

ALBERTA HEALTH

ALBERTA HEALTH CARE INSURANCE PLAN
STATISTICAL SUPPLEMENT

2018/2019

Contact Information

For inquiries concerning material in this publication contact:

Alberta Health
Health Standards, Quality and Performance Division
Analytics and Performance Reporting Branch
PO Box 1360 Station Main
Edmonton, Alberta T5J 2N3

Email: Health.InfoRequest@gov.ab.ca

This document is available on the Alberta Health website at <https://open.alberta.ca/publications/0845-4775>.

Information on performance measures and financial statements is provided in the *Ministry of Health Annual Report*. Copies of the annual report are available from the Communications Branch or the Ministry website.

ALBERTA HEALTH

Alberta Health Care Insurance Plan Statistical Supplement 2018/2019

TABLE OF CONTENTS

PAGE

1 [Introduction](#)

3 [Year at a Glance](#)

5 [Section 1: Registration](#)

5 **Summary and Highlights**

6 **Explanatory Notes**

7 Table 1.1 Number of Registrations and Individual Registrants Covered as at March 31, 2015 to March 31, 2019

7 Table 1.2 Number of Registrations and Individual Registrants Covered as at March 31, 2019

8 Table 1.3 A Distribution of Registrants by Age and Sex as at March 31, 2015 to March 31, 2019

9 Table 1.3 B Distribution of Registrants Percentage Change by Age and Sex as at March 31, 2015 to March 31, 2019

10 Figure 1.1 Distribution of Registrants by Age and Sex as at March 31, 2019

10 Figure 1.2 Registrants by Sex as at March 31, 2015 to March 31, 2019

11 Figure 1.3 Registrants Percentage Change by Sex as at March 31, 2015 to March 31, 2019

12 Table 1.4 Number of Facilities Providing Basic Health Services for the Service Year April 1, 2018 to March 31, 2019

13 [Section 2: Basic Health Services](#)

[\(Physicians and Allied Health Practitioners\)](#)

13 **Summary and Highlights**

15 Table 2.1 Distribution of Physician and Allied Health Practitioners Payments and Services per Patient, for the Service Year April 1, 2018 to March 31, 2019

15 Figure 2.1 Average Fee-For-Service Cost per Person to Physicians for Basic Health Services by Age and Sex for the Service Year April 1, 2018 to March 31, 2019

16	Figure 2.2	Average Fee-For-Service Cost per Person to Allied Health Practitioners for Basic Health Services by Age and Sex for the Service Year April 1, 2018 to March 31, 2019
16	Figure 2.3	Average Number of Services per Person for Basic Health Services for the Years Ended March 31, 2015 to March 31, 2019
17	Explanatory Notes	
18	Table 2.2	Manual Payments for the Business Cost Program and Rural Remote Northern Program Made to Alberta Physicians for the Service Years March 31, 2015 to March 31, 2019
19	Table 2.3	Distribution of Physician Payments by Program and Specialty for the Service Year April 1, 2018 to March 31, 2019
20	Table 2.4	Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2015 to March 31, 2019
22	Table 2.5	Number of Services and Total Payments to Allied Health Practitioners by Service Category Code for the Service Year April 1, 2018 to March 31, 2019
22	Table 2.6 A	Number of Physicians and Average Payments to Physicians within their Age Group for the Service Years Ended March 31, 2015 to March 31, 2019
23	Table 2.6 B	Number of Dentists/Dental Specialists/Oral Surgeons and Average Payments to Dentists/Dental Specialists/Oral Surgeons within their Age Group for the Service Years Ended March 31, 2015 to March 31, 2019
24	Table 2.6 C	Number of Optometrists and Average Payments to Optometrists within their Age Group for the Service Years Ended March 31, 2015 to March 31, 2019
25	Table 2.6 D	Number of Podiatrists and Average Payments to Podiatrists within their Age Group for the Service Years Ended March 31, 2015 to March 31, 2019
26	Table 2.7	Distribution of Optometry Payments and Services per Patient for the Service Years Ended March 31, 2015 to March 31, 2019
27	Table 2.8	Total and Average Gross Payments to Physicians and Allied Health Practitioners by Practitioner Type for the Service Years Ended March 31, 2015 to March 31, 2019
28	Table 2.9	Distribution of Physicians and Allied Health Practitioners by Gross Payment Range for the Service Years Ended March 31, 2015 to March 31, 2019
30	Table 2.10	Distribution of Physician Payments and Services per Patient for the Service Years Ended March 31, 2015 to March 31, 2019
30	Table 2.11	Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2018 to March 31, 2019
31	Table 2.12A	Distribution of Fee-for-Service Physicians by Specialty for the Service Years Ended March 31, 2015 to March 31, 2019
32	Table 2.12 B	Distribution of Average Gross Payments for the Service Years Ended March 31, 2015 to March 31, 2019
34	Table 2.12 C	Distribution of Median Gross Payments for the Service Years Ended March 31, 2015 to March 31, 2019
36	Table 2.13	Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2018 to March 31, 2019

41	Table 2.14	Number of Full-Time Equivalent Physicians by Specialty for the Service Year April 1, 2018 to March 31, 2019
43	Table 2.15	Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2018 to March 31, 2019
47	Table 2.16	Top 50 Health Service Codes based on Physician Fee-for-Service Payments for the Service Year April 1, 2018 to March 31, 2019
51	Table 2.17	Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Patient Age and Sex for the Service Year April 1, 2018 to March 31, 2019
54	Table 2.18	Percentage Change to Rates in the Schedule of Medical Benefits by Specialty for the Years Ended March 31, 2015 to March 31, 2019
55	Table 2.19	Basic Health Services: Percentage Changes to Rates in the Schedule of Benefits for the Years Ended March 31, 2015 to March 31, 2019
57	Table 2.20	Alternative Relationship Plans (ARP) Summary by Type for the Service Year April 1, 2018 to March 31, 2019
58	Table 2.21	Top 50 Health Service Codes Physician Service Events Submitted by Alternative Relationship Plans (ARPs) for the Service Year April 1, 2018 to March 31, 2019
62	Table 2.22	Distribution of Physicians by Specialty Based on Service Events Submitted by Alternative Relationship Plans (ARPs) for the Service Years Ended March 31, 2015 to March 31, 2019
64	Table 2.23	Distribution of Alternative Relationship Plan (ARP) Service Events by Specialty for the Service Years Ended March 31, 2015 to March 31, 2019
65	Table 2.24 A	Distribution of In Province Medical Reciprocal Payments for the Service Years Ended March 31, 2015 to March 31, 2019
66	Table 2.24 B	Distribution of In Province Medical Reciprocal Services for the Service Years Ended March 31, 2015 to March 31, 2019
67	Table 2.24 C	Distribution of Discrete Patients for In Province Medical Reciprocal Services for the Service Years Ended March 31, 2015 to March 31, 2019
68	Table 2.25	Top 50 Health Service Codes for In Province Medical Reciprocal Services for the Service Year April 1, 2018 to March 31, 2019
71	Table 2.26 A	Out-of-Province Basic Health Care Services: Distribution of Payments, Number of Services, and Discrete Patients for the Service Years Ended March 31, 2015 to March 31, 2019
72	Table 2.26 B	Out-of-Province Hospital Services: Distribution of Payments, Number of Services, and Discrete Patients for the Service Year April 1, 2018 to March 31, 2019
74	Table 2.27	Out-of-Country Basic Health Services: Distribution of Payments, Number of Services, and Discrete Patients for the Service Years Ended March 31, 2015 to March 31, 2018
75	Table 2.28 A	Out-of-Country Basic Health Services: Top 50 Health Service Codes for the Services Provided in United States for the Service Year April 1, 2017 to March 31, 2018

78	Table 2.28 B	Out-of-Country Basic Health Services: Top 50 Health Service Codes for the Services Provided in Other Countries (Except United States) for the Service Year April 1, 2017 to March 31, 2018
81	Table 2.29 A	Out-of-Country Health Services Program: Applications Reviewed by Out-of-Country Health Services Committee (OOCHSC) for the Service Years Ended March 31, 2015 to March 31, 2019
81	Table 2.29 B	Out-of-Country Health Services Program: Applications Reviewed by Appeal Panel for the Service Years Ended March 31, 2015 to March 31, 2019
81	Table 2.30	Out-of-Country Health Services Program: Payments Made for Approved Applications by Out-of-Country Health Services Committee/Appeal Panel for the Service Years Ended March 31, 2015 to March 31, 2019
83	Table 2.31	Primary Care Networks: Distribution of Primary Care Providers, Number of Patients, and Total Payments by Alberta Health Services Geographic Zone for the Service Year April 1, 2018 to March 31, 2019

85 Section 3: Regional Data

85 Summary and Highlights

86 Explanatory Notes

87	Map 3.1	Distribution of Individual Registrants Covered by Alberta Health Services Geographic Zones
88	Map 3.2	Distribution of Individual Registrants Covered by Local Geographic Area
89	Table 3.1	Distribution of Individual Registrants Covered by Local Geographic Area (LGA) as at March 31, 2019
94	Map 3.3	Fee-for-Service Payments per Discrete Patient by Local Geographic Area
95	Table 3.2	Distribution of Payments per Discrete Patient by Local Geographic Area (LGA) for the Service Year April 1, 2018 to March 31, 2019
100	Table 3.3	Distribution of Services, Discrete Patients, and Physicians by Local Geographic Area (LGA) for the Service Year April 1, 2018 to March 31, 2019
104	Table 3.4 A	Distribution of Payments by Practitioner Type and Alberta Health Services Geographic Zone Service Location and Recipient Location for the Service Year April 1, 2018 to March 31, 2019
105	Table 3.4 B	Number of Services by Practitioner Type and Alberta Health Services Geographic Zone Service Location and Recipient Location for the Service Year April 1, 2018 to March 31, 2019
106	Table 3.4 C	Number of Discrete Patients by Practitioner Type and Alberta Health Services Geographic Zone Service Location and Recipient Location for the Service Year April 1, 2018 to March 31, 2019
107	Figure 3.1	Fee-for-Services Physician Payments, Services, and Discrete Patients by Alberta Health Services Geographic Zone for the Service Years Ended March 31, 2015 to March 31, 2019

108	Table 3.5	Distribution of Payments by Diagnostic Chapter (ICD9) and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2018 to March 31, 2019
109	Table 3.6	Distribution of Physicians with Total Payments of \$10,000 and Over, and Average Payments by Alberta Health Services Geographic Zone for the Service Year April 1, 2018 to March 31, 2019
110	Table 3.7 A	Number of General/Family Physicians by Payment Range and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2018 to March 31, 2019
111	Table 3.7 B	Number of Specialist by Payment Range and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2018 to March 31, 2019
112	Table 3.8	Number of Physicians by Specialty Within Alberta Health Services Geographic Zones for the Service Year April 1, 2018 to March 31, 2019
113	Table 3.9	Distribution of Alternative Relationship Plan (ARP) Service Events and Discrete Patients by Alberta Health Services Geographic Zones for the Service Year April 1, 2018 to March 31, 2019
114	Table 3.10	Distribution of Allied Practitioner Services and Payments by Alberta Health Services Geographic Zones for the Service Year April 1, 2018 to March 31, 2019
115	Figure 3.2	Dentists/Dental Specialists/Oral Surgeons Payments, Services, and Discrete Patients by Alberta Health Services Geographic Zone for the Service Years Ended March 31, 2015 to March 31, 2019
116	Figure 3.3	Optometrists Payments, Services, and Discrete Patients by Alberta Health Services Geographic Zone for the Service Years Ended March 31, 2015 to March 31, 2019
117	Figure 3.4	Podiatrists Payments, Services, and Discrete Patients by Alberta Health Services Geographic Zone for the Service Years Ended March 31, 2015 to March 31, 2019

118 Section 4: Non-Group Supplementary Plans

118 Summary and Highlights

120	Figure 4.1	Non-Group Supplementary Coverage: Average Net Payment for Drugs per Recipient by Coverage Category for the Service Year April 1, 2018 to March 31, 2019
-----	------------	---

120 Explanatory Notes

121	Table 4.1	Non-Group Supplementary Coverage: Number of Registrations and Persons Covered by Level of Premium Payment as at March 31, 2015 to March 31, 2019
122	Table 4.2	Non-Group Supplementary Coverage: Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2015 to March 31, 2019
123	Table 4.3	Non-Group Supplementary Coverage: Persons Covered by Age and Sex as at March 31, 2015 to March 31, 2019

124	Table 4.4	Non-Group Supplementary Coverage: Number of Discrete Recipients and Net Payment by Coverage Category, Level of Premium Payment and Type of Service for the Year April 1, 2018 to March 31, 2019
125	Table 4.5	Non-Group Supplementary Coverage: Number of Prescriptions and Net Payment by Prescription Type and Coverage Category for the Year April 1, 2018 to March 31, 2019
125	Table 4.6	Number and Percentage Change of Licensed Community Pharmacies in Alberta as of March 31, 2015 to March 31, 2019
126	Table 4.7	Non-Group Supplementary Coverage: Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category for the Year April 1, 2018 to March 31, 2019
128	Table 4.8	Non-Group Supplementary Coverage: Cost of Prescription by Broad Drug Category for the Year April 1, 2018 to March 31, 2019
129	Table 4.9	Non-Group Supplementary Coverage: Number of Prescriptions and Prescription Cost Components by Coverage Category (Direct Bill Claims Only) for the Year April 1, 2018 to March 31, 2019

130 [Glossary/Definitions](#)

Introduction

The Alberta Health Care Insurance Plan

The Alberta Health Care Insurance Plan (AHCIP) is a publicly funded health care plan. It was established in accordance with the *Canada Health Act* principles of public administration, comprehensiveness, universality, portability and accessibility.

The AHCIP provides two types of coverage to registered Albertans. They are:

- Basic health coverage for insured services provided by physicians, dentists/dental specialists/oral surgeons and hospitals, and limited coverage for services provided by optometrists and podiatrists. All eligible residents of Alberta are required to register for AHCIP coverage, but residents have the option to opt out.
- Supplementary health insurance through non-group supplementary plans for pharmaceutical and selected health service coverage. The supplementary plans included in this report cover some services beyond those insured by the AHCIP, which are funded by Alberta Health and administered by Alberta Blue Cross. From April 1, 2018 to March 31, 2019, coverage was available to all Albertans under the age of 65 and their dependants, subject to the payment of a monthly premium. During the same period, premium-free coverage was provided to seniors and their dependants. In addition, premium-free drug coverage was provided to people diagnosed as being palliative and who received health care in their homes.

Information included in the Statistical Supplement

The Statistical Supplement is an accompaniment to the *Ministry of Health Annual Report 2018/2019* and includes data on the number of people registered with the AHCIP, payments made by the AHCIP to Alberta physicians and allied health practitioners (dentists/dental specialists/oral surgeons, optometrists and podiatrists) for services provided to Albertans and non-Albertans, and payments for services provided to Albertans while they are out of the province or country. The Statistical Supplement also reports data on the non-group supplementary health insurance plans.

Data reported in the Statistical Supplement

This edition of the Statistical Supplement reports new data for the period April 1, 2018 to March 31, 2019. Where possible, data reports over a five-year period to facilitate long-term comparisons.

The majority of data are reported on a date-of-service basis, with the exception of Section 4, Non-Group Supplementary Plans, which reports data on a date-of-payment basis.

Note: Some data in the Statistical Supplement may differ from data reported in the Annual Report. The Statistical Supplement uses claims payment data, based on date of service, from the Claims Assessment System, while the Annual Report uses financial statement data, based on date of payment, from the Alberta Government Integrated Management Information System.

Information not included in the Statistical Supplement

The following information is not included in the Statistical Supplement:

- Services and costs (e.g. hospital and home care services and costs) provided by Alberta Health Services.

The *Ministry of Health Annual Report 2018/2019* provides a range of financial information pertaining to Alberta Health Services. A copy of the Annual Report can be found on the Alberta Health website at www.health.alberta.ca.

Note: This document reflects the fiscal year April 1, 2018 to March 31, 2019. Explanations of data and coverage may not be applicable for periods after March 31, 2019.

Year at a Glance

	2017/2018	2018/2019
Albertans covered under the Alberta Health Care Insurance Plan	4,598,089	4,700,840
Non-Seniors	3,973,354	4,042,409
Seniors	624,735	658,431
Amount paid to Alberta practitioners (fee-for-service)	\$3,705,880,145	\$3,891,340,794
Physicians	\$3,602,354,459	\$3,779,015,740
Allied Health Practitioners	\$103,525,685	\$112,325,053
Average annual fee-for-service payment		
All Physicians (except Pathology)	\$392,758	\$401,126
All Specialists (except General/Family Physicians and Pathology)	\$509,439	\$523,018
General/Family Physicians	\$302,173	\$305,542
Number of practitioners who submitted fee-for-service claims	10,248	10,512
Physicians (including General Practitioners)	9,165	9,415
General Practitioners	5,151	5,268
Dentists/Dental Specialists/Oral Surgeons	232	226
Optometrists	787	807
Podiatrists	65	66
Number of physicians by gross payment range (fee-for-service) ⁽¹⁾⁽²⁾		
Less than \$500,000	6,848	6,983
More than \$500,000	2,317	2,432
More than \$1 million	475	508
More than \$2 million	111	121
Alternative Relationship Plans		
Total Expenditures	\$377,673,509	\$388,479,910
Total Alternative Relationship Plans	58	61
Total Physicians	2,519	2,595
Primary Care Networks		
Total Payments	\$221,424,651	\$218,370,736
Total Primary Care Networks	42	41
Total Providers ⁽²⁾	4,340	4,533
Total Patients Enrolled	3,718,404	3,783,785
Allied health services provided (fee-for-service)		
Total Number of Services Provided	2,103,230	2,306,361
Average Number of Services per Practitioner	1,940	2,099

(1) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

(2) The numbers do not include allied health practitioners.

(3) The term Primary Care Provider includes family physicians, general practitioners, pediatricians and nurse practitioners.

	2017/2018	2018/2019
Percentage of payments to physicians for patients who received services within the zone they reside in		
South Zone	83.81%	83.63%
Calgary Zone	96.60%	96.69%
Central Zone	68.76%	68.23%
Edmonton Zone	96.83%	96.85%
North Zone	64.36%	63.63%
Unknown Zone	4.76%	5.64%
Amount spent on Non-Group Supplementary coverage	\$884,264,870	\$916,691,966
Non-seniors	260,421,902	273,744,157
Seniors	622,221,893	641,382,640
Palliative Care	1,621,075	1,565,170
Number of community-based pharmacies in Alberta	1,337	1,474

Section 1

Summary

This section provides statistics on the number of Albertans covered under the Alberta Health Care Insurance Plan (AHCIP) for basic health services. The tables provide registration data by age and sex, as at March 31, 2019.

Highlights

- A total of 4,700,840 Albertans were registered for basic coverage. This is an increase of 2.23%, compared to 2017/2018. Included in this total are 70,879 individuals who have temporary Canada entry documents (e.g. work permits, study permits) and are registered with the AHCIP, compared to 70,179 individuals in 2017/2018.
- In 2018/2019, there were 143 Albertans who chose to opt out of the AHCIP compared to 233 in 2017/2018.

Registrations

Alberta Health Care Insurance Plan registration data are based on the number of active registrations as at the last day of the fiscal year (March 31). Individuals registered with the AHCIP for part of the year, but not on March 31, are excluded. The number of registrations differs from the number of people covered. The number of people covered under one registration ranges from one (single coverage) to two or more (family coverage). Details regarding the number of registrations are available in Tables 1.1 and 1.2.

Members of the Canadian Armed Forces and inmates of federal penitentiaries are covered by the federal government. These groups are not entitled to AHCIP coverage and are not included in the AHCIP data. Members of the Royal Canadian Mounted Police were covered by the federal government until March 31, 2013, and not entitled to AHCIP coverage. As of April 1, 2013, RCMP members are covered under the AHCIP and included in the data.

Opting Out

Albertans may opt out of the AHCIP at any time. These individuals and their dependents are responsible for paying all of their health care expenses. The Opt Out program is a renewable three-year term and the resident has the option to rescind their decision to opt out during this period.

Non-Seniors Category

Alberta Health provides premium-free AHCIP coverage to individuals who are under 65 years of age. Non-Group Supplementary coverage is available upon payment of a monthly premium. Section 4 provides more information on Non-Group Supplementary Plans.

Seniors Category

Alberta Health provides premium-free AHCIP and Non-Group Supplementary Plan coverage to all Alberta seniors and their dependents, regardless of income. Refer to Section 4, Non-Group Supplementary Plans, for more details about Non-Group Supplementary coverage.

Table 1.1
 Number of Registrations and Individual Registrants Covered
 as at March 31, 2015 to March 31, 2019

Population Categories	Number of Registrations ⁽¹⁾					Percentage Change			
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019
Non-Seniors	2,004,711	2,045,999	2,080,953	2,109,493	2,157,902	2.06	1.71	1.37	2.29
Seniors	364,569	380,680	398,276	417,970	440,556	4.42	4.62	4.94	5.40
Total ⁽¹⁾	2,369,280	2,426,673	2,479,227	2,527,462	2,598,454	2.42%	2.17%	1.95%	2.81%

Population Categories	Individual Registrants Covered					Percentage Change			
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019
Non-Seniors	3,810,882	3,881,318	3,934,785	3,973,354	4,042,409	1.85	1.38	0.98	1.74
Seniors	543,778	568,165	595,057	624,735	658,431	4.48	4.73	4.99	5.39
Total	4,354,660	4,449,483	4,529,842	4,598,089	4,700,840	2.18%	1.81%	1.51%	2.23%

(1) The Total number is a discrete count of Registration which may not equal to the sum of numbers in Seniors and Non-Seniors categories because a Registration can include people in both categories.

Table 1.2
 Number of Registrations and Individual Registrants Covered
 as at March 31, 2019

Registration Status	Total		Single		Family	
	Registrations ⁽²⁾	Individual Registrants	Registrations ⁽²⁾	Individual Registrants	Registrations ⁽²⁾	Individual Registrants
Non-Seniors	2,157,902	4,042,409	1,270,559	1,270,559	887,343	2,771,850
Seniors	440,556	658,431	230,644	230,644	209,912	427,787
Total ⁽¹⁾	2,598,458	4,700,840	1,501,203	1,501,203	1,097,255	3,199,637

(1) The Total number is not a discrete count of Registration because a Registration can include people in both Senior and Non-Senior categories.

(2) Registration is the number of single and family accounts registered with the AHCIP; one person (as in single coverage) or two or more people (as in family coverage).

Table 1.3 A
Distribution of Registrants by Age and Sex
as at March 31, 2015 to March 31, 2019

Age Group	Total Male and Female ⁽¹⁾										Male										Female									
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019										
Under 1	55,465	56,401	54,892	52,843	52,011	28,438	28,514	28,248	27,296	26,549	27,027	27,887	26,644	25,547	25,462	109,422	110,955	112,318	112,059	111,970										
1 - 4	225,392	228,439	230,084	229,536	229,631	115,970	117,484	117,766	117,477	117,661	137,756	142,097	144,337	144,717	145,817	109,422	110,955	112,318	112,059	111,970										
5 - 9	282,619	292,038	296,876	298,023	300,278	144,863	149,941	152,539	153,306	154,461	137,756	142,097	144,337	144,717	145,817	137,756	142,097	144,337	144,717	145,817										
10 - 14	248,928	256,698	266,788	277,848	289,618	127,541	131,374	136,626	142,365	148,446	121,387	125,324	130,162	135,483	141,172	121,387	125,324	130,162	135,483	141,172										
15 - 19	253,428	253,958	255,207	258,499	263,777	130,253	130,436	130,859	132,473	135,224	123,175	123,522	124,348	126,026	128,553	123,175	123,522	124,348	126,026	128,553										
20 - 24	295,171	291,476	285,793	281,679	283,174	150,354	148,172	145,139	143,398	144,528	144,817	143,304	140,654	138,281	138,646	144,817	143,304	140,654	138,281	138,646										
25 - 29	361,025	363,361	360,286	354,396	351,992	182,693	183,271	181,262	178,025	176,804	178,332	180,090	179,024	176,371	175,188	178,332	180,090	179,024	176,371	175,188										
30 - 34	375,209	385,895	391,808	392,405	397,118	190,379	195,653	198,172	197,950	199,914	184,830	190,242	193,636	194,455	197,204	184,830	190,242	193,636	194,455	197,204										
35 - 39	334,030	346,159	359,447	372,903	389,761	171,071	177,048	183,167	189,638	198,243	162,959	169,111	176,280	183,265	191,518	162,959	169,111	176,280	183,265	191,518										
40 - 44	307,705	312,214	318,520	325,803	337,598	159,238	161,025	163,952	167,654	173,535	148,467	151,189	154,568	158,149	164,063	148,467	151,189	154,568	158,149	164,063										
45 - 49	289,933	295,471	301,613	306,307	311,190	149,075	152,022	155,712	158,185	160,949	140,858	143,449	145,901	148,122	150,241	140,858	143,449	145,901	148,122	150,241										
50 - 54	311,885	308,277	303,259	297,235	294,465	158,644	157,274	154,936	152,242	150,885	153,241	151,003	148,323	144,993	143,580	153,241	151,003	148,323	144,993	143,580										
55 - 59	287,450	294,988	301,248	306,099	310,936	147,370	150,759	153,525	155,505	157,715	140,080	144,229	147,723	150,594	153,221	140,080	144,229	147,723	150,594	153,221										
60 - 64	226,114	240,014	253,793	265,707	276,628	115,024	122,088	129,074	134,989	140,629	111,090	117,926	124,719	130,718	135,999	111,090	117,926	124,719	130,718	135,999										
65 - 69	171,978	182,500	189,310	197,085	209,385	85,675	91,078	94,579	98,496	104,642	86,303	91,422	94,731	98,589	104,743	86,303	91,422	94,731	98,589	104,743										
70 - 74	116,473	122,064	133,089	144,397	154,634	56,792	59,545	64,975	70,503	75,457	59,681	62,519	68,114	73,894	79,177	59,681	62,519	68,114	73,894	79,177										
75 - 79	84,302	87,325	91,403	96,336	102,260	39,646	41,169	43,135	45,667	48,606	44,656	46,156	48,268	50,669	53,654	44,656	46,156	48,268	50,669	53,654										
80 - 84	63,126	64,285	65,447	67,414	69,661	28,112	28,746	29,355	30,255	31,246	35,014	35,539	36,092	37,159	38,415	35,014	35,539	36,092	37,159	38,415										
85 - 89	39,847	41,769	43,252	44,450	45,729	15,691	16,719	17,588	18,230	19,065	24,156	25,050	25,664	26,220	26,664	24,156	25,050	25,664	26,220	26,664										
90 & Older	24,580	26,151	27,727	29,124	30,991	7,398	7,985	8,639	9,231	10,034	17,182	18,166	19,088	19,893	20,957	17,182	18,166	19,088	19,893	20,957										
Total	4,354,660	4,449,483	4,529,842	4,598,089	4,700,837	2,204,227	2,250,303	2,289,248	2,322,885	2,374,593	2,150,433	2,199,180	2,240,594	2,275,204	2,326,244	2,150,433	2,199,180	2,240,594	2,275,204	2,326,244										

(1) Registrants with a Gender described other than "Male" or "Female" were not included in the table.

