

National Hospital Ambulatory Medical Care Survey: 2008 Outpatient Department Summary Tables

The Ambulatory and Hospital Care Statistics Branch of the Centers for Disease Control and Prevention's National Center for Health Statistics is pleased to release the most current nationally representative data on ambulatory care visits to hospital outpatient departments (OPDs) in the United States. Statistics are presented on selected hospital, patient, and visit characteristics, based on data collected in the 2008 National Hospital Ambulatory Medical Care Survey (NHAMCS). NHAMCS is a national probability sample survey of visits to the emergency departments and OPDs of nonfederal short-stay and general hospitals in the United States. Web table estimates are based on sample data weighted to produce annual national estimates and include standard errors. Detailed information on the design, conduct, and estimation procedures of NHAMCS can be found at <http://www.cdc.gov/nchs/ahcd.htm>.

As in any survey, results are subject to sampling and nonsampling errors. Nonsampling errors include reporting and processing errors, as well as biases due to nonresponse and incomplete response. In 2008, race was missing for 15% (unweighted) of OPD records, while ethnicity was missing for 21% (unweighted). As in previous years, missing responses for race and ethnicity were imputed using a warm deck method. Nonetheless, the high amount of missing data are of concern. [Tables 3, 8, 9, and 12](#) presenting race and ethnicity data include estimates based on both imputed and reported (known) values and estimates based on reported values only. The “best” estimates of ambulatory care visit use by race and ethnicity are those that include both imputed and reported data. For those wishing to understand the effects of imputation on percent distributions and their standard errors, we provide “reported only” data. Those who wish to conduct a complete-case analysis can use the “reported only” data for benchmarking.

Table 1. Outpatient department visits, by selected hospital characteristics: United States, 2008

Selected hospital characteristic	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year ^{1,2,3} (standard error of rate)
All visits	109,889 (10,094)	100.0 . . .	36.8 (3.4)
Ownership			
Voluntary	79,805 (8,312)	72.6 (4.6)	26.7 (2.8)
Government	26,919 (5,414)	24.5 (4.1)	9.0 (1.8)
Proprietary	*3,165 (1,797)	*2.9 (1.6)	*1.1 (0.6)
Teaching hospital status			
Teaching hospital	42,980 (6,721)	39.1 (4.9)	14.4 (2.3)
Non-teaching hospital ⁴	66,908 (8,114)	60.9 (4.9)	22.4 (2.7)
Geographic region			
Midwest	36,355 (5,426)	33.1 (4.2)	55.5 (8.3)
South	29,774 (5,401)	27.1 (4.2)	27.2 (4.9)
Northeast	28,478 (5,223)	25.9 (4.1)	52.7 (9.7)
West	15,281 (4,136)	13.9 (3.5)	21.9 (5.9)
Metropolitan status ⁵			
MSA	86,998 (8,914)	79.2 (4.7)	34.8 (3.6)
Non-MSA	22,891 (5,796)	20.8 (4.7)	47.1 (11.9)
Clinic type ⁶			
General medicine ⁷	66,874 (7,726)	60.9 (3.1)	22.4 (2.6)
Surgery	13,019 (1,779)	11.8 (1.4)	4.4 (0.6)
Pediatrics	12,119 (2,222)	11.0 (1.8)	4.1 (0.7)
Substance abuse or other ⁸	9,440 (1,473)	8.6 (1.3)	3.2 (0.5)
Obstetrics and gynecology	8,436 (1,096)	7.7 (0.8)	2.8 (0.4)

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Visit rates are based on the July 1, 2008, set of estimates of the civilian noninstitutionalized population of the United States as developed by the Population Division, U.S. Census Bureau.²Population estimates by metropolitan statistical area status are based on estimates of the civilian noninstitutionalized population of the United States as of July 1, 2008, from the 2008 National Health Interview Survey, National Center for Health Statistics, compiled according to the November 2007 Office of Management and Budget definitions of core-based statistical areas. See: <http://www.census.gov/population/www/estimates.metrodef.html> for more about metropolitan statistical area definitions.³For geographic region and metropolitan statistical area, population denominators are different for each category and thus do not add to total population rate. For other variables, the denominator is the total population.⁴In 2008, non-teaching hospitals included hospitals with unknown or blank teaching status because this information could not be separately identified. In prior years, the percentage unknown or blank was small.⁵MSA is metropolitan statistical area.⁶Only clinics under the supervision of a physician were included. Clinics specializing in radiology, laboratory services, physical rehabilitation, or other ancillary services were excluded.⁷General medicine clinics include family practice, primary care clinics, and internal medicine and its subspecialties.⁸"Other" includes psychiatric, mental health, and miscellaneous specialty clinics.

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

Table 2. Outpatient department visits, by patient age and sex: United States, 2008

Patient 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 visits	109,889 (10,094)	100.0 . . .	36.8 (3.4)
Age			
Under 15 years	22,332 (2,910)	20.3 (1.7)	36.6 (4.8)
Under 1 year	4,198 (614)	3.8 (0.4)	97.4 (14.2)
1–4 years	6,662 (881)	6.1 (0.5)	39.9 (5.3)
5–14 years	11,471 (1,614)	10.4 (1.1)	28.6 (4.0)
15–24 years	11,563 (1,251)	10.5 (0.5)	27.8 (3.0)
25–44 years	26,186 (2,635)	23.8 (0.8)	32.2 (3.2)
45–64 years	31,150 (2,923)	28.3 (1.1)	40.2 (3.8)
65 years and over	18,658 (2,158)	17.0 (1.3)	50.1 (5.8)
65–74 years	10,273 (1,146)	9.3 (0.7)	51.7 (5.8)
75 years and over	8,385 (1,074)	7.6 (0.7)	48.3 (6.2)
Sex and age			
Female	67,374 (6,218)	61.3 (0.6)	44.2 (4.1)
Under 15 years	10,666 (1,404)	9.7 (0.8)	35.7 (4.7)
15–24 years	8,308 (900)	7.6 (0.4)	40.4 (4.4)
25–44 years	18,121 (1,826)	16.5 (0.6)	44.2 (4.5)
45–64 years	19,094 (1,816)	17.4 (0.7)	47.9 (4.6)
65–74 years	6,237 (733)	5.7 (0.5)	58.1 (6.8)
75 years and over	4,947 (578)	4.5 (0.4)	47.2 (5.5)
Male	42,515 (3,975)	38.7 (0.6)	29.1 (2.7)
Under 15 years	11,666 (1,532)	10.6 (1.0)	37.3 (4.9)
15–24 years	3,256 (413)	3.0 (0.2)	15.5 (2.0)
25–44 years	8,064 (893)	7.3 (0.4)	20.0 (2.2)
45–64 years	12,055 (1,166)	11.0 (0.5)	32.0 (3.1)
65–74 years	4,036 (456)	3.7 (0.3)	44.1 (5.0)
75 years and over	3,438 (544)	3.1 (0.4)	50.0 (7.9)

. . . Category not applicable.

¹Visit rates are based on the July 1, 2008, set of estimates of the civilian noninstitutionalized population of the United States as developed by the Population Division, U.S. Census Bureau.

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

Table 3. Outpatient department visits by patient race and age, and ethnicity: United States, 2008

Patient race and age, and ethnicity	Reported plus imputed ^{1,2,3}			Reported only ^{1,4,5}	
	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number of visits per 100 persons per year (standard error of rate) ⁶	Number of visits in thousands (standard error thousands)	Percent distribution (standard error of percent)
All visits	109,889 (10,094)	100.0 . . .	36.8 (3.4)	. . . . .	. . . . .
Race and age ⁷					
Reported Race	86,682 (8,688)	78.9 (3.4)	29.0 (2.9)	86,682 (8,688)	100.0 . . .
Imputed (Missing) Race.	23,207 (4,344)	21.1 (3.4)	7.8 (1.5)	. . . . .	. . . . .
White.	79,164 (8,106)	72.0 (2.5)	33.1 (3.4)	61,909 (7,052)	71.4 (2.8)
Under 15 years	15,444 (2,252)	14.1 (1.5)	33.3 (4.9)	10,756 (1,599)	12.4 (1.3)
15–24 years	7,916 (975)	7.2 (0.5)	24.7 (3.0)	5,861 (799)	6.8 (0.5)
25–44 years	18,752 (2,087)	17.1 (0.8)	29.3 (3.3)	14,697 (1,748)	17.0 (0.8)
45–64 years	22,161 (2,289)	20.2 (1.0)	34.6 (3.6)	18,161 (1,995)	21.0 (1.1)
65–74 years	7,936 (1,002)	7.2 (0.6)	46.7 (5.9)	6,547 (935)	7.6 (0.7)
75 years and over	6,954 (995)	6.3 (0.7)	45.6 (6.5)	5,886 (957)	6.8 (0.8)
Black or African American	25,407 (3,436)	23.1 (2.5)	67.5 (9.1)	20,540 (2,969)	23.7 (2.7)
Under 15 years	5,790 (1,094)	5.3 (0.9)	63.3 (12.0)	4,176 (759)	4.8 (0.8)
15–24 years	3,099 (487)	2.8 (0.4)	49.6 (7.8)	2,478 (433)	2.9 (0.4)
25–44 years	5,934 (849)	5.4 (0.6)	56.9 (8.1)	4,858 (734)	5.6 (0.7)
45–64 years	7,588 (1,077)	6.9 (0.8)	87.8 (12.5)	6,546 (986)	7.6 (0.9)
65–74 years	1,841 (330)	1.7 (0.3)	100.6 (18.1)	1,606 (314)	1.9 (0.3)
75 years and over	1,155 (215)	1.1 (0.2)	86.6 (16.2)	876 (178)	1.0 (0.2)
Asian.	2,918 (489)	2.7 (0.4)	21.6 (3.6)	2,192 (384)	2.5 (0.4)
Native Hawaiian or other Pacific Islander.	333 (81)	0.3 (0.1)	60.3 (14.6)	263 (72)	0.3 (0.1)
American Indian or Alaska Native	*403 (257)	*0.4 (0.2)	*13.3 (8.5)	*346 (255)	*0.4 (0.3)
Multiple races	*1,663 (508)	*1.5 (0.5)	*32.5 (9.9)	*1,431 (504)	*1.7 (0.6)
Ethnicity ⁷					
Reported Ethnicity	78,361 (8,008)	71.3 (3.6)	26.2 (2.7)	78,361 (8,008)	100.0 . . .
Imputed (Missing) Ethnicity.	31,527 (5,080)	28.7 (3.6)	10.6 (1.7)	. . . . .	. . . . .
Hispanic or Latino	17,903 (2,706)	16.3 (1.9)	38.6 (5.8)	13,558 (2,154)	17.3 (2.2)
Not Hispanic or Latino	91,986 (8,664)	83.7 (1.9)	36.5 (3.4)	64,803 (6,977)	82.7 (2.2)

