

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.

PSYCHIATRY

In 2015–2016, there were an estimated **38 million visits per year** to nonfederally employed, office-based providers specializing in psychiatry in the United States.

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PROVIDER-ASSESSED MAJOR REASON FOR VISIT

CHRONIC PROBLEM, ROUTINE	70.1%
NEW PROBLEM ¹	10.1%
CHRONIC PROBLEM, FLARE-UP	7.7%

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.

PATIENTS' TOP 4 PRINCIPAL REASONS FOR VISIT

- PROGRESS VISIT
- MEDICATION
- DEPRESSION
- ANXIETY AND NERVOUSNESS

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.

TOP 3 SERVICES, ORDERED OR PROVIDED

- PSYCHOTHERAPY
- MENTAL HEALTH COUNSELING, EXCLUDING PSYCHOTHERAPY
- LIPID PROFILE

PRIMARY EXPECTED SOURCE OF PAYMENT

PRIVATE INSURANCE	47.9%
NO INSURANCE ¹	26.7%
MEDICARE	11.9%
MEDICAID OR CHIP/SCHIP ²	7.6%
OTHER ³	1.1%

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

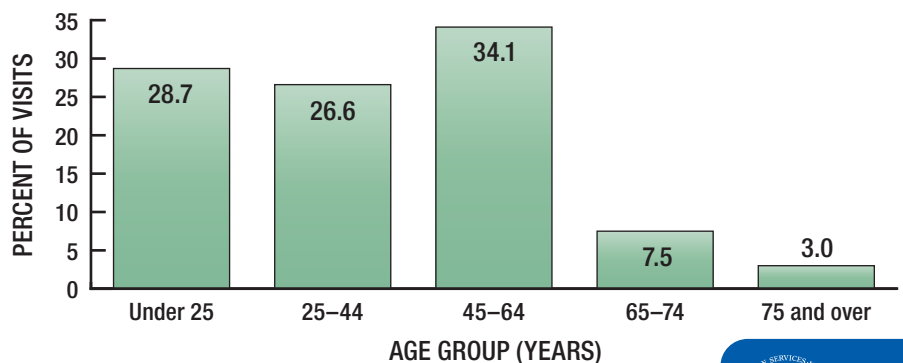
MEDICATIONS WERE PRESCRIBED OR CONTINUED AT **81.7%** OF OFFICE VISITS.

TOP 5 ACTIVE INGREDIENTS

- BUPROPION
- CLONAZEPAM
- AMPHETAMINE-DEXTROAMPHETAMINE
- ESCITALOPRAM
- FLUOXETINE



PERCENT DISTRIBUTION OF PSYCHIATRY 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:

Geissler KH, Zeber JE. **Primary care physician referral patterns for behavioral health diagnoses.** Psychiatr Serv 71(4):389–92. 2020.

Wen H, Wilk AS, Druss BG, Cummings JR. **Medicaid acceptance by psychiatrists before and after Medicaid expansion.** JAMA Psychiatry 76(9):981–3. 2019.

Rogers ES, Wysota CN. **Tobacco screening and treatment of patients with a psychiatric diagnosis, 2012–2015.** Am J Prev Med 57(5):687–94. 2019.

Wen H, Borders TF, Cummings JR. **Trends in buprenorphine prescribing by physician specialty.** Health Aff (Millwood) 38(1):24–8. 2019.

Rhee TG. **Co-prescribing of benzodiazepines and opioids in older adults: Rates, correlates, and national trends.** J Gerontol A Biol Sci Med Sci 74(12):1910–5. 2019.

Rhee TG, Capistrant BD, Schommer JC, Hadsall RS, Uden DL. **Effects of the 2009 USPSTF Depression Screening Recommendation on diagnosing and treating mental health conditions in older adults: A difference-in-differences analysis.** J Manag Care Spec Pharm 24(8):769–76. 2018.

Rhee TG. **Continuing versus new antidepressant use in older adults: U.S. prescribing trends from 2006 to 2015.** Eur Geriatr Med 9(4):551–5. 2018.

Bhattacharjee S, Vadieli N, Goldstone L, Alrabiah Z, Sherman SJ. **Patterns and predictors of depression treatment among older adults with Parkinson's disease and depression in ambulatory care settings in the United States.** Parkinsons Dis 2018:3402983. 2018.

Keller AO, Hooker RS, Jacobs EA. **Visits for depression to physician assistants and nurse practitioners in the USA.** J Behav Health Serv Res 45(2):310–9. 2018.

Mojtabai R, Olfson M. **Management of common medical conditions by office-based psychiatrists.** Psychiatr Serv 69(4):410–23. 2018.



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.