Table 1.3 B
 Distribution of Registrants Percentage Change by Age and Sex
 as at March 31, 2015 to March 31, 2019

Age Group	Total Male and Female ⁽¹⁾					Male					Female					
	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019
Under 1	1.69	(2.68)	(3.73)	(1.57)	0.27	(0.93)	(3.37)	(2.74)	3.18	(4.46)	(4.12)	(0.33)	3.18	(4.46)	(4.12)	(0.33)
1 - 4	1.35	0.72	(0.24)	0.04	1.31	0.24	(0.25)	0.16	1.40	1.23	(0.23)	(0.08)	1.40	1.23	(0.23)	(0.08)
5 - 9	3.33	1.66	0.39	0.76	3.51	1.73	0.50	0.75	3.15	1.58	0.26	0.76	3.15	1.58	0.26	0.76
10 - 14	3.12	3.93	4.15	4.24	3.01	4.00	4.20	4.27	3.24	3.86	4.09	4.20	3.24	3.86	4.09	4.20
15 - 19	0.21	0.49	1.29	2.04	0.14	0.32	1.23	2.08	0.28	0.67	1.35	2.01	0.28	0.67	1.35	2.01
20 - 24	(1.25)	(1.95)	(1.44)	0.53	(1.45)	(2.05)	(1.20)	0.79	(1.04)	(1.85)	(1.69)	0.26	(1.04)	(1.85)	(1.69)	0.26
25 - 29	0.65	(0.85)	(1.63)	(0.68)	0.32	(1.10)	(1.79)	(0.69)	0.99	(0.59)	(1.48)	(0.67)	0.99	(0.59)	(1.48)	(0.67)
30 - 34	2.85	1.53	0.15	1.20	2.77	1.29	(0.11)	0.99	2.93	1.78	0.42	1.41	2.93	1.78	0.42	1.41
35 - 39	3.63	3.84	3.74	4.52	3.49	3.46	3.53	4.54	3.78	4.24	3.96	4.50	3.78	4.24	3.96	4.50
40 - 44	1.47	2.02	2.29	3.62	1.12	1.82	2.26	3.51	1.83	2.23	2.32	3.74	1.83	2.23	2.32	3.74
45 - 49	1.91	2.08	1.56	1.59	1.98	2.43	1.59	1.75	1.84	1.71	1.52	1.43	1.84	1.71	1.52	1.43
50 - 54	(1.16)	(1.63)	(1.99)	(0.93)	(0.86)	(1.49)	(1.74)	(0.89)	(1.46)	(1.77)	(2.25)	(0.97)	(1.46)	(1.77)	(2.25)	(0.97)
55 - 59	2.62	2.12	1.61	1.58	2.30	1.83	1.29	1.42	2.96	2.42	1.94	1.74	2.96	2.42	1.94	1.74
60 - 64	6.15	5.74	4.69	4.11	6.14	5.72	4.58	4.18	6.15	5.76	4.81	4.04	6.15	5.76	4.81	4.04
65 - 69	6.12	3.73	4.11	6.24	6.31	3.84	4.14	6.24	5.93	3.62	4.07	6.24	5.93	3.62	4.07	6.24
70 - 74	4.80	9.03	8.50	7.09	4.85	9.12	8.51	7.03	4.76	8.95	8.49	7.15	4.76	8.95	8.49	7.15
75 - 79	3.59	4.67	5.40	6.15	3.84	4.78	5.87	6.44	3.36	4.58	4.97	5.89	3.36	4.58	4.97	5.89
80 - 84	1.84	1.81	3.01	3.33	2.26	2.12	3.07	3.28	1.50	1.56	2.96	3.38	1.50	1.56	2.96	3.38
85 - 89	4.82	3.55	2.77	2.88	6.55	5.20	3.65	4.58	3.70	2.45	2.17	1.69	3.70	2.45	2.17	1.69
90 & Older	6.39	6.03	5.04	6.41	7.93	8.19	6.85	8.70	5.73	5.08	4.22	5.35	5.73	5.08	4.22	5.35
Total	2.18%	1.81%	1.51%	2.23%	2.09%	1.73%	1.47%	2.23%	2.27%	1.88%	1.54%	2.24%	2.27%	1.88%	1.54%	2.24%

(1) Registrants with a Gender described other than "Male" or "Female" were not included in the table.

Figure 1.1
Distribution of Registrants by Age and Sex
as at March 31, 2019

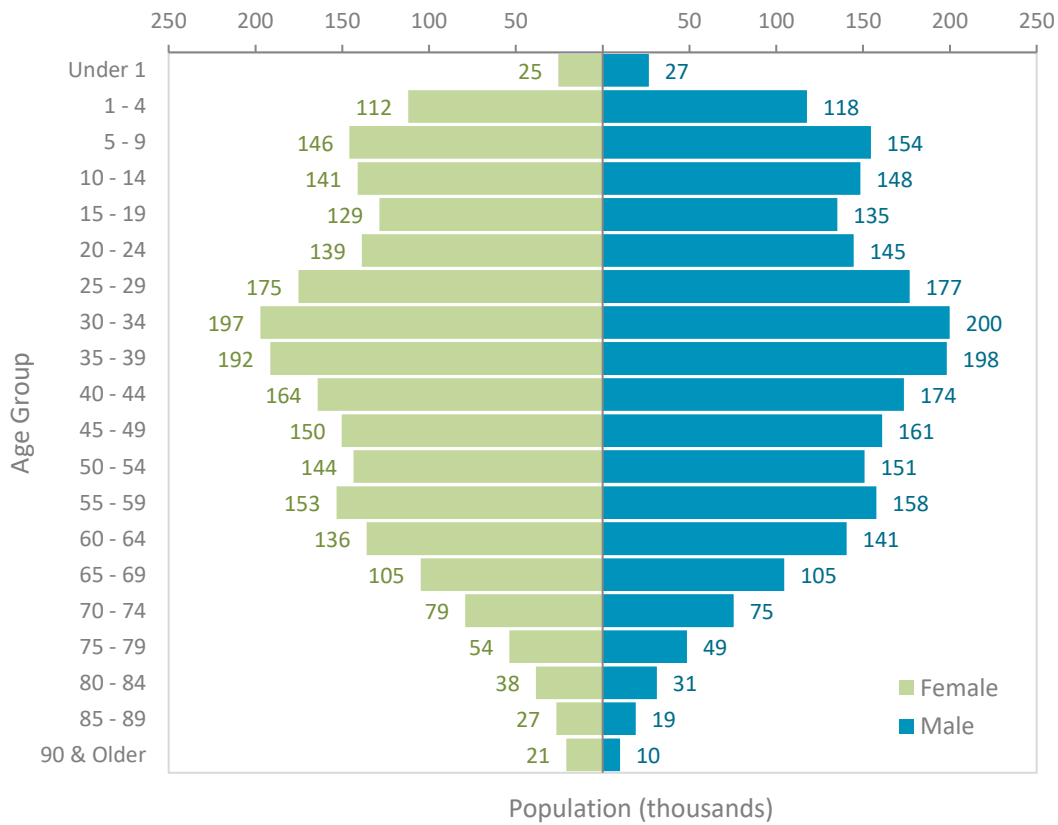


Figure 1.2
Registrants by Sex
as at March 31, 2015 to March 31, 2019

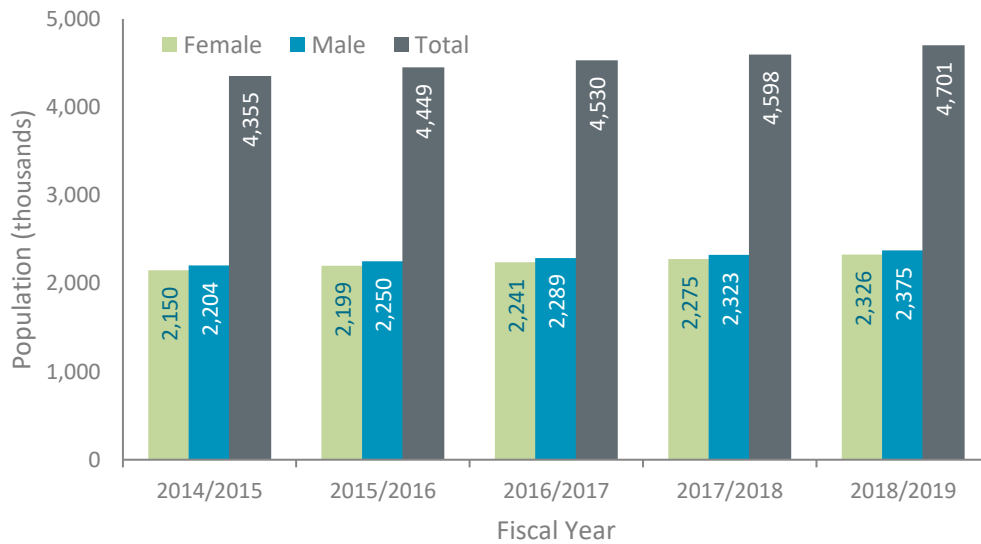


Figure 1.3
Registrants Percentage Change by Sex
as at March 31, 2015 to March 31, 2019

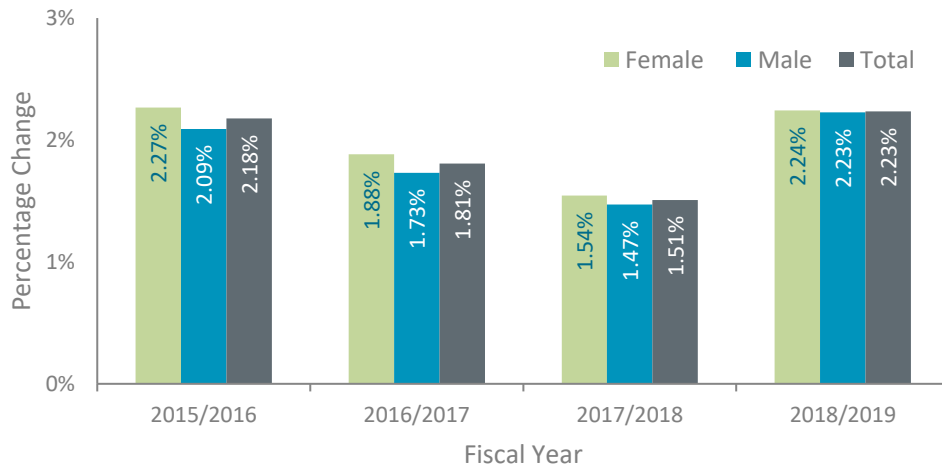


Table 1.4
 Number of Facilities Providing Basic Health Services
 for the Service Year April 1, 2018 to March 31, 2019

Type of Facilities	Number of Facilities
Active Treatment Hospital	109
Ambulatory Care Centre	1
Auxiliary Hospital	88
Community Ambulatory Centre	10
Community Mental Health Clinic	50
Correctional Centre	9
Designated Mental Health	3
Diagnostic	107
Health Canada Nursing Station	15
Nursing Home	103
Practitioners Office	2,894
Regional Contract Practitioner Office	37
Total	3,426

Note: Claims to the Alberta Health Care Insurance Plan for insured services provided in formally recognized or accredited facilities in Alberta require a facility number and functional centre code that Alberta Health has assigned to these facilities.

Section 2

Basic Health Services

(Physicians and Allied Health Practitioners)

Summary

The Alberta Health Care Insurance Plan (AHCIP) provides Albertans with coverage for basic health services. These include insured services provided by physicians and dental specialists/oral surgeons and some services provided by podiatrists and optometrists. Alberta practitioners receive fee-for-service payments and/or are paid through Alternative Relationship Plans. See Tables 2.20, 2.21, 2.22, and 2.23 for information about Alternative Relationship Plans.

In this section, data are primarily for fee-for-service payments. Data are organized by practitioner specialty and type of service, by patient age and sex, and by the percentage of change in schedules of benefits. Individual schedules of benefits provide details about services and fee-for-service rates payable by the AHCIP. Unless otherwise noted, pathology services are included in this fee-for-service data. Alternative Relationship Plan and Primary Care Network data are reported separately in Tables 2.20 to 2.23 and 2.31.

Highlights

- In Alberta, 9,415 physicians and 1,099 allied health practitioners received fee-for-service payments from the AHCIP during 2018/2019.
- The physician to registrant ratio for physicians (excluding pathologists) who submitted fee-for-service claims increased to 2.00 per 1,000 persons, up from 1.99 per 1,000 persons in 2017/2018.
- Of the 4,700,840 Albertans registered for coverage with the AHCIP, 78.07% (3,670,010 people) received at least one fee-for-service physician service during 2018/2019.
 - A total of 51.77% of these patients received fee-for-service physician services valued at \$500 or less.
 - 27.77% of these patients received fee-for-service physician services valued at more than \$1,000. Payments for these patients' services accounted for 74.85% of all fee-for-service payments to physicians.
 - Office visits (assessments) and consultations accounted for 49.82% of the fee-for-service payments made to Alberta physicians in 2018/2019. These services accounted for 75.87% of the fee-for-service payments made to general/family physicians.

- 21.51% of Alberta's population (1,011,287 people) obtained allied health services (services provided by dental specialists/oral surgeons, optometrists and podiatrists) in 2018/2019.
- Alberta Health spent \$99,708,908 on optometry and podiatry services in 2018/2019. Coverage for these practitioners is not required by the *Canada Health Act*.
- A total of \$28,249,720 was spent on optometry care for Alberta's children in 2018/2019.
- The AHCIP paid fee-for-service totalling \$3,891,340,794 to Alberta physicians and allied health practitioners in 2018/2019. This figure represents a 5.00% increase compared to 2017/2018.
- In 2018/2019, the average total fee-for-service payment per Alberta physician was \$401,382 (2.12% higher than it was in 2017/2018). This brought the median payment to \$315,217 (an increase of 1.07% compared to 2017/2018).
- A total of 2,432 physicians each received more than \$500,000 in fee-for-service payments in 2018/2019. This represents an increase of 115 physicians compared to 2017/2018. Of the 2,432 physicians, 853 were general/family physicians, an increase of 51 over 2017/2018.
- Of the 2,432 physicians, a total of 508 physicians each received more than \$1 million in fee-for-service payments in 2018/2019. One hundred and twenty one (121) of the 508 physicians received more than \$2 million. In 2017/2018, there were 475 physicians who received more than \$1 million and 111 received more than \$2 million in fee-for-service payments.
- In 2018/2019, a total of 2,595 physicians participated in Alternative Relationship Plans, up from 2,519 in 2017/2018. A total of \$388,479,910 was spent on Alternative Relationship Plan expenditures.
- Forty one (41) Primary Care Networks operated in the five health zones as of March 31, 2019. These 41 Primary Care Networks involved a total of 4,533 registered providers who delivered services to 3,783,785 patients.

Table 2.1
 Distribution of Physician and Allied Health Practitioners
 Payments and Services per Patient for the Service Year April 1, 2018 to March 31, 2019

Indicators	Physicians	Dentists/ Dental Specialists/ Oral Surgeons	Optometrists	Podiatrists	Total
Number of Practitioners	9,415	226	807	66	10,512⁽¹⁾
Total Payments	\$3,779,015,740	\$12,616,145	\$87,811,603	\$11,897,305	\$3,891,340,794
Number of Services	56,241,529	42,766	1,950,151	313,444	58,547,890
Average Cost per Service	\$67.19	\$295.00	\$45.03	\$37.96	\$66.46
Number of Discrete Patients	3,670,010	22,970	919,932	110,125	3,776,080
Average Cost per Discrete Patient	\$1,030	\$549	\$95	\$108	\$1,031
Average Services per Patient	15.3	1.9	2.1	2.8	15.5

Note: This table reflects fee-for-service data only.

(1) The total number of practitioners is a discrete count which may not equal to the sum of numbers of physicians and allied practitioners, because a physician may also practice as an allied practitioner.

Figure 2.1
 Average Fee-For-Service Cost per Person
 to Physicians for Basic Health Services by Age and Sex
 for the Service Year April 1, 2018 to March 31, 2019

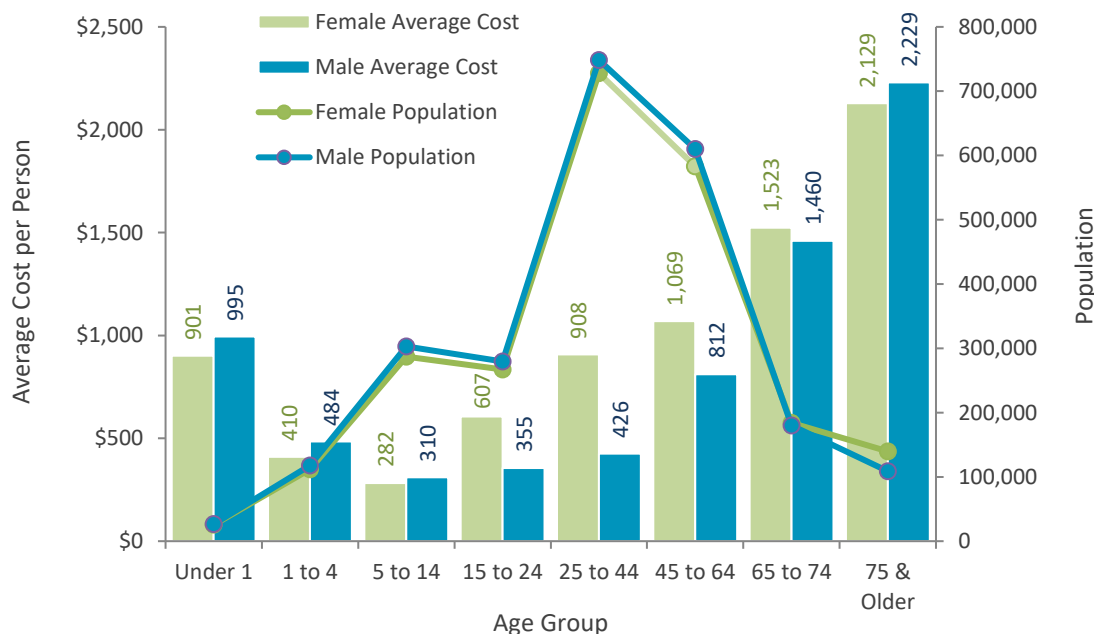


Figure 2.2
Average Fee-For-Service Cost per Person
to Allied Practitioners for Basic Health Services by Age and Sex
for the Service Year April 1, 2018 to March 31, 2019

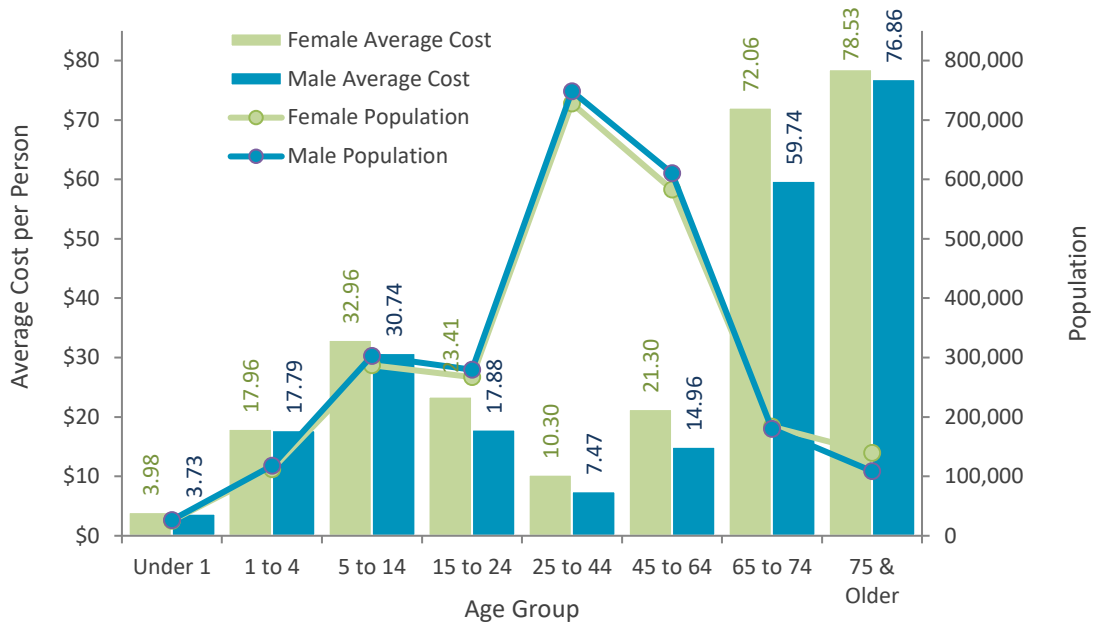
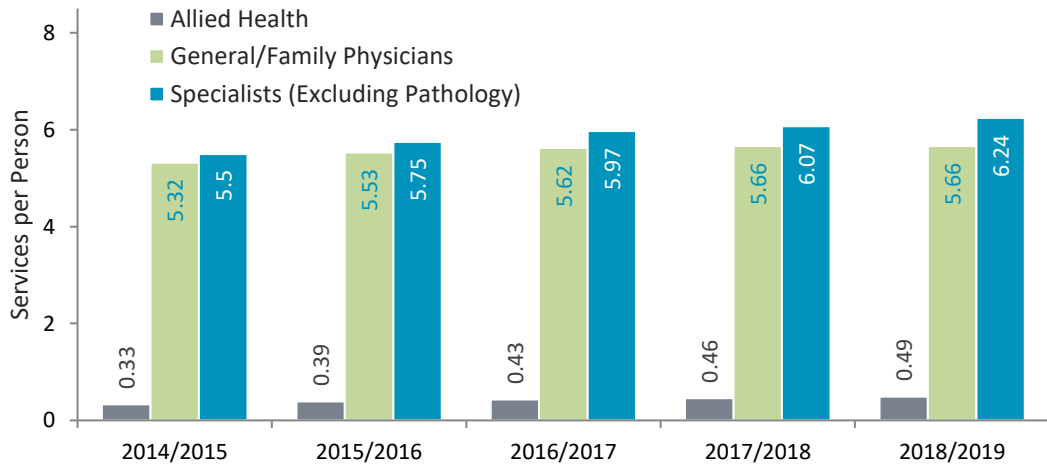


Figure 2.3
Average Number of Services per Person
for Basic Health Services
for the Years Ended March 31, 2015 to March 31, 2019



Expenditure Location

Unless stated otherwise, the tables in Section 2 represent Alberta practitioner data. Hospital and non-hospital surgical facility costs are not reported in this Statistical Supplement, with the exception of select out-of-country hospital services, which are reported in Tables 2.27 to 2.30.

Pathology Services

Alberta Health Services pays for most laboratory services. A few select pathology services, such as minor consultations, electrocardiograms (technical) and skin tests are paid for by the AHCIP.

These statistics are listed separately whenever possible to allow for year-over-year comparisons.

Payments Do Not Reflect Income

These statistics cannot be used as an accurate measure of a practitioner's personal income. The figures quoted are payments from which practitioners may pay business expenses, such as office and staff expenses, and payments reported in this document do not depict other sources of income or benefit programs which may include some of the following:

- Workers' Compensation Board, third party medicals, and services not covered by the AHCIP;
- Salaried positions and contractual arrangements with Alberta Health Services or private employers;
- Alternative Relationship Programs: Sessional, Contractual, Academic, Capitation;
- Medical Liability Reimbursement Program;
- Retention Benefit Program;
- Continuing Medical Education Benefit Program;
- Physician On-Call Program that compensates physicians being on-call;
- Clinical Stabilization Initiative that provides funding for business expenses and retention of physicians;
- The Physician Office System Program that provides funds for electronic office equipment;
- Compassionate Expense Program;
- Parental Leave Program;
- Federal Government Funding: e.g., travel to and from reserves for First Nation services; and
- through per capita funding of Primary Care Networks.

Under special circumstances, physicians may also claim and be paid for services provided by medical residents, and for diagnostic services provided by technicians.

Physician Data

Data in this section include all Alberta physicians who had fee-for-service payments of one dollar or more in 2018/2019. When physicians have multiple specialties, they have been counted in the specialty where they received the highest fee-for-service payments.

