

# Ministry of Health Medical Services Branch



## Annual Statistical Report for 2018-19



# Preface

This fiscal year 2018-19 report prepared by the Medical Services Branch, pursuant to Section 36 of *The Saskatchewan Medical Care Insurance Act*, is a statistical supplement to the Saskatchewan Ministry of Health Annual Report. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

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# Highlights

## Medical Services Plan

The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a variety of medical, optometric, and dental services. The MSP also provides funding to support clinical services provided by faculty at the College of Medicine, medical resident salaries, and a range of physician recruitment and retention initiatives.

In 2018-19, the MSP provided for **in-province expenditures** of \$922.1 million, while **program payments** totalled \$104.7 million and **medical education payments** were \$64.4 million.

- ⇒ **Benefits paid for insured services** - provided by physicians, optometrists, and dentists - amounted to \$698.9 million, an increase of 0.6% from the previous year. Over the last five years, the cost of these benefits has grown on average by approximately 3.4% per year (Table 1).

	2017-18 (\$000s)	2018-19 (\$000s)	Per Cent Change
Physicians	679,501	683,147	0.5
Optometrists	13,697	14,241	4.0
Dentists	1,529	1,560	2.0
Total	694,727	698,948	0.6

- ⇒ **Number of insured services** - provided by physicians, optometrists, and dentists - totalled 13.6 million services, an increase of 0.6% from the previous year. Over the last five years, the number of services has grown on average by 2.4% per year.

	2017-18 (000s)	2018-19 (000s)	Per Cent Change
Physicians	13,053	13,114	0.5
Optometrists	407	427	4.8
Dentists	12	11	-5.2
Total	13,472	13,552	0.6

- ⇒ **Out-of-Province payments for Saskatchewan beneficiaries** receiving insured services (physician, dentists, optometrist and hospital) outside of Saskatchewan totalled \$142.8 million, up 3.5% from the previous year. Over the last five years, expenditure on out-of-province services has increased on average by 3.3% per year.
- ⇒ **Cost of out-of-province residents receiving services** (physician and hospital) within Saskatchewan (excluding Quebec and out-of-Canada beneficiaries) totalled \$42.6 million (Table 12 & 14a) a decrease of 5.3% from the previous year. Over the past five years, hospital and physician costs for non-Saskatchewan beneficiaries have decreased on average by -0.7% per year.
- ⇒ **Cost of services outside of Canada for Saskatchewan patients with prior approvals** totalled \$5.6 million. The large increase seen from the previous year can be attributed to a small number of extremely high cost cases.

	2017-18	2018-19
Number of Patients	39	34
Practitioner Costs (\$000s)	322	500
Hospital Costs (\$000s)	307	5,135
Total Costs (\$000s)	630	5,635

Note: the number of patients receiving out-of-country services in a year may not equal the number of out-of-country prior approvals during the year for a number of reasons, including patients not receiving treatment in the same year as approved, or patients requiring on-going care over two years. Figures for 2017-18 have been restated.

## Physician Remuneration

- ⇒ Payments for fee-for-service in-province physicians, excluding the emergency coverage programs, totalled \$548.3 million in 2018-19 (see *Total Expenditures 2018-19*), a decrease of -0.9% from 2017-18.
- ⇒ Non-fee-for-service (NFFS) funding arrangements for physician services represent a large portion of provincial health expenditures. In 2018-19, NFFS accounted for \$358.7 million, 29.0% of the Saskatchewan Ministry of Health's total services expenditures. The majority of NFFS expenditures are in areas of medical services associated with Saskatchewan Health Authority (SHA) operations (e.g. radiology, laboratory, and emergency physician services).
- ⇒ Average payments to active physicians vary by specialty (Table 25):

General Practitioners	\$242,200
Specialists	\$437,700
All Physicians	\$334,400

(See "Active" definition - *Statistical Figures and Tables*.)

## Physician Supply

- ⇒ Physician supply is measured in two ways: the number of active physicians (those billing more than \$60,000 in the fiscal year) and the number of licensed physicians (the total number of those qualified to practice in the province at the end of the year). Information in this report is presented based on either active or licensed physician numbers in order to improve accuracy.
- ⇒ The number of physicians actively practicing each year in the province fluctuates due to movement of practitioners within or outside the province. Physicians are considered active if they have their own MSP billing numbers and receive \$60,000 or more in MSP payments during the year, and are practicing in Saskatchewan at the end of the fiscal year.
- ⇒ **Licensed physicians:** (see "Licensed" definition - *Statistical Figures and Tables*). The number of licensed physicians on March 31, 2019 was 2,600 an increase of 1.6% from the previous year. Over the past five years, the number of licensed physicians has grown on average by 3.7% per year.
- ⇒ **Active physicians:** (see "Active" definition *Statistical Figures and Tables*). The number of active physicians on March 31, 2019 was 1,858 an increase of 2.1% from the previous year. Over the past five years, the number of active physicians has increased on average by 3.2% per year.
- ⇒ The number of **active rural general practitioners (GP)** was 265 at March 31, 2019, an increase of 20 physicians or 8.2% from the previous year. Over the last five years, the number of active rural GPs has increased on average by 2.7% per year.
- ⇒ The number of **active GPs in metro areas** (Regina and Saskatoon) has grown to 496, an increase of three physicians or 0.6% from the previous year. Over the past five years, the number of active metro GPs has increased on average by 3.2% per year.
- ⇒ The number of **active GPs in other urban areas** was 221, a decrease of one physician or -0.5% from the previous year. Over the past five years, the number of active urban GPs has increased on average by 1.6% per year.

- ⇒ The number of **active specialists** has grown to 876, an increase of 17 physicians or 2.0% from the previous year. Over the past five years, the number of specialists has increased on average by 3.9% per year (Table 24).
- ⇒ Physician supply is affected by a number of initiatives and programs supported within the MSP including the Saskatchewan International Physician Practice Assessment program and an increase in the retention rate of University of Saskatchewan (U of S) family physicians. See the Appendix for more information on recruitment and retention initiatives.

## Educational Programs

- ⇒ The Medical Services Branch supports the Medical Education System managed by the College of Medicine, with funding of \$64.4 million in 2018-19 (U of S). The Medical Education System covers the following areas:
  - ↳ Clinical Services Fund;
  - ↳ Programs and stipends, such as the Academic Clinical Funding Plan, International Medical Graduates, distributive medical education, the Clerkship (formerly JURSI) stipend; and
  - ↳ 460 post-graduate medical resident positions, including distributed post-graduate medical education in Prince Albert, Swift Current, La Ronge, Moose Jaw, and North Battleford (see Table 33).

# Medical Services Plan Coverage Benefits

## Eligibility for Benefits

The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a variety of medical, optometric, and dental services.

All residents of Saskatchewan, with a few exceptions (e.g. members of the Canadian Armed Forces and inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being residency and registration with Health Registration Services at eHealth Saskatchewan. No premiums are charged to the patient.

Insured services are governed by *The Saskatchewan Medical Care Insurance Act*, and further defined in the respective Payment Schedules established under the Act.

**Subject to the exclusions detailed later in this section, the following services are insured:**

## Physician Services

**Medical Services** - The diagnosis and treatment by a physician of medical conditions.

**Surgical Services** - Surgical procedures by a physician including diagnosis, pre- and post-operative care, and the services of physician surgical assistants when required.

**Maternity Services** - Care during pregnancy, delivery, and after care by a physician.

**Anaesthesia** - The administration of anaesthesia by a physician including:

- ⇒ anaesthesia for diagnostic, surgical, and other procedures;
- ⇒ obstetrical anaesthesia;
- ⇒ anaesthesia for pain management; and,
- ⇒ all dental anaesthesia for patients under 14 years, and in other limited circumstances.

**Diagnostic Services** including:

- ⇒ out-of-hospital x-ray services, including interpretation, provided by a specialist in radiology;
- ⇒ an approved list of office-based laboratory services provided by a physician other than a pathologist; and,
- ⇒ other diagnostic services provided by a physician.

**Preventive Medical Services** including:

- ⇒ immunization services where not otherwise available;
- ⇒ examination and report for adoptions for both child and parents;
- ⇒ examination and report for persons becoming foster parents; and,
- ⇒ routine physical examination by a physician.

**Cancer Services** - Services for the diagnosis and treatment of cancer, except when provided by physicians under contract with the Saskatchewan Cancer Agency.

## Optometric Services

Coverage for routine eye examinations, partial examinations, and tonometry by an optometrist is limited to the following five categories of persons:

- ⇒ those under the age of 18;
- ⇒ recipients of Supplementary Health Benefits;
- ⇒ recipients of Family Health Benefits;
- ⇒ those with a diagnosis of diabetes; and,
- ⇒ patients 65 or older receiving a Seniors' Income Plan supplement.

For eligible beneficiaries, the frequency of routine eye examinations to determine refractive error is limited to the following:

- ⇒ for patients less than 18 years of age examinations are limited to once every 12 months (this coverage is provided by MSP);
- ⇒ for patients 65 or older who qualify for one of the special programs listed above, examinations are limited to once every 12 months;
- ⇒ for patients aged 18 to 64 who qualify for coverage under one of the special programs listed above, examinations are limited to once every 24 months.

The assessment and treatment of ocular urgencies and emergencies, when provided by an optometrist, are also insured.

## Dental Services includes:

- ⇒ Specific services in connection with maxillofacial surgery required to treat a condition caused by an accident;
- ⇒ Specific services in connection with abnormalities of the mouth and surrounding structure;
- ⇒ Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist;
- ⇒ Specific x-ray services when provided by a dentist who is a specialist in oral radiology; and,

Extraction of teeth medically required to provide:

- ⇒ heart surgery;
- ⇒ services for chronic renal disease;
- ⇒ head and neck cancer services; and,
- ⇒ services for total joint replacement by prosthesis where the beneficiary was referred to a dentist by a specialist in the appropriate surgical field and where prior approval from Medical Services Branch of the Ministry of Health was received.

Dental implants are covered in exceptional circumstances:

- ⇒ tumours – including benign and malignant; and,
- ⇒ congenital – including cleft palate and metabolic.

For dental implants, the referring specialist in oral maxillofacial surgery must request and receive prior approval from Medical Services Branch of the Ministry of Health.

A new agreement was signed January 30, 2019 between the Ministry of Health and the College of Dental Surgeons of Saskatchewan. Under the new agreement, as of April 1, 2019, Saskatchewan beneficiaries will have access to expanded insured dental services.

## Out-of-Province Services

### Physician Services

Services provided by physicians in other provinces except Quebec are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for publicly-funded physician services provided in other provinces upon presentation of their Health Services Card except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the province in which the services are provided. The host province then bills the home province of the patient for the services provided.

Non-emergency services provided outside of Canada are only insured with prior approval from the Medical Services Branch of the Ministry of Health. Emergency physician services obtained out-of-country are reimbursed at Saskatchewan rates.

### Hospital Services

Hospital services provided to Saskatchewan beneficiaries in other provinces are covered by a reciprocal billing agreement between provincial public health plans. The hospital bills the provincial health plan of the province in which services are provided. The host province then bills the home province of the patient for the services provided.

Emergency hospital services for persons travelling outside Canada are covered on the following basis: up to \$100 (Canadian) per day for in-patient services and up to \$50 (Canadian) for an out-patient visit. Non-emergency hospital services provided outside Canada are covered only if prior approval has been obtained from the Medical Services Branch of the Ministry of Health.

## Exclusions

The MSP does not insure the following services:

- ⇒ health services received under other public programs, including *The Workers' Compensation Act*, *Veteran Affairs Canada*, and *The Mental Health Services Act*;
- ⇒ the cost of travel, accommodation, and meals;
- ⇒ surgery for cosmetic purposes;
- ⇒ any mental or physical examination for the purpose of employment, insurance, judicial proceedings/requirements, vehicle seatbelt exemptions, or at the request of a third party;
- ⇒ autopsy;
- ⇒ ambulance services and other forms of transportation of patients;
- ⇒ services provided by special duty nurses;
- ⇒ services provided by chiropodists, podiatrists, naturopaths, osteopaths and chiropractors;
- ⇒ dentistry, except as described under Medical Services Plan Coverage Benefits - Dental Services;
- ⇒ drugs and dressings;
- ⇒ appliances (e.g. eyeglasses, artificial limbs);
- ⇒ routine eye examinations by a physician – coverage is limited to those beneficiaries who would be covered under the optometric program;
- ⇒ electrolysis;
- ⇒ dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over;
- ⇒ reversals of sterilization for the purposes of restoring fertility;
- ⇒ implantation of penile prosthesis;
- ⇒ removal of lesions for cosmetic purposes;
- ⇒ injection of asymptomatic varicose veins;
- ⇒ non-medically required circumcisions; and,
- ⇒ breast screening mammography for women 50 years of age and older (available and funded through the provincial Screening Program for Breast Cancer).

## Methods of Payment

The MSP makes payment for insured services by the following methods:

- ⇒ fee-for-service billing by practitioners or professional corporations based on negotiated fee schedules; and,
- ⇒ Salary, contractual, or sessional payment arrangements funded through the SHA Board or the College of Medicine.

The Connected Care Services Branch provides global funding for the operation of four community clinics, Northern Medical Services, the Student Health Centre at the University of Saskatchewan and the Victoria East Medical Clinic.

Practitioners may choose to practice entirely outside MSP, in which case the services provided by that practitioner are uninsured.

## Professional Review

The **Joint Medical Professional Review Committee** is comprised of six physicians, with two each appointed by the Saskatchewan Medical Association, the College of Physicians and Surgeons of Saskatchewan and the Ministry. The committee evaluates billing patterns of physicians. This committee is empowered to order the recovery of payments that have been inappropriately billed by practitioners.

# Total Expenditures 2018-19

		Expenditures (\$000s)
<b>In-Province Services</b>		
Physician Fee-for Service (FFS) Subtotal		548,290
Physician Non-Fee-For-Service (Non-FFS)		
	Medical Remuneration & Alternate Payments	250,830
	Primary Health Services <sup>1,2</sup>	76,603
	Saskatchewan Cancer Agency <sup>1,2</sup>	31,230
Physician Non-Fee-For Service (Non-FFS) Sub-Total		358,664
Optometry Services Subtotal		13,614
Dental Services Subtotal		1,550
<b>Subtotal: Payment for In-Province Services</b>		<b>922,118</b>
<b>Programs and Recruitment and Retention Initiatives</b>		
General Practitioner		
	Family Physician Comprehensive Care Program	15,440
	Rural Emergency Coverage Programs	8,541
	Regional Locum Program	550
	Saskatchewan International Physician Practice Assessment (SIPPA)	2,125
	Chronic Disease Management - Quality Improvement Program	3,000
	General Practitioner Specialist Program	565
	Rural Physician Incentive	68
	Rural Practice Establishment Grant	–
	Rural and Remote Incentives	2,779
	Family Medicine Bursaries	275
	Rural Practice Enhancement Training	86
General Practitioner Subtotal		33,429
Specialist		
	Specialist Emergency Coverage Programs (SECP)	32,680
	Specialist Practice Establishment Grant	848
	Specialist Resident Bursary Program	–
	Specialist Rural & Remote Incentives	914
	Specialist Physician Enhancement Training Bursary	238
Specialist Subtotal		34,680

Other		
	Canadian Medical Protective Agency (CMPA) Funding	9,750
	Electronic Medical Records Program	9,300
	Physician Long Term Retention Fund	8,000
	Continuing Medical Education Fund	4,650
	Quality & Access Fund	2,990
	saskdocs	850
	Parental Leave Program	1,000
	Practice Enhancement Program	75
	One-time SMA Program Funding	–
Other Subtotal		36,615
<b>Subtotal: Programs and Recruitment and Retention Initiatives</b>		<b>104,724</b>
<b>Medical Education</b>		
	Clinical Services Fund (College of Medicine)	60,935
	Other Medical Education	3,427
<b>Subtotal: Medical Education</b>		<b>64,362</b>
<b>Other Provincial Payments and Administration</b>		
	Out-of-Province <sup>3</sup>	142,762
	Quality Assurance Diagnostic Imaging and Lab Programs	580
	Dental Residency Grants	153
	Administration	4,173
<b>Subtotal: Other Provincial Payments and Administration</b>		<b>147,668</b>
	<i>Change in Valuation Allowance</i>	<i>(117)</i>
<b>Total Expenditures</b>		<b>1,238,755</b>

<sup>1</sup> Expenditures in these areas are managed by other branches of the Ministry of Health.

<sup>2</sup> These expenditures include payments to physicians only.

<sup>3</sup> Includes physician, optometric and dental services, and hospital costs paid reciprocally for Saskatchewan beneficiaries.

**Note:** Ministry funding for physician services may not equal physician expenditures by the SHA.

# Statistical Figures and Tables

## Introductory Notes

**General** – The following tables are based upon MSP payments made during 2018-19 on a fee-for-service and non-fee-for-service basis for medical, optometric and dental services provided to Saskatchewan beneficiaries.

For physicians practising in alternate-funding arrangements, including primary health care clinics, services are recorded on a shadow-billing basis. For statistical purposes, all shadow-billing data is reported in this document.

Most tables include data, where noted, on services provided to Saskatchewan residents by practitioners both in and outside the province. Tables 12, 14a and 14b are the only tables that present Saskatchewan physician and hospital data for services provided to out-of-province beneficiaries. Tables 13a, 13b, 14a and 14b are the only tables that show data related to the hospital reciprocal billing system.

The statistical tables exclude data on services paid by MSP to physicians, optometrists and dentists on behalf of Saskatchewan Government Insurance. The tables also exclude payments made through the Specialist Emergency Coverage Program with the exception of Table 27.

**Data Limitations** – The number of services or service groupings may differ from year to year as a result of changes to fee codes through Payment Schedule changes. The level of shadow billing for other than fee-for-service methods of payment results in underreporting of the data presented in this report.

**Date of Payment** – Statistics are based upon the date the service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2018-19 include some services provided in 2017-18. Fiscal years typically consist of 26 pay periods.

**Payment Adjustments** – The difference between payments shown in *Total Expenditures 2018-19* and the total payments shown in the statistical tables is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries or adjustments for retroactive payments; the handling of medical and optometric services provided in alternate-funding primary health care clinics; and the payment for medical services through other non-fee-for-service remuneration arrangements.

**Payments to Locum Tenens** – Where a physician acts as the principal for a locum tenens physician who is not fully licensed by the College of Physicians and Surgeons of Saskatchewan, payments for services provided by the locum are made to the principal, unless the locum is granted a conditional, provisional or long-term locum license by the College of Physicians and Surgeons of Saskatchewan.

**Retroactive Payments** – From time to time, MSP is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. Any such payments, whether included or excluded from the data tables, are included in the *Total Expenditures 2018-19*.

**Optometric Services under Supplementary Health** – For statistical purposes, optometric data for services paid under both MSP and the Supplementary Health Program is reported in this document.

## Definitions of Service Groupings (Tables 7 to 10, 15 and Figure 2)

Service groupings are based on the Canadian Institute for Health Information (CIHI) national grouping system categories.

- (a) **Consultations** – a consultation is the referral of a patient by one physician to another for examination, diagnosis, and requires a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.
- (b) **Major Assessments** – a major (complete or initial) assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Chronic disease management visits and eye examinations by physicians are included here.
- (c) **Other Assessments** – Other assessments are visits that comprise history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Follow-up assessments, well-baby care provided in the office, visits to special care homes, and continuous personal attendance are included in this classification.
- (d) **Psychotherapy/Counselling** – Includes treatment interview, group therapy, and counselling (including healthy lifestyle/health education counselling).
- (e) **Hospital Care** – Physician services provided in a hospital on a visit per day basis including newborn care in hospital, attendant and supportive care. Hospital visits covered by a composite payment, such as hospital care following surgery, are not included.
- (f) **Special Calls and Emergency** – Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and any non-system-generated out-of-hours premiums.
- (g) **Major Surgery** – All 42 day surgical procedures excluding those falling in the Obstetrics classification. The “day” classification refers to the number of days of post-operative care included in the procedural fee.
- (h) **Minor Surgery** – All 0 and 10 day surgical procedures excluding those falling in the Obstetrics classification.
- (i) **Surgical Assistance** – Services of physicians as required to assist the surgeon during a surgery, includes assistant standby.
- (j) **Obstetrics** – Includes hospital stay, abortions and caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Fetal monitoring and transfusions are included here.
- (k) **Anaesthesia** – All anaesthetic procedures, pain management, and pain clinic services are included in this category.
- (l) **Diagnostic Radiology** – All out-of-hospital technical procedures and interpretations by specialists in radiology.
- (m) **Laboratory Services** – All common office laboratory services provided by a physician other than a pathologist.
- (n) **Other Diagnostic and Therapeutic Procedures** – All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, Papanicolaou smears, resuscitation, and intensive care.
- (o) **Special and Miscellaneous Services** – Includes medical examinations for adoptions, for sexual assault victims, for follow-up cancer reports; examinations and certifications of mental health; immunizations where not elsewhere available; intralesional injections; rural emergency coverage payments; advice by physicians to allied health personnel via telecommunications; and any other services not elsewhere classified.
- (p) **Services by Optometrists** – Includes eye examinations to determine the refractive state of the eye, partial examinations, tonometry testing, diabetic eye exams, and assessments of ocular urgencies and emergencies when provided by an optometrist. Optical coherence tomography and retinal photography are also insured for individuals with a diagnosis of diabetes.
- (q) **Dental Services** – Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary prior to the provision of certain surgical procedures. Includes coverage of dental implants, in exceptional circumstances, where prior approval from Medical Services Branch of the Ministry of Health was received.

