

Ministry of Health Medical Services Branch



Annual Statistical Report for 2022-23

Preface

This fiscal year 2022-23 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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This annual report is also available in electronic format from the Ministry's website at

www.saskatchewan.ca/government/government-structure/ministries/health#annual-reports

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.

On March 11, 2020 the World Health Organization declared the global outbreak of COVID-19 a pandemic. Public health orders limiting public and private gatherings were issued during the year to limit the threat to the public's health. Precautionary measures taken during this time had a significant impact on the number of services and payments provided in 2020-21. Payments and services continued to be affected by COVID-19 in 2021-22. In 2022-23, the number of services returned to similar actuals experienced prior to the COVID-19 pandemic.

- ⇒ In 2022-23, the MSP provided for **in-province expenditures** of \$1,094.7 million, while **program payments** totalled \$103.8 million and **medical education payments** were \$123.5 million (see *Total Expenditures 2022-23*).
- ⇒ **Benefits paid for insured services** – by physicians, optometrists and dentists (in- and out-of-province) – amounted to \$719.3 million, an increase of 7.2% from the previous year (See Tables 1 & 8).

	2021-22 (\$000s)	2022-23 (\$000s)	Per Cent Change
Physicians	656,163	702,439	7.1
Optometrists	13,574	15,415	13.6
Dentists	1,214	1,474	21.6
Total	670,951	719,329	7.2

- ⇒ **Number of insured services** – by physicians, optometrists and dentists (in- and out-of-province) – totalled 13.2 million services, an increase of 4.0% from the previous year (see Table 7).

	2021-22 (000s)	2022-23 (000s)	Per Cent Change
Physicians	12,267	12,736	3.8
Optometrists	411	456	11.1
Dentists	10	8	-18.6
Total	12,688	13,200	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 \$139.4 million, up 17.9% from the previous year (see *Total Expenditures 2022-23*).
- ⇒ **Reciprocal payments for out-of-province residents receiving services** (physician and hospital) within Saskatchewan (excluding Quebec and out-of-Canada beneficiaries) totalled \$32.2 million, an increase of 9.4%. Over the past five years, hospital and physician payments for non-Saskatchewan beneficiaries have decreased on average by 6.4% per year (see Tables 12 & 14a).
- ⇒ **Cost of services outside of Canada for Saskatchewan patients with prior approvals** totalled \$0.6 million.

	2021-22	2022-23
Number of Patients	8	16
Practitioner Costs (\$000s)	20	295
Hospital Costs (\$000s)	109	311
Total Costs (\$000s)	129	606

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 \$562.4 million in 2022-23, an increase of 5.4% from 2021-22 (see *Total Expenditures 2022-23*).
- ⇒ Non-fee-for-service (NFFS) funding arrangements for physician services represent a large portion of physician remuneration expenditures. In 2022-23, NFFS accounted for \$516.1 million, 47.1% of the Saskatchewan Ministry of Health's total payments for In-Province Services. 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	\$239,000
Specialists	\$438,200
All Physicians	\$336,400

(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 2023 was 2,820, an increase of 0.9% from the previous year. Over the past five years, the number of licensed physicians has grown on average by 2.0% per year (see Table 18).
- ⇒ **Active physicians:** (see "Active" definition – *Statistical Figures and Tables*) the number of active physicians at the end of March 2023 was 1,894, an increase of 9 physicians or 0.5% from the previous year. Over the past five years, the number of active physicians has increased on average by 0.8% per year.
- ⇒ The number of **active rural general practitioners (GP)** was 257 at the end of March 2023, an increase of 2 physicians or 0.8% from the previous year. Over the last five years, the number of active rural GPs has increased on average by 1.0% per year (see Table 24).
- ⇒ The number of **active GPs in metro areas** (Regina and Saskatoon) at the end of March 2023 was 490, an increase of 6 physicians or 1.2% from the previous year. Over the past five years, the number of active metro GPs has decreased on average by 0.1% per year.
- ⇒ The number of **active GPs in other urban areas** was 221, a decrease of 5 physicians or 2.2% from the previous year. Over the past five years, the number of active urban GPs has decreased on average by 0.1%.

- ⇒ The number of **active specialists** has grown to 926, an increase of 6 physicians or 0.7% from the previous year. Over the past five years, the number of specialists has increased on average by 1.5% per year.
- ⇒ Physician supply is supported by a number of initiatives and programs supported within the MSP including the Saskatchewan International Physician Practice Assessment (SIPPA) program and medical education programs through the University of Saskatchewan (U of S) College of Medicine. 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 \$123.5 million in 2022-23 (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 501 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, distributed medical education, the undergraduate clinical 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.

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.

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, on a high risk medication, or post cataract surgery care; 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 for diabetic eye exams or on high risk medications, examinations are limited to one every 12 months; for those seeking follow-up care post cataract surgery, coverage is limited to twice per year.

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

As a result of the negotiated agreement with the Saskatchewan Association of Optometrists, five new insured services were added to the Optometry Payment Schedule effective February 1, 2022. These services include:

- ⇒ High Risk Medication Consultations
- ⇒ Junior Idiopathic Arthritis Consultations
- ⇒ Cycloplegic Retinoscopy tests for children
- ⇒ Post Cataract Surgical Care visits
- ⇒ Virtual Care Assessments for Ocular Urgencies and Emergencies.

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;
- ⇒ breast screening mammography for women 50 years of age and older (available and funded through the provincial Screening Program for Breast Cancer); and,
- ⇒ virtual care pilot services.

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 2022-23

	Expenditures (\$000's)
In-Province Services	
Physician Fee-for Service (FFS) Subtotal	562,400
Physician Non-Fee-For-Service (Non-FFS)	
Medical Remuneration & Alternate Payments	369,729
Primary Health Services ^{1,2}	106,021
Saskatchewan Cancer Agency ^{1,2}	40,382
Physician Non-Fee-For Service (Non-FFS) Sub-Total	516,132
Optometry Services Subtotal	14,775
Dental Services Subtotal	1,442
Subtotal: Payment for In-Province Services	1,094,749
Programs and Recruitment and Retention Initiatives³	
General Practitioner	
Family Physician Comprehensive Care Program	16,146
Family Physician Emergency Coverage Programs	7,845
Regional Locum Program	2,955
Saskatchewan International Physician Practice Assessment (SIPPA)	3,525
Chronic Disease Management – Quality Improvement Program	1,353
General Practitioner Specialist Program	627
Rural Physician Incentive	336
Rural and Remote Incentives	2,400
Family Medicine Bursaries	250
Rural Practice Enhancement Training	36
General Practitioner Subtotal	35,473
Specialist	
Specialist Emergency Coverage Programs (SECP)	33,318
Specialist Practice Establishment Grant	1,823
Specialist Rural & Remote Incentives	200
Specialist Physician Enhancement Training Bursary	18
Focused Funding for Priority Specialists Recruitment Program	30
Specialist Subtotal	35,389

Other		
	Canadian Medical Protective Agency (CMPA) Funding	8,590
	Electronic Medical Records Program	9,300
	Physician Long Term Retention Fund	8,837
	Continuing Medical Education Fund	4,090
	Quality & Access Fund	1
	Clinical Quality Improvement Program	351
	Parental Leave Program	1,676
	Practice Enhancement Program	142
Other Subtotal		32,987
Subtotal: Programs and Recruitment and Retention Initiatives		103,849
Medical Education		
	Clinical Services Fund (College of Medicine)	120,284
	Other Medical Education	3,200
Subtotal: Medical Education		123,484
Other Provincial Payments and Administration		
	Out-of-Province ⁴	139,417
	Quality Assurance Diagnostic Imaging and Lab Programs	595
	Administration	4,835
Subtotal: Other Provincial Payments and Administration		144,847
<i>Change in Valuation Allowance</i>		<i>236</i>
Total Expenditures		1,467,165

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

² These expenditures include payments to physicians only.

³ Excludes \$3,786,000 paid to 1,124 eligible physicians on behalf of the Saskatchewan Medical Association for the Personal Protective Equipment (PPE) Benefit.

⁴ Includes physician, optometric and dental services, and hospital costs paid reciprocally for Saskatchewan beneficiaries.

Notes:

1) Ministry funding for physician services may not equal physician expenditures by the Saskatchewan Health Authority.

2) Fee-for-service expenditures include non-insured virtual care pilot services payments paid to physicians through agreements with the Saskatchewan Health Authority.

Statistical Figures and Tables

Introductory Notes

General – The following tables are based on MSP payments made during 2022-23 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 non-fee-for-service methods of payment results in underreporting of the data presented in this report, as shadow billing is not always complete.

Health Reporting Zones – Effective 2021-22, new health reporting zones that replace the former regional health authorities have been introduced. The health reporting zones match the Ministry of Health COVID-19 zones, with the exception of the Far North West and North West zones. The Meadow Lake and Area (NW2) health network is grouped in the North West zone rather than the Far North West zone.

Date of Payment – Statistics are based on the date the service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2022-23 include some services provided in 2021-22. Fiscal years typically consist of 26 pay periods.

Payment Adjustments – The difference between payments shown in *Total Expenditures 2022-23* 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 *Total Expenditures 2022-23*.

Virtual Care – Effective March 13, 2020, temporary virtual care fee codes for physicians providing services via telephone or secure video during the pandemic were implemented. Negotiated virtual care fee codes for family physicians were piloted as of January 1, 2021, and virtual care fee codes for specialists were piloted as of June 1, 2021. These services and payments are included under new virtual care sections according to their service type (Tables 7, 8, 9, 10, and 15).

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

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

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

- (a) **Consultations** – a consultation is the referral of a patient by one physician to another for examination, diagnosis and requires a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.
- (b) **Major Assessments** – a major (complete or initial) assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Chronic disease management visits and eye examinations by physicians are included here.
- (c) **Other Assessments** – Other assessments are visits that comprise history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Follow-up assessments, well-baby care provided in the office, visits to special care homes and continuous personal attendance are included in this classification.
- (d) **Psychotherapy/Counselling** – Includes treatment interview, group therapy and counselling (including healthy lifestyle/health education counselling).
- (e) **Hospital Care** – Physician services provided in a hospital on a visit per day basis including newborn care in hospital, attendant and supportive care. Hospital visits covered by a composite payment, such as hospital care following surgery, are not included.
- (f) **Special Calls and Emergency** – Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and any non-system-generated out-of-hours premiums.
- (g) **Major Surgery** – All 42 day surgical procedures excluding those falling in the Obstetrics classification. The “day” classification refers to the number of days of post-operative care included in the procedural fee.
- (h) **Minor Surgery** – All 0 and 10 day surgical procedures excluding those falling in the Obstetrics classification.
- (i) **Surgical Assistance** – Services of physicians as required to assist the surgeon during a surgery, includes assistant standby.
- (j) **Obstetrics** – Includes hospital stay, abortions, 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; family physician 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 exams to determine refractive error for eligible patients; diabetic eye exams; consultations for Junior Idiopathic Arthritis or High Risk Medication patients; various tests associated with the exams or consultations (tonometry, OCTs, etc.); and ocular urgencies and emergencies for all Saskatchewan beneficiaries.
- (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 ⁹	Per Cent Change Due to Utilization Increases ¹⁰
2018-19	698,948	0.61	0.00	0.61
2019-20 ²	727,404	4.07	0.02	4.05
2020-21 ^{2,3,5,6}	559,364	-23.10	3.84	-26.94
2021-22 ^{4,6,7,8}	670,951	19.95	1.72	18.23
2022-23	719,329	7.21	0.00	7.21
Average Annual Per Cent Change 2018-19 to 2022-23		0.70	1.10	-0.62

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

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

³ Excludes one-time SMA Program funding in lieu of retroactive payments to physicians.

⁴ Lump sum payments made to optometrists in lieu of retroactive amendments to Payment Schedules are excluded.

⁵ Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

⁶ Includes temporary pandemic codes (effective March 13, 2020 to May 31, 2021) and non-insured family physician virtual care pilot codes (effective January 1, 2021).

⁷ Non-insured family physician and specialty virtual care pilot codes were implemented January 1, 2021 and June 1, 2021, respectively.

⁸ Payments and services in 2021-22 affected by COVID-19.

⁹ Fee schedule increases are based on theoretical values of fee and new items increases.

¹⁰ 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

	2021-22		2022-23	
	Number of Practitioners ⁴	Adjustment or Recovery (\$000s)	Number of Practitioners ⁴	Adjustment or Recovery (\$000s)
Routine Adjustments on In-Province Claims ¹	2,662	11,867.2	2,681	11,244.4
Routine Adjustments on Out-of-Province Claims ¹	–	373.2	–	598.5
Special MSP Studies and Professional Review Activity ²	5	1,029.8	7	1,516.7
Third Party Liability Recoveries ³		7,457.5		8,321.0
Total		20,727.6		21,680.6

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*.

⁴ Number of practitioners is based on any payment activity, including reversal payments.

Table 3

Claims Paid by Method of Billing

Claims Received from:	Number of Claims		Per Cent of Claims	
	2021-22 ⁵	2022-23	2021-22	2022-23
Physicians, Dentist & Dental Surgeons	8,476,545	8,677,744	97.23	97.04
In-Province Claims ¹	8,208,259	8,398,457	94.15	93.91
Out-of-Province Reciprocal Billing ²	267,760	278,648	3.07	3.12
Other Out-of-Province	526	639	0.01	0.01
Optometrists ³	241,155	263,408	2.77	2.95
In-Province Claims	239,839	261,312	2.75	2.92
Out-of-Province	1,316	2,096	0.02	0.02
Beneficiaries ⁴	744	1,472	0.01	0.02
Total	8,718,444	8,942,624	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.

⁵ Payments and services in 2021-22 affected by COVID-19.