Alternative Relationship Plan data are reported in Tables 2.20 to 2.23.

Medical Reciprocal Program is the process by which Canadian physicians can obtain payment from their provincial health plans for medically required services provided to eligible residents of other participating provinces and territories. In province medical reciprocal data include services provided in Alberta health care facilities to patients who are not Alberta residents. In Province Medical Reciprocal data are reported in Tables 2.24 A, 2.24 B and 2.24 C.

Manual Payments made to Alberta Physicians for the service period April 1, 2014 to March 31, 2019, are not included in the data.

A manual payment totalling \$23,685,466 for fee-for-service was made to Alberta physicians in 2018/2019 as negotiated in the 2017 AMA Agreement.

Table 2.2
Manual Payments for the Business Cost Program and
Rural Remote Northern Program Made to Alberta Physicians
for the Service Years Ended March 31, 2015 to March 31, 2019

Year	Business Cost Program	Rural Remote Northern Program
2014/2015	82,269,820	43,453,803
2015/2016	92,553,949	46,480,835
2016/2017	98,349,876	48,372,090
2017/2018	88,229,469	48,870,904
2018/2019	89,490,118	49,268,893

Note: Manual Payments for the Business Cost Program and Rural Remote Northern Program made to Alberta Physicians are not included in the fee-for-service data. 2018/2019 fiscal year with payments up to August 3, 2019.

Table 2.3
Distribution of Physician Payments by Program and Specialty
for the Service Year April 1, 2018 to March 31, 2019⁽¹⁾⁽²⁾

Physician Specialty	Fee-for-Service (FFS)	Business Cost Program (BCP)	Rural Remote Northern Program (RRNP)	In Province Medical Reciprocal
Total: All Physicians	\$3,779,015,740	\$88,944,085	\$48,930,602	\$82,531,149
Subtotal:				
All Physicians (except Pathology)	3,770,184,361	88,934,288	48,930,602	74,400,333
All Specialists (except GP/FPs & Pathology)	2,160,587,407	16,021,003	10,364,171	51,276,727
Physicians by Specialty				
Anaesthesiology	179,478,406	210,587	751,649	6,729,382
Cardiovascular and Thoracic Surgery	16,996,550	11,324	12	2,923,500
Dermatology	42,352,209	871,278	7,116	879,805
Emergency Medicine	59,814,276	24,677	115,463	1,266,525
General/Family Physicians (GP/FPs)	1,609,596,954	72,913,285	38,566,432	23,123,606
- General/Family Physicians	1,510,644,613	72,694,796	37,809,278	20,985,273
- Full-Time Emergency Room Physicians	89,540,752	36,643	682,708	2,044,533
- Mental Health Generalists	5,940,965	5,084	40,984	33,177
- Other General Practice Physicians⁽³⁾	3,470,624	176,762	33,461	60,623
General Surgery	102,308,193	481,304	1,172,867	3,638,642
- General Surgery designated specialty	91,733,705	409,837	1,168,976	3,154,421
- Other General Surgery ⁽³⁾	10,574,488	71,467	3,891	484,222
Internal Medicine	399,892,002	3,412,756	1,431,395	9,591,468
- Internal Medicine designated specialty	158,156,261	1,931,390	1,114,208	3,149,054
- Cardiology	96,712,728	512,130	70,133	2,403,614
- Endocrinology/Metabolism	3,927,229	86,598	27	49,157
- Gastroenterology	32,211,112	205,901	108,502	421,589
- Infectious Diseases	3,613,786	1,673	841	82,374
- Other Internal Medicine⁽³⁾	105,270,886	675,063	137,683	3,485,680
Neurology	29,118,476	514,574	13,974	503,124
Neurosurgery	1,549,653	89,664		142,748
Obstetrics-Gynaecology	121,209,455	1,655,583	864,012	1,934,908
Ophthalmology	165,543,309	1,597,877	300,552	3,068,366
Orthopaedic Surgery	89,449,957	465,410	766,350	2,687,436
Otolaryngology	50,188,776	470,815	291,968	1,960,971
Paediatrics	108,941,013	2,511,358	515,680	3,259,152
Physical Medicine and Rehabilitation	24,916,016	557,463	15,700	402,100
Plastic Surgery	35,651,492	101,271	19,832	1,666,611
Psychiatry designated specialty	210,303,717	2,597,397	1,353,038	2,551,486
Urology	37,558,132	215,496	213,379	977,013
Pathology	8,831,379	9,797		8,130,816
Radiology	485,314,910	232,169	2,531,183	7,087,955

Note: This table reflects FFS, BCP, RRNP and in-province MEDR data. For MEDR program definition refer to the Glossary/Definition section.

(1) The information presented in this table refers to physicians who bill fee-for-service and are also compensated through BCP, RRNP and MEDR. Physicians who bill exclusively through the BCP, ARP or In-Province MEDR are not included.

(2) Totals for BCP and RRNP do not match the totals in Table 2.2 due to the exclusion of the ARP physician payments.

(3) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.4
 Medical and Allied Practitioners: Selected Indicators
 for the Service Years Ended March 31, 2015 to March 31, 2019

	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
REGISTRATIONS					
Individual Registrants Covered	4,354,660	4,449,483	4,529,842	4,598,089	4,700,840
Number of Discrete Physician Patients ⁽¹⁾	3,471,055	3,637,326	3,682,864	3,731,869	3,776,080
Number of Discrete Patients per Physician	425	413	406	397	390
OVERALL PHYSICIAN SUMMARY					
Number of Physician Services Provided	47,485,557	50,577,902	52,878,448	54,264,058	56,241,529
Number of Physicians	8,176	8,585	8,836	9,165	9,415
Number of Physicians per 1,000 Persons	1.88	1.93	1.95	1.99	2.00
Number of Services per Physician	5,808	5,891	5,984	5,921	5,974
Number of Services per 1,000 Persons	10,905	11,367	11,673	11,801	11,964
Total Physician Payments	\$3,033,392,142	\$3,336,009,256	\$3,531,947,298	\$3,602,354,459	\$3,779,015,740
Physician Payment per 1,000 Persons	\$696,585	\$749,752	\$779,707	\$783,446	\$803,902
Average Payment per Physician	\$371,012	\$388,586	\$399,722	\$393,056	\$401,382
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY					
Number of Physician Services Provided	47,095,424	50,185,561	52,523,998	53,931,498	55,904,613
Number of Physicians	8,161	8,569	8,821	9,150	9,399
Number of Physicians per 1,000 Persons	1.87	1.93	1.95	1.99	2.00
Number of Services per Physician	5,771	5,857	5,954	5,894	5,948
Number of Services per 1,000 Persons	10,815	11,279	11,595	11,729	11,892
Total Physician Payments	\$3,023,784,257	\$3,326,125,865	\$3,522,836,098	\$3,593,737,706	\$3,770,184,361
Physician Payment per 1,000 Persons	\$694,379	\$747,531	\$777,695	\$781,572	\$802,024
Average Payment per Physician	\$370,516	\$388,158	\$399,369	\$392,758	\$401,126
ALLIED PRACTITIONER SUMMARY					
Number of Allied Services Provided	1,457,870	1,757,384	1,950,731	2,103,230	2,306,361
Number of Allied Practitioners	963	997	1,040	1,084	1,099
Number of Allied Practitioners per 1,000 Persons	0.22	0.22	0.23	0.24	0.23
Number of Services per Allied Practitioner	1,514	1,763	1,876	1,940	2,099
Number of Discrete Allied Patients ⁽²⁾	813,197	877,575	928,253	958,462	1,011,287
Number of Discrete Patients per Allied Practitioner	844	880	893	884	920
Total Payments to Allied Practitioners	\$78,458,718	\$88,261,224	\$96,488,983	\$103,525,685	\$112,325,053
Allied Practitioner Payment per 1,000 Persons	\$18,017	\$19,836	\$21,301	\$22,515	\$23,895
Average Payment per Allied Practitioner	\$81,473	\$88,527	\$92,778	\$95,503	\$102,207

Note: This table reflects fee-for-service data only.

Continued...

(1) Number of Discrete Physician Patients represents the actual count of patients receiving at least one service from a physician.

(2) Number of Discrete Allied Patients represents the actual count of patients receiving at least one service from an allied practitioner.

Table 2.4
 Medical and Allied Practitioners: Selected Indicators
 for the Service Years Ended March 31, 2015 to March 31, 2019

	Percentage Change			
	2015/2016	2016/2017	2017/2018	2018/2019
REGISTRATIONS				
Individual Registrants Covered	2.18%	1.81%	1.51%	2.23%
Number of Discrete Physician Patients⁽¹⁾	4.79	1.25	1.33	1.18
Number of Discrete Patients per Physician	(1.89)	(1.89)	(2.32)	(1.81)
OVERALL PHYSICIAN SUMMARY				
Number of Physician Services Provided	6.51	4.55	2.62	3.64
Number of Physicians	5.00	2.92	3.72	2.73
Number of Physicians per 1,000 Persons	2.63	1.07	2.22	0.64
Number of Services per Physician	1.43	1.59	(1.06)	0.89
Number of Services per 1,000 Persons	4.24	2.70	1.10	1.38
Total Physician Payments	9.98	5.87	1.99	4.90
Physician Payment per 1,000 Persons	7.63	4.00	0.48	2.61
Average Payment per Physician	4.74	2.87	(1.67)	2.12
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY				
Number of Physician Services Provided	6.56	4.66	2.68	3.66
Number of Physicians	5.00	2.94	3.73	2.72
Number of Physicians per 1,000 Persons	2.99	0.90	2.05	0.47
Number of Services per Physician	1.48	1.66	(1.01)	0.92
Number of Services per 1,000 Persons	4.29	2.80	1.16	1.39
Total Physician Payments	10.00	5.91	2.01	4.91
Physician Payment per 1,000 Persons	7.65	4.04	0.50	2.62
Average Payment per Physician	4.76	2.89	(1.66)	2.13
ALLIED PRACTITIONER SUMMARY				
Number of Allied Services Provided	20.54	11.00	7.82	9.66
Number of Allied Practitioners	3.53	4.31	4.23	1.38
Number of Allied Practitioners per 1,000 Persons	1.85	4.36	2.50	(2.59)
Number of Services per Allied Practitioner	16.45	6.39	3.42	8.18
Number of Discrete Allied Patients ⁽²⁾	7.92	5.77	3.25	5.51
Number of Discrete Patients per Allied Practitioner	4.29	1.43	(0.99)	4.09
Total Payments to Allied Practitioners	12.49	9.32	7.29	8.50
Allied Practitioner Payment per 1,000 Persons	10.10	7.38	5.70	6.13
Average Payment per Allied Practitioner	8.66	4.80	2.94	7.02

Note: This table reflects fee-for-service data only.

(1) Number of Discrete Physician Patients represents the actual count of patients receiving at least one service from a physician.

(2) Number of Discrete Allied Patients represents the actual count of patients receiving at least one service from an allied practitioner.

Table 2.5
 Number of Services and Total Payments
 to Allied Health Practitioners by Service Category Code
 for the Service Year April 1, 2018 to March 31, 2019⁽¹⁾

Practitioner Type	Service Category	Number of Services	Total Payments
Dentists/Dental Specialists/ Oral Surgeons	Procedure	31,010	\$11,676,276
	Visit	11,756	939,869
Optometrists	Visit	1,950,151	87,811,603
Podiatrists	Procedure	60,401	3,655,416
	Test (x-ray)	10,976	154,758
	Visit	242,067	8,087,130
Total		2,306,361	\$112,325,053

Note: This table reflects fee-for service data only.

(1) The sums of the payments may not match the totals due to rounding.

Table 2.6 A
 Number of Physicians and Average Payments to Physicians within their Age Group
 for the Service Years Ended March 31, 2015 to March 31, 2019

Age Group	Number of Physicians					Percentage Change			
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019
Under 30	170	177	188	170	166	4.12	6.21	(9.57)	(2.35)
30 - 34	924	1,011	1,086	1,158	1,159	9.42	7.42	6.63	0.09
35 - 39	1,219	1,324	1,343	1,397	1,449	8.61	1.44	4.02	3.72
40 - 44	1,270	1,279	1,318	1,370	1,430	0.71	3.05	3.95	4.38
45 - 49	1,116	1,203	1,256	1,335	1,358	7.80	4.41	6.29	1.72
50 - 54	941	988	1,016	1,034	1,087	4.99	2.83	1.77	5.13
55 - 59	969	956	925	890	916	(1.34)	(3.24)	(3.78)	2.92
60 - 64	771	795	828	891	861	3.11	4.15	7.61	(3.37)
65 & Over	796	852	876	920	989	7.04	2.82	5.02	7.50
Total	8,176	8,585	8,836	9,165	9,415	5.00%	2.92%	3.72%	2.73%

Age Group	Average Payments					Percentage Change			
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019
Under 30	\$195,824	\$211,673	\$213,771	\$201,784	\$203,079	8.09	0.99	(5.61)	0.64
30 - 34	282,899	287,901	296,260	284,929	283,816	1.77	2.90	(3.82)	(0.39)
35 - 39	370,160	395,157	414,742	403,584	405,663	6.75	4.96	(2.69)	0.52
40 - 44	418,243	446,540	453,530	442,276	457,535	6.77	1.57	(2.48)	3.45
45 - 49	410,793	426,181	457,001	465,036	480,520	3.75	7.23	1.76	3.33
50 - 54	409,388	439,642	440,496	438,655	453,061	7.39	0.19	(0.42)	3.28
55 - 59	386,198	398,431	405,615	406,003	422,383	3.17	1.80	0.10	4.03
60 - 64	400,447	406,027	421,648	392,836	385,607	1.39	3.85	(6.83)	(1.84)
65 & Over	288,518	307,992	307,550	307,205	313,797	6.75	(0.14)	(0.11)	2.15
Total	\$371,012	\$388,586	\$399,722	\$393,056	\$401,382	4.74%	2.87%	(1.67%)	2.12%

Note: This table reflects fee-for-service data only.

Table 2.6 B
 Number of Dentists/Dental Specialists/Oral Surgeons
 and Average Payments to Dentists/Dental Specialists/Oral Surgeons
 within their Age Group for the Service Years Ended March 31, 2015 to March 31, 2019

Age Group	Number of Dentists/Dental Specialists/Oral Surgeons					Percentage Change			
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019
Under 30	7	9	8	5	5	28.57	(11.11)	(37.50)	0.00
30 - 34	27	17	20	24	27	(37.04)	17.65	20.00	12.50
35 - 39	30	38	31	32	32	26.67	(18.42)	3.23	0.00
40 - 44	22	22	38	39	39	0.00	72.73	2.63	0.00
45 - 49	37	30	25	26	17	(18.92)	(16.67)	4.00	(34.62)
50 - 54	33	31	29	40	39	(6.06)	(6.45)	37.93	(2.50)
55 - 59	36	33	28	22	25	(8.33)	(15.15)	(21.43)	13.64
60 - 64	14	20	21	25	23	42.86	5.00	19.05	(8.00)
65 & Over	15	15	17	19	19	0.00	13.33	11.76	0.00
Total	221	215	217	232	226	(2.71%)	0.93%	6.91%	(2.59%)

Age Group	Average Payments					Percentage Change			
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019
Under 30	\$665	\$3,550	\$5,329	\$1,519	\$379	433.84	50.12	(71.49)	(75.02)
30 - 34	9,184	20,899	7,678	14,499	7,179	127.56	(63.26)	88.83	(50.48)
35 - 39	53,067	33,494	53,894	56,635	78,484	(36.88)	60.91	5.09	38.58
40 - 44	21,361	60,501	50,053	44,640	69,580	183.23	(17.27)	(10.81)	55.87
45 - 49	44,599	50,923	50,940	83,294	105,529	14.18	0.03	63.51	26.69
50 - 54	51,373	54,219	50,515	9,149	31,391	5.54	(6.83)	(81.89)	243.11
55 - 59	33,494	18,151	26,701	92,740	84,244	(45.81)	47.10	247.33	(9.16)
60 - 64	75,271	70,234	66,011	67,868	64,410	(6.69)	(6.01)	2.81	(5.10)
65 & Over	19,224	65,457	65,619	64,494	31,030	240.50	0.25	(1.71)	(51.89)
Total	\$37,140	\$42,721	\$44,962	\$49,150	\$55,824	15.03%	5.25%	9.31%	13.58%

Note: This table reflects fee-for-service data only.

Table 2.6 C
 Number of Optometrists and Average Payments to Optometrists within their Age Group
 for the Service Years Ended March 31, 2015 to March 31, 2019

Age Group	Number of Optometrists					Percentage Change			
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019
Under 30	110	118	123	116	105	7.27	4.24	(5.69)	(9.48)
30 - 34	172	177	192	206	210	2.91	8.47	7.29	1.94
35 - 39	112	123	126	134	159	9.82	2.44	6.35	18.66
40 - 44	92	98	102	97	96	6.52	4.08	(4.90)	(1.03)
45 - 49	58	67	70	82	85	15.52	4.48	17.14	3.66
50 - 54	31	30	37	41	47	(3.23)	23.33	10.81	14.63
55 - 59	36	35	34	32	29	(2.78)	(2.86)	(5.88)	(9.38)
60 - 64	31	30	33	36	37	(3.23)	10.00	9.09	2.78
65 & Over	33	38	42	43	39	15.15	10.53	2.38	(9.30)
Total	675	716	759	787	807	6.07%	6.01%	3.69%	2.54%

Age Group	Average Payments					Percentage Change			
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019
Under 30	\$68,150	\$67,929	\$75,132	\$84,425	\$93,707	(0.32)	10.60	12.37	10.99
30 - 34	85,425	92,673	93,673	96,661	101,873	8.48	1.08	3.19	5.39
35 - 39	95,299	101,558	116,891	111,665	110,829	6.57	15.10	(4.47)	(0.75)
40 - 44	100,488	113,758	105,773	118,242	127,853	13.21	(7.02)	11.79	8.13
45 - 49	96,748	106,228	117,971	117,517	122,270	9.80	11.05	(0.38)	4.04
50 - 54	94,382	108,589	109,177	114,252	127,644	15.05	0.54	4.65	11.72
55 - 59	100,102	99,507	103,810	106,763	113,508	(0.59)	4.32	2.84	6.32
60 - 64	80,559	101,880	104,256	97,276	90,708	26.47	2.33	(6.70)	(6.75)
65 & Over	73,955	76,150	73,385	79,334	93,413	2.97	(3.63)	8.11	17.75
Total	\$87,684	\$94,786	\$98,937	\$102,654	\$108,812	8.10%	4.38%	3.76%	6.00%

Note: This table reflects fee-for-service data only.

Table 2.6 D
Number of Podiatrists and Average Payments to Podiatrists within their Age Group
for the Service Years Ended March 31, 2015 to March 31, 2019

Age Group	Number of Podiatrists					Percentage Change			
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019
Under 35	4	3	3	4	3	(25.00)	0.00	33.33	(25.00)
35 - 39	8	6	5	3	5	(25.00)	(16.67)	(40.00)	66.67
40 - 44	11	11	10	12	10	0.00	(9.09)	20.00	(16.67)
45 - 49	18	17	18	14	13	(5.56)	5.88	(22.22)	(7.14)
50 - 54	12	15	12	14	14	25.00	(20.00)	16.67	0.00
55 & Over	14	14	16	18	21	0.00	14.29	12.50	16.67
Total	67	66	64	65	66	(1.49%)	(3.03%)	1.56%	1.54%

Age Group	Average Payments					Percentage Change			
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019
Under 35	\$110,181	\$185,818	\$216,178	\$213,199	\$244,740	68.65	16.34	(1.38)	14.79
35 - 39	117,915	137,087	134,315	170,689	180,080	16.26	(2.02)	27.08	5.50
40 - 44	178,820	171,899	182,728	169,519	143,314	(3.87)	6.30	(7.23)	(15.46)
45 - 49	199,989	188,920	204,629	182,197	191,216	(5.53)	8.32	(10.96)	4.95
50 - 54	209,383	215,605	219,305	212,475	237,287	2.97	1.72	(3.11)	11.68
55 & Over	114,327	106,656	136,037	133,891	143,891	(6.71)	27.55	(1.58)	7.47
Total	\$165,135	\$169,845	\$181,859	\$174,377	\$180,262	2.85%	7.07%	(4.11%)	3.37%

Note: This table reflects fee-for-service data only.

Table 2.7
Distribution of Optometry Payments and Services per Patient
for the Service Years Ended March 31, 2015 to March 31, 2019

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients ⁽¹⁾	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
RECIPIENT AGE GROUP: 0 to 18							
2014/2015	\$22,463,953	422,989	\$53.11	355,630	\$63.17	1.19	1,012,484
2015/2016	24,325,397	462,250	52.62	381,041	63.84	1.21	1,034,728
2016/2017	26,287,665	497,223	52.87	403,666	65.12	1.23	1,051,544
2017/2018	26,968,998	508,806	53.00	407,916	66.11	1.25	1,063,101
2018/2019	28,249,720	536,033	\$52.70	424,729	\$66.51	1.26	1,081,294
RECIPIENT AGE GROUP: 19 to 64⁽²⁾							
2014/2015	\$12,307,393	289,145	\$42.56	156,320	\$78.73	1.85	2,841,870
2015/2016	16,005,429	435,635	36.74	183,087	87.42	2.38	2,890,661
2016/2017	18,500,651	519,004	35.65	199,077	92.93	2.61	2,928,070
2017/2018	20,975,605	598,357	35.06	214,356	97.85	2.79	2,956,182
2018/2019	\$23,318,487	678,763	\$34.35	230,596	\$101.12	2.94	3,006,886
RECIPIENT AGE GROUP: 65 and Older							
2014/2015	\$24,415,331	402,302	\$60.69	209,092	\$116.77	1.92	500,306
2015/2016	27,535,597	514,098	53.56	221,306	124.42	2.32	524,094
2016/2017	30,304,962	583,797	51.91	233,798	129.62	2.50	550,228
2017/2018	32,843,775	646,445	50.81	247,013	132.96	2.62	578,806
2018/2019	\$36,243,396	735,355	\$49.29	265,864	\$136.32	2.77	612,660

Note: This table reflects fee-for-service data only.

(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

(2) Effective October 1, 2007, coverage was expanded to include certain medically necessary eye care services for 19 to 64 year olds. However, routine eye exams for Albertans age 19 to 64 years of age are not covered.

Table 2.8
Total and Average Gross Payments to Physicians and Allied Health Practitioners by Practitioner Type
for the Service Years Ended March 31, 2015 to March 31, 2019

Practitioner Type	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019	
	Number of Practitioners					Percentage Change				
Physicians	8,176	8,585	8,836	9,165	9,415	5.00	2.92	3.72	2.73	
Dentists/Dental Specialists/ Oral Surgeons	221	215	217	232	226	(2.71)	0.93	6.91	(2.59)	
Optometrists	675	716	759	787	807	6.07	6.01	3.69	2.54	
Podiatrists	67	66	64	65	66	(1.49)	(3.03)	1.56	1.54	
Total	9,139	9,581 ⁽¹⁾	9,875 ⁽¹⁾	10,248 ⁽¹⁾	10,512 ⁽¹⁾	4.85%	3.07%	3.78%	2.58%	
Practitioner Type	Total Payments					Percentage Change				
Physicians	\$3,033,392,142	\$3,336,009,256	\$3,531,947,298	\$3,602,354,459	\$3,779,015,740	9.98	5.87	1.99	4.90	
Dentists/Dental Specialists/ Oral Surgeons	\$8,208,000	\$9,185,042	\$9,756,738	\$11,402,793	\$12,616,145	11.90	6.22	16.87	10.64	
Optometrists	\$59,186,677	\$67,866,424	\$75,093,278	\$80,788,378	\$87,811,603	14.67	10.65	7.58	8.69	
Podiatrists	\$11,064,041	\$11,209,758	\$11,638,968	\$11,334,514	\$11,897,305	1.32	3.83	(2.62)	4.97	
Total	\$3,111,850,860	\$3,424,270,481	\$3,628,436,282	\$3,705,880,145	\$3,891,340,794	10.04%	5.96%	2.13%	5.00%	
Practitioner Type	Average Payment					Percentage Change				
Physicians	\$371,012	\$388,586	\$399,722	\$393,056	\$401,382	4.74	2.87	(1.67)	2.12	
Dentists/Dental Specialists/ Oral Surgeons	\$37,140	\$42,721	\$44,962	\$49,150	\$55,824	15.03	5.25	9.31	13.58	
Optometrists	\$87,684	\$94,786	\$98,937	\$102,654	\$108,812	8.10	4.38	3.76	6.00	
Podiatrists	\$165,135	\$169,845	\$181,859	\$174,377	\$180,262	2.85	7.07	(4.11)	3.37	
Total	\$340,502	\$357,402	\$367,437	\$361,620	\$370,181	4.96%	2.81%	(1.58%)	2.37%	
Practitioner Type	Number of Services					Percentage Change				
Physicians	47,485,557	50,577,902	52,878,448	54,264,058	56,241,529	6.51	4.55	2.62	3.64	
Dentists/Dental Specialists/ Oral Surgeons	28,443	31,309	34,603	39,647	42,766	10.08	10.52	14.58	7.87	
Optometrists	1,114,436	1,411,983	1,600,024	1,753,608	1,950,151	26.70	13.32	9.60	11.21	
Podiatrists	314,991	314,092	316,104	309,975	313,444	(0.29)	0.64	(1.94)	1.12	
Total	48,943,427	52,335,286	54,829,179	56,367,288	58,547,890	6.93%	4.77%	2.81%	3.87%	

Note: This table reflects fee-for-service data only.

(1) The total number of practitioners is a discrete count which may not equal to the sum of numbers of physicians and allied practitioners, because a physician may also practice as an allied practitioner.

