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VITAL STATISTICS REPORT

Provisional Data

FROM THE
NATIONAL CENTER FOR HEALTH STATISTICS

NATIONAL AMBULATORY MEDICAL CARE SURVEY OF VISITS TO GENERAL AND FAMILY PHYSICIANS JANUARY 1974-DECEMBER 1974

INTRODUCTION

During the 12-month period from January through December 1974, Americans in need of ambulatory medical care made an estimated 263,390,000 visits to the offices of general and family physicians, an average of 1.3 visits per person per year.

This report contains preliminary data about these visits to general and family physicians. The estimates presented here are based on data collected from a sample of U.S. physicians by means of the National Ambulatory Medical Care Survey (NAMCS), a survey designed to explore the provision and utilization of ambulatory medical care in the doctor's office. NAMCS is conducted yearly by the Division of Health Resources Utilization Statistics of the National Center for Health Statistics. The survey sample is selected from doctors of medicine and osteopathy who, according to their professional associations, are engaged in "office-based, patient care" practice. In its current scope, NAMCS excluded physicians practicing in Alaska and Hawaii, those physicians whose specialties are anesthesiology, pathology, and radiology, and all physicians in government service.

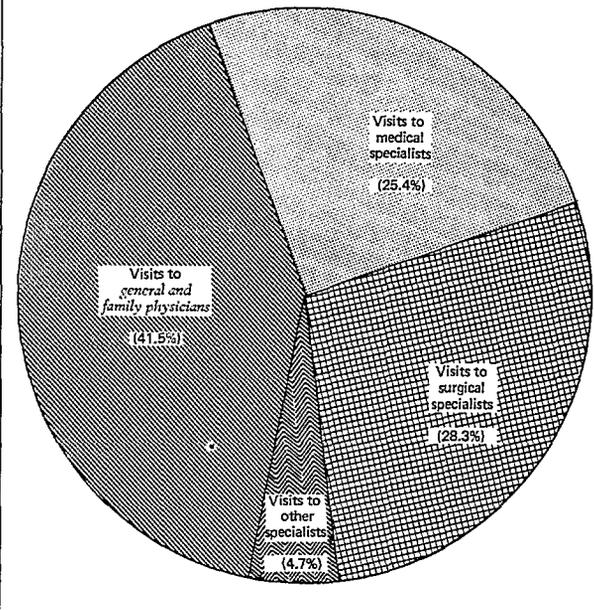
For its development and successful implementation, NAMCS owes much to the cooperation and active assistance provided by the American Medical Association and the American Osteopathic Association. In addition, a close liaison has been maintained between survey officials and 17 other national medical associations (including the American College of Physicians and the American Academy of Family Physicians), all of which have given their strong support to NAMCS. It is largely through their efforts that a viable ambulatory care survey has evolved. A complete description of the background and survey methodology is available in an earlier report entitled "National Ambulatory

Medical Care Survey; Background and Methodology, United States, 1967-1972," *Vital and Health Statistics*, DHEW Publication No. (HRA) 74-1335, Series 2, No. 61.

DATA HIGHLIGHTS

There were an estimated 634,073,000 visits to the offices of all in-scope physicians during 1974. Two of every five of these visits were made to the offices of general and family physicians. Figure 1 offers graphic

Figure 1. PERCENT OF OFFICE VISITS TO PHYSICIANS OF ALL SPECIALTIES: UNITED STATES, JANUARY 1974-DECEMBER 1974.



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Table A. Number and rate of visits per 100 persons per year by key specialties: United States, January 1974-December 1974

Specialty	Number of visits in thousands	Visits per 100 persons per year
All specialties-----	634,073	306
<i>General and family practice</i> -----	263,390	127
<i>Internal medicine</i> -----	68,624	33
<i>General surgery</i> -----	42,497	20
<i>Psychiatry</i> -----	16,253	8

proof that general and family physicians played a leading role in providing this important type of ambulatory care to the American public. From the numbers and rates of visits listed in table A, the reader can compare the visits to general and family physicians with visits made to practitioners in other key specialties.