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, 2022		Rate Per 1,000 Beneficiaries			
			Services		Payments (\$)	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	6,690	6,555	13,538	11,706	910,548	762,614
1 – 4.....	30,284	28,699	5,731	5,060	342,302	297,041
5 – 14.....	83,670	80,065	3,584	3,433	180,840	170,987
15 – 24.....	76,719	72,372	3,930	7,683	209,085	419,695
25 – 44.....	175,919	169,796	5,240	11,048	279,174	623,856
45 – 64.....	147,148	143,559	10,444	13,164	571,403	699,225
65 and over.....	96,379	109,630	22,549	22,072	1,259,120	1,175,777
All Beneficiaries.....	616,809	610,676	8,913	11,853	489,900	643,216
B. Optometrists						
Under 1	6,690	6,555	72	82	3,988	4,471
1 – 4.....	30,284	28,699	263	275	14,519	15,142
5 – 14.....	83,670	80,065	478	512	26,910	28,699
15 – 24.....	76,719	72,372	191	239	9,594	11,805
25 – 44.....	175,919	169,796	115	169	3,250	4,822
45 – 64.....	147,148	143,559	388	436	9,594	11,208
65 and over.....	96,379	109,630	809	727	19,763	18,505
All Beneficiaries.....	616,809	610,676	354	389	11,903	13,219
C. Dentists						
Under 1	6,690	6,555	2	3	182	231
1 – 4.....	30,284	28,699	–	–	249	101
5 – 14.....	83,670	80,065	5	5	893	699
15 – 24.....	76,719	72,372	12	14	2,809	3,470
25 – 44.....	175,919	169,796	5	5	831	1,108
45 – 64.....	147,148	143,559	6	7	952	1,206
65 and over.....	96,379	109,630	7	7	1,060	1,040
All Beneficiaries.....	616,809	610,676	6	7	1,115	1,289

Notes:

- 1) Includes out-of-province (reciprocal) services and costs.
- 2) Excludes payments for specialist and family physician 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	2021-22				2022-23			
	Number of Beneficiaries	Per Cent of			Number of Beneficiaries	Per Cent of		
		Beneficiaries	Payments	Services		Beneficiaries	Payments	Services
A. Physicians Only								
\$0.00 ¹	278,127	23.1	–	<0.1	258,738	21.1	–	<0.1
\$0.01 – \$25.00	17,289	1.4	–	0.2	14,793	1.2	–	0.2
\$25.01 – \$50.00	91,774	7.6	0.5	0.9	94,091	7.7	0.5	0.8
\$50.01 – \$100.00	96,887	8.0	1.1	1.7	98,552	8.0	1.1	1.6
\$100.01 – \$250.00	208,592	17.3	5.4	7.3	217,350	17.7	5.2	7.1
\$250.01 – \$500.00	180,055	14.9	10.0	12.6	189,298	15.4	9.8	12.3
\$500.01 – \$1,000.00	160,726	13.3	17.5	20.1	169,971	13.8	17.3	19.8
\$1,000.01 – \$1,500.00	64,551	5.4	12.1	12.8	69,161	5.6	12.1	12.7
\$1,500.01 – \$2,000.00	35,176	2.9	9.4	9.1	37,112	3.0	9.2	9.0
\$2,000.01 – \$5,000.00	59,519	4.9	27.0	23.1	64,855	5.3	27.5	23.8
Over \$5,000.00	12,534	1.0	16.8	12.2	13,564	1.1	17.0	12.6
Total	1,205,230	100.0	100.0	100.0	1,227,485	100.0	100.0	100.0
B. Optometrists Only								
\$0.00 ¹	1,033,475	85.7	–	<0.1	1,041,538	84.9	–	<0.1
\$0.01 – \$25.00	34	–	–	–	37	–	–	–
\$25.01 – \$50.00	7,113	0.6	2.1	1.9	7,217	0.6	1.6	2.0
Over \$50.00	164,608	13.7	97.9	98.1	178,693	14.6	98.4	98.0
Total	1,205,230	100.0	100.0	100.0	1,227,485	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 (reciprocal) services and costs.
- 2) Excludes payments for specialist and family physician 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	6,690	7,823	100.00	13.54	910.55	11.58	778.67	67.26
	F	6,555	7,298	100.00	11.71	762.61	10.51	684.97	65.15
	T	13,245	15,121	100.00	12.63	837.33	11.06	733.45	66.29
1 – 4	M	30,284	24,919	82.28	5.73	342.30	6.97	416.00	59.73
	F	28,699	23,179	80.77	5.06	297.04	6.26	367.78	58.71
	T	58,983	48,098	81.55	5.40	320.28	6.63	392.76	59.26
5 – 9	M	41,595	28,669	68.92	3.87	198.68	5.61	288.26	51.39
	F	39,848	27,004	67.77	3.39	168.02	5.00	247.94	49.57
	T	81,443	55,673	68.36	3.63	183.68	5.31	268.70	50.56
10 – 14	M	42,075	26,027	61.86	3.30	163.20	5.34	263.83	49.40
	F	40,217	24,929	61.99	3.48	173.92	5.61	280.58	50.03
	T	82,292	50,956	61.92	3.39	168.44	5.47	272.03	49.71
15 – 19	M	38,100	24,147	63.38	3.98	211.27	6.28	333.35	53.12
	F	36,088	27,543	76.32	6.50	349.30	8.52	457.67	53.71
	T	74,188	51,690	69.67	5.21	278.41	7.47	399.59	53.48
20 – 24	M	38,619	22,728	58.85	3.88	206.93	6.60	351.61	53.29
	F	36,284	29,252	80.62	8.86	489.71	10.99	607.43	55.29
	T	74,903	51,980	69.40	6.29	343.91	9.07	495.57	54.66
25 – 29	M	40,983	24,081	58.76	4.22	222.30	7.18	378.32	52.72
	F	39,374	32,471	82.47	10.91	640.06	13.23	776.13	58.67
	T	80,357	56,552	70.38	7.50	427.00	10.65	606.73	56.96
30 – 34	M	45,583	28,592	62.73	4.90	266.00	7.81	424.08	54.29
	F	44,355	36,825	83.02	11.81	700.06	14.22	843.21	59.30
	T	89,938	65,417	72.74	8.31	480.07	11.42	660.02	57.80
35 – 39	M	46,478	31,100	66.91	5.43	287.07	8.11	429.01	52.87
	F	45,364	37,728	83.17	10.88	598.55	13.08	719.69	55.01
	T	91,842	68,828	74.94	8.12	440.92	10.84	588.35	54.29
40 – 44	M	42,875	29,741	69.37	6.37	338.99	9.19	488.69	53.19
	F	40,703	34,131	83.85	10.54	553.34	12.57	659.89	52.48
	T	83,578	63,872	76.42	8.40	443.38	11.00	580.17	52.76
45 – 49	M	37,437	27,252	72.79	7.56	399.89	10.39	549.34	52.87
	F	35,640	30,181	84.68	11.20	576.38	13.23	680.63	51.45
	T	73,077	57,433	78.59	9.34	485.96	11.88	618.33	52.04
50 – 54	M	34,503	26,484	76.76	9.20	483.05	11.98	629.31	52.52
	F	33,292	28,632	86.00	12.65	661.78	14.71	769.49	52.32
	T	67,795	55,116	81.30	10.89	570.82	13.40	702.13	52.41
55 – 59	M	36,858	28,970	78.60	11.07	619.62	14.09	788.33	55.95
	F	36,485	31,074	85.17	13.16	711.15	15.46	834.99	54.02
	T	73,343	60,044	81.87	12.11	665.15	14.80	812.48	54.91
60 – 64	M	38,350	32,722	85.32	13.77	771.98	16.14	904.76	56.05
	F	38,142	34,490	90.43	15.45	835.29	17.08	923.73	54.07
	T	76,492	67,212	87.87	14.61	803.55	16.62	914.49	55.01
65 – 69	M	33,812	30,989	91.65	17.52	1,013.69	19.11	1,106.04	57.87
	F	34,102	31,930	93.63	17.70	979.16	18.91	1,045.76	55.31
	T	67,914	62,919	92.65	17.61	996.35	19.01	1,075.45	56.58
70 – 74	M	24,822	23,920	96.37	21.52	1,223.69	22.33	1,269.84	56.88
	F	25,629	24,701	96.38	21.10	1,155.68	21.90	1,199.10	54.76
	T	50,451	48,621	96.37	21.31	1,189.14	22.11	1,233.90	55.81
75 & Over	M	37,745	38,753	100.00	27.74	1,502.27	27.02	1,463.19	54.16
	F	49,899	50,728	100.00	25.55	1,320.47	25.14	1,298.90	51.67
	T	87,644	89,481	100.00	26.49	1,398.77	25.95	1,370.05	52.80
Total all ages	M	616,809	456,917	74.08	8.91	502.01	12.03	677.68	56.33
	F	610,676	512,096	83.86	11.85	643.22	14.13	767.04	54.27
	T	1,227,485	969,013	78.94	10.38	572.26	13.14	724.90	55.16

¹ Population as at June 30, 2022.

² Population treated at any time during the fiscal year.

Notes: 1) Excludes payments for specialist and family physician emergency coverage programs.
2) Includes out-of-province (reciprocal) 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 2021-22 to 2022-23
	2021-22 ³	2022-23	2021-22 ³	2022-23	
In-Province Physician Services.....	11,575.9	12,004.7	9,605	9,780	1.82
Consultations: In-Person.....	483.5	531.2	401	433	7.87
Consultations: Virtual.....	63.0	57.5	52	47	–
Major Assessments: In-Person.....	439.7	504.8	365	411	12.74
Major Assessments: Virtual.....	3.6	1.2	3	1	-66.40
Other Assessments: In-Person.....	2,681.9	3,364.7	2,225	2,741	23.19
Other Assessments: Virtual.....	1,523.6	955.6	1,264	779	-38.42
Psychotherapy: In-Person.....	166.4	185.9	138	151	9.70
Psychotherapy: Virtual.....	119.9	50.9	99	41	-58.35
Total Visit Services.....	5,481.5	5,651.8	4,548	4,604	1.24
Hospital Care.....	492.4	527.8	409	430	5.25
Special Calls and Emergency.....	210.9	226.3	175	184	5.39
Major Surgery.....	138.1	161.6	115	132	14.89
Minor Surgery.....	271.9	294.7	226	240	6.43
Surgical Assistance.....	160.0	181.3	133	148	11.22
Obstetrics.....	20.0	18.2	17	15	-10.60
Anesthesia.....	733.8	823.2	609	671	10.16
Total Surgical Services.....	1,323.7	1,479.0	1,098	1,205	9.70
Diagnostic Radiology.....	283.5	303.6	235	247	5.13
Laboratory Services.....	172.4	170.7	143	139	-2.78
Other Diagnostic and Therapeutic Services.....	2,437.8	2,535.5	2,023	2,066	2.12
Miscellaneous Services ² : In-Person.....	1,064.6	1,104.5	883	900	1.87
Miscellaneous Services ² : Virtual.....	109.2	5.5	91	4	-95.08
Total Diagnostic Services.....	4,067.5	4,119.8	3,375	3,356	-0.55
In-Province Dental Services.....	9.8	7.9	8	6	-20.62
In-Province Optometric Services.....	397.9	441.1	330	359	8.84
Refractions by Optometrists.....	101.9	108.6	85	88	4.64
Other Optometric Services: In-Person.....	293.7	330.1	244	269	10.36
Other Optometric Services: Virtual.....	2.3	2.3	2	2	0.13
Out-of-Province Services					
Physician Services.....	691.4	731.0	574	596	3.81
Dental Services.....	0.1	0.1	–	–	–
Optometric Services.....	12.8	15.1	11	12	15.75
All Services.....	12,687.9	13,199.9	10,527	10,753	2.15

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

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

³ Payments and services in 2021-22 affected by COVID-19.

Notes:

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

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

Table 8

Payments by Type of Service

Type of Service ¹	Payments (\$000s)		Payments Per 1,000 Beneficiaries (\$)		
	2021-22 ³	2022-23	2021-22 ³	2022-23	Per Cent Change 2021-22 to 2022-23
In-Province Physician Services.....	617,922	660,940	512,701	538,450	5.02
Consultations: In-Person.....	70,058	77,295	58,128	62,970	8.33
Consultations: Virtual.....	6,497	5,887	5,390	4,796	-11.03
Major Assessments: In-Person.....	28,857	33,022	23,943	26,903	12.36
Major Assessments: Virtual.....	149	51	124	41	-66.46
Other Assessments: In-Person.....	129,716	165,791	107,628	135,066	25.49
Other Assessments: Virtual.....	53,219	33,807	44,157	27,542	-37.63
Psychotherapy: In-Person.....	8,141	9,466	6,755	7,712	14.17
Psychotherapy: Virtual.....	5,522	2,241	4,582	1,825	-60.16
Total Visit Services.....	302,158	327,560	250,706	266,855	6.44
Hospital Care.....	18,715	20,178	15,528	16,439	5.86
Special Calls and Emergency.....	10,392	10,842	8,623	8,832	2.43
Major Surgery.....	54,441	62,720	45,171	51,096	13.12
Minor Surgery.....	10,360	11,067	8,596	9,016	4.89
Surgical Assistance.....	15,299	17,231	12,694	14,037	10.58
Obstetrics.....	10,110	9,070	8,388	7,389	-11.91
Anesthesia.....	40,215	44,462	33,367	36,222	8.56
Total Surgical Services.....	130,424	144,549	108,215	117,760	8.82
Diagnostic Radiology.....	14,859	16,135	12,329	13,145	6.62
Laboratory Services.....	1,020	1,013	846	825	-2.52
Other Diagnostic and Therapeutic Services....	110,884	116,591	92,003	94,983	3.24
Miscellaneous Services ² : In-Person.....	22,841	23,874	18,951	19,449	2.63
Miscellaneous Services ² : Virtual.....	6,629	199	5,500	162	-97.05
Total Diagnostic Services.....	156,233	157,811	129,629	128,564	-0.82
In-Province Dental Services.....	1,197	1,451	993	1,182	18.96
In-Province Optometric Services.....	13,121	14,865	10,887	12,110	11.24
Refractions by Optometrists.....	5,930	6,518	4,921	5,310	7.91
Other Optometric Services: In-Person.....	7,114	8,273	5,902	6,740	14.19
Other Optometric Services: Virtual.....	77	74	64	60	-5.83
Out-of-Province Services					
Physician Services.....	38,241	41,500	31,729	33,809	6.55
Dental Services.....	16	24	14	19	41.60
Optometric Services.....	453	550	376	448	19.13
All Services.....	670,951	719,329	556,700	586,018	5.27

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

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

³ Payments and services in 2021-22 affected by COVID-19.

Notes:

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

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

Table 9

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

Type of Service ¹	2021-22 ³			2022-23		
	General Practice	Specialties	All Practitioners	General Practice	Specialties	All Practitioners
In-Province Physician Services.....	39.24	68.03	53.38	40.59	69.79	55.06
Consultations: In-Person.....	98.21	147.69	144.90	98.47	148.68	145.52
Consultations: Virtual.....	63.18	104.48	103.16	66.63	103.51	102.32
Major Assessments: In-Person.....	62.93	88.04	65.63	62.43	91.08	65.41
Major Assessments: Virtual.....	41.21	–	41.21	41.13	–	41.13
Other Assessments: In-Person.....	44.96	59.98	48.37	45.40	64.40	49.27
Other Assessments: Virtual.....	32.86	48.09	34.93	31.90	47.78	35.38
Psychotherapy: In-Person.....	42.76	76.08	48.93	43.44	94.04	50.93
Psychotherapy: Virtual.....	37.46	58.38	46.06	37.46	64.66	44.05
Average Of Visit Services.....	42.91	88.76	55.12	45.11	92.22	57.96
Hospital Care.....	40.91	36.04	38.01	41.19	36.17	38.23
Special Calls and Emergency.....	48.44	50.27	49.29	46.60	49.56	47.90
Major Surgery.....	222.96	399.13	394.31	239.94	392.30	388.23
Minor Surgery.....	19.00	58.21	38.10	18.75	55.78	37.55
Surgical Assistance.....	82.09	137.75	95.60	81.75	141.20	95.05
Obstetrics.....	607.72	455.40	506.62	570.67	457.83	499.15
Anesthesia.....	49.39	55.51	54.81	48.53	54.62	54.01
Average Of Surgical Services.....	61.02	112.28	98.53	60.79	110.51	97.74
Diagnostic Radiology.....	–	52.40	52.40	–	53.15	53.15
Laboratory Services.....	5.69	10.16	5.92	5.72	10.18	5.93
Other Diagnostic and Therapeutic Services.....	18.45	48.95	45.49	16.69	50.01	45.98
Miscellaneous Services ² : In-Person.....	12.13	18.95	14.16	11.91	21.16	14.85
Miscellaneous Services ² : Virtual.....	28.39	65.16	60.71	24.51	45.76	36.38
Average Of Diagnostic Services.....	12.89	46.40	36.50	12.31	46.72	36.49
In-Province Dental Services.....	–	–	122.12	–	–	183.02
In-Province Optometric Services.....	–	–	32.97	–	–	33.70
Refractions by Optometrists.....	–	–	58.19	–	–	60.00
Other Optometric Services: In-Person.....	–	–	24.22	–	–	25.06
Other Optometric Services: Virtual.....	–	–	33.82	–	–	31.81
Out-of-Province Services.....	–	–	–	–	–	–
Physician Services.....	52.45	56.56	55.31	54.49	57.76	56.77
Dental Services.....	–	–	270.23	–	–	224.26
Optometric Services.....	–	–	35.48	–	–	36.52
All Services.....	39.69	67.14	52.88	41.08	68.84	54.50

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

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

³ Payments and services in 2021-22 affected by COVID-19.

