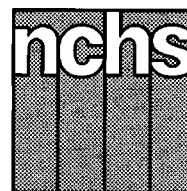


Advance Data



From Vital and Health Statistics of the CENTERS FOR DISEASE CONTROL AND PREVENTION/National Center for Health Statistics

National Hospital Ambulatory Medical Care Survey: 1995 Outpatient Department Summary

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Abstract

Objective—This report describes outpatient department visits in the United States in 1995. Statistics are presented on selected patient and visit characteristics.

Methods—The data presented in this report were collected from the 1995 National Hospital Ambulatory Medical Care Survey (NHAMCS). NHAMCS is part of the ambulatory care component of the National Health Care Survey, which measures health care utilization across various types of providers. NHAMCS is a national probability survey of visits to outpatient departments and emergency departments of non-Federal, short-stay and general hospitals in the United States. Sample data were weighted to produce annual estimates.

Results—During 1995, an estimated 67.2 million visits were made to hospital outpatient departments in the United States, an overall rate of 25.7 visits per 100 persons. Overall, visit rates did not vary by age. Females and black persons had higher rates of visits than males and whites, respectively. There were an estimated 7.3 million injury-related outpatient department visits in 1995.

Keywords: outpatient department visits • diagnoses • injury • ICD-9-CM

Introduction

Ambulatory medical care is the predominant method of providing health care services in the United States. Since 1973, data have been collected on patient visits to physicians' offices through the National Ambulatory Medical Care Survey (NAMCS). However, outpatient visits to hospital settings, which represent a significant segment of ambulatory medical care, are not included in the NAMCS (1). Furthermore, hospital ambulatory

patients are known to differ from office patients in their demographic characteristics and in medical aspects, as well (2). In 1992, the National Center for Health Statistics (NCHS) inaugurated the National Hospital Ambulatory Medical Care Survey (NHAMCS) to gather and disseminate information about the health care provided by hospital outpatient departments (OPD's) and emergency departments (ED's) to the population of the United States. Together, the NHAMCS and NAMCS data provide an

important tool for tracking ambulatory care utilization. A third survey, the National Survey of Ambulatory Surgery, was launched in 1994 to focus on the rapidly increasing use of ambulatory surgery centers, which are not covered in the NHAMCS or NAMCS. These surveys are part of the National Health Care Survey, which measures health care utilization across various types of providers.

This report features data on the patient and visit characteristics of hospital OPD visits while another *Advance Data* report highlights visits to emergency departments (3). OPD data from the 1992, 1993, and 1994 NHAMCS have also been published (4-6).

Methods

This report presents data on OPD visits from the 1995 NHAMCS, which is a national probability sample survey conducted by the Division of Health Care Statistics, NCHS, Centers for Disease Control and Prevention. Survey dates for the NHAMCS were December 25, 1994-December 22, 1995.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics



<p>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 purpose of the survey and will not be disclosed or released to other persons or used for any other purpose.</p>		<p>Department of Health and Human Services Public Health Service Centers for Disease Control and Prevention National Center for Health Statistics</p>		<p>OMB No. 0920-0278 Expires: 07-31-97 CDC 64.111</p>	
<h2>NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY 1995-96 OUTPATIENT DEPARTMENT PATIENT RECORD</h2>					
<p>1. DATE OF VISIT</p> <p>Month / Day / Year</p>		<p>4. SEX</p> <p>1 <input type="checkbox"/> Female 2 <input type="checkbox"/> Male</p>		<p>6. ETHNICITY</p> <p>1 <input type="checkbox"/> Hispanic origin 2 <input type="checkbox"/> Not Hispanic</p>	
<p>2. ZIP CODE</p> <p>_____ Patient's</p>		<p>5. RACE</p> <p>1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian / Pacific Islander 4 <input type="checkbox"/> American Indian / Eskimo / Aleut</p>		<p>7. DOES PATIENT SMOKE CIGARETTES ?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown</p>	
<p>3. DATE OF BIRTH</p> <p>Month / Day / Year</p>		<p>8. EXPECTED SOURCE(S) OF PAYMENT FOR THIS VISIT</p> <p>a. Type of payment Check one.</p> <p>1 <input type="checkbox"/> Preferred provider option 2 <input type="checkbox"/> Insured, fee-for-service 3 <input type="checkbox"/> HMO / other prepaid 4 <input type="checkbox"/> Self-pay 5 <input type="checkbox"/> No charge 6 <input type="checkbox"/> Other</p> <p><i>If checked, answer b.</i></p> <p>b. Expected sources of insurance Check all that apply.</p> <p>1 <input type="checkbox"/> Blue Cross / Blue Shield 2 <input type="checkbox"/> Other private insurance 3 <input type="checkbox"/> Medicare 4 <input type="checkbox"/> Medicaid 5 <input type="checkbox"/> Worker's Compensation 6 <input type="checkbox"/> Other 7 <input type="checkbox"/> Unknown</p> <p><i>If checked, skip b.</i></p>			
<p>9. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT Use patient's own words.</p> <p>Most important: _____</p> <p>Other: _____</p> <p>Other: _____</p>					
<p>10. IS THIS VISIT INJURY RELATED ?</p> <p>1 <input type="checkbox"/> Yes (Answer a, b, and c.) 2 <input type="checkbox"/> No (Skip to item 11.)</p> <p>a. Cause of Injury Describe events that preceded injury, e.g., reaction to penicillin, wasp sting, driver in motor vehicle traffic accident involving collision with parked car, etc.</p> <p>_____</p> <p>_____</p> <p>_____</p>			<p>b. Place of occurrence</p> <p>1 <input type="checkbox"/> Home 2 <input type="checkbox"/> School 3 <input type="checkbox"/> Sports or athletics area 4 <input type="checkbox"/> Street or highway 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> Unknown</p> <p>c. Is this injury work related ?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown</p>		
<p>11. PHYSICIAN'S DIAGNOSES As specifically as possible, list up to 3 current diagnoses. Include those unrelated to this visit.</p> <p>a. Principal diagnosis or problem associated with Item 9a.: _____</p> <p>b. Other: _____</p> <p>c. Other: _____</p>			<p>12. DOES PATIENT HAVE: Check all that apply regardless of entry in Item 11.</p> <p>1 <input type="checkbox"/> Arthritis 7 <input type="checkbox"/> HIV / AIDS 2 <input type="checkbox"/> Atherosclerosis 8 <input type="checkbox"/> Hyperactivity / ADD 3 <input type="checkbox"/> COPD 9 <input type="checkbox"/> Hypertension 4 <input type="checkbox"/> Chronic renal failure 10 <input type="checkbox"/> Obesity 5 <input type="checkbox"/> Depression 11 <input type="checkbox"/> None of the above 6 <input type="checkbox"/> Diabetes</p>		
<p>13. AMBULATORY SURGICAL PROCEDURES</p> <p><input type="checkbox"/> NONE</p> <p>List up to 2 surgical procedures performed at this visit.</p> <p>1. _____</p> <p>2. _____</p>		<p>14. DIAGNOSTIC / SCREENING SERVICES Check all ordered or provided at this visit.</p> <p>1 <input type="checkbox"/> NONE</p> <p>EXAMINATIONS:</p> <p>2 <input type="checkbox"/> Breast 3 <input type="checkbox"/> Pelvic 4 <input type="checkbox"/> Rectal 5 <input type="checkbox"/> Visual acuity 6 <input type="checkbox"/> Mental status 7 <input type="checkbox"/> Other: _____</p> <p>TESTS:</p> <p>8 <input type="checkbox"/> Blood pressure 9 <input type="checkbox"/> Urinalysis 10 <input type="checkbox"/> TB skin test 11 <input type="checkbox"/> Blood lead level 12 <input type="checkbox"/> Cholesterol measure 13 <input type="checkbox"/> PSA 14 <input type="checkbox"/> HIV serology 15 <input type="checkbox"/> Other blood test 16 <input type="checkbox"/> Other: _____</p> <p>IMAGING:</p> <p>17 <input type="checkbox"/> X-Ray 18 <input type="checkbox"/> CAT scan 19 <input type="checkbox"/> MRI 20 <input type="checkbox"/> Ultrasound 21 <input type="checkbox"/> Other: _____</p> <p>ALL OTHER: (specify) 22 <input type="checkbox"/> _____</p>		<p>15. THERAPEUTIC AND PREVENTIVE SERVICES Check all ordered or provided at this visit. Exclude medications.</p> <p>1 <input type="checkbox"/> NONE</p> <p>COUNSELING / EDUCATION:</p> <p>2 <input type="checkbox"/> Diet 3 <input type="checkbox"/> Weight reduction 4 <input type="checkbox"/> Cholesterol reduction 5 <input type="checkbox"/> HIV transmission 6 <input type="checkbox"/> Injury prevention 7 <input type="checkbox"/> Tobacco use/exposure</p> <p>8 <input type="checkbox"/> Growth/development 9 <input type="checkbox"/> Mental health 10 <input type="checkbox"/> Other: _____</p> <p>OTHER THERAPY:</p> <p>11 <input type="checkbox"/> Psychotherapy 12 <input type="checkbox"/> Corrective lenses 13 <input type="checkbox"/> Physiotherapy 14 <input type="checkbox"/> Other: _____</p>	
<p>16. MEDICATIONS / INJECTIONS List names of up to 6 medications that were ordered, supplied, or administered during this visit. Include new medications, continuing medications (with or without new orders), Rx and OTC medications, immunizations, allergy shots, and anesthetics.</p> <p><input type="checkbox"/> NONE</p> <p>1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____</p>		<p>17. PROVIDERS SEEN THIS VISIT Check all that apply.</p> <p>1 <input type="checkbox"/> Resident / Intern 5 <input type="checkbox"/> Nurse practitioner 2 <input type="checkbox"/> Staff physician 6 <input type="checkbox"/> R.N. 3 <input type="checkbox"/> Other physician 7 <input type="checkbox"/> L.P.N. 4 <input type="checkbox"/> Physician assistant 8 <input type="checkbox"/> Medical assistant 9 <input type="checkbox"/> Other: _____</p>		<p>18. HAS PATIENT BEEN SEEN IN THIS CLINIC BEFORE?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>↓</p> <p>If "Yes," for condition in Item 11a.?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
		<p>19. WAS PATIENT REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN ?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>		<p>20. VISIT DISPOSITION Check all that apply.</p> <p>1 <input type="checkbox"/> No followup planned 2 <input type="checkbox"/> Return to clinic, P.R.N. 3 <input type="checkbox"/> Return to clinic—appointment 4 <input type="checkbox"/> Telephone followup planned 5 <input type="checkbox"/> Return to referring physician 6 <input type="checkbox"/> Refer to other physician / clinic 7 <input type="checkbox"/> Admit to hospital 8 <input type="checkbox"/> Other: _____</p>	