. Category not applicable.

* Figure does not meet standards of reliability or precision.

¹For 2008, race data were missing for 21.1 percent of visits, and ethnicity data were missing for 28.7 percent of visits. Readers are therefore advised to treat these data with caution. In this table, estimates based on imputed race and ethnicity data are shown separately from comparison estimates using unimputed data. Missing race and ethnicity were imputed using a hot deck approach rather than the previously used cold deck strategy. The imputation process is described more fully in the 2008 public use file documentation (<http://www.cdc.gov/nchs/ahcd.htm>). Research is currently under way to evaluate further changes to the imputation strategy for use with 2009 data.

²"Reported plus imputed" includes race that was reported directly by outpatient departments and imputed values for the 21.1 percent of visits for which race was not reported.

³"Reported plus imputed" includes ethnicity that was reported directly by outpatient departments and imputed values for the 28.7 percent of visits for which ethnicity was not reported.

⁴"Reported only" calculations are based on 86,682 visits (in thousands) with race reported directly by outpatient departments. The 21.1% of visits for which race was missing was excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed race values.

⁵"Reported only" calculations are based on 78,361 visits (in thousands) with ethnicity reported directly by outpatient departments. The 28.7% of visits for which ethnicity was missing was excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed ethnicity values.

⁶Visit rates are based on the July 1, 2008, set of estimates of the civilian noninstitutionalized population of the United States as developed by the Population Division, U.S. Census Bureau.

⁷The race groups white, black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Race-specific estimates have been tabulated according to 1997 standards for federal data on race and ethnicity and are not strictly comparable with estimates for earlier years. The percent of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

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

Table 4. Expected sources of payment at outpatient department visits: United States, 2008

Expected source of payment	Number visits in thousands ¹ (standard error in thousands)	Percent of visits (standard error of percent)
All visits	109,889 (10,094)	100.0 . . .
Private insurance	45,754 (5,289)	41.6 (2.8)
Medicaid or SCHIP ²	34,598 (3,859)	31.5 (2.0)
Medicare	20,945 (2,259)	19.1 (1.2)
Medicare and Medicaid ³	3,004 (479)	2.7 (0.4)
No insurance ⁴	8,652 (1,516)	7.9 (1.2)
Self-pay	6,068 (972)	5.5 (0.7)
No charge or charity	*2,691 (1,004)	*2.4 (0.9)
Worker's compensation	1,014 (241)	0.9 (0.2)
Other	6,493 (1,359)	5.9 (1.0)
Unknown or blank	2,950 (516)	2.7 (0.4)

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Combined total of expected sources of payment exceeds "all visits," and "percent of visits" exceeds 100%, because more than one source of payment may be reported per visit.

²SCHIP is State Children's Health Insurance Program.

³The visits in this category are also included in both the Medicaid or SCHIP and Medicare categories.

⁴"No insurance" is defined as having only self-pay, no charge, or charity as payment sources. The individual self-pay and no-charge or charity categories are not mutually exclusive.

NOTE: Numbers may not add to totals because of rounding. More than one category could be indicated.

Table 5. Primary care provider and referral status of outpatient department visits, by prior-visit status: United States, 2008

Prior-visit status, primary care provider, and referral status	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All visits	109,889 (10,094)	100.0 . . .
Visit to PCP ¹	43,011 (6,035)	39.1 (3.4)
Visit to non-PCP ^{1,2}	56,062 (5,304)	51.0 (3.4)
Referred for this visit	18,356 (2,386)	16.7 (1.8)
Not referred for this visit	24,169 (3,028)	22.0 (2.3)
Unknown if referred ³	13,538 (2,209)	12.3 (1.9)
Unknown if PCP ¹ visit ^{2,3}	10,815 (2,940)	9.8 (2.4)
Established patient		
All visits	94,518 (8,981)	100.0 . . .
Visit to PCP ¹	40,980 (5,768)	43.4 (3.7)
Visit to non-PCP ^{1,2}	44,201 (4,299)	46.8 (3.5)
Referred for this visit	11,776 (1,884)	12.5 (1.7)
Not referred for this visit	21,544 (2,692)	22.8 (2.5)
Unknown if referred ³	10,880 (1,965)	11.5 (2.0)
Unknown if PCP ¹ visit ^{2,3}	*9,338 (2,839)	*9.9 (2.7)
New patient		
All visits	15,370 (1,523)	100.0 . . .
Visit to PCP ¹	2,031 (316)	13.2 (1.8)
Visit to non-PCP ^{1,2}	11,862 (1,306)	77.2 (2.5)
Referred for this visit	6,580 (824)	42.8 (3.0)
Not referred for this visit	2,624 (511)	17.1 (2.7)
Unknown if referred ³	2,658 (442)	17.3 (2.2)
Unknown if PCP ¹ visit ^{2,3}	1,478 (271)	9.6 (1.6)

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

¹PCP is patient's primary care provider as indicated by a positive response to the question: "Is this clinic the patient's primary care provider?"²Referral status was asked only for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 24.1 percent of visits.³The unknown category includes blanks.

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

Table 6. Primary care provider and referral status of outpatient department visits, by type of clinic: United States, 2008

Type of clinic ¹	Total	Visit to PCP ²	Visit to non-PCP ^{2,3}			Unknown if PCP ² visit ^{3,4}
			Referred for this visit	Not referred for this visit	Unknown if referred ⁴	
Percent distribution (standard error of percent)						
All visits	100.0	39.1 (3.4)	16.7 (1.8)	22.0 (2.3)	12.3 (1.9)	9.8 (2.4)
General medicine ⁵	100.0	50.4 (5.1)	9.8 (1.8)	15.9 (2.6)	11.5 (2.4)	*12.3 (3.6)
Surgery	100.0	*2.9 (1.0)	45.5 (5.1)	31.0 (4.8)	17.6 (4.6)	*2.9 (1.1)
Pediatrics	100.0	61.5 (8.6)	*12.6 (4.3)	*14.1 (4.6)	*7.7 (4.1)	*4.2 (1.2)
Obstetrics and gynecology	100.0	15.3 (3.5)	19.8 (3.9)	36.4 (4.3)	15.0 (3.6)	*13.4 (4.4)
Substance abuse or other ⁶	100.0	*1.7 (0.6)	28.3 (4.3)	50.2 (4.9)	14.1 (2.8)	5.8 (1.5)

* Figure does not meet standards of reliability or precision.

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

²PCP is patient's primary care provider as indicated by a positive response to the question: "Is this clinic the patient's primary care provider?"

³Referral status was asked only for visits to non-PCPs and visits with unknown PCP status. Among these visits, referral information was unknown for 24.1 percent of visits.

⁴The unknown category includes blanks.

⁵General medicine clinics include family practice, primary care clinics, and internal medicine.

⁶"Other" includes psychiatric, mental health, and miscellaneous specialty clinics.

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

Table 7. Twenty leading principal reasons for outpatient department visits: United States, 2008

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	109,889 (10,094)	100.0 . . .
Progress visit, not otherwise specifiedT800	9,029 (1,135)	8.2 (1.0)
General medical examinationX100	6,405 (793)	5.8 (0.6)
CoughS440	3,769 (857)	3.4 (0.7)
Prenatal examination, routineX205	2,514 (477)	2.3 (0.4)
Postoperative visitT205	2,257 (369)	2.1 (0.3)
Symptoms referable to throatS455	2,253 (453)	2.1 (0.3)
Medication, other and unspecified kindsT115	2,229 (309)	2.0 (0.2)
Counseling, not otherwise specifiedT605	2,220 (405)	2.0 (0.3)
Well-baby examinationX105	1,701 (309)	1.5 (0.2)
Diabetes mellitusD205	1,658 (322)	1.5 (0.3)
Back symptomsS905	1,613 (256)	1.5 (0.2)
Stomach pain, cramps and spasmsS545	1,540 (237)	1.4 (0.2)
FeverS010	1,525 (368)	1.4 (0.3)
HypertensionD510	1,460 (342)	1.3 (0.3)
Skin rashS860	1,315 (192)	1.2 (0.1)
Prophylactic inoculationsX400	1,306 (276)	1.2 (0.2)
Low back symptomsS910	1,305 (257)	1.2 (0.2)
Knee symptomsS925	1,273 (220)	1.2 (0.2)
Earache or ear infectionS355	1,241 (229)	1.1 (0.2)
Gynecological examinationX225	1,090 (174)	1.0 (0.1)
All other reasons	62,186 (6,010)	56.6 (1.3)

. . . Category not applicable.

