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1981 Summary: National Ambulatory Medical Care Survey

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During 1981 an estimated 585.2 million office visits were made to nonfederally employed, office-based physicians in the conterminous United States, an average of 2.6 office visits per person per year. These and other estimates presented in this report are based on data collected in the 1981 National Ambulatory Medical Care Survey, a probability sample survey conducted annually through 1981 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 1981 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 age and sex
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 1981 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 1981 varied from about 2.0 visits per person per year for the age groups under 25 years to 4.3 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 (2.1 visits per person per year). White persons (85.7 percent of the civilian noninstitutionalized population) accounted for 89 percent of all office visits (table 2). As also shown in table 2, persons of Hispanic origin accounted for approximately 4 percent of all visits. These data are essentially unchanged since 1975.

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

CNo. 499932

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 [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] 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] _____ <small>Minutes</small>	

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Figure 1. 1981 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 about 32 percent of all office visits made during 1981 (table 3). The general and family physicians' share of visits, however, continues its steady decline since 1975, when they accounted for 41.3 percent of visits. 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 (RVC)*². The RVC is divided into 8 modules or groups of reasons, as shown in table 4. Reasons for visit classified as "symptoms" (symptom module) accounted for over

Table 1. Number, percent distribution, and annual rate of office visits by sex and age of patient: United States, 1981

Sex and age	Number of visits in thousands	Percent distribution of visits	Number of visits per person per year ¹
Both sexes			
All ages	585,177	100.0	2.6
Under 15 years	106,773	18.3	2.1
15-24 years	79,234	13.5	2.0
25-44 years	155,689	26.6	2.4
45-64 years	136,055	23.3	3.1
65 years and over	107,426	18.4	4.3
Female			
All ages	353,612	60.4	3.1
Under 15 years	52,130	8.9	2.1
15-24 years	52,397	9.0	2.6
25-44 years	102,833	17.6	3.1
45-64 years	80,646	13.8	3.5
65 years and over	65,606	11.2	4.5
Male			
All ages	231,565	39.6	2.1
Under 15 years	54,643	9.3	2.1
15-24 years	26,837	4.6	1.3
25-44 years	52,856	9.0	1.7
45-64 years	55,408	9.5	2.7
65 years and over	41,820	7.1	4.1

¹ Rates are based on estimates of the civilian noninstitutionalized population of the United States, excluding Alaska and Hawaii, as of July 1, 1981.

Table 3. Number and percent distribution of office visits by physician specialty and type of practice: United States, 1981

Physician specialty and type of practice	Number of visits in thousands	Percent distribution
All visits	585,177	100.0
Physician specialty		
General and family practice	189,966	32.5
Medical specialties	183,136	31.3
Internal medicine	74,691	12.8
Pediatrics	64,539	11.0
Other	43,906	7.5
Surgical specialties	183,635	31.4
General surgery	32,697	5.6
Obstetrics and gynecology	53,912	9.2
Other	97,026	16.6
Other specialties	28,440	4.8
Psychiatry	15,954	2.7
Other	12,486	2.1
Type of practice		
Solo	321,688	55.0
Partnership	110,330	18.9
Other ¹	153,159	26.2

¹ Includes group practice and other.

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 the physician's determination of 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 (37 percent).

Prior visit status.—Approximately 86 percent of the visits to office-based physicians were by patients who had seen the physician before ("old" patients). Furthermore, the majority of visits (64 percent) were made by "old" patients with an "old" problem, i.e., problems which had previously been treated by the physician.

Referral status.—Approximately 5 percent of all visits were the result of referrals from another physician. However, about 27 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 history or examination was rendered at 65 percent of all visits. The procedures ordered or provided most often were blood pressure checks (35 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.

Table 2. Number and percent distribution of office visits by race and ethnicity of patient: United States, 1981

Race and ethnicity	Number of visits in thousands	Percent distribution
All visits	585,177	100.0
Race		
White	520,974	89.0
All other	64,203	11.0
Black	57,674	9.9
Asian or Pacific Islander	5,517	0.9
American Indian or Alaskan Native	1,012	0.2
Ethnicity		
Hispanic	24,617	4.2
Not Hispanic	560,560	95.8

half of all visits, with symptoms of the respiratory and musculoskeletal systems accounting for about 19 percent of all visits. The 20 most common specific 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 for

Table 4. Number and percent distribution of office visits by patient's principal reason for visit: United States, 1981