## Categories of Practitioners (Tables 15, 18 to 26, 31, 32 and 34)

### I. Physicians

- (a) **General Practitioner** – A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. This includes physicians that, while not Canadian or foreign certified specialists, limit their practice to specific specialty areas.
  - (i) **Metro** – A general practitioner who practises in Regina, Saskatoon, or a recognized bedroom community.
  - (ii) **Urban** – A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.
  - (iii) **Rural** – A general practitioner who practises in a locality having fewer than 10,000 residents.
  - (iv) **Association** – A general practitioner who maintains patients' medical records with one or more physicians.
  - (v) **Solo** – A general practitioner who is not working in association with another physician.
- (b) **Specialist** – A Canadian certified physician listed by the College of Physicians and Surgeons of Saskatchewan is eligible to receive MSP payments at specialist rates. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services.

**Note:** Within the tables, select specialist categories are combined due to confidentiality.

II. **Optometrist** – A practitioner registered with the Saskatchewan Association of Optometrists.

III. **Dentist** – A practitioner registered with the College of Dental Surgeons of Saskatchewan.

### Notes:

**Definition of a Licensed Physician** – Physicians with their own MSP billing number who are licensed by the College of Physicians and Surgeons of Saskatchewan and practising in Saskatchewan under MSP coverage at the end of the year; includes temporary licensed locum physicians but excludes educational locums and medical residents.

**Definition of Active Physician** – Licensed physicians receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year. Data captured for physicians participating in non-fee-for-service arrangements may not be complete. General Practitioners are categorized in the location group in which they earned the most income if they practised in various clinics or areas throughout the year.

## Table 1

### Analysis of Per Cent Change in Total Costs

Year	Gross Payments for Insured Services <sup>1</sup> (\$000s)	Total Per Cent Change	Per Cent Change Due to Fee Schedule Increases <sup>3</sup>	Per Cent Change Due to Utilization Increases <sup>4</sup>
2014-15 .....	609,474	3.27	0.00	3.27
2015-16 <sup>2</sup> .....	637,221	4.55	0.95	3.60
2016-17 .....	681,855	7.00	2.66	4.34
2017-18 .....	694,726	1.89	0.00	1.89
2018-19 .....	698,948	0.61	0.00	0.61
<b>Average Annual Per Cent Change 2014-15 to 2018-19 .....</b>		<b>3.44</b>	<b>0.72</b>	<b>2.73</b>

<sup>1</sup> All physician, optometric and dental insured services are included. Includes payments for rural emergency coverage but excludes payments for specialist emergency coverage.

<sup>2</sup> Lump sum payments in lieu of retroactive amendments to Payment Schedules made to physicians are excluded.

<sup>3</sup> Fee schedule increases are based on theoretical values of fee and new items increases.

<sup>4</sup> The change in utilization may be affected by changes in data capture for physicians participating in or switching to non-fee-for-service arrangements.

## Table 2

### Adjustments and Recoveries by the Medical Services Plan

	2017-18		2018-19	
	Number of Practitioners	Adjustment or Recovery (\$000s)	Number of Practitioners	Adjustment or Recovery (\$000s)
Routine Adjustments on In-Province Claims <sup>1</sup> .....	2,107	10,924.6	2,589	11,517.6
Routine Adjustments on Out-of-Province Claims <sup>1</sup> .....	–	1,666.5	–	1,560.5
Special MSP Studies and Professional Review Activity <sup>2</sup> .....	2	275.7	6	1,156.5
Third Party Liability Recoveries <sup>3</sup> .....	–	3,943.0	–	7,843.6
<b>Total .....</b>	<b>–</b>	<b>16,809.7</b>	<b>–</b>	<b>22,078.3</b>

<sup>1</sup> All physician, optometric and dental insured services are included.

<sup>2</sup> The dollar amounts are recoveries resulting from the correction of payments as revealed by the Professional Review Committees, general overpayment corrections or bankruptcies. The total may include funds paid in this fiscal year but requested in a previous year.

<sup>3</sup> The dollar amounts are recoveries from the cost of health services collected under the authority of *The Health Administration Act*.

## Table 3

### Claims Paid by Method of Billing

Claims Received from:	Number of Claims Paid		Per Cent of Claims Paid	
	2017-18	2018-19	2017-18	2018-19
<b>Physicians, Dentist &amp; Dental Surgeons</b> .....	<b>8,884,148</b>	<b>8,864,507</b>	<b>97.18</b>	<b>97.13</b>
In-Province Claims <sup>1</sup> .....	8,573,720	8,518,387	93.79	93.34
Out-of-Province Reciprocal Billing <sup>2</sup> .....	309,429	344,708	3.38	3.78
Other Out-of-Province .....	999	1,412	0.01	0.02
<b>Optometrists</b> <sup>3</sup> .....	<b>255,511</b>	<b>259,724</b>	<b>2.79</b>	<b>2.85</b>
In-Province Claims .....	254,246	258,239	2.78	2.83
Out-of-Province .....	1,265	1,485	0.01	0.02
<b>Beneficiaries</b> <sup>4</sup> .....	<b>2,192</b>	<b>2,247</b>	<b>0.02</b>	<b>0.02</b>
<b>Total</b> .....	<b>9,141,851</b>	<b>9,126,478</b>	<b>100.00</b>	<b>100.00</b>

<sup>1</sup> Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements. Includes claims for insured dental services and for SGI driver medicals and visual exams.

<sup>2</sup> Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.

<sup>3</sup> Includes claims for optometrist services covered by the Supplementary Health Program.

<sup>4</sup> Payments made directly to beneficiaries for claims.

**Note:** See "Data Limitations" in *Statistical Figures and Tables*.

## Table 4

### Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2018		Rate Per 1,000 Beneficiaries			
			Services		Payments (\$000s)	
	Male	Female	Male	Female	Male	Female
<b>A. Physicians</b>						
Under 1 .....	7,620	7,346	14,231	13,338	879,871	798,951
1 - 4.....	32,183	30,987	6,614	5,534	377,530	299,947
5 - 14.....	79,386	76,004	4,054	3,887	188,194	172,465
15 - 24.....	74,774	71,400	4,337	8,657	212,364	442,851
25 - 44.....	171,113	164,366	5,732	12,053	280,809	660,687
45 - 64.....	148,014	144,867	11,190	13,595	584,955	683,199
65 and over.....	82,948	96,621	24,449	24,300	1,292,427	1,196,807
<b>All Beneficiaries.....</b>	<b>596,038</b>	<b>591,591</b>	<b>9,450</b>	<b>12,646</b>	<b>489,079</b>	<b>642,736</b>
<b>B. Optometrists</b>						
Under 1 .....	7,620	7,346	55	61	2,940	3,277
1 - 4.....	32,183	30,987	271	279	14,484	14,996
5 - 14.....	79,386	76,004	521	554	28,182	29,835
15 - 24.....	74,774	71,400	193	252	9,232	11,819
25 - 44.....	171,113	164,366	116	175	3,155	4,904
45 - 64.....	148,014	144,867	376	415	8,955	10,333
65 and over.....	82,948	96,621	764	670	17,789	16,366
<b>All Beneficiaries.....</b>	<b>596,038</b>	<b>591,591</b>	<b>342</b>	<b>377</b>	<b>11,337</b>	<b>12,651</b>
<b>C. Dentists</b>						
Under 1 .....	7,620	7,346	1	0	85	11
1 - 4.....	32,183	30,987	–	–	22	26
5 - 14.....	79,386	76,004	8	5	875	647
15 - 24.....	74,774	71,400	17	21	3,239	3,816
25 - 44.....	171,113	164,366	7	8	938	1,102
45 - 64.....	148,014	144,867	9	10	1,027	1,149
65 and over.....	82,948	96,621	10	9	1,480	1,465
<b>All Beneficiaries.....</b>	<b>596,038</b>	<b>591,591</b>	<b>9</b>	<b>10</b>	<b>1,255</b>	<b>1,372</b>

#### Notes:

- 1) Includes out-of-province services and costs.
- 2) Excludes payments for specialist and rural emergency coverage programs.
- 3) Includes optometric services covered by the Supplementary Health Program.
- 4) See "Data Limitations" in *Statistical Figures and Tables*.

# Table 5

## Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	2017-18				2018-19			
	Number of Beneficiaries <sup>1</sup>	Per Cent of Beneficiaries	Per Cent of Payments	Per Cent of Services	Number of Beneficiaries <sup>1</sup>	Per Cent of Beneficiaries	Per Cent of Payments	Per Cent of Services
<b>A. Physicians Only</b>								
\$0.00 <sup>1</sup> .....	221,691	18.5	–	<0.1	214,372	18.1	–	<0.1
\$0.01 - \$25.00.....	11,065	0.9	–	0.1	11,369	1.0	–	0.1
\$25.01 - \$50.00 .....	102,377	8.6	0.6	0.9	101,751	8.6	0.6	0.9
\$50.01 - \$100.00.....	102,316	8.6	1.2	1.7	102,601	8.6	1.2	1.7
\$100.01 - \$250.00.....	232,272	19.4	5.7	8.0	230,207	19.4	5.6	7.9
\$250.01 - \$500.00 .....	188,920	15.8	10.2	12.9	188,875	15.9	10.1	12.9
\$500.01 - \$1,000.00.....	160,198	13.4	16.8	19.1	160,263	13.5	16.8	19.1
\$1,000.01 - \$1,500.00 .....	64,641	5.4	11.8	12.3	64,736	5.5	11.7	12.3
\$1,500.01 - \$2,000.00 .....	37,109	3.1	9.6	9.4	37,038	3.1	9.5	9.4
\$2,000.01 - \$5,000.00.....	63,294	5.3	27.7	23.5	63,452	5.3	27.7	23.4
Over \$5,000.00.....	12,627	1.1	16.5	12.1	12,965	1.1	16.9	12.3
<b>Total .....</b>	<b>1,196,510</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>1,187,629</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>B. Optometrists Only</b>								
\$0.00 <sup>1</sup> .....	1,014,680	84.8	–	<0.1	999,871	84.2	–	<0.1
\$0.01 - \$25.00.....	20	–	–	–	35	–	–	–
\$25.01 - \$50.00 .....	7,211	0.6	2.2	2.0	6,744	0.6	2.0	1.8
Over \$50.00.....	174,599	14.6	97.8	98.0	180,979	15.2	98.0	98.2
<b>Total .....</b>	<b>1,196,510</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>1,187,629</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

<sup>1</sup> The number of beneficiaries in this category is a residual, representing the difference between the number for whom a claim was paid at any time during the year and the total of beneficiaries at June 30 of the stated year.

### Notes:

- 1) Includes out-of-province services and costs.
- 2) Excludes payments for specialist and rural emergency coverage programs.
- 3) Includes optometric services covered by the Supplementary Health Program.
- 4) See "Data Limitations" in *Statistical Figures and Tables*.

# Table 6

## Physician Services and Payments (\$) by Age and Sex

Age Groups	Sex	Population		Per Cent Treated	Average Per Person Insured		Average Per Person Treated		Average Payment Per Service
		Insured <sup>1</sup>	Treated <sup>2</sup>		Services	Cost	Services	Cost	
Under 1	M	7,620	8,786	100.00	14.23	879.87	12.34	763.10	61.83
	F	7,346	8,350	100.00	13.34	798.95	11.73	702.89	59.90
	T	14,966	17,136	100.00	13.79	840.15	12.05	733.76	60.91
1 - 4	M	32,183	27,361	85.02	6.61	377.53	7.78	444.06	57.08
	F	30,987	26,076	84.15	5.53	299.95	6.58	356.44	54.20
	T	63,170	53,437	84.59	6.08	339.47	7.19	401.30	55.80
5 - 9	M	41,189	29,398	71.37	4.15	197.91	5.81	277.28	47.69
	F	39,259	27,818	70.86	3.84	172.68	5.42	243.70	44.98
	T	80,448	57,216	71.12	4.00	185.60	5.62	260.96	46.42
10 - 14	M	38,197	25,561	66.92	3.95	177.72	5.91	265.58	44.97
	F	36,745	24,670	67.14	3.94	172.23	5.86	256.53	43.74
	T	74,942	50,231	67.03	3.94	175.03	5.89	261.14	44.37
15 - 19	M	36,352	24,160	66.46	4.41	217.15	6.63	326.73	49.25
	F	34,400	27,613	80.27	7.41	367.69	9.23	458.07	49.63
	T	70,752	51,773	73.18	5.87	290.34	8.02	396.78	49.48
20 - 24	M	38,422	24,266	63.16	4.27	207.84	6.76	329.08	48.68
	F	37,000	31,560	85.30	9.82	512.73	11.51	601.11	52.22
	T	75,422	55,826	74.02	6.99	357.41	9.45	482.87	51.12
25 - 29	M	44,257	27,970	63.20	4.64	224.32	7.34	354.94	48.34
	F	42,667	36,574	85.72	11.97	684.85	13.96	798.95	57.23
	T	86,924	64,544	74.25	8.24	450.37	11.09	606.54	54.68
30 - 34	M	45,738	31,110	68.02	5.32	260.08	7.82	382.37	48.90
	F	44,042	38,362	87.10	12.79	739.59	14.68	849.10	57.83
	T	89,780	69,472	77.38	8.98	495.31	11.61	640.09	55.13
35 - 39	M	42,997	30,549	71.05	6.12	301.73	8.61	424.68	49.34
	F	41,370	35,910	86.80	11.89	634.16	13.70	730.59	53.33
	T	84,367	66,459	78.77	8.95	464.74	11.36	589.97	51.94
40 - 44	M	38,121	28,336	74.33	7.06	347.67	9.50	467.72	49.22
	F	36,287	31,428	86.61	11.44	566.74	13.21	654.37	49.52
	T	74,408	59,764	80.32	9.20	454.51	11.45	565.87	49.40
45 - 49	M	35,238	26,554	75.36	8.20	408.71	10.88	542.37	49.84
	F	33,965	29,360	86.44	12.07	599.71	13.97	693.77	49.67
	T	69,203	55,914	80.80	10.10	502.45	12.50	621.87	49.74
50 - 54	M	36,125	28,397	78.61	9.87	502.04	12.56	638.67	50.85
	F	35,467	30,416	85.76	12.56	620.66	14.64	723.73	49.42
	T	71,592	58,813	82.15	11.20	560.80	13.64	682.66	50.05
55 - 59	M	39,996	33,420	83.56	11.91	634.91	14.25	759.84	53.33
	F	39,229	35,178	89.67	13.96	710.31	15.56	792.11	50.89
	T	79,225	68,598	86.59	12.92	672.24	14.92	776.39	52.03
60 - 64	M	36,655	32,543	88.78	14.58	781.60	16.43	880.36	53.60
	F	36,206	33,339	92.08	15.64	793.41	16.99	861.64	50.72
	T	72,861	65,882	90.42	15.11	787.47	16.71	870.89	52.12
65 - 69	M	28,356	26,780	94.44	18.05	995.71	19.11	1,054.30	55.17
	F	28,283	27,040	95.61	18.14	956.95	18.97	1,000.94	52.76
	T	56,639	53,820	95.02	18.09	976.35	19.04	1,027.49	53.96
70 - 74	M	20,677	20,376	98.54	22.89	1,259.65	23.23	1,278.26	55.04
	F	21,701	21,517	99.15	22.42	1,172.71	22.61	1,182.74	52.31
	T	42,378	41,893	98.86	22.65	1,215.13	22.91	1,229.20	53.65
75 & Over	M	33,915	35,170	100.00	30.75	1,560.49	29.66	1,504.81	50.74
	F	46,637	48,088	100.00	28.91	1,353.48	28.04	1,312.64	46.81
	T	80,552	83,258	100.00	29.69	1,440.64	28.72	1,393.82	48.53
Total all ages	M	596,038	460,737	77.30	9.45	489.08	12.23	632.70	51.75
	F	591,591	513,299	86.77	12.65	647.57	14.58	746.34	51.21
	T	1,187,629	974,036	82.02	11.04	568.03	13.46	692.59	51.44

<sup>1</sup> Population as at June 30, 2018.

<sup>2</sup> Population treated at anytime during the fiscal year.

**Notes:** 1) Excludes payments for specialist and rural emergency coverage programs.  
2) Includes out-of-province services and costs.

# Table 7

## Services by Type of Service

Type of Service <sup>1</sup>	Number of Services (000s)		Number of Services Per 1,000 Beneficiaries		Per Cent Change 2017-18 to 2018-19
	2017-18	2018-19	2017-18	2018-19	
<b>In-Province Physician Services.....</b>	<b>12,307.2</b>	<b>12,351.4</b>	<b>10,286</b>	<b>10,400</b>	<b>1.11</b>
Consultations.....	574.0	581.5	480	490	2.07
Major Assessments.....	557.7	558.4	466	470	0.87
Other Assessments .....	4,282.2	4,296.7	3,579	3,618	1.09
Psychotherapy .....	444.4	383.5	371	323	-13.05
<b>Total Visit Services .....</b>	<b>5,858.2</b>	<b>5,820.1</b>	<b>4,896</b>	<b>4,901</b>	<b>0.09</b>
<b>Hospital Care .....</b>	<b>652.7</b>	<b>658.8</b>	<b>546</b>	<b>555</b>	<b>1.68</b>
<b>Special Calls and Emergency.....</b>	<b>246.7</b>	<b>245.3</b>	<b>206</b>	<b>207</b>	<b>0.18</b>
Major Surgery .....	149.4	151.1	125	127	1.93
Minor Surgery.....	258.8	279.6	216	235	8.86
Surgical Assistance .....	169.2	172.0	141	145	2.44
Obstetrics.....	31.4	30.8	26	26	-1.44
Anaesthesia.....	813.2	836.3	680	704	3.60
<b>Total Surgical Services.....</b>	<b>1,422.0</b>	<b>1,469.8</b>	<b>1,188</b>	<b>1,238</b>	<b>4.13</b>
Diagnostic Radiology.....	278.4	280.4	233	236	1.46
Laboratory Services.....	289.5	269.8	242	227	-6.12
Other Diagnostic and Therapeutic Services.....	2,433.1	2,471.8	2,033	2,081	2.35
Special and Miscellaneous Services .....	1,126.6	1,135.5	942	956	1.54
<b>Total Diagnostic Services.....</b>	<b>4,127.6</b>	<b>4,157.4</b>	<b>3,450</b>	<b>3,501</b>	<b>1.48</b>
<b>In-Province Dental Services .....</b>	<b>11.6</b>	<b>10.9</b>	<b>10</b>	<b>9</b>	<b>-4.78</b>
<b>In-Province Optometric Services .....</b>	<b>398.5</b>	<b>416.5</b>	<b>333</b>	<b>351</b>	<b>5.31</b>
Refractions by Optometrists .....	115.6	119.0	97	100	3.70
Other Optometric Services .....	282.9	297.6	236	251	5.97
<b>Out-of-Province Services</b>					
Physician Services.....	746.1	762.7	624	642	2.99
Dental Services.....	0.1	0.1	–	–	–
Optometric Services.....	8.6	10.0	7	8	17.30
<b>All Services.....</b>	<b>13,472.0</b>	<b>13,551.6</b>	<b>11,259</b>	<b>11,411</b>	<b>1.34</b>

<sup>1</sup> The “Definitions of Service Groupings”, in *Statistical Figures and Tables* describes inclusions in these classifications.

### Notes:

- 1) Includes optometric services covered by the Supplementary Health Program.
- 2) See “Data Limitations” in *Statistical Figures and Tables*.
- 3) In October 2018, four new modernized fee codes for psychiatric care were implemented. While these services were previously classified as “Psychotherapy/Counselling”, the new codes are grouped with “Other Assessments”.