The data in table 1 make it evident that visits to physicians practicing in metropolitan areas considerably outnumbered visits to physicians in nonmetropolitan practice. Though this tendency was true for all specialties, general and family physicians showed a relatively greater tendency to choose the nonmetropolitan practice location (figure 2). And, though there were understandably more total visits in the more densely populated metropolitan areas, a calculation of the annual rate of visits per person reveals that the average nonmetropolitan member of the population made more visits per year to general and family physi-

cians (1.5 visits) than the average metropolitan resident did (1.1 visits).

Table 1 also distributes visits by sex, color, and age of the patients. Females were seen in the doctor's office more frequently than males, and white persons showed a clear plurality over other racial groups. Patients of general and family physicians ranged over the entire age spectrum; visit volume was greatest, however, for the two 20-year intervals from 25-44 years (about 24 percent of visits) and from 45-64 years (about 27 percent of visits).

Table 2 lists, in order of frequency, the 20 most common patient problems, complaints, or symptoms which caused patients to visit offices of general and family physicians. This information represents the patient's reason for seeking medical care in the patient's own words. That these 20 problems accounted for only 53 percent of all office visits testifies to a diffuseness of clinical range unequalled by any other specialty. Patients most frequently complained of respiratory problems (sore throat, cough, and cold) or problems with the back or the upper or lower limbs. Each of these two groupings accounted for about 11 percent of all visits. Almost one-fifth of all visits were for nonsymptomatic reasons, consisting largely of routine examinations.

Data on the diagnosis associated with each ambulatory visit are presented in tables 3 and 4. The diagnostic data in table 3 are shown by the classes of the *Eighth Revision International Classification of Diseases Adapted for Use in the United States* (ICDA). That physicians in general and family practice cover a broad, clinical range is evidenced by the number and diversity of the diagnoses that they rendered. Of the ICDA classes, however, four accounted for more than half (55 percent) of all visits. These were:

Percent

Diseases of the respiratory system-----	19.0
Special conditions and examinations without illness-----	15.1
Diseases of the circulatory system-----	12.0
Accidents, poisoning, and violence-----	8.8

Figure 2. PERCENT OF VISITS TO PHYSICIANS IN METROPOLITAN AND NONMETROPOLITAN PRACTICE, ACCORDING TO SELECTED PHYSICIAN SPECIALTIES: UNITED STATES, JANUARY 1974-DECEMBER 1974.

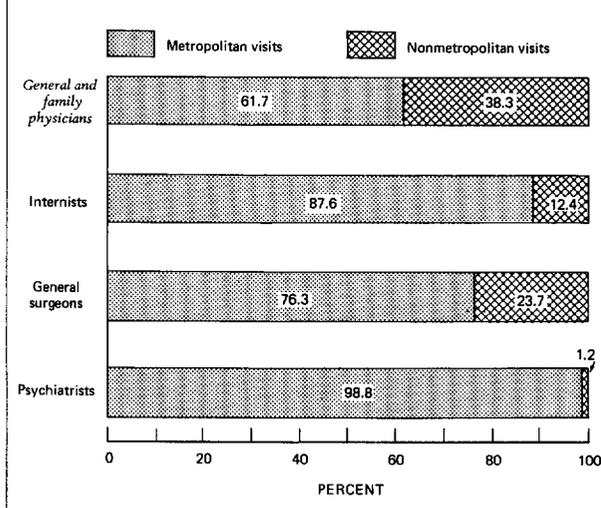


Table 4 provides more detailed information by listing the 15 specific diagnoses most frequently rendered by general and family physicians.