Notes:

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

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

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	
	2021-22 ³	2022-23	2021-22 ³	2022-23
In-Province Physician Services.....	91.24	90.95	92.10	91.88
Consultations: In-Person.....	3.81	4.02	10.44	10.75
Consultations: Virtual.....	0.50	0.44	0.97	0.82
Major Assessments: In-Person.....	3.47	3.82	4.30	4.59
Major Assessments: Virtual.....	0.03	0.01	0.02	0.01
Other Assessments: In-Person.....	21.14	25.49	19.33	23.05
Other Assessments: Virtual.....	12.01	7.24	7.93	4.70
Psychotherapy: In-Person.....	1.31	1.41	1.21	1.32
Psychotherapy: Virtual.....	0.94	0.39	0.82	0.31
Total Visit Services.....	43.20	42.82	45.03	45.54
Hospital Care.....	3.88	4.00	2.79	2.81
Special Calls and Emergency.....	1.66	1.71	1.55	1.51
Major Surgery.....	1.09	1.22	8.11	8.72
Minor Surgery.....	2.14	2.23	1.54	1.54
Surgical Assistance.....	1.26	1.37	2.28	2.40
Obstetrics.....	0.16	0.14	1.51	1.26
Anesthesia.....	5.78	6.24	5.99	6.18
Total Surgical Services.....	10.43	11.20	19.44	20.09
Diagnostic Radiology.....	2.23	2.30	2.21	2.24
Laboratory Services.....	1.36	1.29	0.15	0.14
Other Diagnostic and Therapeutic Services.....	19.21	19.21	16.53	16.21
Miscellaneous Services ² : In-Person.....	8.39	8.37	3.40	3.32
Miscellaneous Services ² : Virtual.....	0.86	0.04	0.99	0.03
Total Diagnostic Services.....	32.06	31.21	23.29	21.94
In-Province Dental Services.....	0.08	0.06	0.18	0.20
In-Province Optometric Services.....	3.14	3.34	1.96	2.07
Refractions by Optometrists.....	0.80	0.82	0.88	0.91
Other Optometric Services: In-Person.....	2.31	2.50	1.06	1.15
Other Optometric Services: Virtual.....	0.02	0.02	0.01	0.01
Out-of-Province Services				
Physician Services.....	5.45	5.54	5.70	5.77
Dental Services.....	—	—	—	—
Optometrist Services.....	0.10	0.11	0.07	0.08
All Services.....	100.00	100.00	100.00	100.00

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

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

³ Payments and services in 2021-22 affected by COVID-19.

Notes:

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

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

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	12,032.0	98.8	14.2	489.0	941.2	9,498.7	960.8	23.1	6.2
Specialties									
Pediatrics and Medical Genetics.....	1,679.0	10.9	2.0	39.5	50.0	1,538.6	37.6	0.1	0.1
Internal Medicine and Physical Medicine.....	4,347.3	31.0	3.3	271.5	203.9	3,646.0	157.7	28.0	5.8
Neurology.....	234.0	0.7	0.1	14.4	27.7	171.0	18.7	1.2	0.2
Psychiatry.....	1,396.5	8.6	7.7	86.2	59.5	1,082.3	151.7	0.5	–
Dermatology.....	346.5	21.5	0.1	6.5	32.7	277.7	7.6	0.4	–
Anesthesia.....	2,931.3	10.3	10.7	198.2	168.2	2,444.2	90.5	6.1	3.2
General and Cardiac Surgery	3,125.2	10.5	1.4	115.8	150.3	2,787.8	52.9	4.3	2.1
Orthopedic Surgery.....	1,253.4	10.2	12.1	64.3	138.6	921.2	93.6	12.3	1.1
Plastic Surgery.....	909.5	2.3	467.9	20.2	16.5	336.3	19.7	46.5	0.1
Neurosurgery.....	290.2	–	0.2	20.9	24.2	223.0	21.2	–	0.8
Obstetrics and Gynecology	1,321.9	14.5	2.1	63.3	163.8	1,026.8	48.0	0.2	3.1
Urological Surgery	232.9	5.1	0.3	18.6	6.1	184.0	17.9	0.2	0.8
Ophthalmology.....	948.0	3.1	0.2	22.7	39.8	826.5	49.3	5.5	1.1
Otolaryngology.....	881.0	3.7	0.4	16.5	19.3	813.5	26.2	1.2	0.1
Pathology.....	4,836.9	2.1	0.2	40.1	21.6	4,624.5	146.9	1.1	0.4
Diagnostic Radiology.....	4,439.1	20.1	0.2	101.7	272.8	4,004.5	38.6	1.0	0.2
US Services with Prior Approval	295.3	–	–	–	–	–	–	295.3	–
All Physicians	41,499.9	253.5	523.1	1,589.4	2,336.1	34,406.6	1,939.0	427.0	25.2
Dentists.....	23.8	–	–	–	4.4	19.4	–	–	–
Optometrists	550.1	–	0.1	0.1	54.2	495.4	0.1	0.3	–

Notes:

- 1) Includes optometric services covered by the Supplementary Health Program.
- 2) Saskatchewan reimburses other provinces or territories, except Quebec, for physician services provided to Saskatchewan beneficiaries 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	4,556.4	32.4	3.9	37.9	29.1	365.7	813.5	2,761.0	479.9	15.4	11.9	5.8
Specialties												
Pediatrics and Medical Genetics.....	129.1	0.6	–	1.1	0.2	14.3	27.5	70.9	13.0	0.7	0.7	–
Internal Medicine and Physical Medicine....	966.8	2.1	0.0	4.9	9.0	64.3	156.5	620.1	104.3	3.7	1.0	0.8
Neurology	61.1	–	0.0	0.6	1.0	6.4	16.8	28.8	7.2	–	0.2	–
Cardiology	415.7	1.2	0.3	7.0	3.8	38.8	138.8	168.0	52.4	3.6	1.9	0.0
Psychiatry	346.0	5.0	0.2	3.8	2.1	64.6	53.0	159.1	50.5	0.8	6.4	0.6
Dermatology.....	22.1	–	–	0.1	0.1	2.5	6.5	9.0	4.0	–	–	–
Anesthesia	964.6	6.2	–	5.2	1.9	55.6	208.6	600.4	76.6	5.4	2.0	2.8
General Surgery	940.2	5.0	0.2	5.2	3.0	26.1	90.7	752.5	52.7	2.9	1.3	0.5
Cardiac Surgery	79.8	–	–	–	–	6.1	49.8	11.7	12.2	–	–	–
Orthopedic Surgery.....	585.4	0.5	0.1	2.6	1.5	42.2	139.7	343.3	54.0	0.2	1.0	0.2
Plastic Surgery.....	83.6	0.2	–	1.4	1.1	18.0	21.0	29.0	12.2	0.7	–	–
Neurosurgery.....	204.0	1.0	–	–	–	37.8	25.5	87.8	50.6	–	0.0	1.2
Obstetrics and Gynecology	282.6	0.6	0.0	2.4	2.4	22.4	69.1	144.0	30.7	6.1	0.8	4.2
Urological Surgery	156.9	2.0	–	0.2	0.3	13.8	99.0	29.1	12.3	–	0.0	–
Ophthalmology.....	1,159.3	1.7	–	4.7	2.6	24.2	355.7	716.3	48.0	3.3	0.8	2.1
Otolaryngology.....	220.4	0.3	0.1	–	1.8	12.4	42.5	152.3	10.7	0.4	–	–
Pathology.....	602.4	2.2	0.4	5.4	7.2	89.8	86.8	286.7	115.6	4.3	1.6	2.4
Diagnostic Radiology.....	629.6	4.0	0.9	6.5	5.5	78.2	228.9	205.2	89.7	3.9	2.5	4.2
All Specialties	7,849.5	32.8	2.2	51.3	43.5	617.5	1,816.4	4,414.1	796.8	35.8	20.2	18.9
All Physicians	12,405.9	65.3	6.1	89.2	72.6	983.2	2,629.8	7,175.1	1,276.8	51.1	32.1	24.7

Notes:

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

Table 13a

Payments (\$000s) for Out-of-Province Hospital Services 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		5,265.3	–	–	18.6	–	5,246.7	–	–	–
Special Implants / Devices		8,205.8	–	–	20.6	–	8,010.3	174.8	–	–
Bone Marrow / Stem Cell Transplants		2,237.4	–	–	–	92.4	2,145.0	–	–	–
Out-of-Country		243.0	–	–	–	–	–	–	243.0	–
Other Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis										
I.	Certain Infectious & Parasitic Diseases	1,228.9	12.1	1.0	185.4	93.7	717.9	209.6	4.5	4.8
II.	Neoplasms.....	2,645.5	–	–	457.2	42.4	1,557.1	192.0	396.2	0.6
III.	Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism.....	228.5	–	–	17.3	–	209.1	1.8	–	0.3
IV.	Endocrine, Nutritional & Metabolic Diseases	955.3	16.0	–	10.6	46.7	837.4	44.3	0.3	–
V.	Mental & Behavioural Disorders.....	3,012.2	150.0	112.2	133.1	207.8	1,632.9	776.1	–	0.1
VI.	Diseases of the Nervous System.....	766.2	61.2	13.9	16.0	71.7	347.9	255.4	0.1	–
VII.	Diseases of the Eye and Adnexa.....	162.5	–	–	3.7	–	143.9	14.9	–	–
VIII.	Diseases of the Ear and Mastoid Process	6.7	–	–	–	–	6.5	–	–	0.2
IX.	Diseases of the Circulatory System	7,897.0	50.0	–	541.1	168.3	5,973.0	650.8	510.5	3.3
X.	Diseases of the Respiratory System.....	2,036.8	1.5	–	79.4	57.4	1,804.8	92.4	–	1.3
XI.	Diseases of the Digestive System	4,383.8	52.2	38.1	872.8	95.5	2,803.5	516.9	1.7	3.2
XII.	Diseases of the Skin & Subcutaneous Tissue.....	604.8	11.5	–	18.5	5.1	478.8	90.2	0.7	–
XIII.	Diseases of the Musculoskeletal System & Connective Tissue.....	489.6	5.4	18.0	36.4	75.9	206.5	108.0	38.6	0.7
XIV.	Diseases of the Genitourinary System	657.3	17.5	–	11.6	62.6	463.5	101.6	0.1	0.4
XV.	Pregnancy, Childbirth and the Puerperium	1,183.4	19.8	–	92.0	252.3	783.4	35.9	–	–
XVI.	Certain Conditions Originating in the Perinatal Period	3,032.5	–	1.7	51.5	566.4	2,016.3	396.7	–	–
XVII.	Congenital Malformations, Deformations & Chromosomal Abnormalities.....	9,626.5	–	531.9	22.2	8.4	9,044.2	19.7	–	0.1
XVIII.	Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified.....	1,238.1	7.3	1.4	107.7	36.7	797.1	282.0	0.3	5.6
XIX.	Injury, Poisoning & Certain Other Consequences of External Causes	6,061.5	21.0	13.1	144.3	492.9	4,831.6	547.3	9.5	1.8
XX.	External Causes of Morbidity and Mortality	7.3	–	2.3	–	–	–	4.9	–	–
XXI.	Factors Influencing Health Status & Contact with Health Services.....	2,114.7	23.0	38.7	132.3	196.4	1,663.7	60.7	–	–
XXII.	Codes for Special Purposes	1,091.7	–	–	566.5	43.8	404.8	75.5	0.6	0.4
Outpatient Treatment										
Standard Outpatient Visit.....		12,366.7	336.9	117.4	948.3	1,152.0	8,213.2	1,587.9	8.8	2.1
Day Care Surgery		2,242.5	16.3	20.8	150.4	506.0	1,313.2	234.9	0.5	0.3
Hemodialysis.....		1,297.9	0.5	–	19.5	0.5	1,094.1	182.5	–	0.7
Computerized Tomography (CT Scan)		1,330.9	25.9	19.1	137.6	127.4	728.7	292.2	0.1	–
Magnetic Resonance Imaging (MRI)		511.0	2.1	4.4	37.2	43.6	371.7	52.0	–	–
Positron Emission Tomography (PET Scan).....		121.4	–	–	2.2	2.9	90.8	25.5	–	–
Radiotherapy Services.....		146.0	–	–	12.6	4.0	83.1	46.4	–	–
Cancer Chemotherapy Drugs		282.5	–	0.7	5.0	12.7	226.1	38.0	–	–
Gamma Knife Procedure.....		305.5	–	–	–	187.0	118.5	–	–	–
Brachytherapy		57.0	–	–	–	–	57.0	–	–	–
Laboratory and Other Diagnostic Imaging.....		2,150.3	45.4	6.4	14.3	59.8	1,801.9	222.5	–	–
Other Treatments		1,087.4	1.2	6.7	772.5	–	274.3	32.8	–	–
Out-of-Country.....		94.5	–	–	–	–	–	–	94.5	–
Total		87,375.9	876.7	947.8	5,638.5	4,712.6	66,498.2	7,366.3	1,309.8	26.0

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		30	–	–	1	–	29	–	–	–
Special Implants / Devices		69	–	–	1	–	65	3	–	–
Bone Marrow / Stem Cell Transplants		8	–	–	–	1	7	–	–	–
Out-of-Country		2	–	–	–	–	–	–	2	–
Other Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis										
I.	Certain Infectious & Parasitic Diseases	85	2	1	6	5	45	11	7	8
II.	Neoplasms.....	96	–	–	17	6	59	11	2	1
III.	Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism.....	22	–	–	4	–	16	1	–	1
IV.	Endocrine, Nutritional & Metabolic Diseases	74	1	–	4	12	51	5	1	–
V.	Mental & Behavioural Disorders.....	237	4	5	20	19	123	65	–	1
VI.	Diseases of the Nervous System.....	43	1	1	1	2	31	6	1	–
VII.	Diseases of the Eye and Adnexa.....	20	–	–	1	–	16	3	–	–
VIII.	Diseases of the Ear and Mastoid Process	4	–	–	–	–	3	–	–	1
IX.	Diseases of the Circulatory System	328	5	–	41	13	207	36	20	6
X.	Diseases of the Respiratory System.....	182	1	–	18	8	136	16	–	3
XI.	Diseases of the Digestive System	335	9	3	43	23	202	40	7	8
XII.	Diseases of the Skin & Subcutaneous Tissue.....	43	2	–	2	1	27	9	2	–
XIII.	Diseases of the Musculoskeletal System & Connective Tissue.....	70	1	5	4	27	15	11	5	2
XIV.	Diseases of the Genitourinary System	108	3	–	2	12	71	17	1	2
XV.	Pregnancy, Childbirth and the Puerperium	327	7	–	24	80	205	11	–	–
XVI.	Certain Conditions Originating in the Perinatal Period	150	–	–	12	25	102	11	–	–
XVII.	Congenital Malformations, Deformations & Chromosomal Abnormalities	121	–	4	5	3	107	1	–	1
XVIII.	Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified	119	2	1	13	10	63	19	2	9
XIX.	Injury, Poisoning & Certain Other Consequences of External Causes	342	5	1	16	40	206	50	18	6
XX.	External Causes of Morbidity and Mortality	2	–	–	–	–	–	2	–	–
XXI.	Factors Influencing Health Status & Contact with Health Services.....	434	4	10	22	83	290	25	–	–
XXII.	Codes for Special Purposes	60	–	–	16	4	32	5	2	1
Outpatient Treatment										
Standard Outpatient Visit.....		37,364	1,087	351	3,003	3,455	24,503	4,740	177	48
Day Care Surgery.....		983	8	7	63	260	514	123	5	3
Hemodialysis.....		2,411	1	–	37	1	2,021	336	–	15
Computerized Tomography (CT Scan).....		1,963	41	28	215	187	1,064	427	1	–
Magnetic Resonance Imaging (MRI)		814	4	7	67	69	585	82	–	–
Positron Emission Tomography (PET Scan).....		81	–	–	2	2	68	9	–	–
Radiotherapy Services.....		258	–	–	29	7	143	79	–	–
Cancer Chemotherapy Drugs		184	–	1	7	28	129	19	–	–
Gamma Knife Procedure.....		17	–	–	–	11	6	–	–	–
Brachytherapy		14	–	–	–	–	14	–	–	–
Laboratory and Other Diagnostic Imaging		14,708	351	45	105	414	12,232	1,561	–	–
Other Treatments		259	1	1	7	–	228	22	–	–
Out-of-Country.....		37	–	–	–	–	–	–	37	–
Total		62,404	1,540	471	3,808	4,808	43,615	7,756	290	116