¹Based on *A Reason for Visit Classification* (RVC) defined in the 2008 National Hospital Ambulatory Medical Care Survey public use documentation (http://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc08.pdf). Reason for visit is defined by patient.

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

Table 8. Provider assessed major reason for outpatient department visits, by selected patient and visit characteristics: United States, 2008

Patient or visit characteristic	Total number of visits in thousands	Total percent	New problem	Chronic problem, routine	Chronic problem, flare-up	Pre- or post-surgery, or injury followup	Preventive care ¹	Unknown or blank
Percent distribution (standard error of percent)								
All visits	109,889	100.0	38.1 (2.5)	30.3 (1.6)	6.1 (0.5)	4.7 (0.5)	19.2 (1.3)	1.6 (0.2)
Age								
Under 15 years	22,332	100.0	51.9 (3.8)	16.2 (3.1)	2.6 (0.4)	1.5 (0.4)	26.3 (3.2)	*1.5 (0.7)
Under 1 year	4,198	100.0	38.7 (3.7)	8.3 (2.2)	* . . .	* . . .	49.7 (4.2)	* . . .
1–4 years	6,662	100.0	56.4 (4.1)	*10.2 (3.2)	2.5 (0.6)	*1.8 (0.6)	28.0 (3.3)	* . . .
5–14 years	11,471	100.0	54.2 (4.3)	22.6 (3.7)	3.3 (0.6)	1.4 (0.3)	16.7 (2.4)	*1.8 (0.9)
15–24 years	11,563	100.0	42.8 (3.8)	18.5 (2.3)	4.2 (0.6)	3.1 (0.5)	30.2 (2.8)	*1.2 (0.4)
25–44 years	26,186	100.0	40.9 (2.9)	25.8 (2.0)	6.5 (0.6)	4.6 (0.6)	21.2 (1.7)	1.1 (0.2)
45–64 years	31,150	100.0	31.4 (1.9)	40.3 (1.6)	7.8 (0.7)	6.4 (0.8)	12.3 (1.1)	1.6 (0.3)
65 years and over	18,658	100.0	26.1 (1.8)	43.8 (2.0)	8.3 (1.1)	6.7 (0.7)	12.5 (1.4)	2.5 (0.4)
65–74 years	10,273	100.0	26.8 (2.0)	42.3 (2.3)	8.1 (1.3)	7.3 (0.9)	13.5 (1.5)	2.0 (0.5)
75 years and over	8,385	100.0	25.4 (2.2)	45.6 (2.6)	8.5 (1.1)	6.1 (0.9)	11.3 (2.0)	3.2 (0.6)
Sex								
Female	67,374	100.0	37.5 (2.5)	28.3 (1.6)	5.5 (0.5)	4.4 (0.5)	22.8 (1.5)	1.5 (0.3)
Male	42,515	100.0	39.2 (2.7)	33.3 (2.0)	7.1 (0.6)	5.2 (0.6)	13.5 (1.2)	1.6 (0.3)
Race ^{2,3}								
Reported race	86,682	100.0	35.5 (2.4)	32.6 (1.8)	6.2 (0.5)	4.7 (0.5)	19.4 (1.3)	1.4 (0.2)
Imputed (missing) race	23,207	100.0	47.9 (6.4)	21.5 (4.0)	5.8 (1.1)	4.5 (1.3)	18.2 (3.2)	*2.1 (0.8)
Reported plus imputed ⁴								
White	79,164	100.0	40.2 (2.8)	30.1 (1.9)	6.2 (0.6)	4.9 (0.5)	16.9 (1.4)	1.7 (0.3)
Black or African American	25,407	100.0	32.0 (2.6)	32.1 (2.1)	6.0 (0.6)	3.8 (0.4)	24.8 (2.2)	1.4 (0.3)
Other ⁵	5,318	100.0	36.6 (4.2)	24.5 (2.5)	6.7 (1.2)	5.2 (0.9)	25.9 (2.7)	* . . .
Reported only ⁶								
White	61,909	100.0	37.6 (2.7)	32.3 (2.1)	6.4 (0.7)	5.0 (0.5)	17.2 (1.4)	1.6 (0.2)
Black or African American	20,540	100.0	29.4 (2.8)	34.9 (2.4)	5.8 (0.5)	3.9 (0.5)	24.9 (2.3)	1.1 (0.2)
Other ⁵	4,233	100.0	34.7 (4.8)	26.4 (2.7)	6.7 (1.4)	5.4 (1.0)	26.2 (3.0)	* . . .
Ethnicity ^{2,3}								
Reported ethnicity	78,361	100.0	34.6 (2.4)	31.9 (1.7)	6.3 (0.6)	5.1 (0.5)	20.7 (1.4)	1.3 (0.2)
Imputed (missing)	31,527	100.0	46.8 (5.3)	26.2 (3.6)	5.7 (1.0)	3.6 (1.0)	15.4 (2.2)	2.3 (0.6)
Reported plus imputed ⁷								
Hispanic or Latino	17,903	100.0	36.8 (3.7)	25.0 (2.0)	4.7 (0.6)	5.1 (1.2)	27.0 (3.0)	*1.4 (0.4)
Not Hispanic or Latino	91,986	100.0	38.4 (2.4)	31.3 (1.7)	6.4 (0.6)	4.6 (0.4)	17.7 (1.2)	1.6 (0.2)
Reported only ⁸								
Hispanic or Latino	13,558	100.0	31.4 (2.7)	27.3 (2.0)	4.6 (0.7)	6.0 (1.5)	29.6 (3.2)	1.1 (0.3)
Not Hispanic or Latino	64,803	100.0	35.3 (2.6)	32.9 (2.0)	6.7 (0.6)	4.9 (0.4)	18.9 (1.3)	1.3 (0.2)
Expected source(s) of payment ⁹								
Private insurance	45,754	100.0	43.1 (3.0)	29.0 (2.2)	5.6 (0.6)	4.8 (0.5)	15.8 (1.5)	1.7 (0.2)
Medicaid or SCHIP ¹⁰	34,598	100.0	35.3 (2.8)	28.1 (1.9)	5.2 (0.5)	4.4 (0.7)	25.9 (2.0)	1.0 (0.2)
Medicare	20,945	100.0	25.3 (1.7)	45.1 (2.0)	9.1 (1.2)	6.6 (0.7)	11.5 (1.4)	2.4 (0.5)
Medicare and Medicaid ¹¹	3,004	100.0	23.3 (2.8)	49.2 (3.3)	7.6 (1.8)	8.3 (1.8)	10.9 (1.9)	* . . .
No insurance ¹²	8,652	100.0	40.7 (4.0)	30.2 (3.0)	6.7 (1.0)	4.1 (0.8)	17.9 (2.4)	* . . .
Other ¹³	8,841	100.0	39.3 (4.3)	25.4 (2.9)	6.1 (0.9)	4.1 (0.9)	22.0 (3.1)	*3.2 (1.5)

* Figure does not meet standards of reliability or precision.

. . . Category not applicable.

¹Preventive care includes routine prenatal, general medical, well-baby, screening, and insurance examinations (see question 4c in Patient Record form).²For 2008, race data were missing for 21.1 percent of visits, and ethnicity data were missing for 28.7 percent of visits. Readers are therefore advised to treat these data with caution. In this table, estimates based on imputed race and ethnicity data are shown separately from comparison estimates using unimputed data. Missing race and ethnicity were imputed using a hot deck approach rather than the previously used cold deck strategy. The imputation process is described more fully in the 2008 public use file documentation (<http://www.cdc.gov/nchs/ahcd.htm>). Research is currently under way to evaluate further changes to the imputation strategy for use with 2009 data.³The race groups white, black or African American, and Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Race-specific estimates have been tabulated according to 1997 standards for federal data on race and ethnicity and are not strictly comparable with estimates for earlier years. The percent of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.⁴Reported plus imputed" includes race that was reported directly by outpatient departments and imputed values for the 21.1 percent of visits for which race was not reported.⁵Other race" includes visits by Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.⁶Reported only" calculations are based on 86,682 visits (in thousands) with race reported directly by outpatient departments. The 21.1% of visits for which race was missing are excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed race values.⁷Reported plus imputed" includes ethnicity that was reported directly by outpatient departments and imputed values for the 28.7 percent of visits for which ethnicity was not reported.⁸Reported only" calculations are based on 78,361 visits (in thousands) with ethnicity reported directly by outpatient departments. The 28.7% of visits for which ethnicity was missing are excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed ethnicity values.⁹Combined total of expected sources of payment exceeds "all visits," and "percent of visits" exceeds 100%, because more than one source of payment may be reported per visit.¹⁰SCHIP is State Children's Health Insurance Program.¹¹The visits in this category are also included in both the Medicaid or SCHIP and Medicare categories.¹²No insurance" is defined as having only self-pay, no charge, or charity as payment sources.¹³Other" includes worker's compensation, unknown or blank, and sources not classified elsewhere.