Data in tables 5 and 6 extend and complete this brief profile of visits to general and family physicians. Table 6 reveals that few patients were visiting the doctor for the first time; by far the greater proportion of patients (88 percent) had been there before, either for the current problem or for another one. From table 5 the reader may learn that only 17 percent

of visits to general and family physicians were rated by the physician as serious or very serious. The rest ranged from slightly serious to not serious.

NAMCS also collected information about therapy provided during the visit. Data about treatments or services are presented in table 5. Two findings are worthy of comment. One is the marked reliance on drug therapy; in 6 out of every 10 visits, some form of drug was either ordered or dispensed. Secondly, it must be recognized that such services as "counseling," "advice," or "listening" are almost impossible to quantify. Certainly, the finding that these services were provided at only 18 percent of the visits probably un-

derstates dramatically the actual extent of this important aspect of the physician's practice.

Data on duration of visits (table 5) show that the typical encounter between patient and general or family physician lasted 11.7 minutes. Data on the disposition of patients (table 6) show that some form of followup was planned in at least 8 out of every 10 cases and that only a rare 2 percent of visits ended in hospital admission. Finally, the low referral rate (2.4 percent) supports the contention that general and family physicians are primary-care providers in that they typically give patients almost all their medical care and only infrequently refer them to other specialists.

Table 1. Number and percent distribution of office visits to general and family physicians by location of practice and patient characteristics: United States, January 1974-December 1974

Location of practice and age, sex, and color of patients	Number of visits in thousands	Percent distribution
All visits-----	263,390	100.0
<u>Location</u>		
Metropolitan-----	162,579	61.7
Nonmetropolitan-----	100,811	38.3
<u>Age</u>		
Under 15 years-----	43,237	16.4
15-24 years-----	42,853	16.3
25-44 years-----	64,279	24.4
45-64 years-----	69,924	26.6
65 years and over-----	43,095	16.4
<u>Sex</u>		
Female-----	157,410	59.8
Male-----	105,980	40.2
<u>Color</u>		
White-----	235,157	89.3
Black-----	24,188	9.2
Other-----	4,045	1.5

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Table 2. Number, percent, and cumulative percent of office visits to general and family physicians by the 20 most common patient problems, complaints, or symptoms: United States, January 1974-December 1974

[Symptom titles and code numbers come from a symptom classification developed for use in the NAMCS]

RANK	Twenty most common patient problems, complaints, or symptoms	Number of visits in thousands	Percent of visits	Cumulative percent
1	Problems of lower extremity-----400	11,309	4.3	4.3
2	Throat soreness-----520	11,251	4.3	8.6
3	Problems of back-----415	9,822	3.7	12.3
4	Cough-----311	9,183	3.5	15.8
5	Required physical exam-----901	9,024	3.4	19.2
6	Visit for medication-----910	8,520	3.2	22.4
7	Cold-----312	8,219	3.1	25.5
8	Problems of upper extremity-----405	8,214	3.1	28.6
9	Abdominal pain-----540	7,487	2.8	31.4
10	Pregnancy exam-----905	6,782	2.6	34.0
11	Headache-----056	6,361	2.4	36.4
12	Fatigue-----004	5,788	2.2	38.6
13	High blood pressure-----205	5,454	2.1	40.7
14	Weight gain-----010	5,291	2.0	42.7
15	Wounds-----116	5,132	2.0	44.7
16	General physical exam-----900	5,017	1.9	46.6
17	Problems of face, neck-----410	4,440	1.7	48.3
18	Allergic skin reaction-----112	4,235	1.6	49.9
19	Vertigo-----069	3,857	1.5	51.4
20	Fever-----002	3,813	1.5	52.9

Table 3. Number and percent distribution of office visits to general and family physicians by physician diagnoses grouped in diagnostic categories: United States, January 1974-December 1974

[Diagnostic categories and code number inclusions are extracted from the *Eighth Revision, International Classification of Diseases, Adapted for Use in the United States (ICDA)*]