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		–	–	–	–	–	–	
Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis								
I.	Certain Infectious & Parasitic Diseases	158.0	–	–	–	8.6	133.0	16.4
II.	Neoplasms.....	373.5	8.3	–	26.2	251.7	61.7	25.6
III.	Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism	25.1	–	–	–	4.8	10.9	9.3
IV.	Endocrine, Nutritional & Metabolic Diseases	450.5	–	–	35.2	153.3	206.8	55.2
V.	Mental & Behavioural Disorders.....	1,472.3	27.4	–	261.5	315.6	575.1	292.8
VI.	Diseases of the Nervous System.....	214.0	1.8	–	10.9	78.2	104.7	18.4
VII.	Diseases of the Eye and Adnexa.....	14.2	–	–	–	4.5	9.7	–
VIII.	Diseases of the Ear and Mastoid Process	17.1	12.0	–	–	–	5.1	–
IX.	Diseases of the Circulatory System	1,445.6	64.0	5.1	78.3	534.0	511.9	252.3
X.	Diseases of the Respiratory System.....	390.1	32.1	–	48.7	120.3	118.6	70.4
XI.	Diseases of the Digestive System	637.1	29.1	–	25.0	163.9	307.3	111.8
XII.	Diseases of the Skin & Subcutaneous Tissue.....	80.4	5.5	3.0	7.4	6.2	33.7	24.6
XIII.	Diseases of the Musculoskeletal System & Connective Tissue	571.4	3.9	1.6	43.2	196.6	278.6	47.5
XIV.	Diseases of the Genitourinary System	311.3	4.9	–	62.9	87.3	136.2	20.0
XV.	Pregnancy, Childbirth and the Puerperium	488.9	22.9	1.6	24.6	208.7	181.1	50.0
XVI.	Certain Conditions Originating in the Perinatal Period	354.2	6.2	–	2.9	124.2	217.8	3.1
XVII.	Congenital Malformations, Deformations & Chromosomal Abnormalities.....	40.6	–	–	14.9	6.3	8.4	11.0
XVIII.	Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified.....	273.3	2.7	–	19.3	156.5	62.8	31.9
XIX.	Injury, Poisoning & Certain Other Consequences of External Causes	1,411.2	11.9	–	212.0	321.8	433.1	432.4
XX.	External Causes of Morbidity and Mortality	8.4	–	–	–	8.4	–	
XXI.	Factors Influencing Health Status & Contact with Health Services.....	631.0	5.5	–	14.4	241.6	297.2	72.3
XXII.	Codes for Special Purposes	167.3	7.5	–	22.3	46.5	42.3	48.7
Outpatient Treatment								
Standard Outpatient Visit.....		7,253.8	272.5	70.0	741.1	1,964.4	3,221.5	984.3
Day Care Surgery		1,595.2	37.6	3.6	71.0	614.2	712.9	156.1
Hemodialysis.....		75.6	1.1	13.6	8.2	8.1	36.4	8.2
Computerized Tomography (CT Scan).....		443.2	14.4	1.4	46.6	117.7	187.7	75.5
Magnetic Resonance Imaging (MRI)		114.3	6.3	0.6	8.3	25.4	64.1	9.5
Radiotherapy Services.....		99.6	–	–	6.5	39.7	53.4	–
Cancer Chemotherapy Drugs		315.2	7.3	–	28.8	162.5	87.4	29.3
Laboratory and Other Diagnostic Imaging		510.7	18.5	2.3	66.0	113.2	225.6	85.2
Other Treatments		0.7	–	–	–	0.3	0.3	–
Total.....		19,943.8	603.4	102.6	1,885.9	6,084.7	8,325.2	2,942.0

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		–	–	–	–	–	–	–
Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis								
I.	Certain Infectious & Parasitic Diseases	12	–	–	–	2	7	3
II.	Neoplasms.....	43	1	–	2	28	9	3
III.	Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism.....	3	–	–	–	1	1	1
IV.	Endocrine, Nutritional & Metabolic Diseases	46	–	–	4	13	19	10
V.	Mental & Behavioural Disorders.....	118	3	–	15	20	55	25
VI.	Diseases of the Nervous System.....	15	1	–	1	5	5	3
VII.	Diseases of the Eye and Adnexa.....	4	–	–	–	1	3	–
VIII.	Diseases of the Ear and Mastoid Process	3	1	–	–	–	2	–
IX.	Diseases of the Circulatory System	101	7	1	8	34	36	15
X.	Diseases of the Respiratory System.....	69	5	–	7	12	32	13
XI.	Diseases of the Digestive System	111	4	–	5	35	46	21
XII.	Diseases of the Skin & Subcutaneous Tissue.....	11	1	1	1	1	4	3
XIII.	Diseases of the Musculoskeletal System & Connective Tissue	67	1	1	3	26	30	6
XIV.	Diseases of the Genitourinary System	48	1	–	5	12	26	4
XV.	Pregnancy, Childbirth and the Puerperium	130	8	1	9	60	42	10
XVI.	Certain Conditions Originating in the Perinatal Period	30	2	–	2	20	5	1
XVII.	Congenital Malformations, Deformations & Chromosomal Abnormalities.....	8	–	–	2	2	3	1
XVIII.	Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified.....	54	1	–	4	24	16	9
XIX.	Injury, Poisoning & Certain Other Consequences of External Causes	128	5	–	12	40	46	25
XX.	External Causes of Morbidity and Mortality	1	–	–	–	1	–	–
XXI.	Factors Influencing Health Status & Contact with Health Services.....	104	3	–	3	52	37	9
XXII.	Codes for Special Purposes	24	2	–	2	5	10	5
Outpatient Treatment								
Standard Outpatient Visit.....		21,646	814	209	2,213	5,872	9,609	2,929
Day Care Surgery		899	22	1	36	381	379	80
Hemodialysis.....		139	2	25	15	15	67	15
Computerized Tomography (CT Scan)		647	21	2	68	172	274	110
Magnetic Resonance Imaging (MRI)		180	10	1	13	40	101	15
Radiotherapy Services.....		172	–	–	11	68	93	–
Cancer Chemotherapy Drugs		229	8	–	31	91	77	22
Laboratory and Other Diagnostic Imaging		3,588	126	16	464	795	1,587	600
Other Treatments		2	–	–	–	1	1	–
Total		28,632	1,049	258	2,936	7,829	12,622	3,938

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: In-Person.....	33.4	27.7	118.0	16.0	35.6	18.8	13.8	54.1	2.2
Consultations: Virtual.....	1.9	1.5	21.4	3.8	3.4	0.6	1.0	8.4	0.2
Special Eye Examination.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Major Assessments: In-Person.....	452.2	8.8	3.5	0.1	0.5	4.7	7.7	1.4	0.0
Major Assessments: Virtual.....	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Assessments: In-Person.....	2,679.1	45.1	87.4	13.1	13.1	180.2	13.6	38.1	0.8
Other Assessments: Virtual.....	746.4	19.4	39.2	11.1	4.2	52.7	4.7	21.8	0.4
Hospital Care Days.....	216.5	40.6	196.7	12.2	21.6	16.2	0.0	13.1	0.3
Special Calls and Emergency									
Surcharges.....	122.8	3.3	24.7	2.3	5.8	3.1	0.1	7.9	0.9
Premiums.....	3.9	0.5	3.4	0.1	0.3	0.3	0.0	0.2	0.0
Psychotherapy									
Base Time ² : In-Person.....	95.5	0.0	0.1	0.0	0.0	8.1	0.2	0.1	0.0
Additional Time: In-Person.....	62.9	0.0	0.0	0.0	0.0	17.3	0.1	0.1	0.0
Base Time ² : Virtual.....	24.6	0.7	0.0	0.0	0.0	3.6	0.0	0.0	0.0
Additional Time: Virtual.....	13.9	1.2	0.0	0.0	0.0	6.7	0.0	0.0	0.0
Major Surgery.....	4.3	0.0	1.3	0.7	1.1	0.0	0.3	18.7	4.8
Minor Surgery.....	145.1	0.0	0.6	0.0	0.1	0.0	66.2	9.8	0.0
Surgical Assistance.....	140.7	0.0	0.1	0.0	0.3	0.0	0.0	9.5	6.9
Obstetrics.....	6.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Anesthesia									
Operative.....	78.4	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Nerve Blocks and Epidurals.....	4.7	0.0	7.1	3.7	0.0	0.0	0.0	1.3	0.2
Diagnostic Radiology.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pathology/Laboratory Services.....	162.5	0.2	0.3	0.0	0.0	0.0	0.2	0.0	0.0
Diagnostic Ultrasound.....	0.2	2.7	4.7	0.0	84.0	0.0	0.0	0.0	0.0
Other Diagnostic and Therapeutic Services	306.1	46.3	409.7	22.5	230.6	29.1	27.7	70.3	0.3
Miscellaneous Services ³ : In-Person.....	752.9	39.8	98.3	12.1	13.3	52.1	12.1	21.7	0.8
Miscellaneous Services: Virtual.....	2.4	0.0	0.0	0.0	0.0	3.1	0.0	0.0	0.0
Total Services.....	6,058.3	238.0	1,016.6	97.7	414.1	396.5	147.7	276.6	17.9

¹ The "Definitions of Service Groupings" in *Statistical Figures and Tables* describes 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 Service¹ (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: In-Person.....	41.0	17.5	3.9	38.9	10.1	60.7	27.7	11.0	0.6	531.2
Consultations: Virtual.....	3.0	0.1	0.8	4.0	5.0	2.2	0.2	0.1	0.0	57.5
Special Eye Examination.....	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1
Major Assessments: In-Person.....	0.2	0.3	0.0	8.6	2.4	11.9	2.5	0.0	0.0	504.7
Major Assessments: Virtual.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2
Other Assessments: In-Person.....	55.6	15.6	3.2	75.9	8.2	101.7	29.5	4.5	0.0	3,364.7
Other Assessments: Virtual.....	9.6	2.1	2.5	20.6	11.8	4.3	4.8	0.0	0.0	955.6
Hospital Care Days.....	3.5	0.2	2.4	3.7	0.4	0.0	0.3	0.0	0.0	527.8
Special Calls and Emergency										
Surcharges.....	7.5	4.9	1.2	4.1	1.7	1.4	0.9	12.3	0.6	205.2
Premiums.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.3	0.0	21.1
Psychotherapy										
Base Time²: In-Person.....	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.1	0.0	104.6
Additional Time: In-Person.....	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.4	0.0	81.3
Base Time²: Virtual.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	29.0
Additional Time: Virtual.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	21.9
Major Surgery.....	30.8	10.8	10.9	5.3	7.1	53.0	12.0	0.0	0.2	161.6
Minor Surgery.....	1.7	10.0	0.1	1.7	2.7	51.0	5.6	0.0	0.2	294.7
Surgical Assistance.....	4.3	0.9	0.6	9.5	6.0	0.0	2.3	0.2	0.0	181.3
Obstetrics.....	0.0	0.0	0.0	11.5	0.0	0.0	0.0	0.0	0.0	18.2
Anesthesia										
Operative.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	695.5	0.0	774.0
Nerve Blocks and Epidurals.....	1.3	0.0	0.0	0.2	0.1	0.0	0.0	29.3	1.2	49.2
Diagnostic Radiology.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	303.6	303.6
Pathology/Laboratory Services.....	0.0	0.0	0.0	7.5	0.0	0.0	0.0	0.0	0.0	170.7
Diagnostic Ultrasound.....	0.0	0.0	0.0	8.8	0.0	20.5	0.0	0.6	178.7	300.1
Other Diagnostic and Therapeutic Services	29.3	2.6	1.8	36.3	11.6	797.4	70.2	8.5	135.2	2,235.4
Miscellaneous Services³: In-Person.....	14.2	2.3	3.4	40.4	6.5	11.2	22.5	0.1	0.7	1,104.5
Miscellaneous Services: Virtual.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.5
Total Services.....	202.0	67.1	30.9	277.8	73.8	1,115.3	178.6	774.7	621.0	12,004.7

Notes:

1) Totals may not match other tables exactly due to rounding. See "Data Limitations" in *Statistical Figures and Tables*.

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 2021-22 ¹ to 2022-23
		Patients	Payments (\$)	Services	
Electrocardiograms and Echocardiograms.....	511,390	159.03	13,244.81	416.62	6.34
Artificial Extra Corporeal Haemodialysis.....	115,795	1.09	5,013.22	94.34	-0.21
Optical Coherence Tomography.....	111,273	54.27	4,081.50	90.65	12.02
Allergy Investigations & Hyposensitization Injections.....	103,110	3.78	184.97	84.00	-22.10
Submission of Papanicolaou Smear.....	73,315	111.16 ^f	2,638.61 ^f	120.06 ^f	-0.41
Removal of Cysts, Granulomata, Keratoses, etc.	38,089	23.01	1,918.04	31.03	8.27
Arthrocentesis – Joint Injections.....	35,354	16.34	534.70	28.80	-1.03
Colonoscopy.....	28,796	22.61	4,812.37	23.46	16.60
Upper GI Endoscopy.....	22,118	15.45	2,845.21	18.02	6.38
Plantar Wart Excision or Fulguration.....	20,932	7.32	325.46	17.05	-10.10
Cataract Extraction.....	18,158	8.64	5,828.52	14.79	19.23
Pulmonary Function Studies.....	16,289	8.88	1,042.01	13.27	36.28
Cystoscopy.....	9,893	6.66	864.35	8.06	2.69
Psychological Testing ²	9,364	3.98	212.43	7.63	-90.40
Suturing of Wounds.....	7,584	5.94	488.07	6.18	-11.20
Cardiac Catheterization.....	6,256	3.98	749.86	5.10	5.65
Coronary Angiography.....	6,007	4.14	932.67	4.89	0.98
Fractures, Open Surgical or Closed Reduction.....	5,934	4.12	2,556.13	4.83	-2.54
Delivery – Vaginal.....	5,627	9.15 ^f	9,013.94 ^f	9.21 ^f	-11.80
Angioplasty.....	4,842	1.93	1,790.47	3.94	-0.97
Arthroplasty – Knee or Total Knee Replacement.....	3,684	2.63	2,431.19	3.00	99.74
Hernia Repair.....	3,330	2.49	1,231.83	2.71	22.05
Arthroscopy.....	3,031	2.39	319.35	2.47	-5.04
Vasectomy.....	2,833	4.59 ^m	1,261.74 ^m	4.59 ^m	18.35
Arthroplasty – Hip or Total Hip Replacement.....	2,830	2.14	2,009.80	2.31	48.59
Gall Bladder or Other Biliary Tract Surgery.....	2,698	2.19	1,507.77	2.20	5.08
Sigmoidoscopy.....	2,634	1.94	134.00	2.15	-0.64
Delivery – Caesarean.....	2,451	4.01 ^f	3,460.20 ^f	4.01 ^f	-8.89
Electroencephalograms or Echoencephalograms.....	2,419	1.78	58.71	1.97	32.84
Septoplasty or Submucous Resection.....	1,737	1.27	481.83	1.42	14.08
Electroconvulsive Therapy.....	1,668	0.15	155.20	1.36	-1.87
Tonsillectomy (With or Without Adenoidectomy).....	1,444	1.17	407.84	1.18	25.03
Prostatectomy (With or Without Vasectomy).....	1,031	1.64 ^m	1,601.02 ^m	1.67 ^m	9.09
Appendectomy.....	987	0.80	445.10	0.80	-3.57
Dilatation and Curettage.....	974	1.55 ^f	308.74 ^f	1.59 ^f	-13.80
Salpingectomy, Oophorectomy &/or Ovarian Cystectomy.....	972	1.56 ^f	675.07 ^f	1.59 ^f	2.29
Therapeutic Abortion.....	700	1.13 ^f	219.55 ^f	1.15 ^f	1.63
Genital Prolapse Repair.....	588	0.63 ^f	257.63 ^f	0.96 ^f	32.86
Coronary By-Pass.....	458	0.37	1,118.39	0.37	26.32
Strabismus Operation.....	307	0.21	94.79	0.25	38.91
Varicose Veins (Ligation).....	281	0.12	46.32	0.23	51.60
Tubal Ligation.....	260	0.43 ^f	104.44 ^f	0.43 ^f	-20.60
Hysterectomy – Abdominal.....	198	0.32 ^f	208.09 ^f	0.32 ^f	-10.70
Hysterectomy – Vaginal.....	139	0.23 ^f	149.55 ^f	0.23 ^f	17.78
Peptic Ulcer Surgery.....	102	0.08	71.94	0.08	15.12

¹ Payments and services in 2021-22 affected by COVID-19.

