but did not see the physician during the visit, the duration of visit was recorded as zero minutes. Some 73 percent of the visits had a duration of 15 minutes or less (table 13).

More detailed 1980 NAMCS data are forthcoming in the *Vital and Health Statistics* series. Questions regarding this report, future reports, or the NAMCS may be directed to the Ambulatory Care Statistics Branch by calling (301) 436-7132.

Table 10. Number and percent distribution of drug visits and drug mentions by physician specialty: United States, 1980

Physician specialty	Number of drug visits in thousands ¹	Percent distribution	Number of drug mentions in thousands	Percent distribution
All specialties	363,489	100.0	679,593	100.0
General and family practice	144,478	39.7	279,186	41.1
Medical specialties	131,775	36.3	262,209	38.6
Internal medicine	53,091	14.6	118,943	17.5
Pediatrics	45,575	12.5	72,825	10.7
Other	33,108	9.1	70,442	10.4
Surgical specialties	67,912	18.7	100,953	14.9
General surgery	9,860	2.7	15,881	2.3
Obstetrics and gynecology	23,984	6.6	33,026	4.9
Other	34,068	9.4	52,047	7.7
Other specialties	19,325	5.3	37,245	5.5
Psychiatry	5,706	1.6	9,655	1.4
Other	13,619	3.7	27,590	4.1

¹Those visits at which one or more drugs was prescribed.

Table 11. Number and percent distribution of drug mentions by therapeutic categories: United States, 1980

<i>Therapeutic categories¹</i>	<i>Number of drug mentions in thousands</i>	<i>Percent distribution</i>
All categories	679,593	100.0
Antihistamine drugs	43,939	6.5
Anti-infective agents	104,898	15.4
Antibiotics	90,081	13.3
Antineoplastic agents	5,371	0.8
Autonomic drugs	25,237	3.7
Blood formation and coagulation	8,312	1.2
Cardiovascular drugs	64,463	9.5
Cardiac drugs	26,331	3.9
Hypotensive agents	22,633	3.3
Vasodilating agents	14,646	2.2
Central nervous system drugs	110,706	16.3
Analgesics and antipyretics	57,800	8.5
Psychotherapeutic agents	16,395	2.4
Sedatives and hypnotics	25,036	3.7
Diagnostic agents	4,673	0.7
Electrolytic, caloric, and water balance	51,956	7.6
Diuretics	42,834	6.3
Expectorants and cough preparations	18,899	2.8
Eye, ear, nose, and throat preparations	26,076	3.8
Gastrointestinal drugs	24,140	3.6
Hormones and synthetic substances	55,843	8.2
Adrenals	18,312	2.7
Local anesthetics	968	0.1
Serums, toxoids, and vaccines	23,711	3.5
Skin and mucous membrane preparations	55,188	8.1
Spasmolytic agents	11,541	1.7
Vitamins	24,244	3.6
Other therapeutic agents; pharmaceutical devices and aids	9,410	1.4
Therapeutic category undetermined	10,017	1.5

¹Based on the pharmacologic-therapeutic classification of the American Society of Hospital Pharmacists, selected categories reproduced with the permission of the Society.

Table 12. Number and percent of office visits by non-medication therapy ordered or provided: United States, 1980

<i>Non-medication therapy</i>	<i>Number of visits in thousands</i>	<i>Percent</i>
None	303,017	52.6
Physiotherapy	29,281	5.1
Office surgery	43,089	7.5
Family planning	12,828	2.2
Psychotherapy/therapeutic listening	29,024	5.0
Diet counseling	48,886	8.5
Family/social counseling	13,148	2.3
Medical counseling	133,425	23.2
Other	15,618	2.7

Table 13. Number and percent distribution of office visits by disposition and duration of visit: United States, 1980

<i>Disposition and duration</i>	<i>Number of visits in thousands</i>	<i>Percent distribution</i>
Disposition¹		
No followup planned	67,442	11.7
Return at specified time	34,641	60.2
Return if needed	131,404	22.8
Telephone followup planned	19,955	3.5
Referred to other physician	15,157	2.6
Returned to referring physician	3,677	0.6
Admit to hospital	13,088	2.3
Other	1,380	0.2
Duration		
0 minutes ²	13,813	2.4
1-5 minutes	71,894	12.5
6-10 minutes	175,660	30.5
11-15 minutes	157,619	27.4
16-30 minutes	120,900	21.0
31 minutes or more	35,858	6.2

¹May not add to 100.0 since more than one disposition was possible.