Diagnoses grouped in ICDA categories	Number of visits in thousands	Percent distribution
All diagnoses-----	263,390	100.0
I. Infective and parasitic diseases-----000-136	11,507	4.4
II. Neoplasms-----140-239	2,919	1.1
III. Endocrine, nutritional, and metabolic diseases-----240-279	15,712	6.0
V. Mental disorders-----290-315	7,554	2.9
VI. Diseases of nervous system and sense organs-----320-389	10,276	3.9
VII. Diseases of circulatory system-----390-458	31,594	12.0
VIII. Diseases of respiratory system-----460-519	50,136	19.0
IX. Diseases of digestive system-----520-577	9,585	3.6
X. Diseases of genitourinary system-----580-629	14,838	5.6
XII. Diseases of skin and subcutaneous tissue-----680-709	11,961	4.5
XIII. Diseases of musculoskeletal system-----710-738	15,735	6.0
XVI. Symptoms and ill-defined conditions-----780-796	11,155	4.2
XVIII. Accidents, poisoning, and violence-----800-999	23,260	8.8
Special conditions and examinations without sickness-----Y00-Y13	39,679	15.1
Other diagnoses ¹ -----	3,908	1.5
Diagnosis "none" or unknown ² -----	3,570	1.4

¹IV. Diseases of the blood and blood-forming organs; XI. Complications of pregnancy, childbirth, and the puerperium; XIV. Congenital anomalies; XV. Certain causes of perinatal morbidity and mortality.

²Includes blank, noncodeable, and illegible diagnoses.

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Table 4. Number, percent, and cumulative percent of office visits to general and family physicians by the 15 most frequent diagnoses rendered by the physician: United States, January 1974-December 1974

[Diagnoses and code numbers are extracted from the *Eighth Revision, International Classification of Diseases, Adapted for Use in the United States, (ICDA)*]

R A N K	Fifteen most frequent diagnoses	Number of visits in thousands	Percent of visits	Cumulative percent
1	Medical or special exam-----Y00	17,905	6.8	6.8
2	Essential benign hypertension-----401	13,887	5.3	12.1
3	Acute upper respiratory infection-----465	13,763	5.2	17.3
4	Medical and surgical aftercare-----Y10	7,522	2.9	20.2
5	Chronic ischemic heart disease-----412	7,320	2.9	23.1
6	Obesity-----277	6,809	2.6	25.7
7	Prenatal care-----Y06	6,601	2.5	28.2
8	Acute pharyngitis-----462	6,176	2.3	30.5
9	Diabetes-----250	5,908	2.2	32.7
10	Neuroses-----300	4,591	1.7	34.4
11	Inoculations and vaccinations-----Y02	4,531	1.7	36.1
12	Other eczema and dermatitis-----692	4,412	1.7	37.8
13	Acute tonsillitis-----463	4,341	1.7	39.5
14	Bronchitis, unqualified-----490	3,924	1.5	41.0
15	Chronic sinusitis-----503	3,481	1.3	42.3

Table 5. Number, percent distribution, and mean duration of visit by seriousness of problem and treatments or services provided: United States, January 1974-December 1974

Seriousness of problem and treatments or services provided	Number of visits in thousands	Percent distribution	Mean duration of visit in minutes
Total-----	263,390	100.0	11.7
<u>Seriousness of problem</u>			
Very serious or serious-----	45,106	17.1	14.4
Slightly serious-----	90,901	34.5	11.6
Not serious-----	127,383	48.4	10.8
<u>Treatments or services</u> ¹			
General history/exam-----	76,812	29.2	13.5
Lab procedure/test-----	45,014	17.1	14.2
X-rays-----	15,265	5.8	15.9
Injection/immunization-----	60,877	23.1	9.9
Office surgical treatment-----	19,880	7.6	13.9
Drug therapy-----	158,795	60.3	11.9
Medical counseling and therapeutic listening-----	48,340	18.4	12.3
None or other-----	28,004	10.6	12.6

¹ Will not total to figures at the head of the column since more than one treatment or service could be given.