# Table 8

## Payments by Type of Service

Type of Service <sup>1</sup>	Dollar Payments (\$000s)		Payments Per 1,000 Beneficiaries (\$)		Per Cent Change 2017-18 to 2018-19
	2017-18	2018-19	2017-18	2018-19	
<b>In-Province Physician Services.....</b>	<b>637,242</b>	<b>639,396</b>	<b>532,584</b>	<b>538,380</b>	<b>1.09</b>
Consultations.....	77,871	79,162	65,082	66,655	2.42
Major Assessments.....	35,389	34,824	29,577	29,323	-0.86
Other Assessments .....	177,746	179,459	148,553	151,107	1.72
Psychotherapy .....	21,473	17,790	17,946	14,980	-16.53
<b>Total Visit Services .....</b>	<b>312,478</b>	<b>311,235</b>	<b>261,158</b>	<b>262,064</b>	<b>0.35</b>
<b>Hospital Care .....</b>	<b>23,212</b>	<b>23,400</b>	<b>19,400</b>	<b>19,703</b>	<b>1.56</b>
<b>Special Calls and Emergency.....</b>	<b>10,845</b>	<b>10,772</b>	<b>9,064</b>	<b>9,070</b>	<b>0.07</b>
Major Surgery .....	59,390	59,902	49,636	50,438	1.62
Minor Surgery.....	10,020	10,473	8,374	8,818	5.31
Surgical Assistance .....	15,210	15,572	12,712	13,111	3.14
Obstetrics.....	15,520	15,162	12,971	12,767	-1.57
Anaesthesia.....	43,048	43,892	35,978	36,957	2.72
<b>Total Surgical Services.....</b>	<b>143,187</b>	<b>145,000</b>	<b>119,671</b>	<b>122,092</b>	<b>2.02</b>
Diagnostic Radiology .....	14,578	14,661	12,184	12,345	1.32
Laboratory Services.....	1,450	1,352	1,212	1,139	-6.05
Other Diagnostic and Therapeutic Services ....	108,026	109,433	90,284	92,144	2.06
Special and Miscellaneous Services <sup>2</sup> .....	23,465	23,543	19,611	19,823	1.08
<b>Total Diagnostic Services.....</b>	<b>147,519</b>	<b>148,989</b>	<b>123,291</b>	<b>125,450</b>	<b>1.75</b>
<b>In-Province Dental Services .....</b>	<b>1,517</b>	<b>1,530</b>	<b>1,268</b>	<b>1,288</b>	<b>1.60</b>
<b>In-Province Optometric Services .....</b>	<b>13,376</b>	<b>13,877</b>	<b>11,179</b>	<b>11,685</b>	<b>4.52</b>
Refractions by Optometrists .....	6,530	6,721	5,457	5,659	3.70
Other Optometric Services.....	6,846	7,156	5,722	6,025	5.30
<b>Out-of-Province Services</b>					
Physician Services.....	42,259	43,751	35,319	36,839	4.30
Dental Services.....	12	30	10	25	152.12
Optometric Services.....	321	364	268	307	14.46
<b>All Services.....</b>	<b>694,727</b>	<b>698,948</b>	<b>580,627</b>	<b>588,524</b>	<b>1.36</b>

<sup>1</sup> The "Definitions of Service Groupings", in *Statistical Figures and Tables* describe inclusions in these classifications.

<sup>2</sup> Includes payments for the rural emergency coverage program but excludes payments for the specialist emergency coverage program.

### Notes:

1) Includes optometric services covered by the Supplementary Health Program.

2) See "Data Limitations" in *Statistical Figures and Tables*.

3) In October 2018, four new modernized fee codes for psychiatric care were implemented. While these services were previously classified as "Psychotherapy/Counselling", the new codes are grouped with "Other Assessments".

# Table 9

## Average Payment (\$) Per Service by Type of Service and Type of Practitioner

Type of Service <sup>1</sup>	2017-18			2018-19		
	General Practitioners	Specialists	All Practitioners	General Practitioners	Specialists	All Practitioners
<b>In-Province Physician Services.....</b>	<b>37.28</b>	<b>69.31</b>	<b>51.78</b>	<b>37.17</b>	<b>68.86</b>	<b>51.77</b>
Consultations.....	87.11	138.05	135.67	86.77	138.61	136.13
Major Assessments.....	59.53	90.34	63.45	58.32	90.52	62.37
Other Assessments .....	39.06	56.16	41.51	39.10	55.99	41.77
Psychotherapy .....	40.24	57.35	48.32	39.34	57.66	46.39
<b>Average Of Visit Services.....</b>	<b>41.67</b>	<b>89.09</b>	<b>53.34</b>	<b>41.56</b>	<b>89.40</b>	<b>53.48</b>
<b>Hospital Care .....</b>	<b>35.28</b>	<b>35.82</b>	<b>35.56</b>	<b>35.18</b>	<b>35.80</b>	<b>35.52</b>
<b>Special Calls and Emergency.....</b>	<b>42.94</b>	<b>45.45</b>	<b>43.97</b>	<b>43.04</b>	<b>45.12</b>	<b>43.92</b>
Major Surgery .....	252.20	402.27	397.58	237.80	401.43	396.38
Minor Surgery.....	19.35	69.09	38.72	19.05	63.46	37.45
Surgical Assistance.....	76.22	152.53	89.92	76.35	149.65	90.54
Obstetrics.....	565.93	464.26	493.55	573.37	462.84	492.91
Anaesthesia.....	47.16	53.69	52.93	47.36	53.15	52.49
<b>Average Of Surgical Services .....</b>	<b>60.23</b>	<b>116.82</b>	<b>100.69</b>	<b>58.72</b>	<b>114.19</b>	<b>98.66</b>
Diagnostic Radiology.....	–	52.35	52.35	–	52.28	52.28
Laboratory Services.....	4.88	7.05	5.01	4.91	7.19	5.01
Other Diagnostic and Therapeutic Services.....	17.02	49.05	44.40	16.90	48.96	44.27
Special and Miscellaneous Services <sup>2</sup> .....	11.45	18.34	13.25	11.35	18.11	13.21
<b>Average Of Diagnostic Services.....</b>	<b>11.58</b>	<b>45.72</b>	<b>33.67</b>	<b>11.59</b>	<b>45.57</b>	<b>33.78</b>
<b>In-Province Dental Services .....</b>	<b>–</b>	<b>–</b>	<b>131.33</b>	<b>–</b>	<b>–</b>	<b>140.14</b>
<b>In-Province Optometric Services .....</b>	<b>–</b>	<b>–</b>	<b>33.57</b>	<b>–</b>	<b>–</b>	<b>33.31</b>
Refractions by Optometrists .....	–	–	56.50	–	–	56.50
Other Optometric Services .....	–	–	24.20	–	–	24.05
<b>Out-of-Province Services</b>						
Physician Services.....	51.83	58.69	56.64	52.82	59.32	57.36
Dental Services .....	–	–	173.62	–	–	282.83
Optometric Services.....	–	–	37.49	–	–	36.58
<b>All Services.....</b>	<b>37.74</b>	<b>68.40</b>	<b>51.57</b>	<b>37.69</b>	<b>68.04</b>	<b>51.58</b>

<sup>1</sup> The “Definitions of Service Groupings”, in *Statistical Figures and Tables* describe inclusions in these classifications.

<sup>2</sup> Excludes payments for specialist and rural emergency coverage programs and retroactive lump sum payments to physicians to avoid distortion.

### Notes:

1) Includes optometric services covered by the Supplementary Health Program.

2) See “Data Limitations” in *Statistical Figures and Tables*.

3) Certain figures for 2017-18 have been restated.

4) In October 2018, four new modernized fee codes for psychiatric care were implemented. While these services were previously classified as “Psychotherapy/Counselling”, the new codes are grouped with “Other Assessments”.

# Table 10

## Per Cent of Services and Payments by Type of Service

Type of Service <sup>1</sup>	Per Cent of Total Services		Per Cent of Total Payments	
	2017-18	2018-19	2017-18	2018-19
<b>In-Province Physician Services.....</b>	<b>91.35</b>	<b>91.14</b>	<b>91.73</b>	<b>91.48</b>
Consultations.....	4.26	4.29	11.21	11.33
Major Assessments.....	4.14	4.12	5.09	4.98
Other Assessments .....	31.79	31.71	25.59	25.68
Psychotherapy .....	3.30	2.83	3.09	2.55
<b>Total Visit Services .....</b>	<b>43.48</b>	<b>42.95</b>	<b>44.98</b>	<b>44.53</b>
<b>Hospital Care .....</b>	<b>4.85</b>	<b>4.86</b>	<b>3.34</b>	<b>3.35</b>
<b>Special Calls and Emergency.....</b>	<b>1.83</b>	<b>1.81</b>	<b>1.56</b>	<b>1.54</b>
Major Surgery .....	1.11	1.12	8.55	8.57
Minor Surgery.....	1.92	2.06	1.44	1.50
Surgical Assistance .....	1.26	1.27	2.19	2.23
Obstetrics.....	0.23	0.23	2.23	2.17
Anaesthesia.....	6.04	6.17	6.20	6.28
<b>Total Surgical Services.....</b>	<b>10.56</b>	<b>10.85</b>	<b>20.61</b>	<b>20.75</b>
Diagnostic Radiology.....	2.07	2.07	2.10	2.10
Laboratory Services .....	2.15	1.99	0.21	0.19
Other Diagnostic and Therapeutic Services.....	18.06	18.24	15.55	15.66
Special and Miscellaneous Services <sup>2</sup> .....	8.36	8.38	3.38	3.37
<b>Total Diagnostic Services.....</b>	<b>30.64</b>	<b>30.68</b>	<b>21.23</b>	<b>21.32</b>
<b>In-Province Dental Services .....</b>	<b>0.09</b>	<b>0.08</b>	<b>0.22</b>	<b>0.22</b>
<b>In-Province Optometric Services .....</b>	<b>2.96</b>	<b>3.07</b>	<b>1.93</b>	<b>1.99</b>
Refractions by Optometrists .....	0.86	0.88	0.94	0.96
Other Optometric Services.....	2.10	2.20	0.99	1.02
<b>Out-of-Province Services</b>				
Physician Services.....	5.54	5.63	6.08	6.26
Dental Services .....	—	—	—	—
Optometrist Services .....	0.06	0.07	0.05	0.05
<b>All Services.....</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

<sup>1</sup> The "Definitions of Service Groupings", in *Statistical Figures and Tables* describe inclusions in these classifications.

<sup>2</sup> Includes payments for the rural emergency coverage program but excludes specialist emergency coverage program payments.

### Notes:

1) Includes optometric services covered by the Supplementary Health Program.

2) See "Data Limitations" in *Statistical Figures and Tables*.

3) In October 2018, four new modernized fee codes for psychiatric care were implemented. While these services were previously classified as "Psychotherapy/Counselling", the new codes are grouped with "Other Assessments".

# Table 11

## Payments (\$000s) for Out-of-Province Services by Location and Type of Practitioner

Type of Practitioner	Location of Services								
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
<b>General Practitioners.....</b>	<b>12,122.1</b>	<b>135.7</b>	<b>23.4</b>	<b>563.9</b>	<b>1,145.8</b>	<b>9,007.7</b>	<b>1,127.0</b>	<b>76.4</b>	<b>42.1</b>
<b>Specialists</b>									
Paediatricians and Medical Geneticists.....	2,247.8	5.5	2.4	61.4	49.0	2,086.6	37.2	4.3	1.3
Internists and Physiatrists.....	4,341.5	26.2	7.4	160.3	276.2	3,608.8	171.0	84.4	7.2
Neurologists.....	290.6	3.0	0.8	15.8	22.7	221.8	21.3	5.0	0.1
Psychiatrists.....	1,329.7	6.8	9.6	58.6	77.7	1,056.9	119.6	0.3	–
Dermatologists.....	249.7	29.1	0.2	4.6	27.7	181.9	5.5	0.7	0.1
Anaesthetists.....	3,500.4	22.1	15.6	122.4	198.6	3,009.0	122.1	10.1	0.4
General and Thoracic Surgeons.....	3,467.5	12.0	1.6	65.8	212.2	3,082.0	80.6	10.8	2.6
Orthopaedic Surgeons.....	1,355.5	13.3	10.5	38.6	145.4	1,046.4	91.7	9.5	0.2
Plastic and Reconstructive Surgeons.....	1,041.6	1.0	201.9	15.3	39.0	754.3	29.7	0.5	–
Neurological Surgeons.....	316.5	0.9	3.4	21.8	51.7	213.2	19.8	5.7	–
Obstetricians and Gynaecologists.....	1,143.0	14.7	1.7	84.6	223.4	762.2	55.1	1.3	0.1
Urological Surgeons.....	355.0	3.6	0.9	11.9	23.2	287.3	26.3	1.7	0.1
Ophthalmologists.....	997.9	3.7	0.8	24.0	57.5	857.7	50.2	3.7	0.4
Otolaryngologists.....	1,153.5	13.0	0.8	13.3	47.7	1,060.5	16.2	2.0	0.1
Pathologists.....	5,033.8	11.2	0.5	61.2	22.1	4,767.2	169.9	1.6	0.1
Diagnostic Radiologists.....	4,304.4	27.4	0.8	80.4	291.2	3,849.9	52.9	1.7	0.1
US Services with Prior Approval.....	500.4	–	–	–	–	–	–	500.4	–
<b>All Physicians.....</b>	<b>43,751.0</b>	<b>329.1</b>	<b>282.3</b>	<b>1,404.0</b>	<b>2,911.2</b>	<b>35,853.2</b>	<b>2,196.2</b>	<b>720.0</b>	<b>54.9</b>
Dentists.....	30.0	0.4	7.6	0.2	2.7	19.1	–	–	–
Optometrists.....	364.4	–	0.1	0.4	48.7	314.7	0.1	0.5	–

### Notes:

- 1) Includes optometric services covered by the Supplementary Health Program.
- 2) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the Physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" in Medical Services Plan Coverage Benefits.
- 3) All payments are in Canadian dollars.
- 4) See "Data Limitations" in *Statistical Figures and Tables*.

## Table 12

### Payments (\$000s) to Saskatchewan Physicians for Services Provided to Beneficiaries of Other Provinces or Territories

Type of Practitioner	Home Province or Territory of Beneficiary											
	All Locations	Newfoundland	PEI	Nova Scotia	New Brunswick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
<b>General Practitioners.....</b>	<b>4,206.6</b>	<b>35.7</b>	<b>7.9</b>	<b>46.8</b>	<b>44.4</b>	<b>350.7</b>	<b>1,072.9</b>	<b>2,150.5</b>	<b>458.2</b>	<b>20.9</b>	<b>9.4</b>	<b>9.3</b>
<b>Specialists</b>												
Paediatricians and Medical Geneticists..	180.1	1.2	–	0.5	1.5	9.6	74.6	76.9	13.6	1.7	0.4	0.2
Internists and Physiatrists.....	1,033.4	5.5	0.2	14.7	8.3	75.6	179.8	663.2	81.0	3.0	1.1	0.9
Neurologists .....	85.4	0.4	–	1.0	1.3	7.3	20.6	41.7	12.4	0.3	0.4	–
Cardiologists.....	343.0	1.8	–	8.9	1.9	27.0	137.8	132.9	31.2	1.0	0.6	–
Psychiatrists .....	283.0	3.6	–	3.8	3.1	43.7	46.5	140.4	34.0	5.6	1.7	0.7
Dermatologists .....	30.0	–	0.1	0.3	0.1	2.8	10.1	13.4	2.6	0.4	0.1	0.1
Anaesthetists .....	973.7	4.4	–	3.5	7.5	41.3	268.2	590.4	55.6	0.8	0.7	1.3
General Surgeons.....	913.5	4.8	0.1	3.8	4.8	41.0	131.2	686.7	38.2	0.9	0.4	1.8
Cardiac Surgeons .....	67.4	–	–	–	–	1.8	37.8	23.4	4.5	–	–	–
Orthopaedic Surgeons .....	535.0	1.2	0.1	1.8	5.2	32.1	133.2	318.5	41.6	0.7	0.6	–
Plastic and Reconstructive Surgeons.....	104.4	2.2	–	2.2	0.8	13.6	24.5	48.0	11.8	1.1	0.1	0.3
Neurological Surgeons .....	183.0	1.3	–	0.2	2.5	9.0	31.0	115.7	23.1	0.0	–	0.1
Obstetricians and Gynaecologists.....	567.6	3.0	0.3	2.9	3.6	23.8	214.6	280.1	35.6	2.2	0.5	1.0
Urological Surgeons .....	146.8	0.8	–	0.4	1.0	3.0	91.2	37.8	12.0	–	0.6	–
Ophthalmologists.....	1,032.2	0.8	–	5.0	1.5	17.5	460.6	517.2	28.4	0.5	0.4	0.4
Otolaryngologists .....	310.6	3.0	0.1	0.3	1.4	10.0	50.7	236.9	7.4	0.2	0.1	0.5
Pathologists .....	447.6	3.0	0.9	4.2	4.0	67.9	76.3	200.0	85.1	2.1	1.3	2.7
Diagnostic Radiologists.....	498.9	6.5	1.8	6.5	7.6	62.5	143.7	198.9	61.6	4.0	3.5	2.2
<b>All Specialists</b>	<b>7,735.5</b>	<b>43.5</b>	<b>3.7</b>	<b>59.9</b>	<b>56.0</b>	<b>489.4</b>	<b>2,132.4</b>	<b>4,322.1</b>	<b>579.8</b>	<b>24.4</b>	<b>12.3</b>	<b>12.2</b>
<b>All Physicians .....</b>	<b>11,942.2</b>	<b>79.2</b>	<b>11.6</b>	<b>106.7</b>	<b>100.4</b>	<b>840.1</b>	<b>3,205.2</b>	<b>6,472.6</b>	<b>1,038.0</b>	<b>45.3</b>	<b>21.7</b>	<b>21.5</b>

#### Notes:

- 1) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" in Medical Services Plan Coverage Benefits.
- 2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan Physician Payment Schedule rates.
- 3) See "Data Limitations" in *Statistical Figures and Tables*.

# Table 13a

## Payments (\$000s) for Out-of-Province Hospital Services By Location and Type of Care

		All Locations	Location of Services							
			Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures										
Bone Marrow/Stem Cell Transplant .....		1,874.9	–	–	–	395.3	1,479.6	–	–	–
Defibrillator Pacemaker Implantation .....		755.3	–	–	–	–	755.3	–	–	–
Liver Transplant.....		1,111.9	–	–	–	–	1,111.9	–	–	–
Heart and/or Lung Transplant.....		3,179.1	–	–	–	–	3,179.1	–	–	–
Aortic or Pulmonary Valve.....		512.9	–	–	–	–	429.3	83.6	–	–
Ventricular Assist Device.....		3,555.5	–	–	–	–	3,555.5	–	–	–
Kidney or Kidney and Pancreas Transplant.....		226.5	–	–	–	–	226.5	–	–	–
Cranium Screws/Wires/Mesh/Plates.....		199.8	–	–	–	–	199.8	–	–	–
Artificial Knee/Hip/Shoulder .....		591.6	9.5	–	12.5	–	555.7	13.9	–	–
Spinal Fixation/Fusion Rods/Grafts/Screws .....		121.5	–	–	–	–	121.5	–	–	–
Stent Graft, Various.....		291.1	–	–	–	–	291.1	–	–	–
Out-of-Country.....		3,078.8	–	–	–	–	–	–	3,078.8	–
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis										
I.	Infectious & Parasitic Diseases .....	1,294.1	–	–	66.0	76.7	1,027.1	113.2	8.5	2.6
II.	Neoplasms.....	4,416.7	8.3	–	338.5	65.9	3,720.2	247.9	35.5	0.3
III.	Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders .....	948.3	–	3.2	29.0	39.0	842.0	33.7	0.8	0.6
IV.	Diseases of Blood & Blood-Forming Organs .....	188.7	–	1.3	15.2	62.7	91.2	18.3	0.1	–
V.	Mental Disorders .....	3,379.5	123.5	27.8	375.8	428.1	2,042.0	382.0	0.3	–
VI.	Diseases of Nervous System & Sense Organs.....	1,316.0	32.8	6.5	35.3	124.4	1,024.8	89.5	2.4	0.2
VII.	Diseases of the Circulatory System .....	7,393.9	45.7	10.2	331.6	397.2	6,113.0	474.6	12.0	9.7
VIII.	Diseases of the Respiratory System.....	2,433.5	10.0	–	313.2	93.6	1,705.8	294.2	5.7	11.1
IX.	Diseases of the Digestive System.....	3,506.5	129.2	47.9	19.5	127.4	2,689.7	472.3	8.2	12.3
X.	Diseases of the Genitourinary System .....	969.2	11.0	–	17.3	138.7	633.8	117.8	47.0	3.6
XI.	Complications of Pregnancy, Childbirth & the Puerperium.....	1,399.1	13.2	6.6	106.4	288.0	884.9	99.5	–	0.5
XII.	Diseases of the Skin & Subcutaneous Tissue.....	582.7	3.1	–	18.2	86.3	445.2	28.0	1.1	0.9
XIII.	Diseases of the Musculoskeletal System & Connective Tissue .....	1,603.6	–	543.8	165.3	87.6	525.0	281.5	–	0.4
XIV.	Congenital Anomalies .....	6,497.2	–	42.6	7.0	11.4	6,420.5	15.7	–	–
XV.	Certain Conditions Originating in the Perinatal Period .....	2,652.2	2.2	–	3.1	361.1	2,159.4	126.5	–	–
XVI.	Symptoms, Signs, & Ill-defined Conditions.....	1,179.9	37.3	13.3	342.8	3.7	643.0	130.5	4.9	4.4
XVII.	Injury and Poisoning.....	8,624.3	49.4	12.5	225.2	632.4	6,872.9	811.3	11.8	8.9
XVIII.	Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	3,883.3	58.7	222.8	90.6	254.0	3,060.0	197.2	–	–
Outpatient Treatment										
Standard Outpatient Visit.....		16,656.1	498.7	136.1	1,176.0	1,483.8	11,544.9	1,759.2	37.7	19.6
Day Surgery.....		2,899.5	38.4	5.5	111.1	532.3	2,022.4	188.3	0.9	0.6
Haemodialysis .....		1,389.6	3.5	–	25.3	1.0	1,183.2	173.5	1.4	1.7
Computerized Axial Tomography (CAT Scan).....		1,515.1	42.0	24.8	125.6	171.0	829.2	322.4	–	–
Magnetic Resonance Imaging (MRI) .....		779.9	5.2	3.7	38.0	104.4	575.9	52.7	–	–
Positron Emission Tomography (PET Scan).....		121.0	1.8	6.1	1.4	2.5	107.6	1.5	–	–
Radiotherapy Services.....		329.5	4.7	–	55.0	1.7	217.7	50.4	–	–
Cancer Chemotherapy Visit.....		332.0	3.2	–	41.9	-16.5	299.1	4.3	–	–
Gamma Knife Procedure.....		632.0	–	–	18.5	578.0	35.5	–	–	–
Brachytherapy .....		817.8	–	–	–	–	105.3	712.5	–	–
Out-of-Country.....		2,026.5	–	–	–	–	–	–	2,026.5	–
Other Outpatient Treatment.....		3,990.2	73.2	10.5	162.6	189.7	3,150.7	366.7	35.5	1.2
Total .....		99,256.9	1,204.5	1,125.2	4,268.0	6,721.3	72,877.3	7,662.8	5,319.1	78.7

### Notes:

- 1) More than one of the same high cost procedure can occur during a single hospitalization.
- 2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.
- 3) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
- 4) All payments reflect their value in Canadian funds.

