BACKGROUND: The objective of our study was to compare the number of ambulatory visits of diabetes mellitus patients to primary-care physicians to that of non-diabetes patients in a clinic, Haifa, Israel, 2013. A visit’s duration is limited by policy to 10 minutes, which seems insufficient for such complicated patients. METHODS: We conducted a retrospective analysis of visits by adults, 18 years or older, to determine the number of visits and their duration to 5 primary-care physicians in Kyriot-Shprinzak Clinic for 2013. Our source of data was Clalit-Health-Service's BO (Business-Objects) system. RESULTS: In 2013 the Kyriot-Shprinzak Clinic served 654 diabetes patients, which constituted 10.7% of total 6089 patients and 14% of its 4713 adult patients. Diabetes patients made 8370 visits to primary-care physicians, 12.8 visits per patient, out of total 32,685 visits. The 4,059 non-diabetes patients had 24,315 visits, 5.99 per person. Diabetes’ visits were double that of non-diabetes visits. Diabetes patients had an average of 5 face-to-face (3 minutes or more) visits per year, 22% more than non-diabetes patients 4.1. The average duration of diabetes patients’ visits was also longer than non-diabetes visits, but the result was not significant (14.1 minutes and 13.8 respectively). CONCLUSIONS: Adult primary-care diabetes patients’ visit frequency and duration was in 2013 higher in comparison to non-diabetes patients and will probably increase in the future. Providing and ensuring an appropriate care requires additional physician time for longer visit duration. Family physicians are crucial for the management of diabetes, thus they should be provided with better skills for the treatment of such complicated patients.