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Table 6. Number and percent distribution of office visits to general and family physicians by prior visit status and disposition of patient: United States, January 1974-December 1974

Prior status and disposition of patient	Number of visits in thousands	Percent distribution
All visits-----	263,390	100.0
<u>Prior visit status</u>		
Patient seen for the first time-----	32,143	12.2
Patient seen before for current problem-----	152,285	57.8
Patient seen before for another problem-----	78,962	30.0
<u>Disposition¹</u>		
No followup planned-----	42,582	16.2
Return at specified time-----	136,955	52.0
Return if needed-----	69,778	26.5
Telephone followup planned-----	8,654	3.3
Referred to other physician/agency-----	6,338	2.4
Admitted to hospital-----	4,661	1.8
Other (includes return to referring physician)-----	1,855	0.7

¹Will not total to figures at the head of the column since more than one disposition was possible for each patient visit.

SOURCE OF DATA. Through the National Ambulatory Medical Care Survey, data are collected on office visits to office-based physicians. A national sample of approximately 3,580 "office-based, patient care" physicians was selected from the American Medical Association (AMA) and American Osteopathic Association (AOA) master files and randomly distributed over the 52 weeks of 1974. These physicians were requested to complete patient records (figure 3) concerning office visits taking place within their practice during assigned weekly reporting periods. The 1974 response rate for all participating physicians was 74 percent. The physicians participating in the survey complete patient records for approximately 30 randomly selected office visits during the reporting period. While all of the patient record data items are not presented in this report, they will be presented in future publications. Additional information concerning physician practice characteristics, e.g., primary specialty, office location, etc., are gathered from an induction interview and from the AMA and AOA master files, and this information will also be included in future data analysis.

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 sam-

pling variability, that is, the variations that might occur by chance because only a sample of the universe is surveyed. The chances are about 68 out of 100 that the value obtained in a complete enumeration is contained within the interval represented by the estimate plus or minus one standard error of the estimate, 95 out of 100 for two standard errors, and 99 out of 100 for 2½ standard errors.

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

Estimate in thousands	Relative standard error in percentage points
2,000-----	23.4
5,000-----	15.1
10,000-----	11.0
50,000-----	6.0
90,000-----	5.1
200,000-----	4.4
400,000-----	4.1
650,000-----	4.0

Example of use of table: An aggregate of 250,000,000 has a relative standard error of 4.3 percent or a standard error of 10,750,000 (4.3 percent of 250,000,000).

Figure 3. Patient Record

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PATIENT RECORD
NATIONAL AMBULATORY MEDICAL CARE SURVEY

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.

1. DATE OF VISIT
Mo / Day / Yr

2. DATE OF BIRTH
Mo / Day / Yr

3. SEX
1 FEMALE
2 MALE

4. COLOR OR RACE
1 WHITE
2 NEGRO/BLACK
3 OTHER
4 UNKNOWN

5. PATIENT'S PRINCIPAL PROBLEM(S) COMPLAINT(S), OR SYMPTOM(S) THIS VISIT
(In patient's own words)
a. MOST IMPORTANT _____
b. OTHER _____

6. SERIOUSNESS OF PROBLEM IN ITEM 5a
(Check one)
1 VERY SERIOUS
2 SERIOUS
3 SLIGHTLY SERIOUS
4 NOT SERIOUS

7. HAVE YOU EVER SEEN THIS PATIENT BEFORE?
1 YES 2 NO
If YES, for the problem indicated in ITEM 5a?
1 YES 2 NO

8. MAJOR REASON(S) FOR THIS VISIT (Check all major reasons)
01 ACUTE PROBLEM
02 ACUTE PROBLEM, FOLLOW-UP
03 CHRONIC PROBLEM, ROUTINE
04 CHRONIC PROBLEM, FLARE-UP
05 PRENATAL CARE
06 POSTNATAL CARE
07 POSTOPERATIVE CARE
(Operative procedure) _____
08 WELL ADULT/CHILD EXAM
09 FAMILY PLANNING
10 COUNSELING/ADVICE
11 IMMUNIZATION
12 REFERRED BY OTHER PHYS/AGENCY
13 ADMINISTRATIVE PURPOSE
14 OTHER (Specify) _____