Figure 1. Patient Record form

The target universe of the NHAMCS is in-person visits made in the United States to OPD's and ED's of non-Federal, short-stay hospitals (hospitals with an average length of stay of less than 30 days) or those whose specialty is general (medical or surgical) or children's general. The sampling frame consisted of hospitals that were listed in the April 1991 SMG Hospital Database.

A four-stage probability sample design is used in NHAMCS (7). The design involves samples of primary sampling units (PSU's), hospitals within PSU's, ED's within hospitals and/or clinics within OPD's, and patient visits within ED's and/or clinics. The PSU sample consists of 112 PSU's that comprise a probability subsample of the PSU's used in the 1985-94 National Health Interview Survey. Of the 487 hospitals sampled in 1995, 437 were eligible to participate in the survey. The overall response rate was 94 percent and 230 OPD's provided data for the survey. Hospital staff were asked to complete Patient Record forms (figure 1) for a systematic random sample of patient visits occurring during a randomly assigned 4-week reporting period. The number of Patient Record forms completed for OPD's was 28,393.

For OPD's with more than five clinics, a sample of clinics was included in the survey. A clinic was defined as an administrative unit of the OPD where ambulatory medical care is provided under the supervision of a physician. Clinics where only ancillary services, such as radiology, laboratory services, physical rehabilitation, renal dialysis, and pharmacy, were provided, or other settings in which physician services were not typically provided, were out of scope for the survey. In addition, ambulatory surgery centers were out of scope since they are included in the National Survey of Ambulatory Surgery.

Because the estimates presented in this report are based on a sample rather than on the entire universe of OPD visits, they are subject to sampling variability. The [Technical notes](#) found at the end of this report include an explanation of sampling errors and guidelines for judging the precision of the estimates.

Several medical classification systems were used to code data from the NHAMCS. The Patient Record form contains an item on the patient's expressed reason for the visit. In this item, the hospital staff were asked to record the patient's "complaint(s), symptom(s), or other reason(s) for this visit in the patient's (or patient's surrogate's) own words." Up to three reasons for visit were coded and classified according to *A Reason for Visit Classification for Ambulatory Care (RVC)* (8).

The Patient Record form contains an item on the cause of injury for injury-related visits. Up to three external causes of injury were coded and classified according to the Supplementary Classification of External Causes of Injury and Poisoning found in the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*(9). In addition, the form contains an item on diagnosis where the hospital staff were asked to record the principal diagnosis or problem associated with the patient's most important reason for the current visit as well as any other significant current diagnoses. Up to three diagnoses were coded and classified according to the ICD-9-CM (9).

The Patient Record form includes items on ambulatory surgical procedures and diagnostic/screening services. Hospital staff were asked to record up to two procedures and to write in up to four services in the open-ended "other" categories. These procedures and services were coded and classified according to the ICD-9-CM, volume 3 (9).

In the medication item, the hospital staff were instructed to record all new or continued medications ordered, supplied, or administered at the visit, including prescription and nonprescription preparations, immunizations, desensitizing agents, and anesthetics. Up to six medications, referred to in this survey as drug mentions, were coded per visit according to a classification system developed at NCHS. A report describing the method and instruments used to collect and process drug information is available (10). Therapeutic classification of the drugs

mentioned on the Patient Record forms was determined using the *National Drug Code Directory*, 1995 edition (11).

The U.S. Bureau of the Census, Housing Surveys Branch, was responsible for the survey's data collection. Data processing operations and medical coding were performed by Analytic Services, Inc., Durham, North Carolina. As part of the quality assurance procedure, a 10 percent quality control sample of survey records was independently processed. Coding error rates ranged between 0.1 and 2.6 percent for various survey items.

Several tables in this report present data on rates of OPD visits. The population figures used in calculating these rates are U.S. Bureau of the Census estimates of the civilian, noninstitutionalized population of the United States as of July 1, 1995, and have been adjusted for net underenumeration (2).

Results

There were an estimated 67.2 million OPD visits in 1995, a rate of 25.7 visits per 100 persons. This was not significantly different from the 1994 rate of 25.6 visits per 100 persons. Patient and visit characteristics of hospital OPD visits are described below.

Patient characteristics

OPD visits by patient's age, sex, and race are shown in [table 1](#) and [figures 2](#) and [3](#). Overall, visit rates did not differ significantly by age. Females made 61.0 percent of all OPD visits. Visit rates were higher for females than males only in the age groups between 15 and 44 years.

White persons made three-quarters (74.5 percent) of all OPD visits, with black persons and Asian or Pacific Islanders accounting for 22.3 percent and 2.9 percent, respectively. The visit rate for black persons was higher than for white persons in the age categories between 15 and 64 years.