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

Table 9. Preventive care outpatient department visits, by selected patient and visit characteristics: United States, 2008

Patient or visit characteristic	Number of visits in thousands (standard error in thousands)	Percent (standard error of percent)	Number of visits per 100 persons per year ^{1,2} (standard error of rate)
Percent distribution			
All preventive care visits ²	21,082 (2,248)	100.0 . . .	7.1 (0.8)
Age			
Under 15 years	5,863 (929)	27.8 (2.9)	9.6 (1.5)
Under 1 year	2,086 (364)	9.9 (1.2)	48.4 (8.5)
1–4 years	1,863 (295)	8.8 (1.0)	11.2 (1.8)
5–14 years	1,914 (317)	9.1 (1.1)	4.8 (0.8)
15–24 years	3,493 (434)	16.6 (1.2)	8.4 (1.0)
25–44 years	5,550 (630)	26.3 (1.4)	6.8 (0.8)
45–64 years	3,844 (493)	18.2 (1.6)	5.0 (0.6)
65 years and over	2,332 (416)	11.1 (1.5)	6.3 (1.1)
Sex and age			
Female	15,334 (1,625)	72.7 (1.2)	10.1 (1.1)
Under 15 years	2,902 (491)	13.8 (1.6)	9.7 (1.6)
15–24 years	3,195 (403)	15.2 (1.1)	15.5 (2.0)
25–44 years	4,990 (579)	23.7 (1.4)	12.2 (1.4)
45–64 years	2,775 (369)	13.2 (1.2)	7.0 (0.9)
65 years and over	1,472 (263)	7.0 (1.0)	6.9 (1.2)
Male	5,748 (690)	27.3 (1.2)	3.9 (0.5)
Under 15 years	2,961 (463)	14.0 (1.5)	9.5 (1.5)
15–24 years	299 (65)	1.4 (0.3)	1.4 (0.3)
25–44 years	560 (107)	2.7 (0.4)	1.4 (0.3)
45–64 years	1,069 (156)	5.1 (0.5)	2.8 (0.4)
65 years and over	859 (189)	4.1 (0.7)	5.4 (1.2)
Race ^{3,4}			
Reported	16,848 (1,925)	79.9 (3.5)	.....
Imputed (missing)	4,234 (869)	20.1 (3.5)	.....
Reported plus imputed ⁵			
White	13,402 (1,733)	63.6 (3.9)	5.6 (0.7)
Black or African American	6,302 (1,013)	29.9 (3.8)	16.7 (2.7)
Other ⁶	1,377 (245)	6.5 (1.1)	6.2 (1.1)
Reported only ⁷			
White	10,620 (1,564)	63.0 (4.4)	.....
Black or African American	5,120 (824)	30.4 (4.2)	.....
Other ⁶	1,108 (214)	6.6 (1.2)	.....
Ethnicity ^{3,4}			
Reported	16,237 (1,830)	77.0 (3.4)	.....
Imputed (missing)	4,845 (909)	23.0 (3.4)	.....
Reported plus imputed ⁸			
Hispanic or Latino	4,834 (943)	22.9 (3.4)	10.4 (2.0)
Not Hispanic or Latino	16,248 (1,790)	77.1 (3.4)	6.4 (0.7)
Reported only ⁹			
Hispanic or Latino	4,007 (752)	24.7 (3.8)	.....
Not Hispanic or Latino	12,230 (1,520)	75.3 (3.8)	.....
Expected sources of payment ¹⁰			
Medicaid or SCHIP ¹¹	8,975 (1,197)	42.6 (3.1)	24.2 (3.2)
Private insurance	7,209 (1,097)	34.2 (3.8)	3.8 (0.6)
Medicare	2,419 (428)	11.5 (1.6)	5.9 (1.0)
No insurance ¹²	1,550 (308)	7.4 (1.3)	3.5 (0.7)
Other ¹³	2,119 (460)	10.0 (1.8)	.....

. . . Category not applicable.

¹Visit rates for age, sex, race, and ethnicity are based on the July 1, 2008, set of estimates of the civilian noninstitutionalized population of the United States as developed by the Population Division, U.S. Census Bureau. Visit rates by source(s) of payment are based on the 2007 National Health Interview Survey estimates of health insurance.²Preventive care includes visits for routine prenatal, general medical, well-baby, screening, and insurance examinations (see question 4c in Patient Record form).³For 2008, race data were missing for 21.1 percent of visits, and ethnicity data were missing for 28.7 percent of visits. Readers are therefore advised to treat these data with caution. In this table, estimates based on imputed race and ethnicity data are shown separately from comparison estimates using unimputed data. Missing race and ethnicity were imputed using a hot deck approach rather than the previously used cold deck strategy. The imputation process is described more fully in the 2008 public use file documentation (<http://www.cdc.gov/nchs/ahcd.htm>). Research is currently under way to evaluate further changes to the imputation strategy for use with 2009 data.⁴The race groups white, black or African American, and Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Race-specific estimates have been tabulated according to 1997 standards for federal data on race and ethnicity and are not strictly comparable with estimates for earlier years. The percent of visit records with multiple races indicated is

small and lower than what is typically found for self-reported race in household surveys.

⁵"Reported plus imputed" includes race that was reported directly by outpatient departments and imputed values for the 20.1% of preventive care visits for which race was not reported.

⁶"Other race" includes visits by Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

⁷"Reported only" calculations are based on 16,848 preventive care visits (in thousands) with race reported directly by outpatient departments. The 20.1% of preventive care visits for which race was missing are excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed race values.

⁸"Reported plus imputed" includes ethnicity that was reported directly by outpatient departments and imputed values for the 23.0% of preventive care visits for which ethnicity was not reported.

⁹"Reported only" calculations are based on 16,237 preventive care visits (in thousands) with ethnicity reported directly by outpatient departments. The 23.0% of preventive care visits for which ethnicity was missing are excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed ethnicity values.

¹⁰Combined total of expected sources of payment exceeds "all visits," and "percent of visits" exceeds 100%, because more than one source of payment may be reported per visit.

¹¹SCHIP is State Children's Health Insurance Program.

¹²"No insurance" is defined as having only self-pay, no charge, or charity as payment sources. The visit rate was calculated using "uninsured" as the denominator from the 2008 estimates of health insurance coverage from the National Health Interview Survey.

¹³"Other" includes worker's compensation, unknown or blank, and sources not classified elsewhere.

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

Table 10. Primary diagnosis at outpatient department visits, classified by major disease category: United States, 2008

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	109,889 (10,094)	100.0 . . .
Infectious and parasitic diseases001-139	3,888 (638)	3.5 (0.5)
Neoplasms140-239	4,956 (1,105)	4.5 (0.9)
Endocrine, nutritional, metabolic diseases, and immunity disorders240-279	6,400 (644)	5.8 (0.5)
Mental disorders290-319	6,682 (951)	6.1 (0.7)
Diseases of the nervous system and sense organs320-389	7,452 (926)	6.8 (0.5)
Diseases of the circulatory system390-459	8,795 (1,270)	8.0 (0.9)
Diseases of the respiratory system460-519	11,952 (1,965)	10.9 (1.3)
Diseases of the digestive system520-579	2,899 (402)	2.6 (0.3)
Diseases of the genitourinary system580-629	4,273 (484)	3.9 (0.3)
Diseases of the skin and subcutaneous tissue680-709	4,094 (497)	3.7 (0.3)
Diseases of the musculoskeletal system and connective tissue710-739	8,129 (1,095)	7.4 (0.6)
Symptoms, signs, and ill-defined conditions780-799	7,665 (826)	7.0 (0.4)
Injury and poisoning800-999	7,403 (1,133)	6.7 (0.8)
Supplementary classification ²V01-V86	20,642 (2,401)	18.8 (1.4)
All other diagnoses ³	3,861 (501)	3.5 (0.4)
Blank	*798 (288)	*0.7 (0.3)

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* (U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Official version: *International Classification of Diseases, Ninth Revision, Clinical Modification, Sixth Edition*. DHHS Pub No. (PHS) 06-1260).

²Supplementary classification is preventive and follow-up care and includes general medical examination, routine prenatal examination, and health supervision of an infant or child, and other diagnoses not classifiable to injury or illness.

³Includes diseases of the blood and blood-forming organs (280-289); complications of pregnancy, childbirth, and the puerperium (630-677); congenital anomalies (740-759); certain conditions originating in perinatal period (760-779); and entries not codable to the ICD-9-CM (e.g., illegible entries, "left against medical advice," transferred, and entries of "none" or "no diagnoses").

