

National Ambulatory Medical Care Survey

ABOUT NAMCS

The National Ambulatory Medical Care Survey (NAMCS) produces statistics that represent the experience of the U.S. population at visits to office-based physicians. The survey provides information on office visits in terms of physician practice, patient, and visit characteristics.

CARDIOVASCULAR DISEASE

During 2014–2015, an estimated **40 million visits per year** were made to nonfederally employed, office-based physicians specializing in cardiovascular disease in the United States. More than 75% of the visits were by persons aged 45 and over.

CONTACT US

Ambulatory and Hospital Care Statistics Branch:

301-458-4600

https://www.cdc.gov/nchs/ahcd/namcs_participant.htm



MAJOR REASON FOR VISIT

CHRONIC PROBLEM, ROUTINE	54%
NEW PROBLEM	18%
PREVENTIVE CARE	13%
CHRONIC PROBLEM, FLARE-UP	8%
PRE- OR POST-SURGERY	6%

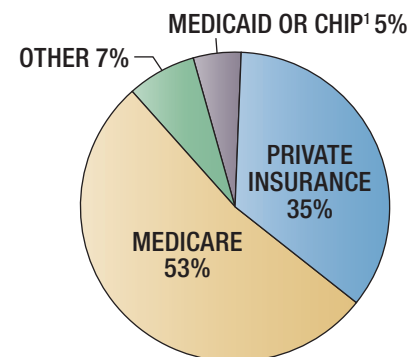
TOP 4 DIAGNOSES

- CORONARY ATHEROSCLEROSIS
- ATRIAL FIBRILLATION
- ESSENTIAL HYPERTENSION
- CHEST PAIN

TOP 5 SERVICES ORDERED OR PROVIDED

- ELECTROCARDIOGRAM (EKG)
- ECHOCARDIOGRAM (ECG)
- DIET/NUTRITION COUNSELING
- EXERCISE COUNSELING
- TOTAL CHOLESTEROL

EXPECTED SOURCE OF PAYMENT



¹Children's Health Insurance Program.

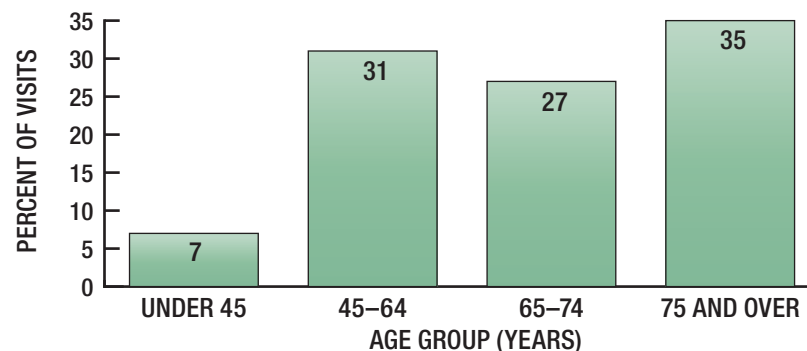
MEDICATIONS WERE PRESCRIBED OR CONTINUED AT **86%** OF OFFICE VISITS.

TOP 5 ACTIVE INGREDIENTS



- ASPIRIN
- METOPROLOL
- ATORVASTATIN
- FUROSEMIDE
- LISINAPRIL

PERCENT DISTRIBUTION OF CARDIOLOGY OFFICE VISITS, BY PATIENT'S AGE: 2014–2015



National Ambulatory Medical Care Survey

NAMCS data are widely used in research studies appearing in nationally recognized medical journals. Below is a selection of cardiovascular articles in recent publications citing NAMCS data:

Adesanoye DT, Willey CJ. **Does cardiovascular comorbidity influence the prescribing of bronchodilators in chronic obstructive pulmonary disease?** *Ann Pharmacother* 51(10):855–61. 2017.

Dean CA, Arnold LD, Hauptman PJ, Wang J, Elder K. **Patient, physician, and practice characteristics associated with cardiovascular disease preventive care for women.** *J Womens Health (Larchmt)* 26(5):491–9. 2017.

Ladapo JA, Chokshi DA. **Changes in cardiovascular care provision after the Affordable Care Act.** *Am J Manag Care* 23(11):e366–73. 2017.

Ladapo JA, Richards AK, DeWitt CM, Harawa NT, Shoptaw S, Cunningham WE, Mafi JN. **Disparities in the quality of cardiovascular care between HIV-infected versus HIV-uninfected adults in the United States: A cross-sectional study.** *J Am Heart Assoc* 6(11). 2017.

Reddy SM, Ramachandran A, Cabral H, Kazis L. **Provision of family planning to women with cardiovascular risk factors.** *J Am Board Fam Med* 28(1):105–14. 2015.

Fontil V, Pletcher MJ, Khanna R, Guzman D, Victor R, Bibbins-Domingo K. **Physician underutilization of effective medications for resistant hypertension at**

office visits in the United States: NAMCS 2006–2010. *J Gen Intern Med* 29(3):468–76. 2014.

Ladapo JA, Blecker S, Douglas PS. **Physician decision making and trends in the use of cardiac stress testing in the United States: An analysis of repeated cross-sectional data.** *Ann Intern Med* 161(7):482–90. 2014.

Makam AN, Nguyen OK. **Use of cardiac biomarker testing in the emergency department.** *JAMA Intern Med* 175(1):67–75. 2015.

Kraschnewski JL, Sciamanna CN, Stuckey HL, Chuang CH, Lehman EB, Hwang KO, et al. **A silent response to the obesity epidemic: Decline in US physician weight counseling.** *Med Care* 51(2):186–92. 2013.

Karve S, Levine D, Seiber E, Nahata M, Balkrishnan R. **Trends in ambulatory prescribing of antiplatelet therapy among US ischemic stroke patients: 2000–2007.** *Adv Pharmacol Sci* 2012:846163. 2012.

Pham TT, Miller MJ, Harrison DL, Lloyd AE, Crosby KM, Johnson JL. **Cardiovascular disease and non-steroidal anti-inflammatory drug prescribing in the midst of evolving guidelines.** *J Eval Clin Pract* 19(6):1026–34. 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.