Table 2.9
 Distribution of Physicians and Allied Health Practitioners by Gross Payment Range ⁽¹⁾⁽²⁾
 for the Service Years Ended March 31, 2015 to March 31, 2019

Dollar Range	Total					Physicians					Dentists/Dental Specialists/Oral Surgeons				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Less than \$10,000	642	643	607	625	640	428	446	404	412	432	182	167	164	178	174
10,000 - 19,999	219	201	186	235	187	184	168	156	193	160	7	9	10	10	7
20,000 - 39,999	324	368	339	346	364	260	282	261	274	296	2	6	7	5	6
40,000 - 59,999	365	344	322	340	317	246	241	223	237	237	3	5	4	4	5
60,000 - 79,999	335	332	358	360	401	212	218	232	246	271		1	2	4	2
80,000 - 99,999	370	368	326	336	352	255	262	216	222	232	3	1	5	1	4
100,000 - 119,999	309	321	318	316	360	237	232	225	230	245	2	2	1	1	1
120,000 - 139,999	293	293	312	360	316	224	220	237	272	243					2
140,000 - 159,999	316	324	336	335	352	268	271	276	263	276	1				
160,000 - 179,999	291	302	287	299	300	263	260	244	258	254	2	3	3	1	1
180,000 - 199,999	273	287	314	325	322	253	255	285	290	283	2	1			1
200,000 - 299,999	1,411	1,399	1,473	1,566	1,623	1,372	1,355	1,405	1,495	1,553	8	9	9	9	6
300,000 - 399,999	1,185	1,286	1,368	1,428	1,424	1,178	1,274	1,357	1,412	1,402	2	2	4	4	4
400,000 - 499,999	928	966	1,062	1,052	1,112	925	961	1,056	1,044	1,099	1	3	2	3	6
500,000 - 599,999	593	695	704	719	774	591	691	700	714	771					1
600,000 - 699,999	392	428	472	491	480	389	427	469	490	474	3	1	2	1	5
700,000 - 799,999	257	291	305	321	330	257	290	305	320	330		1			
800,000 - 899,999	165	194	200	202	198	165	194	200	202	198					
900,000 - 999,999	107	125	124	116	151	106	125	124	116	151					
1,000,000 - 1,999,999	276	302	351	365	388	275	301	350	364	387	1	1	1	1	1
2,000,000 & Over	88	112	111	111	121	88	112	111	111	121					
Total	9,139	9,581	9,875	10,248	10,512	8,176	8,585	8,836	9,165	9,415	221	215	217	232	226

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not include other sources of income. The figures quoted are payments from which practitioners may pay business expenses, such as office and staff expenses.

Continued...

Table 2.9
Distribution of Physicians and Allied Health Practitioners by Gross Payment Range ^{(1) (2)}
for the Service Years Ended March 31, 2015 to March 31, 2019

Dollar Range	Optometrists					Podiatrists				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Less than \$10,000	31	29	38	35	32			1		2
10,000 - 19,999	28	24	20	31	19					1
20,000 - 39,999	61	78	71	65	61			1	2	1
40,000 - 59,999	112	96	92	95	74		4	3	4	1
60,000 - 79,999	115	106	118	103	121		6	7	6	7
80,000 - 99,999	107	102	98	110	110		5	3	7	3
100,000 - 119,999	59	79	88	79	109		11	8	4	6
120,000 - 139,999	63	62	65	77	65		6	8	10	9
140,000 - 159,999	38	43	50	62	65		9	10	8	11
160,000 - 179,999	21	34	35	33	41		5	5	5	7
180,000 - 199,999	16	28	26	31	33		2	3	3	1
200,000 - 299,999	21	28	53	55	58		10	7	7	6
300,000 - 399,999	2	5	3	9	14		3	5	4	5
400,000 - 499,999		2	1	1	3		2	4	3	4
500,000 - 599,999					1		2	1	2	1
600,000 - 699,999										
700,000 - 799,999										
800,000 - 899,999										
900,000 - 999,999	1									
1,000,000 -1,999,999					1					
2,000,000 & Over										
Total	675	716	759	787	807	67	66	64	65	66

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not include other sources of income. The figures quoted are payments from which practitioners may pay business expenses, such as office and staff expenses.

Table 2.10
Distribution of Physician Payments and Services per Patient
for the Service Years Ended March 31, 2015 to March 31, 2019

Year	Total Physician Payments	Number of Services	Average Cost per Service	Number of Discrete Patients ⁽¹⁾	Average Cost per Discrete Patient	Number of Services per Patient	Registrants Covered
2014/2015	\$3,033,392,142	47,485,557	\$63.88	3,471,055	\$873.91	13.68	4,354,660
2015/2016	3,336,009,257	50,577,902	65.96	3,545,109	941.02	14.27	4,449,483
2016/2017	3,531,947,298	52,878,448	66.79	3,585,750	985.00	14.75	4,529,842
2017/2018	3,602,354,459	54,264,058	66.39	3,634,710	991.10	14.93	4,598,089
2018/2019	\$3,779,015,740	56,241,529	\$67.19	3,670,010	\$1,029.70	15.32	4,700,840
Percentage Change 2018/2019	4.90%	3.64%	1.21%	0.97%	3.89%	2.61%	2.23%
Annual Average Percentage Change for Last 5 Years	5.65%	4.32%	1.27%	1.40%	4.19%	2.87%	1.93%

Note: This table reflects fee-for-service data only.

(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

Table 2.11
Distribution of Discrete Patients by Payment Range
for the Services Provided by Physicians
for the Service Year April 1, 2018 to March 31, 2019

Dollar Range	Distribution of			Percentage Distribution of		
	Discrete Patients ⁽¹⁾	Payments	Services	Discrete Patients ⁽¹⁾	Payments	Services
\$ 0.01 - 50.00	168,767	\$6,190,030	174,654	4.60	0.16	0.31
50.01 - 100.00	270,706	19,641,286	408,874	7.38	0.52	0.73
100.01 - 200.00	533,372	77,803,928	1,279,859	14.53	2.06	2.28
200.01 - 300.00	379,494	93,947,275	1,530,943	10.34	2.49	2.72
300.01 - 400.00	301,688	105,011,266	1,673,156	8.22	2.78	2.97
400.01 - 500.00	246,113	110,362,013	1,769,850	6.71	2.92	3.15
500.01 - 600.00	204,152	111,974,319	1,798,980	5.56	2.96	3.20
600.01 - 700.00	172,334	111,765,261	1,783,281	4.70	2.96	3.17
700.01 - 800.00	144,748	108,358,323	1,732,255	3.94	2.87	3.08
800.01 - 900.00	124,157	105,368,096	1,670,045	3.38	2.79	2.97
900.01 - 1,000.00	105,354	99,961,456	1,572,514	2.87	2.65	2.80
1,000.01 - 2,000.00	548,258	768,916,942	11,837,955	14.94	20.35	21.05
2,000.01 - 3,000.00	203,437	495,240,087	7,268,607	5.54	13.11	12.92
3,000.01 - 4,000.00	101,566	350,140,072	4,950,361	2.77	9.27	8.80
4,000.01 - 5,000.00	57,130	254,366,609	3,535,234	1.56	6.73	6.29
5,000.01 & Over	108,734	959,968,776	13,254,961	2.96	25.40	23.57
Total	3,670,010	\$3,779,015,740	56,241,529	100.00%	100.00%	100.00%

Note: This table reflects fee-for-service data only.

(1) Discrete Patients contains the actual count of patients who received at least one medical service during the fiscal year.

Table 2.12 A
Distribution of Fee-for-Service Physicians by Specialty
for the Service Years Ended March 31, 2015 to March 31, 2019

Physician Specialty	Number of Physicians				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Total: All Physicians	8,176	8,585	8,836	9,165	9,415
Subtotal:					
All Physicians (except Pathology)	8,161	8,569	8,821	9,150	9,399
All Specialists (except GP/FPs & Pathology)	3,624	3,774	3,862	3,999	4,131
Physicians by Specialty					
Anaesthesiology	413	427	443	450	458
Cardiovascular and Thoracic Surgery	23	23	25	26	26
Dermatology	54	54	51	50	58
Emergency Medicine	134	147	162	172	180
General/Family Physicians (GP/FPs)	4,537	4,795	4,959	5,151	5,268
- General/Family Physicians	4,224	4,509	4,671	4,855	4,984
- Full-Time Emergency Room Physicians	281	255	254	264	254
- Mental Health Generalists	15	13	15	13	15
- Other General Practice Physicians ⁽¹⁾	17	18	19	19	15
General Surgery	202	208	203	203	211
- General Surgery designated specialty	184	188	182	183	191
- Other General Surgery ⁽¹⁾	18	20	21	20	20
Internal Medicine	766	813	797	841	874
- Internal Medicine designated specialty	346	349	367	400	411
- Cardiology	96	105	112	120	129
- Endocrinology/Metabolism	6	7	12	11	12
- Gastroenterology	79	78	69	58	59
- Infectious Diseases	26	29	24	34	30
- Other Internal Medicine ⁽¹⁾	213	245	213	218	233
Neurology	74	67	69	75	80
Neurosurgery	18	22	15	12	9
Obstetrics-Gynaecology	219	222	248	255	253
Ophthalmology	128	127	130	135	136
Orthopaedic Surgery	182	184	188	189	191
Otolaryngology	67	70	69	67	73
Paediatrics	322	349	367	381	387
Physical Medicine & Rehabilitation	48	49	46	50	53
Plastic Surgery	63	66	67	69	73
Psychiatry	492	508	527	549	576
Urology	54	56	59	58	60
Pathology	15	16	15	15	16
Radiology	365	382	396	417	432

Note: This table reflects fee-for-service data only.

(1) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.12 B
Distribution of Average Gross Payments
for the Service Years Ended March 31, 2015 to March 31, 2019

Physician Specialty	Average Payment				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Total: All Physicians	\$371,012	\$388,586	\$399,722	\$393,056	\$401,382
Subtotal:					
All Physicians (except Pathology)	370,516	388,158	399,369	392,758	401,126
All Specialists (except GP/FPs & Pathology)	476,082	500,385	518,833	509,439	523,018
Physicians by Specialty					
Anaesthesiology	380,984	383,339	389,853	386,185	391,874
Cardiovascular and Thoracic Surgery	719,167	688,620	671,449	616,860	653,713
Dermatology	702,525	736,991	762,716	790,153	730,210
Emergency Medicine	296,787	313,487	314,391	315,253	332,302
General/Family Physicians (GP/FPs)	286,194	299,827	306,332	302,173	305,542
- General/Family Physicians	283,642	297,745	304,812	300,169	303,099
- Full-Time Emergency Room Physicians	329,958	344,551	342,198	344,638	352,523
- Mental Health Generalists	427,947	418,201	419,525	396,281	396,064
- Other General Practice Physicians ⁽¹⁾	71,817	102,293	111,211	159,676	231,375
General Surgery	447,866	457,007	492,364	487,870	484,873
- General Surgery designated specialty	445,988	457,716	494,035	486,662	480,281
- Other General Surgery ⁽¹⁾	467,066	450,346	477,877	498,918	528,724
Internal Medicine	417,293	432,666	465,096	450,696	457,542
- Internal Medicine designated specialty	359,694	380,955	397,204	368,371	384,808
- Cardiology	770,957	779,881	767,289	750,085	749,711
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	377,501	434,950	484,978	555,631	545,951
- Infectious Diseases	88,856	84,886	115,589	108,742	120,460
- Other Internal Medicine ⁽¹⁾	413,367	406,566	469,358	469,253	451,806
Neurology	258,812	325,924	346,291	343,506	363,981
Neurosurgery	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	486,718	512,825	463,374	456,206	479,089
Ophthalmology	1,031,946	1,120,250	1,174,642	1,135,355	1,217,230
Orthopaedic Surgery	430,630	460,161	467,084	462,481	468,324
Otolaryngology	607,869	623,634	658,993	705,026	687,517
Paediatrics	257,737	261,614	267,452	272,277	281,501
Physical Medicine & Rehabilitation	378,196	376,420	434,802	439,378	470,114
Plastic Surgery	466,361	480,325	509,478	505,078	488,377
Psychiatry	325,070	347,474	357,349	358,515	365,111
Urology	576,823	621,909	612,641	626,283	625,969
Pathology	640,526	617,712	607,413	574,450	551,961
Radiology	997,223	1,090,305	1,140,725	1,082,174	1,123,414

Note: This table reflects fee-for-service data only.

Continued...

(1) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.12 B
Distribution of Average Gross Payments Percentage Change
for the Service Years Ended March 31, 2015 to March 31, 2019

Physician Specialty	Percentage Change			
	2015/2016	2016/2017	2017/2018	2018/2019
Total: All Physicians	4.74%	2.87%	(1.67%)	2.12%
Subtotal:				
All Physicians (except Pathology)	4.76	2.89	(1.66)	2.13
All Specialists (except GP/FPs & Pathology)	5.10	3.69	(1.81)	2.67
Physicians by Specialty				
Anaesthesiology	0.62	1.70	(0.94)	1.47
Cardiovascular and Thoracic Surgery	(4.25)	(2.49)	(8.13)	5.97
Dermatology	4.91	3.49	3.60	(7.59)
Emergency Medicine	5.63	0.29	0.27	5.41
General/Family Physicians (GP/FPs)	4.76	2.17	(1.36)	1.11
- General/Family Physicians	4.97	2.37	(1.52)	0.98
- Full-Time Emergency Room Physicians	4.42	(0.68)	0.71	2.29
- Mental Health Generalists	(2.28)	0.32	(5.54)	(0.05)
- Other General Practice Physicians ⁽¹⁾	42.44	8.72	43.58	44.90
General Surgery	2.04	7.74	(0.91)	(0.61)
- General Surgery designated specialty	2.63	7.93	(1.49)	(1.31)
- Other General Surgery ⁽¹⁾	(3.58)	6.11	4.40	5.97
Internal Medicine	3.68	7.50	(3.10)	1.52
- Internal Medicine designated specialty	5.91	4.27	(7.26)	4.46
- Cardiology	1.16	(1.61)	(2.24)	(0.05)
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	15.22	11.50	14.57	(1.74)
- Infectious Diseases	(4.47)	36.17	(5.92)	10.78
- Other Internal Medicine ⁽¹⁾	(1.65)	15.44	(0.02)	(3.72)
Neurology	25.93	6.25	(0.80)	5.96
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	5.36	(9.64)	(1.55)	5.02
Ophthalmology	8.56	4.86	(3.34)	7.21
Orthopaedic Surgery	6.86	1.50	(0.99)	1.26
Otolaryngology	2.59	5.67	6.99	(2.48)
Paediatrics	1.50	2.23	1.80	3.39
Physical Medicine & Rehabilitation	(0.47)	15.51	1.05	7.00
Plastic Surgery	2.99	6.07	(0.86)	(3.31)
Psychiatry	6.89	2.84	0.33	1.84
Urology	7.82	(1.49)	2.23	(0.05)
Pathology	(3.56)	(1.67)	(5.43)	(3.91)
Radiology	9.33	4.62	(5.13)	3.81

Note: This table reflects fee-for-service data only.

(1) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.12 C
Distribution of Median Gross Payments
for the Service Years Ended March 31, 2015 to March 31, 2019

Physician Specialty	Median Payment				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Total: All Physicians	\$292,229	\$306,312	\$317,616	\$311,871	\$315,217
Subtotal:					
All Physicians (except Pathology)	292,384	306,618	317,991	312,118	315,590
All Specialists (except GP/FPs & Pathology)	373,988	387,324	401,768	395,204	402,077
Physicians by Specialty					
Anaesthesiology	389,015	380,753	389,399	386,277	399,395
Cardiovascular and Thoracic Surgery	724,310	770,482	660,824	620,383	630,230
Dermatology	611,443	687,418	698,379	692,816	629,106
Emergency Medicine	297,059	320,229	318,958	320,201	350,067
General/Family Physicians (GP/FPs)	252,172	267,368	276,714	273,477	274,601
- General/Family Physicians	247,509	262,942	272,367	268,957	268,876
- Full-Time Emergency Room Physicians	314,442	342,014	333,123	332,658	335,847
- Mental Health Generalists	423,623	401,543	400,451	370,558	412,977
- Other General Practice Physicians ⁽¹⁾	27,596	22,158	28,662	96,188	138,890
General Surgery	463,442	476,452	507,274	507,082	502,020
- General Surgery designated specialty	464,217	479,974	509,174	505,191	481,313
- Other General Surgery ⁽¹⁾	445,530	451,933	497,975	549,780	583,665
Internal Medicine	322,762	340,351	379,569	366,668	364,652
- Internal Medicine designated specialty	309,316	322,542	347,754	326,278	332,207
- Cardiology	753,839	779,782	752,275	781,389	738,788
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	296,785	425,007	580,379	588,520	588,741
- Infectious Diseases	53,000	45,870	73,901	81,366	81,546
- Other Internal Medicine ⁽¹⁾	328,361	285,031	362,635	381,835	358,452
Neurology	204,520	283,686	315,074	291,494	327,363
Neurosurgery	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	456,410	457,809	422,767	403,187	423,300
Ophthalmology	781,211	847,004	903,503	891,155	931,673
Orthopaedic Surgery	458,506	482,624	488,613	494,248	478,239
Otolaryngology	613,425	621,495	645,577	671,389	656,128
Paediatrics	203,783	226,816	242,635	248,089	275,938
Physical Medicine & Rehabilitation	346,830	330,918	453,165	431,529	492,480
Plastic Surgery	471,545	514,866	506,347	511,474	454,585
Psychiatry	294,854	315,069	321,134	315,638	317,307
Urology	571,968	595,433	610,247	641,400	636,675
Pathology	2,763	4,777	11,850	10,297	27,929
Radiology	779,063	782,593	901,729	833,625	890,277

Note: This table reflects fee-for-service data only.

Continued...

(1) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.12 C
Distribution of Median Gross Payments Percentage Change
for the Service Years Ended March 31, 2015 to March 31, 2019

Physician Specialty	Percentage Change			
	2015/2016	2016/2017	2017/2018	2018/2019
Total: All Physicians	4.82%	3.69%	(1.81%)	1.07%
Subtotal:				
All Physicians (except Pathology)	4.87	3.71	(1.85)	1.11
All Specialists (except GP/FPs & Pathology)	3.57	3.73	(1.63)	1.74
Physicians by Specialty				
Anaesthesiology	(2.12)	2.27	(0.80)	3.40
Cardiovascular and Thoracic Surgery	6.37	(14.23)	(6.12)	1.59
Dermatology	12.43	1.59	(0.80)	(9.20)
Emergency Medicine	7.80	(0.40)	0.39	9.33
General/Family Physicians (GP/FPs)	6.03	3.50	(1.17)	0.41
- General/Family Physicians	6.24	3.58	(1.25)	(0.03)
- Full-Time Emergency Room Physicians	8.77	(2.60)	(0.14)	0.96
- Mental Health Generalists	(5.21)	(0.27)	(7.46)	11.45
- Other General Practice Physicians ⁽¹⁾	(19.71)	29.35	235.59	44.39
General Surgery	2.81	6.47	(0.04)	(1.00)
- General Surgery designated specialty	3.39	6.08	(0.78)	(4.73)
- Other General Surgery ⁽¹⁾	1.44	10.19	10.40	6.16
Internal Medicine	5.45	11.52	(3.40)	(0.55)
- Internal Medicine designated specialty	4.28	7.82	(6.18)	1.82
- Cardiology	3.44	(3.53)	3.87	(5.45)
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	43.20	36.56	1.40	0.04
- Infectious Diseases	(13.45)	61.11	10.10	0.22
- Other Internal Medicine ⁽¹⁾	(13.20)	27.23	5.29	(6.12)
Neurology	38.71	11.06	(7.48)	12.31
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	0.31	(7.65)	(4.63)	4.99
Ophthalmology	8.42	6.67	(1.37)	4.55
Orthopaedic Surgery	5.26	1.24	1.15	(3.24)
Otolaryngology	1.32	3.87	4.00	(2.27)
Paediatrics	11.30	6.97	2.25	11.23
Physical Medicine & Rehabilitation	(4.59)	36.94	(4.77)	14.12
Plastic Surgery	9.19	(1.65)	1.01	(11.12)
Psychiatry	6.86	1.92	(1.71)	0.53
Urology	4.10	2.49	5.10	(0.74)
Pathology	72.89	148.06	(13.11)	171.23
Radiology	0.45	15.22	(7.55)	6.80

Note: This table reflects fee-for-service data only.

(1) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.13
Distribution of Gross Payments by Payment Range and Specialty⁽¹⁾⁽²⁾
for the Service Year April 1, 2018 to March 31, 2019

Dollar Range	All Physicians		All Physicians (except Pathology)		All Specialties (except General/Family Physicians and Pathology)		Anaesthesiology		Cardiovascular and Thoracic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$1,304,981	432	\$1,287,640	425	\$618,806	243	\$17,306	3	\$161	1
10,000 - 19,999	2,387,581	160	2,387,581	160	993,122	64	47,327	3		
20,000 - 39,999	9,158,264	296	9,070,355	293	3,754,616	120	300,073	9		
40,000 - 59,999	12,053,170	237	11,993,874	236	4,068,114	82	457,462	9	47,806	1
60,000 - 79,999	18,976,378	271	18,900,376	270	6,380,407	92	922,531	13		
80,000 - 99,999	21,050,256	232	21,050,256	232	7,528,996	83	846,283	9		
100,000 - 119,999	27,072,123	245	27,072,123	245	6,250,864	56	977,161	9		
120,000 - 139,999	31,608,922	243	31,608,922	243	9,072,029	70	1,149,475	9		
140,000 - 159,999	41,475,195	276	41,475,195	276	13,495,375	90	897,959	6		
160,000 - 179,999	43,170,843	254	42,993,723	253	12,109,487	71	1,195,527	7	165,818	1
180,000 - 199,999	53,992,270	283	53,992,270	283	17,028,225	89	2,291,623	12		
200,000 - 299,999	390,917,657	1,553	390,917,657	1,553	121,265,551	476	14,227,210	55	541,726	2
300,000 - 399,999	489,096,972	1,402	488,701,366	1,401	182,092,312	519	31,200,805	89	348,233	1
400,000 - 499,999	490,600,987	1,099	490,600,987	1,099	224,107,222	499	50,948,994	113	1,927,899	4
500,000 - 599,999	421,924,781	771	421,924,781	771	226,979,730	414	37,655,938	69	1,116,874	2
600,000 - 699,999	307,041,335	474	307,041,335	474	173,916,947	268	10,298,220	16	1,942,394	3
700,000 - 799,999	247,333,917	330	247,333,917	330	150,873,571	201	8,227,880	11	783,917	1
800,000 - 899,999	167,578,721	198	167,578,721	198	111,791,610	132	2,487,490	3	1,689,820	2
900,000 - 999,999	142,298,272	151	142,298,272	151	103,566,144	110	4,675,082	5	3,766,222	4
1,000,000 - 1,999,999	513,509,637	387	513,509,637	387	449,344,515	334	7,934,906	7	4,665,679	4
2,000,000 & Over	346,463,480	121	338,445,373	119	335,349,762	118	2,719,152	1		
Total	\$3,779,015,740	9,415	\$3,770,184,361	9,399	\$2,160,587,407	4,131	\$179,478,406	458	\$16,996,550	26

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

Continued...

Table 2.13
Distribution of Gross Payments by Payment Range and Specialty⁽¹⁾⁽²⁾
for the Service Year April 1, 2018 to March 31, 2019

Dollar Range	Dermatology		Emergency Medicine		All General/Family Physicians		All General Surgery		All Internal Medicine	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$8,560	6	\$15,655	3	\$668,835	182	\$2,376	1	\$259,815	92
10,000 - 19,999	16,395	1	33,111	2	1,394,459	96	61,873	4	419,196	27
20,000 - 39,999	83,734	3	145,292	4	5,315,738	173	211,362	7	1,172,630	37
40,000 - 59,999	48,478	1			7,925,760	154	187,001	4	1,004,522	20
60,000 - 79,999			135,285	2	12,519,969	178	264,633	4	1,468,663	21
80,000 - 99,999			274,777	3	13,521,260	149	555,859	6	2,074,835	23
100,000 - 119,999			114,706	1	20,821,260	189	118,089	1	1,115,328	10
120,000 - 139,999			136,806	1	22,536,892	173	769,455	6	1,995,103	15
140,000 - 159,999	155,475	1	769,014	5	27,979,820	186	457,087	3	3,401,357	23
160,000 - 179,999			502,428	3	30,884,236	182	349,550	2	1,885,852	11
180,000 - 199,999			2,491,352	13	36,964,045	194	1,122,896	6	3,093,583	16
200,000 - 299,999	281,319	1	8,113,890	32	269,652,106	1,077	4,435,637	18	21,262,877	84
300,000 - 399,999	2,230,645	6	19,591,899	55	306,609,054	882	4,523,895	13	31,224,971	89
400,000 - 499,999	1,795,668	4	16,862,583	38	266,493,765	600	13,526,956	30	31,928,525	71
500,000 - 599,999	2,833,948	5	4,791,281	9	194,945,051	357	18,158,046	33	44,137,587	80
600,000 - 699,999	2,571,817	4	5,047,217	8	133,124,387	206	21,255,935	33	35,086,600	54
700,000 - 799,999	2,973,197	4	788,983	1	96,460,346	129	12,790,570	17	45,274,087	60
800,000 - 899,999	1,636,616	2			55,787,111	66	8,382,718	10	30,816,379	36
900,000 - 999,999	3,737,308	4			38,732,127	41	3,805,798	4	20,847,410	22
1,000,000 - 1,999,999	15,420,469	12			64,165,122	53	11,328,458	9	102,704,264	76
2,000,000 & Over	8,558,579	4			3,095,611	1			18,718,418	7
Total	\$42,352,209	58	\$59,814,276	180	\$1,609,596,954	5,268	\$102,308,193	211	\$399,892,002	874

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

Continued...