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

Table 11. Twenty leading primary diagnosis groups for outpatient department visits: United States, 2008

Primary diagnosis group and ICD-9-CM codes ¹	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All visits	109,889 (10,094)	100.0 . . .
Essential hypertension401	4,417 (677)	4.0 (0.4)
Acute upper respiratory infections, excluding pharyngitis.460-461,463-466	4,260 (812)	3.9 (0.6)
Routine infant or child health checkV20.2	4,243 (741)	3.9 (0.6)
Malignant neoplasms140-208,230-234	4,182 (1,040)	3.8 (0.9)
Diabetes mellitus250	3,700 (487)	3.4 (0.5)
Spinal disorders720-724	2,964 (535)	2.7 (0.4)
Arthropathies and related disorders710-719	2,847 (404)	2.6 (0.3)
Normal pregnancy ²V22	2,548 (333)	2.3 (0.2)
Heart disease, excluding ischemic391-392.0,393-398,402,404,415-416,420-429	2,059 (482)	1.9 (0.4)
Otitis media and eustachian tube disorders.381-382	1,809 (376)	1.6 (0.3)
Asthma493	1,663 (288)	1.5 (0.2)
Specific procedures and aftercareV50-V59.9	1,654 (232)	1.5 (0.2)
Rheumatism, excluding back725-729	1,645 (260)	1.5 (0.2)
Potential health hazards related to communicable diseasesV01-V09	1,502 (314)	1.4 (0.2)
Psychoses, excluding major depressive disorder290-295,296.0-296.1,296.4-299	1,496 (302)	1.4 (0.2)
Acute pharyngitis462	1,486 (322)	1.4 (0.2)
Complications of pregnancy, childbirth, and the puerperium ³630-677	1,370 (270)	1.2 (0.2)
Follow up examinationV67	1,333 (236)	1.2 (0.2)
General medical examinationV70	1,330 (230)	1.2 (0.2)
Potential health hazards related to personal and family historyV10-V19	1,160 (200)	1.1 (0.1)
All other diagnoses ⁴	62,221 (5,653)	56.6 (1.1)

. . . Category not applicable.

¹Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM)(U.S. Department of Health and Human Services. Centers for Medicare and Medicaid Services. Official version: *International Classification of Diseases, Ninth Revision, Clinical Modification*, Sixth Edition. DHHS Pub No. (PHS) 06-1260). However, certain codes have been combined in this table to better describe the utilization of ambulatory care services.

²Among visits by female patients, 3.8% (SE = 0.4) were for normal pregnancy.

³Among visits by female patients, 2.0% (SE = 0.4) were for complications of pregnancy, childbirth, and the puerperium.

⁴Includes all other diagnoses not listed above, as well as unknown and blank diagnoses.

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

Table 12. Injury-related outpatient department visits, by selected patient characteristics: United States, 2008

Patient characteristic	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-related visits ²	15,026 (1,773)	100.0 ...	5.0 (0.6)
Age			
Under 15 years	2,881 (626)	19.2 (2.9)	4.7 (1.0)
Under 1 year	*101 (33)	0.7 (0.2)	*2.3 (0.8)
1–4 years	656 (117)	4.4 (0.5)	3.9 (0.7)
5–14 years	2,124 (525)	14.1 (2.6)	5.3 (1.3)
15–24 years	1,684 (267)	11.2 (0.9)	4.1 (0.6)
25–44 years	4,242 (572)	28.2 (1.8)	5.2 (0.7)
45–64 years	4,424 (504)	29.4 (2.0)	5.7 (0.7)
65 years and over	1,795 (233)	11.9 (1.2)	4.8 (0.6)
65–74 years	851 (125)	5.7 (0.8)	4.3 (0.6)
75 years and over	944 (145)	6.3 (0.7)	5.4 (0.8)
Sex and age			
Female	7,545 (938)	50.2 (1.4)	4.9 (0.6)
Under 15 years	1,355 (310)	18.0 (2.9)	4.5 (1.0)
15–24 years	769 (143)	10.2 (1.2)	3.7 (0.7)
25–44 years	2,079 (343)	27.6 (2.3)	5.1 (0.8)
45–64 years	2,162 (251)	28.7 (2.3)	5.4 (0.6)
65–74 years	556 (98)	7.4 (1.2)	5.2 (0.9)
75 years and over	624 (102)	8.3 (1.1)	5.9 (1.0)
Male	7,481 (881)	49.8 (1.4)	5.1 (0.6)
Under 15 years	1,525 (332)	20.4 (3.3)	4.9 (1.1)
15–24 years	914 (152)	12.2 (1.2)	4.4 (0.7)
25–44 years	2,163 (290)	28.9 (2.2)	5.4 (0.7)
45–64 years	2,262 (293)	30.2 (2.4)	6.0 (0.8)
65–74 years	296 (55)	4.0 (0.7)	3.2 (0.6)
75 years and over	320 (63)	4.3 (0.7)	4.7 (0.9)
Race ^{3,4}			
Reported	11,597 (1,511)	77.2 (4.5)	...
Imputed (missing)	3,429 (802)	22.8 (4.5)	...
Reported plus imputed ⁵			
White	11,195 (1,408)	74.5 (3.4)	4.7 (0.6)
Black or African American	3,207 (662)	21.3 (3.6)	8.5 (1.8)
Other ⁶	623 (138)	4.1 (0.7)	2.8 (0.6)
Reported only ⁷			
White	8,688 (1,244)	74.9 (3.6)	...
Black or African American	2,472 (513)	21.3 (3.8)	...
Other ⁶	436 (123)	3.8 (0.9)	...
Ethnicity ^{3,4}			
Reported	9,847 (1,206)	65.5 (5.4)	...
Imputed (missing)	5,178 (1,148)	34.5 (5.4)	...
Reported plus imputed ⁸			
Hispanic or Latino	2,036 (361)	13.5 (1.7)	4.4 (0.8)
Not Hispanic or Latino	12,990 (1,543)	86.5 (1.7)	5.1 (0.6)
Reported only ⁹			
Hispanic or Latino	1,326 (240)	13.5 (2.3)	...
Not Hispanic or Latino	8,522 (1,120)	86.5 (2.3)	...

... Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Visits rates for age, sex, race, and ethnicity are based on the July 1, 2008 set of estimates of the civilian noninstitutionalized population of the United States as developed by the Population Division, U.S. Census Bureau.²Injury-related visits included injury, poisoning, or adverse effects of medical treatment based on item 2 of the Patient Record form. Injury visits represent 13.7 percent (SE = 1.0) of all outpatient department visits.³For 2008, race data were missing for 21.1 percent of visits, and ethnicity data were missing for 28.7 percent of visits. Readers are therefore advised to treat these data with caution. In this table, estimates based on imputed race and ethnicity data are shown separately from comparison estimates using unimputed data. Missing race and ethnicity were imputed using a hot deck approach rather than the previously used cold deck strategy. The imputation process is described more fully in the 2008 public use file documentation (<http://www.cdc.gov/nchs/ahcd.htm>). Research is currently under way to evaluate further changes to the imputation strategy for use with 2009 data.⁴The race groups white, black or African American, and Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Race-specific estimates have been tabulated according to 1997 standards for federal data on race and ethnicity and are not strictly comparable with estimates for earlier years. The percent of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.⁵"Reported plus imputed" includes race that was reported directly by outpatient departments and imputed values for the 22.8 percent of visits for which race was not reported.⁶Other race includes visits by Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

⁷“Reported only” calculations are based on 11,597 visits (in thousands) with race reported directly by outpatient departments. The 22.8 percent of visits for which race was missing are excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed race values.

⁸“Reported plus imputed” includes ethnicity that was reported directly by outpatient departments and imputed values for the 34.5 percent of visits for which ethnicity was not reported.

⁹“Reported only” calculations are based on 9,847 visits (in thousands) with ethnicity reported directly by outpatient departments. The 34.5 percent of visits for which ethnicity was missing are excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed ethnicity values.

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

Table 13. Injury-related outpatient department visits, by intent: United States, 2008

Intent	Number of visits in thousands (standard error in thousands)	Percent distribution (standard error of percent)
All injury-related visits	15,026 (1,773)	100.0 . . .
Unintentional injuries	9,164 (1,257)	61.0 (3.5)
Adverse effect of medical or surgical care or adverse effect of medicinal drug	1,269 (188)	8.4 (1.1)
Intentional injuries ¹	*957 (507)	*6.4 (3.1)
Injuries of undetermined intent ²	3,636 (422)	24.2 (2.1)
Category not applicable.		

* Figure does not meet standards of reliability or precision.

¹Category includes assault, self-inflicted, and other causes of violence.

²Category includes illegible entries and blanks.