² Decrease may be associated with the modernization of psychiatry service codes implemented in the payment schedule effective April 1, 2022.

^f Rate per 1,000 female beneficiaries.

^m Rate per 1,000 male beneficiaries.

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	421	72.6	19,210	343
Diabetes Mellitus	250	411	66.5	12,239	335
Hypertension.....	401 – 405	279	106.8	8,822	227
Chronic Sinusitis & Other Respiratory Symptoms.....	473 & 786	268	95.4	13,292	219
General Medical Examination – No Specific Diagnosis	V70 ²	253	131.5	12,262	206
Psychoses	295 – 299	252	23.1	12,242	206
Acute Upper Respiratory Infection (Except Influenza)	460 – 465	246	132.4	8,752	200
Glaucoma	365	238	21.6	5,769	194
Cataract	366	234	19.3	11,309	190
Neuroses	300	227	66.7	8,872	185
Arthritis.....	710 – 716	178	48.9	10,264	145
Rheumatic Disease	725 – 729	159	63.4	7,769	129
Ischemic Heart Disease.....	410 – 414	149	22.9	9,707	122
Vertebrogenic Pain Syndrome	724	120	40.3	8,424	98
Symptomatic Heart Disease.....	428 & 429	114	28.2	6,450	93
Cardiac Dysrhythmias	427	103	25.9	5,550	84
Otitis Media	381 & 382	96	39.2	4,015	78
Asthma.....	493	85	31.5	2,828	69
Eczema.....	690 – 692	80	35.6	2,498	65
Chronic Airways Obstruction.....	496	63	12.9	2,552	51
Pneumonia	480 – 486	62	13.5	2,677	50
Bronchitis	466, 490 & 491	60	33.7	2,285	49
Hyperkinetic Syndrome of Childhood (ADHD).....	314	60	12.3	2,563	49
Anemias.....	280 – 285	58	20.4	2,810	48
Myxedema.....	244	58	27.3	1,633	47
Cellulitis and Abscess	681 & 682	57	21.6	2,286	46
Cerebrovascular Disease	430 – 438	50	6.3	2,544	40
Disorders of Menstruation	Z08 ² & 626	43	32.0 ^f	3,576 ^f	71 ^f
Diarrheal Disease	009	41	18.8	1,893	34
Inflammatory Diseases of Uterus (Except Cervix), Vagina, and Vulva.....	615 & 616	40	29.0 ^f	2,805 ^f	66 ^f
Migraine	346	30	12.0	1,187	25
Allergic Rhinitis.....	477	26	6.0	376	21
Varicose Veins of Lower Extremity	454	19	3.4	510	16
Menopausal Symptoms.....	627	17	15.5 ^f	1,210 ^f	28 ^f
Alcohol-Induced Mental Disorders and Alcohol Dependence Syndrome	291 & 303	17	3.0	727	13
Gastritis and Duodenitis.....	535	13	7.5	507	11
Overweight, Obesity and Other Hyperalimentation.....	278	13	6.4	616	11
Epilepsy.....	345	13	4.0	576	11
Multiple Sclerosis.....	340	12	2.2	509	10
Influenza.....	487	11	6.8	403	9
Disorders of Functions of Stomach	536 & 537	11	6.3	466	9
Alzheimer's Disease and Other Cerebral Degenerations.....	331	9	1.8	534	8
Ulcers of Duodenum and Stomach	531 – 534	4	1.7	244	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.

Notes:

1) 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
2018-19	1,340	982	1,260	876	2,600	1,858
2019-20	1,330	967	1,292	885	2,622	1,852
2020-21	1,374	900	1,344	906	2,718	1,806
2021-22	1,416	965	1,380	920	2,796	1,885
2022-23	1,419	968	1,401	926	2,820	1,894

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.

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 ² Physicians		Number of Active ³ Physicians		Population Per Active ³ Physician (000s)		Average Number of Patients Per Active ³ Physician (000s) ⁴		Average Patient Contacts Per Active ³ Physician (000s) ⁵		Per Cent of Beneficiaries Treated	
	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23
General Practice.....	1,416	1,419	965	968	1.2	1.3	1.7	1.9	4.1	4.1	71.3	73.7
Specialties												
Pediatrics and Medical Genetics ...	127	128	69	71	17.5	17.3	0.9	0.9	1.9	1.9	3.8	3.8
Internal Medicine and Physical Medicine..	282	291	190	197	6.3	6.2	1.4	1.4	2.9	3.0	13.5	14.3
Neurology.....	29	33	22	22	54.8	55.8	1.4	1.4	2.5	2.5	2.4	2.3
Cardiology.....	40	43	34	35	35.4	35.1	4.7	5.1	3.7	3.7	7.6	8.0
Psychiatry.....	120	125	74	80	16.3	15.3	0.5	0.5	2.3	2.1	2.6	2.6
Dermatology.....	11	10	8	9	150.7	136.4	2.7	2.4	7.5	6.9	2.0	1.8
Anesthesia.....	140	145	110	114	11.0	10.8	0.8	0.8	0.8	0.9	5.4	5.9
General Surgery.....	99	99	84	87	14.3	14.1	0.9	1.0	1.8	1.8	5.5	5.8
Cardiac Surgery.....	9	10	9	9	133.9	136.4	0.4	0.5	0.6	0.7	0.2	8.0
Orthopedic Surgery....	57	59	52	52	23.2	23.6	1.2	1.2	2.2	2.3	4.4	4.4
Plastic Surgery.....	16	16	13	13	92.7	94.4	1.6	1.6	2.9	3.1	1.6	1.7
Neurosurgery.....	15	16	13	13	92.7	94.4	0.7	0.7	1.2	1.2	0.7	0.6
Obstetrics and Gynecology.....	91	83	69	63	17.5	19.5	1.1	1.1	2.6	2.6	4.4	4.2
Urological Surgery.....	19	18	17	17	70.9	72.2	1.6	1.6	2.8	2.7	1.9	1.9
Ophthalmology.....	34	33	31	31	38.9	39.6	3.1	3.2	6.9	7.2	7.0	7.1
Otolaryngology.....	18	19	17	17	70.9	72.2	2.3	2.2	3.8	3.8	3.1	3.1
Pathology and Diagnostic Radiology.....	273	273	108	96	11.2	12.8	3.3	4.1	0.2	0.2	20.7	21.7
All Specialties.....	1,380	1,401	920	926	1.3	1.3	1.5	1.6	2.2	2.3	44.6	45.3
All Physicians.....	2,796	2,820	1,885	1,894	0.6	0.6	1.6	1.8	3.2	3.2	75.4	77.4

- 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 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.
- ³ 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.
- ⁴ The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.
- ⁵ A patient contact represents each time a physician saw (in-person or via virtual care) a patient regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

Notes:

- 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.
- 2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.
- 3) Payments and services in 2021-22 affected by COVID-19.

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	403	18	63	83	70	36	38	25	70
Metro Solo.....	87	27	22	15	13	7	2	–	1
Urban Association.....	182	5	33	53	24	26	15	5	21
Urban Solo.....	39	8	8	10	5	4	1	1	2
Rural Association	244	6	42	92	64	24	11	1	4
Rural Solo	13	1	3	2	2	3	1	–	1
All General Practice 2022-23	968	65	171	255	178	100	68	32	99
All General Practice 2021-22.....	965	69	222	242	170	100	53	31	78
Specialties									
Pediatrics and Medical Genetics.....	71	25	28	7	6	1	2	–	2
Internal Medicine and Physical Medicine....	197	26	59	43	34	12	10	2	11
Neurology.....	22	2	7	4	5	–	3	1	–
Cardiology.....	35	–	1	–	–	3	2	2	27
Psychiatry.....	80	44	29	7	–	–	–	–	–
Dermatology.....	9	1	2	–	–	1	1	2	2
Anesthesia.....	114	21	63	23	7	–	–	–	–
General Surgery	87	21	32	22	8	3	–	1	–
Cardiac Surgery.....	9	6	3	–	–	–	–	–	–
Orthopedic Surgery.....	52	5	15	18	9	3	1	1	–
Plastic Surgery.....	13	–	1	8	1	1	1	–	1
Neurosurgery.....	13	2	11	–	–	–	–	–	–
Obstetrics and Gynecology.....	63	9	21	18	11	2	1	1	–
Urological Surgery.....	17	–	1	5	8	2	1	–	–
Ophthalmology.....	31	2	1	2	3	2	2	6	13
Otolaryngology.....	17	2	1	3	2	2	3	1	3
Pathology and Diagnostic Radiology.....	96	4	12	6	5	5	9	2	53
All Specialties 2022-23	926	170	287	166	99	37	36	19	112
All Specialties 2021-22.....	920	169	299	178	87	35	32	26	94
All Physicians 2022-23	1,894	235	458	421	277	137	104	51	211
All Physicians 2021-22.....	1,885	238	521	420	257	135	85	57	172

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	403	78	118	85	62	29	16	15
Metro Solo	87	47	12	11	10	6	–	1
Urban Association	182	29	80	34	22	8	4	5
Urban Solo	39	22	6	4	2	2	–	3
Rural Association	244	55	128	45	12	4	–	–
Rural Solo	13	3	–	4	2	3	1	–
All General Practice 2022-23	968	234	344	183	110	52	21	24
All General Practice 2021-22	965	229	345	183	102	59	27	20
Specialties								
Pediatrics and Medical Genetics	71	51	16	1	1	–	2	–
Internal Medicine and Physical Medicine	197	95	62	18	9	4	6	3
Neurology	22	10	10	1	1	–	–	–
Cardiology	35	5	17	8	4	1	–	–
Psychiatry	80	54	13	8	5	–	–	–
Dermatology	9	2	–	1	2	2	2	–
Anesthesia	114	111	3	–	–	–	–	–
General Surgery	87	49	33	5	–	–	–	–
Cardiac Surgery	9	9	–	–	–	–	–	–
Orthopedic Surgery	52	22	26	2	2	–	–	–
Plastic Surgery	13	5	5	1	2	–	–	–
Neurosurgery	13	12	1	–	–	–	–	–
Obstetrics and Gynecology	63	24	30	7	2	–	–	–
Urological Surgery	17	4	13	–	–	–	–	–
Ophthalmology	31	4	4	2	7	7	4	3
Otolaryngology	17	5	4	5	2	1	–	–
Pathology and Diagnostic Radiology	96	94	2	–	–	–	–	–
All Specialties 2022-23	926	556	239	59	37	15	14	6
All Specialties 2021-22	920	565	224	67	31	14	11	8
All Physicians 2022-23	1,894	790	583	242	147	67	35	30
All Physicians 2021-22	1,885	794	569	250	133	73	38	28

- 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 (in-person or via virtual care) a patient professionally 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.....	403	182	24	7	26	7	58	98	1
Metro Solo.....	87	26	4	3	4	3	27	20	–
Urban Association.....	182	53	5	5	12	1	36	70	–
Urban Solo.....	39	3	1	3	3	–	9	19	1
Rural Association.....	244	60	9	8	7	3	69	87	1
Rural Solo.....	13	5	0	1	2	0	1	4	0
All General Practice 2022-23.....	968	329	43	27	54	14	200	298	3
All General Practice 2021-22.....	965	323	45	26	52	14	202	302	1
Specialties									
Pediatrics and Medical Genetics.....	71	18	22	2	3	3	9	13	1
Internal Medicine and Physical Medicine....	197	71	42	8	9	11	23	32	1
Neurology.....	22	6	7	–	2	–	4	3	–
Cardiology.....	35	18	6	1	1	1	4	4	–
Psychiatry.....	80	31	8	4	2	3	10	22	–
Dermatology.....	9	6	3	–	–	–	–	–	–
Anesthesia.....	114	65	21	1	–	3	8	16	–
General Surgery.....	87	33	25	2	2	3	8	14	–
Cardiac Surgery.....	9	1	5	–	–	1	2	–	–
Orthopedic Surgery.....	52	31	8	1	–	–	3	9	–
Plastic Surgery.....	13	6	4	1	–	–	–	2	–
Neurosurgery.....	13	4	4	–	–	–	2	3	–
Obstetrics and Gynecology.....	63	34	10	1	–	2	4	11	1
Urological Surgery.....	17	10	4	–	–	–	–	2	1
Ophthalmology.....	31	19	4	1	3	–	3	1	–
Otolaryngology.....	17	9	2	–	–	–	–	6	–
Pathology and Diagnostic Radiology.....	96	34	42	2	2	1	9	4	2
All Specialties 2022-23.....	926	396	217	24	24	28	89	142	6
All Specialties 2021-22.....	920	384	229	26	26	27	87	137	4
All Physicians 2022-23.....	1,894	725	260	51	78	42	289	440	9
Per Cent Distribution 2022-23.....	100%	38%	14%	3%	4%	2%	15%	23%	0%
All Physicians 2021-22.....	1,885	707	274	52	78	41	289	439	5
Per Cent Distribution 2021-22.....	100%	38%	15%	3%	4%	2%	15%	23%	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.....	403	53	111	111	82	46
Metro Solo.....	87	2	7	17	39	22
Urban Association.....	182	36	49	60	27	10
Urban Solo.....	39	1	9	9	14	6
Rural Association.....	244	33	81	87	37	6
Rural Solo.....	13	—	1	1	8	3
All General Practice 2022-23	968	125	258	285	207	93
All General Practice 2021-22.....	965	123	270	276	201	95
Specialties						
Pediatrics and Medical Genetics.....	71	8	22	23	15	3
Internal Medicine and Physical Medicine.....	197	31	56	54	32	24
Neurology.....	22	1	9	6	4	2
Cardiology.....	35	1	12	9	9	4
Psychiatry.....	80	8	21	33	13	5
Dermatology.....	9	—	7	—	1	1
Anesthesia.....	114	8	36	35	21	14
General Surgery.....	87	7	26	25	24	5
Cardiac Surgery.....	9	1	1	3	3	1
Orthopedic Surgery.....	52	3	18	15	9	7
Plastic Surgery.....	13	—	5	5	2	1
Neurosurgery.....	13	—	5	6	—	2
Obstetrics and Gynecology.....	63	11	23	10	14	5
Urological Surgery.....	17	3	4	4	3	3
Ophthalmology.....	31	2	8	11	4	6
Otolaryngology.....	17	2	5	2	5	3
Pathology and Diagnostic Radiology.....	96	10	28	32	19	7
All Specialties 2022-23	926	96	286	273	178	93
All Specialties 2021-22.....	920	97	277	279	174	93
All Physicians 2022-23	1,894	221	544	558	385	186
Per Cent Distribution 2022-23.....	100%	12%	29%	29%	20%	10%
All Physicians 2021-22	1,885	220	547	555	375	188
Per Cent Distribution 2021-22.....	100%	12%	29%	29%	20%	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

Active Physicians Only	Type of Physician ⁴					
	All Physicians		All General Practice		All Specialties	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians²	336.4	1,894	239.0	968	438.2	926
Highest Paid.....	3,395.1		954.8		3,395.1	
All Average per Pay Range						
Less than \$60,000	25.9	377	28.2	206	23.1	171
\$60,000 – \$74,999	67.1	84	67.1	51	67.0	33
\$75,000 – \$99,999	87.4	137	87.8	92	86.7	45
\$100,000 – \$124,999	113.2	131	113.2	79	113.1	52
\$125,000 – \$149,999	137.3	116	137.1	64	137.6	52
\$150,000 – \$174,999	161.3	150	161.0	100	161.8	50
\$175,000 – \$199,999	188.6	112	188.3	85	189.8	27
\$200,000 – \$249,999	224.4	219	225.4	136	222.9	83
\$250,000 – \$299,999	275.7	179	274.4	109	277.6	70
\$300,000 – \$349,999	324.9	148	323.4	71	326.3	77
Over \$350,000	642.2	618	478.0	181	710.3	437
Practising Physicians³	284.9	2,271	202.0	1,174	373.5	1,097