Table 2.13
Distribution of Gross Payments by Payment Range and Specialty⁽¹⁾⁽²⁾
for the Service Year April 1, 2018 to March 31, 2019

Dollar Range	Neurology		Neurosurgery		Obstetrics-Gynaecology		Ophthalmology		Orthopaedic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$11,298	9	\$261	3	\$23,386	8	\$28,595	5	\$21,158	5
10,000 - 19,999	12,416	1			45,361	3			67,437	4
20,000 - 39,999	97,417	3			133,491	5	133,656	4	207,289	6
40,000 - 59,999	183,386	4	100,188	2	155,562	3	59,140	1	138,822	3
60,000 - 79,999	195,221	3			345,623	5	138,711	2	267,875	4
80,000 - 99,999	259,469	3			999,484	11			360,262	4
100,000 - 119,999					463,273	4	113,764	1	214,077	2
120,000 - 139,999	121,493	1			515,512	4	254,032	2	1,031,395	8
140,000 - 159,999			146,433	1	290,043	2	152,925	1	1,055,555	7
160,000 - 179,999	160,736	1			513,547	3			855,573	5
180,000 - 199,999	184,615	1			1,146,901	6	395,560	2		
200,000 - 299,999	3,284,506	13	208,143	1	7,434,491	29	2,241,063	9	3,086,291	12
300,000 - 399,999	3,215,593	9			13,253,491	37	1,335,475	4	6,742,631	19
400,000 - 499,999	4,540,232	10			15,237,388	34	1,717,261	4	9,689,045	21
500,000 - 599,999	4,996,049	9	1,094,628	2	17,214,646	31	1,644,838	3	14,915,876	27
600,000 - 699,999	1,942,558	3			13,612,987	21	5,833,044	9	15,603,497	24
700,000 - 799,999	1,518,003	2			12,125,564	16	5,967,223	8	11,062,563	15
800,000 - 899,999	1,707,804	2			4,273,872	5	7,676,172	9	13,403,626	16
900,000 - 999,999	1,815,072	2			6,495,858	7	10,525,184	11	1,894,659	2
1,000,000 - 1,999,999	4,872,608	4			22,895,887	17	50,046,785	35	6,648,656	6
2,000,000 & Over					4,033,086	2	77,279,881	26	2,183,671	1
Total	\$29,118,476	80	\$1,549,653	9	\$121,209,455	253	\$165,543,309	136	\$89,449,957	191

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

Continued...

Table 2.13
Distribution of Gross Payments by Payment Range and Specialty⁽¹⁾⁽²⁾
for the Service Year April 1, 2018 to March 31, 2019

Dollar Range	Otolaryngology		Paediatrics		Pathology		Physical Medicine and Rehabilitation		Plastic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$1,698	2	\$116,295	64	\$17,341	7	\$11,553	3	\$14,943	4
10,000 - 19,999			110,399	7						
20,000 - 39,999			428,315	15	87,909	3	35,612	1		
40,000 - 59,999			556,121	11	59,296	1	47,345	1	178,574	4
60,000 - 79,999	143,786	2	989,981	14	76,001	1	128,423	2	62,232	1
80,000 - 99,999			709,125	8					176,378	2
100,000 - 119,999	119,325	1	451,559	4			108,286	1		
120,000 - 139,999	257,085	2	648,655	5					383,438	3
140,000 - 159,999	445,965	3	1,968,214	13			308,153	2	152,801	1
160,000 - 179,999	178,882	1	1,509,368	9	177,120	1	351,132	2	161,108	1
180,000 - 199,999			1,353,126	7			187,832	1	190,350	1
200,000 - 299,999	1,654,827	6	15,949,544	61			985,072	4	1,495,610	6
300,000 - 399,999	1,431,682	4	25,878,593	74	395,605	1	2,493,384	7	2,379,610	7
400,000 - 499,999	2,817,293	6	16,373,056	37			1,405,355	3	4,502,686	10
500,000 - 599,999	3,867,847	7	14,135,700	26			4,820,453	9	5,489,748	10
600,000 - 699,999	2,607,182	4	7,874,125	12			4,604,922	7	5,785,339	9
700,000 - 799,999	7,332,281	10	3,098,033	4			710,859	1	3,757,513	5
800,000 - 899,999	6,752,934	8	4,334,330	5			2,553,226	3	1,759,365	2
900,000 - 999,999	1,879,579	2	1,842,612	2			1,898,470	2	919,039	1
1,000,000 - 1,999,999	16,219,296	13	10,613,863	9			4,265,939	4	8,242,756	6
2,000,000 & Over	4,479,113	2			8,018,107	2				
Total	\$50,188,776	73	\$108,941,013	387	\$8,831,379	16	\$24,916,016	53	\$35,651,492	73

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

Continued...

Table 2.13
Distribution of Gross Payments by Payment Range and Specialty ⁽¹⁾⁽²⁾
for the Service Year April 1, 2018 to March 31, 2019

Dollar Range	All Psychiatry		Radiology		Urology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$40,303	11	\$43,544	21	\$1,033	1
10,000 - 19,999	126,787	8	52,821	4		
20,000 - 39,999	330,247	11	475,498	15		
40,000 - 59,999	705,424	14	198,285	4		
60,000 - 79,999	1,066,845	15	124,840	2	125,760	2
80,000 - 99,999	622,071	7	368,923	4	281,530	3
100,000 - 119,999	2,021,292	18	434,002	4		
120,000 - 139,999	1,413,340	11	125,313	1	270,928	2
140,000 - 159,999	2,706,968	18	587,424	4		
160,000 - 179,999	3,245,330	19	1,034,637	6		
180,000 - 199,999	3,231,629	17	1,338,759	7		
200,000 - 299,999	31,054,714	123	3,503,517	14	1,505,114	6
300,000 - 399,999	28,992,549	84	6,570,780	19	678,076	2
400,000 - 499,999	36,086,999	81	11,532,249	26	3,215,033	7
500,000 - 599,999	32,607,119	60	15,292,573	28	2,206,579	4
600,000 - 699,999	20,880,821	32	11,023,468	17	7,946,820	12
700,000 - 799,999	14,945,457	20	15,907,252	21	3,610,188	5
800,000 - 899,999	3,373,985	4	18,473,792	22	2,469,481	3
900,000 - 999,999	8,373,376	9	27,202,509	29	3,887,966	4
1,000,000 - 1,999,999	15,296,274	13	156,829,050	110	11,359,624	9
2,000,000 & Over	3,182,189	1	214,195,675	74		
Total	\$210,303,717	576	\$485,314,910	432	\$37,558,132	60

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

Table 2.14
 Number of Full-Time Equivalent Physicians by Specialty⁽¹⁾
 for the Service Year April 1, 2018 to March 31, 2019

Physicians by Specialty	Number of Physicians	Number of Full-Time Equivalent Physicians ⁽²⁾	Proportion of Full-Time Equivalent Physicians		Average Payment per Full-Time Equivalent Physician	Number of Registered Persons per Full-Time Equivalent Physician
			Above 60th Percentile	Below 40th Percentile		
All Physicians (except Pathology and Radiology) ⁽³⁾	8,955	8,035.4	33.9	48.7	\$408,309	585
All Specialists (except GP/FPs & Laboratory)	3,687	3,242.2	32.8	50.2	515,504	1,450
Physicians by Specialty						
Anaesthesiology	458	404.2	34.3	47.4	444,040	11,630
Cardiovascular and Thoracic Surgery	26	22.9	34.6	42.3	741,324	205,033
Dermatology	58	46.5	29.3	56.9	911,736	101,197
Emergency Medicine	180	162.8	36.1	44.4	367,350	28,870
General/Family Physicians (GP/FPs)	5,268	4,700.3	34.3	47.9	342,444	1,000
- General/Family Physicians	4,984	4,446.2	34.2	48.0	339,760	1,057
- Full-Time Emergency Room Physicians	254	238.7	36.6	44.1	375,169	19,696
- Mental Health Generalists	15	13.7	33.3	40.0	434,060	343,454
- Other General Practice Physicians ⁽⁴⁾	15	13.8	26.7	46.7	251,235	340,289
General Surgery	211	175.5	33.2	50.2	583,032	26,789
- General Surgery designated specialty	191	160.5	32.5	49.2	571,655	29,294
- Other General Surgery ⁽⁴⁾	20	17.7	35.0	45.0	596,769	265,291
Internal Medicine	862	679.5	29.9	54.9	582,761	6,918
- Internal Medicine designated specialty	411	322.0	29.4	55.5	491,232	14,601
- Cardiology	129	102.9	33.3	49.6	939,795	45,680
- Gastroenterology	59	45.8	30.5	50.8	702,643	102,543
- Infectious Diseases	30	19.2	20.0	70.0	187,839	244,342
- Other Internal Medicine ⁽⁴⁾	233	179.2	29.6	55.4	587,312	26,226
Neurology	80	60.1	27.5	58.8	484,878	78,278
Neurosurgery	9	6.6	22.2	55.6	234,111	710,171
Obstetrics-Gynaecology	253	231.7	35.2	47.0	523,243	20,293
Ophthalmology	136	132.8	36.8	44.1	1,246,401	35,393
Orthopaedic Surgery	191	157.7	33.5	48.7	567,175	29,807
Otolaryngology	73	63.8	32.9	49.3	787,108	73,723
Paediatrics	387	293.9	28.9	55.8	370,653	15,994
Physical Medicine and Rehabilitation	53	42.6	30.2	49.1	584,228	110,225
Plastic Surgery	73	62.3	31.5	49.3	572,660	75,508
Psychiatry	576	536.4	35.6	46.2	392,064	8,764
Urology	60	53.1	33.3	46.7	707,656	88,571

Table 2.14
Number of Full-Time Equivalent Physicians by Specialty⁽¹⁾
for the Service Year April 1, 2018 to March 31, 2019

Note: This table reflects fee-for-service data only.

(1) The full-time equivalent physician calculations for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternative Relationship Plans rather than through fee-for-service claims.

(2) Full-Time Equivalent methodology is as follows:

Definition of a Full-Time Equivalent Physician is based on the methodology developed in 1984 by Health Canada.

Step 1 - Within each specialty or group of specialists, rank the amounts paid in ascending order; the lower and upper benchmarks are the payment values which correspond to the 40th and 60th percentile for those physicians with claims in all four quarters of the fiscal year.

Step 2 - Count all physicians with payments within the lower and upper benchmark as one full-time equivalent.

- Count all physicians with payments below the lower benchmark as a fraction of a full-time equivalent equal to the ratio of his/her payments to the lower benchmark.*
- Count all physicians with payments above the upper benchmark using a log-linear relationship, as one full-time equivalent plus the natural logarithm of the ratio of his/her payments to the upper benchmark. The reason for attributing diminishing weight to payments above the upper benchmark is to prevent outliers from seriously biasing the measure. This is not necessary on the lower benchmark because payments less than zero are not recorded and, as such, a natural barrier exists to prevent bias at the lower end.*
- Since the benchmarks for the calculations of full-time equivalents in past Statistical Supplements are re-calculated based on the payments within each given year, and payments over time are not adjusted for fee changes, the full-time equivalents in this table should not be compared with those released in previous versions of the Statistical Supplement.*

(3) 16 Pathology and 432 Radiology physicians and 12 Endocrinology/Metabolism physicians are excluded.

(4) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.15
Distribution of Physician Payments by Type of Service and Specialty ^{(1) (2)}
for the Service Year April 1, 2018 to March 31, 2019

Physicians by Specialty	Total	Consultations	Assessments	
			Major	Other
Total: All Physicians	\$3,779,015,740	\$416,836,686	\$317,813,260	\$1,147,904,796
Subtotal				
All Physicians (except Pathology)	3,770,184,361	416,388,174	317,813,147	1,147,864,153
All Specialists (except GP/FPs & Pathology)	2,160,587,407	368,479,688	38,388,252	253,972,016
Physicians by Specialty				
Anaesthesiology	179,478,406	8,431,903	99,416	16,256,896
Cardiovascular and Thoracic Surgery	16,996,550	1,830,493	8,522	799,575
Dermatology	42,352,209	10,171,631	1,155,599	6,098,428
Emergency Medicine	59,814,276	3,032,076	632,441	38,226,661
General/Family Physicians (GP/FPs)	1,609,596,954	47,908,486	279,424,895	893,892,137
- General/Family Physicians	1,510,644,613	44,082,241	278,144,390	833,053,937
- Full-Time Emergency Room Physicians	89,540,752	3,557,913	1,040,187	60,011,473
- Mental Health Generalists	5,940,965	94,904	105,065	454,262
- Other General Practice Physicians ⁽³⁾	3,470,624	173,428	135,253	372,466
General Surgery	102,308,193	28,270,446	132,310	7,902,304
- General Surgery designated specialty	91,733,705	25,769,312	123,913	6,859,964
- Other General Surgery ⁽³⁾	10,574,488	2,501,134	8,397	1,042,340
Internal Medicine	399,892,002	128,149,825	8,144,994	55,148,833
- Internal Medicine designated specialty	158,156,261	68,010,104	5,968,668	27,450,409
- Cardiology	96,712,728	20,345,771	474,153	9,567,375
- Endocrinology/Metabolism	3,927,229	1,718,172	89,210	1,333,645
- Gastroenterology	32,211,112	13,121,505	145,398	2,827,247
- Infectious Diseases	3,613,786	2,317,995	21,509	917,432
- Other Internal Medicine ⁽³⁾	105,270,886	22,636,279	1,446,056	13,052,725
Neurology	29,118,476	18,308,788	588,467	4,110,187
Neurosurgery	1,549,653	421,642	1,335	56,368
Obstetrics-Gynaecology	121,209,455	19,663,596	2,004,453	26,790,558
Ophthalmology	165,543,309	16,575,836	9,689,660	18,021,545
Orthopaedic Surgery	89,449,957	18,996,124	283,463	8,215,726
Otolaryngology	50,188,776	8,980,507	149,733	2,865,493
Paediatrics	108,941,013	34,218,184	11,616,397	47,651,011
Physical Medicine and Rehabilitation	24,916,016	10,206,995	9,344	5,906,041
Plastic Surgery	35,651,492	4,967,114	643,141	3,433,472
Psychiatry designated specialty	210,303,717	45,931,224	2,830,993	6,130,572
Urology	37,558,132	9,161,675	376,672	4,126,715
Pathology	8,831,379	448,512		40,643
Radiology	485,314,910	1,161,180	21,312	2,231,631

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.15
Distribution of Physician Payments by Type of Service and Specialty ^{(1) (2)}
for the Service Year April 1, 2018 to March 31, 2019

Physicians by Specialty	Hospital Care Days	Special Calls	Psychotherapy/ Counselling	Major Surgery
Total: All Physicians	\$107,936,055	\$28,970,607	\$268,926,769	\$400,785,923
Subtotal				
All Physicians (except Pathology)	107,936,055	28,970,607	268,926,769	400,785,923
All Specialists (except GP/FPs & Pathology)	58,011,912	1,834,233	132,411,820	365,136,726
Physicians by Specialty				
Anaesthesiology	150,233	15,744	2,341,688	99,085,096
Cardiovascular and Thoracic Surgery	371,141	7,952	657	13,178,542
Dermatology	455	2,376	.	11,842,241
Emergency Medicine	1,378	57,646	805,992	801,955
General/Family Physicians (GP/FPs)	49,924,144	27,136,374	136,514,949	35,649,197
- General/Family Physicians	49,724,414	27,025,601	129,539,419	34,304,204
- Full-Time Emergency Room Physicians	101,258	101,568	1,241,495	1,344,993
- Mental Health Generalists	25,190	7,732	4,415,708	
- Other General Practice Physicians ⁽³⁾	73,282	1,474	1,318,327	
General Surgery	3,783,250	98,984	21,281	44,540,793
- General Surgery designated specialty	3,643,889	97,289	21,281	38,482,907
- Other General Surgery ⁽³⁾	139,361	1,695		6,057,886
Internal Medicine	43,674,398	260,608	305,765	9,136,474
- Internal Medicine designated specialty	29,862,938	133,936	265,840	171,485
- Cardiology	5,228,154	79,842	85	8,475,640
- Endocrinology/Metabolism	96,934	265		
- Gastroenterology	608,734	2,415	225	7,667
- Infectious Diseases	274,731	75		640
- Other Internal Medicine ⁽³⁾	7,602,908	44,075	39,615	481,042
Neurology	1,566,073	9,271	40,507	21,954
Neurosurgery			472,012	12,118
Obstetrics-Gynaecology	1,767,158	1,081,589	43,364	15,241,284
Ophthalmology	2,391	7,320		44,118,635
Orthopaedic Surgery	735,349	25,286	25,996	59,601,963
Otolaryngology	49,887	7,080	1,796	18,768,898
Paediatrics	5,146,057	42,752	2,281,738	296,715
Physical Medicine and Rehabilitation	435,180	213	1,010,310	13,951
Plastic Surgery	14,957	13,853	4,228	24,828,205
Psychiatry designated specialty	1,250	194,850	125,011,401	
Urology	312,145	8,627	40,342	16,740,372
Pathology				
Radiology	308		4,715	6,907,532

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.15
Distribution of Physician Payments by Type of Service and Specialty^{(1) (2)}
for the Service Year April 1, 2018 to March 31, 2019

Physicians by Specialty	Minor Surgery	Surgical Assistance	Anaesthesia	Obstetrical Services
Total: All Physicians	\$29,534,784	\$8,166	\$48,202,335	\$49,034,734
Subtotal				
All Physicians (except Pathology)	29,534,784	8,166	48,202,335	49,034,734
All Specialists (except GP/FPs & Pathology)	13,649,145	2,703	42,928,701	33,905,573
Physicians by Specialty				
Anaesthesiology	2,242,266		23,144,135	5,988,280
Cardiovascular and Thoracic Surgery	12,600		84,034	26,951
Dermatology	1,829,603		167,878	
Emergency Medicine	806,763		9,200	2,678
General/Family Physicians (GP/FPs)	15,885,639	5,463	5,273,634	15,129,161
- General/Family Physicians	13,903,041	5,315	5,252,934	15,123,989
- Full-Time Emergency Room Physicians	1,979,058	148	20,700	5,172
- Mental Health Generalists	1,579			
- Other General Practice Physicians ⁽³⁾	1,961			
General Surgery	1,619,444	2,555	70,820	8,917
- General Surgery designated specialty	1,574,840	2,555	65,026	8,714
- Other General Surgery ⁽³⁾	44,604		5,794	
Internal Medicine	430,067		10,306	11,791
- Internal Medicine designated specialty	359,196		2,006	
- Cardiology	281			
- Endocrinology/Metabolism				
- Gastroenterology	45,344		259	
- Infectious Diseases	15,937			
- Other Internal Medicine ⁽³⁾	9,310		8,041	11,791
Neurology			1,100,100	
Neurosurgery			127,001	
Obstetrics-Gynaecology	45,258		154,105	27,705,154
Ophthalmology	458,111		215	
Orthopaedic Surgery	309,191		7,823	5,630
Otolaryngology	4,251,837	148	142,674	222
Paediatrics	199,143		127	148,678
Physical Medicine and Rehabilitation	1,041		1,924,593	
Plastic Surgery	1,291,611		4,656	
Psychiatry designated specialty			104	
Urology	26,637		703,618	7,204
Pathology				
Radiology	125,159		15,277,313	31

Note: This table reflects fee-for-service data only.

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.15
Distribution of Physician Payments by Type of Service and Specialty ^{(1) (2)}
for the Service Year April 1, 2018 to March 31, 2019

Physicians by Specialty	Laboratory Services	Other Diagnostic & Therapeutic Services	Special Services	Miscellaneous Services
Total: All Physicians	\$48,595,872	\$337,487,251	\$18,248,067	\$91,954,705
Subtotal				
All Physicians (except Pathology)	48,595,871	329,197,423	18,248,067	91,902,421
All Specialists (except GP/FPs & Pathology)	48,564,978	279,689,074	3,219,668	54,706,282
Physicians by Specialty				
Anaesthesiology		15,046,034	71,360	4,646,612
Cardiovascular and Thoracic Surgery		448,711		227,195
Dermatology		10,370,438	8,413	705,110
Emergency Medicine		14,223,023	74,879	1,139,584
General/Family Physicians (GP/FPs)	30,893	49,508,349	15,028,398	37,196,140
- General/Family Physicians	30,893	31,263,346	14,937,658	33,164,138
- Full-Time Emergency Room Physicians		18,240,841	85,835	1,810,111
- Mental Health Generalists		3,140		833,260
- Other General Practice Physicians ⁽³⁾		1,022	4,781	1,388,631
General Surgery		14,755,050	8,582	1,093,128
- General Surgery designated specialty		14,104,446	8,224	971,015
- Other General Surgery ⁽³⁾		650,604	358	122,112
Internal Medicine	8,487,816	110,647,353	45,334	13,394,814
- Internal Medicine designated specialty		21,424,362	20,168	3,103,879
- Cardiology	7,953,459	23,295,526		1,118,646
- Endocrinology/Metabolism	534,357	1,737		152,909
- Gastroenterology		15,207,928	2,758	241,424
- Infectious Diseases		47,580	1,123	16,765
- Other Internal Medicine ⁽³⁾		50,670,220	21,285	8,761,192
Neurology		2,819,637	98,958	426,331
Neurosurgery		24,545	5,396	372,044
Obstetrics-Gynaecology		7,816,138	2,631,244	574,351
Ophthalmology		53,923,904	8	80,311
Orthopaedic Surgery		691,244	6,315	545,846
Otolaryngology		14,142,419	3,811	824,271
Paediatrics		5,132,333	33,954	745,246
Physical Medicine and Rehabilitation		3,367,208	202,329	118,048
Plastic Surgery		303,884	16,800	129,571
Psychiatry designated specialty		1,160,466	160	29,042,372
Urology		5,694,524	964	358,640
Pathology		8,289,827		52,284
Radiology	40,077,163	19,122,049	11,162	282,806

Note: This table reflects fee-for-service data only.

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.16
Top 50 Health Service Codes based on Physician Fee-for-Service Payments
for the Service Year April 1, 2018 to March 31, 2019

Health Service Code	Health Service Code Description	Payments	Number of Services	Number of Discrete Patients ⁽¹⁾	Average Cost per Discrete Patient	Average Number of Services per Distinct Patient
03.03A	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient}	\$717,727,964	13,607,000	3,203,266	224.06	4.2
03.08A	Consultation, described as comprehensive {Comprehensive consultation}	265,449,401	1,612,011	1,048,386	253.20	1.5
03.04A	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient}	237,557,124	2,003,107	1,660,374	143.07	1.2
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	158,252,720	0	807,970	195.86	0.0
08.19G	Other psychiatric evaluation and interview {Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or general psychiatric counselling, per 15 minutes or major portion thereof}	122,400,517	2,585,903	438,818	278.93	5.9
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	89,311,988	1,469,425	128,655	694.20	11.4
03.03F	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit in a regional facility, referred cases only}	60,417,632	587,219	291,834	207.03	2.0
08.19GA	Other psychiatric evaluation and interview {Direct contact with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof}	56,059,901	1,018,940	78,564	713.56	13.0
X107A	Fluoroscopy performed during special diagnostic or therapeutic procedures, including biopsy, endoscopy, intubation, pacemaker insertion and bougienage, etc.	44,970,757	229,116	103,293	435.37	2.2
08.19GB	Other psychiatric evaluation and interview {Direct contact with a complex patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof}	44,240,154	713,060	31,369	1,410.31	22.7
X310	Ultrasound, abdominal, complete or at least two abdominal organs	42,259,426	209,513	192,009	220.09	1.1

Note: This table reflects fee-for-service data only.

Continued...

(1) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.16
Top 50 Health Service Codes based on Physician Fee-for-Service Payments
for the Service Year April 1, 2018 to March 31, 2019

Health Service Code	Health Service Code Description	Payments	Number of Services	Number of Discrete Patients ⁽¹⁾	Average Cost per Discrete Patient	Average Number of Services per Distinct Patient
03.04J	Diagnostic interview and evaluation, described as comprehensive {Development, documentation and administration of a comprehensive annual care plan for a patient with complex needs}	\$43,484,068	230,189	229,677	189.33	1.0
08.19A	Consultation, described as comprehensive {Formal major psychiatric consultation, first full 30 minutes or major portion thereof for the first call when only one call is claimed}	37,369,427	474,985	61,159	611.02	7.8
13.99H	Other miscellaneous diagnostic & therapeutic procedures NEC {Critical care of severely ill or injured patient in a hospital emergency department requiring major treatment intervention(s), per 15 minutes}	32,540,624	555,206	113,104	287.71	4.9
03.04G	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	27,908,931	245,992	204,292	136.61	1.2
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	26,580,129	426,264	19,956	1,331.94	21.4
X308	Ultrasound, breast, including axilla	26,255,918	204,105	114,734	228.84	1.8
08.19F	Other psychiatric evaluation and interview {Formal, scheduled, professional conference related to the care and treatment of a psychiatric patient with other physician(s), and/or direct therapeutic supervision of, allied health professionals, educational, correctional and other community agencies on behalf of a specific patient, provided by the physician most responsible for the patient's care, per 15 minutes or major portion thereof}	24,223,958	528,778	67,720	357.71	7.8
X 27D	Screening mammography (age 50 to 74 years inclusive)	24,159,838	160,923	160,857	150.19	1.0
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit}	22,872,560	478,307	72,741	314.44	6.6
X306B	Thorax {Non Complex Complete Echocardiogram} <A study of all the relevant cardiac structures and functions of all the chambers, valves, septae, pericardium and great vessels from multiple views, complemented by Doppler examination of every cardiac valve, the atrial and ventricular septa for antegrade and retrograde flow.>	22,115,259	95,109	92,300	239.60	1.0
03.03NB	Diagnostic interview and evaluation, described as limited {Home visit to patients residing in Assisted Living, Designated Assisted Living (DAL), group homes, seniors lodges or personal care home, second/subsequent patients}	21,645,466	233,012	15,186	1,425.36	15.3

Note: This table reflects fee-for-service data only.