Visit characteristics

Geographic region—Visit rates in the Northeast (34.8 visits per 100 persons) were higher than

Table 1. Number, percent distribution, and annual rate of outpatient department visits with corresponding standard errors by selected patient and visit characteristics: United States, 1995

Selected patient and visit characteristics	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year ¹	Standard error of rate
All visits	67,232	8,288	100.0	. . .	25.7	3.2
Age						
Under 15 years	15,039	2,048	22.4	2.2	25.3	3.4
15–24 years	8,307	1,079	12.4	0.7	23.0	3.0
25–44 years	18,588	2,661	27.6	1.6	22.4	3.2
45–64 years	14,811	2,149	22.0	1.1	28.6	4.2
65–74 years	6,004	1,016	8.9	0.8	32.8	5.5
75 years and over	4,482	992	6.7	0.9	34.0	7.5
Sex and age						
Female	41,011	5,320	61.0	1.0	30.5	4.0
Under 15 years	6,908	959	10.3	1.0	23.8	3.3
15–24 years	6,069	830	9.0	0.7	33.7	4.6
25–44 years	12,341	1,917	18.4	1.3	29.2	4.5
45–64 years	9,229	1,376	13.7	0.7	34.5	5.1
65–74 years	3,673	617	5.5	0.5	36.2	6.1
75 years and over	2,792	660	4.2	0.7	34.1	8.0
Male	26,221	3,092	39.0	1.0	20.6	2.4
Under 15 years	8,132	1,112	12.1	1.2	26.7	3.7
15–24 years	2,238	327	3.3	0.2	12.3	1.8
25–44 years	6,247	812	9.3	0.5	15.3	2.0
45–64 years	5,582	816	8.3	0.5	22.4	3.3
65–74 years	2,332	426	3.5	0.4	28.5	5.2
75 years and over	1,690	357	2.5	0.3	33.9	7.2
Race and age						
White	50,110	7,439	74.5	2.4	23.1	3.4
Under 15 years	10,696	1,550	15.9	1.5	22.9	3.3
15–24 years	6,001	960	8.9	0.6	20.8	3.3
25–44 years	13,970	2,387	20.8	1.6	20.4	3.5
45–64 years	11,003	1,907	16.4	1.1	24.8	4.3
65–74 years	4,696	924	7.0	0.7	28.9	5.7
75 years and over	3,745	970	5.6	1.0	31.4	8.1
Black	15,022	1,548	22.3	2.2	44.9	4.6
Under 15 years	3,825	743	5.7	1.0	39.7	7.7
15–24 years	2,034	255	3.0	0.4	37.3	4.7
25–44 years	3,975	460	5.9	0.7	37.9	4.4
45–64 years	3,315	397	4.9	0.6	62.3	7.5
65–74 years	1,208	275	1.8	0.4	76.9	17.5
75 years and over	665	135	1.0	0.2	66.2	13.4
All other races						
Asian/Pacific Islander	1,926	528	2.9	0.7	---	---
American Indian/Eskimo/Aleut	*174	69	*0.3	0.1	---	---
Geographic region						
Northeast	17,892	2,897	26.6	3.9	34.8	5.6
Midwest	24,636	7,152	36.6	6.3	39.6	11.5
South	17,237	2,620	25.6	3.8	18.7	2.8
West	7,466	1,514	11.1	2.3	13.4	2.7

. . . Category not applicable.

--- Data not available.

*Figure does not meet standard of reliability or precision.

¹Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1995. Figures are consistent with census reports PE-10/PPL-41, Addendum 1, and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

NOTE: Numbers may not add to totals because of rounding.

those in the West (13.4 visits per 100 persons). The proportions of OPD visits in the Midwest (36.6 percent), Northeast (26.6 percent), and South (25.6 percent) were higher than the proportion in the West (11.1 percent).

Clinic type—Visits to hospital OPD's were classified into five types of clinics as presented in table 2. General medicine clinics included internal medicine and primary care clinics and represented 55.4 percent of all OPD

visits. Surgery, pediatrics, and obstetrics and gynecology accounted for 16.4 percent, 12.2 percent, and 9.3 percent of visits, respectively. The "other" clinic category that

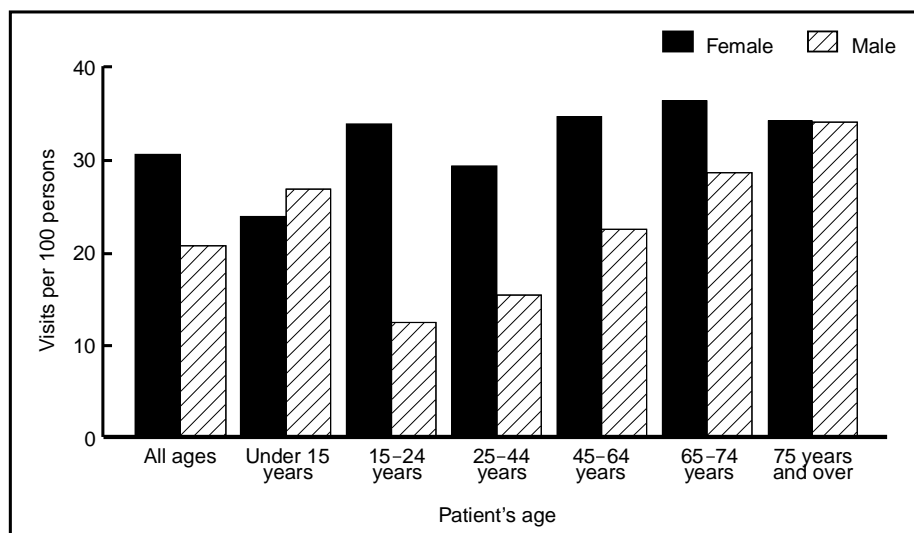


Figure 2. Annual rate of outpatient department visits by patient's age and sex: United States, 1995

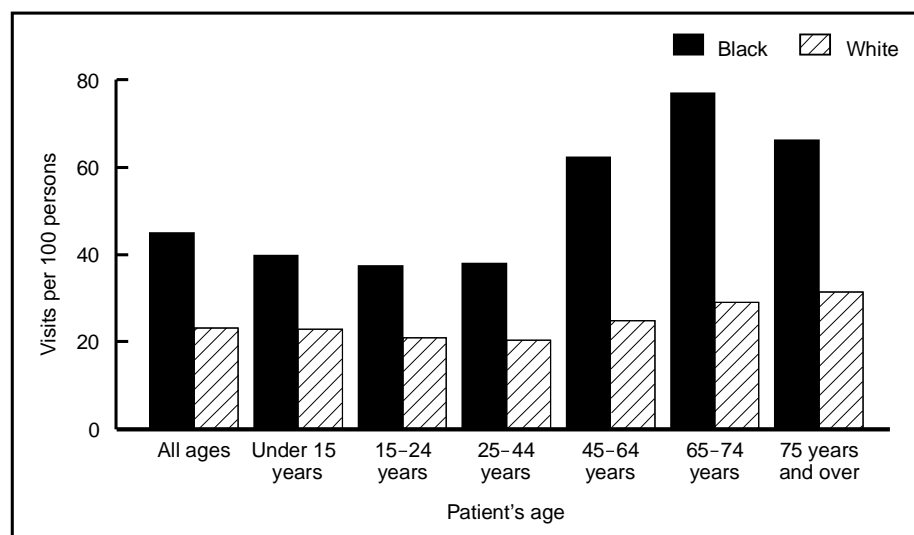


Figure 3. Annual rate of outpatient department visits by patient's age and race: United States, 1995

Table 2. Number and percent distribution of outpatient department visits with corresponding standard errors by clinic type: United States, 1995

Clinic type ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	67,232	8,288	100.0	...
General medicine	37,257	5,739	55.4	3.1
Surgery	11,031	2,362	16.4	2.2
Pediatrics	8,169	1,414	12.2	2.1
Obstetrics and gynecology	6,280	1,103	9.3	1.3
Other	4,495	859	6.7	1.2

... Category not applicable.

¹Only clinics that are under the supervision of a physician were included. Clinics specializing in radiology, laboratory services, physical rehabilitation, or other ancillary services were excluded.

NOTE: Numbers may not add to totals because of rounding.

included such clinics as psychiatry and neurology accounted for 6.7 percent of visits.

Expected sources of payment—Data on expected sources of payment are shown in table 3 and figure 4. This

item underwent substantial revision for the 1995 NHAMCS. The first part of the new item concerns type of payment (for example, Was the visit covered under an insured fee-for-service arrangement, Preferred Provider Option, or HMO/other prepaid plan?). Other options that could be checked were self-pay, no charge, and “other” type of payment. Hospital staff were asked to check only one type of payment. If any of the first three options were checked, the hospital staff were then asked to complete part b of the item, expected sources of insurance for the visit. Hospital staff were asked to check all expected sources of insurance that were applicable.

Insured, fee-for-service was the most common type of payment (44.6 percent) followed by HMO/other prepaid plan (16.4 percent) (table 3). Expected sources of payment, regardless of the type of insurance plan, were most often private insurance (33.7 percent), Medicaid (28.8 percent), and Medicare (16.2 percent) (figure 4).

Patient's principal reason for visit—As described earlier, up to three reasons for visit were classified and coded according to the RVC (7). The principal reason is the problem, complaint, or reason listed in item 9a.

