

Ministry of Health Medical Services Branch



Annual Statistical Report for 2019-20

Preface

This fiscal year 2019-20 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 2019-20, the MSP provided for **in-province expenditures** of \$958.4 million, while **program payments** totalled \$108.2 million and **medical education payments** were \$69.2 million (see *Total Expenditures 2019-20*).
- ⇒ **Benefits paid for insured services** – by physicians, optometrists and dentists (in- and out-of-province) – amounted to \$727.4 million, an increase of 4.1% from the previous year. Over the last five years, the cost of these benefits has grown on average by approximately 3.6% per year (see Tables 1 & 8).

	2018-19 (\$000s)	2019-20 (\$000s)	Per Cent Change
Physicians	683,147	710,576	4.0
Optometrists	14,241	15,234	7.0
Dentists	1,560	1,594	2.2
Total	698,948	727,404	4.1

- ⇒ **Number of insured services** – by physicians, optometrists and dentists (in- and out-of-province) – totalled 14.1 million services, an increase of 4.0% from the previous year. Over the last five years, the number of services has grown on average by 2.5% per year (see Table 7).

	2018-19 (000s)	2019-20 (000s)	Per Cent Change
Physicians	13,114	13,622	3.9
Optometrists	427	460	7.8
Dentists	11	13	15.5
Total	13,552	14,094	4.0

Note: figures may not add due to rounding.

- ⇒ **Out-of-province payments for Saskatchewan beneficiaries** receiving insured services (physician, dentists, optometrist and hospital) outside of Saskatchewan totalled \$154.3 million, up 8.1% from the previous year. Over the last five years, expenditure on out-of-province services has increased on average by 4.8% per year (see *Total Expenditures 2019-20*).
- ⇒ **Reciprocal payments for out-of-province residents receiving services** (physician and hospital) within Saskatchewan (excluding Quebec and out-of-Canada beneficiaries) totalled \$37.0 million a decrease of 13.0%. Over the past five years, hospital and physician payments for non-Saskatchewan beneficiaries have decreased on average by 4.0% per year (see Tables 12 & 14a).
- ⇒ **Cost of services outside of Canada for Saskatchewan patients with prior approvals** totalled \$4.0 million. The decrease seen from the previous year can be attributed to a small number of extremely high cost cases in 2018-19 (see Tables 11 & 13a).

	2018-19	2019-20
Number of Patients	34	34
Practitioner Costs (\$000s)	500	748
Hospital Costs (\$000s)	5,135	3,289
Total Costs (\$000s)	5,635	4,037

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.

Physician Remuneration

- ⇒ Payments for fee-for-service in-province physicians, excluding the emergency coverage programs, totalled \$547.5 million in 2019-20, a decrease of 0.1% from 2018-19 (see *Total Expenditures 2019-20*).
- ⇒ Non-fee-for-service (NFFS) funding arrangements for physician services represent a large portion of provincial health expenditures. In 2019-20, NFFS accounted for \$395.3 million, 30.5% 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 (see Table 25):

General Practitioners	\$252,600
Specialists	\$454,700
All Physicians	\$349,100

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

Physician Supply

- ⇒ Physician supply is measured in two main 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 practising 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 practising in Saskatchewan at the end of the fiscal year.
- ⇒ **Licensed physicians:** (see "Licensed" definition – *Statistical Figures and Tables*) the number of licensed physicians at the end of March 2020 was 2,622, an increase of 0.8% from the previous year. Over the past five years, the number of licensed physicians has grown on average by 3.3% per year (see Table 18).
- ⇒ **Active physicians:** (see "Active" definition – *Statistical Figures and Tables*) the number of active physicians at the end of March 2020 was 1,852, a decrease of six physicians or 0.3% from the previous year. Over the past five years, the number of active physicians has increased on average by 2.3% per year.
- ⇒ The number of **active rural general practitioners (GP)** was 243 at the end of March 2020, a decrease of 22 physicians or 8.3% from the previous year. Over the last five years, the number of active rural GPs has decreased on average by 0.6% per year (see Table 24).
- ⇒ The number of **active GPs in metro areas** (Regina and Saskatoon) has grown to 497, an increase of one physician or 0.2% from the previous year. Over the past five years, the number of active metro GPs has increased on average by 2.7% per year.
- ⇒ The number of **active GPs in other urban areas** was 227, an increase of six physicians or 2.7% from the previous year. Over the past five years, the number of active urban GPs has increased on average by 1.8% per year.

- ⇒ The number of **active specialists** has grown to 885, an increase of nine physicians or 1.0% from the previous year. Over the past five years, the number of specialists has increased on average by 3.1% per year.
- ⇒ Physician supply is affected by a number of initiatives and programs supported within the MSP including the Saskatchewan International Physician Practice Assessment (SIPPA) 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 \$69.2 million in 2019-20 (U of S).
- ⇒ The Medical Education System covers the following areas:
 - ↳ Clinical Services Fund, which provides funding for physician faculty at the College of Medicine, and 474 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); and,
 - ↳ Programs and stipends, such as the Academic Clinical Funding Plan, International Medical Graduates, distributive medical education and the Clerkship (formerly JURSI) stipend.

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. inmates of federal penitentiaries and visitors to Canada) are eligible to receive benefits, with the sole requirement being residency and registration with Health Registries 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.

Anesthesia – The administration of anesthesia by a physician including:

- ⇒ anesthesia for diagnostic, surgical and other procedures;
- ⇒ obstetrical anesthesia;
- ⇒ anesthesia for pain management; and,
- ⇒ all dental anesthesia 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; and,
- ⇒ 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, abnormality or co-morbidity;
- ⇒ Services for the care of cleft palate upon referral to a dentist or dental specialist by a physician or another dentist;
- ⇒ Specific x-ray services when provided by certain dental specialists and oral radiologists; and,

Extraction of teeth medically required due to pathology resulting from cancer radiation therapy, or to provide:

- ⇒ heart surgery;
- ⇒ services for chronic renal disease;
- ⇒ head and neck cancer services;
- ⇒ stem cell transplants; 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.

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 anesthesia provided in conjunction with an insured service where the patient is 14 years or over;
- ⇒ reversals of sterilization for the purposes of restoring fertility;
- ⇒ 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 2019-20

	Expenditures (\$000s)
In-Province Services	
Physician Fee-for Service (FFS) Subtotal	547,511
Physician Non-Fee-For-Service (Non-FFS)	
Medical Remuneration & Alternate Payments	279,587
Primary Health Services ^{1,2}	82,076
Saskatchewan Cancer Agency ^{1,2}	33,635
Physician Non-Fee-For Service (Non-FFS) Subtotal	395,299
Optometric Services Subtotal	14,028
Dental Services Subtotal	1,516
Subtotal: Payment for In-Province Services	958,354
Programs, and Recruitment and Retention Initiatives	
General Practitioner	
Family Physician Comprehensive Care Program	15,528
Rural Emergency Coverage Programs	8,923
Regional Locum Program	3,190
Saskatchewan International Physician Practice Assessment (SIPPA)	2,281
Chronic Disease Management – Quality Improvement Program	3,001
General Practitioner Specialist Program	720
Rural Physician Incentive	420
Rural Practice Establishment Grant	20
Rural and Remote Incentives	2,574
Family Medicine Bursaries	450
Rural Practice Enhancement Training	96
General Practitioner Subtotal	37,203
Specialist	
Specialist Emergency Coverage Programs (SECP)	32,928
Specialist Practice Establishment Grant	780
Specialist Rural & Remote Incentives	1,092
Specialist Physician Enhancement Training Bursary	128
Specialist Subtotal	34,928

Other		
	Canadian Medical Protective Agency (CMPA) Funding	10,000
	Electronic Medical Records Program	9,300
	Physician Long Term Retention Fund	8,000
	Continuing Medical Education Fund	4,650
	Quality & Access Fund	2,990
	Parental Leave Program	1,000
	Practice Enhancement Program	105
Other Subtotal		36,045
Subtotal: Programs, and Recruitment and Retention Initiatives		108,176
Medical Education		
	Clinical Services Fund (College of Medicine)	65,788
	Other Medical Education	3,362
Subtotal: Medical Education		69,150
Other Provincial Payments and Administration		
	Out-of-Province ³	154,340
	Quality Assurance Diagnostic Imaging and Lab Programs	580
	Dental Residency Grants	153
	Administration	4,728
Subtotal: Other Provincial Payments and Administration		159,801
<i>Change in Valuation Allowance</i>		<i>(200)</i>
Total Expenditures		1,295,281

¹ Expenditures in these areas are managed by other branches of the Ministry of Health.

² These expenditures include payments to physicians only.

³ 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 2019-20 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.

While all MSP data on physician services continues to use the ninth revision of the International Classification of Diseases (ICD-9), data related to the hospital reciprocal billing system (Tables 13a, 13b, 14a and 14b) uses ICD-10.

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) and certain other programs, including the Family Physician Comprehensive Care Program.

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 2019-20 include some services provided in 2018-19. Fiscal years typically consist of 26 pay periods (2019-20 had 27 pay periods).

Payment Adjustments – The difference between payments shown in *Total Expenditures 2019-20* 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 2019-20*.

Pandemic Virtual Care – On March 11, 2020 the World Health Organization declared the global outbreak of COVID-19 a pandemic. Effective March 13, temporary fee codes for physicians providing virtual services during the pandemic were implemented. These services and payments are included in this report.

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 and 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, cesarean sections, but excludes gynecological surgery, and pre- and post-natal visits. Fetal monitoring and transfusions are included here.
- (k) **Anesthesia** – All anesthetic 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 services for care of cleft palate and the extraction of teeth in limited circumstances). 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 with \$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.

Definition of Practising Physician – Licensed physicians with billings submitted under their own MSP billing number during the year and practising in Saskatchewan under MSP coverage at the end of the year (see Table 24).

Table 1

Analysis of Per Cent Change in Total Costs

Year	Gross Payments for Insured Services ¹ (\$000s)	Total Per Cent Change	Per Cent Change Due to Fee Schedule Increases ⁴	Per Cent Change Due to Utilization Increases ⁵
2015-16 ²	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
2019-20 ³	727,404	4.07	0.02	4.05
Average Annual Per Cent Change 2015-16 to 2019-20		3.60	0.72	2.89

¹ All physician, optometric and dental insured services (in- and out-of-province) are included. Includes payments for rural emergency coverage but excludes payments for other programs, including specialist emergency coverage.

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

³ Figures for 2019-20 include \$4,083 of lump sum retroactive dental payments.

⁴ Fee schedule increases are based on theoretical values of fee and new items increases.

⁵ 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

	2018-19		2019-20	
	Number of Practitioners	Adjustment or Recovery (\$000s)	Number of Practitioners	Adjustment or Recovery (\$000s)
Routine Adjustments on In-Province Claims ¹	2,589	11,517.6	2,593	11,421.5
Routine Adjustments on Out-of-Province Claims ¹	–	1,560.5	–	1,639.1
Special MSP Studies and Professional Review Activity ²	6	1,156.5	2	604.0
Third Party Liability Recoveries ³		7,843.6		7,999.37
Total	–	22,078.3		21,664.0

¹ All physician, optometric and dental insured services are included.

² 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.

³ 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	
	2018-19	2019-20	2018-19	2019-20
Physicians, Dentist & Dental Surgeons	8,864,507	9,229,990	97.13	97.06
In-Province Claims ¹	8,518,387	8,905,488	93.34	93.65
Out-of-Province Reciprocal Billing ²	344,708	322,912	3.78	3.40
Other Out-of-Province	1,412	1,590	0.02	0.02
Optometrists³	259,724	277,469	2.85	2.92
In-Province Claims	258,239	276,000	2.83	2.90
Out-of-Province	1,485	1,469	0.02	0.02
Beneficiaries⁴	2,247	2,345	0.02	0.02
Total	9,126,478	9,509,804	100.00	100.00

¹ 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.

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

³ Includes claims for optometric services covered by the Supplementary Health Program.

⁴ 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, 2019		Rate Per 1,000 Beneficiaries			
			Services		Payments (\$)	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	7,296	6,957	15,313	13,570	943,747	825,306
1 - 4.....	32,303	31,125	6,455	5,626	359,615	314,771
5 - 14.....	81,514	77,987	4,253	4,015	198,926	179,117
15 - 24.....	76,089	72,231	4,443	8,732	215,760	439,286
25 - 44.....	175,875	168,354	5,809	12,196	285,514	659,296
45 - 64.....	149,225	145,407	11,394	13,955	599,290	705,271
65 and over.....	86,634	100,359	24,658	24,542	1,309,040	1,222,439
All Beneficiaries.....	608,936	602,420	9,629	12,879	499,536	659,784
B. Optometrists						
Under 1	7,296	6,957	63	69	3,397	3,712
1 - 4.....	32,303	31,125	292	294	15,615	15,758
5 - 14.....	81,514	77,987	536	579	28,917	31,144
15 - 24.....	76,089	72,231	200	259	9,590	12,055
25 - 44.....	175,875	168,354	121	182	3,285	5,064
45 - 64.....	149,225	145,407	398	438	9,460	10,860
65 and over.....	86,634	100,359	811	718	18,826	17,438
All Beneficiaries.....	608,936	602,420	361	398	11,884	13,276
C. Dentists						
Under 1	7,296	6,957	2	2	127	1,029
1 - 4.....	32,303	31,125	2	–	103	21
5 - 14.....	81,514	77,987	10	7	799	602
15 - 24.....	76,089	72,231	19	23	3,363	3,980
25 - 44.....	175,875	168,354	5	11	695	1,323
45 - 64.....	149,225	145,407	11	12	1,023	1,086
65 and over.....	86,634	100,359	12	11	1,239	1,584
All Beneficiaries.....	608,936	602,420	10	11	1,162	1,464

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	2018-19				2019-20			
	Number of Beneficiaries	Per Cent of			Number of Beneficiaries	Per Cent of		
		Beneficiaries	Payments	Services		Beneficiaries	Payments	Services
A. Physicians Only								
\$0.00 ¹	214,372	18.1	–	<0.1	223,423	18.4	–	<0.1
\$0.01 - \$25.00	11,369	1.0	–	0.1	10,930	0.9	–	0.1
\$25.01 - \$50.00	101,751	8.6	0.6	0.9	98,773	8.2	0.5	0.8
\$50.01 - \$100.00	102,601	8.6	1.2	1.7	100,222	8.3	1.1	1.6
\$100.01 - \$250.00	230,207	19.4	5.6	7.9	229,999	19.0	5.4	7.6
\$250.01 - \$500.00	188,875	15.9	10.1	12.9	193,706	16.0	10.0	12.7
\$500.01 - \$1,000.00	160,263	13.5	16.8	19.1	166,712	13.8	16.8	19.2
\$1,000.01 - \$1,500.00	64,736	5.5	11.7	12.3	68,234	5.6	11.9	12.5
\$1,500.01 - \$2,000.00	37,038	3.1	9.5	9.4	39,578	3.3	9.7	9.7
\$2,000.01 - \$5,000.00	63,452	5.3	27.7	23.4	66,254	5.5	27.8	23.7
Over \$5,000.00	12,965	1.1	16.9	12.3	13,525	1.1	16.8	12.0
Total	1,187,629	100.0	100.0	100.0	1,211,356	100.0	100.0	100.0
B. Optometrists Only								
\$0.00 ¹	999,871	84.2	–	<0.1	1,012,293	83.6	–	<0.1
\$0.01 - \$25.00	35	–	–	–	18	–	–	–
\$25.01 - \$50.00	6,744	0.6	2.0	1.8	6,915	0.6	1.9	1.7
Over \$50.00	180,979	15.2	98.0	98.2	192,130	15.9	98.1	98.2
Total	1,187,629	100.0	100.0	100.0	1,211,356	100.0	100.0	100.0