Active Physicians Only	General Practice					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians²	252.6	490	242.5	221	210.0	257
Highest Paid.....	862.0		954.8		625.9	
All Average per Pay Range						
Less than \$60,000	27.8	103	24.6	48	32.1	55
\$60,000 – \$74,999	68.3	27	68.0	9	64.4	15
\$75,000 – \$99,999	87.6	51	87.8	18	88.2	23
\$100,000 – \$124,999	113.2	37	115.3	23	110.7	19
\$125,000 – \$149,999	138.8	25	136.8	19	135.3	20
\$150,000 – \$174,999	161.1	41	160.1	22	161.5	37
\$175,000 – \$199,999	188.9	34	189.1	21	187.0	30
\$200,000 – \$249,999	226.3	68	223.0	29	225.5	39
\$250,000 – \$299,999	275.8	57	274.1	25	271.7	27
\$300,000 – \$349,999	323.1	38	325.1	12	323.0	21
Over \$350,000	476.9	112	498.6	43	448.7	26
Practising Physicians³	213.6	593	203.6	269	178.6	312

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 family physician emergency coverage programs 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

Active Physicians Only	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	214.7	71	345.7	197	855.6	35
Highest Paid.....	1,158.8		1,871.0		1,795.4	
All Average per Pay Range						
Less than \$60,000	20.8	34	32.7	29	0.5	1
\$60,000 – \$74,999	69.0	8	67.0	10	–	–
\$75,000 – \$99,999	86.5	12	86.7	12	–	–
\$100,000 – \$124,999	114.3	9	113.1	19	–	–
\$125,000 – \$149,999	136.6	8	138.8	17	–	–
\$150,000 – \$174,999	157.5	7	164.1	16	–	–
\$175,000 – \$199,999	196.9	2	187.1	5	–	–
\$200,000 – \$249,999	234.3	7	219.9	23	–	–
\$250,000 – \$299,999	273.2	5	274.9	12	283.9	1
\$300,000 – \$349,999	327.6	3	330.5	8	326.5	3
Over \$350,000	604.5	10	630.9	75	925.3	31
Practising Physicians³	151.9	105	305.5	226	831.9	36

Active Physicians Only	Neurology		Psychiatry		Dermatology	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians²	330.6	22	356.0	80	390.3	9
Highest Paid.....	979.6		1,177.7		709.3	
All Average per Pay Range						
Less than \$60,000	38.9	5	25.9	6	57.7	1
\$60,000 – \$74,999	–	–	69.4	3	–	–
\$75,000 – \$99,999	–	–	–	–	86.8	1
\$100,000 – \$124,999	108.6	2	115.3	7	109.9	1
\$125,000 – \$149,999	136.6	3	137.0	8	–	–
\$150,000 – \$174,999	168.0	2	162.2	8	–	–
\$175,000 – \$199,999	191.4	1	194.2	3	190.9	1
\$200,000 – \$249,999	216.9	3	227.1	11	–	–
\$250,000 – \$299,999	287.2	4	275.1	5	–	–
\$300,000 – \$349,999	325.1	2	320.1	7	332.7	1
Over \$350,000	734.1	5	656.3	28	558.5	5
Practising Physicians³	276.6	27	333.0	86	357.0	10

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

Active Physicians Only	Type of Physician ⁴					
	Anesthesia		General Surgery		Cardiac Surgery	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians²	372.9	114	363.1	87	469.7	9
Highest Paid.....	825.0		1,102.4		971.4	
All Average per Pay Range						
Less than \$60,000	25.1	8	29.7	6	9.5	1
\$60,000 – \$74,999	61.9	1	–	–	65.5	1
\$75,000 – \$99,999	88.3	3	85.7	4	–	–
\$100,000 – \$124,999	116.1	3	115.3	5	–	–
\$125,000 – \$149,999	136.8	4	139.6	5	137.5	1
\$150,000 – \$174,999	155.3	3	158.8	4	–	–
\$175,000 – \$199,999	191.7	3	185.0	6	–	–
\$200,000 – \$249,999	223.9	10	215.1	5	211.1	1
\$250,000 – \$299,999	275.8	11	282.1	10	–	–
\$300,000 – \$349,999	327.4	16	324.6	11	330.4	1
Over \$350,000	495.7	60	561.2	37	696.6	5
Practising Physicians³	350.1	122	341.6	93	423.7	10

Active Physicians Only	Orthopedic Surgery		Plastic Surgery		Neurosurgery	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians²	534.9	52	591.9	13	650.9	13
Highest Paid.....	1,706.6		1,367.7		1,608.1	
All Average per Pay Range						
Less than \$60,000	27.5	4	35.6	3	12.5	2
\$60,000 – \$74,999	62.4	2	–	–	–	–
\$75,000 – \$99,999	89.9	1	–	–	98.4	1
\$100,000 – \$124,999	117.5	2	–	–	–	–
\$125,000 – \$149,999	128.4	1	–	–	–	–
\$150,000 – \$174,999	–	–	–	–	–	–
\$175,000 – \$199,999	–	–	–	–	–	–
\$200,000 – \$249,999	219.1	3	–	–	226.7	1
\$250,000 – \$299,999	292.6	3	291.4	1	281.5	1
\$300,000 – \$349,999	330.5	5	329.1	3	302.4	1
Over \$350,000	689.7	35	712.8	9	839.2	9
Practising Physicians³	498.7	56	487.6	16	565.8	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 family physician emergency coverage programs 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

Active Physicians Only	Obstetrics and Gynecology		Urological Surgery		Ophthalmology	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians²	314.1	63	508.1	17	1,404.0	31
Highest Paid.....	1,094.9		840.8		3,395.1	
All Average per Pay Range						
Less than \$60,000	27.2	10	–	–	–	–
\$60,000 – \$74,999	63.1	2	–	–	66.1	1
\$75,000 – \$99,999	83.0	2	–	–	80.3	1
\$100,000 – \$124,999	101.9	3	–	–	–	–
\$125,000 – \$149,999	136.7	5	–	–	–	–
\$150,000 – \$174,999	161.1	4	–	–	–	–
\$175,000 – \$199,999	189.1	3	–	–	–	–
\$200,000 – \$249,999	216.3	8	245.0	1	234.3	2
\$250,000 – \$299,999	277.8	11	265.5	1	–	–
\$300,000 – \$349,999	329.8	5	331.2	3	–	–
Over \$350,000	543.1	20	594.5	12	1,589.0	27
Practising Physicians³	274.8	73	508.1	17	1,404.0	31

Active Physicians Only	Otolaryngology		Pathology and Diagnostic Radiology	
	Average Payment	Number	Average Payment	Number
Active Physicians²	568.4	17	513.9	96
Highest Paid.....	1,360.0		2,662.2	
All Average per Pay Range				
Less than \$60,000	46.8	1	15.6	60
\$60,000 – \$74,999	65.8	1	67.5	4
\$75,000 – \$99,999	–	–	86.7	8
\$100,000 – \$124,999	–	–	105.5	1
\$125,000 – \$149,999	–	–	–	–
\$150,000 – \$174,999	151.0	1	166.0	5
\$175,000 – \$199,999	–	–	192.8	3
\$200,000 – \$249,999	220.4	2	226.4	6
\$250,000 – \$299,999	256.3	1	292.4	4
\$300,000 – \$349,999	308.2	2	325.6	6
Over \$350,000	813.2	10	718.2	59
Practising Physicians³	539.4	18	322.2	156

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 Payment¹ (\$000s) Per Physician by Specialty, 2020-21 to 2022-23

Type of Physician ²	Average Payment (\$000s)			Average Annual Per Cent Change
	2020-21 ^{3,4}	2021-22 ⁵	2022-23	2020-21 to 2022-23
General Practice				
Metro Association.....	209.0	242.2	253.3	10.09
Metro Solo.....	214.1	245.2	249.8	8.02
Urban Association.....	179.5	210.4	231.7	13.61
Urban Solo.....	273.0	279.9	293.3	3.65
Rural Association.....	180.1	199.6	201.2	5.70
Rural Solo.....	298.1	364.3	374.6	12.10
All General Practice.....	201.1	228.6	239.0	9.02
Specialties				
Pediatrics and Medical Genetics.....	165.7	213.3	214.7	13.83
Internal Medicine and Physical Medicine.....	287.4	332.8	345.7	9.67
Neurology.....	258.2	330.7	330.6	13.15
Cardiology.....	719.8	817.6	855.6	9.03
Psychiatry.....	303.0	351.5	356.0	8.39
Dermatology.....	335.2	425.1	390.3	7.91
Anesthesia.....	274.6	347.9	372.9	16.53
General Surgery.....	287.4	348.6	363.1	12.40
Cardiac Surgery.....	455.6	393.2	469.7	1.54
Orthopedic Surgery.....	413.2	467.6	534.9	13.78
Plastic Surgery.....	405.5	537.9	591.9	20.82
Neurosurgery.....	525.1	604.8	650.9	11.34
Obstetrics and Gynecology.....	279.6	316.9	314.1	5.99
Urological Surgery.....	360.8	494.8	508.1	18.67
Ophthalmology.....	1,058.0	1,246.0	1,404.0	15.20
Otolaryngology.....	424.0	546.0	568.4	15.78
Pathology and Diagnostic Radiology.....	353.8	422.2	513.9	20.52
All Specialties.....	344.4	409.2	438.2	12.80
Spec. less Pathology & Radiology.....	343.1	407.5	429.4	11.88
All Physicians.....	273.0	316.7	336.4	11.01
Phys. less Pathology & Radiology.....	267.8	310.3	316.9	8.77

¹ 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 family physician emergency coverage programs but excludes payments for the specialist coverage program.

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. 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 Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

⁴ Payments in 2020-21 do not include \$80,864,043 paid to 907 physicians through Pandemic Physician Services Agreements with the Saskatchewan Health Authority.

⁵ Payments and services in 2021-22 affected by COVID-19.

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 the Saskatchewan Health Authority. 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:								
Regina	194	271.4	119	530.7	94	669.3	77	454.0
Saskatoon ³	289	241.9	252	294.7	148	500.8	113	421.2
Moose Jaw	37	235.9	11	459.1	11	518.5	5	119.6
Prince Albert	61	258.9	12	342.1	23	390.0	7	501.7
Yorkton	19	234.9	6	307.0	5	441.9	–	–
Swift Current	25	217.1	3	**	5	292.5	2	**
North Battleford	22	314.3	6	400.8	9	404.9	5	670.5
Estevan	16	277.4	–	–	–	–	–	–
Weyburn	14	228.6	–	–	–	–	–	–
All Other Locations	291	205.6	5	185.0	7	340.1	1	**
B. By Activity Threshold:								
1. Total Active Physicians ²	968	239.0	414	368.5	302	534.4	210	437.4
2. Total Licensed Physicians ⁴	1,419	–	630	–	353	–	418	–
3. Resident and Active in Two Consecutive Years ²	833	253.9	367	396.9	281	557.4	190	458.2
4. Resident at Year End With Payments of \$15,000 or More in Each Quarter of the Year	783	268.6	336	423.6	263	584.7	171	500.2
C. By Age Group:								
Under 35	125	167.3	49	204.3	29	533.6	18	373.4
35 – 44	258	218.1	127	352.9	95	489.1	64	406.2
45 – 54	285	252.0	125	395.4	81	662.1	67	484.2
55 – 64	207	269.6	74	418.5	64	486.7	40	446.1
65+	93	285.5	39	444.3	33	445.0	21	421.3

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 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. Earnings may reflect an upward bias as a result of physicians sponsoring locums. Payments for the Specialist Emergency Coverage Program are excluded.

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

⁴ Licensed physicians with their own MSP billing number who are licensed by the College of Physicians and Surgeons of Saskatchewan and practising in Saskatchewan under MSP coverage at the end of the year; includes temporary licensed locum physicians but excludes educational locums and medical residents.

** 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 Family Physician Emergency Coverage Programs

	Specialist Emergency Coverage			Family Physician Emergency Coverage ³	Total Payments for Emergency Coverage
	Number of Rotations		Payments ²		
	Tier I	Tier II			
Health Reporting Zone					
1 Athabasca Health Authority.....	–	–	–	132,931	132,931
2 Far North East.....	–	–	–	200,739	200,739
3 Far North West.....	–	–	–	313,095	313,095
4 North Central.....	7	4	1,677,324	475,413	2,152,737
5 North East.....	–	5	365,452	834,987	1,200,439
6 North West	12	8	2,739,787	659,830	3,399,617
7 Central East.....	7	1	1,357,909	1,374,414	2,732,323
8 Central West.....	–	2	152,666	974,467	1,127,133
9 Saskatoon	46	36	13,573,359	183,313	13,756,672
10 Regina.....	34	17	8,560,895	194,472	8,755,367
11 South Central	8	2	1,604,275	455,559	2,059,834
12 South East	3	2	552,959	1,683,019	2,235,978
13 South West	7	1	1,283,732	364,409	1,648,141
All Health Reporting Zones	124	78	31,868,358	7,846,646	39,715,004
Other Emergency Coverage					
Medical Health Officers.....	–	3	450,000	–	450,000
Saskatchewan Cancer Agency	2	4	1,000,000	–	1,000,000
All Emergency Coverage.....	126	85	33,318,358	7,846,646	41,165,004

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	
		2021-22 (Restated)	2022-23
Health Reporting Zone¹			
1	Athabasca Health Authority.....	–	–
2	Far North East.....	228	229
3	Far North West.....	–	–
4	North Central.....	22,468	23,804
5	North East.....	1,252	2,057
6	North West	14,323	15,264
7	Central East.....	10,906	11,700
8	Central West.....	1,038	1,068
9	Saskatoon	172,960	177,039
10	Regina.....	101,212	104,910
11	South Central	14,555	14,774
12	South East	3,491	4,278
13	South West	9,935	10,274
All Health Reporting Zones		352,369	365,397
	Provincial Projects ²	6,299	7,622
All Expenditures		358,668	373,019

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

² Includes non-fee-for-service clinical arrangements not provided through SHA, and the Rural Emergency Room Stabilization pilot funding.

Note: Payments for primary care arrangements are excluded.