# Table 13b

## Number of Out-of-Province Hospital Cases by Location and Type of Care

	All Locations	Location of Services							
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Bone Marrow/Stem Cell Transplant .....	9	–	–	–	3	6	–	–	–
Defibrillator Pacemaker Implantation .....	26	–	–	–	–	26	–	–	–
Liver Transplant.....	8	–	–	–	–	8	–	–	–
Heart and/or Lung Transplant.....	18	–	–	–	–	18	–	–	–
Aortic or Pulmonary Valve.....	13	–	–	–	–	10	3	–	–
Ventricular Assist Device.....	9	–	–	–	–	9	–	–	–
Kidney or Kidney and Pancreas Transplant.....	5	–	–	–	–	5	–	–	–
Cranium Screws/Wires/Mesh/Plates.....	4	–	–	–	–	4	–	–	–
Artificial Knee/Hip/Shoulder .....	73	1	–	1	–	70	1	–	–
Spinal Fixation/Fusion Rods/Grafts/Screws .....	4	–	–	–	–	4	–	–	–
Stent Graft, Various.....	5	–	–	–	–	5	–	–	–
Out-of-Country .....	7	–	–	–	–	–	–	7	–
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases .....	111	–	–	7	12	57	8	14	13
II. Neoplasms.....	190	1	–	27	10	127	17	6	2
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders .....	110	–	1	5	8	81	10	3	2
IV. Diseases of Blood & Blood-Forming Organs .....	19	–	1	3	1	10	3	1	–
V. Mental Disorders .....	267	21	3	29	24	143	46	1	–
VI. Diseases of Nervous System & Sense Organs.....	126	2	1	9	22	75	11	5	1
VII. Diseases of the Circulatory System .....	428	4	3	28	27	263	50	36	17
VIII. Diseases of the Respiratory System .....	285	3	–	20	28	166	30	18	20
IX. Diseases of the Digestive System .....	445	8	6	55	49	222	46	25	34
X. Diseases of the Genitourinary System .....	201	2	–	6	25	125	23	9	11
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	466	6	4	34	106	284	30	–	2
XII. Diseases of the Skin & Subcutaneous Tissue.....	59	1	–	3	5	36	7	4	3
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	144	–	7	3	33	85	13	–	3
XIV. Congenital Anomalies .....	157	–	2	3	8	141	3	–	–
XV. Certain Conditions Originating in the Perinatal Period .....	137	2	–	1	30	92	12	–	–
XVI. Symptoms, Signs, & Ill-defined Conditions.....	192	5	1	15	7	95	28	22	19
XVII. Injury and Poisoning.....	470	5	3	33	31	287	65	23	23
XVIII. Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services .....	510	13	7	24	83	346	37	–	–
Outpatient Treatment									
Standard Outpatient Visit.....	47,694	1,401	380	3,267	4,171	32,384	4,926	755	410
Day Surgery.....	2,129	28	4	81	390	1,474	137	9	6
Haemodialysis .....	2,889	7	–	52	2	2,413	352	28	35
Computerized Axial Tomography (CAT Scan).....	1,942	54	32	161	220	1,062	413	–	–
Magnetic Resonance Imaging (MRI) .....	1,050	7	5	51	141	775	71	–	–
Positron Emission Tomography (PET Scan).....	75	1	2	1	2	68	1	–	–
Radiotherapy Services.....	763	11	–	127	4	505	116	–	–
Cancer Chemotherapy Visit.....	308	3	–	38	–9	269	7	–	–
Gamma Knife Procedure.....	37	–	–	1	34	2	–	–	–
Brachytherapy.....	79	–	–	–	–	22	57	–	–
Out-of-Country .....	203	–	–	–	–	–	–	203	–
Other Outpatient Treatment.....	16,485	411	59	67	892	13,003	2,037	13	3
Total .....	78,152	1,997	521	4,152	6,359	54,777	8,560	1,182	604

### Notes:

- 1) More than one of the same high cost procedure can occur during a single hospitalization.
- 2) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
- 3) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

# Table 14a

## Payments (\$000s) for Out-of-Province Residents Hospitalized In Saskatchewan By Place of Residence and Type of Care

		All Locations	Home Province or Territory of Beneficiary					
			Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment – High Cost Procedures								
Defibrillator-Pacemaker .....		60.9	60.9	–	–	–	–	–
Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis								
I.	Infectious & Parasitic Diseases .....	558.0	5.5	2.6	101.9	237.2	159.2	51.6
II.	Neoplasms.....	531.3	32.8	–	–	319.2	126.2	53.3
III.	Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders .....	195.0	15.6	–	28.6	130.8	76.7	-56.7
IV.	Diseases of Blood and Blood-Forming Organs.....	94.8	7.6	–	1.5	32.0	41.4	12.4
V.	Mental Disorders .....	2,626.6	67.1	12.1	285.7	235.2	1,688.3	338.1
VI.	Diseases of the Nervous System & Sense Organs.....	377.7	9.6	–	78.6	39.3	103.1	147.1
VII.	Diseases of the Circulatory System .....	2,950.1	114.3	66.4	441.2	818.3	1,129.3	380.5
VIII.	Diseases of the Respiratory System .....	1,256.8	53.6	6.1	102.3	443.7	511.4	139.7
IX.	Diseases of the Digestive System .....	1,714.0	21.9	25.0	246.7	611.3	618.1	191.0
X.	Diseases of the Genitourinary System .....	339.6	15.0	–	12.5	103.4	166.4	42.4
XI.	Complications of Pregnancy, Childbirth & the Puerperium.....	665.8	27.2	–	32.1	363.8	175.5	67.1
XII.	Diseases of the Skin and Subcutaneous Tissue .....	127.5	1.5	–	33.7	25.2	68.9	-1.8
XIII.	Diseases of the Musculoskeletal System & Connective Tissue.....	751.0	17.1	–	42.3	301.8	281.5	108.4
XIV.	Congenital Anomalies .....	48.0	2.4	–	–	31.6	14.0	–
XV.	Certain Conditions Originating in the Perinatal Period .....	1,188.8	65.5	–	197.1	473.2	112.9	340.2
XVI.	Symptoms, Signs, and Ill-defined Conditions.....	431.8	6.1	–	23.7	157.0	196.6	48.4
XVII.	Injury and Poisoning .....	2,084.4	124.2	45.6	248.3	417.4	1,054.4	194.5
XVIII.	Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services .....	1,316.1	186.8	23.7	27.1	408.9	373.1	296.4
Outpatient Treatment								
Standard Outpatient Visit.....		9,411.9	418.4	66.6	761.2	3,183.3	4,002.1	980.3
Day Surgery.....		1,934.4	39.6	–	92.2	955.1	767.6	79.9
Haemodialysis .....		198.2	–	1.5	7.4	50.1	103.6	35.6
Computerized Axial Tomography (CAT Scan).....		699.6	40.6	6.3	80.6	181.7	279.9	110.6
Magnetic Resonance Imaging (MRI) .....		156.7	7.5	0.7	13.5	40.3	70.0	24.7
Radiotherapy Services.....		143.4	6.5	–	9.1	59.3	50.2	18.3
Cancer Chemotherapy Visit.....		379.0	49.5	–	103.8	4.7	208.6	12.4
Other Outpatient Treatment.....		628.8	31.1	3.4	57.2	146.1	308.6	82.5
Total .....		30,870.4	1,428.0	259.8	3,028.3	9,769.8	12,687.7	3,696.8

### Notes:

- 1) More than one of the same high cost procedure can occur during a single hospitalization.
- 2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

## Table 14b

### Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care

		Home Province or Territory of Beneficiary						
		All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment – High Cost Procedures								
Defibrillator-Pacemaker.....		1	1	–	–	–	–	–
Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis								
I.	Infectious & Parasitic Diseases .....	48	2	1	7	18	16	4
II.	Neoplasms.....	74	3	–	–	52	15	4
III.	Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders .....	46	4	–	5	11	17	9
IV.	Diseases of Blood and Blood-Forming Organs.....	16	1	–	1	5	5	4
V.	Mental Disorders .....	218	10	2	25	29	124	28
VI.	Diseases of the Nervous System & Sense Organs.....	44	1	–	3	17	14	9
VII.	Diseases of the Circulatory System .....	199	9	5	16	59	84	26
VIII.	Diseases of the Respiratory System.....	139	9	1	11	37	64	17
IX.	Diseases of the Digestive System .....	227	5	4	34	63	90	31
X.	Diseases of the Genitourinary System .....	107	7	–	4	30	56	10
XI.	Complications of Pregnancy, Childbirth & the Puerperium.....	217	8	–	11	119	58	21
XII.	Diseases of the Skin and Subcutaneous Tissue .....	24	1	–	5	8	8	2
XIII.	Diseases of the Musculoskeletal System & Connective Tissue.....	109	3	–	2	44	51	9
XIV.	Congenital Anomalies .....	13	2	–	–	6	5	–
XV.	Certain Conditions Originating in the Perinatal Period .....	41	1	–	3	25	6	6
XVI.	Symptoms, Signs, and Ill-defined Conditions .....	106	1	–	9	36	45	15
XVII.	Injury and Poisoning.....	252	8	4	28	65	125	22
XVIII.	Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	229	8	2	8	124	62	25
Outpatient Treatment								
Standard Outpatient Visit.....		26,316	1,170	186	2,127	8,908	11,189	2,736
Day Surgery.....		1,407	29	–	67	695	558	58
Haemodialysis .....		401	–	3	15	101	209	73
Computerized Axial Tomography (CAT Scan).....		894	52	8	103	232	358	141
Magnetic Resonance Imaging (MRI) .....		210	10	1	18	54	94	33
Radiotherapy Services.....		332	15	–	21	137	117	42
Cancer Chemotherapy Visit.....		156	29	–	28	5	68	26
Other Outpatient Treatment.....		3,445	173	19	319	780	1,695	459
Total .....		35,271	1,562	236	2,870	11,660	15,133	3,810

#### Notes:

- 1) More than one of the same high cost procedure can occur during a single hospitalization.
- 2) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

# Table 15

## In-Province Physician Services by Type of Service and Type of Physician

Type of Service <sup>1</sup> (000s)	Type of Physician								
	General Practitioners	Paediatricians and Medical Geneticists	Internists and Psychiatrists	Neurologists	Cardiologists	Psychiatrists	Dermatologists	General Surgeons	Cardiac Surgeons
<b>Visits</b>									
Consultations.....	27.8	32.4	129.5	23.5	33.4	15.2	19.7	60.7	2.7
Special Eye Examination.....	–	–	–	–	–	–	–	–	–
Major Assessments.....	488.1	10.1	5.1	0.5	0.4	6.5	5.5	2.1	0.0
Other Assessments .....	3,619.0	47.6	105.1	17.7	15.5	82.3	19.8	53.3	0.7
Hospital Care Days.....	294.8	38.9	240.3	13.7	21.3	16.1	–	21.0	0.2
<b>Special Calls and Emergency</b>									
Surcharges.....	136.2	3.7	24.3	2.6	4.0	5.0	0.1	8.1	0.7
Premiums.....	5.7	0.4	4.9	0.2	0.3	0.4	–	0.2	–
<b>Psychotherapy</b>									
Base Time <sup>2</sup> .....	140.9	0.1	0.0	0.0	–	72.1	0.3	0.0	–
Additional Time .....	95.1	0.0	0.0	0.0	–	71.8	0.2	0.0	–
Major Surgery.....	4.7	0.0	0.9	0.7	0.9	–	0.3	18.3	5.8
Minor Surgery.....	163.8	0.0	0.8	–	0.2	–	44.7	8.5	0.1
Surgical Assistance.....	138.7	–	–	–	0.3	–	–	9.6	1.0
Obstetrics .....	8.4	–	0.0	–	–	–	–	–	–
<b>Anaesthesia</b>									
Operative.....	90.0	–	–	–	–	–	–	0.1	–
Nerve Blocks and Epidurals.....	6.2	0.0	0.6	1.0	–	–	–	0.2	0.1
Diagnostic Radiology.....	–	–	–	–	–	–	–	–	–
Pathology/Laboratory Services .....	257.9	0.1	0.3	–	–	–	0.3	0.0	–
Diagnostic Ultrasound .....	0.1	2.5	4.5	–	63.4	–	–	–	–
Other Diagnostic and Therapeutic Services.....	361.1	111.8	409.8	20.9	177.3	121.0	6.5	66.4	0.5
Special Services.....	124.0	0.1	0.1	0.0	–	0.0	2.4	10.7	–
Miscellaneous Services <sup>3</sup> .....	698.9	29.0	100.2	10.2	11.0	34.0	4.4	17.6	0.9
<b>Total Services .....</b>	<b>6,661.3</b>	<b>276.7</b>	<b>1,026.5</b>	<b>90.9</b>	<b>328.0</b>	<b>424.2</b>	<b>104.3</b>	<b>276.8</b>	<b>12.7</b>

<sup>1</sup> The “Definitions of Service Groupings”, in *Statistical Figures and Tables* describes inclusions in these classifications.

<sup>2</sup> Represents the number of instances these types of services were provided during the year.

<sup>3</sup> This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel.

# Table 15 (Continued)

## In-Province Physician Services by Type of Service and Type of Physician

Type of Service <sup>1</sup> (000s)	Type of Physician									Total Services
	Orthopaedic Surgeons	Plastic and Reconstructive Surgeons	Neurological Surgeons	Obstetricians and Gynaecologists	Urological Surgeons	Ophthalmologists	Otolaryngologists	Anaesthetists	Pathologists and Diagnostic Radiologists	
Visits										
Consultations.....	47.9	17.9	6.6	51.5	14.3	53.6	32.3	11.9	0.8	581.5
Special Eye Examination.....	–	–	–	–	–	0.2	–	–	–	0.2
Major Assessments.....	0.3	0.4	0.1	7.4	3.3	24.5	3.8	0.0	0.0	558.2
Other Assessments .....	65.3	15.5	5.5	96.9	13.1	104.4	29.8	5.2	–	4,296.7
Hospital Care Days.....	3.1	0.0	2.9	5.2	0.5	0.1	0.5	–	–	658.8
Special Calls and Emergency										
Surcharges.....	7.8	2.0	1.5	6.1	1.5	1.1	1.0	14.3	0.5	220.5
Premiums .....	0.0	–	0.0	0.0	0.0	–	0.0	12.6	–	24.8
Psychotherapy										
Base Time <sup>2</sup> .....	0.0	–	0.0	1.7	0.1	–	–	0.0	–	215.3
Additional Time .....	–	–	0.0	0.9	0.1	–	–	0.0	–	168.2
Major Surgery.....	30.0	10.6	10.4	6.7	6.5	43.5	11.7	0.0	0.2	151.1
Minor Surgery .....	1.9	9.7	0.1	1.6	2.7	40.7	4.6	–	0.2	279.6
Surgical Assistance.....	4.5	0.5	0.6	8.4	5.7	–	2.6	0.0	–	172.0
Obstetrics .....	–	–	–	22.4	–	–	–	–	–	30.8
Anaesthesia										
Operative.....	–	–	–	–	–	–	0.0	703.7	–	793.7
Nerve Blocks and Epidurals.....	1.0	–	0.0	0.4	0.1	–	–	30.6	2.4	42.5
Diagnostic Radiology.....	–	–	0.0	–	–	–	–	–	280.4	280.4
Pathology/Laboratory Services .....	–	–	–	11.2	0.0	–	0.0	–	–	269.8
Diagnostic Ultrasound .....	–	–	–	11.4	0.1	14.3	–	0.6	159.6	256.4
Other Diagnostic and Therapeutic Services.....	28.8	2.6	1.5	33.5	10.6	650.2	83.7	8.4	120.9	2,215.4
Special Services.....	–	0.4	–	16.1	0.1	0.0	0.1	0.0	–	153.9
Miscellaneous Services <sup>3</sup> .....	13.0	1.1	3.3	22.0	4.9	6.7	23.5	0.5	0.3	981.6
Total Services .....	203.7	60.8	32.5	303.5	63.5	939.3	193.5	787.7	565.4	12,351.4

# Table 16

## Selected In-Province Medical Procedures – Patients, Services and Payments

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 2017-18 to 2018-19
		Patients	Payments (\$)	Services	
Electrocardiograms and Echocardiograms.....	468,426	159.34	11,597.33	394.42	-2.17
Allergy Investigations and Hyposensitization Injections.....	200,569	6.41	351.95	168.88	-3.48
Psychological Testing.....	122,970	17.22	4,199.16	103.54	1.58
Artificial Extra Corporeal Haemodialysis.....	107,450	1.08	4,899.33	90.47	-0.37
Optical Coherence Tomography.....	84,176	45.18	3,170.87	70.88	6.32
Submission of Papanicolaou Smear.....	78,456	125.04 <sup>f</sup>	2,649.89 <sup>f</sup>	132.62 <sup>f</sup>	-3.65
Removal of Cysts, Granulomata, Keratoses, etc. ....	38,828	24.86	1,844.52	32.69	5.40
Arthrocentesis - Joint Injections.....	33,230	16.69	546.35	27.98	8.18
Pulmonary Function Studies.....	31,487	15.46	1,523.28	26.51	-19.10
Plantar Wart Excision or Fulguration.....	31,187	11.49	502.05	26.26	2.74
Colonoscopy.....	27,831	22.56	4,793.24	23.43	-3.23
Upper GI Endoscopy.....	20,973	15.16	2,713.20	17.66	0.57
Cataract Extraction.....	14,582	7.47	4,869.09	12.28	2.48
Suturing of Wounds.....	11,902	9.17	790.12	10.02	-2.69
Cystoscopy.....	10,585	7.35	954.46	8.91	-4.35
Delivery - Vaginal.....	10,256	17.08 <sup>f</sup>	16,083.78 <sup>f</sup>	17.34 <sup>f</sup>	-2.85
Coronary Angiography.....	6,441	4.51	1,016.24	5.42	-6.77
Cardiac Catheterization.....	6,335	4.19	779.54	5.33	3.34
Fractures, Open Surgical or Closed Reduction.....	6,234	4.43	2,599.97	5.25	-2.53
Angioplasty.....	5,032	2.06	1,942.64	4.24	-7.75
Arthroscopy.....	4,118	3.30	470.37	3.47	-3.04
Electroencephalograms or Echoencephalograms.....	3,864	2.82	87.22	3.25	7.59
Delivery - Caesarean.....	3,609	6.10 <sup>f</sup>	5,642.33 <sup>f</sup>	6.10 <sup>f</sup>	3.47
Sigmoidoscopy.....	3,558	2.64	186.43	3.00	-2.47
Hernia Repair.....	3,399	2.63	1,297.56	2.86	-3.29
Gall Bladder or Other Biliary Tract Surgery.....	2,804	2.36	1,609.02	2.36	-1.46
Arthroplasty - Knee or Total Knee Replacement.....	2,681	2.02	1,903.80	2.26	-1.22
Vasectomy.....	2,291	3.83 <sup>m</sup>	1,053.67 <sup>m</sup>	3.84 <sup>m</sup>	-5.89
Arthroplasty - Hip or Total Hip Replacement.....	2,038	1.63	1,574.11	1.72	4.02
Tonsillectomy (With or Without Adenoidectomy).....	1,717	1.45	500.70	1.45	-7.44
Electroconvulsive Therapy.....	1,635	0.19	106.92	1.38	-4.57
Septoplasty or Submucous Resection.....	1,612	1.17	476.71	1.36	-7.55
Therapeutic Abortion.....	1,492	2.45 <sup>f</sup>	439.97 <sup>f</sup>	2.52 <sup>f</sup>	-28.20
Dilatation and Curettage.....	1,208	1.97 <sup>f</sup>	393.38 <sup>f</sup>	2.04 <sup>f</sup>	-3.86
Appendectomy.....	1,087	0.91	520.34	0.92	-5.36
Prostatectomy (With or Without Vasectomy).....	988	1.63 <sup>m</sup>	1,493.39 <sup>m</sup>	1.66 <sup>m</sup>	0.26
Salpingectomy, Oophorectomy &/or Ovarian Cystectomy.....	898	1.50 <sup>f</sup>	654.76 <sup>f</sup>	1.52 <sup>f</sup>	4.49
Tubal Ligation.....	799	1.34 <sup>f</sup>	317.33 <sup>f</sup>	1.35 <sup>f</sup>	-16.60
Genital Prolapse Repair.....	608	0.75 <sup>f</sup>	276.79 <sup>f</sup>	1.03 <sup>f</sup>	-6.73
Varicose Veins (Ligation).....	579	0.24	102.60	0.49	6.55
Coronary By-Pass.....	537	0.45	1,402.83	0.45	-3.34
Hysterectomy - Abdominal.....	314	0.53 <sup>f</sup>	301.75 <sup>f</sup>	0.53 <sup>f</sup>	18.15
Strabismus Operation.....	277	0.18	86.44	0.23	-4.29
Hysterectomy - Vaginal.....	232	0.39 <sup>f</sup>	212.45 <sup>f</sup>	0.39 <sup>f</sup>	-15.30
Peptic Ulcer Surgery.....	104	0.08	82.68	0.09	-8.24

<sup>f</sup> Rate per 1,000 female beneficiaries.