¹ 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 ¹	Treated ²		Services	Cost	Services	Cost	
Under 1	M	7,296	8,746	100.00	15.31	943.75	12.77	787.28	61.63
	F	6,957	8,165	100.00	13.57	825.31	11.56	703.20	60.82
	T	14,253	16,911	100.00	14.46	885.93	12.19	746.69	61.26
1 - 4	M	32,303	27,279	84.45	6.45	359.61	7.64	425.85	55.72
	F	31,125	25,697	82.56	5.63	314.77	6.81	381.26	55.95
	T	63,428	52,976	83.52	6.05	337.61	7.24	404.22	55.82
5 - 9	M	41,733	30,327	72.67	4.41	206.46	6.07	284.12	46.78
	F	39,907	28,382	71.12	3.98	179.16	5.60	251.91	44.99
	T	81,640	58,709	71.91	4.20	193.12	5.84	268.55	45.95
10 - 14	M	39,781	26,937	67.71	4.09	191.02	6.03	282.10	46.76
	F	38,080	26,160	68.70	4.05	179.07	5.89	260.67	44.22
	T	77,861	53,097	68.19	4.07	185.18	5.97	271.54	45.52
15 - 19	M	37,105	24,859	67.00	4.46	217.53	6.66	324.69	48.73
	F	35,061	27,942	79.70	7.33	356.19	9.19	446.94	48.62
	T	72,166	52,801	73.17	5.85	284.90	8.00	389.38	48.66
20 - 24	M	38,984	24,832	63.70	4.42	214.07	6.94	336.08	48.40
	F	37,170	31,399	84.47	10.06	517.67	11.91	612.81	51.47
	T	76,154	56,231	73.84	7.17	362.25	9.71	490.60	50.50
25 - 29	M	44,281	27,784	62.74	4.78	231.05	7.62	368.25	48.35
	F	42,419	35,506	83.70	11.95	667.64	14.27	797.63	55.88
	T	86,700	63,290	73.00	8.29	444.66	11.35	609.13	53.66
30 - 34	M	46,812	31,384	67.04	5.33	263.36	7.95	392.83	49.39
	F	45,103	38,753	85.92	13.00	738.97	15.13	860.06	56.83
	T	91,915	70,137	76.31	9.10	496.75	11.92	650.99	54.61
35 - 39	M	44,751	31,567	70.54	6.17	303.96	8.75	430.91	49.26
	F	43,015	36,949	85.90	11.98	631.31	13.94	734.95	52.72
	T	87,766	68,516	78.07	9.02	464.40	11.55	594.87	51.51
40 - 44	M	40,031	29,148	72.81	7.10	351.03	9.76	482.10	49.41
	F	37,817	32,526	86.01	11.76	586.74	13.67	682.18	49.89
	T	77,848	61,674	79.22	9.37	465.54	11.82	587.62	49.70
45 - 49	M	35,790	27,120	75.78	8.19	409.48	10.80	540.38	50.03
	F	34,503	29,597	85.78	12.10	599.18	14.11	698.50	49.51
	T	70,293	56,717	80.69	10.11	502.59	12.53	622.90	49.72
50 - 54	M	35,731	27,630	77.33	10.12	521.12	13.09	673.91	51.48
	F	34,282	29,502	86.06	13.09	649.27	15.21	754.46	49.59
	T	70,013	57,132	81.60	11.58	583.87	14.19	715.51	50.44
55 - 59	M	40,142	33,182	82.66	12.02	637.02	14.54	770.64	53.02
	F	39,584	35,247	89.04	14.40	740.89	16.17	832.05	51.45
	T	79,726	68,429	85.83	13.20	688.59	15.38	802.27	52.17
60 - 64	M	37,562	32,990	87.83	15.00	814.18	17.08	927.02	54.28
	F	37,038	33,965	91.70	16.00	817.87	17.45	891.87	51.10
	T	74,600	66,955	89.75	15.50	816.01	17.27	909.19	52.65
65 - 69	M	29,875	28,157	94.25	18.62	1,043.49	19.76	1,107.16	56.04
	F	29,760	28,572	96.01	19.13	1,016.20	19.93	1,058.45	53.11
	T	59,635	56,729	95.13	18.88	1,029.87	19.84	1,082.63	54.56
70 - 74	M	21,910	21,491	98.09	23.15	1,261.26	23.60	1,285.85	54.49
	F	23,065	22,577	97.88	22.44	1,183.74	22.93	1,209.32	52.75
	T	44,975	44,068	97.98	22.78	1,221.50	23.25	1,246.64	53.61
75 & Over	M	34,849	35,740	100.00	30.78	1,566.73	30.02	1,527.67	50.90
	F	47,534	48,475	100.00	28.95	1,370.34	28.39	1,343.74	47.34
	T	82,383	84,215	100.00	29.72	1,453.42	29.08	1,421.80	48.90
Total all ages	M	608,936	469,173	77.05	9.63	499.54	12.50	648.34	51.88
	F	602,420	519,414	86.22	12.88	659.78	14.94	765.22	51.23
	T	1,211,356	988,587	81.61	11.25	579.23	13.78	709.75	51.51

¹ Population as at June 30, 2019.

² Population treated at any time 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 ¹	Number of Services (000s)		Number of Services Per 1,000 Beneficiaries		Per Cent Change 2018-19 to 2019-20
	2018-19	2019-20	2018-19	2019-20	
In-Province Physician Services.....	12,351.4	12,845.8	10,400	10,604	1.97
Consultations.....	581.5	603.3	490	498	1.72
Major Assessments.....	558.4	584.8	470	483	2.69
Other Assessments	4,296.7	4,576.5	3,618	3,778	4.43
Psychotherapy	383.5	288.4	323	238	-26.28
Total Visit Services	5,820.1	6,053.0	4,901	4,997	1.96
Hospital Care	658.8	618.3	555	510	-7.99
Special Calls and Emergency.....	245.3	255.9	207	211	2.28
Major Surgery	151.1	161.1	127	133	4.51
Minor Surgery.....	279.6	302.4	235	250	6.04
Surgical Assistance	172.0	173.8	145	143	-0.92
Obstetrics.....	30.8	26.5	26	22	-15.43
Anesthesia	836.3	844.8	704	697	-0.96
Total Surgical Services.....	1,469.8	1,508.7	1,238	1,245	0.64
Diagnostic Radiology.....	280.4	309.4	236	255	8.17
Laboratory Services.....	269.8	263.8	227	218	-4.14
Other Diagnostic and Therapeutic Services.....	2,471.8	2,649.2	2,081	2,187	5.08
Special and Miscellaneous Services	1,135.5	1,187.6	956	980	2.54
Total Diagnostic Services.....	4,157.4	4,410.0	3,501	3,641	4.00
In-Province Dental Services.....	10.9	12.7	9	10	13.67
In-Province Optometric Services	416.5	450.0	351	371	5.91
Refractions by Optometrists	119.0	125.8	100	104	3.71
Other Optometric Services	297.6	324.2	251	268	6.79
Out-of-Province Services					
Physician Services.....	762.7	776.3	642	641	-0.22
Dental Services.....	0.1	0.1	–	–	–
Optometric Services.....	10.0	9.7	8	8	-4.59
All Services.....	13,551.6	14,094.5	11,411	11,635	1.97

¹ 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 ¹	Payments (\$000s)		Payments Per 1,000 Beneficiaries (\$)		Per Cent Change 2018-19 to 2019-20
	2018-19	2019-20	2018-19	2019-20	
In-Province Physician Services.....	639,396	664,989	538,380	548,963	1.97
Consultations.....	79,162	82,169	66,655	67,833	1.77
Major Assessments.....	34,824	35,821	29,323	29,571	0.85
Other Assessments	179,459	193,293	151,107	159,568	5.60
Psychotherapy	17,790	12,660	14,980	10,451	-30.23
Total Visit Services	311,235	323,943	262,064	267,422	2.04
Hospital Care	23,400	21,957	19,703	18,126	-8.00
Special Calls and Emergency.....	10,772	11,103	9,070	9,166	1.06
Major Surgery	59,902	63,255	50,438	52,218	3.53
Minor Surgery.....	10,473	11,070	8,818	9,139	3.63
Surgical Assistance	15,572	16,041	13,111	13,242	1.00
Obstetrics.....	15,162	13,147	12,767	10,853	-14.99
Anesthesia	43,892	44,166	36,957	36,460	-1.35
Total Surgical Services.....	145,000	147,679	122,092	121,912	-0.15
Diagnostic Radiology	14,661	16,126	12,345	13,313	7.84
Laboratory Services.....	1,352	1,339	1,139	1,106	-2.89
Other Diagnostic and Therapeutic Services	109,433	117,833	92,144	97,274	5.57
Special and Miscellaneous Services ²	23,543	25,008	19,823	20,645	4.14
Total Diagnostic Services.....	148,989	160,307	125,450	132,337	5.49
In-Province Dental Services³	1,530	1,570	1,288	1,296	0.62
In-Province Optometric Services	13,877	14,885	11,685	12,288	5.16
Refractions by Optometrists	6,721	7,109	5,659	5,868	3.69
Other Optometric Services	7,156	7,776	6,025	6,419	6.54
Out-of-Province Services					
Physician Services.....	43,751	45,587	36,839	37,633	2.15
Dental Services.....	30	24	25	20	-22.73
Optometric Services.....	364	349	307	288	-5.99
All Services.....	698,948	727,404	588,524	600,487	2.03

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

² Includes payments for the rural emergency coverage program but excludes payments for the specialist emergency coverage program.

³ Figures for 2019-20 include \$4,083 of lump sum retroactive dental 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 9

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

Type of Service ¹	2018-19			2019-20		
	General Practice	Specialties	All Practitioners	General Practice	Specialties	All Practitioners
In-Province Physician Services.....	37.17	68.86	51.77	37.32	68.21	51.77
Consultations.....	86.77	138.61	136.13	88.30	138.65	136.20
Major Assessments.....	58.32	90.52	62.37	57.35	89.01	61.25
Other Assessments	39.10	55.99	41.77	39.19	56.12	42.24
Psychotherapy	39.34	57.66	46.39	39.05	63.92	43.90
Average Of Visit Services.....	41.56	89.40	53.48	41.56	89.01	53.52
Hospital Care	35.18	35.80	35.52	35.32	35.69	35.51
Special Calls and Emergency.....	43.04	45.12	43.92	42.42	44.78	43.39
Major Surgery	237.80	401.43	396.38	242.80	397.32	392.65
Minor Surgery.....	19.05	63.46	37.45	19.35	56.45	36.60
Surgical Assistance	76.35	149.65	90.54	77.63	149.98	92.29
Obstetrics.....	573.37	462.84	492.91	597.66	454.31	495.47
Anesthesia	47.36	53.15	52.49	46.57	52.93	52.28
Average Of Surgical Services	58.72	114.19	98.66	59.24	111.77	97.88
Diagnostic Radiology.....	–	52.28	52.28	–	52.13	52.13
Laboratory Services	4.91	7.19	5.01	4.94	8.15	5.08
Other Diagnostic and Therapeutic Services.....	16.90	48.96	44.27	18.49	48.46	44.48
Special and Miscellaneous Services ²	11.35	18.11	13.21	11.59	18.77	13.54
Average Of Diagnostic Services.....	11.59	45.57	33.78	12.10	45.43	34.33
In-Province Dental Services³	–	–	140.14	–	–	124.05
In-Province Optometric Services	–	–	33.31	–	–	33.08
Refractions by Optometrists	–	–	56.50	–	–	56.49
Other Optometric Services	–	–	24.05	–	–	23.99
Out-of-Province Services						
Physician Services.....	52.82	59.32	57.36	53.37	61.26	58.73
Dental Services.....	–	–	282.83	–	–	328.16
Optometric Services.....	–	–	36.58	–	–	36.04
All Services	37.69	68.04	51.58	37.88	67.65	51.61

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

² Excludes payments for specialist and rural emergency coverage programs to avoid distortion.

³ Figures for 2019-20 include \$4,083 of lump sum retroactive dental 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 10

Per Cent of Services and Payments by Type of Service

Type of Service ¹	Per Cent of Total Services		Per Cent of Total Payments	
	2018-19	2019-20	2018-19	2019-20
In-Province Physician Services.....	91.14	91.14	91.48	91.42
Consultations.....	4.29	4.28	11.33	11.30
Major Assessments.....	4.12	4.15	4.98	4.92
Other Assessments	31.71	32.47	25.68	26.57
Psychotherapy	2.83	2.05	2.55	1.74
Total Visit Services	42.95	42.95	44.53	44.53
Hospital Care	4.86	4.39	3.35	3.02
Special Calls and Emergency.....	1.81	1.82	1.54	1.53
Major Surgery	1.12	1.14	8.57	8.70
Minor Surgery.....	2.06	2.15	1.50	1.52
Surgical Assistance	1.27	1.23	2.23	2.21
Obstetrics.....	0.23	0.19	2.17	1.81
Anesthesia	6.17	5.99	6.28	6.07
Total Surgical Services.....	10.85	10.70	20.75	20.30
Diagnostic Radiology.....	2.07	2.19	2.10	2.22
Laboratory Services	1.99	1.87	0.19	0.18
Other Diagnostic and Therapeutic Services.....	18.24	18.80	15.66	16.20
Special and Miscellaneous Services ²	8.38	8.43	3.37	3.44
Total Diagnostic Services.....	30.68	31.29	21.32	22.04
In-Province Dental Services³	0.08	0.09	0.22	0.22
In-Province Optometric Services	3.07	3.19	1.99	2.05
Refractions by Optometrists	0.88	0.89	0.96	0.98
Other Optometric Services.....	2.20	2.30	1.02	1.07
Out-of-Province Services				
Physician Services.....	5.63	5.51	6.26	6.27
Dental Services	—	—	—	—
Optometrist Services	0.07	0.07	0.05	0.05
All Services.....	100.00	100.00	100.00	100.00

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

² Includes payments for the rural emergency coverage program but excludes specialist emergency coverage program payments.