The RVC is divided into eight modules or groups of reasons displayed in table 4. Reasons classified in the symptom module represented 41.8 percent of all OPD visits with respiratory symptoms accounting for 7.7 percent. The treatment module (19.6 percent) and the diagnostic, screening, and preventive module (18.6 percent) were also prominent.

The 20 most frequently mentioned principal reasons for visit, representing 41.8 percent of all visits, are shown in table 5. Progress visit, classified in the treatment module and generally denoting routine followup of an unspecified problem, was the most frequently mentioned principal reason for visit (9.3 percent), followed by general medical examination (5.7 percent), and routine prenatal examination (4.8 percent). The most frequently mentioned reasons having to do with a symptomatic problem were cough

Table 3. Number and percent distribution of outpatient department visits with corresponding standard errors by type of payment and expected sources of insurance for this visit: United States, 1995

Type of payment and expected sources of insurance ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	67,232	8,288	100.0	...
Insured, fee-for-service	29,952	4,061	44.6	2.9
Private insurance	12,497	1,711	18.6	2.8
Medicare	7,664	1,061	11.4	1.7
Medicaid	12,605	1,726	18.7	2.0
Worker's compensation	441	84	0.7	0.2
Other	1,169	185	1.7	0.3
Unknown	274	59	0.4	0.1
HMO/other prepaid ²	11,004	1,510	16.4	2.1
Private insurance	5,129	719	7.6	1.2
Medicare	840	139	1.2	0.2
Medicaid	2,570	374	3.8	0.7
Worker's compensation	*	...	*	...
Other	1,943	290	2.9	0.7
Unknown	886	146	1.3	0.3
Preferred Provider Option	4,538	640	6.7	1.4
Private insurance	3,162	454	4.7	1.3
Medicare	420	81	0.6	0.3
Medicaid	727	124	1.1	0.4
Worker's compensation	*	...	*	...
Other	345	70	0.5	0.2
Unknown	205	49	0.3	0.1
Unspecified type of payment	8,429	1,164	12.5	0.4
Private insurance	1,843	276	2.7	0.4
Medicare	1,953	291	2.9	0.6
Medicaid	3,431	490	5.1	1.0
Worker's compensation	304	64	0.5	0.1
Other	1,138	180	1.7	0.5
Unknown	637	111	0.9	0.3
Self-pay	7,111	1,309	10.6	1.1
No charge	990	417	1.5	0.6
Other	2,930	588	4.4	0.7
No answer ³	2,278	335	3.4	1.3

... Category not applicable.

* Figure does not meet standard of reliability or precision.

¹Only one type of payment (preferred provider option, insured fee-for-service, HMO/other prepaid, self-pay, no charge, or other) was coded for each visit. For payment types of preferred provider option, insured fee-for-service, and HMO/other prepaid, respondents were also asked to check all of the applicable expected sources of insurance. As a result, expected sources of insurance will not add to totals because more than one source could be reported per visit.

²HMO is Health Maintenance Organization.

³Neither type of payment nor source of insurance was reported.

NOTE: Numbers may not add to totals because of rounding.

(2.3 percent) and throat symptoms (1.7 percent). It should be noted that estimates that differ in ranked order may not be significantly different from each other.

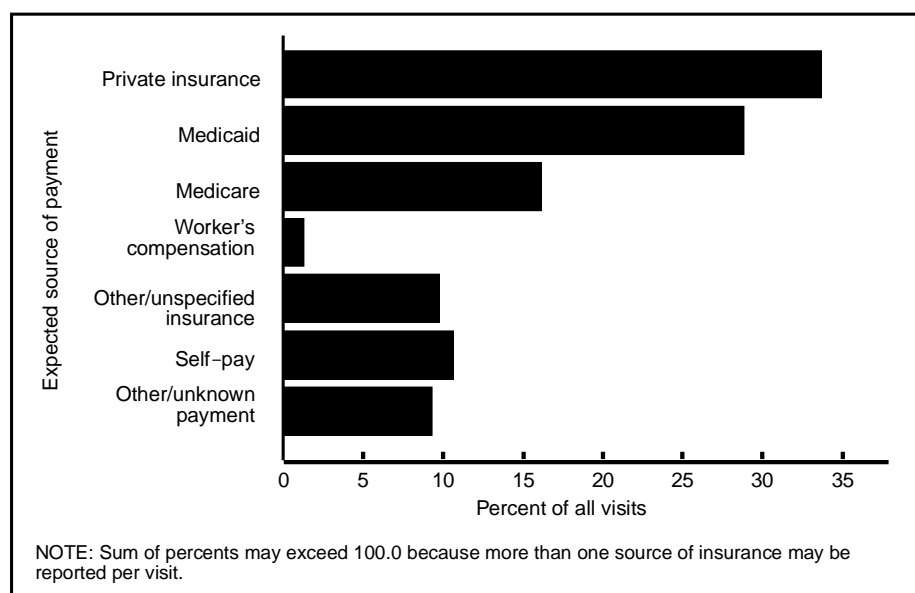
Injury-related visits—The 1995 OPD Patient Record form included a new item that asked the hospital staff to record whether the visit was injury related. Visits were considered to be injury related if “yes” was checked in response to the question “Is this visit injury related?” on the Patient Record form, or if an injury reason for visit or injury diagnosis was recorded, or if a cause of injury was specified on the form. Reporting results from any one of

these items alone would underestimate the number of injury-related visits. Each of these items measures a unique aspect of injury. Employing this definition, the number of injury-related visits increased by 38 percent compared with using the injury checkbox alone.

There were an estimated 7.3 million injury-related OPD visits in 1995, representing 10.8 percent of all OPD visits. Injury-related OPD visits are presented in terms of patient's age and sex in [table 6](#). About half of the injury visits (51.0 percent) were made by males, and 32.9 percent were made by persons aged 25–44 years. The injury-related visit rate for males was not

significantly higher than the rate for females in 1995 (2.9 per 100 males compared with 2.6 per 100 females), nor were there any differences noted between males and females by age. Among females, injury-related visit rates were not significantly different for women in any of the age groups. No statistically significant differences were noted by age for males.

Item 10 on the Patient Record form was expanded in 1995 to capture the place of occurrence of the injury, whether the injury was work related, and the external cause of the injury. However, place of occurrence and whether the injury was work related



categories specified by the ICD-9-CM. The supplementary classification, used for diagnoses other than disease or injury (for example, general medical examination), accounted for 20.3 percent of all OPD visits, followed by diseases of the respiratory system (10.3 percent), mental disorders (7.2 percent), and diseases of the nervous system and sense organs (7.2 percent).

A selection of the most frequently reported principal diagnoses are featured in table 9. The categories shown in this table are based on the ICD-9-CM, but have been defined to better describe ambulatory care visit data. The diagnosis groupings in table 9 accounted for 55.9 percent of all OPD visits made during the year. The four most frequent illness diagnoses were malignant neoplasms, essential hypertension, acute upper respiratory infections, and diabetes mellitus.

Checklist of medical conditions—In addition to the physician's diagnosis reported in item 11 of the Patient Record form, selected information on chronic health conditions was collected in item 12, another addition to the 1995 NHAMCS. Hospital staff were given a list of common conditions and asked to

Figure 4. Percent of outpatient department visits by expected source of payment: United States, 1995

were unknown or blank for 54.2 percent and 52.5 percent of the injury-related visits, respectively. Therefore, further statistics are not shown for these items.

In table 7, data on the intent and mechanism of the first-listed external cause of injury are shown based on ICD-9-CM groupings found in the Technical notes. Over two-thirds of the

injury-related visits were due to unintentional injuries (64.9 percent). Falls were cited most often, accounting for 13.0 percent of all injury visits. However, cause was not recorded for 28.2 percent of the injury visits.