Principal reason for visit and RVC code ¹	Number of visits in thousands	Percent distribution	Principal reason for visit and RVC code ¹	Number of visits in thousands	Percent distribution
All visits	585,177	100.0	Symptom module—Con.		
Symptom module S001–S999	314,524	53.8	Symptoms referable to the genitourinary system S640–S829	27,507	4.7
General symptoms S001–S099	43,083	7.4	Symptoms referable to the skin, nails, and hair S830–S899	34,117	5.8
Symptoms referable to psychological and mental disorders S100–S199	13,886	2.4	Symptoms referable to the musculoskeletal system S900–S999	59,047	10.1
Symptoms referable to nervous system (excluding sense organs) S200–S259	18,106	3.1	Disease module D001–D999	51,202	8.8
Symptoms referable to the cardiovascular and lymphatic systems S260–S299	3,173	0.5	Diagnostic, screening, and preventive module X100–X599	113,246	19.4
Symptoms referable to the eyes and ears S300–S399	32,562	5.6	Treatment module T100–T899	61,829	10.6
Symptoms referable to the respiratory system S400–S499	54,528	9.3	Injuries and adverse effects module J001–J999	23,849	4.1
Symptoms referable to the digestive system S500–S639	28,516	4.9	Test results module R100–R700	3,543	0.6
			Administrative module A100–A140	8,667	1.5
			Other ² U990–U999	8,316	1.4

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.

Table 5. Number and percent of office visits by the 20 most common principal reasons for visit: United States, 1981

Rank	Most common principal reason for visit and RVC code ¹	Number of visits in thousands	Percent
1	General medical examination X100	30,222	5.2
2	Prenatal examination X205	23,501	4.0
3	Postoperative visit T205	18,071	3.1
4	Symptoms referable to the throat S455	15,098	2.6
5	Progress visit not otherwise specified T800	14,864	2.5
6	Well-baby examination X105	12,922	2.2
7	Cough S440	12,783	2.2
8	Blood pressure test X320	10,662	1.8
9	Back symptoms S905	10,318	1.8
10	Head cold, upper respiratory infection S445	9,185	1.6
11	Fever S010	9,160	1.6
12	Skin rash S860	8,882	1.5
13	Earache, or ear infection S355	8,745	1.5
14	Headache, pain in head S210	8,436	1.4
15	Chest pain and related symptoms S050	8,368	1.4
16	Abdominal pain, cramps, spasms S550	8,240	1.4
17	Eye examination X230	7,790	1.3
18	Hypertension D510	7,531	1.3
19	Knee symptoms S925	7,102	1.2
20	Vision dysfunctions S305	6,834	1.2
	All other reasons	346,463	59.2

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

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 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

Table 6. Number and percent distribution of office visits by patients' major reason for visit, prior visit status, and referral status: United States, 1981

Visit characteristic	Number of visits in thousands	Percent distribution
All visits	585,177	100.0
Major reason for visit		
Acute problem	213,794	36.5
Chronic problem, routine	163,715	28.0
Chronic problem, flareup	53,691	9.2
Postsurgery or postinjury	51,624	8.8
Nonillness care ¹	102,352	17.5
Prior visit status		
New patient	81,156	13.9
Old patient	504,021	86.1
New problem	128,484	22.0
Old problem	375,537	64.2
Referral status		
Referred by another physician	26,022	4.5
Not referred by another physician	559,155	95.6

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

examinations, accounted for the largest proportion of visits (17 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.—In item 11 of the Patient Record, the physician was asked to record, using brand or generic names, all new or continued medications

Table 7. Number and percent of office visits by diagnostic service ordered or provided: United States, 1981

Diagnostic service	Number of visits in thousands	Percent
None	47,056	8.0
Limited history/exam	379,544	64.9
General history/exam	88,570	15.1
Pap test	25,154	4.3
Clinical lab test	129,123	22.1
X-ray	44,813	7.7
Blood pressure check	202,159	34.6
Electrocardiogram	18,457	3.2
Vision test	33,875	5.8
Endoscopy	5,656	1.0
Mental status exam	7,861	1.3
Other	28,045	4.8

Table 8. Number and percent distribution of office visits by principal diagnosis: United States, 1981