³ Figures for 2019-20 include \$4,083 of lump sum retroactive dental 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
General Practice	13,288.3	148.2	24.8	676.8	1,203.1	9,942.8	1,180.1	63.8	48.7
Specialties									
Pediatrics and Medical Genetics.....	1,863.3	5.1	4.5	67.1	52.9	1,690.3	39.2	4.2	0.1
Internal Medicine and Physical Medicine.....	4,414.7	26.7	6.5	244.7	292.2	3,561.5	194.3	64.9	24.0
Neurology.....	273.8	2.8	1.2	22.1	31.0	198.7	15.2	2.7	0.2
Psychiatry.....	1,506.1	5.4	9.3	91.4	62.0	1,182.2	155.6	0.1	–
Dermatology.....	256.7	24.3	0.5	8.3	32.8	184.9	4.7	1.2	0.0
Anesthesia.....	3,536.5	21.5	20.6	182.8	171.6	2,968.0	158.8	8.7	4.6
General and Cardiac Surgery	3,910.1	9.2	0.2	96.8	213.7	3,475.3	91.4	16.5	7.1
Orthopedic Surgery.....	1,408.8	8.5	28.8	54.9	126.3	1,094.1	80.7	12.6	2.9
Plastic Surgery.....	1,029.5	2.8	310.0	21.9	20.0	654.9	18.8	1.0	–
Neurosurgery.....	265.9	0.4	0.4	28.7	44.2	167.6	14.7	6.5	3.3
Obstetrics and Gynecology	1,377.3	7.2	3.1	94.4	205.6	1,009.9	55.0	0.9	1.2
Urological Surgery.....	435.5	6.4	0.2	29.5	24.2	340.9	30.3	3.1	0.7
Ophthalmology.....	1,063.3	7.0	1.9	36.1	55.8	903.5	54.2	4.9	0.0
Otolaryngology.....	1,151.8	4.6	2.6	9.0	57.8	1,058.7	18.7	0.3	0.2
Pathology.....	4,616.1	6.6	0.3	63.1	24.8	4,345.0	173.2	2.6	0.5
Diagnostic Radiology.....	4,441.0	27.3	0.2	105.4	314.3	3,939.0	53.4	1.5	0.1
US Services with Prior Approval	747.9	–	–	–	–	–	–	747.9	–
All Physicians	45,586.6	314.1	415.1	1,833.1	2,932.0	36,717.3	2,338.3	943.3	93.5
Dentists.....	23.6	–	–	2.7	2.0	18.9	–	–	–
Optometrists	349.4	–	0.0	0.3	42.5	306.3	0.2	0.0	–

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
General Practice	3,970.1	32.6	7.4	49.2	35.4	332.5	1,050.1	1,924.0	501.5	22.0	8.1	7.5
Specialties												
Pediatrics and Medical Genetics.....	160.0	0.5	0.2	3.5	2.6	9.2	57.2	70.4	13.6	2.3	0.4	–
Internal Medicine and Physical Medicine....	989.1	5.1	0.0	4.9	6.5	66.2	183.4	623.0	97.3	1.4	1.1	0.2
Neurology.....	84.4	0.7	–	1.0	0.7	6.9	26.5	36.3	10.3	1.2	0.3	0.6
Cardiology.....	371.8	0.9	0.0	1.5	4.9	32.0	139.9	144.2	47.7	0.6	0.1	–
Psychiatry.....	325.2	4.4	–	6.7	5.6	69.3	39.3	116.7	62.4	12.7	7.7	0.5
Dermatology.....	32.4	0.1	–	0.3	–	2.3	12.3	12.9	4.2	0.2	–	0.1
Anesthesia.....	960.5	1.5	0.7	8.2	1.9	38.9	232.1	600.8	65.3	8.9	1.4	0.8
General Surgery.....	974.7	3.0	1.0	6.0	4.6	28.8	106.9	773.2	44.1	5.9	–	1.3
Cardiac Surgery.....	58.5	–	–	2.4	0.2	4.4	14.8	28.3	8.4	–	–	–
Orthopedic Surgery.....	545.3	0.1	0.1	4.9	1.1	28.9	131.3	335.3	38.8	2.3	2.4	0.2
Plastic Surgery.....	111.7	–	–	7.0	1.1	8.5	41.4	39.9	13.5	0.3	0.0	0.0
Neurosurgery.....	249.2	–	–	2.0	–	9.5	51.2	151.3	30.1	4.1	1.0	0.1
Obstetrics and Gynecology.....	524.5	2.8	1.2	3.0	0.9	33.1	169.2	278.7	28.8	5.0	0.1	1.7
Urological Surgery.....	127.7	0.3	–	0.2	4.4	5.2	75.0	31.1	10.0	–	0.0	1.6
Ophthalmology.....	1,128.3	1.2	0.6	1.6	0.9	21.5	436.8	627.4	37.5	0.4	0.2	0.3
Otolaryngology.....	373.5	1.6	–	0.2	0.1	8.2	52.7	298.2	11.5	0.2	0.5	0.2
Pathology.....	324.0	1.3	0.9	5.0	4.4	51.2	49.2	154.9	52.8	2.4	0.8	1.1
Diagnostic Radiology.....	559.1	4.5	1.5	9.3	4.2	62.0	185.6	214.1	70.3	3.1	2.0	2.5
All Specialties	7,900.0	27.9	6.3	67.9	44.1	486.2	2,004.4	4,536.8	646.6	51.0	18.1	11.0
All Physicians	11,870.1	60.4	13.6	117.1	79.4	818.7	3,054.5	6,460.8	1,148.1	72.9	26.1	18.5

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										
Organ Transplants and Procurement		2,103.2	–	–	–	–	2,103.2	–	–	–
Special Implants / Devices		3,988.9	–	–	–	–	3,614.0	374.8	–	–
Bone Marrow / Stem Cell Transplants		2,625.6	–	–	–	473.0	2,152.6	–	–	–
Out-of-Country		1,855.3	–	–	–	–	–	–	1,855.3	–
Other Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis										
I.	Certain Infectious & Parasitic Diseases	1,229.0	9.3	–	24.8	51.0	1,027.6	109.5	4.3	2.6
II.	Neoplasms.....	5,382.9	16.6	1.0	151.1	359.7	2,401.2	155.8	2,293.7	3.8
III.	Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism.....	764.5	–	–	26.8	168.9	567.2	1.3	0.1	0.2
IV.	Endocrine, Nutritional & Metabolic Diseases	1,638.9	7.1	–	49.4	50.0	1,461.7	67.1	0.7	3.0
V.	Mental & Behavioural Disorders.....	3,749.6	67.2	26.0	262.7	139.1	2,676.5	574.2	3.9	–
VI.	Diseases of the Nervous System.....	1,218.9	5.1	–	72.8	628.1	454.0	58.2	0.6	0.1
VII.	Diseases of the Eye and Adnexa.....	51.5	–	–	–	–	51.1	–	0.4	–
VIII.	Diseases of the Ear and Mastoid Process	35.5	–	–	–	5.3	27.0	3.1	–	0.1
IX.	Diseases of the Circulatory System	7,061.6	115.3	–	940.5	292.3	5,163.3	530.0	15.7	4.4
X.	Diseases of the Respiratory System.....	2,980.3	11.9	4.8	98.5	168.2	2,435.1	218.5	35.2	8.1
XI.	Diseases of the Digestive System	3,948.2	6.9	2.9	214.1	296.3	2,962.5	452.9	6.9	5.7
XII.	Diseases of the Skin & Subcutaneous Tissue.....	627.6	–	–	23.3	26.0	491.0	85.6	1.6	0.1
XIII.	Diseases of the Musculoskeletal System & Connective Tissue.....	1,350.1	–	124.3	42.1	122.3	804.8	255.6	–	1.0
XIV.	Diseases of the Genitourinary System	1,001.1	39.5	2.0	14.4	123.4	756.5	61.6	3.0	0.7
XV.	Pregnancy, Childbirth and the Puerperium	1,432.5	5.3	10.0	80.4	324.6	899.1	113.1	0.1	–
XVI.	Certain Conditions Originating in the Perinatal Period.....	353.5	–	–	-0.8	-263.4	602.0	15.7	–	–
XVII.	Congenital Malformations, Deformations & Chromosomal Abnormalities.....	6,262.5	–	376.9	19.5	26.9	5,837.7	1.6	–	–
XVIII.	Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified.....	1,329.2	157.9	3.9	58.4	50.3	931.8	114.2	6.2	6.5
XIX.	Injury, Poisoning & Certain Other Consequences of External Causes	6,110.2	16.6	37.5	344.0	166.7	5,051.9	470.2	9.2	14.1
XX.	External Causes of Morbidity and Mortality	1.2	–	–	–	–	–	1.2	–	–
XXI.	Factors Influencing Health Status & Contact with Health Services	3,106.8	152.3	5.5	66.5	300.4	2,272.5	309.6	–	–
XXII.	Codes for Special Purposes	1.2	–	–	–	–	–	1.2	–	–
Outpatient Treatment										
Standard Outpatient Visit.....		17,304.3	533.8	202.8	1,159.7	1,763.2	11,779.3	1,823.4	31.2	10.9
Day Care Surgery		3,031.1	35.2	8.3	109.4	523.6	2,166.1	187.0	1.3	0.2
Hemodialysis.....		1,563.5	2.5	–	72.4	3.5	1,382.3	101.3	0.8	0.8
Computerized Tomography (CT Scan)		1,634.9	36.2	14.1	154.1	323.1	777.3	330.1	–	–
Magnetic Resonance Imaging (MRI)		925.8	8.2	6.0	48.7	185.0	630.7	47.2	–	–
Positron Emission Tomography (PET Scan).....		152.5	–	6.0	–	8.8	129.8	7.9	–	–
Radiotherapy Services.....		350.2	–	–	23.1	47.0	249.7	30.5	–	–
Cancer Chemotherapy Drugs		372.3	2.6	4.6	-8.8	102.2	264.4	7.2	–	–
Gamma Knife Procedure.....		461.6	–	–	–	408.0	53.6	–	–	–
Brachytherapy		534.4	–	–	–	–	46.9	487.5	–	–
Laboratory and Other Diagnostic Imaging.....		3,138.8	81.0	19.0	8.3	266.4	2,388.2	375.9	–	–
Other Treatments		908.5	1.4	–	314.5	–	509.7	82.9	–	–
Out-of-Country		1,433.7	–	–	–	–	–	–	1,433.7	–
Total		92,021.4	1,311.9	855.7	4,369.8	7,139.8	65,122.2	7,455.9	5,703.8	62.3

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.
- 5) While all MSP data on physician services continues to use ICD-9, data related to the hospital reciprocal billing system uses ICD-10.

Table 13b

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

		Location of Services								
		All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures										
Organ Transplants and Procurement		27	–	–	–	–	27	–	–	–
Special Implants / Devices		100	–	–	–	–	95	5	–	–
Bone Marrow / Stem Cell Transplants		11	–	–	–	2	9	–	–	–
Out-of-Country		8	–	–	–	–	–	–	8	–
Other Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis										
I.	Certain Infectious & Parasitic Diseases	111	1	–	3	7	64	14	12	10
II.	Neoplasms.....	241	2	1	21	26	160	17	9	5
III.	Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism.....	22	–	–	5	3	11	1	1	1
IV.	Endocrine, Nutritional & Metabolic Diseases	128	2	–	8	8	94	12	2	2
V.	Mental & Behavioural Disorders.....	258	10	2	25	23	131	62	5	–
VI.	Diseases of the Nervous System.....	80	1	–	8	13	46	9	2	1
VII.	Diseases of the Eye and Adnexa.....	10	–	–	–	–	9	–	1	–
VIII.	Diseases of the Ear and Mastoid Process	17	–	–	–	2	13	1	–	1
IX.	Diseases of the Circulatory System	448	13	–	51	27	253	59	37	8
X.	Diseases of the Respiratory System.....	295	1	2	15	35	178	29	13	22
XI.	Diseases of the Digestive System	419	4	1	46	43	227	58	25	15
XII.	Diseases of the Skin & Subcutaneous Tissue.....	66	–	–	4	3	47	6	5	1
XIII.	Diseases of the Musculoskeletal System & Connective Tissue.....	139	–	7	6	24	90	8	–	4
XIV.	Diseases of the Genitourinary System	198	5	2	4	20	139	14	10	4
XV.	Pregnancy, Childbirth and the Puerperium	422	2	4	26	111	244	34	1	–
XVI.	Certain Conditions Originating in the Perinatal Period.....	66	–	–	–	24	40	2	–	–
XVII.	Congenital Malformations, Deformations & Chromosomal Abnormalities	154	–	4	2	1	146	1	–	–
XVIII.	Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified.....	200	12	1	10	18	94	26	21	18
XIX.	Injury, Poisoning & Certain Other Consequences of External Causes	459	3	3	20	25	305	56	26	21
XX.	External Causes of Morbidity and Mortality	1	–	–	–	–	–	1	–	–
XXI.	Factors Influencing Health Status & Contact with Health Services	401	8	2	12	98	261	20	–	–
XXII.	Codes for Special Purposes	1	–	–	–	–	–	1	–	–
Outpatient Treatment										
Standard Outpatient Visit.....		48,961	1,490	565	3,233	4,910	32,812	5,079	632	240
Day Care Surgery		2,204	26	6	79	378	1,564	135	13	3
Hemodialysis.....		3,181	5	–	146	7	2,787	204	16	16
Computerized Tomography (CT Scan)		2,080	46	18	196	411	989	420	–	–
Magnetic Resonance Imaging (MRI)		1,236	11	8	65	247	842	63	–	–
Positron Emission Tomography (PET Scan).....		95	–	2	–	7	82	4	–	–
Radiotherapy Services.....		805	–	–	53	108	574	70	–	–
Cancer Chemotherapy Drugs		500	4	1	11	233	235	16	–	–
Gamma Knife Procedure.....		27	–	–	–	24	3	–	–	–
Brachytherapy		48	–	–	–	–	9	39	–	–
Laboratory and Other Diagnostic Imaging		15,960	449	97	46	1,271	12,011	2,086	–	–
Other Treatments		362	1	–	18	–	309	34	–	–
Out-of-Country		216	–	–	–	–	–	–	216	–
Total		79,957	2,096	726	4,113	8,109	54,900	8,586	1,055	372

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, CT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.
- 4) While all MSP data on physician services continues to use ICD-9, data related to the hospital reciprocal billing system uses ICD-10.

Table 14a

Payments (\$000s) for Out-of-Province Residents Hospitalized In Saskatchewan 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								
Special Implants / Devices		35.1	–	–	–	7.4	27.7	–
Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis								
I.	Certain Infectious & Parasitic Diseases	519.2	6.7	–	119.0	202.6	150.7	40.2
II.	Neoplasms.....	555.6	29.2	–	9.0	227.9	189.0	100.5
III.	Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism	46.9	–	–	–	23.1	19.3	4.5
IV.	Endocrine, Nutritional & Metabolic Diseases	301.3	30.1	–	13.5	74.5	96.4	86.9
V.	Mental & Behavioural Disorders.....	2,458.4	178.9	166.0	263.5	291.8	1,193.8	364.5
VI.	Diseases of the Nervous System.....	142.0	–	–	-17.3	31.5	56.7	71.1
VII.	Diseases of the Eye and Adnexa.....	16.5	–	–	–	16.5	–	–
VIII.	Diseases of the Ear and Mastoid Process	10.0	–	–	–	–	10.0	–
IX.	Diseases of the Circulatory System	1,863.0	38.5	7.7	136.7	867.9	555.6	256.5
X.	Diseases of the Respiratory System.....	1,245.4	32.8	–	42.0	459.9	679.2	31.5
XI.	Diseases of the Digestive System	939.1	31.9	1.2	124.8	194.3	476.5	110.3
XII.	Diseases of the Skin & Subcutaneous Tissue.....	99.2	20.0	–	–	25.3	52.4	1.5
XIII.	Diseases of the Musculoskeletal System & Connective Tissue	593.1	6.5	1.0	6.8	243.7	263.0	72.1
XIV.	Diseases of the Genitourinary System	483.9	8.6	2.6	26.9	162.9	201.1	81.8
XV.	Pregnancy, Childbirth and the Puerperium	547.6	15.5	–	19.1	331.9	149.3	31.8
XVI.	Certain Conditions Originating in the Perinatal Period	822.0	5.3	230.8	–	487.6	68.2	30.2
XVII.	Congenital Malformations, Deformations & Chromosomal Abnormalities	97.4	–	–	–	83.8	13.6	–
XVIII.	Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified.....	552.3	16.1	–	22.1	167.0	235.8	111.3
XIX.	Injury, Poisoning & Certain Other Consequences of External Causes	1,239.3	28.5	6.8	102.1	140.7	761.6	199.5
XX.	External Causes of Morbidity and Mortality	0.3	–	–	–	0.3	–	–
XXI.	Factors Influencing Health Status & Contact with Health Services	865.7	54.1	29.3	59.3	374.6	191.9	156.5
XXII.	Codes for Special Purposes	–	–	–	–	–	–	–
Outpatient Treatment								
Standard Outpatient Visit.....		8,872.8	404.2	79.7	690.7	2,962.8	3,724.6	1,010.7
Day Care Surgery		1,628.6	22.2	4.2	63.7	714.5	747.9	76.2
Hemodialysis.....		130.0	–	–	9.9	8.9	57.0	54.1
Computerized Tomography (CT Scan)		582.4	26.7	3.1	63.7	152.5	252.3	84.1
Magnetic Resonance Imaging (MRI)		191.0	6.0	1.5	12.0	44.2	93.6	33.7
Radiotherapy Services.....		73.1	–	–	8.3	41.8	14.4	8.7
Cancer Chemotherapy Drugs		178.4	16.5	–	13.2	11.8	113.1	23.9
Laboratory and Other Diagnostic Imaging		598.2	21.2	2.0	63.0	122.9	302.8	86.2
Other Treatments		1.4	–	–	–	–	1.4	–
Total		25,688.9	999.6	535.9	1,851.9	8,474.6	10,698.8	3,128.1

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) While all MSP data on physician services continues to use ICD-9, data related to the hospital reciprocal billing system uses ICD-10.