Table 29

Insured Population by Age and Sex by Health Reporting Zone

Age Groups	Sex	Health Reporting Zone of Patient Residence													Unassigned ¹	Total
		1	2	3	4	5	6	7	8	9	10	11	12	13		
Under 1	M	23	239	101	550	242	609	498	204	1,855	1,431	266	465	206	1	6,690
	F	21	212	104	560	227	607	461	219	1,813	1,408	286	438	195	4	6,555
	T	44	451	205	1,110	469	1,216	959	423	3,668	2,839	552	903	401	5	13,245
1 – 4	M	99	1,007	404	2,467	1,049	2,728	2,164	929	8,616	6,538	1,289	2,099	889	6	30,284
	F	82	986	426	2,290	983	2,652	2,005	863	8,071	6,400	1,177	2,000	757	7	28,699
	T	181	1,993	830	4,757	2,032	5,380	4,169	1,792	16,687	12,938	2,466	4,099	1,646	13	58,983
5 – 9	M	115	1,102	543	3,232	1,348	3,868	2,981	1,203	12,008	9,163	1,937	2,899	1,189	7	41,595
	F	113	1,099	542	3,146	1,316	3,663	2,870	1,186	11,275	8,873	1,757	2,850	1,147	11	39,848
	T	228	2,201	1,085	6,378	2,664	7,531	5,851	2,389	23,283	18,036	3,694	5,749	2,336	18	81,443
10 – 14	M	147	1,250	587	3,474	1,436	3,856	3,180	1,217	11,475	9,160	2,102	3,018	1,169	4	42,075
	F	144	1,195	535	3,290	1,392	3,822	3,016	1,229	10,893	8,723	1,886	2,962	1,126	4	40,217
	T	291	2,445	1,122	6,764	2,828	7,678	6,196	2,446	22,368	17,883	3,988	5,980	2,295	8	82,292
15 – 19	M	137	1,106	496	3,205	1,348	3,532	3,016	1,162	10,206	8,120	1,801	2,794	1,170	7	38,100
	F	133	1,025	476	3,091	1,233	3,486	2,690	1,093	9,717	7,539	1,704	2,788	1,100	13	36,088
	T	270	2,131	972	6,296	2,581	7,018	5,706	2,255	19,923	15,659	3,505	5,582	2,270	20	74,188
20 – 24	M	114	972	471	3,051	1,277	3,389	2,889	1,141	10,805	8,996	1,792	2,513	1,171	38	38,619
	F	114	959	448	2,812	1,234	3,278	2,650	1,036	10,426	8,177	1,588	2,415	1,071	76	36,284
	T	228	1,931	919	5,863	2,511	6,667	5,539	2,177	21,231	17,173	3,380	4,928	2,242	114	74,903
25 – 29	M	120	1,029	530	2,914	1,277	3,384	2,892	1,174	12,101	9,710	1,916	2,720	1,185	31	40,983
	F	103	941	494	2,888	1,182	3,220	2,667	1,087	12,170	9,101	1,737	2,514	1,225	45	39,374
	T	223	1,970	1,024	5,802	2,459	6,604	5,559	2,261	24,271	18,811	3,653	5,234	2,410	76	80,357
30 – 34	M	84	954	493	3,187	1,262	3,679	3,037	1,266	14,131	11,215	2,004	2,956	1,294	21	45,583
	F	102	900	513	3,029	1,216	3,357	2,801	1,202	14,267	10,913	1,902	2,858	1,269	26	44,355
	T	186	1,854	1,006	6,216	2,478	7,036	5,838	2,468	28,398	22,128	3,906	5,814	2,563	47	89,938
35 – 39	M	114	781	425	2,809	1,229	3,518	2,980	1,308	14,763	12,159	2,056	3,093	1,236	7	46,478
	F	110	798	405	2,838	1,186	3,491	2,837	1,216	14,635	11,524	2,029	3,000	1,280	15	45,364
	T	224	1,579	830	5,647	2,415	7,009	5,817	2,524	29,398	23,683	4,085	6,093	2,516	22	91,842
40 – 44	M	88	687	293	2,658	1,206	3,414	3,057	1,159	13,106	10,989	1,997	3,001	1,213	7	42,875
	F	84	645	294	2,614	1,150	3,257	2,912	1,059	12,630	10,132	1,987	2,773	1,161	5	40,703
	T	172	1,332	587	5,272	2,356	6,671	5,969	2,218	25,736	21,121	3,984	5,774	2,374	12	83,578
45 – 49	M	79	651	324	2,428	1,231	2,874	2,858	1,038	11,050	9,327	1,756	2,738	1,078	5	37,437
	F	63	654	323	2,455	1,149	2,815	2,663	1,056	10,604	8,563	1,727	2,475	1,087	6	35,640
	T	142	1,305	647	4,883	2,380	5,689	5,521	2,094	21,654	17,890	3,483	5,213	2,165	11	73,077
50 – 54	M	80	629	375	2,404	1,154	2,693	2,835	1,076	10,016	8,042	1,630	2,556	1,010	3	34,503
	F	63	586	380	2,437	1,082	2,579	2,777	977	9,592	7,654	1,663	2,424	1,074	4	33,292
	T	143	1,215	755	4,841	2,236	5,272	5,612	2,053	19,608	15,696	3,293	4,980	2,084	7	67,795
55 – 59	M	60	575	358	2,614	1,337	2,949	3,294	1,226	10,081	8,212	1,992	2,867	1,288	5	36,858
	F	68	569	331	2,620	1,346	2,906	3,212	1,165	9,942	8,269	1,983	2,745	1,324	5	36,485
	T	128	1,144	689	5,234	2,683	5,855	6,506	2,391	20,023	16,481	3,975	5,612	2,612	10	73,343
60 – 64	M	36	535	294	2,740	1,480	3,044	3,771	1,441	9,727	8,216	2,353	3,156	1,550	7	38,350
	F	57	501	265	2,929	1,403	3,051	3,517	1,356	10,145	8,200	2,236	2,992	1,482	8	38,142
	T	93	1,036	559	5,669	2,883	6,095	7,288	2,797	19,872	16,416	4,589	6,148	3,032	15	76,492
65 – 69	M	32	400	213	2,494	1,357	2,690	3,528	1,467	8,401	6,818	2,153	2,886	1,360	13	33,812
	F	25	381	178	2,420	1,321	2,582	3,425	1,296	8,874	7,336	2,163	2,785	1,306	10	34,102
	T	57	781	391	4,914	2,678	5,272	6,953	2,763	17,275	14,154	4,316	5,671	2,666	23	67,914
70 – 74	M	25	293	152	1,848	1,179	1,948	2,840	1,011	5,848	4,922	1,629	2,137	979	11	24,822
	F	17	252	123	1,918	1,126	1,922	2,649	964	6,511	5,440	1,643	2,046	1,012	6	25,629
	T	42	545	275	3,766	2,305	3,870	5,489	1,975	12,359	10,362	3,272	4,183	1,991	17	50,451
75 & Over	M	20	322	163	2,804	1,848	2,914	4,546	1,549	8,822	7,275	2,484	3,299	1,687	12	37,745
	F	25	332	172	3,481	2,267	3,427	5,838	1,873	12,690	10,384	3,200	4,125	2,072	13	49,899
	T	45	654	335	6,285	4,115	6,341	10,384	3,422	21,512	17,659	5,684	7,424	3,759	25	87,644
Total all ages	M	1,373	12,532	6,222	44,879	21,260	51,089	50,366	19,571	173,011	140,293	31,157	45,197	19,674	185	616,809
	F	1,324	12,035	6,009	44,818	20,813	50,115	48,990	18,877	174,255	138,636	30,668	44,190	19,688	258	610,676
	T	2,697	24,567	12,231	89,697	42,073	101,204	99,356	38,448	347,266	278,929	61,825	89,387	39,362	443	1,227,485

¹ There are 443 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, 2022.
- 2) Band members are placed in health reporting zones as indicated by their mailing address.

Table 30

Per Cent of General Practitioner Payments by Health Reporting Zone of Patient Residence by Physician Health Reporting Zone

		Health Reporting Zone of Physician Practice															
		1	2	3	4	5	6	7	8	9	10	11	12	13			
Health Reporting Zone of Patient Residence		Athabasca Health Authority	Far North East	Far North West	North Central	North East	North West	Central East	Central West	Saskatoon	Regina	South Central	South East	South West	Unassigned¹	Out of Province	Total
1	Athabasca Health Authority....	44.3	1.9	0.3	30.3	0.2	1.6	0.0	–	18.2	0.8	0.0	0.0	0.0	–	2.5	100.0
2	Far North East.....	0.0	50.0	0.2	26.9	1.1	0.8	0.2	0.1	8.0	0.5	0.2	0.1	0.1	0.1	11.7	100.0
3	Far North West.....	0.0	0.5	55.7	8.7	0.1	16.4	0.3	0.0	12.3	0.3	0.2	0.1	0.1	0.1	5.2	100.0
4	North Central.....	0.0	0.2	0.1	83.2	1.2	0.9	0.5	0.1	10.4	0.4	0.1	0.1	0.1	0.7	2.0	100.0
5	North East.....	0.0	0.1	0.0	9.3	78.2	0.4	2.2	0.1	7.0	0.6	0.2	0.1	0.1	0.1	1.7	100.0
6	North West	0.0	0.0	0.1	1.9	0.1	67.6	0.1	0.6	6.0	0.3	0.1	0.2	0.1	0.1	22.8	100.0
7	Central East.....	0.0	0.0	0.0	0.4	0.7	0.2	77.1	0.3	7.9	7.8	0.6	1.9	0.1	0.0	2.8	100.0
8	Central West.....	–	0.0	0.0	0.3	0.1	4.6	0.3	66.8	18.7	0.8	1.8	0.2	2.4	0.1	3.9	100.0
9	Saskatoon	0.0	0.0	0.0	1.3	0.2	0.6	0.9	0.3	91.7	0.4	0.3	0.2	0.1	1.9	2.0	100.0
10	Regina.....	–	0.0	0.0	0.1	0.1	0.1	0.5	0.1	1.5	93.5	0.7	0.9	0.1	0.0	2.3	100.0
11	South Central	0.0	0.0	0.0	0.2	0.2	0.1	0.2	0.2	1.8	6.4	83.1	0.9	4.7	0.0	2.0	100.0
12	South East	0.0	0.0	0.0	0.1	0.1	0.1	2.4	0.1	1.5	16.9	0.9	75.3	0.2	0.0	2.4	100.0
13	South West	–	0.0	0.0	0.1	0.0	0.2	0.1	0.8	2.5	2.7	2.2	0.2	81.6	0.0	9.5	100.0
	Unassigned.....	–	–	–	5.9	3.5	2.1	16.9	5.2	24.7	18.0	1.3	11.3	1.3	1.8	7.9	100.0
	Out of Province	1.3	4.8	5.4	6.9	10.2	12.3	16.4	2.8	8.6	8.4	2.7	14.0	6.1	–	–	100.0
	Family Physician Emergency Coverage	1.8	2.7	4.2	5.1	11.7	8.8	18.3	12.5	1.3	–	6.1	22.7	4.9	–	–	100.0
All Health Reporting Zones.....		0.1	0.8	0.7	8.2	3.6	7.2	7.6	2.8	28.1	20.9	4.7	7.0	3.2	0.6	4.3	100.0

¹ There are 443 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) 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 health reporting zones.
- 3) Band members are placed in health reporting zones as indicated by their mailing address.
- 4) Payments to physicians by health reporting zone 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 Health Reporting Zone of Patient Residence and Per Cent of Population Treated (In- and Out-of-Province)

Health Reporting Zone of Patient Residence	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 Athabasca Health Authority.....	100.7	2.5	54.7	306.3	4.8	40.5	407.0	7.2	64.1
2 Far North East.....	123.9	2.7	56.3	250.2	3.8	36.4	374.0	6.5	64.4
3 Far North West.....	173.9	4.0	66.5	261.4	3.9	37.5	435.3	7.9	70.4
4 North Central.....	239.7	5.9	78.4	333.4	5.1	45.1	573.1	10.9	81.8
5 North East.....	227.9	5.3	74.3	295.8	4.0	40.1	523.7	9.3	77.6
6 North West	244.0	5.5	72.1	385.2	6.3	46.2	629.2	11.8	75.9
7 Central East.....	211.6	5.2	74.2	352.9	4.7	46.2	564.5	9.9	78.5
8 Central West.....	230.1	5.4	75.3	333.7	4.9	45.1	563.8	10.3	78.4
9 Saskatoon	209.7	5.3	78.8	365.2	5.7	49.3	574.9	10.9	82.1
10 Regina.....	191.9	4.7	76.4	407.7	5.7	50.9	599.5	10.4	80.5
11 South Central	213.3	5.3	75.2	368.6	5.0	48.0	581.9	10.4	79.2
12 South East	223.0	5.1	73.3	334.6	4.3	42.3	557.7	9.4	77.0
13 South West	215.0	5.0	73.7	302.2	4.0	42.6	517.1	9.0	77.2
All Health Reporting Zones	212.3	5.1	75.2	362.3	5.3	47.0	574.6	10.4	78.9

Notes:

- 1) This data is not adjusted for any demographic differences between health reporting zones.
- 2) Band members are placed in health reporting zones as indicated by their mailing address.
- 3) Excludes payments for specialist and family physician 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

Health Reporting Zone 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 ^{5,6}
1 Athabasca Health Authority.....	7	2	1,349	74,370	600	792	2,697
2 Far North East.....	26	15	1,638	99,342	1,403	1,877	24,567
3 Far North West.....	27	11	1,112	101,569	1,082	1,405	12,231
4 North Central.....	109	82	1,094	244,368	2,139	4,364	89,697
5 North East.....	44	37	1,137	224,238	1,539	3,296	42,073
6 North West	113	79	1,281	212,684	1,570	3,217	101,204
7 Central East.....	88	64	1,552	245,237	1,718	4,164	99,356
8 Central West.....	29	27	1,424	262,614	1,609	4,285	38,448
9 Saskatoon	432	297	1,169	241,121	2,035	4,280	347,266
10 Regina	338	194	1,438	271,432	2,099	4,997	278,929
11 South Central	71	45	1,374	247,315	1,591	4,378	61,825
12 South East	86	73	1,224	235,639	1,636	3,715	89,387
13 South West	49	42	937	192,346	1,544	3,427	39,362
All Health Reporting Zones	1,419	968	1,268	239,007	1,871	4,147	1,227,042

¹ General Practitioners 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.

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 the practitioner saw (in-person or via virtual care) a patient professionally 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.

⁵ Excludes 443 beneficiaries who have no residence assigned. The majority of these beneficiaries are students or temporary workers who cannot be connected to a Saskatchewan address.

⁶ Population as at June 30, 2022.

Notes:

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

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

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

Table 33

Post-Graduate Medical Education and Retention Rates by Academic Year¹

Type of Physician	2017-18		2018-19		2019-20	
	Completed Program	Remained ² in Sask-atchewan	Completed Program	Remained ² in Sask-atchewan	Completed Program	Remained ² in Sask-atchewan
Funded by the Clinical Services Fund						
Family Medicine – Regina	12 ³	7	9 ⁵	5	15 ⁵	8
Family Medicine – Saskatoon.....	12	9	11	9	15 ³	9
Family Medicine – Rural.....	16 ⁴	13	24 ⁶	17	22	20
Family Medicine/Emergency	6	5	12	11	8	6
Family Medicine/Enhanced Skills	3	2	4	1	6	2
All Family Medicine	49	36	60	43	66	45
Anesthesia.....	6	3	6	3	8	4
Cardiology.....	2	1	2	1	1	1
Diagnostic Radiology	4	–	3	–	5	3
Emergency Medicine	5	3	1	–	2	1
General Surgery.....	7	3	5	2	7	3
Internal Medicine.....	5	1	11 ⁶	3	5 ⁷	4
Nephrology	1	–	–	–	1	1
Neurology	1	–	2	–	1	1
Neurosurgery	1	–	–	–	1	–
Obstetrics/Gynecology.....	6	4	6	3	5	1
Ophthalmology	1	–	1	–	1	1
Orthopedic Surgery	1	–	1	–	4	–
Pediatrics.....	5	1	3	–	4	4
Pathology	1	–	2	–	1	–
Physical Medicine & Rehabilitation.....	2	1	1	–	2	2
Public Health & Preventive Medicine	2	1	–	–	2	1
Psychiatry.....	6 ³	5	5 ⁴	2	7	6
Respiratory Medicine	2	1	2	2	2	1
Rheumatology.....	1	–	1	–	1	–
All Specialists	59	24	52	16	60	34
Total Physicians	108	60	112	59	126	79
Family Medicine		78%		81%		73%
Specialists.....		41%		35%		57%
All Physicians		58%		60%		70%

¹ Period ending June of stated year.

² Graduates who practised in Saskatchewan for at least six months upon completion of program.

³ One graduate went on to a further residency program.

⁴ Two graduates went on to a further residency program.

⁵ Three graduates went on to a further residency program.

⁶ Four graduates went on to a further residency program.

⁷ Several Internal Medicine (IM) resident trainees went on to a further residency program, but are not included in the adjusted residency rate as they completed the three-year IM program prior to pursuing a subspecialty, not the full four years required to graduate from IM; four IM residents were included in the 2018-19 retention rate adjustment only, but this adjustment will not occur in future years.