Continued...

(1) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.16
Top 50 Health Service Codes based on Physician Fee-for-Service Payments
for the Service Year April 1, 2018 to March 31, 2019

Health Service Code	Health Service Code Description	Payments	Number of Services	Number of Discrete Patients ⁽¹⁾	Average Cost per Discrete Patient	Average Number of Services per Distinct Patient
03.08I	Consultation described as comprehensive {Prolonged cardiology, clinical immunology, endocrinology/metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, physiatry, medical oncology, neurology, respiratory medicine or rheumatology consultation or visit, full 15 minutes or major portion thereof for the first call when only one call is claimed}	\$22,265,663	476,420	185,603	119.96	2.6
27.72A	Insertion of intraocular lens prosthesis with cataract extraction, one stage {Phacoemulsification cataract extraction, anterior approach, with or without insertion of intraocular lens}	20,457,535	142,493	25,654	797.44	5.6
X334	Ultrasound, other than shoulder including joints, tendons, ligaments, muscles, single anatomic site	19,596,437	172,657	121,192	161.70	1.4
01.22	Other nonoperative colonoscopy {Other nonoperative colonoscopy}	19,433,337	170,248	89,310	217.59	1.9
03.04H	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in emergency department, 2200-0700 hours}	18,881,825	167,693	142,129	132.85	1.2
03.04F	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekday, 0700-1700 hours}	17,967,275	157,763	136,620	131.51	1.2
03.07A	Consultation, described as limited {Minor consultation}	17,701,534	202,404	165,133	107.20	1.2
X315	Ultrasound, pelvis, female, transvesical scan	17,463,329	137,514	110,814	157.59	1.2
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	17,208,133	83,597	63,678	270.24	1.3
87.98A	Delivery NEC {Vaginal delivery}	15,796,041	31,497	30,614	515.97	1.0
16.91G	Insertion of anaesthetic into spinal canal for analgesia {Epidural analgesia for labour and delivery, monitoring and/or top-up/adjustment, each additional full 5 minutes, per patient}	13,496,124	777,111	18,749	719.83	41.4
03.05JA	Other diagnostic interview and evaluation {Formal, scheduled, multiple health discipline team conference, full 15 minutes or major portion thereof for the first call when only one call is claimed} <With para-medical personnel regarding the provision of health care where social and other issues are involved>	13,113,133	301,191	97,218	134.88	3.1
28.79B	Other operations on vitreous {Intravitreal injection for drug delivery}	13,095,394	123,840	17,726	738.77	7.0
03.05JB	Other diagnostic interview and evaluation {Formal, scheduled family conference relating to a specific patient, per 15 minutes or major portion thereof}	13,077,210	253,262	112,592	116.15	2.2

Note: This table reflects fee-for-service data only.

Continued...

(1) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.16
Top 50 Health Service Codes based on Physician Fee-for-Service Payments
for the Service Year April 1, 2018 to March 31, 2019

Health Service Code	Health Service Code Description	Payments	Number of Services	Number of Discrete Patients ⁽¹⁾	Average Cost per Discrete Patient	Average Number of Services per Distinct Patient
X128	Bone mineral content determination dual photon absorptiometry with or without vertebral fracture assessment (VFA)	\$12,837,041	90,935	90,919	141.19	1.0
X314	Ultrasound, pelvis, female, including endo-vaginal (EV) scan	12,816,869	73,094	64,189	199.67	1.1
X335	Ultrasound shoulder, dedicated rotator cuff and bicep	12,699,003	80,186	67,964	186.85	1.2
03.12A	Measurements and manual examination of nervous system and sense organs {Intraocular pressure measurement, unilateral or bilateral}	11,714,153	450,954	178,242	65.72	2.5
03.52A	Other electrocardiogram {Electrocardiogram, technical}	11,414,912	468,385	392,883	29.05	1.2
X320	Ultrasound, obstetrical, second or third trimester, general fetal assessment	11,404,476	73,172	47,313	241.04	1.5
X321	Obstetrics, Gynecology and Female Pelvis {Ultrasound, obstetrical, second or third trimester, high risk - for example, significant maternal disease (i.e. diabetes), fetal anomaly, fetal markers, Intrauterine Growth Retardation (IUGR), oligohydramnios, growth discordance in twins, suspected fetal anemia, genetics, fetal therapy}	11,228,303	56,452	28,981	387.44	1.9
09.01A	Limited eye examination {Biomicroscopy (slit lamp examination)}	11,116,950	427,967	182,025	61.07	2.4
08.19J	Other psychiatric evaluation and interview {Formal, scheduled, professional conference related to the care and treatment of multiple psychiatric patients with other physician(s), allied health professionals, educational, correctional and other community agencies on behalf of a specific patient, provided by the physician most responsible for the patient's care}	11,096,230	389,300	46,826	236.97	8.3
03.03FA	Diagnostic interview and evaluation, described as limited {Prolonged repeat office or scheduled outpatient visit in a regional facility, referred cases only, full 15 minutes or portion thereof for the first call when only one call is claimed}	11,089,029	197,532	80,335	138.03	2.5
09.13E	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, interpretation}	11,068,212	423,301	214,528	51.59	2.0
01.01A	Rhinotomy {Sinus endoscopy, professional component}	10,979,078	98,637	64,032	171.46	1.5
86.9 D	Cesarean section of unspecified type {Cesarean section of unspecified type following trial of labour for any reason}	10,976,931	96,823	9,628	1,140.11	10.1
X171	Thallium myocardial perfusion imaging (rest and exercise)	10,945,088	24,431	24,315	450.14	1.0

Note: This table reflects fee-for-service data only.

(1) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.17
Physician Services and Payments per 1,000 Insured Persons
by Type of Service, and Patient Age and Sex
for the Service Year April 1, 2018 to March 31, 2019⁽¹⁾⁽²⁾

Service Type	Age & Sex	All Age Groups		Under 1		1 - 4	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	910	\$96,977	1,330	\$181,442	444	\$50,285
	M	739	80,538	1,552	206,584	568	63,045
Major Assessment	F	585	73,362	2,091	217,154	625	73,376
	M	490	61,971	2,098	220,566	656	77,247
Other Assessment	F	4,586	286,378	4,118	325,276	3,077	215,390
	M	3,211	202,864	4,577	359,192	3,421	243,001
Hospital Care Days	F	378	23,351	725	44,354	117	6,563
	M	343	22,579	791	48,150	125	7,145
Special Calls	F	15	7,428	1	5,547	1	4,966
	M	9	4,923	1	6,838	2	5,715
Psychotherapy/Counselling	F	1,393	65,131	17	976	53	3,094
	M	1,034	49,447	16	917	69	4,102
Major Surgery	F	1,002	87,480	410	42,179	212	16,915
	M	881	83,090	547	52,777	365	35,124
Minor Surgery	F	100	5,679	77	5,027	71	4,409
	M	114	6,875	101	6,842	107	6,700
Surgical Assistance	F	--	2				
	M	--	2				
Anaesthesiology	F	469	15,702	42	1,103	147	3,105
	M	83	4,917	38	1,020	163	3,476
Obstetrical Services	F	180	21,022	36	4,651		
	M	--	56	38	4,969		
Diagnostic & Therapeutic Services, Radiology	F	1,393	141,432	125	21,669	98	10,933
	M	698	58,019	151	25,912	119	12,793
Laboratory Services	F	53	12,301			--	5
	M	25	8,414			--	1
Other Diagnostic & Therapeutic Services	F	2,136	72,842	750	45,279	745	16,051
	M	1,858	70,769	890	53,568	929	20,281
Special Services ⁽³⁾	F	277	7,158	4	42	21	237
	M	62	673	5	58	21	235
Miscellaneous Services ⁽⁴⁾	F	1,072	46,809	247	10,457	458	22,641
	M	853	40,160	274	11,024	472	23,174
Total	F	14,552	963,053	9,974	905,157	6,071	427,970
	M	10,401	\$695,296	11,080	\$998,418	7,018	\$502,040

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) -- equals a non-zero value; actual value too small to be shown.

(3) Special Services include injections, immunizations, pap smears, insertion of IUD.

(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.

Table 2.17
Physician Services and Payments per 1,000 Insured Persons
by Type of Service, and Patient Age and Sex
for the Service Year April 1, 2018 to March 31, 2019⁽¹⁾⁽²⁾

Age & Sex		5 - 14		15 - 24		25 - 44	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	391	\$40,218	713	\$67,652	868	\$88,655
	M	461	47,486	465	44,592	488	50,681
Major Assessment	F	359	41,882	401	47,664	507	62,198
	M	365	42,650	277	32,466	323	39,569
Other Assessment	F	1,829	115,808	3,249	212,534	4,519	289,702
	M	1,878	123,530	1,702	112,398	2,119	132,903
Hospital Care Days	F	49	2,722	92	5,525	156	9,522
	M	36	2,088	65	4,100	84	5,923
Special Calls	F	1	2,771	1	6,913	2	7,064
	M	1	2,827	1	3,531	2	2,886
Psychotherapy/Counselling	F	354	19,178	1,737	84,595	1,645	74,946
	M	465	25,418	1,203	60,803	1,234	57,965
Major Surgery	F	202	15,157	452	32,097	766	56,804
	M	270	20,073	443	33,437	502	42,782
Minor Surgery	F	91	4,943	83	4,424	87	4,778
	M	101	5,840	96	5,755	97	5,713
Surgical Assistance	F			--	12	--	1
	M			--	10	--	1
Anaesthesiology	F	90	1,822	430	9,851	1,030	25,698
	M	110	2,218	27	780	37	2,106
Obstetrical Services	F	--	12	162	20,353	512	59,279
	M						
Diagnostic & Therapeutic Services, Radiology	F	166	14,461	552	58,840	1,319	154,609
	M	152	12,544	233	18,049	412	35,940
Laboratory Services	F	1	312	5	1,520	10	3,257
	M	1	123	3	938	8	2,679
Other Diagnostic & Therapeutic Services	F	1,008	14,141	1,196	25,823	1,594	45,636
	M	1,168	15,708	769	19,901	1,039	33,104
Special Services ⁽³⁾	F	19	273	199	6,688	399	11,760
	M	18	237	22	245	39	424
Miscellaneous Services ⁽⁴⁾	F	820	41,528	887	46,215	624	25,931
	M	789	40,057	671	36,214	475	22,076
Total	F	5,382	315,228	10,162	630,709	14,038	919,843
	M	5,814	\$340,799	5,978	\$373,219	6,859	\$434,752

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) -- equals a non-zero value; actual value too small to be shown.

(3) Special Services include injections, immunizations, pap smears, insertion of IUD.

(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.

Table 2.17
Physician Services and Payments per 1,000 Insured Persons
by Type of Service, and Patient Age and Sex
for the Service Year April 1, 2018 to March 31, 2019⁽¹⁾⁽²⁾

Service Type	Age & Sex	45 - 64		65 - 74		75 and Older	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	1,029	\$112,539	1,410	\$158,058	1,719	\$189,698
	M	856	95,823	1,480	168,101	2,048	227,675
Major Assessment	F	619	80,156	805	108,120	1,075	145,025
	M	528	70,158	797	109,623	1,244	165,581
Other Assessment	F	4,731	281,542	6,457	384,393	11,391	701,689
	M	3,672	224,120	6,073	369,238	10,420	660,840
Hospital Care Days	F	258	17,621	785	50,769	2,874	169,335
	M	318	22,291	931	63,694	2,994	185,515
Special Calls	F	5	4,276	17	7,157	195	35,712
	M	5	3,995	17	7,742	115	27,544
Psychotherapy/Counselling	F	1,762	81,883	1,417	66,622	1,304	60,697
	M	1,202	56,271	1,013	47,364	1,191	54,593
Major Surgery	F	1,421	125,512	2,192	218,674	2,354	235,210
	M	1,169	109,836	2,423	247,576	2,778	300,203
Minor Surgery	F	117	6,579	131	7,802	137	8,871
	M	125	7,453	165	9,962	193	12,460
Surgical Assistance	F						
	M					--	5
Anaesthesiology	F	186	13,667	229	18,972	226	20,252
	M	98	7,576	160	13,400	185	15,953
Obstetrical Services	F	4	319	--	8	--	8
	M						
Diagnostic & Therapeutic Services, Radiology	F	1,948	200,360	2,801	251,582	3,008	227,045
	M	985	85,561	1,886	151,143	2,563	187,241
Laboratory Services	F	93	21,420	213	45,531	151	34,977
	M	37	13,196	103	32,215	108	35,066
Other Diagnostic & Therapeutic Services	F	2,680	99,112	4,337	175,611	5,273	230,753
	M	2,333	98,684	4,613	209,313	6,216	286,572
Special Services ⁽³⁾	F	359	8,310	311	5,575	192	2,334
	M	89	967	153	1,669	193	2,015
Miscellaneous Services ⁽⁴⁾	F	990	40,231	2,160	100,726	3,830	150,057
	M	765	33,723	1,892	92,814	3,415	149,276
Total	F	16,204	1,093,527	23,265	1,599,600	33,729	2,211,662
	M	12,182	\$829,656	21,706	\$1,523,856	33,663	\$2,310,540

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) -- equals a non-zero value; actual value too small to be shown.

(3) Special Services include injections, immunizations, pap smears, insertion of IUD.

(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.

Table 2.18
Percentage Change to Rates in the Schedule of
Medical Benefits by Specialty for the Years Ended March 31, 2015 to March 31, 2019

Physician Specialty	April 1, 2014	April 1, 2015	April 1, 2016	April 1, 2017	April 1, 2018	November 1, 2018
Anaesthesia	1.4	0.9	0.6	Nil	Nil	0.95
Cardiology	1.6	2.4	1.0	Nil	Nil	0.76
Cardiovascular and Thoracic Surgery	1.3	1.4	0.5	Nil	Nil	0.65
Critical Care Medicine	1.1	0.8	0.6	Nil	Nil	0.74
Dermatology	1.5	1.5	0.6	Nil	Nil	0.50
Emergency Medicine	1.5	1.3	0.8	Nil	Nil	1.31
Endocrinology/Metabolism	2.6	2.6	1.5	Nil	Nil	1.11
Gastroenterology	1.7	2.1	0.8	Nil	Nil	0.71
General Practice	3.7	3.6	1.5	Nil	Nil	1.32
General Surgery	1.5	2.2	0.9	Nil	Nil	0.89
Infectious Diseases	3.4	1.4	1.6	Nil	Nil	1.40
Internal Medicine	2.4	3.1	1.0	Nil	Nil	0.93
Mental Health Generalists	1.9	2.1	0.8	Nil	Nil	0.87
Nephrology	1.9	1.4	0.7	Nil	Nil	0.67
Neurology	2.4	2.0	1.0	Nil	Nil	0.87
Neurosurgery	2.0	1.8	0.9	Nil	Nil	0.91
Obstetrics-Gynaecology	1.7	2.3	0.8	Nil	Nil	0.97
Ophthalmology	1.2	1.2	0.6	Nil	Nil	0.65
Orthopaedic Surgery	1.6	1.9	1.0	Nil	Nil	0.92
Otolaryngology	1.2	1.7	0.7	Nil	Nil	0.85
Paediatrics	2.6	2.7	1.2	Nil	Nil	1.10
Pathology	2.2	2.6	1.2	Nil	Nil	0.91
Physical Medicine and Rehabilitation	2.2	2.0	0.9	Nil	Nil	0.65
Plastic Surgery	2.2	2.6	1.0	Nil	Nil	0.85
Psychiatry	2.5	1.7	1.1	Nil	Nil	0.95
Radiology	1.5	1.8	0.9	Nil	Nil	0.76
Respiratory Medicine	1.0	1.4	0.7	Nil	Nil	0.58
Rheumatology	5.0	4.2	1.5	Nil	Nil	1.23
Thoracic Surgery	1.9	2.0	1.0	Nil	Nil	0.95
Urology	1.5	2.0	0.8	Nil	Nil	0.76
Vascular Surgery	1.7	2.0	0.8	Nil	Nil	0.80
All Physicians	2.5%	2.5%	1.1%	Nil	Nil	1.05%

Note: In May 2018, Alberta Health and the Alberta Medical Association agreed to a \$45 Million increase as a Cost of Living Adjustment. This increase is effective April 1, 2017; however, the Schedule of Medical Benefits was not revised until November 1, 2018. Manual payments will be made to physicians for services provided between April 1, 2018 and October 31, 2018 and are not reflected in the amounts reported in the statistical supplement.

Table 2.19
Basic Health Services:
Percentage Change to Rates in the Schedules of Benefits
for the Years Ended March 31, 2015 to March 31, 2019

Effective Date \ Type of Practitioner	Medical	Dentists/ Dental Specialists/ Oral Surgeons	Optometrists	Podiatrists ⁽¹⁾
	(%)	(%)	(%)	(%)
April 1, 2014	2.5	Nil	Nil	Nil
October 1, 2014	Nil	2.2	Nil	1.6
April 1, 2015	2.5	Nil	Nil	Nil
October 1, 2015	Nil	Nil	Nil	Nil
April 1, 2016	1.1	Nil	1.0	Nil
October 1, 2016	Nil	Nil	Nil	Nil
April 1, 2017	Nil	Nil	1.0	Nil
October 1, 2017	Nil	Nil	Nil	Nil
April 1, 2018	Nil	Nil	Nil	Nil
November 1, 2018	1.05	Nil	Nil	Nil

Note: In May 2018, Alberta Health and the Alberta Medical Association agreed to a \$45 Million increase as a Cost of Living Adjustment. This increase is effective April 1, 2017; however, the Schedule of Medical Benefits was not revised until November 1, 2018. Manual payments will be made to physicians for services provided between April 1, 2018 and October 31, 2018 and are not reflected in the amounts reported in the statistical supplement.

(1) The increase was only for the podiatric surgery schedule, the podiatry schedule did not have any increase.

Alternative Relationship Plans

The 2003 Tri-Lateral Master Agreement between Health and Wellness, Alberta Health Services, and the Alberta Medical Association was in effect until March 31, 2011. The new bi-lateral agreement between Alberta Health and the Alberta Medical Association, (ratified May 30, 2013) is retroactively effective from April 1, 2011 to March 31, 2020. Innovative health delivery models are funded using agreements known as Alternative Relationship Plans (ARPs).

The purpose of ARPs is to provide physician funding models other than fee-for-service to promote innovation in clinical service delivery, improved patient care, and/or enhance practitioner satisfaction. The intent of ARPs is to advance the following:

- recruitment and retention of physicians,
- team-based approach to service delivery,
- access to health services for Albertans,
- patient satisfaction, and
- value for money.

Model Type Definitions

Clinical Alternative Relationship Plans

At present, there are 61 Clinical ARPs that use three working models for funding physician services, which are:

- Capitation ARP – This model is used in 3 Clinical ARPs for the provision of family medicine or primary health care. Physician payment is based on a pre-determined amount per rostered patient, per annum within a defined basket of insured health service codes. Patients can be rostered based on a formal roster, or based on geographic area.
- Annualized ARP – This model is used in 39 Clinical ARPs for the delivery of a defined set of clinical services to targeted patient groups. Physician payment is based on a pre-negotiated amount for delivery of insured health services per full-time equivalent physician per annum.
- Sessional ARP – This model is used in 19 Clinical ARPs for physician services delivered part-time. Physician payment is based on an hourly rate for the delivery of defined insured health services to a defined patient group.

Academic Medicine and Health Services Program (AMHSP)

The AMHSP, formerly known as Academic Alternative Relationship Plans, was implemented to ensure that physicians affiliated with Alberta's Faculties of Medicine are compensated in a way that supports the delivery of high quality patient care in a complex care environment and supports activities related to research, innovation, education, and administration/leadership, while ensuring consistency across the Province.

Alberta Health works with Alberta Health Services, the Universities of Alberta and Calgary, and other Stakeholders to implement and operationalize these programs. To date, fourteen Arrangements have been implemented through two Master Agreements.

Table 2.20
Alternative Relationship Plans (ARP) Summary by Type
for the Service Year April 1, 2018 to March 31, 2019

	General Practitioners	Specialists	Expenditures ⁽¹⁾
Clinical ARPs	1,364	346	\$178,919,766
AMHSP	97	788	\$209,560,144
Total ⁽²⁾	1,461	1,134	\$388,479,910
Total ARP Physicians	2,595		

Notes:

(1) Manual Payments for Alternative Relationship Plans made to Alberta Physicians are not included in the data. Expenditures for the 2018-2019 fiscal year as of September 14, 2019.

(2) Physician count is not discrete between Clinical ARPs and AMHSP.

Table 2.21
 Top 50 Health Service Codes
 Physician Service Events Submitted by Alternative Relationship Plans (ARPs) ⁽¹⁾
 for the Service Year April 1, 2018 to March 31, 2019

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients ⁽²⁾
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	448,660	45,785
03.03A	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient}	286,867	108,133
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	222,587	63,345
03.08A	Consultation, described as comprehensive {Comprehensive consultation}	198,628	148,821
03.03F	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit in a regional facility, referred cases only}	164,543	90,570
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	90,560	8,663
03.03E	Diagnostic interview and evaluation, described as limited {Periodic chronic care visit to a long term care patient}	75,695	3,462
03.05JA	Other diagnostic interview and evaluation {Formal, scheduled, multiple health discipline team conference, full 15 minutes or major portion thereof for the first call when only one call is claimed} <With paramedical personnel regarding the provision of health care where social and other issues are involved>	74,792	25,564
03.08I	Consultation described as comprehensive {Prolonged cardiology, clinical immunology, endocrinology/metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, physiatry, medical oncology, neurology, respiratory medicine or rheumatology consultation or visit, full 15 minutes or major portion thereof for the first call when only one call is claimed}	70,143	58,236
03.04A	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient}	49,880	43,792
03.05JC	Other diagnostic interview and evaluation {Family conference relating to acute care facility in-patient or registered emergency or out-patient, or auxiliary hospital, nursing home patient, AACC or UCC patient, per 15 minutes or major portion thereof}	42,598	17,124
03.03FA	Diagnostic interview and evaluation, described as limited {Prolonged repeat office or scheduled outpatient visit in a regional facility, referred cases only, full 15 minutes or portion thereof for the first call when only one call is claimed}	40,066	25,261
13.990A	Other miscellaneous diagnostic and therapeutic procedures NEC {Management of patient on hemodialysis or peritoneal dialysis (per week)}	38,422	1,958

Continued...

Note: This table reflects service event reporting data only. Service event reporting data represent the data submitted by Alternative Relationship Plans (ARPs).

(1) The information displayed in this table must be interpreted with caution as the service event reporting data may not be complete.

(2) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.21
Top 50 Health Service Codes
Physician Service Events Submitted by Alternative Relationship Plans (ARPs) ⁽¹⁾
for the Service Year April 1, 2018 to March 31, 2019

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients ⁽²⁾
03.01NG	Diagnostic interview and evaluation, unqualified {Patient care advice to paramedic - pre hospital patch, Mobile Integrated Healthcare Unit paramedic, assisted living/designated assisted living and lodge staff, active treatment facility worker for hospital in-patient, long term care worker for patients in a long term care facility, nurse practitioner, hospice worker, home care worker, midwife or public health nurse weekdays 0700 to 1700 hours, provided via telephone or other telecommunication methods, in relation to the care and treatment of a patient}	36,489	10,585
03.05JR	Other diagnostic interview and evaluation {Physician telephone call directly to patient, to discuss patient management/diagnostic test results}	29,104	18,621
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	28,418	22,736
03.05I	Other diagnostic interview and evaluation {Direct care, reassessment, education and/or general counselling of a patient requiring palliative care, per 15 minutes or portion thereof}	28,241	3,848
08.19G	Other psychiatric evaluation and interview {Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or general psychiatric counselling, per 15 minutes or major portion thereof}	25,131	9,719
03.01LJ	Diagnostic interview and evaluation, unqualified {Physician, nurse practitioner, midwife or podiatric surgeon to physician telephone or telehealth videoconference or secure videoconference consultation, consultant, weekdays 0700 to 1700 hours}	24,074	20,164
03.08J	Consultation, described as comprehensive {Prolonged consultation or hospital admission by pediatrics (including subspecialties) and clinical immunology and allergy for patients 18 years of age and under, or by medical genetics (no age restriction), full 15 minutes or portion thereof for the first call when only one call is claimed}	20,643	15,681
13.62A	Other miscellaneous diagnostic & therapeutic procedures NEC {Ventilatory support, in Intensive Care Unit (ICU)}	19,573	2,180
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit}	18,862	5,795
03.07B	Consultation, described as limited {Repeat consultation}	15,974	12,405
03.05JB	Other diagnostic interview and evaluation {Formal, scheduled family conference relating to a specific patient, per 15 minutes or major portion thereof}	15,205	8,413
03.07A	Consultation, described as limited {Minor consultation}	14,599	12,304
03.05T	Other diagnostic interview and evaluation {Formal, scheduled, professional interview relating to the care and treatment of a palliative care patient with other physicians, family, and/or direct therapeutic supervision of allied health professionals or community agencies, on behalf of a specific patient, full 15 minutes or major portion thereof for the first call when only one call is claimed}	12,654	2,781

Continued...