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								
Special Implants / Devices.....		3	–	–	–	1	2	
Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis								
I.	Certain Infectious & Parasitic Diseases	38	1	–	3	12	14	8
II.	Neoplasms.....	61	2	–	1	35	19	4
III.	Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism	10	–	–	–	5	4	1
IV.	Endocrine, Nutritional & Metabolic Diseases	43	2	–	1	14	19	7
V.	Mental & Behavioural Disorders.....	177	12	4	15	28	91	27
VI.	Diseases of the Nervous System.....	28	–	–	4	7	7	10
VII.	Diseases of the Eye and Adnexa.....	3	–	–	–	3	–	–
VIII.	Diseases of the Ear and Mastoid Process	4	–	–	–	–	4	–
IX.	Diseases of the Circulatory System.....	174	4	1	17	63	61	28
X.	Diseases of the Respiratory System.....	122	7	–	8	53	49	5
XI.	Diseases of the Digestive System	170	5	1	18	49	78	19
XII.	Diseases of the Skin & Subcutaneous Tissue.....	19	2	–	–	7	9	1
XIII.	Diseases of the Musculoskeletal System & Connective Tissue	94	2	1	3	41	41	6
XIV.	Diseases of the Genitourinary System	75	4	1	5	22	32	11
XV.	Pregnancy, Childbirth and the Puerperium	178	6	–	7	104	48	13
XVI.	Certain Conditions Originating in the Perinatal Period	57	3	2	–	38	10	4
XVII.	Congenital Malformations, Deformations & Chromosomal Abnormalities	11	–	–	–	7	4	–
XVIII.	Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified.....	103	2	–	4	40	38	19
XIX.	Injury, Poisoning & Certain Other Consequences of External Causes	162	5	1	8	36	82	30
XX.	External Causes of Morbidity and Mortality	1	–	–	–	1	–	
XXI.	Factors Influencing Health Status & Contact with Health Services.....	168	8	1	8	85	52	14
XXII.	Codes for Special Purposes	–	–	–	–	–	–	–
Outpatient Treatment								
Standard Outpatient Visit.....		24,715	1,126	222	1,924	8,253	10,375	2,815
Day Care Surgery		1,176	16	3	46	516	540	55
Hemodialysis.....		262	–	–	20	18	115	109
Computerized Tomography (CT Scan).....		741	34	4	81	194	321	107
Magnetic Resonance Imaging (MRI)		255	8	2	16	59	125	45
Radiotherapy Services.....		168	–	–	19	96	33	20
Cancer Chemotherapy Drugs		87	5	–	4	25	38	15
Laboratory and Other Diagnostic Imaging		3,323	118	11	350	683	1,682	479
Other Treatments		1	–	–	–	–	1	–
Total.....		32,429	1,372	254	2,562	10,495	13,894	3,852

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, CT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.
- 3) While all MSP data on physician services continues to use ICD-9, data related to the hospital reciprocal billing system uses ICD-10.

Table 15

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

Type of Service ¹ (000s)	Type of Physician								
	General Practice	Pediatrics and Medical Genetics	Internal Medicine and Physical Medicine	Neurology	Cardiology	Psychiatry	Dermatology	General Surgery	Cardiac Surgery
Visits									
Consultations.....	29.4	33.9	132.8	23.9	35.7	15.1	21.6	63.9	2.6
Special Eye Examination.....	–	–	–	–	–	–	–	–	–
Major Assessments.....	512.9	10.9	4.9	0.3	0.4	5.9	7.1	1.9	0.0
Other Assessments	3,753.0	55.3	107.9	18.9	16.8	192.3	25.6	55.3	0.8
Hospital Care Days.....	292.0	41.4	200.4	11.8	21.9	16.9	0.0	21.0	0.3
Special Calls and Emergency									
Surcharges.....	144.5	3.8	26.3	2.5	4.2	4.4	0.1	8.8	0.6
Premiums.....	5.8	0.5	3.7	0.1	0.3	0.4	–	0.3	0.0
Psychotherapy									
Base Time ²	140.6	0.5	0.0	0.0	–	27.8	0.8	0.0	–
Additional Time	91.5	0.4	0.0	0.0	–	24.0	0.4	0.0	–
Major Surgery.....	4.9	0.0	1.1	0.8	1.1	–	0.4	18.9	5.7
Minor Surgery	161.8	0.0	0.8	–	0.2	–	65.2	8.1	0.1
Surgical Assistance.....	138.6	–	–	–	0.3	–	–	9.2	1.6
Obstetrics	7.6	–	–	–	–	–	–	0.0	–
Anesthesia									
Operative.....	79.3	–	0.0	–	0.0	–	–	0.1	–
Nerve Blocks and Epidurals.....	6.7	0.0	0.6	1.2	0.0	–	–	0.4	0.1
Diagnostic Radiology.....	–	–	–	–	–	–	–	–	–
Pathology/Laboratory Services	252.6	0.1	0.2	–	–	–	0.4	0.0	–
Diagnostic Ultrasound	0.3	2.8	5.6	–	72.1	–	–	0.1	–
Other Diagnostic and Therapeutic Services.....	351.7	107.6	442.2	22.2	193.1	142.1	13.8	70.4	0.5
Special Services.....	129.5	0.1	0.1	0.0	–	0.0	3.1	11.9	–
Miscellaneous Services ³	735.5	34.9	88.8	9.6	10.8	35.7	6.4	19.8	1.0
Total Services	6,838.0	292.2	1,015.3	91.3	357.0	464.6	144.8	290.0	13.4

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

² Represents the number of instances these types of services were provided during the year.

³ 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 ¹ (000s)	Type of Physician									Total Services
	Orthopedic Surgery	Plastic Surgery	Neurosurgery	Obstetrics and Gynecology	Urological Surgery	Ophthalmology	Otolaryngology	Anesthesia	Pathology and Diagnostic Radiology	
Visits										
Consultations.....	49.1	20.1	6.3	51.2	15.0	55.7	34.4	11.6	0.8	603.3
Special Eye Examination.....	–	–	–	–	–	0.2	–	–	–	0.2
Major Assessments.....	0.2	0.4	0.0	9.3	3.3	23.5	3.5	0.0	0.0	584.6
Other Assessments	66.8	15.8	5.4	99.3	14.0	110.6	33.6	5.0	–	4,576.5
Hospital Care Days.....	2.9	0.1	4.0	4.6	0.5	0.2	0.5	–	–	618.3
Special Calls and Emergency										
Surcharges.....	7.5	1.8	1.8	6.6	1.7	1.1	0.9	14.6	0.4	231.5
Premiums	0.0	–	0.0	0.0	0.0	–	0.0	13.1	–	24.4
Psychotherapy										
Base Time ²	0.0	–	0.0	1.2	0.0	–	0.0	0.0	–	171.1
Additional Time	0.0	–	0.0	0.9	0.1	–	0.0	0.1	–	117.3
Major Surgery.....	31.0	11.0	11.5	6.4	6.6	49.5	12.1	0.0	0.2	161.1
Minor Surgery.....	2.1	10.5	0.1	1.8	2.8	44.1	4.7	0.0	0.2	302.4
Surgical Assistance.....	4.0	0.4	0.6	9.6	6.5	–	2.4	0.5	–	173.8
Obstetrics	–	–	–	18.9	–	–	–	–	–	26.5
Anesthesia										
Operative.....	0.0	–	–	–	–	–	–	719.8	–	799.2
Nerve Blocks and Epidurals.....	1.1	–	0.0	0.3	0.0	0.0	0.0	31.5	3.7	45.6
Diagnostic Radiology.....	–	–	–	–	–	–	–	–	309.4	309.4
Pathology/Laboratory Services	0.0	–	–	10.5	0.0	–	0.0	–	0.0	263.8
Diagnostic Ultrasound	–	–	–	17.2	0.1	15.4	–	0.6	172.5	286.6
Other Diagnostic and Therapeutic Services.....	29.6	2.4	1.6	42.5	11.2	701.7	92.6	8.4	129.1	2,362.7
Special Services.....	0.0	0.3	–	18.0	0.1	0.0	0.1	0.0	–	163.2
Miscellaneous Services ³	14.5	1.4	3.6	24.3	5.3	5.8	26.3	0.4	0.4	1,024.4
Total Services	208.8	64.4	35.0	322.6	67.3	1,007.8	211.0	805.6	616.8	12,845.8

Notes:

- 1) Totals may not match other tables exactly due to rounding. See "Data Limitations" in *Statistical Figures and Tables*.
- 2) 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 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 2018-19 to 2019-20
		Patients	Payments (\$)	Services	
Electrocardiograms and Echocardiograms.....	496,013	159.33	12,416.05	409.47	3.82
Allergy Investigations and Hyposensitization Injections.....	184,827	6.09	316.29	152.58	-9.65
Psychological Testing.....	140,306	18.40	4,063.70	115.83	11.86
Artificial Extra Corporeal Hemodialysis.....	116,850	1.08	5,189.97	96.46	6.62
Optical Coherence Tomography.....	92,637	48.14	3,421.00	76.47	7.90
Submission of Papanicolaou Smear.....	80,539	125.06 ^f	2,671.37 ^f	133.69 ^f	0.81
Removal of Cysts, Granulomata, Keratoses, etc.	42,020	25.86	1,984.13	34.69	6.10
Arthrocentesis - Joint Injections.....	35,183	16.86	568.75	29.04	3.8
Plantar Wart Excision or Fulguration.....	31,826	11.31	494.87	26.27	0.05
Colonoscopy.....	28,877	22.87	4,879.28	23.84	1.73
Upper GI Endoscopy.....	22,417	15.69	2,839.75	18.51	4.79
Pulmonary Function Studies.....	20,891	10.83	1,345.86	17.25	-35.00
Cataract Extraction.....	16,201	8.02	5,295.30	13.37	8.93
Suturing of Wounds.....	11,499	8.81	724.92	9.49	-5.28
Cystoscopy.....	11,049	7.41	974.41	9.12	2.34
Delivery - Vaginal.....	8,782	14.41 ^f	13,599.11 ^f	14.58 ^f	-15.90
Cardiac Catheterization.....	6,622	4.27	797.88	5.47	2.48
Fractures, Open Surgical or Closed Reduction.....	6,414	4.42	2,621.64	5.29	0.87
Coronary Angiography.....	6,406	4.48	1,017.21	5.29	-2.49
Angioplasty.....	5,152	2.05	1,982.88	4.25	0.38
Arthroscopy.....	4,019	3.20	454.28	3.32	-4.32
Sigmoidoscopy.....	3,488	2.56	178.26	2.88	-3.89
Hernia Repair.....	3,452	2.62	1,293.27	2.85	-0.43
Electroencephalograms or Echoencephalograms.....	3,236	2.39	71.96	2.67	-17.90
Delivery - Cesarean.....	3,187	5.28 ^f	4,810.27 ^f	5.29 ^f	-13.30
Arthroplasty - Knee or Total Knee Replacement.....	3,052	2.23	2,132.90	2.52	11.61
Gall Bladder or Other Biliary Tract Surgery.....	2,807	2.31	1,594.36	2.32	-1.85
Vasectomy.....	2,311	3.79 ^m	1,041.89 ^m	3.80 ^m	-1.26
Arthroplasty - Hip or Total Hip Replacement.....	2,279	1.76	1,722.13	1.88	9.64
Electroconvulsive Therapy.....	1,522	0.17	98.06	1.26	-8.73
Tonsillectomy (With or Without Adenoidectomy).....	1,504	1.24	432.06	1.24	-14.10
Septoplasty or Submucous Resection.....	1,376	1.01	411.94	1.14	-16.30
Dilatation and Curettage.....	1,257	2.01 ^f	401.02 ^f	2.09 ^f	2.19
Appendectomy.....	1,192	0.98	554.40	0.98	7.51
Therapeutic Abortion.....	1,092	1.77 ^f	331.21 ^f	1.81 ^f	-28.10
Prostatectomy (With or Without Vasectomy).....	1,015	1.65 ^m	1,525.43 ^m	1.67 ^m	0.56
Salpingectomy, Oophorectomy &/or Ovarian Cystectomy.....	937	1.52 ^f	686.65 ^f	1.56 ^f	2.47
Genital Prolapse Repair.....	650	0.73 ^f	282.76 ^f	1.08 ^f	4.99
Tubal Ligation.....	608	1.01 ^f	240.58 ^f	1.01 ^f	-25.30
Varicose Veins (Ligation).....	513	0.20	83.86	0.42	-13.10
Coronary By-Pass.....	512	0.42	1,302.44	0.42	-6.52
Strabismus Operation.....	347	0.24	109.69	0.29	22.82
Hysterectomy - Abdominal.....	258	0.43 ^f	234.80 ^f	0.43 ^f	-19.30
Hysterectomy - Vaginal.....	223	0.37 ^f	201.24 ^f	0.37 ^f	-5.61
Peptic Ulcer Surgery.....	109	0.09	86.37	0.09	2.75

^f Rate per 1,000 female beneficiaries.