Principal diagnosis and ICD-9-CM code ¹	Number of visits in thousands	Percent distribution
All diagnoses	585,177	100.0
Infectious and parasitic diseases . . . 001-139	18,086	3.1
Neoplasms 140-239	14,687	2.5
Endocrine, nutritional, and metabolic diseases and immunity disorders 240-279	21,205	3.6
Mental disorders 290-319	23,281	4.0
Diseases of the nervous system and sense organs 320-389	56,980	9.7
Diseases of the circulatory system . . . 390-459	58,654	10.0
Diseases of the respiratory system . . . 460-519	73,128	12.5
Diseases of the digestive system . . . 520-579	25,659	4.4
Diseases of the genitourinary system 580-629	35,568	6.1
Diseases of the skin and subcutaneous tissue 680-709	33,207	5.7
Diseases of the musculoskeletal system and connective tissue 710-739	42,367	7.2
Symptoms, signs, and ill-defined conditions 780-799	19,506	3.3
Injury and poisoning 800-999	48,536	8.3
Supplementary classification V01-V82	100,348	17.2
All other diagnoses ²	7,670	1.3
Unknown diagnoses ³	6,294	1.1

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.

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.

Table 9. Number and percent of office visits by the 20 most common principal diagnoses: United States, 1981

Rank	Most common principal diagnosis and ICD-9-CM code ¹	Number of visits in thousands	Percent
1	Essential hypertension 401	28,765	4.9
2	Normal pregnancy V22	25,051	4.3
3	Health supervision of infant or child . . . V20	18,583	3.2
4	Acute upper respiratory infections of multiple or unspecified sites . . . 465	14,853	2.5
5	General medical examination V70	14,132	2.4
6	Suppurative and unspecified otitis media 382	13,106	2.2
7	Diabetes mellitus 250	10,772	1.8
8	Special investigations and examinations V72	10,548	1.8
9	Followup examinations V67	10,207	1.7
10	Diseases of sebaceous glands 706	9,661	1.7
11	Neurotic disorders 300	9,590	1.6
12	Acute pharyngitis 462	8,473	1.4
13	Allergic rhinitis 477	8,441	1.4
14	Disorders of refraction and accommodation 367	8,216	1.4
15	Bronchitis, not specified as acute or chronic 490	6,731	1.2
16	Other forms of chronic ischemic heart disease 414	6,498	1.1
17	Osteoarthritis and allied disorders 715	5,691	1.0
18	Contact dermatitis and other eczema 692	5,228	0.9
19	Acute tonsillitis 463	5,148	0.9
20	Asthma 493	5,024	0.9
	All other diagnoses	360,460	61.6

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

The NAMCS drug database 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 (R) or nonprescription (OTC); Federally controlled substance status (for addicting or habituating drugs); composition status, i.e., single or multiple ingredient; and therapeutic category. A report describing the method and instruments used to collect and process drug information for the NAMCS has been published.⁵

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. Approximately 61 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 other surgical specialists to 76 percent for internists.

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 651.2 million drug mentions in 1981, an average of 1.1 drug mentions for

Table 10. Number and percent distribution of drug visits and drug mentions by physician specialty: United States, 1981

<i>Physician specialty</i>	<i>Number of drug visits in thousands¹</i>	<i>Percent distribution</i>	<i>Number of drug mentions in thousands</i>	<i>Percent distribution</i>	<i>Percent of drug visits²</i>
All specialties	354,285	100.0	651,153	100.0	60.5
General and family practice	136,623	38.6	252,880	38.8	71.9
Medical specialties	136,735	38.6	276,489	42.5	74.7
Internal medicine	56,708	16.0	132,427	20.3	75.9
Pediatrics	46,925	13.2	73,690	11.3	72.7
Other	33,102	9.3	70,372	10.8	75.4
Surgical specialties	68,590	19.4	100,759	15.5	37.4
General surgery	13,318	3.8	22,179	3.4	40.7
Obstetrics and gynecology	21,385	6.0	28,179	4.3	39.7
Other	33,888	9.6	50,402	7.7	34.9
Other specialties	12,337	3.5	21,025	3.2	43.4
Psychiatry	5,813	1.6	9,351	1.4	36.4
Other	6,525	1.8	11,674	1.8	52.3

¹Those visits at which one or more drugs were prescribed.²Number of drug visits divided by number of office visits multiplied by 100.