Note: This table reflects service event reporting data only. Service event reporting data represent the data submitted by Alternative Relationship Plans (ARPs).

(1) The information displayed in this table must be interpreted with caution as the service event reporting data may not be complete.

(2) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.21
 Top 50 Health Service Codes
 Physician Service Events Submitted by Alternative Relationship Plans (ARPs) ⁽¹⁾
 for the Service Year April 1, 2018 to March 31, 2019

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients ⁽²⁾
03.01LG	Diagnostic interview and evaluation, unqualified {Physician to physician or podiatric surgeon telephone or telehealth videoconference or secure videoconference consultation, referring physician, weekdays 0700 to 1700 hours}	11,901	7,896
03.03DG	Diagnostic interview and evaluation, described as limited {Complex pediatric hospital visit per full 15 minutes}	11,056	2,229
03.01NH	Diagnostic interview and evaluation, unqualified {Patient care advice to paramedic - pre hospital patch, Mobile Integrated Healthcare Unit paramedic, assisted living/designated assisted living and lodge staff, active treatment facility worker for hospital in-patient, long term care worker for patients in a long term care facility, nurse practitioner, hospice worker, home care worker, midwife or public health nurse weekdays 1700 to 2200 hours, weekends and statutory holidays, 0700 to 2200 hours, provided via telephone or other telecommunication methods, in relation to the care and treatment of a patient}	10,980	5,531
01.14	Other nonoperative gastroscopy <Esophagogastroscope>	10,571	9,035
03.03AO	Diagnostic interview and evaluation, described as limited {Transfer of care of hospital in-patient}	10,207	6,394
03.01N	Diagnostic interview and evaluation, unqualified {Management of anticoagulant therapy to include ordering necessary blood tests, interpreting results, adjusting the anticoagulant dosage as required}	9,873	1,124
03.01LK	Diagnostic interview and evaluation, unqualified {Physician, nurse practitioner, midwife or podiatric surgeon to physician telephone or telehealth videoconference or secure videoconference consultation, consultant, weekdays 1700 to 2200 hours, weekends and statutory holidays 0700 to 2200 hours}	9,445	8,251
01.22	Other nonoperative colonoscopy {Other nonoperative colonoscopy}	9,244	8,838
03.03AI	Other diagnostic interview and evaluation {Transfer of care of intensive care patient}	8,392	3,697
03.05JP	Other diagnostic interview and evaluation {Family conference via telephone relating to acute care facility in-patient or registered emergency or out-patient, or auxiliary hospital, nursing home patient, hospice patient, AACC or UCC patient}	7,432	4,005
13.99F	Other miscellaneous diagnostic & therapeutic procedures NEC {Neonatal resuscitation}	7,071	7,048
03.03NB	Diagnostic interview and evaluation, described as limited {Home visit to patients residing in Assisted Living, Designated Assisted Living (DAL), group homes, seniors lodges or personal care home, second/subsequent patients}	7,000	532
03.05JJ	Other diagnostic interview and evaluation {Professional communication/discussion with allied health professionals, educational or other community agencies on behalf of a specific patient, full 5 minutes or major portion thereof for the first call when only one call is claimed}	6,946	3,041

Continued...

Note: This table reflects service event reporting data only. Service event reporting data represent the data submitted by Alternative Relationship Plans (ARPs).

(1) The information displayed in this table must be interpreted with caution as the service event reporting data may not be complete.

(2) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.21
 Top 50 Health Service Codes
 Physician Service Events Submitted by Alternative Relationship Plans (ARPs) ⁽¹⁾
 for the Service Year April 1, 2018 to March 31, 2019

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients ⁽²⁾
13.55A	Chemotherapy<That for treatment of malignant disease>	6,587	818
03.05JD	Other diagnostic interview and evaluation {Formal, scheduled, multiple health discipline team conference for purposes to include care planning, care plan review, annual integrated care conference, patient management, related to a patient in a continuing care facility where the facility or program, as outlined in the Continuing Care Health Service Standards, is responsible for patient care, full 5 minutes or major portion thereof for the first call when only one call is claimed, to a maximum of 12 units per hour}	6,282	1,551
03.03AR	Diagnostic interview and evaluation, described as limited {Urgent or priority attendance on hospital inpatient or long term care inpatient, at request of facility staff when physician is already on site.}	6,248	3,791
08.19K	Other psychiatric evaluation and interview {Second and subsequent physician attendance at a formal, scheduled, professional conference related to the care and treatment of multiple psychiatric patients, when discussion occurs on behalf of a specific patient}	6,183	811
03.08B	Consultation, described as comprehensive {Obstetrical consultation}	6,097	5,616
08.19GA	Other psychiatric evaluation and interview {Direct contact with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof}	6,075	1,917
03.05JE	Other diagnostic interview and evaluation {Formal, scheduled review of patient medication (multiple patients) for patients in continuing care facilities where the facility or program, as outlined in the Continuing Care Health Service Standards is responsible for medication management, by the physician most responsible for the patient's care}	5,653	2,286
03.01NM	Diagnostic interview and evaluation, unqualified {Patient care advice to a pharmacist provided via telephone or other telecommunication methods in relation to the care and treatment of a patient}	5,619	3,624
13.99BA	Other miscellaneous diagnostic and therapeutic procedures NEC {Periodic Papanicolaou Smear for patients between the ages of 21 and 69}	5,525	5,381
98.12L	Local excision or destruction of lesion or tissue of skin and subcutaneous tissue {Non-surgical treatment (cryotherapy, chemotherapy), warts or keratoses}	5,515	3,444
08.19F	Other psychiatric evaluation and interview {Formal, scheduled, professional conference related to the care and treatment of a psychiatric patient with other physician(s), and/or direct therapeutic supervision of, allied health professionals, educational, correctional and other community agencies on behalf of a specific patient, provided by the physician most responsible for the patient's care, per 15 minutes or major portion thereof}	5,145	2,540

Note: This table reflects service event reporting data only. Service event reporting data represent the data submitted by Alternative Relationship Plans (ARPs).

(1) The information displayed in this table must be interpreted with caution as the service event reporting data may not be complete.

(2) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.22
Distribution of Alternative Relationship Plan (ARP) ⁽¹⁾ Physicians by Specialty
for the Service Years Ended March 31, 2015 to March 31, 2019

Physicians by Specialty	Number of Physicians ^{(3) (4)}				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Total: All Physicians	1,468	1,581	1,675	1,748	1,781
Subtotal:					
All Physicians (except Pathology)	1,468	1,581	1,675	1,748	1,781
All Specialists (except GP/FPs & Pathology)	902	977	1,026	1,094	1,107
Physicians by Specialty					
Anaesthesiology	25	28	29	48	46
Cardiovascular and Thoracic Surgery	12	13	10	11	11
Dermatology	10	12	12	13	13
Emergency Medicine	5	4	4	5	5
General/Family Physicians (GP/FPs)	566	604	649	654	674
- General/Family Physicians	559	593	635	644	665
- Full-Time Emergency Room Physicians	1	4	7	5	5
- Mental Health Generalists					
- Other General Practice Physicians ⁽²⁾	6	7	7	5	4
General Surgery	6	7	10	9	9
- General Surgery designated specialty	4	5	6	3	4
- Other General Surgery ⁽²⁾	2	2	4	6	5
Internal Medicine	431	446	457	484	494
- Internal Medicine designated specialty	128	135	140	146	151
- Cardiology	54	52	54	53	53
- Endocrinology/Metabolism	16	16	16	16	17
- Gastroenterology	50	49	51	51	54
- Infectious Diseases	32	30	30	36	30
- Other Internal Medicine ⁽²⁾	151	164	166	182	189
Neurology	92	100	106	110	105
Neurosurgery	30	32	33	35	33
Obstetrics-Gynaecology	39	38	44	45	48
Ophthalmology					
Orthopaedic Surgery					
Otolaryngology					
Paediatrics	215	241	258	266	267
Physical Medicine & Rehabilitation	19	28	29	30	32
Plastic Surgery					
Psychiatry	18	24	29	31	37
Urology					
Pathology					
Radiology					

Table 2.22
Distribution of Physicians by Specialty
Distribution of Alternative Relationship Plan (ARP) ⁽¹⁾ Physicians by Specialty
for the Service Years Ended March 31, 2015 to March 31, 2019

Note: This table reflects service event reporting data only. Service event reporting data represent the data submitted by Alternative Relationship Plans (ARPs).

(1) The information displayed in this table must be interpreted with caution as the Alternative Relationship Plans data may not be complete.

(2) For details on this physician specialty category refer to the Glossary/Definitions section.

(3) A blank cell represents a zero value.

(4) The information in this table may overlap with the information presented in Table 2.12 as a physician can participate in both fee-for-service and Alternative Relationship Plans.

Table 2.23
Distribution of Alternative Relationship Plan (ARP) Service Events ⁽¹⁾ by Specialty
for the Service Years Ended March 31, 2015 to March 31, 2019

Physicians by Specialty	Number of Service Events ⁽³⁾				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Total: All Physicians	1,840,631	2,150,277	2,350,863	2,423,644	2,495,377
Subtotal:					
All Physicians (except Pathology)	1,840,631	2,150,277	2,350,863	2,423,644	2,495,377
All Specialists (except GP/FPs & Pathology)	1,182,058	1,337,253	1,424,906	1,464,702	1,475,954
Physicians by Specialty					
Anaesthesiology	9,142	10,501	12,476	13,752	12,998
Cardiovascular and Thoracic Surgery	8,933	8,790	9,065	10,101	19,266
Dermatology	32,016	34,008	35,930	31,458	30,836
Emergency Medicine	8,620	5,511	5,806	6,262	4,926
General/Family Physicians (GP/FPs)	658,573	813,024	925,957	958,942	1,019,423
- General/Family Physicians	654,754	808,164	921,885	955,423	1,015,399
- Full-Time Emergency Room Physicians	1,804	3,108	1,991	2,068	2,479
- Mental Health Generalists					
- Other General Practice Physicians ⁽²⁾	2,015	1,752	2,081	1,451	1,545
General Surgery	11,658	11,882	10,210	9,199	8,728
- General Surgery designated specialty	6,823	7,932	5,673	3,102	2,532
- Other General Surgery ⁽²⁾	4,835	3,950	4,537	6,097	6,196
Internal Medicine	677,019	736,601	760,951	774,903	785,358
- Internal Medicine designated specialty	173,723	179,745	191,499	187,933	191,544
- Cardiology	72,080	69,566	69,806	67,276	73,083
- Endocrinology/Metabolism	19,179	17,883	19,299	20,400	22,961
- Gastroenterology	91,116	84,518	86,611	86,989	97,235
- Infectious Diseases	43,647	43,293	41,755	45,196	44,194
- Other Internal Medicine ⁽²⁾	277,274	341,596	351,981	367,109	356,341
Neurology	112,138	127,600	136,966	134,373	133,544
Neurosurgery	42,605	44,559	48,339	57,799	58,152
Obstetrics-Gynaecology	25,742	37,333	40,429	43,131	43,852
Ophthalmology					
Orthopaedic Surgery					
Otolaryngology					
Paediatrics	222,206	275,139	300,897	315,973	309,749
Physical Medicine & Rehabilitation	25,902	33,346	47,236	47,123	44,619
Plastic Surgery					
Psychiatry	6,077	8,555	11,443	13,544	15,246
Urology					
Pathology					
Radiology					

Note: This table reflects service event reporting data only. Service event reporting data represent the data submitted by Alternative Relationship Plans (ARPs).

(1) The information displayed in this table must be interpreted with caution as the service event reporting data may not be complete.

(2) For details on this physician specialty category refer to the Glossary/Definitions section.

(3) A blank cell represents a zero value.

Table 2.24 A
Distribution of In Province Medical Reciprocal Payments
for the Service Years Ended March 31, 2015 to March 31, 2019

Physicians by Specialty	Payments				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Total: All Physicians	\$82,692,527	\$85,979,492	\$84,048,695	\$84,918,312	\$88,221,654
Subtotal:					
All Physicians (except Pathology)	74,443,091	77,673,191	76,052,855	77,183,407	80,090,838
All Specialists (except GP/FPs & Pathology)	50,080,267	54,496,822	54,139,798	54,793,554	56,810,522
Physicians by Specialty					
Anaesthesiology	5,938,186	6,264,080	6,105,350	6,414,171	6,735,233
Cardiovascular and Thoracic Surgery	2,590,693	3,210,932	3,442,178	3,093,781	3,030,719
Dermatology	665,591	738,555	776,895	780,236	910,345
Emergency Medicine	1,199,375	1,233,042	1,112,590	1,171,324	1,272,591
General/Family Physicians (GP/FPs)	24,362,824	23,176,369	21,913,058	22,389,853	23,280,316
- General/Family Physicians	20,809,010	20,452,554	19,722,052	20,164,619	21,139,674
- Full-Time Emergency Room Physicians	3,325,434	2,582,498	2,069,298	2,135,137	2,044,533
- Mental Health Generalists	169,618	102,920	75,286	41,852	33,177
- Other General Practice Physicians ⁽¹⁾	58,762	38,397	46,422	48,245	62,931
General Surgery	3,767,932	4,122,508	3,826,495	3,440,425	3,676,139
- General Surgery designated specialty	3,230,545	3,573,695	3,312,438	3,001,215	3,170,252
- Other General Surgery ⁽¹⁾	537,387	548,814	514,057	439,210	505,887
Internal Medicine	11,359,208	11,837,088	11,493,614	11,799,985	12,361,512
- Internal Medicine designated specialty	3,272,177	3,268,111	3,429,708	3,466,014	3,529,589
- Cardiology	2,712,645	2,815,115	2,766,056	2,921,374	2,837,620
- Endocrinology/Metabolism	81,690	52,460	73,761	86,639	81,114
- Gastroenterology	734,862	759,916	711,944	690,008	739,249
- Infectious Diseases	215,959	192,069	181,143	210,605	195,148
- Other Internal Medicine ⁽¹⁾	4,341,875	4,749,418	4,331,002	4,425,345	4,978,793
Neurology	761,423	806,592	859,527	915,438	949,092
Neurosurgery	813,871	817,728	779,012	848,654	761,326
Obstetrics-Gynaecology	1,875,965	1,798,319	1,915,346	1,877,586	1,973,302
Ophthalmology	2,493,934	2,488,343	2,662,877	2,889,828	3,068,366
Orthopaedic Surgery	2,911,537	2,862,001	2,810,581	2,755,615	2,687,577
Otolaryngology	1,672,192	1,748,727	1,785,662	1,969,541	1,960,971
Paediatrics	2,768,812	4,106,078	4,282,972	4,461,127	4,547,673
Physical Medicine & Rehabilitation	410,305	413,103	418,827	457,863	513,122
Plastic Surgery	1,358,897	1,656,277	1,367,317	1,562,817	1,666,611
Psychiatry	2,332,399	2,587,103	2,361,521	2,649,312	2,551,486
Urology	825,192	882,849	884,487	849,573	977,013
Pathology	8,249,436	8,306,301	7,995,840	7,734,905	8,130,816
Radiology	6,334,756	6,867,566	7,180,859	6,791,590	7,087,955

Note: This table reflects in province medical reciprocal (MEDR) data only. In province medical reciprocal data include services provided in Alberta health care facilities to patients who are not Alberta residents.

(1) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.24 B
Distribution of In Province Medical Reciprocal Services
for the Service Years Ended March 31, 2015 to March 31, 2019

Physicians by Specialty	Number of Services				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Total: All Physicians	1,328,543	1,322,921	1,268,658	1,273,706	1,321,929
Subtotal:					
All Physicians (except Pathology)	965,150	970,797	938,329	959,770	993,726
All Specialists (except GP/FPs & Pathology)	572,701	610,316	601,174	618,715	640,831
Physicians by Specialty					
Anaesthesiology	151,115	148,079	136,544	144,308	148,137
Cardiovascular and Thoracic Surgery	5,236	7,522	8,021	5,589	5,659
Dermatology	9,413	10,748	11,408	13,049	15,360
Emergency Medicine	13,221	13,157	11,815	12,773	13,782
General/Family Physicians (GP/FPs)	392,449	360,481	337,155	341,055	352,895
- General/Family Physicians	349,415	328,603	311,654	315,063	328,322
- Full-Time Emergency Room Physicians	38,263	28,954	23,145	24,339	22,885
- Mental Health Generalists	3,727	2,260	1,587	810	591
- Other General Practice Physicians⁽¹⁾	1,044	664	769	843	1,097
General Surgery	22,379	23,739	22,930	20,555	22,557
- General Surgery designated specialty	20,075	21,521	20,973	18,540	20,532
- Other General Surgery ⁽¹⁾	2,304	2,218	1,957	2,015	2,025
Internal Medicine	139,606	146,876	145,637	147,158	151,293
- Internal Medicine designated specialty	39,612	37,867	38,790	39,182	41,522
- Cardiology	19,011	20,785	19,934	21,443	21,253
- Endocrinology/Metabolism	757	483	669	864	815
- Gastroenterology	5,842	5,962	5,569	5,261	5,718
- Infectious Diseases	1,851	1,640	1,630	1,903	1,761
- Other Internal Medicine⁽¹⁾	72,533	80,139	79,045	78,505	80,224
Neurology	7,237	7,651	8,464	9,151	9,580
Neurosurgery	3,310	3,079	2,908	2,596	2,699
Obstetrics-Gynaecology	18,573	18,337	18,575	18,471	19,211
Ophthalmology	32,656	34,744	37,140	42,486	44,087
Orthopaedic Surgery	15,399	14,353	15,008	14,194	13,796
Otolaryngology	14,864	18,533	17,048	17,564	17,253
Paediatrics	30,326	46,402	50,070	55,678	57,441
Physical Medicine & Rehabilitation	4,378	4,149	4,062	4,615	5,127
Plastic Surgery	6,248	6,971	6,036	6,691	5,861
Psychiatry	34,592	37,465	33,910	37,678	38,277
Urology	4,986	5,337	5,391	4,945	5,656
Pathology	363,393	352,124	330,329	313,936	328,203
Radiology	59,162	62,648	65,497	60,525	64,073

Note: This table reflects in province medical reciprocal (MEDR) data only. In province medical reciprocal data include services provided in Alberta health care facilities to patients who are not Alberta residents.

(1) For details on this physician specialty category refer to the Glossary/Definitions section.

Table 2.24 C
Distribution of Discrete Patients for In Province Medical Reciprocal Services
for the Service Years Ended March 31, 2015 to March 31, 2019

Physicians by Specialty	Number of Discrete Patients ⁽²⁾				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Total: All Physicians	158,794	143,034	132,041	135,691	135,914
Subtotal:					
All Physicians (except Pathology)	154,830	139,589	128,954	132,590	133,168
All Specialists (except GP/FPs & Pathology)	66,041	65,582	63,083	64,368	66,248
Physicians by Specialty					
Anaesthesiology	6,266	6,165	6,031	6,123	6,271
Cardiovascular and Thoracic Surgery	799	890	911	871	920
Dermatology	2,836	2,858	2,818	2,767	2,913
Emergency Medicine	7,072	6,774	5,936	6,117	6,393
General/Family Physicians (GP/FPs)	121,426	104,612	94,629	97,735	97,468
- General/Family Physicians	109,428	95,975	88,212	91,199	91,553
- Full-Time Emergency Room Physicians	20,175	15,021	11,718	12,043	11,336
- Mental Health Generalists	59	59	61	67	76
- Other General Practice Physicians ⁽¹⁾	148	128	154	136	153
General Surgery	5,738	5,619	5,396	5,101	5,298
- General Surgery designated specialty	5,189	5,086	4,855	4,591	4,803
- Other General Surgery ⁽¹⁾	618	613	598	556	546
Internal Medicine	18,591	18,238	17,611	18,942	20,416
- Internal Medicine designated specialty	10,178	9,609	9,509	9,470	10,070
- Cardiology	4,744	4,542	4,621	4,731	4,633
- Endocrinology/Metabolism	307	221	300	312	345
- Gastroenterology	1,426	1,485	1,393	1,350	1,472
- Infectious Diseases	568	500	410	543	489
- Other Internal Medicine ⁽¹⁾	4,717	5,092	4,408	5,660	6,557
Neurology	1,930	1,890	2,007	2,094	2,169
Neurosurgery	734	717	721	699	751
Obstetrics-Gynaecology	4,223	4,077	4,004	3,901	3,990
Ophthalmology	4,279	4,275	4,386	4,551	4,714
Orthopaedic Surgery	4,896	4,750	4,834	4,848	4,749
Otolaryngology	3,084	3,290	3,169	3,169	3,233
Paediatrics	4,018	3,842	3,793	3,950	4,061
Physical Medicine & Rehabilitation	633	697	696	781	897
Plastic Surgery	2,001	2,095	1,861	1,861	1,775
Psychiatry	2,660	2,948	2,718	2,803	2,655
Urology	1,744	1,773	1,659	1,794	1,862
Pathology	37,029	34,189	32,381	31,687	30,807
Radiology	24,362	24,239	24,074	23,307	23,683

Note: This table reflects in province medical reciprocal (MEDR) data only. In province medical reciprocal data include services provided in Alberta health care facilities to patients who are not Alberta residents.

(1) For details on this physician specialty category refer to the Glossary/Definitions section.

(2) The number of Discrete Patients was calculated within each physician specialty.

Table 2.25
Top 50 Health Service Codes for In Province Medical Reciprocal Services
for the Service Year April 1, 2018 to March 31, 2019

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
03.03A	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient}	167,729	77,286	\$8,743,075
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	60,313	25,613	4,488,852
03.08A	Consultation, described as comprehensive {Comprehensive consultation}	38,063	26,846	6,625,618
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	27,334	4,597	2,915,548
03.04A	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient}	26,615	24,602	3,107,378
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	20,784	1,230	3,976,140
E 1	Complete blood count (hemoglobin, white blood count, differential, platelet count, eosinophil count and either red blood count or hematocrit, with no additional charge for indices) - by any method.	20,361	15,708	370,937
E 84	Creatinine	17,386	13,620	194,721
E750	Sensitive thyroid stimulating hormone (s-T.S.H)	17,140	14,131	805,591
08.19G	Other psychiatric evaluation and interview {Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or general psychiatric counselling, per 15 minutes or major portion thereof}	16,993	7,688	1,780,438
E127	Potassium	14,417	11,517	90,453
E515	Alanine aminotransferase (ALT)	14,340	11,863	211,531
E137	Sodium	14,187	11,404	89,010
E550D	Ferritin	11,913	10,526	694,624
E524	Chromatography (blood), liquid per specimen, per injection	11,312	9,612	760,648
E142	Triglyceride	11,111	9,668	178,203
E519	Cholesterol, high density lipoprotein (HDL) fraction	11,059	9,644	356,686
E 77	Cholesterol total	9,670	8,450	136,761
E152	Urinalysis without microscopic examination of centrifuged sediment	9,139	7,078	32,549
E148	Vitamin B 12	8,340	7,644	379,462
E150E	Enzyme, serum otherwise not listed	8,333	6,916	200,952
E602	Chlamydia/viral culture e.g. Herpes	7,450	6,401	293,680
03.52A	Other electrocardiogram {Electrocardiogram, technical}	7,365	6,625	179,763
03.03F	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit in a regional facility, referred cases only}	7,210	4,301	777,679
03.52B	Other electrocardiogram {Electrocardiogram, interpretation}	7,083	6,425	69,626

Continued...

Note: This table reflects in province medical reciprocal (MEDR) data only. In province medical reciprocal data include services provided in Alberta health care facilities to patients who are not Alberta residents.

(1) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.25
Top 50 Health Service Codes for In Province Medical Reciprocal Services
for the Service Year April 1, 2018 to March 31, 2019

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
E258B	Bacterial culture including, when necessary, identification, sensitivity and quantitation <Only one bacterial culture may be billed per specimen>	7,070	5,907	\$249,792
E 76	Chloride	7,017	5,826	44,016
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit}	6,826	1,715	329,845
03.05JC	Other diagnostic interview and evaluation {Family conference relating to acute care facility in-patient or registered emergency or out-patient, or auxiliary hospital, nursing home patient, AACC or UCC patient, per 15 minutes or major portion thereof}	6,497	3,809	330,277
09.13E	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, interpretation}	6,115	3,099	159,870
03.08I	Consultation described as comprehensive {Prolonged cardiology, clinical immunology, endocrinology/metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, psychiatry, medical oncology, neurology, respiratory medicine or rheumatology consultation or visit, full 15 minutes or major portion thereof for the first call when only one call is claimed}	5,991	5,017	573,020
03.05JR	Other diagnostic interview and evaluation {Physician telephone call directly to patient, to discuss patient management/diagnostic test results}	5,926	4,560	105,666
E 92D	Glucose - spot	5,884	4,980	60,524
03.04G	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	5,853	5,284	656,201
09.13F	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, technical}	5,754	2,850	117,994
03.12A	Measurements and manual examination of nervous system and sense organs {Intraocular pressure measurement, unilateral or bilateral}	5,742	2,359	149,134
E 68	Calcium	5,576	4,657	93,831
09.01A	Limited eye examination {Biomicroscopy (slit lamp examination)}	4,958	2,391	128,769
08.19GA	Other psychiatric evaluation and interview {Direct contact with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof}	4,713	1,362	629,800
13.62A	Other miscellaneous diagnostic & therapeutic procedures NEC {Ventilatory support, in Intensive Care Unit (ICU)}	4,466	660	431,416
03.01LJ	Diagnostic interview and evaluation, unqualified {Physician, nurse practitioner, midwife or podiatric surgeon to physician telephone or telehealth videoconference or secure videoconference consultation, consultant, weekdays 0700 to 1700 hours}	4,374	3,445	338,988
E210	Protein (quantitative) 24 hour	4,339	3,289	79,593
08.19GB	Other psychiatric evaluation and interview {Direct contact with a complex patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof}	4,129	522	641,922

Continued...