^m 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

Condition	ICD-9 ¹	Number of Services (000s)	Rate Per 1,000 Beneficiaries		
			Patients	Payments (\$)	Services
Diseases Affecting Genitourinary Tract.....	580 - 599, 788	444	78.4	19,500	366
Diabetes Mellitus	250	435	63.5	12,616	359
Psychoses	295 - 299	348	22.9	13,310	288
Hypertensive Disease.....	401 - 405	326	113.7	9,669	269
General Medical Examination - No Specific Diagnosis	V70	318	153.8	12,933	263
Acute Upper Respiratory Infections (Except Influenza)	460 - 465	283	153.0	9,322	233
Chronic Sinusitis & Other Respiratory Symptoms.....	473 & 786	260	90.5	12,226	215
Anxiety, Dissociative and Somatoform Disorders	300	227	60.3	7,964	187
Cataract	366	212	18.4	10,032	175
Glaucoma	365	207	20.0	5,132	171
Arthritis.....	710 - 716	182	50.7	9,417	150
Ischemic Heart Disease.....	410 - 414	169	24.5	10,957	140
Rheumatism, Excluding The Back.....	725 - 729	162	69.0	7,267	133
Other and Unspecified Disorders of Back	724	132	46.8	8,462	109
Symptomatic Heart Disease.....	428 & 429	129	26.6	6,330	107
Cardiac Dysrhythmias.....	427	126	26.5	5,854	104
Otitis Media.....	381 & 382	107	42.4	4,227	88
Eczema.....	690 - 692	102	45.4	2,998	84
Asthma.....	493	98	31.9	2,727	81
Chronic Airway Obstruction.....	496	78	15.1	2,939	65
Cellulitis and Abscess	681 & 682	74	26.6	2,685	61
Bronchitis.....	466, 490 & 491	72	41.6	2,456	59
Pneumonia	480 - 486	69	15.0	2,652	57
Acquired Hypothyroidism.....	244	61	28.5	1,690	50
Cerebrovascular Disease	430 - 438	59	6.6	2,819	49
Anemias.....	280 - 285	54	18.0	2,372	44
Ill-Defined Intestinal Infections	009	53	25.0	2,210	44
Disorders of Menstruation	Z08 ² & 626	53	37.3 ^f	4,240 ^f	87 ^f
Hyperkinetic Syndrome of Childhood (ADHD).....	314	48	8.4	1,908	40
Allergic Rhinitis (Hay Fever)	477	39	6.2	407	32
Inflammatory Diseases of Uterus (Except Cervix), Vagina and Vulva.....	615 & 616	38	29.4 ^f	2,513 ^f	63 ^f
Migraine	346	29	12.8	1,115	24
Varicose Veins of Lower Extremities.....	454	25	4.6	688	20
Gastritis and Duodenitis.....	535	18	9.7	657	15
Menopausal and Postmenopausal Disorders.....	627	17	14.7 ^f	1,178 ^f	28 ^f
Multiple Sclerosis.....	340	17	2.4	677	14
Alcohol-Induced Mental Disorders and Alcohol Dependence Syndrome.....	291 & 303	16	3.0	610	13
Influenza.....	487	15	9.9	461	12
Disorders of Function of Stomach	536 & 537	14	7.9	575	12
Epilepsy and Recurrent Seizures	345	14	4.0	693	12
Other Cerebral Degenerations (Alzheimer's Disease).....	331	12	1.7	566	10
Overweight, Obesity and Other Hyperalimentation.....	278	8	4.0	406	7
Ulcers of Duodenum and Stomach	531 - 534	5	2.2	272	4

¹ Ninth Revision International Classification of Diseases, 1977.

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

^f 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	
	Licensed ¹	Active ²	Licensed ¹	Active ²	Licensed ¹	Active ²
2015-16	1,251	918	1,124	781	2,375	1,699
2016-17	1,301	955	1,190	816	2,491	1,771
2017-18 ³	1,334	960	1,226	859	2,560	1,819
2018-19	1,340	982	1,260	876	2,600	1,858
2019-20	1,330	967	1,292	885	2,622	1,852

¹ 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.

² 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.

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

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.

Table 19

Physicians in Relation to Population and Practice Size

Type of Physician ¹	Number of Licensed ⁴ Physicians		Number of Active ⁵ Physicians		Population Per Active ⁵ Physician (000s)		Average Number of Patients Per Active Physician (000s) ²		Average Patient Contacts Per Active Physician (000s) ³		Per Cent of Beneficiaries Treated	
	2018-19	2019-20	2018-19	2019-20	2018-19	2019-20	2018-19	2019-20	2018-19	2019-20	2018-19	2019-20
General Practice.....	1,340	1,330	982	967	1.2	1.3	2.0	2.1	4.5	4.7	77.1	76.7
Specialties												
Pediatrics and Medical Genetics ...	123	128	74	71	16.0	17.1	0.8	0.9	1.6	1.8	3.7	3.8
Internal Medicine and Physical Medicine..	240	248	167	175	7.1	6.9	1.6	1.6	3.5	3.3	13.8	13.9
Neurology.....	23	25	20	22	59.4	55.1	1.7	1.5	3.0	2.5	2.5	2.4
Cardiology.....	32	35	29	32	41.0	37.9	4.7	4.6	3.6	3.6	6.7	7.0
Psychiatry.....	117	117	64	71	18.6	17.1	0.6	0.5	2.2	2.0	2.5	2.5
Dermatology.....	13	12	12	13	99.0	93.2	2.2	2.4	3.9	4.8	2.2	2.4
Anesthesia.....	139	136	118	112	10.1	10.8	0.8	0.9	0.9	1.0	6.3	6.2
General Surgery.....	99	100	83	85	14.3	14.3	1.0	1.0	1.9	2.0	5.7	5.8
Cardiac Surgery.....	6	7	7	6	169.7	201.9	0.5	0.6	0.8	0.9	0.2	0.2
Orthopedic Surgery....	52	53	46	48	25.8	25.2	1.4	1.4	2.7	2.7	4.7	4.8
Plastic Surgery.....	17	16	12	13	99.0	93.2	1.7	1.8	3.4	3.5	1.7	1.8
Neurosurgery.....	16	15	15	14	79.2	86.5	0.6	0.7	1.2	1.3	0.7	0.7
Obstetrics and Gynecology.....	81	82	67	70	17.7	17.3	1.2	1.2	2.6	2.6	4.6	4.6
Urological Surgery.....	18	19	18	18	66.0	67.3	1.4	1.5	2.2	2.4	1.8	1.9
Ophthalmology.....	32	32	29	28	41.0	43.3	3.3	3.4	7.7	8.0	7.3	7.3
Otolaryngology.....	15	18	16	17	74.2	71.3	2.7	2.7	4.4	4.5	3.5	3.6
Pathology and Diagnostic Radiology.....	237	249	99	90	12.0	13.5	3.6	4.3	0.2	0.3	20.9	22.1
All Specialties.....	1,260	1,292	876	885	1.4	1.4	1.6	1.7	2.3	2.4	45.3	46.1
All Physicians.....	2,600	2,622	1,858	1,852	0.6	0.7	1.8	1.9	3.5	3.6	80.1	79.7

¹ 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.

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

³ 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.

⁴ 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.

⁵ 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.

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.

Table 20

Physicians by Size of Practice

Type of Physician¹	Number of Physicians²	Size of Practice by Range of Patients³							
		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 Practice									
Metro Association.....	402	13	59	69	50	49	41	23	98
Metro Solo.....	95	25	30	15	13	6	2	1	3
Urban Association.....	192	2	26	46	30	24	14	16	34
Urban Solo.....	35	7	7	5	5	5	–	3	3
Rural Association.....	225	–	23	76	67	34	14	4	7
Rural Solo.....	18	2	4	4	4	1	2	–	1
All General Practice 2019-20.....	967	49	149	215	169	119	73	47	146
All General Practice 2018-19.....	982	54	145	240	176	118	63	59	127
Specialties									
Pediatrics and Medical Genetics.....	71	21	32	12	2	–	2	1	1
Internal Medicine and Physical Medicine ...	175	25	50	35	20	22	5	7	11
Neurology.....	22	4	3	7	1	5	1	–	1
Cardiology.....	32	2	2	–	2	2	3	1	20
Psychiatry.....	71	40	20	9	2	–	–	–	–
Dermatology.....	13	1	2	–	2	1	4	1	2
Anesthesia.....	112	14	65	29	2	2	–	–	–
General Surgery.....	85	17	26	28	10	4	–	–	–
Cardiac Surgery.....	6	3	3	–	–	–	–	–	–
Orthopedic Surgery.....	48	4	10	14	15	2	1	2	–
Plastic Surgery.....	13	–	1	5	4	–	1	1	1
Neurosurgery.....	14	5	6	3	–	–	–	–	–
Obstetrics and Gynecology.....	70	7	21	21	16	2	2	1	–
Urological Surgery.....	18	1	3	6	6	2	–	–	–
Ophthalmology.....	28	1	1	1	1	5	2	5	12
Otolaryngology.....	17	1	2	1	2	4	–	2	5
Pathology and Diagnostic Radiology.....	90	1	18	2	3	2	7	8	49
All Specialties 2019-20.....	885	147	265	173	88	53	28	29	102
All Specialties 2018-19.....	876	143	283	171	86	48	28	19	98
All Physicians 2019-20.....	1,852	196	414	388	257	172	101	76	248
All Physicians 2018-19.....	1,858	197	428	411	262	166	91	78	225

¹ 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.

² 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.

³ 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 Physician¹	Number of Physicians²	Range of Patient Contacts³						
		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 Practice								
Metro Association	402	68	112	83	61	31	26	21
Metro Solo	95	49	12	10	10	9	2	3
Urban Association.....	192	29	68	35	25	19	10	6
Urban Solo.....	35	18	3	3	5	2	–	4
Rural Association	225	36	104	48	22	10	4	1
Rural Solo	18	3	4	3	3	1	3	1
All General Practice 2019-20	967	203	303	182	126	72	45	36
All General Practice 2018-19	982	223	302	200	126	62	38	31
Specialties								
Pediatrics and Medical Genetics.....	71	51	15	2	2	–	1	–
Internal Medicine and Physical Medicine	175	66	65	27	5	3	2	7
Neurology.....	22	7	11	3	1	–	–	–
Cardiology.....	32	7	12	9	3	1	–	–
Psychiatry.....	71	43	19	6	3	–	–	–
Dermatology.....	13	2	3	5	2	1	–	–
Anesthesia.....	112	109	3	–	–	–	–	–
General Surgery	85	47	32	6	–	–	–	–
Cardiac Surgery.....	6	6	–	–	–	–	–	–
Orthopedic Surgery.....	48	16	29	1	2	–	–	–
Plastic Surgery.....	13	3	7	–	2	1	–	–
Neurosurgery.....	14	10	4	–	–	–	–	–
Obstetrics and Gynecology.....	70	25	35	9	1	–	–	–
Urological Surgery.....	18	7	8	3	–	–	–	–
Ophthalmology.....	28	2	2	5	6	2	7	4
Otolaryngology.....	17	3	5	4	3	2	–	–
Pathology and Diagnostic Radiology.....	90	87	3	–	–	–	–	–
All Specialties 2019-20.....	885	491	253	80	30	10	10	11
All Specialties 2018-19	876	507	233	76	29	12	12	7
All Physicians 2019-20	1,852	694	556	262	156	82	55	47
All Physicians 2018-19	1,858	730	535	276	155	74	50	38

¹ 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.

² 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.

³ 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 Graduation¹

Type of Physician ²	Number of Physicians ³	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
General Practice									
Metro Association.....	402	172	26	11	20	10	61	100	2
Metro Solo.....	95	28	5	2	6	3	30	21	—
Urban Association.....	192	50	6	12	15	2	30	76	1
Urban Solo.....	35	4	1	1	1	1	6	20	1
Rural Association.....	225	44	7	10	7	2	63	92	—
Rural Solo.....	18	5	—	2	3	—	3	5	—
All General Practice 2019-20.....	967	303	45	38	52	18	193	314	4
All General Practice 2018-19.....	982	296	45	36	58	18	193	332	4
Specialties									
Pediatrics and Medical Genetics.....	71	16	20	4	2	5	13	10	1
Internal Medicine and Physical Medicine ...	175	59	37	9	8	12	21	28	1
Neurology.....	22	7	7	1	—	—	3	4	—
Cardiology.....	32	16	5	1	—	1	5	4	—
Psychiatry.....	71	26	7	2	1	3	12	20	—
Dermatology.....	13	8	5	—	—	—	—	—	—
Anesthesia.....	112	60	20	2	1	3	10	16	—
General Surgery.....	85	30	26	2	1	2	10	14	—
Cardiac Surgery.....	6	1	3	—	—	1	1	—	—
Orthopedic Surgery.....	48	30	6	—	—	—	3	9	—
Plastic Surgery.....	13	6	3	2	—	—	—	2	—
Neurosurgery.....	14	4	4	1	—	—	2	3	—
Obstetrics and Gynecology.....	70	33	14	1	1	2	5	14	—
Urological Surgery.....	18	8	6	—	—	—	—	3	1
Ophthalmology.....	28	16	2	1	4	—	3	2	—
Otolaryngology.....	17	9	2	—	—	—	—	6	—
Pathology and Diagnostic Radiology.....	90	36	37	3	2	1	8	1	2
All Specialties 2019-20.....	885	365	204	29	20	30	96	136	5
All Specialties 2018-19.....	876	354	202	27	21	29	96	143	4
All Physicians 2019-20.....	1,852	668	249	67	72	48	289	450	9
Per Cent Distribution 2019-20.....	100%	36%	13%	4%	4%	3%	16%	24%	0%
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%

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

² 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.

³ 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) Figures may not add due to rounding.

Table 23

Physicians by Age Group

Type of Physician¹	Number of Physicians²	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practice						
Metro Association.....	402	53	111	102	87	49
Metro Solo.....	95	1	13	20	40	21
Urban Association.....	192	35	67	54	26	10
Urban Solo.....	35	—	10	9	7	9
Rural Association.....	225	25	90	76	24	10
Rural Solo.....	18	2	—	5	6	5
All General Practice 2019-20.....	967	116	291	266	190	104
All General Practice 2018-19.....	982	115	303	268	190	106
Specialties						
Pediatrics and Medical Genetics.....	71	6	24	23	12	6
Internal Medicine and Physical Medicine.....	175	25	46	55	22	27
Neurology.....	22	4	4	9	2	3
Cardiology.....	32	4	7	11	6	4
Psychiatry.....	71	3	25	26	13	4
Dermatology.....	13	5	5	—	2	1
Anesthesia.....	112	9	33	33	25	12
General Surgery.....	85	4	28	25	23	5
Cardiac Surgery.....	6	—	—	3	2	1
Orthopedic Surgery.....	48	3	15	16	12	2
Plastic Surgery.....	13	1	4	6	1	1
Neurosurgery.....	14	1	6	4	2	1
Obstetrics and Gynecology.....	70	14	19	18	12	7
Urological Surgery.....	18	1	6	3	4	4
Ophthalmology.....	28	1	7	10	5	5
Otolaryngology.....	17	1	5	3	8	—
Pathology and Diagnostic Radiology.....	90	10	36	22	16	6
All Specialties 2019-20.....	885	92	270	267	167	89
All Specialties 2018-19.....	876	80	279	265	166	86
All Physicians 2019-20.....	1,852	208	561	533	357	193
Per Cent Distribution 2019-20.....	100%	11%	30%	29%	19%	10%
All Physicians 2018-19.....	1,858	195	582	533	356	192
Per Cent Distribution 2018-19.....	100%	10%	31%	29%	19%	10%

¹ 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.

² 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) Figures may not add due to rounding.

Table 24

Average Payment¹ (\$000s) Per Practising Physician³ by Specialty and Range

	Type of Physician ⁴					
	All Physicians		All General Practice		All Specialties	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians²	349.1	1,852	252.6	967	454.7	885
Highest Paid.....	4,358.2		1,006.0		4,358.2	
All Average per Pay Range						
Less than \$60,000	25.6	340	26.0	200	25.2	140
\$60,000 - \$74,999	67.8	79	67.6	51	68.0	28
\$75,000 - \$99,999	88.2	139	89.4	84	86.4	55
\$100,000 - \$124,999	112.6	112	112.2	72	113.3	40
\$125,000 - \$149,999	137.4	114	136.7	76	138.8	38
\$150,000 - \$174,999	163.2	105	163.0	70	163.5	35
\$175,000 - \$199,999	187.1	104	187.8	74	185.2	30
\$200,000 - \$249,999	222.9	191	222.3	128	224.1	63
\$250,000 - \$299,999	273.5	170	274.4	107	272.0	63
\$300,000 - \$349,999	323.2	159	322.6	84	323.8	75
Over \$350,000	624.0	679	473.2	221	696.7	458
Practising Physicians³	299.0	2,192	213.7	1,167	396.0	1,025

	General Practice					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians²	252.2	497	261.7	227	244.8	243
Highest Paid.....	865.4		1,006.0		699.2	
All Average per Pay Range						
Less than \$60,000	26.4	113	23.0	39	27.3	48
\$60,000 - \$74,999	67.8	33	66.9	13	68.3	5
\$75,000 - \$99,999	88.8	48	89.2	15	91.0	21
\$100,000 - \$124,999	112.7	34	112.9	21	110.5	17
\$125,000 - \$149,999	137.5	32	135.2	19	136.8	25
\$150,000 - \$174,999	163.8	38	158.8	18	166.4	14
\$175,000 - \$199,999	188.8	33	186.4	18	187.6	23
\$200,000 - \$249,999	224.8	61	221.4	25	219.3	42
\$250,000 - \$299,999	275.5	63	274.1	17	271.9	27
\$300,000 - \$349,999	320.8	38	322.5	24	326.0	22
Over \$350,000	469.2	117	493.1	57	459.1	47
Practising Physicians³	210.4	610	226.7	266	209.0	291

¹ Represents gross payments by the Medical Services Plan from which 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 physicians may receive payments from other sources, e.g. from other public or private agencies, 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.