<sup>m</sup> Rate per 1,000 male beneficiaries.

**Note:** Includes out-of-province services and costs.

# Table 17

## Selected In-Province Medical Conditions – Patients, Services and Payments

Conditions	I.C.D. <sup>1</sup>	Number of Services (000s)	Rate Per 1,000 Beneficiaries		
			Patients	Payments (\$)	Services
Diseases Affecting Genitourinary Tract.....	580 - 599, 788	421	77.5	18,713	354
Diabetes Mellitus .....	250	405	61.6	12,017	341
Psychoses .....	295 - 299	332	22.6	13,079	279
General Medical Examination - No Specific Diagnosis .....	V70	317	154.2	12,956	267
Hypertension.....	401 - 405	310	111.8	9,526	261
Acute Upper Respiratory Infection (Except Influenza) .....	460 - 465	258	144.3	8,754	217
Chronic Sinusitis & Other Respiratory Symptoms.....	473 & 786	239	84.6	11,802	202
Neuroses .....	300	217	58.2	7,969	183
Glaucoma .....	365	203	20.6	5,158	171
Cataract .....	366	187	17.9	9,174	157
Arthritis.....	710 - 716	174	50.1	8,978	147
Ischaemic Heart Disease .....	410 - 414	166	24.9	11,212	140
Rheumatic Disease .....	725 - 729	159	69.2	7,149	134
Vertebrogenic Pain Syndrome .....	724	135	47.3	8,772	114
Symptomatic Heart Disease.....	428 & 429	122	24.2	5,881	103
Cardiac Disrhythmias.....	427	119	24.2	5,544	100
Eczema.....	690 - 692	101	45.8	2,996	85
Asthma.....	493	93	30	2,574	78
Otitis Media .....	381 & 382	87	38.4	3,512	74
Chronic Airways Obstruction.....	496	76	14.1	2,938	64
Cellulitis and Abscess .....	681 & 682	74	25.6	2,702	62
Pneumonia .....	480 - 486	70	13.4	2,732	59
Bronchitis .....	466, 490 & 491	67	38.9	2,349	56
Cerebrovascular Disease .....	430 - 438	60	6.7	2,880	51
Myxedema .....	244	60	28.7	1,711	51
Diarrheal Disease .....	009	54	24.6	2,302	45
Disorders of Menstruation .....	Z08 <sup>2</sup> & 626	52	37.3 <sup>f</sup>	4,246 <sup>f</sup>	87 <sup>f</sup>
Anaemias .....	280 - 285	51	17	2,252	43
Hyperkinetic Syndrome of Childhood (ADHD).....	314	44	7.8	1,854	37
Hay Fever .....	477	43	6.2	409	36
Infective Disease of Uterus (Except Cervix), Vagina and Vulva .....	615 & 616	36	28.6 <sup>f</sup>	2,382 <sup>f</sup>	61 <sup>f</sup>
Migraine .....	346	27	12.3	1,049	23
Varicose Veins of Lower Extremity .....	454	21	4.6	671	17
Gastritis and Duodenitis.....	535	18	10.1	668	15
Menopausal Symptoms.....	627	16	14.9 <sup>f</sup>	1,156 <sup>f</sup>	27 <sup>f</sup>
Multiple Sclerosis.....	340	16	2.3	622	13
Alcoholic Psychosis and Alcoholism.....	291 & 303	15	3.2	620	13
Disorders of Functions of Stomach .....	536 & 537	14	7.9	589	12
Epilepsy.....	345	14	3.9	656	12
Influenza.....	487	13	8.6	425	11
Alzheimer's Disease and Other Cerebral Degenerations.....	331	11	1.6	544	9
Obesity.....	278	8	3.9	386	7
Ulcers of Duodenum and Stomach .....	531 - 534	5	2.2	278	4

<sup>1</sup> Ninth Revision International Classification of Diseases, 1977.

<sup>2</sup> MSP internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.

<sup>f</sup> Rate per 1,000 female beneficiaries.

**Note:** MSP records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

# Table 18

## Physician Supply by Year

	General Practitioners		Specialists		All Physicians	
	Active <sup>1</sup>	Licensed <sup>2</sup>	Active <sup>1</sup>	Licensed <sup>2</sup>	Active <sup>1</sup>	Licensed <sup>2</sup>
2014-15 .....	893	1,181	759	1,043	1,652	2,224
2015-16 .....	918	1,251	781	1,124	1,699	2,375
2016-17 .....	955	1,301	816	1,190	1,771	2,491
2017-18.....	960	1,334	859	1,226	1,819	2,560
<b>2018-19 .....</b>	<b>982</b>	<b>1,340</b>	<b>876</b>	<b>1,260</b>	<b>1,858</b>	<b>2,600</b>

<sup>1</sup> All Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

<sup>2</sup> All Physicians with their own MSP billing number who are licensed by the College of Physicians and Surgeons of Saskatchewan and practising in Saskatchewan under MSP coverage at the end of the year; includes temporary licensed locum physicians but excludes educational locums and medical residents.

### Notes:

- 1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, is affected by the extent of shadow billing.
- 2) Licensed physician figures for 2017-18 have been restated.

# Table 19

## Physicians in Relation to Population and Practice Size

Type of Physician <sup>1</sup>	Number of Licensed <sup>5</sup> Physicians		Number of Active <sup>4</sup> Physicians		Population Per Active <sup>4</sup> Physician (000s)		Average Number of Patients Per Active Physician (000s) <sup>2</sup>		Average Patient Contacts Per Active Physician (000s) <sup>3</sup>		Per Cent of Beneficiaries Treated	
	2017-18	2018-19	2017-18	2018-19	2017-18	2018-19	2017-18	2018-19	2017-18	2018-19	2017-18	2018-19
<b>General Practitioner ....</b>	<b>1,334</b>	<b>1,340</b>	<b>960</b>	<b>982</b>	<b>1.2</b>	<b>1.2</b>	<b>2.1</b>	<b>2.0</b>	<b>4.7</b>	<b>4.5</b>	<b>76.8</b>	<b>77.1</b>
<b>Specialists</b>												
Paediatricians and Medical Geneticists.....	119	123	68	74	17.6	16.0	0.8	0.8	1.6	1.6	3.7	3.7
Internists and Psychiatrists.....	237	240	164	167	7.3	7.1	1.6	1.6	3.6	3.5	13.6	13.8
Neurologists.....	23	23	21	20	57.0	59.4	1.6	1.7	2.6	3.0	2.4	2.5
Cardiologists.....	31	32	28	29	42.7	41.0	4.5	4.7	3.4	3.6	6.3	6.7
Psychiatrists.....	114	117	68	64	17.6	18.6	0.5	0.6	2.1	2.2	2.4	2.5
Dermatologists.....	11	13	10	12	119.7	99.0	2.6	2.2	4.2	3.9	2.1	2.2
Anaesthetists.....	130	139	112	118	10.7	10.1	0.9	0.8	0.9	0.9	6.1	6.3
General Surgeons.....	94	99	79	83	15.1	14.3	1.0	1.0	2.0	1.9	5.7	5.7
Cardiac Surgeons.....	6	6	6	7	199.4	169.7	0.6	0.5	0.9	0.8	0.2	0.2
Orthopaedic Surgeons.....	53	52	46	46	26.0	25.8	1.4	1.4	2.7	2.7	4.6	4.7
Plastic and Reconstructive Surgeons.....	18	17	14	12	85.5	99.0	1.6	1.7	3.1	3.4	1.8	1.7
Neurological Surgeons.....	17	16	14	15	85.5	79.2	0.7	0.6	1.2	1.2	0.7	0.7
Obstetricians and Gynaecologists.....	81	81	65	67	18.4	17.7	1.2	1.2	2.7	2.6	4.6	4.6
Urological Surgeons...	16	18	17	18	70.4	66.0	1.5	1.4	2.3	2.2	1.8	1.8
Ophthalmologists.....	33	32	29	29	41.3	41.0	3.3	3.3	7.7	7.7	7.2	7.3
Otolaryngologists.....	17	15	17	16	70.4	74.2	2.5	2.7	4.2	4.4	3.5	3.5
Pathologists and Diagnostic Radiologists.....	226	237	101	99	11.8	12.0	3.5	3.6	0.2	0.2	20.5	20.9
<b>All Specialists .....</b>	<b>1,226</b>	<b>1,260</b>	<b>859</b>	<b>876</b>	<b>1.4</b>	<b>1.4</b>	<b>1.6</b>	<b>1.6</b>	<b>2.3</b>	<b>2.3</b>	<b>44.7</b>	<b>45.3</b>
<b>All Physicians.....</b>	<b>2,560</b>	<b>2,600</b>	<b>1,819</b>	<b>1,858</b>	<b>0.7</b>	<b>0.6</b>	<b>1.9</b>	<b>1.8</b>	<b>3.6</b>	<b>3.5</b>	<b>79.7</b>	<b>80.1</b>

<sup>1</sup> Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

<sup>2</sup> The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

<sup>3</sup> A patient contact represents each time a physician saw a patient regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

<sup>4</sup> Active Physicians - All Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

<sup>5</sup> Licensed physicians - All Physicians with their own MSP billing number who are licensed by the College of Physicians and Surgeons of Saskatchewan and practising in Saskatchewan under MSP coverage at the end of the year; includes temporary licensed locum physicians but excludes educational locums and medical residents.

### Notes:

1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

3) Licensed physician figures for 2017-18 have been restated.

# Table 20

## Physicians by Size of Practice

Type of Physician <sup>1</sup>	Number of Physicians <sup>2</sup>	Size of Practice by Range of Patients <sup>3</sup>							
		Less Than 500	501-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More Than 3,500
General Practitioners									
Metro Association.....	407	17	49	81	59	50	29	37	85
Metro Solo.....	89	24	30	13	13	6	1	2	–
Urban Association.....	183	3	21	38	39	20	13	16	33
Urban Solo.....	38	6	5	7	4	8	2	2	4
Rural Association.....	243	1	36	95	58	32	15	2	4
Rural Solo.....	22	3	4	6	3	2	3	–	1
All General Practitioners 2018-19.....	982	54	145	240	176	118	63	59	127
All General Practitioners 2017-18.....	960	62	142	202	186	108	68	52	140
Specialists									
Paediatricians and Medical Geneticists.....	74	24	36	11	–	–	1	1	1
Internists and Physiatrists.....	167	21	46	38	26	11	9	3	13
Neurologists.....	20	1	3	6	3	6	–	–	1
Cardiologists.....	29	2	2	–	1	2	2	–	20
Psychiatrists.....	64	36	21	4	3	–	–	–	–
Dermatologists.....	12	–	3	1	2	2	1	1	2
Anaesthetists.....	118	16	71	25	3	3	–	–	–
General Surgeons.....	83	17	26	27	11	2	–	–	–
Cardiac Surgeons.....	7	4	3	–	–	–	–	–	–
Orthopaedic Surgeons.....	46	4	9	14	13	3	1	2	–
Plastic and Reconstructive Surgeons.....	12	–	1	7	1	–	2	–	1
Neurological Surgeons.....	15	5	9	1	–	–	–	–	–
Obstetricians and Gynaecologists.....	67	7	18	22	13	4	3	–	–
Urological Surgeons.....	18	1	3	7	5	1	1	–	–
Ophthalmologists.....	29	1	–	2	3	5	2	4	12
Otolaryngologists.....	16	–	2	2	–	6	1	1	4
Pathologists and Diagnostic Radiologists...	99	4	30	4	2	3	5	7	44
All Specialists 2018-19.....	876	143	283	171	86	48	28	19	98
All Specialists 2017-18.....	859	144	260	167	99	48	25	22	94
All Physicians 2018-19.....	1,858	197	428	411	262	166	91	78	225
All Physicians 2017-18.....	1,819	206	402	369	285	156	93	74	234

<sup>1</sup> Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

<sup>2</sup> Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

<sup>3</sup> The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

### Notes:

1) Earnings and size of practice may reflect an upward bias as a result of physicians sponsoring locums.

2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

# Table 21

## Physicians by Range of Patient Contacts

Type of Physician <sup>1</sup>	Number of Physicians <sup>2</sup>	Range of Patient Contacts <sup>3</sup>						
		1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
General Practitioners								
Metro Association.....	407	70	120	90	56	32	23	16
Metro Solo.....	89	49	10	13	9	3	3	2
Urban Association.....	183	28	62	37	24	17	9	6
Urban Solo.....	38	18	3	3	7	3	–	4
Rural Association.....	243	53	102	54	27	6	–	1
Rural Solo.....	22	5	5	3	3	1	3	2
All General Practitioners 2018-19.....	982	223	302	200	126	62	38	31
All General Practitioners 2017-18.....	960	196	296	203	132	68	29	36
Specialists								
Paediatricians and Medical Geneticists.....	74	60	11	1	1	–	1	–
Internists and Physiatrists.....	167	56	59	33	7	4	4	4
Neurologists.....	20	6	12	1	–	–	1	–
Cardiologists.....	29	5	15	5	4	–	–	–
Psychiatrists.....	64	41	14	7	1	–	–	1
Dermatologists.....	12	3	4	3	1	1	–	–
Anaesthetists.....	118	115	3	–	–	–	–	–
General Surgeons.....	83	44	36	2	1	–	–	–
Cardiac Surgeons.....	7	7	–	–	–	–	–	–
Orthopaedic Surgeons.....	46	15	27	1	3	–	–	–
Plastic and Reconstructive Surgeons.....	12	3	6	1	1	1	–	–
Neurological Surgeons.....	15	14	1	–	–	–	–	–
Obstetricians and Gynaecologists.....	67	27	30	8	2	–	–	–
Urological Surgeons.....	18	8	7	3	–	–	–	–
Ophthalmologists.....	29	3	1	7	5	5	6	2
Otolaryngologists.....	16	3	5	4	3	1	–	–
Pathologists and Diagnostic Radiologists.....	99	97	2	–	–	–	–	–
All Specialists 2018-19.....	876	507	233	76	29	12	12	7
All Specialists 2017-18.....	859	494	234	72	29	12	9	9
All Physicians 2018-19.....	1,858	730	535	276	155	74	50	38
All Physicians 2017-18.....	1,819	690	530	275	161	80	38	45

<sup>1</sup> Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

<sup>2</sup> Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

<sup>3</sup> A patient contact represents each time the practitioner saw a patient regardless of the number of services provided at the time. The limit is one contact per patient, same physician, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

### Notes:

1) Earnings and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

# Table 22

## Physicians by Place of Graduation<sup>1</sup>

Type of Physician <sup>2</sup>	Number of Physicians <sup>3</sup>	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
General Practitioners									
Metro Association.....	407	171	26	10	22	8	66	102	2
Metro Solo.....	89	26	4	2	6	3	28	20	–
Urban Association.....	183	41	5	8	14	2	27	85	1
Urban Solo.....	38	5	1	1	4	1	7	19	–
Rural Association.....	243	45	9	12	10	4	62	100	1
Rural Solo.....	22	8	–	3	2	–	3	6	–
All General Practitioners 2018-19.....	982	296	45	36	58	18	193	332	4
All General Practitioners 2017-18.....	960	290	43	24	61	20	177	338	5
Specialists									
Paediatricians and Medical Geneticists.....	74	16	23	3	3	4	14	10	1
Internists and Physiatrists.....	167	56	33	7	7	12	21	30	1
Neurologists.....	20	7	5	1	–	–	3	4	–
Cardiologists.....	29	15	3	1	–	1	5	4	–
Psychiatrists.....	64	24	8	2	1	3	8	18	–
Dermatologists.....	12	8	4	–	–	–	–	–	–
Anaesthetists.....	118	60	22	2	1	3	11	19	–
General Surgeons.....	83	30	24	2	1	2	11	13	–
Cardiac Surgeons.....	7	1	4	–	–	1	1	–	–
Orthopaedic Surgeons.....	46	29	5	–	–	–	3	9	–
Plastic and Reconstructive Surgeons.....	12	6	2	2	–	–	–	2	–
Neurological Surgeons.....	15	4	3	1	–	–	3	4	–
Obstetricians and Gynaecologists.....	67	31	9	2	1	2	6	16	–
Urological Surgeons.....	18	8	6	–	–	–	–	3	1
Ophthalmologists.....	29	18	1	1	4	–	3	2	–
Otolaryngologists.....	16	9	1	–	–	–	–	6	–
Pathologists and Diagnostic Radiologists.....	99	32	49	3	3	1	7	3	1
All Specialists 2018-19.....	876	354	202	27	21	29	96	143	4
All Specialists 2017-18.....	859	340	202	23	21	25	97	145	6
All Physicians 2018-19.....	1,858	650	247	63	79	47	289	475	8
Per Cent Distribution 2018-19.....	100%	35%	13%	3%	4%	3%	16%	26%	0%
All Physicians 2017-18.....	1,819	630	245	47	82	45	274	483	11
Per Cent Distribution 2017-18.....	100%	35%	13%	3%	5%	2%	15%	27%	1%

<sup>1</sup> The place of graduation is the location at which the first medical degree was obtained.

<sup>2</sup> Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

<sup>3</sup> Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

### Notes:

1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

2) Per Cent Distributions may not add to 100 percent due to rounding.