Principal diagnosis—Displayed in table 8 are OPD visits by principal diagnosis using the major disease

Table 4. Number and percent distribution of outpatient department visits with corresponding standard errors by patient's principal reason for visit: United States, 1995

Principal reason for visit and RVC code ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	67,232	8,288	100.0	...
Symptom module S001-S999	28,090	3,504	41.8	1.3
General symptoms S001-S099	3,886	516	5.8	0.4
Symptoms referable to psychological/mental disorders S100-S199	2,086	441	3.1	0.6
Symptoms referable to the nervous system (excluding sense organs) S200-S259	1,573	252	2.3	0.2
Symptoms referable to the cardiovascular/lymphatic system S260-S299	322	93	0.5	0.1
Symptoms referable to the eyes and ears S300-S399	2,749	446	4.1	0.4
Symptoms referable to the respiratory system S400-S499	5,202	795	7.7	0.6
Symptoms referable to the digestive system S500-S639	2,839	333	4.2	0.3
Symptoms referable to the genitourinary system S640-S829	2,407	377	3.6	0.4
Symptoms referable to the skin, hair, and nails S830-S899	2,070	412	3.1	0.3
Symptoms referable to the musculoskeletal system S900-S999	4,957	843	7.4	0.6
Disease module D001-D999	7,603	1,221	11.3	1.1
Diagnostic/screening and preventive module X100-X599	12,531	1,574	18.6	1.1
Treatment module T100-T899	13,164	2,200	19.6	1.7
Injuries and adverse effects module J001-J999	2,580	469	3.8	0.4
Test results module R100-R700	1,147	242	1.7	0.2
Administrative module A100-A140	*758	299	*1.1	0.4
Other ² U990-U999	1,359	358	2.0	0.5

... Category not applicable.

* Figure does not meet standard of reliability or precision.

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC)* (8).

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

NOTE: Numbers may not add to totals because of rounding.

Table 5. Number and percent distribution of outpatient department visits with corresponding standard errors by the 20 principal reasons for visit most frequently mentioned by patients: United States, 1995

Principal reason for visit and RVC code ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	67,232	8,288	100.0	...
Progress visit T800	6,281	1,029	9.3	1.3
General medical examination X100	3,831	557	5.7	0.6
Routine prenatal examination X205	3,234	671	4.8	0.8
Cough S440	1,545	260	2.3	0.2
Postoperative visit T205	*1,497	780	*2.2	0.9
Throat symptoms. S455	1,148	223	1.7	0.2
Stomach and abdominal pain, cramps, and spasms S545	1,108	175	1.7	0.2
Well-baby examination X105	1,051	173	1.6	0.2
Earache, or ear infection S355	984	225	1.5	0.3
Fever S010	972	225	1.5	0.3
Counseling, not otherwise stated T605	874	233	1.3	0.1
Back symptoms. S905	837	160	1.2	0.2
Skin rash. S860	809	144	1.2	0.1
Depression S110	796	203	1.2	0.6
Medication, other and unspecified T115	786	189	1.2	0.3
Hypertension D510	738	216	1.1	0.5
Diabetes mellitus. D205	719	192	1.1	0.1
Psychotherapy T410	*698	374	*1.0	0.5
Headache, pain in head S210	688	138	1.0	0.1
Chest pain and related symptoms S050	630	180	0.9	0.2
All other reasons.	39,109	5,018	58.2	1.2

... Category not applicable.

* Figure does not meet standard of reliability or precision.

¹Based on *A Reason for Visit Classification for Ambulatory Care (RVC) (8)*.

NOTE: Numbers may not add to totals because of rounding.

record whether the patient now has any of them, regardless of what was recorded as the current diagnosis in item 11. Results from item 12 are shown in table 10. Hypertension was checked most frequently, at 13.3 percent of the total—about 8.9 million visits.

Diagnostic and screening services—For the 1995 NHAMCS, item 14 was changed from a predominantly open-ended format back to the checkbox format used in the 1992 survey. Although this limits somewhat the diversity of the services reported, it is thought to increase reliability of the reporting for those categories listed on the form.

Pelvic, breast, and visual examinations were either ordered or provided at 5.6 percent, 4.3 percent, and 3.7 percent, respectively. Blood pressure (50.1 percent) and urinalysis (11.5 percent) were the leading tests. Imaging was most often in the form of an x ray and was either ordered or performed at 9.5 percent of the visits.

About 27 percent of the visits had no diagnostic/screening services ordered or provided (table 11).

Procedures—Item 14 also included four open-ended “other” categories in addition to the checkbox categories. After analyzing the data from these categories and from the ambulatory surgery data reported in question 13, it was discovered that many of the same procedures were being recorded in either place. In item 13, up to two ambulatory surgical procedures, performed at this visit, were to be recorded by hospital staff. The procedures and the results of these open-ended questions were coded and categorized according to the ICD–9–CM, volume 3 (9). Due to small sample sizes, only 4 of the 10 most frequently reported write-in procedures had estimates considered to be reliable. “Other nonoperative measurements and examinations,” “electrocardiogram,” “PAP smear,” and “microscopic examination of specimen from ear, nose, throat, and larynx — culture” were

recorded for 5.5 million visits (8.2 percent), 1.4 million visits (2.1 percent), 983 thousand visits (1.5 percent), and 544 thousand visits (0.8 percent), respectively.

Therapeutic and preventive services—Data on therapeutic and preventive services ordered or provided at OPD visits were collected in item 15 of the Patient Record form. As shown in table 12, these services were recorded at 36.4 percent of all OPD visits in 1995. Counseling or education related to diet (9.4 percent), mental health (4.3 percent), and growth and development (4.2 percent) were mentioned most frequently. Other therapy included psychotherapy (3.4 percent) and physiotherapy (2.4 percent).

Medication therapy—Up to six medications, called drug mentions, were coded per drug visit. This represents a minor change from previous years when only five medications could be recorded per visit. As used in the NHAMCS, the term “drug” is interchangeable with the term “medication” and the term “prescribing” is used both broadly to

Table 6. Number, percent distribution, and annual rate of injury-related outpatient department visits with corresponding standard errors by patient's age and sex: United States, 1995

Patient's age and sex	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Number of visits per 100 persons per year ¹	Standard error of rate
All injury visits	7,258	1,217	100.0	...	2.8	0.5
Age						
Under 15 years	1,656	342	22.8	2.9	2.8	0.6
15–24 years	1,012	177	14.0	1.0	2.8	0.5
25–44 years	2,388	390	32.9	2.0	2.9	0.5
45–64 years	1,500	365	20.7	2.2	2.9	0.7
65–74 years	408	103	5.6	0.7	2.2	0.6
75 years and over	294	65	4.1	0.7	2.2	0.5
Sex and age						
Female	3,556	598	49.0	1.2	2.6	0.4
Under 15 years	688	165	9.5	1.4	2.4	0.6
15–24 years	480	100	6.6	0.7	2.7	0.6
25–44 years	1,156	185	15.9	1.0	2.7	0.4
45–64 years	829	165	11.4	0.9	3.1	0.6
65–74 years	*194	64	*2.7	0.6	1.9	0.6
75 years and over	209	47	2.9	0.5	2.5	0.6
Male	3,701	634	51.0	1.2	2.9	0.5
Under 15 years	967	193	13.3	1.8	3.2	0.6
15–24 years	532	92	7.3	0.7	2.9	0.5
25–44 years	1,232	221	17.0	1.5	3.0	0.5
45–64 years	*671	226	*9.3	1.9	2.7	0.9
65–74 years	213	59	2.9	0.5	2.6	0.7
75 years and over	*85	34	*1.2	0.4	1.7	0.7

... Category not applicable.

* Figure does not meet standard of reliability or precision.

¹Based on U.S. Bureau of the Census monthly postcensal estimates of the civilian noninstitutionalized population of the United States as of July 1, 1995. Figures are consistent with Census reports PE-10/PPL-41, Addendum 1, and have been adjusted for net underenumeration using the 1990 National Population Adjustment Matrix.

NOTE: Numbers may not add to totals because of rounding.

mean ordering and providing any medication, whether prescription or over-the-counter. Visits with one or more drug mentions are termed “drug visits” in the NHAMCS.

The NHAMCS drug database permits classification by a wide range of variables, including specific product name, generic class, entry form chosen by the hospital staff (that is, brand name, generic name, or the desired therapeutic effect), prescription status (that is, whether the product is prescription or nonprescription), federally controlled substance status, composition status (that is, single or multiple-ingredient product), and therapeutic category.

Data on medication therapy are shown in tables 13–15. Medication therapy was the most commonly mentioned therapeutic service in 1995, reported at 41.0 million OPD visits or 61.0 percent of the total (table 13).

The 20 most frequently used generic substances for 1995 are shown

in table 14. Drug products containing more than one ingredient (combination products) are included in the data for each ingredient. For example, acetaminophen with codeine is included in both the count for acetaminophen and the count for codeine. Acetaminophen was the generic ingredient most frequently used in drugs ordered or provided by hospital staff at OPD visits in 1995.