² 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.

³ Physicians with billings submitted under their own MSP billing number during the year and practising in Saskatchewan under MSP coverage at the end of the year.

⁴ 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.

Table 24 (Continued)

Average Payment¹ (\$000s) Per Practising Physician³ by Specialty and Range

	Type of Physician ⁴					
	Pediatrics and Medical Genetics		Internal Medicine and Physical Medicine		Cardiology	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians²	211.8	71	378.9	175	836.3	32
Highest Paid.....	918.4		1,447.4		1,869.8	
All Average per Pay Range						
Less than \$60,000	20.0	26	28.5	26	–	–
\$60,000 - \$74,999	67.2	5	68.9	3	69.5	1
\$75,000 - \$99,999.....	89.8	9	86.0	16	–	–
\$100,000 - \$124,999.....	112.5	5	112.8	13	103.4	1
\$125,000 - \$149,999	137.3	12	137.9	12	–	–
\$150,000 - \$174,999	164.3	8	165.5	9	160.7	1
\$175,000 - \$199,999	184.0	6	188.0	8	–	–
\$200,000 - \$249,999	227.7	7	220.9	17	202.1	1
\$250,000 - \$299,999	266.6	9	276.2	12	263.1	2
\$300,000 - \$349,999	308.6	1	325.0	13	–	–
Over \$350,000	551.6	9	657.3	72	988.4	26
Practising Physicians³	160.4	97	333.6	201	836.3	32

	Neurology		Psychiatry		Dermatology	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians²	345.3	22	354.3	71	327.1	13
Highest Paid.....	1,130.2		1,281.3		550.8	
All Average per Pay Range						
Less than \$60,000	39.4	2	24.1	8	–	–
\$60,000 - \$74,999	72.9	2	67.7	3	–	–
\$75,000 - \$99,999.....	77.4	1	84.8	6	87.1	2
\$100,000 - \$124,999.....	117.5	2	115.5	3	–	–
\$125,000 - \$149,999	–	–	143.2	3	144.9	1
\$150,000 - \$174,999	–	–	158.9	4	–	–
\$175,000 - \$199,999	175.8	1	187.2	7	–	–
\$200,000 - \$249,999	242.7	2	211.4	8	240.7	1
\$250,000 - \$299,999	267.8	5	272.0	7	251.6	1
\$300,000 - \$349,999	328.5	2	332.2	2	307.2	2
Over \$350,000	640.3	7	623.7	28	471.2	6
Practising Physicians³	319.8	24	320.9	79	327.1	13

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 Payment¹ (\$000s) Per Practising Physician³ by Specialty and Range

	Type of Physician ⁴					
	Anesthesia		General Surgery		Cardiac Surgery	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians²	386.2	112	387.1	85	771.4	6
Highest Paid.....	956.2		1,107.8		1,026.1	
All Average per Pay Range						
Less than \$60,000	20.9	6	16.2	8	58.8	1
\$60,000 - \$74,999	67.2	2	64.4	3	—	—
\$75,000 - \$99,999	83.3	1	93.1	3	—	—
\$100,000 - \$124,999	116.9	4	111.9	5	—	—
\$125,000 - \$149,999	131.2	3	149.0	2	—	—
\$150,000 - \$174,999	164.4	2	161.9	4	—	—
\$175,000 - \$199,999	177.3	2	183.8	2	—	—
\$200,000 - \$249,999	230.7	8	224.9	5	—	—
\$250,000 - \$299,999	275.2	5	277.3	7	—	—
\$300,000 - \$349,999	324.4	18	331.8	9	—	—
Over \$350,000	484.1	67	544.5	45	771.4	6
Practising Physicians³	367.6	118	355.2	93	669.6	7

	Orthopedic Surgery		Plastic Surgery		Neurosurgery	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians²	570.9	48	637.5	13	612.7	14
Highest Paid.....	1,842.5		1,286.6		1,679.3	
All Average per Pay Range						
Less than \$60,000	30.1	3	32.5	2	21.9	1
\$60,000 - \$74,999	60.5	1	—	—	69.7	1
\$75,000 - \$99,999	80.1	3	—	—	—	—
\$100,000 - \$124,999	—	—	—	—	—	—
\$125,000 - \$149,999	—	—	—	—	145.7	1
\$150,000 - \$174,999	—	—	—	—	171.4	1
\$175,000 - \$199,999	193.9	1	—	—	—	—
\$200,000 - \$249,999	249.9	1	—	—	—	—
\$250,000 - \$299,999	269.0	3	283.1	1	277.7	2
\$300,000 - \$349,999	326.9	5	326.7	1	311.1	2
Over \$350,000	712.3	34	698.0	11	1,002.0	7
Practising Physicians³	539.1	51	556.8	15	573.3	15

¹ Represents gross payments by the Medical Services Plan from which 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 physicians may receive payments from other sources, e.g. from other public or private agencies, 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.

² 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.

³ Physicians with billings submitted under their own MSP billing number during the year and practising in Saskatchewan under MSP coverage at the end of the year.

⁴ 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.

Table 24 (Continued)

Average Payment¹ (\$000s) Per Practising Physician³ by Specialty and Range

	Type of Physician ⁴					
	Obstetrics and Gynecology		Urological Surgery		Ophthalmology	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians²	370.8	70	470.7	18	1,401.0	28
Highest Paid.....	1,241.0		1,064.9		4,358.2	
All Average per Pay Range						
Less than \$60,000	7.8	2	—	—	—	—
\$60,000 - \$74,999	70.8	1	—	—	—	—
\$75,000 - \$99,999	84.8	3	82.6	1	80.1	1
\$100,000 - \$124,999	116.9	2	106.9	1	—	—
\$125,000 - \$149,999	142.1	3	—	—	—	—
\$150,000 - \$174,999	160.1	4	173.2	1	—	—
\$175,000 - \$199,999	180.3	2	—	—	184.6	1
\$200,000 - \$249,999	223.7	8	—	—	—	—
\$250,000 - \$299,999	268.2	3	266.9	1	—	—
\$300,000 - \$349,999	320.0	9	321.2	1	—	—
Over \$350,000	528.4	35	578.7	13	1,498.0	26
Practising Physicians³	360.7	72	470.7	18	1,401.0	28

	Otolaryngology		Pathology and Diagnostic Radiology	
	Average Payment	Number	Average Payment	Number
	Average Payment	Number	Average Payment	Number
Active Physicians²	636.3	17	530.4	90
Highest Paid.....	1,384.6		2,688.9	
All Average per Pay Range				
Less than \$60,000	—	—	27.0	55
\$60,000 - \$74,999	—	—	69.2	6
\$75,000 - \$99,999	85.6	1	88.0	8
\$100,000 - \$124,999	106.3	1	114.7	3
\$125,000 - \$149,999	—	—	132.8	1
\$150,000 - \$174,999	162.4	1	—	—
\$175,000 - \$199,999	—	—	—	—
\$200,000 - \$249,999	—	—	228.4	5
\$250,000 - \$299,999	—	—	273.0	5
\$300,000 - \$349,999	316.9	3	321.9	7
Over \$350,000	864.7	11	752.3	55
Practising Physicians³	636.3	17	339.4	145

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 Payment² (\$000s) Per Physician by Specialty, 2017-18 to 2019-20

Type of Physician¹	Average Payment (\$000s)			Average Annual Per Cent Change 2017-18 to 2019-20
	2017-18	2018-19	2019-20	
General Practice				
Metro Association	245.5	244.1	253.2	1.56
Metro Solo	247.9	234.0	247.8	-0.02
Urban Association.....	252.4	249.5	251.0	-0.28
Urban Solo.....	346.1	333.6	320.1	-3.83
Rural Association	227.2	214.4	235.9	1.90
Rural Solo	362.6	329.1	356.7	-0.82
All General Practice	249.8	242.2	252.6	0.56
Specialties				
Pediatrics and Medical Genetics.....	190.5	185.5	211.8	5.44
Internal Medicine and Physical Medicine	388.4	382.7	378.9	-1.23
Neurology	350.0	368.3	345.3	-0.67
Cardiology	842.3	854.4	836.3	-0.36
Psychiatry	356.3	364.6	354.3	-0.28
Dermatology	301.0	286.9	327.1	4.25
Anesthesia.....	371.3	363.6	386.2	1.99
General Surgery	386.3	384.6	387.1	0.10
Cardiac Surgery	756.3	660.9	771.4	0.99
Orthopedic Surgery.....	559.3	566.7	570.9	1.03
Plastic Surgery.....	575.8	625.7	637.5	5.22
Neurosurgery.....	604.1	562.9	612.7	0.71
Obstetrics and Gynecology	402.9	391.7	370.8	-4.07
Urological Surgery	454.6	447.7	470.7	1.76
Ophthalmology.....	1,246.0	1,277.0	1,401.0	6.04
Otolaryngology.....	579.5	621.8	636.3	4.79
Pathology and Diagnostic Radiology	437.6	445.9	530.4	10.09
All Specialties	439.8	437.7	454.7	1.68
Spec. less Pathology & Radiology	440.1	436.7	446.1	0.68
All Physicians.....	339.6	334.4	349.1	1.39
Phys. less Pathology & Radiology³	333.8	328.1	339.8	0.89

¹ 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.

² 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, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

³ Figures for 2017-18 and 2018-19 have been restated.

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 shadow billings.

Table 26

Physician Payments (\$000s) by Specialty Group

	General Practice		Medical Specialties ¹		Surgical Specialties ¹		Technical Specialties ¹	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:²								
Regina	201	270.3	107	554.5	98	642.8	70	471.9
Saskatoon ³	282	238.8	233	298.5	137	556.1	115	409.4
Moose Jaw	32	279.5	13	356.6	13	419.1	1	**
Prince Albert	74	271.7	11	413.4	21	455.7	9	596.6
Yorkton	23	269.4	3	**	6	573.1	2	**
Swift Current	27	220.1	6	266.1	6	490.1	1	**
North Battleford	26	278.1	4	**	10	441.3	3	**
Estevan	13	307.8	–	–	–	–	–	–
Weyburn	14	274.8	–	–	–	–	–	–
All Other Locations	275	241.1	7	222.8	8	158.9	1	**
B. By Activity Threshold:								
1. Total Active Physicians ²	967	252.6	384	377.9	299	556.1	202	450.4
2. Total Licensed Physicians ⁴	1,330	–	565	–	342	–	385	–
3. Resident and Active in Two Consecutive Years ²	862	267.3	343	403.9	278	582.6	182	470.8
4. Resident at Year End With Payments of \$15,000 or More in Each Quarter of the Year	811	279.5	316	431.8	258	615.4	169	505.9
C. By Age Group:²								
Under 35	116	172.0	47	275.6	26	386.7	19	328.6
35 - 44	291	231.6	111	342.8	90	519.8	69	425.4
45 - 54	266	271.6	124	417.1	88	680	55	448.4
55 - 64	190	289.7	57	416.6	69	574.4	41	480.1
65+	104	284.7	45	414.3	26	382.6	18	614

¹ Physicians are grouped as follows:

- Medical Specialties include Pediatrics, Internal Medicine, Neurology, Cardiology, Psychiatry, Dermatology, Physical Medicine and Medical Genetics.
- Surgical Specialties include General Surgery, Cardiac Surgery, Orthopedic Surgery, Plastic Surgery, Neurosurgery, Obstetrics and Gynecology, Urological Surgery, Ophthalmology and Otolaryngology.
- Technical Specialties include Anesthesia, Pathology and Diagnostic Radiology.

² All physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practicing in Saskatchewan under MSP coverage at the end of the year.

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

⁴ 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.

** 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

Payments¹ (\$) for Specialist and Rural Emergency Coverage Programs

			Specialist Emergency Coverage		Rural (GP) Emergency Coverage ³	Total Payments for Emergency Coverage
			Number of Rotations			
			Tier I	Tier II		
Former Regional Health Authority						
1	Sun Country	3	2	674,757	1,416,182	2,090,939
2	Five Hills.....	8	2	1,642,717	494,423	2,137,140
3	Cypress	7	2	1,431,468	586,137	2,017,605
4	Regina Qu'Appelle	34	16	8,655,655	763,390	9,419,045
5	Sunrise.....	6	2	1,067,938	614,358	1,682,297
6	Saskatoon	46	30	12,708,971	1,260,577	13,969,547
7	Heartland.....	–	2	157,213	1,256,561	1,413,774
8	Kelsey Trail	–	5	472,751	1,157,638	1,630,389
9	Prince Albert.....	8	3	1,686,665	204,102	1,890,767
10	Prairie North.....	11	9	2,911,686	518,110	3,429,797
11	Mamawetan.....	–	–	–	199,750	199,750
12	Keewatin Yatthé	–	–	–	317,922	317,922
13	Athabasca.....	–	–	–	134,102	134,102
All Former Regional Health Authorities (Now SHA).....		123	73	31,409,821	8,923,252	40,333,073
Other Emergency Coverage						
	Medical Health Officers	–	3	450,000	–	450,000
	Saskatchewan Cancer Agency	2	5	1,068,383	–	1,068,383
All Emergency Coverage.....		125	81	32,928,204	8,923,252	41,851,456

¹ Includes payments made indirectly to physicians through the Saskatchewan Health Authority (SHA) or the Saskatchewan Cancer Agency.

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

³ 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 Payments (\$000s)

		Non-Fee-For-Service Total Payments	
		2018-19	2019-20
Former Regional Health Authority¹			
1	Sun Country	3,213	3,421
2	Five Hills	12,235	12,610
3	Cypress	9,220	9,333
4	Regina Qu'Appelle	73,747	78,062
5	Sunrise	6,682	7,157
6	Saskatoon	116,925	135,726
7	Heartland	985	985
8	Kelsey Trail	929	929
9	Prince Albert Parkland	17,941	19,169
10	Prairie North	10,986	11,296
11	Mamawetan Churchill River	145	220
12	Keewatin Yatthé	—	—
13	Athabasca	—	—
All Former Regional Health Authorities (Now SHA)		253,009	278,908
	Provincial Projects ²	5,012	4,289
All Expenditures		258,021	283,197

¹ These expenditures for physician services are administered through the Saskatchewan Health Authority (SHA) and the former Regional Health Authorities and funded by the Ministry of Health.