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

Table 14. Presence of selected chronic conditions at outpatient department visits, by patient age and sex: United States, 2008

Chronic condition ¹	Total	Age				Sex	
		Under 45 years	45–64 years	65–74 years	75 years and over	Female	Male
Number of visits in thousands (standard error in thousands)							
All visits	109,889 (10,094)	60,080 (6,151)	31,150 (2,923)	10,273 (1,146)	8,385 (1,074)	67,374 (6,218)	42,515 (3,975)
Percent distribution (standard error of percent)							
All visits	100.0 (0.0)	100.0 . . .	100.0 . . .	100.0 . . .	100.0 . . .	100.0 . . .	100.0 . . .
One or more chronic conditions	51.2 (1.7)	31.1 (1.4)	71.2 (1.4)	83.1 (2.1)	82.2 (2.6)	51.9 (1.7)	50.2 (1.9)
None	46.0 (1.7)	65.9 (1.6)	26.7 (1.3)	14.5 (1.9)	14.1 (2.2)	45.8 (1.7)	46.4 (2.1)
Blank	2.7 (0.6)	3.0 (0.6)	*2.0 (0.7)	*2.5 (0.8)	*3.7 (1.1)	2.3 (0.5)	3.4 (0.8)
Percent of visits (standard error of percent)							
Hypertension	23.3 (1.4)	7.1 (0.7)	38.0 (1.9)	51.4 (3.5)	50.5 (3.7)	23.6 (1.5)	22.9 (1.4)
Diabetes	12.1 (0.7)	4.3 (0.5)	20.0 (1.2)	27.5 (1.9)	19.9 (1.7)	11.9 (0.8)	12.5 (0.8)
Hyperlipidemia	11.0 (1.2)	2.1 (0.3)	17.4 (1.3)	28.0 (3.3)	30.1 (4.3)	10.8 (1.1)	11.2 (1.3)
Depression	10.2 (0.9)	8.4 (0.9)	14.5 (1.1)	8.6 (1.4)	9.5 (1.6)	11.7 (1.0)	8.0 (0.9)
Arthritis	9.5 (1.0)	3.3 (0.3)	14.6 (1.5)	19.7 (1.9)	22.5 (3.3)	10.5 (1.0)	7.9 (1.0)
Asthma	8.0 (0.6)	8.5 (0.7)	8.1 (0.7)	7.6 (1.4)	4.7 (0.8)	8.6 (0.6)	7.1 (0.7)
Obesity	7.4 (0.5)	5.6 (0.5)	11.0 (0.9)	8.9 (1.1)	5.9 (1.5)	8.8 (0.6)	5.2 (0.6)
Cancer	6.8 (1.1)	2.3 (0.5)	9.6 (1.5)	16.1 (2.8)	17.2 (2.7)	6.3 (1.0)	7.6 (1.3)
COPD ²	4.1 (0.4)	1.5 (0.3)	5.7 (0.6)	8.6 (1.1)	10.9 (2.5)	4.1 (0.4)	4.0 (0.6)
Ischemic heart disease	2.6 (0.5)	0.2 (0.0)	3.4 (0.6)	7.4 (1.6)	10.6 (2.3)	1.8 (0.3)	3.9 (0.7)
CHF ³	2.1 (0.4)	0.2 (0.0)	2.8 (0.6)	5.1 (1.3)	9.5 (2.2)	1.8 (0.3)	2.6 (0.6)
Osteoporosis	1.9 (0.3)	*0.2 (0.1)	2.7 (0.4)	6.3 (1.0)	6.3 (1.0)	2.6 (0.4)	0.8 (0.2)
Chronic renal failure	1.3 (0.2)	*0.4 (0.1)	1.8 (0.3)	2.9 (0.6)	4.2 (0.9)	0.9 (0.2)	2.0 (0.3)
Cerebrovascular disease	1.2 (0.3)	0.2 (0.0)	1.6 (0.3)	2.8 (0.8)	*5.2 (2.0)	1.0 (0.3)	1.5 (0.3)

* Figure does not meet standards of reliability or precision.

¹Presence of chronic conditions was based on the checklist of chronic conditions and reported diagnoses. Combined total visits by patients with chronic conditions and percent of visits exceeds 100% because more than one chronic condition may be reported per visit.

²COPD is chronic obstructive pulmonary disease.

³CHF is congestive heart failure.

Table 15. Selected diagnostic and screening services ordered or provided at outpatient department visits: United States, 2008

Selected diagnostic and screening service ordered or provided	Number of visits in thousands ¹ (standard error in thousands)	Percent of visits (standard error of percent)
All visits	109,889 (10,094)	. . . . .
One or more diagnostic or screening service ordered or provided	100,191 (9,626)	91.2 (1.3)
None	8,851 (1,321)	8.1 (1.2)
Blank	*847 (266)	*0.8 (0.2)
Examinations		
Skin	19,260 (3,647)	17.5 (2.6)
Pelvic	6,533 (904)	5.9 (0.7)
Breast	5,917 (875)	5.4 (0.7)
Rectal	2,261 (388)	2.1 (0.3)
Depression screening	1,500 (359)	1.4 (0.3)
Vital signs		
Weight	80,013 (8,196)	72.8 (2.3)
Blood pressure	71,763 (7,336)	65.3 (2.1)
Temperature	60,525 (7,183)	55.1 (3.1)
Height	50,635 (5,692)	46.1 (3.2)
Blood tests		
CBC ²	14,889 (1,803)	13.5 (1.3)
Glucose	8,296 (1,193)	7.5 (0.9)
Lipids or cholesterol	7,602 (1,227)	6.9 (0.9)
Electrolytes	6,181 (1,011)	5.6 (0.8)
HgbA1C ³	5,017 (959)	4.6 (0.8)
PSA ⁴	1,153 (238)	2.7 (0.5)
Other blood test	16,623 (1,911)	15.1 (1.1)
Other tests		
Urinalysis (UA)	9,510 (1,132)	8.7 (0.8)
EKG or ECG ⁵	4,080 (732)	3.7 (0.6)
Pap test ⁶	3,720 (489)	5.5 (0.5)
Conventional ⁶	1,592 (318)	2.4 (0.4)
Liquid-based ⁶	1,256 (262)	1.9 (0.3)
Unspecified ⁶	872 (209)	1.3 (0.3)
Chlamydia test	2,004 (384)	1.8 (0.3)
Biopsy	1,411 (302)	1.3 (0.2)
Pregnancy test ⁶	1,215 (164)	1.8 (0.2)
Spirometry or pulmonary function test	*1,158 (388)	*1.1 (0.3)
HPV DNA test ⁷	*739 (236)	*1.1 (0.3)
Other test or service	26,007 (3,727)	23.7 (2.6)
Imaging		
Any imaging	20,568 (2,313)	18.7 (1.2)
X-ray	8,994 (1,056)	8.2 (0.7)
Other ultrasound	4,132 (679)	3.8 (0.5)
Mammography	2,788 (549)	2.5 (0.4)
Computed tomography scan	2,520 (447)	2.3 (0.3)
Magnetic resonance imaging	2,044 (399)	1.9 (0.3)
Echocardiogram	1,591 (400)	1.4 (0.3)
Bone mineral density	587 (132)	0.5 (0.1)
Positron emission tomography scan	*240 (76)	*0.2 (0.1)
Other imaging	1,475 (371)	1.3 (0.3)

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

¹ Combined total of diagnostic and screening services exceeds "all visits," and "percent of visits" exceeds 100%, because more than one service may be reported per visit.² CBC is complete blood count.³ HgbA1C is glycohemoglobin.⁴ PSA is prostate specific antigen. Denominator for percentage is male visits.⁵ EKG or ECG is electrocardiogram.⁶ Denominator for percentage is female visits.⁷ HPV is human papillomavirus. DNA is deoxyribonucleic acid. Denominator for percentage is female visits.

Table 16. Initial blood pressure measurements recorded at outpatient department visits for adults aged 18 and over, by selected patient characteristics: United States, 2008

Patient characteristic	Number of visits in thousands	Initial blood pressure ¹					
		Total	Low	Normal	Mildly high	Moderately high	Severely high
All visits ²	62,795	100.0	7.0 (0.4)	24.2 (0.8)	40.4 (0.8)	20.8 (0.7)	7.5 (0.5)
Percent distribution (standard error of percent)							
Age							
18–24 years	6,152	100.0	12.0 (1.0)	40.3 (2.4)	38.6 (2.5)	7.6 (1.1)	* . . .
25–44 years	19,955	100.0	8.9 (0.7)	33.4 (1.4)	38.8 (1.0)	14.0 (1.1)	5.0 (0.6)
45–64 years	23,553	100.0	4.5 (0.6)	18.4 (0.8)	42.1 (1.3)	25.2 (1.0)	9.7 (0.7)
65–74 years	7,357	100.0	4.5 (1.0)	13.5 (1.3)	42.0 (1.8)	29.6 (1.6)	10.4 (1.5)
75 years and over	5,779	100.0	8.7 (1.3)	12.7 (1.7)	38.8 (2.2)	29.2 (2.3)	10.5 (1.3)
Sex							
Female	41,437	100.0	7.9 (0.5)	27.8 (1.0)	38.9 (0.9)	18.5 (0.8)	6.9 (0.5)
Male	21,358	100.0	5.3 (0.6)	17.3 (1.0)	43.4 (1.3)	25.3 (0.9)	8.8 (0.7)
Race^{3,4}							
Reported visits	51,525	100.0	6.7 (0.5)	24.6 (0.9)	40.7 (0.9)	20.7 (0.8)	7.2 (0.6)
Imputed (missing) visits	11,270	100.0	8.3 (0.8)	22.4 (1.5)	38.9 (1.1)	21.2 (1.7)	9.1 (0.8)
Reported plus imputed ⁵							
White	44,951	100.0	7.2 (0.5)	24.5 (0.9)	41.1 (0.9)	20.0 (0.7)	7.1 (0.6)
Black	14,856	100.0	5.9 (0.8)	22.3 (1.2)	38.9 (1.3)	23.6 (1.5)	9.2 (0.8)
Asian	1,559	100.0	8.2 (1.7)	33.7 (3.0)	37.2 (3.6)	15.9 (3.3)	*4.9 (1.8)
Other ⁶	1,429	100.0	11.3 (2.3)	23.2 (2.5)	37.1 (2.7)	22.8 (5.3)	*5.5 (1.8)
Reported only ⁷							
White	36,519	100.0	6.9 (0.6)	25.2 (1.1)	42.0 (1.0)	19.3 (0.8)	6.6 (0.7)
Black	12,549	100.0	5.7 (0.7)	22.1 (1.2)	38.2 (1.6)	24.7 (1.4)	9.3 (0.9)
Asian	1,203	100.0	8.2 (1.7)	35.1 (3.6)	34.0 (4.2)	18.0 (3.9)	* . . .
Other ⁶	*1,253	100.0	10.0 (2.0)	21.5 (2.4)	37.6 (2.8)	25.5 (5.7)	*5.5 (2.0)
Ethnicity^{3,4}							
Reported ethnicity visits	46,045	100.0	7.0 (0.6)	25.1 (0.9)	40.6 (1.0)	20.5 (0.8)	6.8 (0.6)
Imputed (missing) visits	16,750	100.0	7.0 (0.8)	21.7 (1.4)	40.0 (0.8)	21.6 (1.3)	9.6 (0.8)
Reported plus imputed ⁸							
Hispanic or Latino	9,808	100.0	10.3 (1.2)	28.2 (2.1)	39.6 (1.8)	16.6 (1.8)	5.3 (0.8)
Not Hispanic or Latino	52,987	100.0	6.4 (0.4)	23.5 (0.8)	40.6 (0.7)	21.6 (0.7)	7.9 (0.6)
Reported only ⁹							
Hispanic or Latino	7,459	100.0	11.0 (1.5)	29.7 (2.6)	40.1 (2.2)	14.7 (1.9)	4.5 (0.8)
Not Hispanic or Latino	38,586	100.0	6.3 (0.5)	24.2 (1.0)	40.7 (0.9)	21.6 (0.8)	7.2 (0.7)