There were 97.0 million drug mentions or an average of 1.4 drug mentions per OPD visit. Table 15 presents the 20 medications most frequently mentioned by hospital staff in the NHAMCS, according to the entry name of drug and therapeutic classification. Entry name refers to the actual designation used by the hospital staff on the Patient Record form and may be a trade name, generic name, or simply a desired therapeutic effect. It should be noted that some drugs have more than one therapeutic application. In cases of this type, the drug was

classified under its primary therapeutic use. Tylenol was the medication most frequently reported by hospital staff, with 2.4 million mentions (2.5 percent of the total). It was followed by Amoxicillin, Motrin, Prednisone, and Synthroid.

Providers seen—A staff physician and resident/intern were seen at 70.9 percent and 20.2 percent of OPD visits, respectively, while a registered nurse was seen at 45.1 percent of visits (table 16). More than one provider could be reported per visit.

Referral status and prior visit status—Table 17 shows data on OPD visits categorized by patient's referral status and prior-visit status. Almost 19 percent of OPD visits were referred by another physician. Also shown in table 17 are OPD visits by prior-visit status. Patients who had been seen in the clinic on a previous occasion accounted for 81.4 percent of visits and 65.9 percent were made by persons returning to the clinic for care of a

Table 7. Number and percent distribution of injury-related outpatient department visits with corresponding standard errors by intent and mechanism of external cause: United States, 1995

Intent and mechanism ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All injury visits	7,258	1,242	100.0	...
Unintentional injuries	4,707	912	64.9	2.7
Falls	946	161	13.0	1.4
Striking against or struck accidentally by objects or persons	605	148	8.3	0.8
Motor vehicle traffic accidents	587	124	8.1	1.2
Overexertion and strenuous movements	446	122	6.1	0.9
Cutting or piercing instruments or objects	307	77	4.2	0.6
Natural and environmental factors	*202	76	*2.8	0.8
Fire and flames, hot substance or object, caustic or corrosive material, and steam	*153	59	*2.1	0.6
Other and not elsewhere classified	854	251	11.8	1.7
Mechanism unspecified	607	119	8.4	1.1
Other and unknown intent ²	182	43	2.5	0.6
Adverse effects of medical treatment	324	66	4.5	0.7
Blank cause ³	2,044	359	28.2	2.4

... Category not applicable.

* Figure does not meet standard of reliability or precision.

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*, Supplementary Classification of External Causes of Injury and Poisoning (9). A detailed description of the ICD-9-CM E-codes used to create the groupings in this table is provided in the [Technical notes](#).

²Includes assault, self-inflicted, other violence, and unknown intent codes.

³Includes illegible and blank E-codes.

NOTE: Numbers may not add to totals because of rounding.

Table 8. Number and percent distribution of outpatient department visits with corresponding standard errors by principal diagnosis: United States, 1995

Major disease category and ICD-9-CM code range ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	67,232	8,288	100.0	...
Infectious and parasitic diseases 001-139	2,014	321	3.0	0.3
Neoplasms 140-239	3,352	868	5.0	1.1
Endocrine, nutritional, and metabolic diseases, and immunity disorders 240-279	3,595	598	5.4	0.5
Mental disorders 290-319	4,849	822	7.2	1.0
Diseases of the nervous system and sense organs 320-389	4,814	644	7.2	0.6
Diseases of the circulatory system 390-459	4,412	790	6.6	0.6
Diseases of the respiratory system 460-519	6,933	1,085	10.3	0.9
Diseases of the digestive system 520-579	2,192	278	3.3	0.3
Diseases of the genitourinary system 580-629	3,027	509	4.5	0.4
Diseases of the skin and subcutaneous tissue 680-709	2,516	589	3.7	0.5
Diseases of the musculoskeletal system and connective tissue 710-739	4,282	811	6.4	0.6
Symptoms, signs, and ill-defined conditions 780-799	3,417	476	5.1	0.3
Injury and poisoning 800-999	4,129	689	6.1	0.5
Supplementary classification V01-V82	13,651	1,650	20.3	1.0
All other diagnoses ²	2,255	523	3.4	0.5
Unknown ³	1,797	312	2.7	0.4

... Category not applicable.

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

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 diagnoses, uncodable diagnoses, and illegible diagnoses.

NOTE: Numbers may not add to totals because of rounding.

previously treated problem. Overall, 19.0 percent of visits were made by new patients.

Disposition of visit—Table 18 displays data on disposition of OPD visits. More than one disposition could be reported per visit. The previously mentioned finding that most OPD patients had been seen in the clinic

before and the fact that 64.5 percent of OPD visits resulted in an appointment for a return visit are indications of the continuous nature of care provided in the OPD setting. Almost one-quarter (24.0 percent) of OPD visits included instructions to return as needed. One percent of visits resulted in hospital admission.

Previous years of ambulatory care visit and drug data from the NHAMCS and NAMCS are available in a variety of formats, including public-use data tape, CD-ROM, and as downloadable data files accessed through the NCHS home page on the Internet. Data for 1995 should be available by mid-1997. For additional information concerning

Table 9. Number and percent distribution of outpatient department visits with corresponding standard errors by selected principal diagnosis group: United States, 1995

Principal diagnosis group and ICD-9-CM code(s) ¹	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	67,232	8,288	100.0	...
Normal pregnancy V22	3,723	530	5.5	0.2
Malignant neoplasms 140-208,230-234	2,742	397	4.1	0.2
Essential hypertension 401	2,309	339	3.4	0.2
Acute upper respiratory infections, excluding pharyngitis 460-461,463-466	1,989	296	3.0	0.2
Diabetes mellitus 250	1,916	286	2.8	0.2
Potential health hazards relating to personal and family history V10-V19	1,670	253	2.5	0.2
Routine infant or child health check V20.2	1,660	251	2.5	0.2
General medical examination V70	1,600	243	2.4	0.2
Arthropathies and related disorders 710-719	1,530	234	2.3	0.2
Otitis media and eustachian tube disorders 381-382	1,457	224	2.2	0.2
Asthma 493	1,301	202	1.9	0.1
Congenital anomalies 740-759	1,161	183	1.7	0.1
Dorsopathies 720-724	1,071	171	1.6	0.1
Chronic sinusitis 473	939	153	1.4	0.1
Rheumatism, excluding back 725-729	912	149	1.4	0.1
Psychoses, excluding major depressive disorder 290-296.1,296.4-299	808	135	1.2	0.1
Potential health hazards related to communicable diseases V01-V09	742	126	1.1	0.1
Acute pharyngitis 462	737	125	1.1	0.1
Major depressive disorder 296.2,296.3	712	122	1.1	0.1
Heart disease, excluding ischemic 391-392.0,393-398,402,404,415-416,420-429	668	116	1.0	0.1
Depressive disorder, not elsewhere classified 311	646	113	1.0	0.1
Fractures, excluding lower limb 800-819	645	113	1.0	0.1
Ischemic heart disease 410-414	633	111	0.9	0.1
Neoplasms of benign, uncertain, or unspecified nature 210-239	611	108	0.9	0.1
Urinary tract infection, site not specified 599.0	608	107	0.9	0.1
Followup examination V67	603	107	0.9	0.1
Open wound, excluding head 874-897	584	104	0.9	0.1
Chronic and unspecified bronchitis 490-491	559	100	0.8	0.1
Contact dermatitis and other eczema 692	544	98	0.8	0.1
Disorders of breast, excluding neoplasms 610-611	513	94	0.8	0.1
Abdominal pain 789.0	512	94	0.8	0.1
Complications of pregnancy, childbirth, and the puerperium 630-677	511	94	0.8	0.1
Alcohol dependence syndrome 303	511	94	0.8	0.1
Artificial opening and other postsurgical status V44-V45	497	92	0.7	0.1
Allergic rhinitis 477	454	86	0.7	0.1
All other diagnoses	29,665	4,023	44.1	5.4

... Category not applicable.

¹These groups are based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (9). However, certain codes have been combined in this table to form larger categories that better describe the utilization of ambulatory care services.