²Represents office visits in which there was no face-to-face contact between the patient and the physician.

Technical notes**Source of data and sample design**

The information presented in this report is based on data collected in the National Ambulatory Medical Care Survey (NAMCS) during 1980. The target universe of NAMCS includes office visits made within the conterminous United States by ambulatory patients to nonfederally employed physicians who are principally engaged in office practice, but not in the specialties of anesthesiology, pathology, or radiology. Telephone contacts and nonoffice visits are excluded.

NAMCS utilizes a multistage probability sample design that involves samples of primary sampling units (PSU's), physicians' practices within PSU's, and patient visits within physician practices. For 1980 a sample of 2,959 non-Federal, office-based physicians was selected from master files maintained by the American Medical Association and the American Osteopathic Association. The physician response rate for 1980 was 77.2 percent. Sampled physicians were asked to complete Patient Records (figure 1) for a systematic random sample of office visits taking place during a randomly assigned weekly reporting period. During 1980, responding physicians completed 46,081 Patient Records. Characteristics of the physician's practice, such as primary specialty and type of practice, were obtained during an induction interview. The National Opinion Research Center, under contract to the National Center for Health Statistics, was responsible for the survey's field operations.

For a more detailed discussion of the limitations, qualifications, and definitions of the data collected in the NAMCS, see *Vital and Health Statistics*, Series 13, Number 44.¹

Estimates presented in this report differ from the estimates reported in the National Medical Care Utilization and Expenditure Survey (NMCUES), another program of the National Center for Health Statistics (NCHS). The variation in estimates is due to differences in survey populations, data collection methodology, and definitions. The NMCUES, co-sponsored by NCHS and the Health Care Financing Administration (HCFA), is a national panel survey of households that collected information on visits to physicians' offices and hospital outpatient departments. Preliminary survey data as well as a discussion of the survey methodology are forthcoming from NCHS and HCFA.

Sampling errors and roundings of numbers

The standard error is primarily a measure of the sampling variability that occurs by chance because

only a sample, rather than the entire universe, is surveyed. The relative standard error of an estimate is obtained by dividing the standard error by the estimate itself and is expressed as a percent of the estimate. Approximate relative standard errors of selected aggregate statistics are shown in tables I and II. Standard errors for percents of visits and

Table I. Approximate relative standard errors of estimated number of office visits based on all physician specialties: NAMCS, 1980

<i>Estimated number of office visits in thousands</i>	<i>Relative standard error in percent</i>
500	27.3
1,000	19.5
2,000	16.1
5,000	9.4
10,000	7.3
20,000	5.9
50,000	4.9
100,000	4.5
550,000	4.1

Example of use of table: An aggregate of 35,000,000 visits has a relative standard error of 5.4 percent or a standard error of 1,890,000 visits (5.4 percent of 35,000,000).

Table II. Approximate relative standard errors of estimated number of office visits based on an individual physician specialty: NAMCS, 1980

<i>Estimated number of office visits in thousands</i>	<i>Relative standard error in percent</i>
500	28.0
1,000	20.3
2,000	15.1
5,000	10.8
10,000	9.0
20,000	7.9
50,000	7.1
100,000	6.9

Example of use of table: An aggregate of 7,500,000 visits has a relative standard error of 9.9 percent or a standard error of 742,500 visits (9.9 percent of 7,500,000).

standard errors for estimates of drug mentions will be included in future reports.

Estimates of office visits have been rounded to the nearest thousand. For this reason detailed figures within tables do not always add to totals. Rates and percents were calculated on the basis of original, unrounded figures and will not necessarily agree precisely with percents calculated from rounded data.

Definitions

Ambulatory patient.—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.

Physician.—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.

Office.—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.

Visit.—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.

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No. 73. Patient Profile, National Reporting System for Family Planning Services: United States, 1978 (Issued: June 24, 1981)

No. 72. Visits to Family Planning Service Sites: United States, 1978 (Issued: June 29, 1981)

Symbols

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