# Table 23

## Physicians by Age Group

Type of Physician <sup>1</sup>	Number of Physicians <sup>2</sup>	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Metro Association.....	407	47	121	96	93	50
Metro Solo.....	89	1	11	22	34	21
Urban Association.....	183	26	71	50	26	10
Urban Solo.....	38	3	7	10	9	9
Rural Association.....	243	36	92	83	21	11
Rural Solo.....	22	2	1	7	7	5
All General Practitioners 2018-19.....	982	115	303	268	190	106
All General Practitioners 2017-18.....	960	115	304	241	190	110
Specialists						
Paediatricians and Medical Geneticists.....	74	8	23	28	9	6
Internists and Physiatrists.....	167	17	43	57	24	26
Neurologists.....	20	3	5	7	2	3
Cardiologists.....	29	2	8	10	6	3
Psychiatrists.....	64	3	22	22	11	6
Dermatologists.....	12	6	3	–	2	1
Anaesthetists.....	118	13	37	30	28	10
General Surgeons.....	83	1	29	27	21	5
Cardiac Surgeons.....	7	–	–	4	2	1
Orthopaedic Surgeons.....	46	3	17	14	10	2
Plastic and Reconstructive Surgeons.....	12	1	5	5	1	–
Neurological Surgeons.....	15	1	6	3	3	2
Obstetricians and Gynaecologists.....	67	12	15	21	13	6
Urological Surgeons.....	18	2	5	4	4	3
Ophthalmologists.....	29	2	9	7	7	4
Otolaryngologists.....	16	2	3	5	6	–
Pathologists and Diagnostic Radiologists.....	99	4	49	21	17	8
All Specialists 2018-19.....	876	80	279	265	166	86
All Specialists 2017-18.....	859	83	275	254	166	81
All Physicians 2018-19.....	1,858	195	582	533	356	192
Per Cent Distribution 2018-19.....	100%	10%	31%	29%	19%	10%
All Physicians 2017-18.....	1,819	198	579	495	356	191
Per Cent Distribution 2017-18.....	100%	11%	32%	27%	20%	11%

<sup>1</sup> Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

<sup>2</sup> Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

### Notes:

- 1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.
- 2) Per Cent Distributions may not add to 100 percent due to rounding.

## Table 24

### Average Payment<sup>1</sup> (\$000s) Per Resident Physician<sup>2</sup> by Specialty and Range

Active Physicians Only	Type of Physician <sup>3</sup>					
	All Physicians		All General Practitioners		All Specialists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians <sup>4</sup> .....	334.4	1,858	242.2	982	437.7	876
Highest Paid.....	4,008.6		1,008.0		4,008.6	
All Average per Pay Range						
Less than \$60,000.....	26.8	320	26.2	185	27.7	135
\$60,000 - \$74,999.....	67.5	83	68.1	48	66.6	35
\$75,000 - \$99,999.....	88.5	145	87.9	99	89.6	46
\$100,000 - \$124,999.....	113.2	129	112.7	81	114.0	48
\$125,000 - \$149,999.....	137.4	96	137.5	70	137.0	26
\$150,000 - \$174,999.....	162.3	124	162.4	77	161.9	47
\$175,000 - \$199,999.....	187.8	111	186.9	79	190.1	32
\$200,000 - \$249,999.....	224.4	217	222.9	146	227.5	71
\$250,000 - \$299,999.....	275.0	177	276.1	109	273.3	68
\$300,000 - \$349,999.....	324.0	148	324.4	78	323.5	70
Over \$350,000.....	619.1	628	471.4	195	685.7	433
<b>Total</b> .....	<b>289.2</b>	<b>2,178</b>	<b>208.0</b>	<b>1,167</b>	<b>383.0</b>	<b>1,011</b>

Active Physicians Only	General Practitioners					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians <sup>4</sup> .....	242.3	496	264.0	221	224.0	265
Highest Paid.....	896.0		1,008.0		772.1	
All Average per Pay Range						
Less than \$60,000.....	26.0	109	27.4	44	25.3	32
\$60,000 - \$74,999.....	68.2	30	67.7	6	67.9	12
\$75,000 - \$99,999.....	87.4	55	89.5	16	88.1	28
\$100,000 - \$124,999.....	112.7	38	110.9	19	114.1	24
\$125,000 - \$149,999.....	135.3	28	139.4	23	138.4	19
\$150,000 - \$174,999.....	162.9	37	160.2	17	163.4	23
\$175,000 - \$199,999.....	186.3	34	186.6	17	187.9	28
\$200,000 - \$249,999.....	221.7	71	226.5	25	222.7	50
\$250,000 - \$299,999.....	273.2	62	280.6	27	279.2	20
\$300,000 - \$349,999.....	326.9	40	321.4	19	322.1	19
Over \$350,000.....	466.8	101	499.0	52	448.5	42
<b>Total</b> .....	<b>203.3</b>	<b>605</b>	<b>224.7</b>	<b>265</b>	<b>202.6</b>	<b>297</b>

<sup>1</sup> Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in specialties such as Ophthalmology and Radiology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, or from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist emergency coverage program.

<sup>2</sup> All Physicians residing in Saskatchewan at the end of the year and having their own MSP billing number.

<sup>3</sup> All Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

<sup>4</sup> All Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

# Table 24 (Continued)

## Average Payment<sup>1</sup> (\$000s) Per Resident Physician<sup>2</sup> by Specialty and Range

Active Physicians Only	Type of Physician <sup>3</sup>					
	Paediatricians and Medical Geneticists		Internists and Psychiatrists		Cardiologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians <sup>4</sup> .....	185.5	74	382.7	167	854.4	29
Highest Paid.....	948.5		1,674.1		1,758.9	
All Average per Pay Range						
Less than \$60,000.....	17.3	22	31.1	31	24.5	1
\$60,000 - \$74,999.....	64.8	4	67.2	7	69.0	1
\$75,000 - \$99,999.....	90.8	13	89.7	9	—	—
\$100,000 - \$124,999.....	116.6	12	113.2	12	—	—
\$125,000 - \$149,999.....	135.3	8	137.3	6	139.7	2
\$150,000 - \$174,999.....	165.7	12	160.7	8	—	—
\$175,000 - \$199,999.....	193.1	3	187.3	6	—	—
\$200,000 - \$249,999.....	224.8	11	229.6	18	—	—
\$250,000 - \$299,999.....	272.8	4	269.8	14	273.1	2
\$300,000 - \$349,999.....	337.1	3	324.7	13	—	—
Over \$350,000.....	664.8	4	620.3	74	995.1	24
<b>Total</b> .....	<b>146.9</b>	<b>96</b>	<b>327.6</b>	<b>198</b>	<b>826.7</b>	<b>30</b>

Active Physicians Only	Neurologists		Psychiatrists		Dermatologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians <sup>4</sup> .....	368.3	20	364.6	64	286.9	12
Highest Paid.....	1,101.1		1,106.5		622.8	
All Average per Pay Range						
Less than \$60,000.....	29.6	3	36.6	14	7.8	1
\$60,000 - \$74,999.....	—	—	65.2	3	—	—
\$75,000 - \$99,999.....	—	—	83.5	4	—	—
\$100,000 - \$124,999.....	110.7	1	105.9	2	109.9	3
\$125,000 - \$149,999.....	134.6	1	139.7	1	—	—
\$150,000 - \$174,999.....	151.4	1	161.9	7	155.5	1
\$175,000 - \$199,999.....	199.7	1	192.3	6	—	—
\$200,000 - \$249,999.....	221.6	4	220.3	6	223.0	1
\$250,000 - \$299,999.....	262.7	1	282.2	3	280.7	1
\$300,000 - \$349,999.....	326.7	3	319.2	9	310.1	2
Over \$350,000.....	580.1	8	657.7	23	458.6	4
<b>Total</b> .....	<b>324.1</b>	<b>23</b>	<b>305.8</b>	<b>78</b>	<b>265.5</b>	<b>13</b>

### Notes:

- 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
- 2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

# Table 24 (Continued)

## Average Payment<sup>1</sup> (\$000s) Per Resident Physician<sup>2</sup> by Specialty and Range

Active Physicians Only	Type of Physician <sup>3</sup>					
	Anaesthetists		General Surgeons		Cardiac Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians <sup>4</sup> .....	363.6	118	384.6	83	660.9	7
Highest Paid.....	976.9		999.0		1,037.8	
All Average per Pay Range						
Less than \$60,000 .....	23.1	6	17.3	5	—	—
\$60,000 - \$74,999 .....	61.3	1	65.8	4	—	—
\$75,000 - \$99,999.....	87.1	2	87.6	2	—	—
\$100,000 - \$124,999.....	121.7	2	112.3	4	—	—
\$125,000 - \$149,999.....	132.3	2	138.4	3	—	—
\$150,000 - \$174,999.....	161.0	4	173.0	2	—	—
\$175,000 - \$199,999.....	188.8	6	187.6	3	—	—
\$200,000 - \$249,999.....	234.3	12	224.4	5	237.5	1
\$250,000 - \$299,999.....	275.0	13	273.5	12	276.3	1
\$300,000 - \$349,999.....	320.2	13	327.6	6	—	—
Over \$350,000.....	473.5	63	555.7	42	822.5	5
<b>Total</b> .....	<b>347.1</b>	<b>124</b>	<b>363.7</b>	<b>88</b>	<b>660.9</b>	<b>7</b>

Active Physicians Only	Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians <sup>4</sup> .....	566.7	46	625.7	12	562.9	15
Highest Paid.....	1,853.0		1,210.1		1,432.8	
All Average per Pay Range						
Less than \$60,000 .....	30.2	6	35.1	3	—	—
\$60,000 - \$74,999 .....	67.1	1	—	—	69.7	1
\$75,000 - \$99,999.....	—	—	—	—	—	—
\$100,000 - \$124,999.....	115.5	3	—	—	100.1	1
\$125,000 - \$149,999.....	—	—	—	—	134.7	1
\$150,000 - \$174,999.....	150.7	1	—	—	—	—
\$175,000 - \$199,999.....	196.4	1	—	—	—	—
\$200,000 - \$249,999.....	228.3	1	—	—	232.6	1
\$250,000 - \$299,999.....	276.6	4	—	—	—	—
\$300,000 - \$349,999.....	317.8	3	321.9	2	324.7	3
Over \$350,000.....	719.3	32	686.5	10	866.5	8
<b>Total</b> .....	<b>504.8</b>	<b>52</b>	<b>507.6</b>	<b>15</b>	<b>562.9</b>	<b>15</b>

<sup>1</sup> Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in specialties such as Ophthalmology and Radiology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, or from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist emergency coverage program.

<sup>2</sup> All Physicians residing in Saskatchewan at the end of the year and having their own MSP billing number.

<sup>3</sup> All Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

<sup>4</sup> All Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

# Table 24 (Continued)

## Average Payment<sup>1</sup> (\$000s) Per Resident Physician<sup>2</sup> by Specialty and Range

Active Physicians Only	Type of Physician <sup>3</sup>					
	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians <sup>4</sup> .....	391.7	67	447.7	18	1,277.0	29
Highest Paid.....	972.5		1,129.1		4,008.6	
All Average per Pay Range						
Less than \$60,000.....	49.5	3	—	—	—	—
\$60,000 - \$74,999.....	—	—	—	—	72.0	1
\$75,000 - \$99,999.....	91.9	2	78.6	1	—	—
\$100,000 - \$124,999.....	120.1	3	—	—	—	—
\$125,000 - \$149,999.....	—	—	147.1	1	—	—
\$150,000 - \$174,999.....	159.0	6	—	—	—	—
\$175,000 - \$199,999.....	189.6	5	187.3	1	—	—
\$200,000 - \$249,999.....	224.8	6	217.8	1	—	—
\$250,000 - \$299,999.....	269.6	3	252.4	1	—	—
\$300,000 - \$349,999.....	326.3	4	317.1	2	312.2	1
Over \$350,000.....	535.2	38	594.7	11	1,358.0	27
<b>Total</b> .....	<b>377.1</b>	<b>70</b>	<b>447.7</b>	<b>18</b>	<b>1,277.0</b>	<b>29</b>

Active Physicians Only	Otolaryngologists		Pathologists and Diagnostic Radiologists	
	Average Payment	Number	Average Payment	Number
	Average Payment	Number	Average Payment	Number
Physicians <sup>4</sup> .....	621.8	16	445.9	99
Highest Paid.....	1,349.1		2,177.7	
All Average per Pay Range				
Less than \$60,000.....	—	—	27.4	40
\$60,000 - \$74,999.....	—	—	67.0	12
\$75,000 - \$99,999.....	81.1	1	92.4	12
\$100,000 - \$124,999.....	—	—	113.1	5
\$125,000 - \$149,999.....	—	—	140.9	1
\$150,000 - \$174,999.....	161.6	1	160.1	4
\$175,000 - \$199,999.....	—	—	—	—
\$200,000 - \$249,999.....	248.5	1	223.2	3
\$250,000 - \$299,999.....	281.1	2	273.6	7
\$300,000 - \$349,999.....	—	—	331.0	6
Over \$350,000.....	808.6	11	741.1	49
<b>Total</b> .....	<b>621.8</b>	<b>16</b>	<b>325.5</b>	<b>139</b>

### Notes:

- 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
- 2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

## Table 25

### Average Payment<sup>2</sup> (\$000s) Per Physician by Specialty, 2016-17 to 2018-19

Type of Physician <sup>1</sup>	2016-17	2017-18	2018-19	Average Annual Per Cent Change 2016-17 to 2018-19
<b>General Practitioners</b>				
Metro Association.....	252.6	245.5	244.1	-1.98
Metro Solo.....	250.1	247.9	234.0	-0.44
Urban Association.....	251.0	252.4	249.5	-0.28
Urban Solo.....	341.9	346.1	333.6	-1.75
Rural Association.....	232.1	227.2	214.4	-1.80
Rural Solo.....	362.4	362.6	329.1	0.52
<b>All General Practitioners.....</b>	<b>254.1</b>	<b>249.8</b>	<b>242.2</b>	<b>-1.49</b>
<b>Specialists</b>				
Paediatricians and Medical Geneticists.....	206.8	190.5	185.5	-1.23
Internists and Physiatrists.....	389.8	388.4	382.7	0.47
Neurologists.....	376.7	350.0	368.3	-0.08
Cardiologists.....	860.4	842.3	854.4	1.32
Psychiatrists.....	365.0	356.3	364.6	7.26
Dermatologists.....	345.8	301.0	286.9	-3.46
Anaesthetists.....	361.2	371.3	363.6	1.87
General Surgeons.....	377.8	386.3	384.6	0.42
Cardiac Surgeons.....	784.3	756.3	660.9	-10.12
Orthopaedic Surgeons.....	583.1	559.3	566.7	-0.68
Plastic and Reconstructive Surgeons.....	537.7	575.8	625.7	8.24
Neurological Surgeons.....	549.8	604.1	562.9	1.93
Obstetricians and Gynaecologists.....	419.3	402.9	391.7	-0.30
Urological Surgeons.....	446.7	454.6	447.7	2.95
Ophthalmologists.....	1,198.0	1,246.0	1,277.0	3.59
Otolaryngologists.....	590.7	579.5	621.8	3.10
Pathologists and Diagnostic Radiologists.....	520.3	437.6	445.9	-2.62
<b>All Specialists.....</b>	<b>447.9</b>	<b>439.8</b>	<b>437.7</b>	<b>0.60</b>
Spec. less Pathologists & Radiologists.....	440.5	440.1	436.7	1.00
<b>All Physicians.....</b>	<b>343.4</b>	<b>339.6</b>	<b>334.4</b>	<b>-0.01</b>
Phys. less Pathologists & Radiologists.....	444.7	439.9	437.2	0.77

<sup>1</sup> Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year. Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

<sup>2</sup> Represents gross payments by the MSP from which the physicians must pay overhead costs which may be high in specialties such as Ophthalmology and Radiology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, e.g. from other public or private agencies, or from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

#### Notes:

- 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
- 2) Laboratory services provided by Pathologists are the responsibility of former Regional Health Authorities. As a result, Pathologists' fee-for-service payments are minimal.
- 3) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of showdown billings.

# Table 26

## Physician Payments (\$000s) by Specialty Group

	General Practitioners		Medical Specialists <sup>1</sup>		Surgical Specialists <sup>1</sup>		Technical Specialists <sup>1</sup>	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
<b>A. By Resident Community:<sup>2</sup></b>								
Regina .....	204	259.0	103	527.4	96	609.1	80	413.9
Saskatoon <sup>3</sup> .....	280	228.7	221	300.9	134	560.7	113	393.6
Moose Jaw .....	31	279.4	10	377.3	10	495.7	3	**
Prince Albert .....	71	275.9	13	435.2	21	421.4	10	472.0
Yorkton .....	24	247.7	3	**	7	591.5	2	**
Swift Current .....	22	260.0	4	**	6	477.2	2	**
North Battleford .....	26	290.4	4	**	9	430.7	6	462.0
Estevan .....	13	322.2	–	–	1	**	–	–
Weyburn .....	14	274.1	–	–	1	**	–	–
All Other Locations .....	297	220.6	8	216.3	8	167.4	1	**
<b>B. By Activity Threshold:</b>								
1. Total Active Physicians <sup>2</sup> .....	982	242.2	366	373.1	293	545.6	217	401.1
2. Total Licensed Physicians <sup>4</sup> .....	1,340	–	548	–	336	–	376	–
3. Resident and Active in Two Consecutive Years <sup>2</sup> .....	856	256.1	327	397.6	273	569.4	194	412.8
4. Resident at Year End With Payments of \$15,000 or More in Each Quarter of the Year .....	791	272.2	293	437.4	256	596.5	166	461.2
<b>C. By Age Group:<sup>2</sup></b>								
Under 35 .....	115	178.3	39	210.7	24	462.7	17	273.4
35 - 44 .....	303	219.2	104	378.5	89	535.8	86	393.6
45 - 54 .....	268	257.9	124	381.4	90	616.5	51	371.3
55 - 64 .....	190	272.1	54	424.5	67	565.6	45	444.0
65+ .....	106	284.2	45	416.9	23	334.4	18	535.3

<sup>1</sup> Physicians are grouped as follows:

- Medical Specialists include Paediatricians, Internists, Neurologists, Cardiologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

<sup>2</sup> Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan at the end of the year. Earnings may reflect an upward bias as a result of physicians sponsoring locums. Payments for the Specialist Emergency Coverage Program are excluded.

<sup>3</sup> Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

<sup>4</sup> Licensed Physicians with their own MSP billing number who are licensed by the College of Physicians and Surgeons of Saskatchewan and practising in Saskatchewan under MSP coverage at the end of the year; includes temporary licensed locum physicians but excludes educational locums and medical residents. to be retired. Educational locums, residents and interns are typically excluded.

\*\* Not shown, to preserve confidentiality.

### Note:

- 1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.
- 2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

## Table 27

### Payments<sup>1</sup> (\$) for Specialist and Rural Emergency Coverage Programs

	Specialist Emergency Coverage			Rural (GP) Emergency Coverage <sup>3</sup>	Total Payments for Emergency Coverage
	Number of Rotations		Payments <sup>2</sup>		
	Tier I	Tier II			
Former Regional Health Authority					
1 Sun Country .....	3	2	765,411	1,280,430	2,045,842
2 Five Hills.....	7	3	1,544,120	469,665	2,013,785
3 Cypress .....	7	2	1,410,694	558,195	1,968,890
4 Regina Qu'Appelle .....	34	16	8,554,813	732,931	9,287,744
5 Sunrise .....	6	2	1,038,291	590,121	1,628,412
6 Saskatoon .....	47	26	12,492,501	1,225,950	13,718,451
7 Heartland.....	–	2	159,119	1,220,960	1,380,079
8 Kelsey Trail .....	–	5	426,658	1,110,866	1,537,524
9 Prince Albert.....	8	3	1,717,104	189,527	1,906,631
10 Prairie North.....	13	7	3,029,241	479,429	3,508,670
11 Mamawetan .....	–	–	–	196,442	196,442
12 Keewatin Yatthé .....	–	–	–	342,496	342,496
13 Athabasca.....	–	–	–	144,357	144,357
All Former Regional Health Authorities (Now SHA).....			31,137,953	8,541,369	39,679,322
Other Emergency Coverage					
Medical Health Officers .....	–	3	450,000	–	450,000
Saskatchewan Cancer Agency .....	2	5	1,082,513	–	1,082,513
All Emergency Coverage.....	127	76	32,670,466	8,541,369	41,211,835

<sup>1</sup> Includes payments made indirectly to physicians through the Saskatchewan Health Authority or the Saskatchewan Cancer Agency.

<sup>2</sup> Includes payments to general practitioners approved to provide coverage under the Specialist Emergency Coverage Program.

<sup>3</sup> Includes ERCP and Family Physician on call payments as well as any payments for travel expenses when general practitioners provide weekend relief.

#### Notes:

**Tier I Coverage:** continuous (365 days, 24 hours per day) and physicians must be available to respond by phone within 15 minutes and be on-site within 30 minutes.

**Tier II Coverage:** either continuous or non-continuous. Physician must respond by phone within 15 minutes and be on-site within a reasonable time, defined by the specialty and clinical judgment of the responding physician.