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

Table 10. Number and percent of outpatient department visits with corresponding standard errors by selected medical condition: United States, 1995

Medical condition	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent
All visits	67,232	8,288	...	...
Hypertension	8,911	1,588	13.3	0.9
Diabetes	4,656	628	6.9	0.4
Depression	4,251	650	6.3	0.7
Arthritis	4,092	717	6.1	0.8
Obesity	3,505	476	5.2	0.7
COPD ²	1,850	425	2.8	0.4
Atherosclerosis	*1,231	462	*1.8	0.3
HIV/AIDS ³	789	211	1.2	0.2
Hyperactivity/ADD ⁴	426	96	0.6	0.1
Chronic renal failure	*419	166	*0.6	0.1
None of the above	46,291	5,583	68.9	1.3

... Category not applicable.

*Figure does not meet standard of reliability or precision.

¹Total exceeds total number of visits because more than one condition may be reported per visit.

²COPD is chronic obstructive pulmonary disease.

³HIV is human immunodeficiency virus. AIDS is acquired immunodeficiency syndrome.

⁴ADD is attention deficit disorder.

NAMCS and NHAMCS data, contact the Ambulatory Care Statistics Branch at (301) 436-7132.

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Table 11. Number and percent of outpatient department visits with corresponding standard errors by the 10 diagnostic and screening services most frequently ordered or provided: United States, 1995

Selected services	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent
All visits	67,232	8,288	...	...
Blood pressure	33,699	4,918	50.1	3.3
Other blood test	12,229	1,730	18.2	1.4
Urinalysis	7,749	993	11.5	0.8
X ray	6,412	955	9.5	0.7
Pelvic exam	3,732	586	5.6	0.5
Breast exam.	2,914	531	4.3	0.3
Visual exam	2,476	545	3.7	0.6
Ultrasound	1,592	256	2.4	0.3
Rectal exam.	1,460	337	2.2	0.1
Mental status exam	1,156	241	1.7	0.1
None	18,387	2,908	27.3	1.8

... Category not applicable.

¹Total exceeds total number of visits because more than one service may be reported per visit.

Table 12. Number and percent of outpatient department visits with corresponding standard errors by therapeutic and preventive services ordered or provided: United States, 1995

Therapeutic and preventive services	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent
Counseling and education services				
All visits	67,232	8,288	...	...
Diet	6,345	940	9.4	0.7
Mental health	2,898	592	4.3	0.6
Growth/development.	2,819	570	4.2	0.6
Weight reduction	2,010	361	3.0	0.2
Tobacco use/exposure	1,789	313	2.7	0.2
Injury prevention	1,739	374	2.6	0.4
Cholesterol reduction	691	123	1.0	0.3
HIV transmission ²	514	95	0.8	0.3
Other	10,172	1,710	15.1	0.7
None	42,734	5,282	63.6	0.3
Other therapy				
Psychotherapy	2,319	540	3.4	0.5
Physiotherapy	1,610	346	2.4	0.3
Corrective lenses.	*25	174	*0.0	0.0
Other therapy	1,144	217	1.7	0.3

... Category not applicable.

0.0 Quantity more than zero but less than 0.05.

* Figure does not meet standard of reliability or precision.

¹Total exceeds total number of visits because more than one service may be reported per visit.

²HIV is human immunodeficiency virus.

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Table 13. Number and percent distribution of outpatient department visits with corresponding standard errors by number of medications provided or prescribed: United States, 1995

Number of medications provided or prescribed	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	67,232	8,208	100.0	...
0	26,254	3,230	39.0	1.7
1	16,282	1,842	24.2	1.0
2	10,359	1,293	15.4	0.7
3	5,975	973	8.9	0.5
4	3,086	516	4.6	0.4
5	1,954	363	2.9	0.3
6 or more	3,322	857	4.9	0.8

... Category not applicable.

NOTE: Numbers may not add to totals because of rounding.

Table 14. Number and percent of the 20 most frequently occurring generic substances in drug mentions at outpatient department visits with corresponding standard errors by type of generic substance: United States, 1995

Generic substance	Number of occurrences in thousands ¹	Standard error in thousands	Percent of drug mentions ²	Standard error of percent
All generic substances	115,127	...	...	...
Acetaminophen	4,670	821	4.8	0.2
Amoxicillin	2,646	479	2.7	0.2
Albuterol	2,452	446	2.5	0.2
Ibuprofen	2,400	437	2.5	0.2
Aspirin	1,701	319	1.8	0.1
Hydrochlorothiazide	1,616	304	1.7	0.1
Insulin	1,613	304	1.7	0.1
Trimethoprim	1,397	267	1.4	0.1
Levothyroxine	1,382	265	1.4	0.1
Pyridoxine	1,362	261	1.4	0.1
Prednisone	1,356	260	1.4	0.1
Sulfamethoxazole	1,353	260	1.4	0.1
Riboflavin	1,348	259	1.4	0.1
Vitamin A	1,321	254	1.4	0.1
Thiamine	1,319	254	1.4	0.1
Furosemide	1,287	248	1.3	0.1
Ergocalciferol	1,259	244	1.3	0.1
Estrogens	1,214	236	1.3	0.1
Rantidine	1,150	225	1.2	0.1
Nifedipine	1,129	221	1.2	0.1

... Category not applicable.

¹Frequency of mention combines single-ingredient agents with mentions of the agent as an ingredient in a combination drug.

²Based on an estimated 96,970,000 drug mentions in 1995.

Table 15. Number and percent distribution of the 20 drugs most frequently prescribed at outpatient department visits with corresponding standard errors by entry name of drug: United States, 1995

Entry name of drug ¹	Number of mentions in thousands	Standard error in thousands	Percent distribution	Standard error of percent	Therapeutic classification ²
All drug mentions.	96,970	...	100.0	...	...
Tylenol	2,427	501	2.5	0.2	Analgesics, non-narcotic
Amoxicillin	1,478	242	1.5	0.2	Penicillins
Motrin.	1,287	270	1.3	0.2	Antiarthritics
Prednisone	1,269	316	1.3	0.2	Adrenal corticosteroids
Synthroid.	1,244	359	1.3	0.2	Agents used to treat thyroid disease
Lasix	1,183	259	1.2	0.1	Diuretics
Prenatal vitamins.	*1,138	432	*1.2	0.4	Vitamins, minerals
Zantac	1,110	224	1.1	0.2	Agents used in disorders of upper GI tract ³
Bactrim.	1,048	190	1.1	0.1	Sulfamethoxazole and trimethoprim
Premarin.	*1,027	320	*1.1	0.1	Estrogens and progestins
Cardizem.	964	249	1.0	0.1	Calcium channel blockers
Proventil	957	177	1.0	0.1	Bronchodilators, antiasthmatics
Vasotec.	886	173	0.9	0.1	ACE inhibitors ⁴
Insulin	844	186	0.9	0.1	Blood glucose regulators
HCTZ ⁵	*802	250	*0.8	0.1	Diuretics
ASA ⁶	*779	316	*0.8	0.2	Analgesics, non-narcotic
Amoxil	*738	246	*0.8	0.2	Penicillins
Ventolin.	729	139	0.8	0.1	Bronchodilators, antiasthmatics
Albuterol	728	211	0.8	0.2	Bronchodilators, antiasthmatics
Procardia.	723	139	0.8	0.1	Calcium channel blockers
All other mentions	75,608	11,479	78.0	7.4	...

... Category not applicable.

* Figure does not meet standard of reliability or precision.

¹The entry made by the hospital staff on the prescription or other medical records. This may be a trade name, generic name, or desired therapeutic effect.

²Therapeutic classification is based on the *National Drug Code Directory*, 1995 Edition (10). In cases where a drug had more than one therapeutic use, it was classified under its primary therapeutic use.

³GI is gastrointestinal.

⁴ACE is angiotensin-converting enzyme.

⁵HCTZ is hydrochlorothiazide.

⁶ASA is acetylsalicylic acid.

Table 16. Number and percent of outpatient department visits with corresponding standard errors by type of providers seen: United States, 1995

Type of provider	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent
All visits	67,232	8,288	...	...
Staff physician	47,691	7,003	70.9	3.0
Registered nurse	30,300	3,410	45.1	3.6
Resident/intern	13,552	1,947	20.2	2.2
Medical assistant.	10,186	2,953	15.2	3.1
Licensed practical nurse	7,976	2,290	11.9	2.4
Other physician	2,688	634	4.0	0.8
Nurse practitioner	2,406	537	3.6	0.7
Physician assistant.	*1,541	509	*2.3	0.8
Other	7,812	1,137	11.6	1.2

... Category not applicable.