* Figure does not meet standards of reliability or precision.

. . . Category not applicable.

¹Blood pressure levels were categorized using the following hierarchical definitions: Severely high blood pressure is defined as 160 mm Hg systolic or above, or 100 mm Hg diastolic or above. Moderately high blood pressure is defined as 140–159 mm Hg systolic or 90–99 mm Hg diastolic. Mildly high blood pressure is defined as 120–139 mm Hg systolic or 80–89 mm Hg diastolic. Low blood pressure is defined as less than 100 mm Hg systolic or less than 60 mm Hg diastolic. Normal blood pressure is defined as 100–119 mm Hg systolic and 60–79 mm Hg diastolic. Blood pressure classification was based on Chobanian AV, Bakris GL, Black HR, et al. Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. Hypertension. 42:1206–52. 2003.

²Visits where blood pressure was recorded represent 74.8 percent (SE = 2.1) of all outpatient department visits made by adults (aged 18 and over).

³For 2008, race data were missing for 21.1 percent of visits, and ethnicity data were missing for 28.7 percent of visits. Readers are therefore advised to treat these data with caution. In this table, estimates based on imputed race and ethnicity data are shown separately from comparison estimates using unimputed data. Missing race and ethnicity were imputed using a hot deck approach rather than the previously used cold deck strategy. The imputation process is described more fully in the 2008 public use file documentation (<http://www.cdc.gov/nchs/ahcd.htm>). Research is currently under way to evaluate further changes to the imputation strategy for use with 2009 data.

⁴The race groups white, black or African American, Asian, and Other include persons of Hispanic and not Hispanic origin. Persons of Hispanic origin may be of any race. Race-specific estimates have been tabulated according to 1997 Standards for Federal Data on Race and Ethnicity and are not strictly comparable with estimates for earlier years. The percent of visit records with multiple races indicated is small and lower than what is typically found for self-reported race in household surveys.

⁵"Reported plus imputed" includes race that was reported directly by outpatient departments and imputed values for the 18.0% of visits for which race was not reported.

⁶"Other race" includes visits by Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and persons with more than one race.

⁷"Reported only" calculations are based on 51,525 visits (in thousands) with race that was reported directly by outpatient departments. The 18.0 percent of visits for which race was missing are excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed race values.

⁸"Reported plus imputed" includes ethnicity that was reported directly by outpatient departments, and imputed values for the 26.7 percent of visits for which ethnicity was not reported.

⁹"Reported only" calculations are based on 46,045 visits (in thousands) with ethnicity that was reported directly by outpatient departments. The 26.7 percent of visits for which ethnicity was missing are excluded from the denominator so that readers can compare differences between estimates that include and exclude imputed ethnicity values.

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

Table 17. Selected health education services ordered or provided at outpatient department visits: United States, 2008

Selected health education service ordered or provided ¹	Number of visits in thousands ¹ (standard error in thousands)	Percent of visits (standard error of percent)
All visits	109,889 (10,094)	. . . . .
One or more health education services listed	51,962 (6,450)	47.3 (3.2)
None	55,797 (5,575)	50.8 (3.1)
Blank	2,130 (445)	1.9 (0.4)
Diet or nutrition	14,412 (1,928)	13.1 (1.3)
Exercise	8,324 (1,643)	7.6 (1.2)
Tobacco use or exposure	4,525 (890)	4.1 (0.7)
Injury prevention	4,059 (1,046)	3.7 (0.9)
Weight reduction	3,889 (503)	3.5 (0.4)
Growth or development	3,530 (710)	3.2 (0.6)
Stress management	3,136 (719)	2.9 (0.6)
Asthma education	1,645 (299)	1.5 (0.2)
Other health education	37,047 (5,725)	33.7 (3.4)

. . . Category not applicable.

¹Combined total of individual services exceeds "all visits," and "percent of visits" exceeds 100%, because more than one service may be reported per visit.

Table 18. Selected nonmedication treatment ordered or provided at outpatient department visits: United States, 2008

Selected nonmedication treatment ordered or provided	Number of visits in thousands ¹ (standard error in thousands)	Percent of visits (standard error of percent)
All visits	109,889 (10,094)	. . . . .
One or more nonmedication treatment listed	26,792 (2,979)	24.4 (1.6)
None	78,787 (7,514)	71.7 (1.6)
Blank	4,310 (659)	3.9 (0.5)
Wound care	4,253 (702)	3.9 (0.6)
Orthopedic care	3,630 (526)	3.3 (0.4)
Psychotherapy	3,456 (769)	3.1 (0.7)
Physical therapy	2,440 (428)	2.2 (0.3)
Excision of tissue.	1,741 (362)	1.6 (0.3)
Durable medical equipment	1,139 (194)	1.0 (0.2)
Complementary alternative medicine.	*598 (381)	*0.5 (0.3)
Radiation therapy	*460 (201)	*0.4 (0.2)
Speech or occupational therapy.	376 (96)	0.3 (0.1)
Home health care	307 (90)	0.3 (0.1)
Hospice care	*	* . . .
Other mental health counseling	3,041 (523)	2.8 (0.4)
Other surgical procedure	3,885 (654)	3.5 (0.5)
Other nonsurgical procedure.	9,621 (1,619)	8.8 (1.1)

. Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Combined total of individual treatments exceeds "all visits," and "percent of visits" exceeds 100%, because more than one treatment may be reported per visit."

Table 19. Medication therapy and number of medications mentioned at outpatient department visits: United States, 2008

Medication therapy	Number of visits in thousands ¹ (standard error in thousands)	Percent distribution (standard error of percent)
All visits	109,889 (10,094)	100.0 . . .
Visits with mention of medications ²	83,034 (8,367)	75.6 (1.8)
Visits without mention of medication	25,704 (2,654)	23.4 (1.8)
Blank	1,151 (278)	1.0 (0.2)
Number of medications mentioned		
All visits	109,889 (10,094)	100.0 . . .
0	25,704 (2,654)	23.4 (1.8)
1	24,547 (2,480)	22.3 (0.9)
2	17,001 (1,831)	15.5 (0.7)
3	10,496 (1,280)	9.6 (0.6)
4	7,511 (786)	6.8 (0.3)
5	5,136 (608)	4.7 (0.3)
6	4,452 (604)	4.1 (0.4)
7	3,484 (463)	3.2 (0.3)
8	10,406 (1,707)	9.5 (1.2)
Blank	1,151 (278)	1.0 (0.2)

. . . Category not applicable.

¹Includes prescription drugs, over-the-counter preparations, immunizations, and desensitizing agents. A drug mention is documentation in a patient's record of a drug provided, prescribed, or continued at a visit (up to eight per visit).

²Also defined as drug visits.

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

Table 20. Outpatient department drug visits and drug mentions, by type of clinic: United States, 2008

Clinic type	Drug visits ¹		Drug mentions ²		Percent of drug visits ³ (standard error of percent)	Drug mention rates ⁴ (standard error of rate)
	Number in thousands (standard error in thousands)	Percent distribution (standard error of percent)	Number in thousands (standard error in thousands)	Percent distribution (standard error of percent)		
All visits	83,034 (8,367)	100.0 . . .	280,113 (31,573)	100.0 . . .	75.6 (1.8)	254.9 (13.0)
General medicine ⁵	56,054 (6,721)	67.5 (2.9)	200,097 (25,013)	71.4 (2.6)	83.8 (1.4)	299.2 (15.4)
Pediatrics	8,157 (1,483)	9.8 (1.7)	20,783 (4,050)	7.4 (1.4)	67.3 (5.6)	171.5 (20.1)
Surgery	7,666 (1,138)	9.2 (1.2)	27,043 (4,928)	9.7 (1.4)	58.9 (3.7)	207.7 (25.1)
Obstetrics and gynecology	5,245 (735)	6.3 (0.7)	10,578 (1,627)	3.8 (0.5)	62.2 (3.9)	125.4 (10.1)
Substance abuse and other ⁶	5,912 (981)	7.1 (1.1)	21,613 (4,816)	7.7 (1.6)	62.6 (5.2)	228.9 (30.1)

. . . Category not applicable.