² 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														Unassigned ¹	Total
		1 Sun Country	2 Five Hills	3 Cypress	4 Regina Qu'Appelle	5 Sunrise	6 Saskatoon	7 Heartland	8 Kelsey Trail	9 Prince Albert Parkland	10 Prairie North	11 Mamawetan Churchill River	12 Keewatin Yatthe	13 Athabasca			
Under 1	M	340	240	239	1,833	282	2,322	246	241	562	579	278	103	30	1	7,296	
	F	304	238	201	1,793	287	2,235	243	238	507	540	228	121	22	–	6,957	
	T	644	478	440	3,626	569	4,557	489	479	1,069	1,119	506	224	52	1	14,253	
1 - 4	M	1,444	1,287	1,115	8,060	1,301	10,458	1,127	1,028	2,313	2,613	1,009	440	100	8	32,303	
	F	1,488	1,256	1,016	7,855	1,268	9,829	1,088	1,051	2,171	2,517	1,000	492	86	8	31,125	
	T	2,932	2,543	2,131	15,915	2,569	20,287	2,215	2,079	4,484	5,130	2,009	932	186	16	63,428	
5 - 9	M	1,938	1,841	1,422	10,436	1,756	13,147	1,440	1,389	3,033	3,279	1,316	613	114	9	41,733	
	F	1,866	1,641	1,311	10,125	1,712	12,382	1,413	1,383	2,886	3,252	1,245	542	138	11	39,907	
	T	3,804	3,482	2,733	20,561	3,468	25,529	2,853	2,772	5,919	6,531	2,561	1,155	252	20	81,640	
10 - 14	M	1,866	1,716	1,329	9,843	1,901	11,902	1,436	1,382	3,143	3,211	1,322	570	155	5	39,781	
	F	1,942	1,622	1,291	9,281	1,719	11,521	1,396	1,300	2,929	3,243	1,170	514	143	9	38,080	
	T	3,808	3,338	2,620	19,124	3,620	23,423	2,832	2,682	6,072	6,454	2,492	1,084	298	14	77,861	
15 - 19	M	1,735	1,610	1,424	9,163	1,673	11,218	1,409	1,356	2,924	2,842	1,110	492	136	13	37,105	
	F	1,755	1,523	1,282	8,470	1,620	10,599	1,274	1,218	2,725	2,879	1,102	480	120	14	35,061	
	T	3,490	3,133	2,706	17,633	3,293	21,817	2,683	2,574	5,649	5,721	2,212	972	256	27	72,166	
20 - 24	M	1,798	1,714	1,445	10,108	1,789	11,894	1,406	1,330	2,856	2,930	1,042	520	114	38	38,984	
	F	1,738	1,577	1,375	9,380	1,638	11,756	1,327	1,299	2,668	2,727	1,039	474	108	64	37,170	
	T	3,536	3,291	2,820	19,488	3,427	23,650	2,733	2,629	5,524	5,657	2,081	994	222	102	76,154	
25 - 29	M	2,029	1,847	1,472	11,876	1,925	14,212	1,516	1,292	3,046	3,197	1,161	570	101	37	44,281	
	F	1,818	1,688	1,440	11,282	1,718	14,272	1,382	1,211	2,902	2,937	1,046	577	109	37	42,419	
	T	3,847	3,535	2,912	23,158	3,643	28,484	2,898	2,503	5,948	6,134	2,207	1,147	210	74	86,700	
30 - 34	M	2,151	1,923	1,435	13,297	1,769	15,914	1,573	1,253	2,719	3,201	948	495	119	15	46,812	
	F	2,037	1,809	1,409	12,521	1,690	15,714	1,447	1,187	2,667	3,097	906	483	111	25	45,103	
	T	4,188	3,732	2,844	25,818	3,459	31,628	3,020	2,440	5,386	6,298	1,854	978	230	40	91,915	
35 - 39	M	2,191	1,939	1,416	12,832	1,795	15,088	1,451	1,188	2,573	3,045	791	348	85	9	44,751	
	F	2,033	1,876	1,412	11,817	1,795	14,646	1,396	1,180	2,604	3,059	745	334	108	10	43,015	
	T	4,224	3,815	2,828	24,649	3,590	29,734	2,847	2,368	5,177	6,104	1,536	682	193	19	87,766	
40 - 44	M	2,046	1,696	1,345	11,175	1,783	13,272	1,358	1,268	2,302	2,644	716	332	89	5	40,031	
	F	1,825	1,672	1,295	10,335	1,688	12,649	1,268	1,163	2,337	2,490	692	331	63	9	37,817	
	T	3,871	3,368	2,640	21,510	3,471	25,921	2,626	2,431	4,639	5,134	1,408	663	152	14	77,848	
45 - 49	M	1,810	1,573	1,247	9,653	1,676	11,700	1,218	1,184	2,275	2,352	674	346	77	5	35,790	
	F	1,575	1,526	1,254	9,144	1,599	11,438	1,169	1,098	2,299	2,298	664	364	71	4	34,503	
	T	3,385	3,099	2,501	18,797	3,275	23,138	2,387	2,282	4,574	4,650	1,338	710	148	9	70,293	
50 - 54	M	1,812	1,575	1,298	9,407	1,819	11,359	1,323	1,261	2,389	2,336	662	404	78	8	35,731	
	F	1,641	1,612	1,346	9,035	1,761	10,716	1,283	1,254	2,322	2,238	618	382	66	8	34,282	
	T	3,453	3,187	2,644	18,442	3,580	22,075	2,606	2,515	4,711	4,574	1,280	786	144	16	70,013	
55 - 59	M	2,134	2,179	1,756	10,290	2,141	12,212	1,710	1,526	2,617	2,523	619	375	49	11	40,142	
	F	1,934	2,122	1,760	10,116	2,069	12,198	1,612	1,458	2,817	2,499	602	330	57	10	39,584	
	T	4,068	4,301	3,516	20,406	4,210	24,410	3,322	2,984	5,434	5,022	1,221	705	106	21	79,726	
60 - 64	M	2,002	2,172	1,744	9,212	2,211	11,063	1,810	1,495	2,644	2,360	525	275	38	11	37,562	
	F	1,891	2,140	1,662	9,365	2,030	11,252	1,609	1,417	2,568	2,329	503	225	34	13	37,038	
	T	3,893	4,312	3,406	18,577	4,241	22,315	3,419	2,912	5,212	4,689	1,028	500	72	24	74,600	
65 - 69	M	1,578	1,788	1,407	7,149	1,911	8,478	1,441	1,377	2,216	1,911	373	205	26	15	29,875	
	F	1,484	1,769	1,335	7,399	1,852	8,821	1,253	1,285	2,181	1,846	307	190	30	8	29,760	
	T	3,062	3,557	2,742	14,548	3,763	17,299	2,694	2,662	4,397	3,757	680	395	56	23	59,635	
70 - 74	M	1,179	1,359	1,110	5,197	1,420	6,074	1,037	1,040	1,712	1,342	257	153	19	11	21,910	
	F	1,178	1,400	1,074	5,715	1,517	6,688	1,036	1,074	1,729	1,284	229	110	22	9	23,065	
	T	2,357	2,759	2,184	10,912	2,937	12,762	2,073	2,114	3,441	2,626	486	263	41	20	44,975	
75 & Over	M	2,033	2,132	1,824	7,967	2,645	9,639	1,707	1,876	2,500	2,021	292	176	25	12	34,849	
	F	2,608	2,906	2,316	11,374	3,571	13,985	2,220	2,344	3,163	2,529	313	171	19	15	47,534	
	T	4,641	5,038	4,140	19,341	6,216	23,624	3,927	4,220	5,663	4,550	605	347	44	27	82,383	
Total all ages	M	30,086	28,591	23,028	157,498	29,797	189,952	23,208	21,486	41,824	42,386	13,095	6,417	1,355	213	608,936	
	F	29,117	28,377	22,779	155,007	29,534	190,701	22,416	21,160	41,475	41,764	12,409	6,120	1,307	254	602,420	
	T	59,203	56,968	45,807	312,505	59,331	380,653	45,624	42,646	83,299	84,150	25,504	12,537	2,662	467	1,211,356	

¹ There are 467 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, 2019.
- 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 Yatthé	Athabasca	Out of Province	Total
1	Sun Country.....	80.3	1.7	0.1	13.0	0.2	1.3	–	0.1	0.1	–	–	–	–	3.0	100.0
2	Five Hills.....	0.4	84.7	1.1	7.4	0.1	2.6	0.9	0.1	0.1	0.1	–	–	–	2.5	100.0
3	Cypress.....	0.1	1.8	81.6	2.2	0.1	2.6	0.4	–	0.1	0.1	–	–	–	10.9	100.0
4	Regina Qu'Appelle.....	0.5	0.5	0.1	93.0	0.8	2.1	0.1	0.1	0.1	0.1	–	–	–	2.5	100.0
5	Sunrise.....	0.3	0.1	0.1	7.1	83.6	4.1	0.1	0.4	0.1	0.1	–	–	–	4.0	100.0
6	Saskatoon.....	0.1	0.2	0.1	0.8	0.2	94.1	0.3	0.4	1.0	0.5	–	–	–	2.4	100.0
7	Heartland.....	0.1	0.4	2.0	0.6	0.1	14.7	70.2	0.1	0.2	4.7	–	–	–	7.2	100.0
8	Kelsey Trail.....	0.2	0.1	–	0.8	0.5	9.9	0.2	78.8	7.3	0.2	0.1	–	–	1.8	100.0
9	Prince Albert Parkland.....	0.1	0.1	0.1	0.5	0.1	8.3	0.1	2.2	84.7	1.8	0.1	–	–	1.9	100.0
10	Prairie North.....	0.2	0.1	0.1	0.3	–	5.1	1.1	0.1	0.7	67.9	–	–	–	24.4	100.0
11	Mamawetan Churchill River.....	0.1	0.2	0.1	0.5	0.1	8.4	0.1	0.8	32.5	0.4	43.3	0.1	0.1	13.2	100.0
12	Keewatin Yatthé.....	–	0.1	–	0.2	–	13.0	0.1	0.3	11.4	24.9	0.6	44.8	–	4.6	100.0
13	Athabasca.....	–	–	0.1	–	–	17.9	–	0.9	32.9	0.9	0.5	0.6	41.4	4.7	100.0
	Unknown.....	8.3	2.5	4.7	17.6	7.6	16.9	1.7	10.5	7.4	10.8	4.4	5.0	2.0	0.7	100.0
	Rural Emergency Coverage.....	15.9	5.5	6.6	8.6	6.9	14.1	13.7	13.3	2.3	5.8	2.2	3.6	1.5	–	100.0
All Former Regional Health Authorities.....		4.9	4.3	3.6	23.0	4.9	31.3	3.6	4.0	8.2	6.2	0.7	0.6	0.1	4.7	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 Practice			Specialties			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.....	237.8	5.9	78.0	297.4	3.7	39.8	535.2	9.6	80.1
2 Five Hills.....	217.5	5.9	78.7	374.2	5.2	49.2	591.7	11.1	81.7
3 Cypress.....	232.3	6.1	76.9	321.5	4.3	43.5	553.9	10.3	79.9
4 Regina Qu'Appelle.....	201.6	5.4	79.2	405.4	5.6	51.4	606.9	11.1	82.7
5 Sunrise.....	240.8	6.4	80.0	354.9	4.9	46.5	595.8	11.3	82.7
6 Saskatoon.....	217.3	5.9	81.3	363.7	5.8	50.2	581.1	11.7	83.8
7 Heartland.....	255.7	6.3	77.7	336.3	5.1	48.1	592.0	11.4	81.2
8 Kelsey Trail.....	247.3	6.2	78.3	299.6	4.1	41.0	546.9	10.3	81.2
9 Prince Albert Parkland.....	273.6	7.3	84.5	354.3	5.5	47.4	627.8	12.7	86.8
10 Prairie North.....	250.6	6.0	75.7	393.1	6.6	46.1	643.7	12.5	78.6
11 Mamawetan Churchill River.....	131.6	3.2	60.2	273.1	4.0	37.7	404.8	7.2	67.8
12 Keewatin Yatthé.....	166.3	4.1	68.3	273.8	3.9	36.8	440.1	8.0	71.4
13 Athabasca.....	63.7	1.8	32.2	182.1	2.8	23.4	245.8	4.7	36.1
All Former Regional Health Authorities (Now SHA).....	228.4	5.9	78.7	365.1	5.4	48.0	593.5	11.3	81.6

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 Licensed General Practitioners ¹	Number of Active General Practitioners ²	Population Per Active General Practitioner	Average Payment Per Active GP (\$)	Average Number of Patients Per Active GP ³	Average Patient Contacts Per Active GP ⁴	Insured Population ⁵
1 Sun Country	52	46	1,287	267,675	1,891	4,455	59,203
2 Five Hills	61	43	1,325	262,001	1,892	5,064	56,968
3 Cypress	48	42	1,091	217,871	1,681	4,091	45,807
4 Regina Qu'Appelle	344	221	1,414	270,620	2,304	5,448	312,505
5 Sunrise	54	44	1,348	284,064	2,034	5,528	59,331
6 Saskatoon	456	331	1,150	243,359	2,168	4,521	380,653
7 Heartland	29	26	1,755	352,422	1,858	5,955	45,624
8 Kelsey Trail	45	38	1,122	258,964	1,854	4,067	42,646
9 Prince Albert Parkland	96	87	957	253,895	2,413	5,002	83,299
10 Prairie North	98	68	1,238	225,047	1,766	3,677	84,150
11 Mamawetan Churchill River	20	10	2,550	129,701	1,839	2,479	25,504
12 Keewatin Yatthé	21	9	1,393	86,941	1,110	1,429	12,537
13 Athabasca	6	2	1,331	85,886	762	1,081	2,662
All Former Regional Health Authorities (Now SHA)	1,330	967	1,252	252,569	2,104	4,728	1,210,889

- ¹ Physicians practising 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.
- ² 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.
- ³ The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.
- ⁴ 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.
- ⁵ Population as at June 30, 2019.

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 Education¹ and Retention Rates by Academic Year²

Type of Physician	2014-15		2015-16		2016-17	
	Completed Program	Remained ³ in Sask-athechewan	Completed Program	Remained ³ in Sask-athechewan	Completed Program	Remained ³ in Sask-athechewan
Funded by the Clinical Services Fund						
Family Medicine - Regina.....	15 ⁵	10	12 ⁷	8	12 ⁵	10
Family Medicine - Saskatoon.....	18 ⁶	10	12 ⁴	11	12 ⁶	5
Family Medicine - Rural.....	15 ⁵	12	18 ⁶	14	20 ⁵	15
Family Medicine/Emergency	8	6	9	9	7	6
Family Medicine/Enhanced Skills	4	2	3	1	5 ⁴	2
All Family Medicine	60	40	54	43	56	38
Anesthesia.....	7	5	6	4	6	—
Cardiology.....	4	—	1	—	3	2
Diagnostic Radiology.....	4	—	3	1	4	1
Emergency Medicine.....	2	2	1	—	2	2
General Surgery.....	2	1	5	2	5	—
Internal Medicine.....	2	2	3	3	3	2
Nephrology.....	—	—	1	—	1	1
Neurology.....	2	—	3 ⁴	—	2	—
Neurosurgery	2	—	1	—	—	—
Obstetrics/Gynecology.....	5	1	4	3	4	3
Ophthalmology.....	1	1	—	—	2	—
Orthopedic Surgery.....	1	—	6	2	3	—
Pediatrics.....	3	—	7	3	6	2
Pathology.....	—	—	4	1	1	—
Physical Medicine & Rehabilitation.....	2	1	2	1	1	1
Public Health & Preventive Medicine.....	1	1	—	—	2	1
Psychiatry.....	5 ⁴	3	6	5	5	3
Respiratory Medicine	1	1	2	1	3	1
Rheumatology.....	1	1	1	1	—	—
All Specialists	45	19	56	27	53	19
Total CSF Funded	105	59	110	70	109	57
Externally Funded	4	3	3	3	—	—
Total Physicians.....	109	62	113	73	109	57
CSF Funded Retention Rates⁸						
Family Medicine		75%		93%		79%
Specialists.....		43%		49%		36%
All Physicians.....		61%		69%		56%
CSF Funded and Externally Funded Retention Rates⁸						
All Physicians.....		61%		70%		56%

¹ 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.

² Period ending June of stated year.

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

⁴ One graduate went on to a further residency program.