Table 11. Number and percent distribution of drug mentions by therapeutic categories: United States, 1981

<i>Therapeutic categories¹</i>	<i>Number of drug mentions in thousands</i>	<i>Percent distribution</i>	<i>Therapeutic categories¹</i>	<i>Number of drug mentions in thousands</i>	<i>Percent distribution</i>
All categories	651,153	100.0	Electrolytic, caloric, and water balance	55,277	8.5
Antihistamine drugs	43,511	6.7	Diuretics	45,239	6.9
Anti-infective agents	104,804	16.1	Expectorants and cough preparations	17,864	2.7
Antibiotics	89,209	13.7	Eye, ear, nose, and throat preparations	23,546	3.6
Antineoplastic agents	4,019	0.6	Gastrointestinal drugs	24,196	3.7
Autonomic drugs	24,102	3.7	Hormones and synthetic substances	53,999	8.3
Blood formation and coagulation	8,020	1.2	Adrenals	20,731	3.2
Cardiovascular drugs	68,779	10.6	Serums, toxoids, and vaccines	22,068	3.4
Cardiac drugs	30,184	4.6	Skin and mucous membrane preparations	49,026	7.5
Hypotensive agents	24,263	3.7	Spasmolytic agents	10,654	1.6
Vasodilating agents	13,730	2.1	Vitamins	20,507	3.1
Central nervous system drugs	104,391	16.0	Other therapeutic agents, pharmaceutical devices and aids	11,553	1.8
Analgesics and antipyretics	58,841	9.0	Therapeutic category undetermined	4,840	0.7
Psychotherapeutic agents	15,140	2.3			
Sedatives and hypnotics	23,012	3.5			

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

every office visit or 1.8 mentions for every visit at which one or more medications were prescribed. Three physician specialties—general and family practice, internal medicine, and pediatrics—accounted for 70 percent of all drug mentions. The distribution of drug mentions by therapeutic category is shown in table 11. Anti-infective agents and central nervous system drugs were the leading therapeutic categories, accounting for 32 percent of all drug mentions. Of the drug mentions for anti-infective agents, 85 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.

Table 12. Number and percent of office visits by non-medication therapy ordered or provided: United States, 1981

<i>Non-medication therapy</i>	<i>Number of visits in thousands</i>	<i>Percent</i>
None	322,019	55.0
Physiotherapy	26,743	4.6
Office surgery	42,844	7.3
Family planning	11,399	2.0
Psychotherapy/therapeutic listening	28,038	4.8
Diet counseling	44,692	7.6
Family/social counseling	11,068	1.9
Medical counseling	133,648	22.8
Other	13,444	2.3

Disposition of visit.—Data on disposition show that the majority of office visits involved some type of scheduled followup. At about 65 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 1981 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 13. Number and percent distribution of office visits by disposition and duration of visit: United States, 1981

<i>Disposition and duration</i>	<i>Number of visits in thousands</i>	<i>Percent distribution</i>
Disposition ¹		
No followup planned	65,970	11.3
Return at specified time	357,694	61.1
Return if needed	131,996	22.6
Telephone followup planned	20,059	3.4
Referred to other physician	14,735	2.5
Returned to referring physician	4,670	0.8
Admit to hospital	13,699	2.3
Other	1,205	0.2
Duration		
0 minutes ²	16,164	2.8
1-5 minutes	74,471	12.7
6-10 minutes	173,441	29.6
11-15 minutes	165,206	28.2
16-30 minutes	121,047	20.7
31 minutes or more	34,847	6.0

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

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

References

¹National Center for Health Statistics, R. Gagnon, J. DeLozier, and T. McLemore: The National Ambulatory Medical Care Survey, 1979 summary. *Vital and Health Statistics*. Series 13-No. 66. DHHS Pub. No. (PHS) 82-1727. Public Health Service. Washington. U.S. Government Printing Office, Sept. 1982.

²National Center for Health Statistics, D. Schneider, L. Appleton, and T. McLemore: A reason for visit classification for ambulatory care. *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.

³National Center for Health Statistics, B. Cypress: Patients' reasons for physician visits, NAMCS, U.S. 1977-78. *Vital and Health*

Statistics. Series 13-No. 56. DHEW Pub. No. (PHS) 82-1717. Public Health Service. Washington. U.S. Government Printing Office, Dec. 1981.

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

⁵National Center for Health Statistics, H. Koch: The collection and processing of drug information: National Ambulatory Medical Care Survey, United States, 1980. *Vital and Health Statistics*. Series 2, No. 90. DHHS Pub. No. (PHS) 82-1364. Public Health Service. Washington. U.S. Government Printing Office, March 1982.

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 1981. 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 1981 a sample of 2,846 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 1981 was 77.5 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 1981, responding physicians completed 43,366 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 66*.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, cosponsored 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.

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

Table I. Provisional relative standard errors of estimated number of office visits based on all physician specialties: NAMCS, 1981

<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	14.1
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. Provisional relative standard errors of estimated number of office visits based on an individual physician specialty: NAMCS, 1981

<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).

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.

Symbols

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

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