⁸ Five graduates went on to a further residency

Table 33 (Continued)

Post-Graduate Medical Education and Retention Rates by Academic Year¹

Type of Physician	2020-21		2021-22		CSF Funded Positions in 2022-23	Retention Rate ⁷ of June 2022 Graduates
	Completed Program	Remained ² in Sask-atchewan	Completed Program	Remained ² in Sask-atchewan		
Funded by the Clinical Services Fund						
Family Medicine – Regina	10 ⁴	6	12 ³	6	27	55%
Family Medicine – Saskatoon.....	8	7	13 ³	11	30	92%
Family Medicine – Rural.....	23 ⁸	16	23 ⁴	18	56	86%
Family Medicine/Emergency	8	7	10	7	12	70%
Family Medicine/Enhanced Skills	2 ³	–	6	5	4	83%
All Family Medicine	51	36	64	47	129	78%
Anesthesia.....	6	4	8	3	32	38%
Cardiology.....	2	1	1	1	7	100%
Diagnostic Radiology.....	2	–	3	2	22	67%
Emergency Medicine.....	3	3	3	3	18	100%
General Surgery.....	2	–	6	1	27	17%
Internal Medicine.....	6 ⁷	3	6 ⁷	3	88	50%
Nephrology	–	–	–	–	3	–
Neurology	2	–	3	2	13	67%
Neurosurgery	1	–	1	1	6	100%
Obstetrics/Gynecology.....	6	2	8	8	33	100%
Ophthalmology.....	1	1	1	–	5	–
Orthopedic Surgery.....	1	–	2	–	11	–
Pediatrics.....	4	–	7	1	30	14%
Pathology	1	–	4	–	11	–
Physical Medicine & Rehabilitation.....	–	–	4	1	11	25%
Public Health & Preventive Medicine	1	1	–	–	6	–
Psychiatry.....	6 ⁴	3	7	3	42	43%
Respiratory Medicine	2	–	2	1	4	50%
Rheumatology.....	3	3	–	–	3	–
All Specialists	49	21	66	30	372	45%
Total Physicians	100	57	130	77	501	61%
Family Medicine		84%		78%		
Specialists		45%		45%		
All Physicians.....		63%		61%		

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

Table 34

Optometrists: Selected Indicators

	2021-22 ³ (Restated)	2022-23
Number of Registered ¹ Practitioners.....	183	183
Population Per Registered ¹ Practitioner	6,586	6,708
Per Cent of Beneficiaries Treated (%)	13.8	14.6
Practising² Optometrists:		
Number of Practitioners.....	183	183
Number by Age Group: Under 35	55	47
35 – 44	56	61
45 – 54.....	37	36
55 – 64.....	24	29
65 and over	11	10
Average Number of Patients Per Practising Optometrist	932	1,018
Average Patient Contacts Per Practising Optometrist.....	1,035	1,139
Average Payment (\$) Per Practising Optometrist	75,602	81,559
Number by Dollar Range: Less than \$10,000.....	10	8
\$10,000 – 19,999.....	3	4
\$20,000 – 39,999	19	20
\$40,000 – 59,999.....	34	27
\$60,000 – 79,999	34	33
\$80,000 – 99,999.....	35	35
\$100,000 – 119,999.....	20	28
\$120,000 – 139,999.....	19	17
\$140,000 – 159,999	4	4
\$160,000 – 179,999	5	4
\$180,000 & over.....	–	3

¹ Optometrists registered 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.

³ Payments and services in 2021-22 affected by COVID-19.

Note:

1) 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:** 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 family 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-2020 between the Ministry of Health and the Saskatchewan Medical Association covered five years, April 1, 2017 to March 31, 2022. The agreement focuses on Physician Compensation, Physician Benefit Programs and Service Incentives, and Virtual Care. Over five years, the agreement provides physicians with a total fee increase of 5%, along with one-time payments in lieu of retroactive payments. The agreement also includes \$10M to establish a modernized approach to providing ER and hospital coverage service that addresses current workload concerns, improves physician job satisfaction and recruitment/retention, provides stability of ER services in rural Saskatchewan, and provides an expectation for ongoing emergency support for the surrounding communities. The agreement also includes \$6M from previously negotiated funds to establish a virtual care pilot program.
- ⇒ The optometric agreement between the Ministry of Health and the Saskatchewan Association of Optometrists covered the period April 1, 2016 to March 31, 2022. It provided increases of 1% in 2019-20, 2% in 2020-21, and 2% in 2021-22. In addition, it provided for expansion of services for high risk medication and JIA consultations, cycloplegic retinoscopy for children, post-cataract care, and a virtual care service, all effective February 1, 2022. Program funding for the Children's Vision Initiative and Continuing Medical Education continued.
- ⇒ 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, 2017-18 to 2022-23

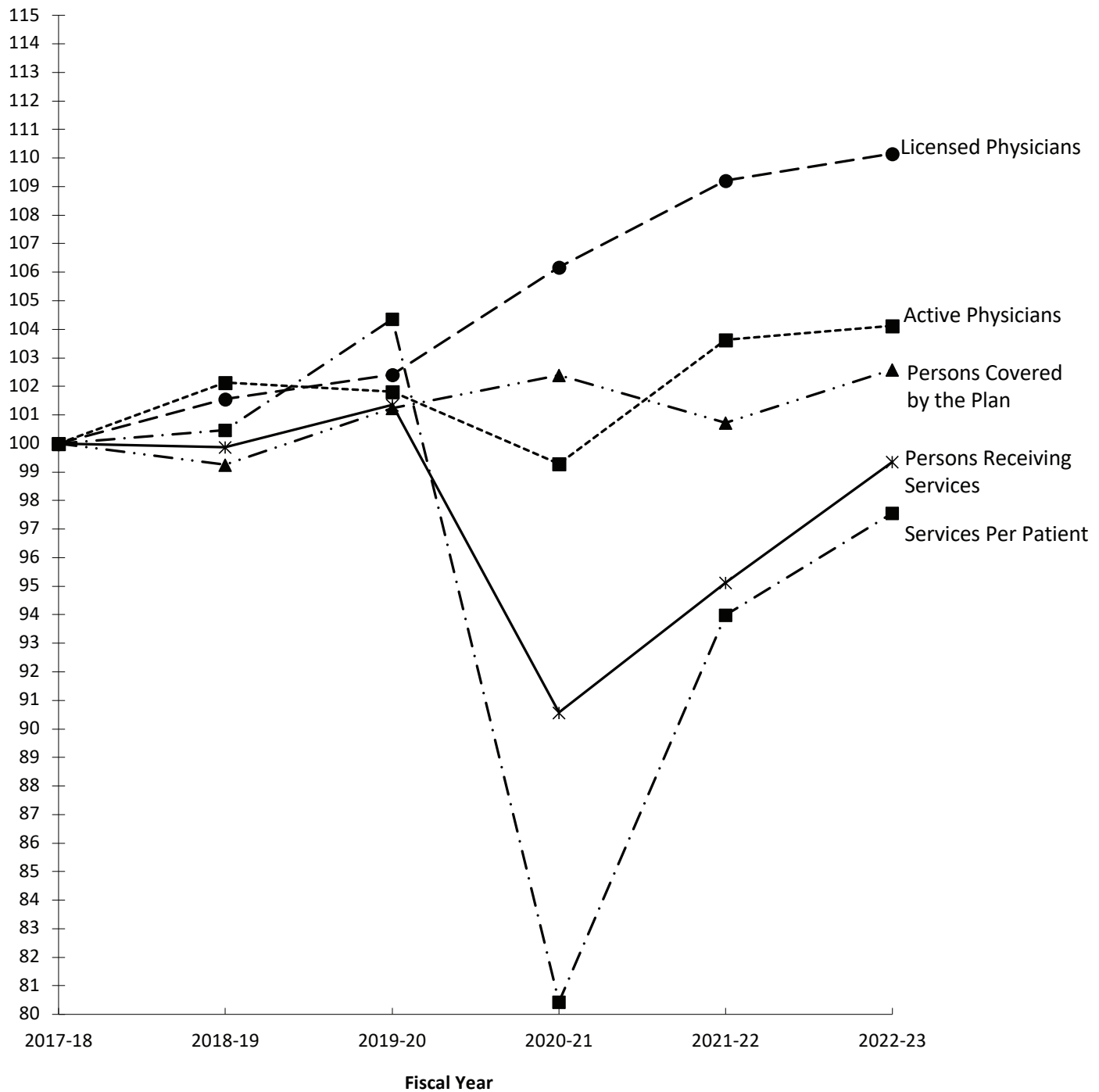
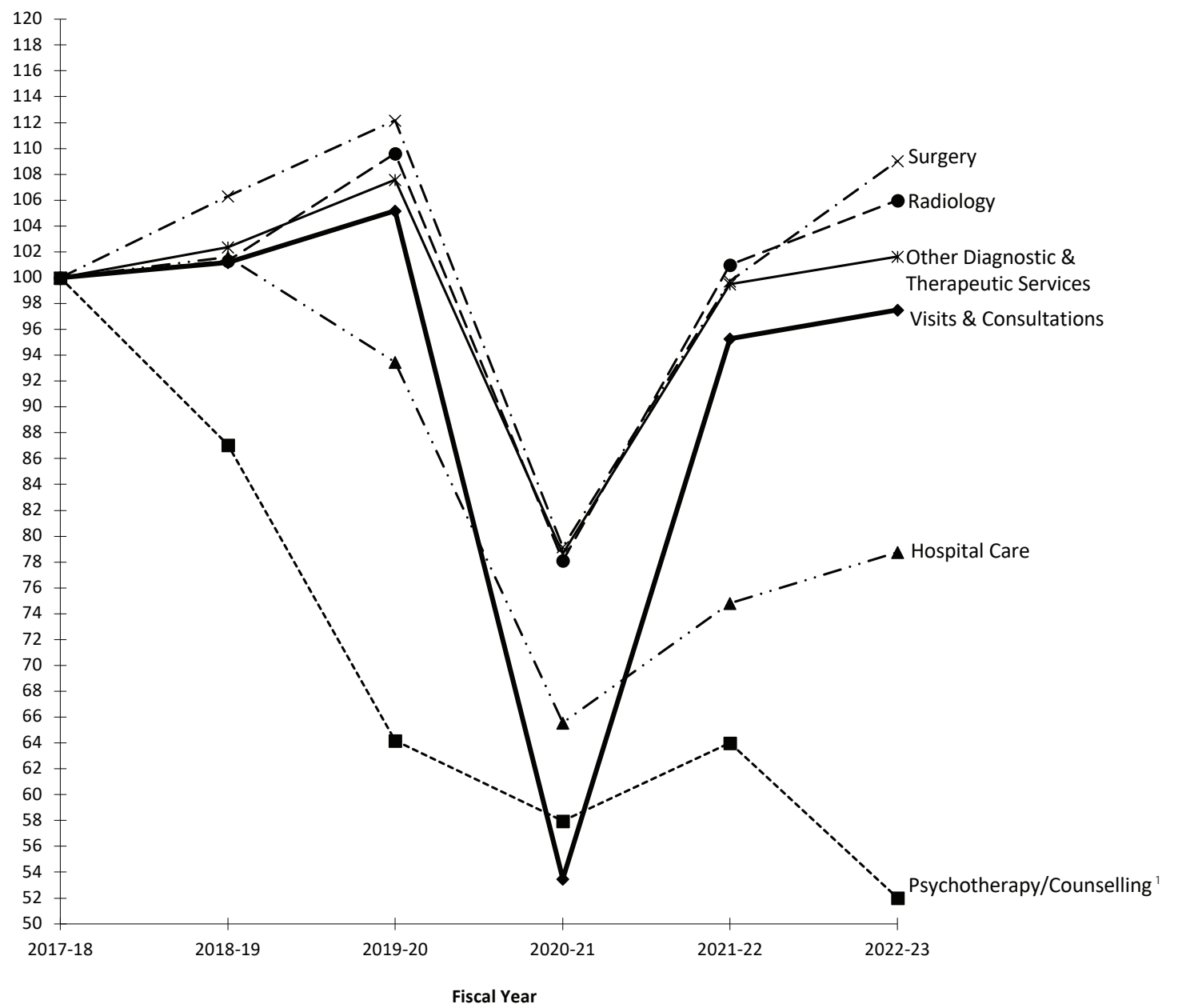


Figure 2

Index of Services Per 1,000 Beneficiaries for Selected Types of In-Province Physician Services, 2017-18 to 2022-23



¹ Decrease may be associated with the modernization of psychiatry service codes implemented in the payment schedule effective April 1, 2022.

Figure 3

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

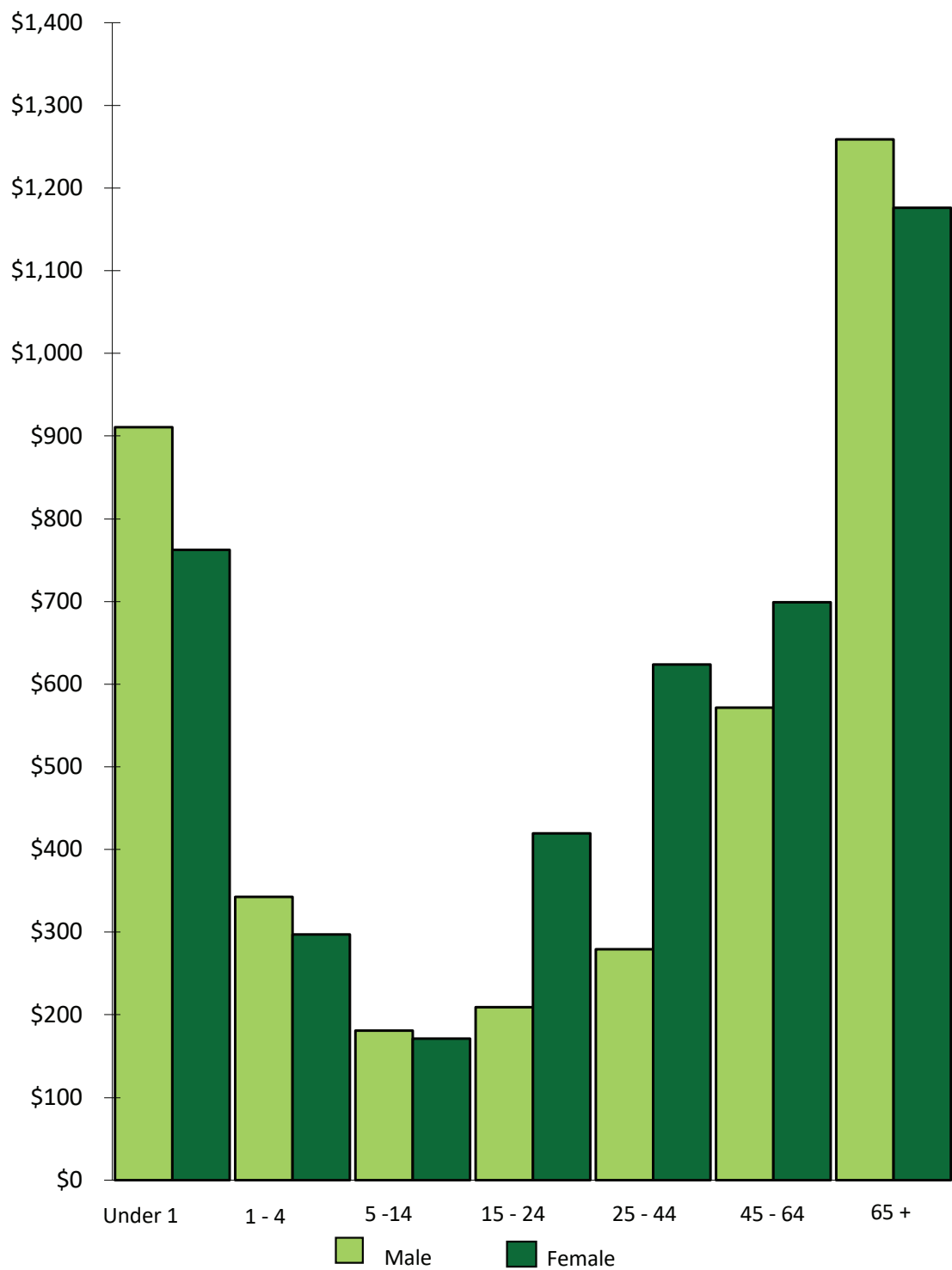


Figure 4

Map of Health Reporting Zones