# Table 28

## Non-Fee-For-Service Payment (\$000s)

		Non-Fee-For-Service Total Payments	
		2017-18	2018-19
<b>Former Regional Health Authority<sup>1</sup></b>			
1	Sun Country.....	3,213	3,213
2	Five Hills.....	11,419	12,235
3	Cypress.....	9,345	9,220
4	Regina Qu'Appelle.....	72,945	73,747
5	Sunrise.....	6,683	6,682
6	Saskatoon.....	107,024	116,925
7	Heartland.....	985	985
8	Kelsey Trail.....	929	929
9	Prince Albert Parkland.....	17,820	17,941
10	Prairie North.....	10,848	10,986
11	Mamawetan Churchill River.....	145	145
12	Keewatin Yatthé.....	–	–
13	Athabasca.....	–	–
<b>All Former Regional Health Authorities (Now SHA) .....</b>		<b>241,357</b>	<b>253,009</b>
	Provincial Projects <sup>2</sup> .....	3,719	5,012
<b>All Expenditures .....</b>		<b>245,076</b>	<b>258,021</b>

<sup>1</sup> These expenditures for physician services are administered through the Saskatchewan Health Authority and the former Regional Health Authorities and funded by the Ministry of Health.

<sup>2</sup> These non-fee-for-service arrangements are intended to benefit the entire provincial population. In 2017-18 and 2018-19, some provincial program funding was transferred to former RHA base funding.

**Note:** Payments for primary care arrangements are excluded.

# Table 29

## Insured Population by Age and Sex by Former Regional Health Authority

Age Groups	Sex	Former Regional Health Authority of Patient Residence														Total
		1	2	3	4	5	6	7	8	9	10	11	12	13	Unassigned	
		Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatthe	Athabasca		
Under 1	M	342	273	260	1,860	311	2,484	278	241	581	598	259	111	20	2	7,620
	F	357	291	244	1,863	302	2,279	235	243	526	610	262	115	18	1	7,346
	T	699	564	504	3,723	613	4,763	513	484	1,107	1,208	521	226	38	3	14,966
1 - 4	M	1,464	1,295	1,112	7,989	1,308	10,339	1,135	1,037	2,299	2,651	1,007	441	96	10	32,183
	F	1,442	1,256	1,041	7,768	1,279	9,769	1,106	1,056	2,227	2,497	978	468	92	8	30,987
	T	2,906	2,551	2,153	15,757	2,587	20,108	2,241	2,093	4,526	5,148	1,985	909	188	18	63,170
5 - 9	M	1,879	1,838	1,390	10,237	1,807	12,766	1,405	1,361	3,129	3,307	1,312	613	137	8	41,189
	F	1,871	1,674	1,260	9,876	1,725	11,957	1,411	1,365	2,894	3,297	1,239	548	132	10	39,259
	T	3,750	3,512	2,650	20,113	3,532	24,723	2,816	2,726	6,023	6,604	2,551	1,161	269	18	80,448
10 - 14	M	1,841	1,671	1,361	9,369	1,831	11,328	1,413	1,385	2,990	3,025	1,274	549	152	8	38,197
	F	1,875	1,564	1,274	8,868	1,682	11,084	1,348	1,254	2,872	3,120	1,165	492	140	7	36,745
	T	3,716	3,235	2,635	18,237	3,513	22,412	2,761	2,639	5,862	6,145	2,439	1,041	292	15	74,942
15 - 19	M	1,676	1,584	1,387	8,863	1,670	10,894	1,411	1,338	2,912	2,882	1,106	496	122	11	36,352
	F	1,738	1,496	1,284	8,283	1,607	10,316	1,259	1,243	2,700	2,792	1,074	472	118	18	34,400
	T	3,414	3,080	2,671	17,146	3,277	21,210	2,670	2,581	5,612	5,674	2,180	968	240	29	70,752
20 - 24	M	1,823	1,693	1,383	9,817	1,730	11,842	1,405	1,351	2,790	2,841	1,053	546	118	30	38,422
	F	1,761	1,576	1,377	9,198	1,602	11,745	1,314	1,303	2,695	2,725	1,056	492	104	52	37,000
	T	3,584	3,269	2,760	19,015	3,332	23,587	2,719	2,654	5,485	5,566	2,109	1,038	222	82	75,422
25 - 29	M	2,076	1,835	1,491	11,947	1,893	14,208	1,536	1,276	3,007	3,162	1,139	550	101	36	44,257
	F	1,864	1,730	1,433	11,507	1,708	14,288	1,391	1,196	2,923	2,907	1,014	552	106	48	42,667
	T	3,940	3,565	2,924	23,454	3,601	28,496	2,927	2,472	5,930	6,069	2,153	1,102	207	84	86,924
30 - 34	M	2,118	1,915	1,396	13,072	1,721	15,496	1,553	1,232	2,600	3,136	903	468	114	14	45,738
	F	2,003	1,813	1,383	12,098	1,661	15,244	1,426	1,159	2,650	3,087	905	469	116	28	44,042
	T	4,121	3,728	2,779	25,170	3,382	30,740	2,979	2,391	5,250	6,223	1,808	937	230	42	89,780
35 - 39	M	2,165	1,904	1,397	12,151	1,761	14,313	1,405	1,166	2,507	3,007	780	343	90	8	42,997
	F	1,986	1,821	1,365	11,325	1,813	14,044	1,351	1,148	2,476	2,935	685	315	95	11	41,370
	T	4,151	3,725	2,762	23,476	3,574	28,357	2,756	2,314	4,983	5,942	1,465	658	185	19	84,367
40 - 44	M	1,974	1,638	1,267	10,548	1,772	12,551	1,279	1,253	2,258	2,461	698	327	89	6	38,121
	F	1,798	1,622	1,283	9,772	1,627	11,930	1,251	1,143	2,290	2,442	719	336	64	10	36,287
	T	3,772	3,260	2,550	20,320	3,399	24,481	2,530	2,396	4,548	4,903	1,417	663	153	16	74,408
45 - 49	M	1,778	1,523	1,232	9,461	1,630	11,494	1,208	1,169	2,262	2,334	689	368	83	7	35,238
	F	1,553	1,527	1,245	8,958	1,627	11,168	1,149	1,088	2,285	2,256	660	375	68	6	33,965
	T	3,331	3,050	2,477	18,419	3,257	22,662	2,357	2,257	4,547	4,590	1,349	743	151	13	69,203
50 - 54	M	1,868	1,698	1,388	9,453	1,922	11,282	1,398	1,322	2,404	2,293	639	387	62	9	36,125
	F	1,689	1,697	1,430	9,337	1,836	11,041	1,362	1,353	2,400	2,279	603	372	60	8	35,467
	T	3,557	3,395	2,818	18,790	3,758	22,323	2,760	2,675	4,804	4,572	1,242	759	122	17	71,592
55 - 59	M	2,115	2,229	1,775	10,153	2,203	12,047	1,732	1,503	2,678	2,544	607	355	45	10	39,996
	F	1,947	2,150	1,748	9,933	2,065	11,978	1,655	1,459	2,799	2,509	594	317	60	15	39,229
	T	4,062	4,379	3,523	20,086	4,268	24,025	3,387	2,962	5,477	5,053	1,201	672	105	25	79,225
60 - 64	M	2,015	2,138	1,761	8,919	2,150	10,706	1,814	1,502	2,596	2,250	501	252	39	12	36,655
	F	1,856	2,111	1,641	9,132	2,034	10,950	1,560	1,405	2,535	2,267	465	206	33	11	36,206
	T	3,871	4,249	3,402	18,051	4,184	21,656	3,374	2,907	5,131	4,517	966	458	72	23	72,861
65 - 69	M	1,474	1,699	1,337	6,750	1,855	7,980	1,349	1,327	2,150	1,831	361	197	27	19	28,356
	F	1,384	1,729	1,272	7,020	1,769	8,311	1,217	1,231	2,113	1,719	304	181	25	8	28,283
	T	2,858	3,428	2,609	13,770	3,624	16,291	2,566	2,558	4,263	3,550	665	378	52	27	56,639
70 - 74	M	1,141	1,274	1,008	4,888	1,350	5,693	997	1,031	1,623	1,283	235	128	19	7	20,677
	F	1,140	1,292	1,015	5,364	1,480	6,204	990	1,045	1,612	1,205	213	114	20	7	21,701
	T	2,281	2,566	2,023	10,252	2,830	11,897	1,987	2,076	3,235	2,488	448	242	39	14	42,378
75 & Over	M	1,985	2,101	1,803	7,720	2,644	9,288	1,682	1,829	2,422	1,946	277	180	25	13	33,915
	F	2,602	2,883	2,298	11,136	3,575	13,556	2,197	2,330	3,125	2,465	287	156	16	11	46,637
	T	4,587	4,984	4,101	18,856	6,219	22,844	3,879	4,159	5,547	4,411	564	336	41	24	80,552
Total all ages	M	29,734	28,308	22,748	153,197	29,558	184,711	23,000	21,323	41,208	41,551	12,840	6,311	1,339	210	596,038
	F	28,866	28,232	22,593	151,438	29,392	185,864	22,222	21,021	41,122	41,112	12,223	5,980	1,267	259	591,591
	T	58,600	56,540	45,341	304,635	58,950	370,575	45,222	42,344	82,330	82,663	25,063	12,291	2,606	469	1,187,629

<sup>1</sup> There are 469 beneficiaries who have no residence assigned. The majority of these beneficiaries are students or temporary workers who cannot be connected to a Saskatchewan address.

### Notes:

- 1) Population as at June 30, 2018.
- 2) Band members are placed in the former regional health authority as indicated by their mailing address.

## Table 30

### Per Cent of General Practitioner Payments by Former Regional Health Authority of Patient Residence by Physician Former Regional Health Authority

		Former Regional Health Authority of Physician Practice														
		1	2	3	4	5	6	7	8	9	10	11	12	13		
Former Regional Health Authority of Patient Residence		Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatth�	Athabasca	Out of Province	Total
1	Sun Country .....	81.4	1.3	0.1	12.7	0.2	1.1	0.1	0.1	0.1	0.1	0.0	0.0	–	2.8	100.0
2	Five Hills.....	0.4	85.6	0.9	7.3	0.2	2.3	0.8	0.0	0.1	0.1	0.0	–	0.0	2.3	100.0
3	Cypress .....	0.1	1.7	82.2	2.4	0.1	2.3	0.4	0.1	0.1	0.1	0.0	0.0	0.0	10.6	100.0
4	Regina Qu'Appelle .....	0.5	0.5	0.1	93.5	0.7	1.9	0.1	0.1	0.1	0.1	0.0	0.0	0.0	2.4	100.0
5	Sunrise.....	0.2	0.1	0.1	7.4	84.2	3.8	0.1	0.4	0.1	0.1	0.0	0.0	0.0	3.5	100.0
6	Saskatoon .....	0.1	0.2	0.1	0.7	0.2	94.5	0.3	0.3	0.9	0.4	0.0	0.0	0.0	2.3	100.0
7	Heartland.....	0.1	0.5	1.9	0.4	0.0	14.0	69.9	0.1	0.2	5.1	0.0	0.0	–	7.6	100.0
8	Kelsey Trail .....	0.1	0.2	0.0	1.0	0.7	9.1	0.1	79.9	7.1	0.2	0.0	0.0	0.0	1.6	100.0
9	Prince Albert Parkland .....	0.0	0.1	0.0	0.5	0.1	7.3	0.1	1.9	86.0	1.7	0.1	0.0	0.0	2.1	100.0
10	Prairie North.....	0.0	0.1	0.1	0.3	0.3	6.0	1.0	0.0	0.6	69.5	0.0	0.0	0.0	22.2	100.0
11	Mamawetan Churchill River .....	0.0	0.2	0.1	0.4	0.1	7.0	0.1	0.7	30.7	0.6	45.6	0.1	0.1	14.4	100.0
12	Keewatin Yatth� .....	–	0.1	0.0	0.4	0.0	12.4	0.0	0.1	9.3	21.7	0.4	50.5	0.0	4.9	100.0
13	Athabasca .....	–	–	0.0	0.2	0.0	12.0	–	0.5	32.6	2.8	0.6	0.5	47.3	3.4	100.0
	Unknown .....	7.5	3.0	4.2	18.2	6.2	15.8	1.9	11.0	7.1	11.3	4.5	5.7	2.7	0.9	100.0
	Rural Emergency Coverage.....	15.0	5.5	6.5	8.6	7.0	14.4	13.9	13.4	2.2	5.6	2.3	4.0	1.7	–	100.0
All Former Regional Health Authorities (Now SHA) .....		5.0	4.3	3.5	23.1	5.0	31.0	3.6	4.0	8.3	6.2	0.8	0.7	0.2	4.4	100.0

#### Notes:

- 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.
- 2) This data is not adjusted for any demographic differences between former regional health authorities.
- 3) Band members are placed in the former regional health authority as indicated by their mailing address.
- 4) Payments to physicians by former regional health authority have not been adjusted for itinerant services.
- 5) See "Data Limitations" in *Statistical Figures and Tables*.

# Table 31

## Per Capita Physician Payments and Services by Former Regional Health Authority of Patient Residence and Per Cent of Population Treated (In-and Out-of-Province)

Resident Former Regional Health Authority of Patient	General Practitioners			Specialists			All Physicians		
	Per Capita Payments Excluding Emergency Coverage (\$)	Per Capita Services	Per Cent of Insured Population Treated	Per Capita Payments Excluding Emergency Coverage (\$)	Per Capita Services	Per Cent of Insured Population Treated	Per Capita Payments Excluding Emergency Coverage (\$)	Per Capita Services	Per Cent of Insured Population Treated
1 Sun Country.....	247.9	6.1	78.1	302.1	3.9	39.6	550.0	10.0	80.5
2 Five Hills.....	218.1	5.9	79.4	361.6	5.1	47.4	579.7	11.0	82.4
3 Cypress.....	249.2	6.2	75.8	382.2	5.2	40.7	631.4	11.4	79.1
4 Regina Qu'Appelle.....	204.9	5.5	79.5	404.6	5.6	50.6	609.5	11.1	83.1
5 Sunrise.....	248.9	6.6	79.1	353.6	4.7	45.2	602.5	11.3	82.2
6 Saskatoon.....	220.0	5.9	81.8	380.7	5.9	49.6	600.6	11.9	84.4
7 Heartland.....	270.6	6.6	77.9	359.4	5.4	47.5	630.1	11.9	81.7
8 Kelsey Trail.....	246.7	6.2	78.1	304.9	4.1	40.7	551.6	10.3	81.1
9 Prince Albert Parkland.....	278.6	7.3	84.8	357.9	5.4	46.4	636.5	12.7	87.3
10 Prairie North.....	296.1	6.8	76.0	532.8	9.6	45.9	828.9	16.4	79.0
11 Mamawetan Churchill River.....	152.3	3.5	61.7	278.5	4.3	36.9	430.8	7.8	68.2
12 Keewatin Yatthé.....	185.2	4.5	70.7	287.4	4.1	37.8	472.7	8.6	74.0
13 Athabasca.....	66.9	1.8	32.4	163.0	2.5	22.4	229.9	4.3	35.8
<b>All Former Regional Health Authorities (Now SHA).....</b>	<b>236.0</b>	<b>6.0</b>	<b>79.0</b>	<b>383.3</b>	<b>5.7</b>	<b>47.2</b>	<b>619.3</b>	<b>11.7</b>	<b>82.0</b>

### Notes:

- 1) This data is not adjusted for any demographic differences between former regional health authorities.
- 2) Band members are placed in the former regional health authority as indicated by their mailing address.
- 3) Excludes payments for specialist and rural emergency coverage programs and lump sum payments to physicians.
- 4) See "Data Limitations" in *Statistical Figures and Tables*.

## Table 32

### General Practitioners in Relation to Population, Earnings and Practice Size

Former Regional Health Authority of Physician Practice	Number of Registered General Practitioners <sup>1</sup>	Number of Active General Practitioners <sup>2</sup>	Population Per Active General Practitioner	Average Payment (\$) Per Active GP	Average Number of Patients Per Active GP <sup>3</sup>	Average Patient Contacts Per Active GP <sup>4</sup>	2018 RHA Population
1 Sun Country .....	54	46	1,274	273,295	2,000	4,678	58,600
2 Five Hills .....	61	40	1,414	276,942	1,891	5,136	56,540
3 Cypress .....	45	36	1,259	241,440	1,827	4,457	45,341
4 Regina Qu'Appelle .....	398	233	1,307	252,561	2,130	5,076	304,635
5 Sunrise .....	68	49	1,203	253,039	1,834	4,847	58,950
6 Saskatoon .....	481	332	1,116	232,978	2,094	4,329	370,575
7 Heartland .....	43	26	1,739	328,454	1,739	5,641	45,222
8 Kelsey Trail .....	62	38	1,114	240,874	1,711	3,851	42,344
9 Prince Albert Parkland .....	123	84	980	253,657	2,468	5,015	82,330
10 Prairie North .....	104	69	1,198	216,576	1,684	3,647	82,663
11 Mamawetan Churchill River .....	35	13	1,928	111,612	1,578	2,139	25,063
12 Keewatin Yatthé .....	28	12	1,024	100,253	1,218	1,613	12,291
13 Athabasca .....	6	4	652	83,356	687	995	2,606
<b>All Former Regional Health Authorities (Now SHA) .....</b>	<b>1,340</b>	<b>982</b>	<b>1,209</b>	<b>242,227</b>	<b>2,023</b>	<b>4,537</b>	<b>1,187,160</b>

<sup>1</sup> Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number. Physicians may be counted in more than one former regional health authority but the provincial total is a discrete count.

<sup>2</sup> General Practitioners with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

<sup>3</sup> The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

<sup>4</sup> A patient contact represents each time a practitioner saw a patient regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

#### Notes:

1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums. Payments for the rural emergency coverage program are included.

2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to under-reporting of shadow billings.

3) See "Data Limitations" in *Statistical Figures and Tables*.

# Table 33

## Post-Graduate Medical Education<sup>1</sup> and Retention Rates by Academic Year<sup>2</sup>

Type of Physician	2013-14		2014-15		2015-16	
	Completed Program	Remained <sup>3</sup> in Sask-atchewan	Completed Program	Remained <sup>3</sup> in Sask-atchewan	Completed Program	Remained <sup>3</sup> in Sask-atchewan
<b>Funded by the Clinical Services Fund</b>						
Family Medicine - Regina.....	13 <sup>6</sup>	8	15 <sup>5</sup>	10	12 <sup>7</sup>	8
Family Medicine - Saskatoon.....	11 <sup>4</sup>	7	18 <sup>6</sup>	10	12 <sup>4</sup>	11
Family Medicine - Rural.....	11 <sup>4</sup>	6	15 <sup>5</sup>	12	18 <sup>6</sup>	14
Family Medicine/Emergency .....	7	7	8	6	9	9
Family Medicine/Enhanced Skills .....	3	2	4	2	3	1
<b>All Family Medicine .....</b>	<b>45</b>	<b>30</b>	<b>60</b>	<b>40</b>	<b>54</b>	<b>43</b>
Anaesthesia.....	7	3	7	5	6	4
Cardiology.....	—	—	4	—	1	—
Diagnostic Radiology.....	5	—	4	—	3	1
Emergency Medicine.....	—	—	2	2	1	—
General Surgery.....	3	—	2	1	5	2
Internal Medicine.....	3	2	2	2	3	3
Nephrology.....	1	1	—	—	1	—
Neurology.....	1	—	2	—	3 <sup>4</sup>	—
Neurosurgery .....	—	—	2	—	1	—
Obstetrics/Gynaecology .....	9	3	5	1	4	3
Ophthalmology .....	1	1	1	1	—	—
Orthopaedic Surgery .....	4	—	1	—	6	2
Paediatrics.....	4	3	3	—	7	3
Pathology.....	1	—	—	—	4	1
Physical Medicine & Rehabilitation.....	1	—	2	1	2	1
Public Health & Preventive Medicine.....	—	—	1	1	—	—
Psychiatry.....	7	6	5 <sup>4</sup>	3	6	5
Respiratory Medicine .....	3	2	1	1	2	1
Rheumatology.....	—	—	1	1	1	1
<b>All Specialists .....</b>	<b>50</b>	<b>21</b>	<b>45</b>	<b>19</b>	<b>56</b>	<b>27</b>
<b>Total CSF Funded .....</b>	<b>95</b>	<b>51</b>	<b>105</b>	<b>59</b>	<b>110</b>	<b>70</b>
<b>Externally Funded .....</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>
<b>Total Physicians.....</b>	<b>101</b>	<b>55</b>	<b>109</b>	<b>62</b>	<b>113</b>	<b>73</b>
<b>CSF Funded Retention Rates<sup>8</sup></b>						
Family Medicine .....		75%		75%		93%
Specialists.....		42%		43%		49%
<b>All Physicians.....</b>		<b>57%</b>		<b>61%</b>		<b>69%</b>
<b>CSF Funded and Externally Funded Retention Rates<sup>8</sup></b>						
<b>All Physicians.....</b>		<b>57%</b>		<b>61%</b>		<b>70%</b>

<sup>1</sup> The Ministry supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund (CSF) such as: clinical services provided by faculty; undergraduate, post-graduate and continuing medical education; post-graduate medical resident salaries and benefits; and medical and health-related research.