⁵ Two graduates went on to a further residency program.

⁶ Three graduates went on to a further residency program.

⁷ Four graduates went on to a further residency program.

⁸ Net of the number of graduates who have entered further training.

Table 33 (Continued)

Post-Graduate Medical Education¹ and Retention Rates by Academic Year²

Type of Physician	2017-18		2018-19		CSF Funded Positions in 2019-20	Retention Rate ⁸ of June 2019 Graduates
	Completed Program	Remained ³ in Sask-atchewan	Completed Program	Remained ³ in Sask-atchewan		
Funded by the Clinical Services Fund						
Family Medicine - Regina.....	12 ⁴	7	9 ⁶	5	28	83%
Family Medicine - Saskatoon.....	12	9	11	9	28	82%
Family Medicine - Rural.....	16 ⁵	13	24 ⁷	17	47	85%
Family Medicine/Emergency.....	6	5	12	11	9	92%
Family Medicine/Enhanced Skills.....	3	2	4	1	6	25%
All Family Medicine.....	49	36	60	43	118	81%
Anesthesia.....	6	3	6	3	34	50%
Cardiology.....	2	1	2	1	4	50%
Diagnostic Radiology.....	4	—	3	—	20	—
Emergency Medicine.....	5	3	1	—	17	—
General Surgery.....	7	3	5	2	27	40%
Internal Medicine.....	5	1	11 ⁷	3	78	43%
Nephrology.....	1	—	—	—	1	—
Neurology.....	1	—	2	—	12	—
Neurosurgery.....	1	—	—	—	8	—
Obstetrics/Gynecology.....	6	4	6	3	36	50%
Ophthalmology.....	1	—	1	—	5	—
Orthopedic Surgery.....	1	—	1	—	12	—
Pediatrics.....	5	1	3	—	27	—
Pathology.....	1	—	2	—	11	—
Physical Medicine & Rehabilitation.....	2	1	1	—	11	—
Public Health & Preventive Medicine.....	2	1	—	—	5	—
Psychiatry.....	6 ⁴	5	5 ⁵	2	40	67%
Respiratory Medicine.....	2	1	2	2	4	100%
Rheumatology.....	1	—	1	—	4	—
All Specialists.....	59	24	52	16	356	35%
Total CSF Funded.....	108	60	112	59	474	60%
Externally Funded.....	—	—	—	—	—	—
Total Physicians.....	108	60	112	59	474	60%
CSF Funded Retention Rates ⁸						
Family Medicine.....		78%		81%		
Specialists.....		41%		35%		
All Physicians.....		58%		60%		
CSF Funded and Externally Funded Retention Rates ⁸						
All Physicians.....		58%		60%		

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

Table 34

Optometrists: Selected Indicators

	2018-19	2019-20
Number of Practitioners ¹	185	187
Population Per Practitioner ¹	6,420	6,478
Per Cent of Beneficiaries Treated (%)	15.4	16.0
Practising Optometrists²:		
Number of Practising Optometrists ²	184	186
Number by Age Group: Under 35	72	66
35 - 44.....	47	44
45 - 54.....	28	40
55 - 64.....	25	22
65 and over	12	14
Average Number of Patients Per Practising Optometrist.....	1,014	1,077
Average Patient Contacts Per Practising Optometrist.....	1,125	1,198
Average Payment (\$) Per Practising Optometrist	74,755	79,895
Number by Dollar Range: Less than \$10,000.....	7	5
\$10,000 - 19,999.....	10	7
\$20,000 - 39,999	26	21
\$40,000 - 59,999	29	33
\$60,000 - 79,999	38	32
\$80,000 - 99,999	23	32
\$100,000 - 119,999.....	27	23
\$120,000 - 139,999.....	9	18
\$140,000 - 159,999.....	9	5
\$160,000 - 179,999.....	5	5
\$180,000 & over.....	1	5

¹ Optometrists practising in Saskatchewan at the end of the year with their own MSP billing number.

² Optometrists with billings submitted under their own MSP billing number during the year and practising in Saskatchewan 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.
- ⇒ **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.
- ⇒ **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 practising 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 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, 2014-15 to 2019-20

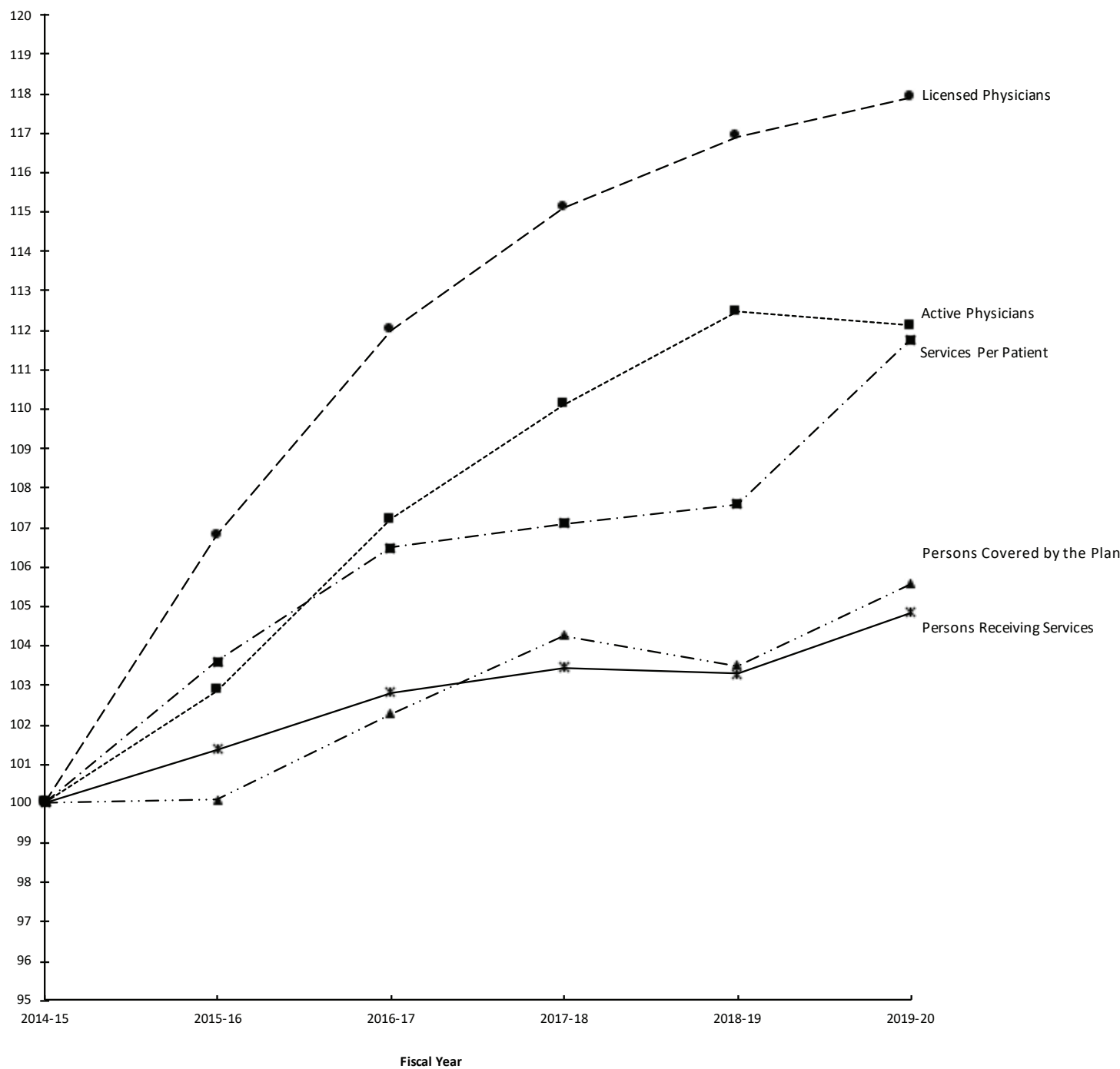
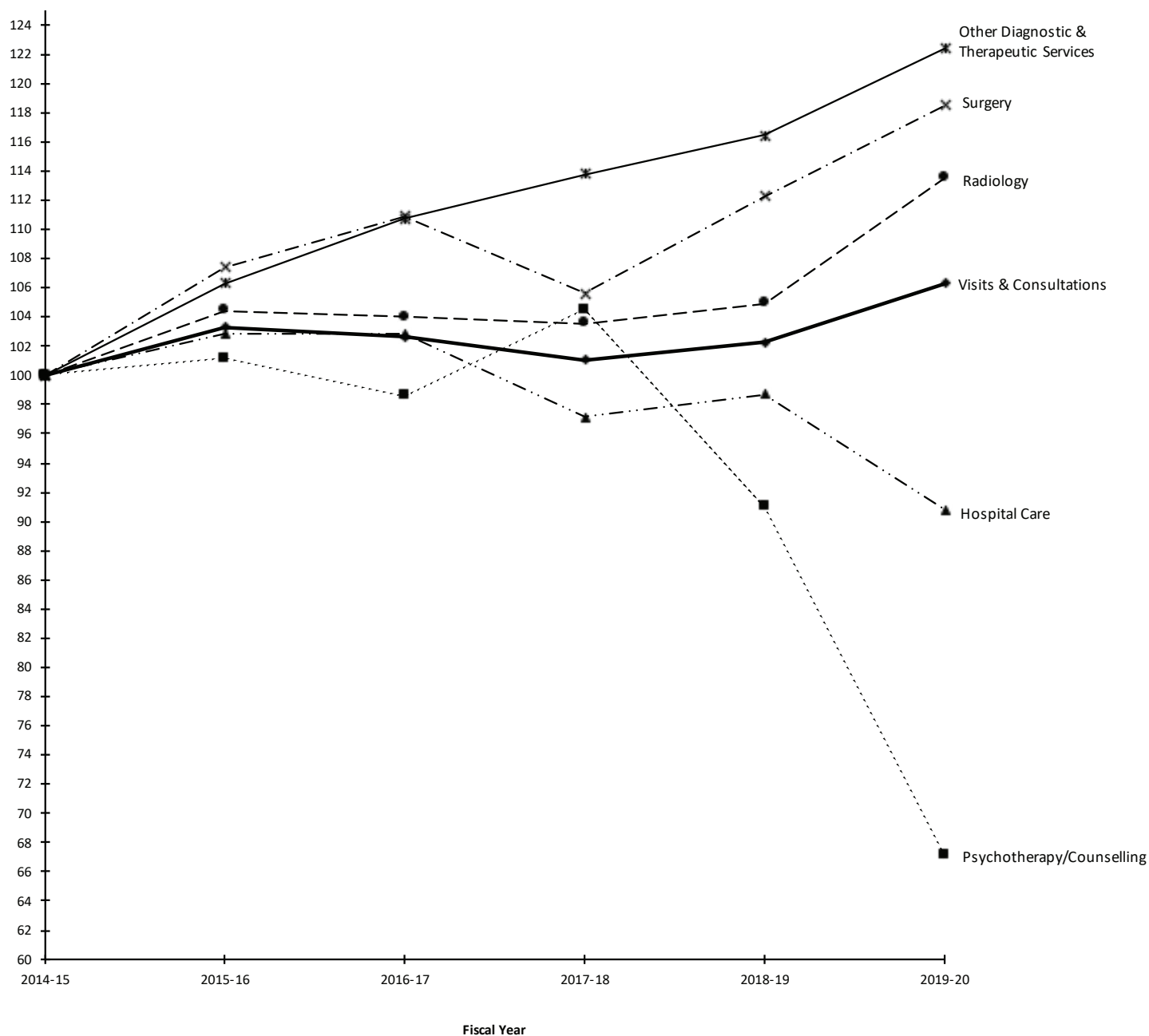


Figure 2

Index of Services Per 1,000 Beneficiaries for Selected Types of In-Province Physician Services, 2014-15 to 2019-20



Note: 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 “Visit & Consultations”.

Figure 3

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

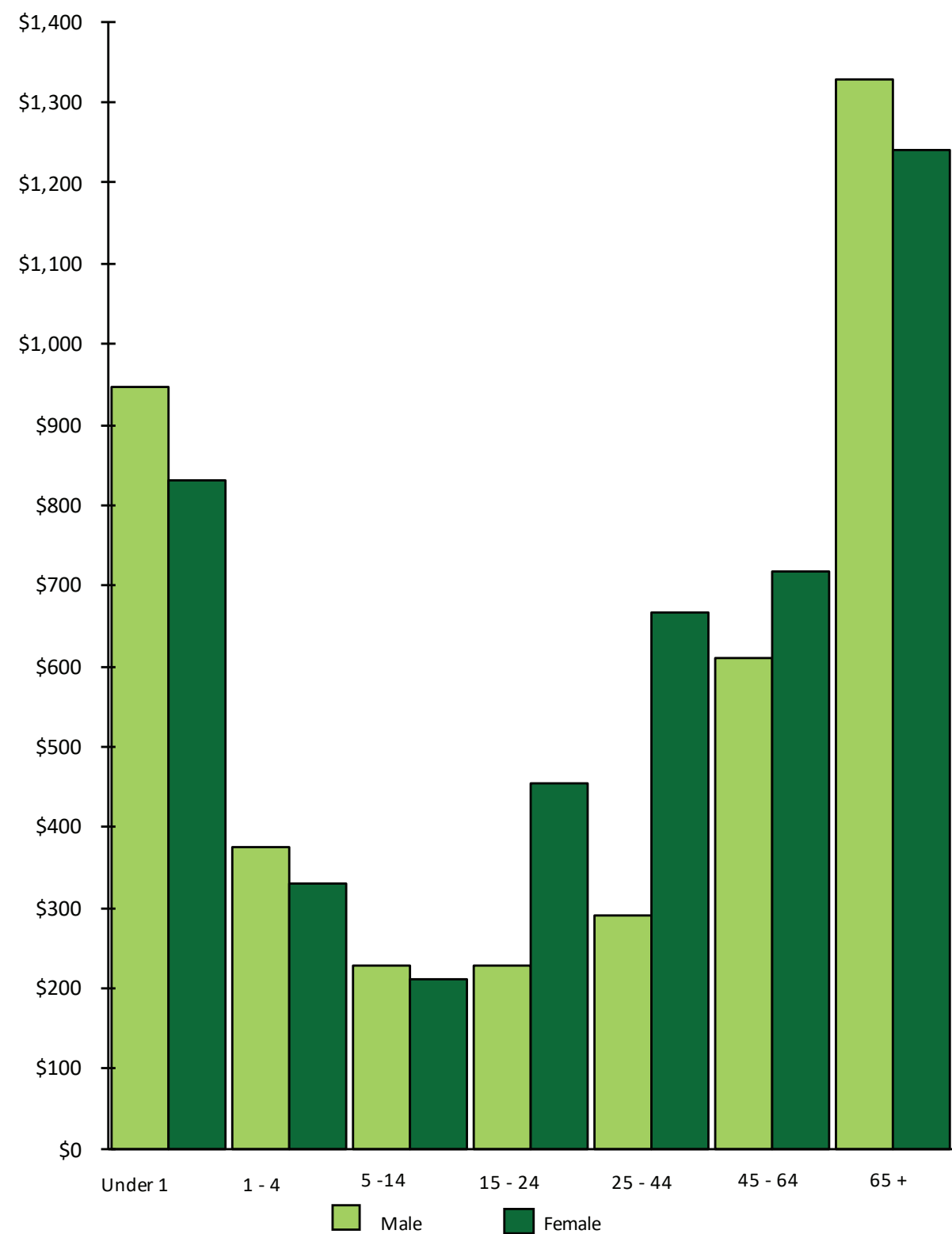


Figure 4

Map of Former Regional Health Authorities

