

National Ambulatory Medical Care Survey

ABOUT NAMCS

The National Ambulatory Medical Care Survey (NAMCS) produces statistics that are representative of people in the United States who visit office-based physicians. The survey provides information on office visits by physician practice characteristics, patient characteristics, and visit characteristics.

OPHTHALMOLOGY

In 2015–2016, there were an estimated **52 million visits per year** to nonfederally employed, office-based providers specializing in ophthalmology in the United States.

CONTACT US

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PROVIDER-ASSESSED MAJOR REASON FOR VISIT

CHRONIC PROBLEM, ROUTINE	34.8%
NEW PROBLEM ¹	22.7%
PREVENTIVE CARE	14.4%
POSTSURGERY	12.5%
CHRONIC PROBLEM, FLARE-UP	5.8%
PRESURGERY	4.1%

¹Onset less than 3 months.
 NOTE: Major reason for visit is the broad category of the problem or symptom which, in the physician's judgment, was most responsible for the patient making this visit.

TOP 2 SERVICES, ORDERED OR PROVIDED

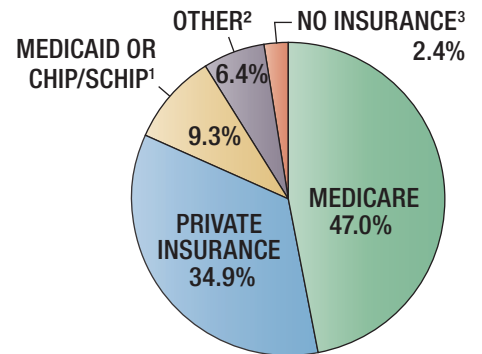
- TONOMETRY
- INJURY PREVENTION

PATIENTS' TOP 5 PRINCIPAL REASONS FOR VISIT

- PROGRESS VISIT
- VISION DYSFUNCTIONS
- EYE EXAMINATION
- POSTOPERATIVE VISIT
- CATARACT

NOTE: Principal reason for visit is based on the patient's primary expressed reason for the visit, which is abstracted from the medical record and later coded into categories using an internal NCHS system.

PRIMARY EXPECTED SOURCE OF PAYMENT



¹CHIP is Children's Health Insurance Program; SCHIP is State CHIP.
²Includes workers' compensation, other sources of payment, unknown, and blank data.
³Having only self-pay, no charge, or charity as source of payment.

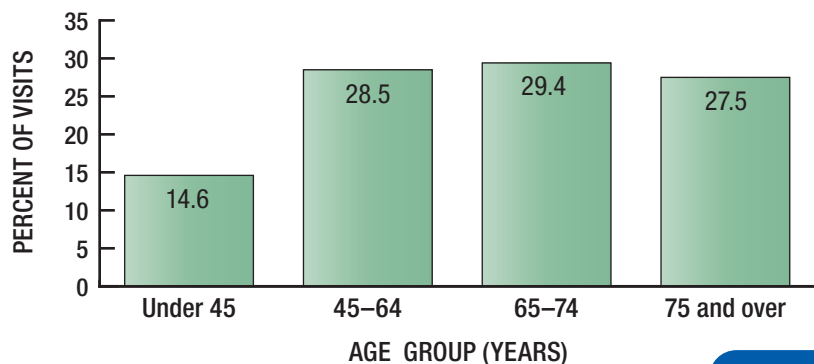
MEDICATIONS WERE PRESCRIBED OR CONTINUED AT 71.4% OF OFFICE VISITS.

TOP 5 ACTIVE INGREDIENTS



- ASPIRIN
- TROPICAMIDE OPHTHALMIC
- MISCELLANEOUS OPHTHALMIC AGENTS
- MULTIVITAMIN
- LEVOTHYROXINE

PERCENT DISTRIBUTION OF OPHTHALMOLOGY OFFICE VISITS, BY PATIENT'S AGE: 2015–2016



National Ambulatory Medical Care Survey

NAMCS data are widely used in research studies appearing in nationally recognized medical journals. Here are a few recent publications using NAMCS data:

Goodson JD, Shahbazi S, Rao K, Song Z. **Differences in the complexity of office visits by physician specialty: NAMCS 2013–2016.** J Gen Intern Med 35(6):1715–20. 2020.

Ward BW, Myrick KL, Cherry DK. **Physician specialty and office visits made by adults with diagnosed multiple chronic conditions: United States, 2014–2015.** Public Health Rep 135(3):372–82. 2020.

De Lott LB, Kerber KA, Lee PP, Brown DL, Burke JF. **Diplopia-related ambulatory and emergency department visits in the United States, 2003–2012.** JAMA Ophthalmol 135(12):1339–44. 2017.

Wilson FA, Stimpson JP, Wang Y. **Inconsistencies exist in national estimates of eye care services utilization in the United States.** J Ophthalmol 2015:435606. 2015.

Shokeen D, O'Neill JL, Davis SA, Moustafa F, Huang WW. **Characterizing the treatment of autoimmune bullous disorders from 1993 through 2010: A NAMCS study.** J Clin Investigat Dermatol 1(1):1–4. 2013.



A complete list of publications using NAMCS data, which includes articles and reports, can be found at: https://www.cdc.gov/nchs/ahcd/ahcd_products.htm.