<sup>2</sup> Period ending June of stated year.

<sup>3</sup> Graduates who practised in Saskatchewan for at least six months upon completion of program.

<sup>4</sup> One graduate went on to a further residency program.

<sup>5</sup> Two graduates went on to a further residency program.

<sup>6</sup> Three graduates went on to a further residency program.

<sup>7</sup> Four graduates went on to a further residency program.

<sup>8</sup> Net of the number of graduates who have entered further training.

**Note:** All current recruitment and retention initiatives are outlined in the Appendix.

# Table 33 (Continued)

## Post-Graduate Medical Education<sup>1</sup> and Retention Rates by Academic Year<sup>2</sup>

Type of Physician	2016-17		2017-18		CSF Funded Positions in 2018-19	Retention Rate <sup>9</sup> of June 2018 Graduates
	Completed Program	Remained <sup>3</sup> in Sask-atchewan	Completed Program	Remained <sup>3</sup> in Sask-atchewan		
Funded by the Clinical Services Fund						
Family Medicine - Regina.....	12 <sup>5</sup>	10	12 <sup>4</sup>	7	27	64%
Family Medicine - Saskatoon.....	12 <sup>6</sup>	5	12	9	28	75%
Family Medicine - Rural.....	20 <sup>5</sup>	15	16 <sup>5</sup>	13	49	93%
Family Medicine/Emergency.....	7	6	6	5	12	83%
Family Medicine/Enhanced Skills.....	5 <sup>4</sup>	2	3	2	6	67%
All Family Medicine.....	56	38	49	36	122	78%
Anaesthesia.....	6	—	6	3	33	50%
Cardiology.....	3	2	2	1	6	50%
Diagnostic Radiology.....	4	1	4	—	17	—
Emergency Medicine.....	2	2	5	3	14	60%
General Surgery.....	5	—	7	3	28	43%
Internal Medicine.....	3	2	5	1	74	20%
Nephrology.....	1	1	1	—	1	—
Neurology.....	2	—	1	—	12	—
Neurosurgery.....	—	—	1	—	7	—
Obstetrics/Gynaecology.....	4	3	6	4	36	67%
Ophthalmology.....	2	—	1	—	5	—
Orthopaedic Surgery.....	3	—	1	—	11	—
Paediatrics.....	6	2	5	1	25	20%
Pathology.....	1	—	1	—	12	—
Physical Medicine & Rehabilitation.....	1	1	2	1	10	50%
Public Health & Preventive Medicine.....	2	1	2	1	4	50%
Psychiatry.....	5	3	6 <sup>4</sup>	5	36	100%
Respiratory Medicine.....	3	1	2	1	4	50%
Rheumatology.....	—	—	1	—	3	—
All Specialists.....	53	19	59	24	338	41%
Total CSF Funded.....	109	57	108	60	460	58%
Externally Funded.....	—	—	—	—	—	—
Total Physicians.....	109	57	108	60	460	58%
CSF Funded Retention Rates <sup>8</sup>						
Family Medicine.....		79%		78%		
Specialists.....		36%		41%		
All Physicians.....		56%		58%		
CSF Funded and Externally Funded Retention Rates <sup>8</sup>						
All Physicians.....		56%		58%		

# Table 34

## In-Province Optometrists: Selected Indicators

	2017-18	2018-19
Number of Registered <sup>1</sup> Practitioners.....	190	185
Population Per Registered <sup>1</sup> Practitioner .....	6,297	6,420
Per Cent of Beneficiaries Treated (%) .....	14.8	15.4
<b>Practising<sup>2</sup> Optometrists:</b>		
Number of Practitioners.....	190	184
Number by Age Group: Under 35 .....	72	72
35 - 44.....	50	47
45 - 54.....	25	28
55 - 64.....	29	25
65 and over .....	14	12
Average Number of Patients Per Practitioner .....	993	1,014
Average Patient Contacts Per Practitioner.....	1,067	1,125
Average Payment Per Practitioner (\$) .....	70,401	74,755
Number by Dollar Range: Less than \$10,000.....	11	7
\$10,000 - 19,999.....	12	10
\$20,000 - 39,999 .....	28	26
\$40,000 - 59,999 .....	34	29
\$60,000 - 79,999 .....	38	38
\$80,000 - 99,999 .....	20	23
\$100,000 - 119,999 .....	19	27
\$120,000 - 139,999 .....	11	9
\$140,000 - 159,999 .....	9	9
\$160,000 - 179,999 .....	4	5
\$180,000 & over.....	5	1

<sup>1</sup> Optometrists practising in Saskatchewan under MSP coverage at the end of the year.

<sup>2</sup> Optometrists receiving MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

**Note:** Includes optometric services covered by the Medical Services Plan and the Supplementary Health Program.

# Appendix

## Significant Initiatives and Programs

- ⇒ **Physician Recruitment and Retention Initiatives:** Programs developed to increase the number of physicians within Saskatchewan communities and in needed specialty areas, such as the Saskatchewan International Physician Practice Assessment Program (SIPPA) and the Rural Physician Incentive Program (RPIP). Several of these programs are administered by saskdocs through the Saskatchewan Health Authority (SHA).
- ⇒ **Specialist Recruitment and Retention Program:** Jointly managed by the Saskatchewan Medical Association (SMA) and the Ministry of Health along with representation from the SHA and saskdocs that identifies, develops and administers programs to support the recruitment and retention of specialist physicians. Details on individual programs are available on the SMA Website: [www.sma.sk.ca](http://www.sma.sk.ca).
- ⇒ **Specialist Emergency Coverage Program:** This program is jointly managed by the SMA, SHA and the Ministry of Health in a tripartite committee. The primary objective of the program is to meet the emergency needs of new or unassigned patients requiring specialty care and to ensure fair compensation for specialists who are available to provide coverage as part of an established call rotation (see Table 27).
- ⇒ **Committee on Rural and Regional Practice:** Jointly managed by the SMA and the Ministry of Health along with representation from the SHA and saskdocs that identifies, develops and administers programs to support the recruitment and retention of physicians in rural and regional practices. Details on individual programs are available on the SMA website at [www.sma.sk.ca](http://www.sma.sk.ca).
- ⇒ **Emergency Room Coverage:** This fund is directed to compensating physicians (through the Payment Schedule) for providing emergency room coverage in rural areas (see Table 27).
- ⇒ **Support Services:** The Ministry of Health funds a variety of other programs administered by the SMA, including a Liability Insurance Coverage Program, a Continuing Medical Education fund, a Long Term Retention Program, and a Parental Leave Program.
- ⇒ **Other Initiatives:** 1) *Family Physician Comprehensive Care and Metro On-Call Program* – Recognizes and compensates family physicians for the value and continuity of care they provide to patients when they provide a full range of services; 2) *General Practitioner Specialist Program* – Provides an incentive payment and mentorship to family physicians that provide specialty services in rural and regional areas; 3) *Quality and Access* – Encourages physicians to participate in the development and adoption of new ways of practicing to improve the quality of services and beneficiary access to services; 4) *Chronic Disease Management – Quality Improvement Program* – Compensates physicians for providing care consistent with the most current best practise for chronic disease management; 5) *Rural Relief Locum Program* – The Ministry of Health provides funding to the SHA to support locum arrangements to assist with emergency and primary health medical services in rural areas; and, 6) *Electronic Medical Record Program* – Supports the adoption of Electronic Medical Records in physicians' clinics.

## Agreements with Professional Associations

- ⇒ The physician agreement reached in mid-2015 between the Ministry of Health and the Saskatchewan Medical Association covered four years, April 1, 2013 to March 31, 2017. It provided physicians with general fee increases of 4.9%, along with lump sum payments equal to 3.0%. The agreement also included \$6M for investing in key program areas aimed at increasing patient access to medical services, best practice, and standardized care. The agreement also included \$15M for maintaining existing physician programs that are experiencing higher utilization due to the increased number of physicians in the province (i.e. The Family Physician Comprehensive Care Program and the Specialist Emergency Coverage Program).
- ⇒ The optometric agreement between the Ministry of Health and the Saskatchewan Association of Optometrists covered the period April 1, 2013 to March 31, 2016. It provided a one-time lump sum payment of 1.5% in 2014-15, a 2% general fee increase effective April 1, 2015 and included expansion of an existing tonometry fee code to be billed with ocular urgency fee codes, and coverage of an annual eye exam for the management of diabetic patients effective October 1, 2014.
- ⇒ The new dental agreement between the College of Dental Surgeons and the Ministry of Health covers April 1, 2011 to March 31, 2020. It provides a zero per cent general fee increase in the first eight years, and a 2.0% general fee increase for 2019-20. Effective April 1, 2019, it includes the addition of coverage for nasoalveolar molding devices, addition of oral surgery consultations when referred by a medical provider, expansion of coverage for dental extractions related to cancer treatments, addition of cone beam tomography codes for limited use, and revision of existing radiograph codes.

# Figure 1

## Index of Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services 2013-14 to 2018-19

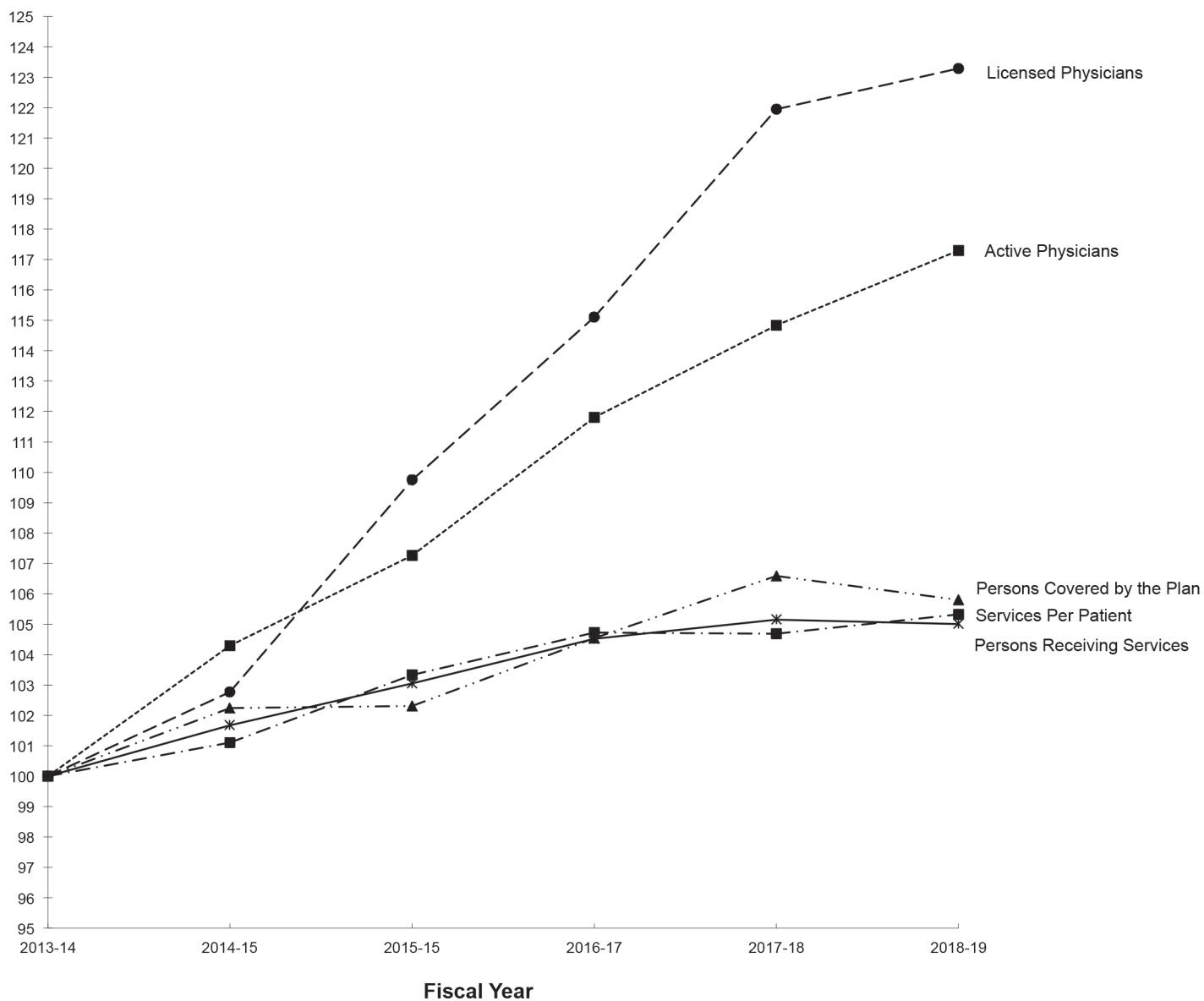
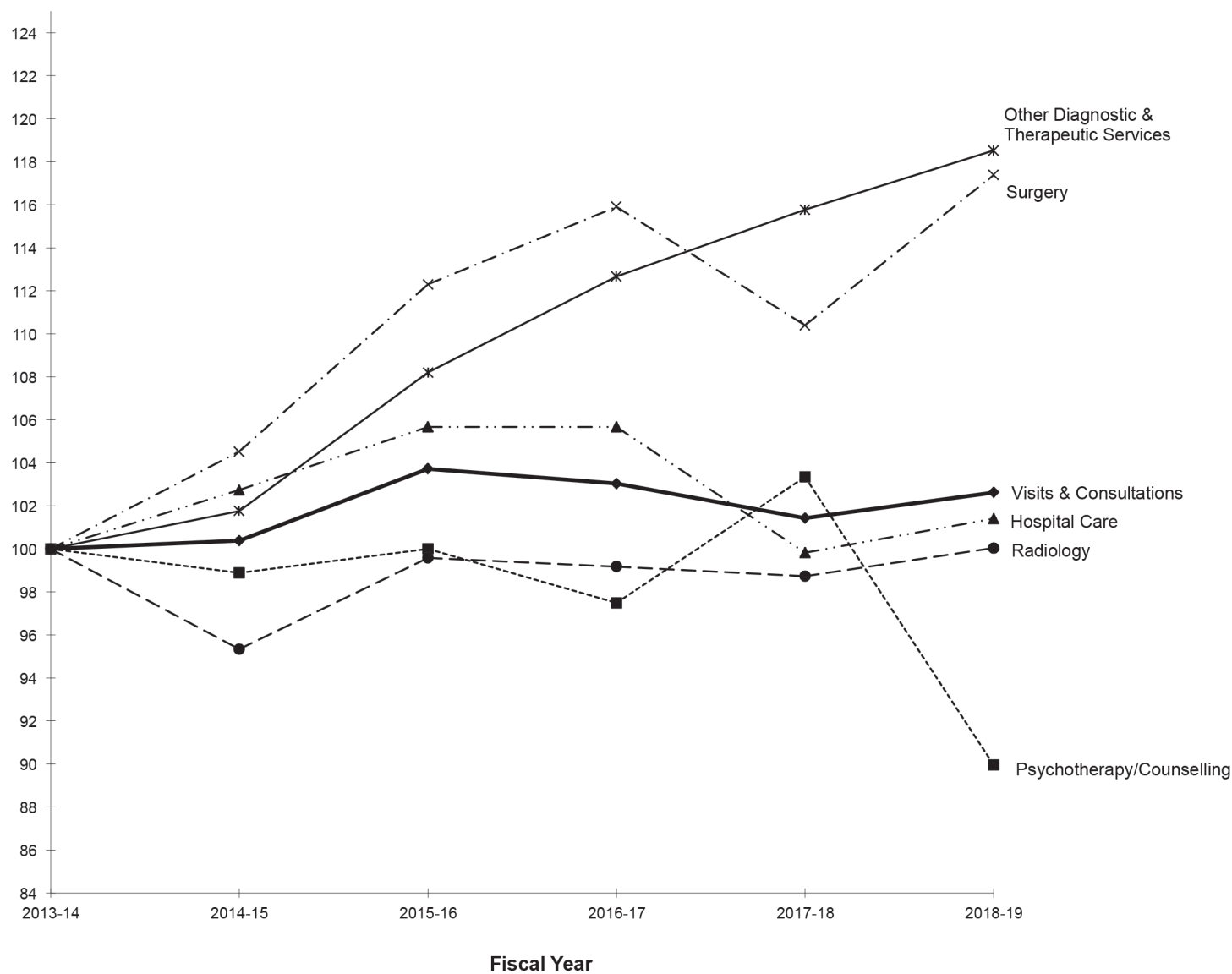


Figure 2

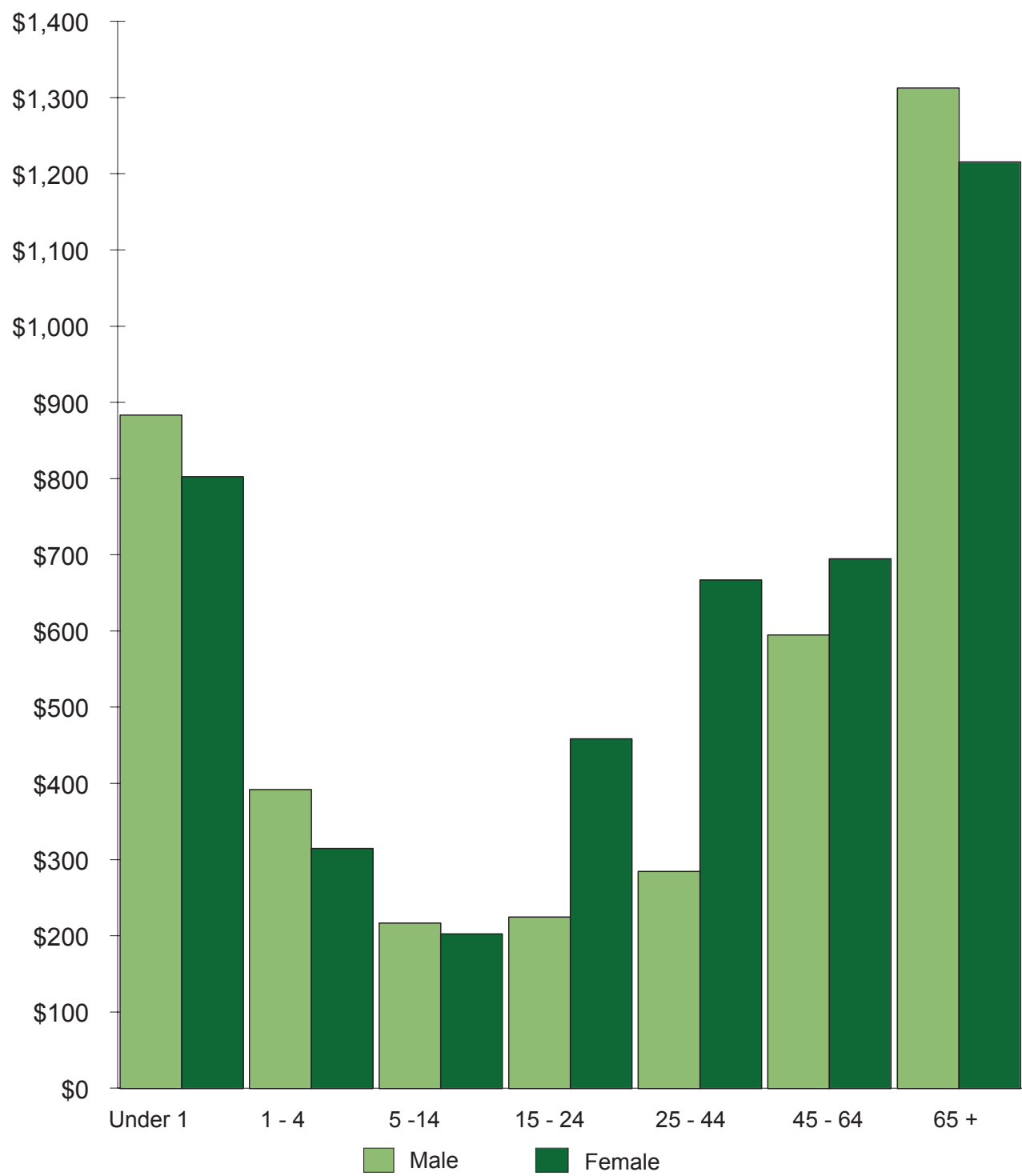
Index of Services Per 1,000 Beneficiaries for Selected Types of In-Province Physician Services 2013-14 to 2018-19



**Note:** In October 2018, four modernized fee codes for psychiatric care were implemented. While these services were previously classified as “Psychotherapy/Counselling”, the new codes are grouped with “Other Assessments”.

Figure 3

Per Capita Payments for Insured Services by Age and Sex of Beneficiary



# Figure 4

## Map of Former Regional Health Authorities