9. PHYSICIAN'S PRINCIPAL DIAGNOSIS THIS VISIT
a. DIAGNOSIS ASSOCIATED WITH ITEM 5a ENTRY

b. OTHER SIGNIFICANT CURRENT DIAGNOSES
(In order of importance)

10. TREATMENT/SERVICE ORDERED OR PROVIDED THIS VISIT (Check all that apply)
01 NONE ORDERED/PROVIDED
02 GENERAL HISTORY/EXAM
03 LAB PROCEDURE/TEST
04 X-RAYS
05 INJECTION/IMMUNIZATION
06 OFFICE SURGICAL TREATMENT
(Specify) _____
07 PRESCRIPTION DRUG
08 NON-PRESCRIPTION DRUG
09 PSYCHOTHERAPY/THERAPEUTIC LISTENING
10 MEDICAL COUNSELING/ADVICE
11 OTHER (Specify) _____

11. DISPOSITION THIS VISIT (Check all that apply)
1 NO FOLLOW-UP PLANNED
2 RETURN AT SPECIFIED TIME
3 RETURN IF NEEDED, P.R.N.
4 TELEPHONE FOLLOW-UP PLANNED
5 REFERRED TO OTHER PHYSICIAN/AGENCY
6 RETURNED TO REFERRING PHYSICIAN
7 ADMIT TO HOSPITAL
8 OTHER (Specify) _____

12. DURATION OF THIS VISIT (Time actually spent with physician)
_____ MINUTES

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DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE
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The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself, and is expressed as a percent of the estimate. Relative standard errors of aggregates shown in this report are presented in table I. The standard errors appropriate for the es-

timated percentage of office visits are shown in table II.

ROUNDING. Aggregate estimates of office visits presented in the tables are rounded to the nearest thousand. The rates and percents, however, were calcu-

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

Base of percentage number of visits in thousands	Estimated percentage					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
1,000-----	3.3	7.1	9.8	13.1	15.0	16.4
2,000-----	2.3	5.0	6.9	9.3	10.6	11.6
5,000-----	1.5	3.2	4.4	5.9	6.7	7.3
10,000-----	1.0	2.3	3.1	4.1	4.7	5.2
30,000-----	0.6	1.3	1.8	2.4	2.7	3.0
50,000-----	0.5	1.0	1.4	1.9	2.1	2.3
100,000-----	0.3	0.7	1.0	1.3	1.5	1.6
300,000-----	0.2	0.4	0.6	0.8	0.9	0.9

Example of use of table: An estimate of 30 percent based on an estimate of 75,000,000 has a standard error of 1.8 percent. The relative standard error of 30 percent in percentage points is equal to 1.8 percent ÷ 30 percent, or 6.0 percent.

lated on the basis of original, unrounded figures. Due to rounding of percents, the sum of percentages may not equal 100.0 percent.

DEFINITIONS. An *ambulatory patient* is an individual presenting himself for personal health service who is neither bed-ridden nor currently admitted to any health care institution on the premises.

Offices are premises which the physician identifies as a location for his ambulatory practice. Responsibility over time for patient care and professional services rendered there resides with the individual physician, rather than an institution.

A *visit* is a direct personal exchange between an ambulatory patient and the 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 practice who spends time in caring for ambulatory patients at an office location with the following exceptions: physicians who specialize in anesthesiology, pathology, radiology, physicians in military service, 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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Figure does not meet standards of reliability or precision-----	*