* Figure does not meet standard of reliability or precision.

¹Total exceeds total number of visits because more than one provider may be reported per visit.

Table 17. Number and percent distribution of outpatient department visits with corresponding standard errors by referral status and prior-visit status: United States, 1995

Visit characteristic	Number of visits in thousands	Standard error in thousands	Percent distribution	Standard error of percent
All visits	67,232	8,288	100.0	...
Referral status				
Not referred by another physician.	54,791	7,123	81.5	1.7
Referred by another physician.	12,441	1,737	18.5	1.7
Prior-visit status				
Old patient.	54,741	7,073	81.4	1.1
Old problem	44,305	5,800	65.9	1.3
New problem	10,436	1,494	15.5	1.0
New patient	12,491	1,470	18.6	1.1

... Category not applicable.

NOTE: Numbers may not add to totals because of rounding.

Table 18. Number and percent of outpatient department visits with corresponding standard errors by disposition of visit: United States, 1995

Disposition	Number of visits in thousands ¹	Standard error in thousands	Percent of visits	Standard error of percent
All visits	67,232	8,288	...	...
Return to clinic — appointment	43,352	4,992	64.5	2.2
Return to clinic PRN ²	16,154	2,832	24.0	2.2
Refer to other physician/clinic	4,825	847	7.2	0.9
No followup planned.	3,817	695	5.7	1.0
Telephone followup planned	2,082	426	3.1	0.5
Return to referring physician.	2,075	382	3.1	0.5
Admit to hospital	670	95	1.0	0.3
Other	1,657	310	2.5	0.1

... Category not applicable.

¹Total exceeds number of visits because more than one disposition may be reported per visit.

²PRN is as needed.

Technical notes

Sampling errors

The standard error is primarily a measure of the sampling variability that occurs by chance when only a sample, rather than an entire universe, is surveyed. The standard error also reflects part of the measurement error, but does not measure any systematic biases in the data. The chances are 95 out of 100 that an estimate from the sample differs from the value that would be obtained from a complete census by less than twice the standard error (SE).

The SE's presented in the tables and used in tests of significance for this report were approximated using SUDAAN software. SUDAAN computes SE's by using a first-order Taylor approximation of the deviation of estimates from their expected values. A description of the software and the approach it uses has been published (12). Generalized linear models for predicting the relative standard error (RSE) were not used for OPD data because of lack of fit of the linear models. The RSE of an estimate is obtained by dividing the SE by the estimate itself. The result is then expressed as a percent of the estimate.

Approximate RSE's for aggregate estimates may be calculated using the following general formula, where x is the aggregate of interest in thousands, and A and B are the appropriate coefficients from table I.

$$RSE(x) = \sqrt{A + \frac{B}{x}} \cdot 100$$

Similarly, RSE's for an estimate of a percent may be calculated using the following general formula, where p is the percent of interest, expressed as a proportion, and x is the denominator of the percent in thousands, using the appropriate coefficients from table I.

$$RSE(x) = \sqrt{\frac{B \cdot (1 - p)}{p \cdot x}} \cdot 100$$

The SE for a rate may be obtained by multiplying the RSE of the total estimate by the rate.

Table I. Coefficients appropriate for determining approximate relative standard errors: National Hospital Ambulatory Medical Care Survey, 1995: Outpatient Departments

Type of estimate	Coefficient for use with estimates in thousands		Lowest reliable estimate in thousands
	A	B	
Visits	0.018118	7.9365	111
Drug mentions	0.02845	11.316	184

Published and flagged estimates

Estimates are not presented unless a reasonable assumption regarding their probability distributions is possible on the basis of the Central Limit Theorem. The Central Limit Theorem states that, given a sufficiently large sample size, the sample estimate approximates the population estimate and, upon repeated sampling, its distribution would be approximately normal.

In this report, estimates are not presented if they are based on fewer than 30 cases in the sample data. In such cases, only an asterisk (*) appears in the tables. Estimates based on 30 or more cases include an asterisk if the RSE of the estimate exceeds 30 percent.

Adjustments for hospital nonresponse

Estimates from NHAMCS data were adjusted to account for sample hospitals that were in scope but did not participate in the study. This adjustment was calculated to minimize the impact of response on final estimates by imputing to nonresponding hospitals data from visits to similar hospitals. For this purpose, hospitals were judged similar if they were in the same region, ownership control group, and metropolitan statistical area control group.

Adjustments for ED or clinic nonresponse

Estimates from NHAMCS data were adjusted to account for ED's and sample clinics that were in scope but did not participate in the study. This adjustment was calculated to minimize the impact of nonresponse on final estimates by imputing to nonresponding ED's or clinics data from visits to similar ED's or clinics. For this purpose,

ED's or clinics were judged similar if they were in the same ED or clinic group.

Tests of significance and rounding

In this report, the determination of statistical inference is based on the t -test. The Bonferroni inequality was used to establish the critical value for statistically significant differences (0.05 level of significance over all analyses performed on estimates contained in a table). Terms relating to differences such as "higher than" indicate that the difference is statistically significant. A lack of comment regarding the difference between any two estimates does not mean that the difference was tested and found to be not significant.

In the tables, estimates of OPD visits have been rounded to the nearest thousand. Consequently, estimates will not always add to totals. Rates and percents were calculated from original unrounded figures and do not necessarily agree with percents calculated from rounded data.

Injury groupings

Table 7 of this report presents data on the intent and mechanism producing the injuries that resulted in visits to OPD's. Cause of injury was collected for each sampled visit in the NHAMCS and was coded according to the ICD-9-CM's Supplementary Classification of External Causes of Injury and Poisoning. For table 7, however, cause-of-injury data were regrouped to highlight the interaction between intentionality of the injury and the mechanism that produced the injury. Table II displays the groupings used in table 7.

Table II. Reclassification of external cause-of-injury codes for use with National Hospital Ambulatory Medical Care Survey data

Intent and mechanism of injury	Cause-of-injury code ¹
Unintentional injuries	E800–E869,E880–E929
Falls	E880.0–E886.9,E888
Motor vehicle traffic accidents	E810–E819
Striking against or struck accidentally by objects or persons	E916–E917
Overexertion and strenuous movements	E927
Cutting or piercing instruments or objects	E920
Natural and environmental factors	E900–E909,E928.0–E928.2
Fire and flames, hot substance or object, caustic or corrosive material, and steam	E890–E899,E924
Other and not elsewhere classified	E846–E848,E911–E915,E918,E921,E923,E925–E926,E929.0–E929.5,E928.8
Mechanism unspecified	E887,E928.9,E929.8,E929.9
Other and unknown intent	E950–E959,E960–E969,E970–E978,E990–E999
	E960–E969
	E950–E959
	E970–E978,E990–E999
	E980–E989
Adverse effects of medical treatment	E870–E879,E930–E949

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*, Supplementary Classification of External Causes of Injury and Poisoning (9).

Definition of terms

Patient—An individual seeking personal health services who is not currently admitted to any health care institution on the premises.

Hospital—All hospitals with an average length of stay for all patients of less than 30 days (short-stay) or hospital whose specialty is general (medical or surgical) or children's general except Federal hospitals and hospital units of institutions, and hospitals with less than six beds staffed for patient use.

Emergency department—Hospital facility for the provision of unscheduled outpatient services to patients whose

conditions require immediate care and that is staffed 24 hours a day. If an ED provided emergency services in different areas of the hospital, then all of these areas were selected with certainty into the sample. Off-site ED's that are open less than 24 hours are included if staffed by the hospital's ED.

Outpatient department (OPD)—Hospital facility where nonurgent ambulatory medical care is provided under the supervision of a physician.

Clinic—An administrative unit of the OPD where ambulatory medical care is provided under the supervision of a physician. The following are examples of the types of clinics excluded from the

NHAMCS: ambulatory surgical centers, chemotherapy, employee health service, renal dialysis, methadone maintenance, and radiology.

Visit—A direct, personal exchange between a patient and a physician or other health care provider working under the physician's supervision, for the purpose of seeking care and receiving personal health services.

Injury-related visit—A visit is considered related to an injury if "yes" was checked in response to question 10, "Is visit injury related?", or if a cause of injury or a nature of injury diagnosis was provided, or an injury-related reason for visit was reported.

Trade name disclaimer

The use of trade names is for identification only and does not imply endorsement by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

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