¹Visits at which one or more drugs were provided, prescribed, or continued.

²A drug mention is documentation in a patient's record of a drug provided, prescribed, or continued at a visit (up to eight per visit).

³Percentage of visits to the clinic that included one or more drug provided or prescribed (number of drug visits divided by number of clinic visits multiplied by 100).

⁴Average number of drugs that were provided or prescribed per 100 visits to each clinic (number of drug mentions divided by total number of visits multiplied by 100).

⁵General medicine clinics include family practice, primary care clinics, and internal medicine.

⁶Other includes psychiatric, mental health, and miscellaneous specialty clinics.

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

Table 21. Twenty most frequently mentioned drugs at outpatient department visits, by therapeutic drug categories : United States, 2008

Therapeutic drug category ¹	Number of occurrences in thousands (standard error in thousands)	Percent of drug mentions ² (standard error of percent)
Analgesics ³	36,984 (4,458)	13.2 (0.6)
Antidepressants	12,042 (1,804)	4.3 (0.3)
Antihyperlipidemic agents	11,864 (1,683)	4.2 (0.2)
Bronchodilators	11,689 (1,855)	4.2 (0.4)
Antidiabetic agents	11,526 (1,316)	4.1 (0.4)
Anxiolytics, sedatives, and hypnotics	9,296 (1,198)	3.3 (0.2)
Beta-adrenergic blocking agents	8,838 (1,320)	3.2 (0.2)
Diuretics	8,459 (1,195)	3.0 (0.2)
Antiplatelet agents	8,374 (1,268)	3.0 (0.2)
Anticonvulsants	7,990 (1,118)	2.9 (0.2)
Proton pump inhibitors	7,743 (1,217)	2.8 (0.2)
Angiotensin converting enzyme inhibitors	7,487 (994)	2.7 (0.2)
Dermatological agents	7,014 (862)	2.5 (0.2)
Viral vaccines	6,575 (1,067)	2.3 (0.3)
Antihistamines	6,548 (794)	2.3 (0.1)
Antiemetic or antivertigo agents	5,809 (894)	2.1 (0.2)
Adrenal cortical steroids	5,292 (640)	1.9 (0.1)
Antiarrhythmic agents	4,977 (721)	1.8 (0.1)
Penicillins	4,667 (800)	1.7 (0.2)
Calcium channel blocking agents	4,597 (643)	1.6 (0.1)

¹Based on Multum Lexicon second-level therapeutic drug category (see: <http://www.multum.com/Lexicon.htm>).

²Based on an estimated 280,113,000 drugs provided, prescribed, or continued at outpatient department visits in 2008.

³Includes narcotic and nonnarcotic analgesics and nonsteroidal anti-inflammatory drugs.

Table 22. Twenty most frequently mentioned drug names at outpatient department visits, by new or continued drug status: United States, 2008

Drug name ¹	Number of mentions in thousands (standard error of percent)	Percent distribution (standard error of percent)	Percent distribution (standard error of percent)				Therapeutic drug category ³
			Total	New	Continued	Unknown ²	
All drug mentions	280,113 (31,577)	100.0 . . .	100.0	29.3 (2.2)	67.4 (2.2)	3.3 (0.4)	. . .
Aspirin	6,949 (1,058)	2.5 (0.2)	100.0	7.7 (1.1)	89.5 (1.2)	2.8 (0.7)	Analgesics, Antiplatelet agents
Ibuprofen	6,662 (1,079)	2.4 (0.3)	100.0	57.6 (5.1)	39.5 (4.9)	3.0 (0.7)	Analgesics
Albuterol	6,041 (806)	2.2 (0.2)	100.0	25.9 (4.1)	71.5 (4.1)	*2.6 (1.1)	Bronchodilators
Lisinopril	5,216 (769)	1.9 (0.2)	100.0	8.7 (1.1)	89.0 (1.3)	*2.4 (0.8)	Angiotensin converting enzyme inhibitors
Metoprolol	4,504 (604)	1.6 (0.1)	100.0	7.2 (1.6)	88.9 (1.8)	3.8 (1.1)	Beta-adrenergic blocking agents
Acetaminophen	4,446 (704)	1.6 (0.2)	100.0	55.2 (5.5)	41.8 (5.2)	3.0 (0.8)	Analgesics
Hydrochlorothiazide	3,998 (592)	1.4 (0.2)	100.0	7.4 (1.5)	91.0 (1.6)	*1.6 (0.5)	Diuretics
Levothyroxine	3,886 (548)	1.4 (0.1)	100.0	5.3 (1.3)	92.0 (1.6)	2.7 (0.8)	Thyroid drugs
Metformin	3,817 (445)	1.4 (0.1)	100.0	6.2 (1.4)	91.1 (1.8)	*2.7 (0.9)	Antidiabetic agents
Atorvastatin	3,422 (465)	1.2 (0.1)	100.0	4.9 (1.3)	92.8 (1.5)	*2.3 (0.8)	Antihyperlipidemic agents
Simvastatin	3,420 (571)	1.2 (0.1)	100.0	10.9 (2.3)	84.3 (2.5)	4.8 (1.0)	Antihyperlipidemic agents
Acetaminophen-hydrocodone	3,364 (477)	1.2 (0.1)	100.0	42.5 (5.8)	54.1 (5.8)	*3.4 (1.7)	Analgesics
Furosemide	3,258 (545)	1.2 (0.1)	100.0	4.9 (1.3)	90.4 (2.1)	*4.7 (1.6)	Diuretics
Azithromycin	3,089 (651)	1.1 (0.2)	100.0	90.0 (2.2)	7.9 (1.9)	*2.1 (1.0)	Macrolide derivatives
Amoxicillin	3,010 (573)	1.1 (0.2)	100.0	88.7 (1.9)	8.3 (1.6)	*3.0 (1.0)	Penicillins
Omeprazole	2,813 (450)	1.0 (0.1)	100.0	12.8 (1.8)	85.2 (2.1)	*2.0 (0.8)	Proton pump inhibitors
Warfarin	2,713 (573)	1.0 (0.2)	100.0	*3.2 (1.1)	94.7 (1.8)	*2.1 (1.1)	Anticoagulants
Atenolol	2,546 (554)	0.9 (0.1)	100.0	6.3 (1.3)	90.2 (1.7)	*3.5 (1.3)	Beta-adrenergic blocking agents
Amlodipine	2,546 (343)	0.9 (0.1)	100.0	6.3 (1.4)	88.3 (1.8)	5.3 (1.4)	Calcium channel blocking agents
Fluticasone nasal	2,509 (480)	0.9 (0.1)	100.0	25.7 (3.4)	70.9 (3.3)	*3.4 (1.6)	Nasal preparations
All other	201,904 (22,726)	72.1 (0.8)	100.0	31.3 (2.1)	65.3 (2.1)	3.4 (0.4)	. . .

. . . Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Based on Multum Lexicon terminology, drug name reflects the active ingredient(s) of a drug provided, prescribed, or continued.²Unknown includes drugs provided or prescribed that did not have either the new drug or continued drug check boxes marked.³Based on Multum Lexicon second-level therapeutic drug category (see: <http://www.multum.com/lexicon.htm>).

Table 23. Providers seen at outpatient department visits: United States, 2008

Type of provider	Number of visits in thousands ¹ (standard error in thousands)	Percent of visits (standard error of percent)
All visits	109,889 (10,094)	. . . . .
Any physician	81,000 (7,498)	73.7 (2.4)
R.N. ² or L.P.N. ³	54,711 (5,803)	49.8 (3.1)
Nurse practitioner or midwife	13,735 (2,344)	12.5 (1.6)
Physician assistant	7,281 (1,672)	6.6 (1.3)
Mental health provider	3,404 (824)	3.1 (0.7)
Other provider	24,807 (3,320)	22.6 (2.4)

. . . Category not applicable.

¹Combined total of individual providers exceeds "all visits," and "percent of visits" exceeds 100%, because more than one provider may be reported per visit. The sample of visits was drawn from all visits to the clinic during a 4-week reporting period. At 26.3 percent of these visits, a physician was not seen; instead, the patient saw another provider. In addition, at many visits, patients were seen by multiple providers, the most common being a physician and an R.N. or L.P.N.

²R.N. is registered nurse.

³L.P.N. is licensed practical nurse.

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

Table 24. Disposition of outpatient department visits: United States, 2008

Disposition	Number of visits in thousands ¹ (standard error in thousands)	Percent of visits (standard error of percent)
All visits	109,889 (10,094)	. . . . .
Return at specified time	73,094 (6,961)	66.5 (2.4)
Return if needed, P.R.N. ²	28,127 (3,498)	25.6 (2.1)
Referred to other physician	18,337 (3,032)	16.7 (2.1)
No followup planned	5,183 (734)	4.7 (0.5)
Telephone followup planned	2,903 (772)	2.6 (0.7)
Refer to emergency department	*747 (271)	*0.7 (0.2)
Admitted to hospital	488 (138)	0.4 (0.1)
Other disposition	2,244 (596)	2.0 (0.5)
Blank	1,338 (304)	1.2 (0.2)

. Category not applicable.

* Figure does not meet standards of reliability or precision.

¹Combined total of individual dispositions exceeds "all visits," and "percent of visits" exceeds 100%, because more than one disposition may be reported per visit.

²P.R.N. is "as needed."