Note: This table reflects in province medical reciprocal (MEDR) data only. In province medical reciprocal data include services provided in Alberta health care facilities to patients who are not Alberta residents.

(1) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.25
Top 50 Health Service Codes for In Province Medical Reciprocal Services
for the Service Year April 1, 2018 to March 31, 2019

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
E 63	Bilirubin - total - without fractionation	4,118	3,435	\$38,737
03.01NM	Diagnostic interview and evaluation, unqualified {Patient care advice to a pharmacist provided via telephone or other telecommunication methods in relation to the care and treatment of a patient}	4,049	2,608	70,113
03.04F	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekday, 0700-1700 hours}	4,034	3,675	448,654
E111	Magnesium	4,030	3,369	67,666
03.04H	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in emergency department, 2200-0700 hours}	3,932	3,573	440,323
X107A	Fluoroscopy performed during special diagnostic or therapeutic procedures, including biopsy, endoscopy, intubation, pacemaker insertion and bougienage, etc.	3,892	1,963	763,941
E103	Iron - serum and iron binding capacity	3,856	3,449	113,673

Note: This table reflects in province medical reciprocal (MEDR) data only. In province medical reciprocal data include services provided in Alberta health care facilities to patients who are not Alberta residents.

(1) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.26 A
Out-of-Province Basic Health Services:
Distribution of Payments, Number of Services and Discrete Patients
for the Service Years Ended March 31, 2015 to March 31, 2019

Province of Service ⁽¹⁾	Payments				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
British Columbia	\$15,922,501	\$17,533,302	\$18,444,581	\$17,293,020	\$17,220,077
Manitoba	1,047,162	1,006,754	1,078,911	1,099,637	1,180,710
New Brunswick	421,155	469,863	537,291	467,475	450,028
Newfoundland and Labrador	593,963	562,158	711,483	527,276	445,340
Nova Scotia	1,178,793	1,241,001	1,785,847	1,592,681	1,550,746
Northwest Territories	164,715	182,195	202,201	226,957	186,537
Nunavut	757	324	162	1,057	
Ontario	4,919,077	5,846,736	6,794,788	6,673,338	6,206,509
Prince Edward Island	125,818	135,332	166,534	157,992	150,158
Saskatchewan	6,396,328	6,393,799	7,120,422	6,825,869	6,427,058
Yukon	85,968	115,638	175,366	145,634	177,140
Total	\$30,856,237	\$33,487,101	\$37,017,585	\$35,010,936	\$33,994,303
Province of Service ⁽¹⁾	Number of Services				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
British Columbia	365,669	441,906	437,853	416,215	380,760
Manitoba	22,316	23,513	24,336	23,938	25,088
New Brunswick	6,140	7,517	7,762	7,893	9,173
Newfoundland and Labrador	13,417	13,505	16,025	11,607	10,161
Nova Scotia	18,375	20,837	27,294	23,600	21,573
Northwest Territories	2,126	2,403	2,878	3,111	2,799
Nunavut	21	6	4	15	
Ontario	146,536	169,322	198,993	205,784	191,705
Prince Edward Island	2,178	2,523	2,980	3,056	2,601
Saskatchewan	101,225	98,911	104,732	103,504	95,784
Yukon	1,466	1,789	2,425	2,075	2,275
Total	679,469	782,232	825,282	800,798	741,919
Province of Service ⁽¹⁾	Number of Discrete Patients				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
British Columbia	70,315	74,211	77,730	73,312	70,131
Manitoba	4,660	4,865	5,332	5,044	5,019
New Brunswick	2,047	2,361	2,573	2,424	2,281
Newfoundland and Labrador	3,626	3,626	4,261	3,127	2,790
Nova Scotia	5,544	6,051	7,238	6,321	5,683
Northwest Territories	755	840	1,025	1,035	956
Nunavut	16	5	3	13	
Ontario	19,554	22,541	26,684	25,676	23,905
Prince Edward Island	737	847	926	819	804
Saskatchewan	22,579	22,709	23,495	23,003	22,208
Yukon	475	564	727	665	643
Total	128,515	138,620	149,994	141,439	134,420

Note: This table reflects out-of-province medical reciprocal data only. These data refer to Albertans receiving physician services in other Canadian provinces or territories.

(1) The province of Quebec does not participate in the Medical Reciprocal Billing Program.

(2) A blank cell represents a zero value.

Table 2.26 B
 Out-of-Province Hospital Services:
 Distribution of Payments, Number of Services and Discrete Patients
 for the Service Year April 1, 2018 to March 31, 2019

Province of Service	Payment	Number of Services	Number of Discrete Patients
British Columbia	\$46,900,552	73,966	35,006
Manitoba	2,680,555	3,487	1,966
New Brunswick	2,817,650	5,339	2,107
Newfoundland and Labrador	3,232,998	6,306	2,696
Northwest Territories	890,503	1,559	764
Nova Scotia	4,247,109	8,262	3,408
Nunavut	36,990	127	90
Ontario	16,000,828	20,800	10,274
Prince Edward Island	633,822	1,212	580
Quebec	2,813,875	3,786	1,784
Saskatchewan	12,161,848	15,054	8,376
Yukon	651,179	886	504
Total	\$93,067,909	140,784	67,555

Note: This table reflects out-of-province hospital reciprocal data only. These data refer to Albertans receiving hospital services in other Canadian provinces or territories.

Out-of-Country Health Coverage

Alberta Health provides two sources of funding for Albertans who wish to receive insured medical treatment outside Canada: application through the Alberta Health Care Insurance Plan (AHCIP) or through the Out-of-Country Health Services Committee.

The AHCIP provides only limited physician and hospital costs outside of Canada.

Insured physician services received outside Canada are paid at the lesser of the amount claimed or the rate an Alberta physician or dentist would be paid for that service. The rate for in-patient hospital services is \$100 (Canadian) per day. The outpatient rate is \$50 (Canadian) per day.

The Out-of-Country Health Services Committee considers applications for funding of insured medical, oral surgical and/or hospital services that are not available in Canada.

The Out-of-Country Health Services Committee is independent, and operates at arm's length from Alberta Health.

Committee decisions can be appealed in writing to the Out-of-Country Health Services Appeal Panel which also operates at arm's length from Alberta Health. The Albertan or applying physician/dentist may register an appeal.

Table 2.27
 Out-of-Country Basic Health Services:
 Distribution of Payments, Number of Services and Discrete Patients^{(1) (2) (3)}
 for the Service Years Ended March 31, 2015 to March 31, 2018

Practitioner Type	Number of Services					Number of Discrete Patients					Payments					
	2014/2015	2015/2016	2016/2017	2017/2018	2014/2015	2015/2016	2016/2017	2017/2018	2014/2015	2015/2016	2016/2017	2017/2018	2014/2015	2015/2016	2016/2017	2017/2018
Physicians⁽⁴⁾	36,290	32,980	31,224	30,653	12,233	10,716	10,480	9,826	\$2,580,363	\$2,589,749	\$2,474,336	\$2,494,650				
Dentists/Dental Specialists/Oral Surgeons	2	1	9	12	2	1	5	2	231	48	1,883	3,508				
Total	36,292	32,981	31,233	30,665	12,234	10,717	10,480	9,826	\$2,580,594	\$2,589,797	\$2,476,219	\$2,498,157				
Practitioner Type	UNITED STATES															
Physicians⁽⁴⁾	22,898	18,331	17,313	17,371	7,380	5,917	5,534	5,398	\$1,569,367	\$1,342,356	\$1,263,826	\$1,301,623				
Dentists/Dental Specialists/Oral Surgeons	1		7		1		3		98		1,317					
Total	22,899	18,331	17,320	17,371	7,380	5,917	5,534	5,398	\$1,569,465	\$1,342,356	\$1,265,143	\$1,301,623				
Practitioner Type	OUT-OF-COUNTRY (EXCEPT UNITED STATES)															
Physicians⁽⁴⁾	13,392	14,649	13,911	13,282	4,920	4,849	5,006	4,474	\$1,010,996	\$1,247,393	\$1,210,510	\$1,193,027				
Dentists/Dental Specialists/Oral Surgeons	1	1	2	12	1	1	2	2	133	48	566	3,508				
Total	13,393	14,650	13,913	13,294	4,921	4,850	5,006	4,474	\$1,011,129	\$1,247,441	\$1,211,076	\$1,196,534				

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) Number of Discrete Patients is a discrete overall patient count and not a sum.

(3) Data were extracted using a one year lag from the fiscal year end to date of payment for more precise data.

(4) Data does not include physician services which were paid under the Out-of-Country Health Services Program.

Table 2.28 A
 Out-of-Country Basic Health Services:
 Top 50 Health Service Codes for the Services Provided in United States
 for the Service Year April 1, 2017 to March 31, 2018

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	278	141	\$32,054
03.03A	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient}	81	73	3,703
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	66	61	10,710
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	65	26	19,940
03.07A	Consultation, described as limited {Minor consultation}	39	34	3,417
03.04A	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient}	35	34	3,725
E500B	Unlisted procedures (out of Canada referrals)	22	14	4,545
08.19GA	Other psychiatric evaluation and interview {Direct contact with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof}	21	2	1,123
09.13F	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, technical}	19	11	386
09.13E	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, interpretation}	19	11	481
03.08A	Consultation, described as comprehensive {Comprehensive consultation}	19	16	3,203
03.04G	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	16	16	2,051
03.05DR	Other diagnostic interview and evaluation {Rotation duty, emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	12	12	538
28.79B	Other operations on vitreous {Intravitreal injection for drug delivery}	10	6	1,115
13.99H	Other miscellaneous diagnostic & therapeutic procedures NEC {Critical care of severely ill or injured patient in a hospital emergency department requiring major treatment intervention(s), per 15 minutes}	8	8	2,286
09.11B	Examination of form and structure of eye {Bilateral specular microscopy for corneal graft patients only - interpretation}	6	5	94

Note: This table reflects fee-for-service data only.

Continued...

(1) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.28 A
 Out-of-Country Basic Health Services:
 Top 50 Health Service Codes for the Services Provided in United States
 for the Service Year April 1, 2017 to March 31, 2018

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
13.59A	Injection or infusion of other therapeutic or prophylactic substance nec {Intramuscular or subcutaneous injections}	5	4	\$48
13.99D	Other miscellaneous diagnostic and therapeutic procedures NEC {Assessment and management of a stable patient with chronic renal failure treated by peritoneal dialysis}	5	1	236
E152	Urinalysis without microscopic examination of centrifuged sediment	5	3	18
09.11A	Examination of form and structure of eye {Bilateral specular microscopy for corneal graft patients only - technical}	5	4	79
03.07B	Consultation, described as limited {Repeat consultation}	4	3	402
51.59D	Other repair of blood vessel NEC {Percutaneous transluminal coronary angioplasty with associated diagnostic angiogram}	4	4	4,456
E277	Serologic identification - antibodies, using up to four antigens, e.g. Agglutination, Complement fixation, Enzyme immunoassay	4	4	67
93.59A	Other total hip replacement {Total hip arthroplasty}	3	2	1,936
49.95A	Right cardiac catheterization {Right cardiac catheterization with fluoroscopy}	3	3	604
03.52A	Other electrocardiogram {Electrocardiogram, technical}	3	3	71
X 21	Chest - multiple views	3	3	116
E258B	Bacterial culture including, when necessary, identification, sensitivity and quantitation <Only one bacterial culture may be billed per specimen>	3	2	87
E 1	Complete blood count (hemoglobin, white blood count, differential, platelet count, eosinophil count and either red blood count or hematocrit, with no additional charge for indices) - by any method.	2	2	36
49.96A	Left cardiac catheterization {Left cardiac catheterization with fluoroscopy}	2	2	532
99.09J	Surgical procedures NOS {Unlisted Procedures, Digestive system and abdominal repair}	2	2	1,317
97.5	Mastopexy (Post mastectomy)	2	1	1,112
57.59A	Other partial excision of large intestine {Partial or segmental colectomy}	2	2	2,030
09.41A	Audiometry {Impedance audiometry/tympanometry, technical}	2	2	17
27.72A	Insertion of intraocular lens prosthesis with cataract extraction, one stage {Phacoemulsification cataract extraction, anterior approach, with or without insertion of intraocular lens}	2	1	817
28.72A	Removal of vitreous other approach, {Aspiration/washout of vitreous cavity with replacement}	2	2	567
09.05A	Visual field study {Full threshold perimetric examination, technical}	2	2	79
64.97A	Contrast pancreatogram {Endoscopic retrograde cholangiopancreatography (ERCP)}	2	2	524

Continued...

Note: This table reflects fee-for-service data only.

(1) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.28 A
 Out-of-Country Basic Health Services:
 Top 50 Health Service Codes for the Services Provided in United States
 for the Service Year April 1, 2017 to March 31, 2018

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
98.03A	Other incision with drainage of skin and subcutaneous tissue {Incision and drainage of abscess or hematoma, subcutaneous or submucous}	2	2	\$64
09.05B	Visual field study {Full threshold perimetric examination, interpretation}	2	2	68
59.0 A	Appendectomy {Appendectomy with or without abscess}	2	2	1,034
09.41B	Audiometry {Interpretation}	2	2	32
15.06A	Other cranial osteoplasty {Cranioplasty, or cranial vault repair}	2	1	1,191
E 43	Prothrombin time	2	1	29
14.49J	Other excision or destruction of lesion or tissue of brain Craniotomy/craniectomy with: {Extended skull base craniotomy including anterior, middle or posterior fossa approaches, neurosurgical component}	2	1	3,488
50.99A	Other puncture of vein {Obtaining laboratory specimen (blood)}	2	2	32
1.09	Other nonoperative bronchoscopy	2	2	264
13.99B	Other miscellaneous diagnostic & therapeutic procedures NEC {Hemodialysis treatment, stable patient} <For assessment and management of a stable patient with chronic renal failure>	2	1	88
1.34	Cystoscopy	2	2	162
50.81B	Angiography of cerebral vessels {Direct arterial injection, carotid artery}	2	1	210

Note: This table reflects fee-for-service data only.

(1) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.28 B
Out-of-Country Basic Health Services:
Top 50 Health Service Codes for the Services Provided in Other Countries (Except United States)
for the Service Year April 1, 2017 to March 31, 2018

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
03.03A	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient}	6,443	5,113	\$239,938
03.05DR	Other diagnostic interview and evaluation {Rotation duty, emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	2,549	2,289	107,032
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	1,660	833	191,397
03.04G	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	847	821	108,300
56.93	Gastric partitioning <That for obesity>	846	301	516,023
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	584	513	88,966
03.07A	Consultation, described as limited {Minor consultation}	560	444	41,109
E500B	Unlisted procedures (out of Canada referrals)	471	396	41,159
03.04A	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient}	462	457	48,901
13.59A	Injection or infusion of other therapeutic or prophylactic substance nec {Intramuscular or subcutaneous injections}	390	360	4,048
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	252	97	78,791
E152	Urinalysis without microscopic examination of centrifuged sediment	210	196	742
E277	Serologic identification - antibodies, using up to four antigens, e.g. Agglutination, Complement fixation, Enzyme immunoassay	206	204	4,334
03.08A	Consultation, described as comprehensive {Comprehensive consultation}	195	174	30,272
13.59C	Injection or infusion of other therapeutic or prophylactic substance NEC {Initiation of intravenous}	153	134	7,004
03.52A	Other electrocardiogram {Electrocardiogram, technical}	145	138	3,587
98.22B	Suture of skin and subcutaneous tissue of other sites {Laceration, face, over 2.5 cms (1 unit) and/or body, over 5 cms (1 unit)} <For each layer or unit, refer to Price List>	133	131	14,362
93.59A	Other total hip replacement {Total hip arthroplasty}	128	64	95,612
98.22A	Suture of skin and subcutaneous tissue of other sites {Laceration, face, up to 2.5 cms (1 unit) or body, up to 5 cms (1 unit)}	122	122	8,181
E 43	Prothrombin time	117	37	1,615

Note: This table reflects fee-for-service data only.

Continued...

(1) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.28 B
Out-of-Country Basic Health Services:
Top 50 Health Service Codes for the Services Provided in Other Countries (Except United States)
for the Service Year April 1, 2017 to March 31, 2018

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
03.03N	Diagnostic interview and evaluation, described as limited {Home visit - first patient} <<Home Visits>>	117	116	\$9,660
13.99H	Other miscellaneous diagnostic & therapeutic procedures NEC {Critical care of severely ill or injured patient in a hospital emergency department requiring major treatment}	113	109	33,882
13.99B	Other miscellaneous diagnostic & therapeutic procedures NEC {Hemodialysis treatment, stable patient} <For assessment and management of a stable patient with chronic renal failure>	108	12	4,550
X 21	Chest - multiple views	83	79	3,137
E151	Urinalysis routine examination - including exam of centrifuged sediment	69	65	474
E 1	Complete blood count (hemoglobin, white blood count, differential, platelet count, eosinophil count and either red blood count or hematocrit, with no additional charge for indices) - by any method.	60	55	930
59.0 A	Appendectomy {Appendectomy with or without abscess}	59	38	20,844
16.89D	Other invasive diagnostic procedures on spinal cord and spinal canal structures {Percutaneous facet joint injection - Lumbar/Sacral}	54	2	2,061
63.14	Laparoscopic cholecystectomy	48	24	19,045
28.79B	Other operations on vitreous {Intravitreal injection for drug delivery}	46	18	5,163
X 43	Knee	45	37	1,868
X 20	Chest - single view	45	43	1,288
09.13F	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, technical}	44	30	897
09.13E	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, interpretation}	44	29	1,135
1.14	Other nonoperative gastroscopy <Esophagogastrosopy>	41	38	4,404
X 39	Foot	41	37	1,276
X 31	Wrist or carpal bone (or wrist and hand)	40	29	1,436
16.49D	Other repair and plastic operation on spinal cord structures {Laminectomy lumbar, for stenosis, 2 levels or less}	37	21	25,156
93.41A	Total knee replacement (geomedic) (polycentric) {Total knee arthroplasty, including hemiarthroplasty}	37	18	23,994
1.22	Other nonoperative colonoscopy {Other nonoperative colonoscopy}	35	24	5,122
51.59D	Other repair of blood vessel NEC {Percutaneous transluminal coronary angioplasty with associated diagnostic angiogram}	35	32	36,294

Continued...

Note: This table reflects fee-for-service data only.

(1) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.28 B
 Out-of-Country Basic Health Services:
 Top 50 Health Service Codes for the Services Provided in Other Countries (non US)
 for the Service Year April 1, 2017 to March 31, 2018

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
X 40	Ankle	34	34	\$1,248
E258B	Bacterial culture including, when necessary, identification, sensitivity and quantitation <Only one bacterial culture may be billed per specimen>	32	30	1,446
98.03A	Other incision with drainage of skin and subcutaneous tissue {Incision and drainage of abscess or hematoma, subcutaneous or submucous}	30	28	1,295
49.96A	Left cardiac catheterization {Left cardiac catheterization with fluoroscopy}	30	29	7,980
99.09P	Surgical procedures NOS {Unlisted Procedures, Musculoskeletal system}	29	26	10,718
X333	Ultrasound, venous, peripheral	27	23	2,741
X 36	Shoulder girdle	24	24	1,272
X 55	Spine, one area	23	23	1,276
E153	Microscopic examination, alone	22	20	74

Note: This table reflects fee-for-service data only.

(1) The number of Discrete Patients was calculated within each Health Service Code.

Table 2.29 A
Out-of-Country Health Services Program:
Applications Reviewed by Out-of-Country Health Services Committee (OOCHSC)
for the Service Years Ended March 31, 2015 to March 31, 2019

Status of Applications	Required services not available in Alberta				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Reviewed	82.0	96.0	83.0	59.0	67.0
Approved	52.5	45.0	36.5	27.0	30.0
Deferred ⁽¹⁾	6.5	2.5	6.5	5.0	6.0
Denied	23.0	48.5	40.0	27.0	31.0

Note: Applications listed as .5 are where a portion of the application is approved and a portion is denied.
(1) Effective April 1, 2011, a category was added to reflect applications for which the Out-of-Country Health Services Committee requires further medical information from the applicant.

Table 2.29 B
Out-of-Country Health Services Program:
Applications Reviewed by Appeal Panel
for the Service Years Ended March 31, 2015 to March 31, 2019

Status of Applications	Required services not available in Alberta				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Reviewed	11.0	19.0	14.0	12.0	14.0
Approved	2.0	3.0	4.0	0.0	1.0
Varied ⁽¹⁾	0.0	0.0	0.0	1.0	0.0
Denied	9.0	16.0	10.0	11.0	13.0

Note: Applications listed as .5 are where a portion of the application is approved and a portion is denied.
(1) The Appeal Panel has the ability to modify an OCHSC decision where the application was previously approved by the OCHSC.

Table 2.30
Out-of-Country Health Services Program:
Payments Made for Approved Applications by
Out-of-Country Health Services Committee/Appeal Panel
for the Service Years Ended March 31, 2015 to March 31, 2019

Amount Paid (\$)	Type of Service				
	Required services not available in Alberta				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Medical Services	\$2,215,183	\$2,667,188	\$1,707,087	\$2,028,985	\$1,242,108
Hospital Services	4,479,294	4,587,501	5,018,579	3,506,352	3,805,464
Total	\$6,694,477	\$7,254,689	\$6,725,666	\$5,535,337	\$5,047,572

Primary Care Networks

Primary Care Networks (PCNs) are formed through formal arrangements between groups of primary care physicians and Alberta Health Services. PCNs are organized to deliver a wide range of primary health care services. They have the flexibility to design local programs that meet the needs of patients in the community, while working within the provincial framework.

Primary Care is defined as the first point of contact with the health system, where health services are mobilized and coordinated to promote health, prevent and care for illness, and manage ongoing problems.

The goals of Primary Care Networks are to:

- improve access to primary care services for more Albertans;
- manage access to appropriate round-the-clock primary care services;
- increase the focus on health promotion and disease prevention, and on care for patients with medically complex problems or chronic illnesses;
- improve coordination and integration of primary care services with hospital, long-term and specialty care; and
- foster a multi-disciplinary team approach to providing primary care.

The first Primary Care Network to launch in Alberta was Edmonton Southside PCN on May 1, 2005. As of March 31, 2019, there are 41 PCNs operating in the province.

Table 2.31
 Primary Care Networks:
 Distribution of Primary Care Providers, Number of Patients, and Total Payments
 by Alberta Health Services Geographic Zone
 for the Service Year April 1, 2018 to March 31, 2019

Primary Care Network	AHS Zone	Number of Primary Care Providers ⁽¹⁾	Number of Patients Enrolled ⁽²⁾	Total Payments to the Primary Care Network ⁽³⁾
Chinook	South Zone	188	173,095	\$9,759,791
Palliser	South Zone	119	105,567	6,532,382
Bow Valley	Calgary Zone	54	24,606	1,151,712
Calgary Foothills	Calgary Zone	491	377,944	21,481,045
Calgary Rural	Calgary Zone	169	119,391	6,745,451
Calgary West Central	Calgary Zone	526	327,900	20,335,374
Highland	Calgary Zone	78	72,663	4,276,600
Mosaic	Calgary Zone	370	335,420	19,350,937
South Calgary	Calgary Zone	291	237,292	13,694,633
Big Country	Central Zone	51	37,722	1,915,242
Camrose	Central Zone	53	32,166	2,008,428
Drayton Valley	Central Zone	19	15,784	981,863
Kalyna Country	Central Zone	32	25,225	1,558,990
Lloydminster	Central Zone	25	19,766	928,903
Peaks to Prairies	Central Zone	38	22,828	1,416,018
Provost	Central Zone	6	4,568	141,267
Red Deer	Central Zone	95	124,261	7,745,350
Rocky Mountain House	Central Zone	25	15,513	960,003
Wainwright	Central Zone	14	8,394	267,158
Wetaskiwin	Central Zone	29	22,814	1,341,687
Wolf Creek	Central Zone	71	72,672	4,509,632
Alberta Heartland	Edmonton Zone	35	38,427	1,888,649
Edmonton North	Edmonton Zone	231	217,851	10,714,972
Edmonton Oliver	Edmonton Zone	199	144,713	8,916,902
Edmonton Southside	Edmonton Zone	361	339,482	20,873,908
Edmonton West	Edmonton Zone	230	182,548	10,314,027
Leduc/Beaumont/Devon	Edmonton Zone	64	60,438	3,456,231
Sherwood Park-Strathcona County	Edmonton Zone	99	98,110	5,977,885
St. Albert & Sturgeon	Edmonton Zone	83	82,764	4,851,490
WestView	Edmonton Zone	88	76,642	4,125,946
Aspen	North Zone	42	33,299	2,045,597
Bighorn (formerly Grande Cache)	North Zone	23	13,441	821,469
Bonnyville	North Zone	32	14,307	884,678
Cold Lake	North Zone	20	14,395	901,418
Grande Prairie	North Zone	61	78,293	4,236,216
Lakeland	North Zone	45	39,475	2,376,087
McLeod River	North Zone	43	37,073	1,652,550
Northwest	North Zone	24	23,717	927,569
Peace Region	North Zone	45	32,266	1,370,742
Saddle Hills (formerly West Peace)	North Zone	17	16,839	1,051,334
Wood Buffalo	North Zone	47	64,114	3,880,600
Total		4,533	3,783,785	\$218,370,736

Table 2.31
Primary Care Networks:
Distribution of Primary Care Providers, Number of Patients, and Total Payments
by Alberta Health Services Geographic Zone
for the Service Year April 1, 2018 to March 31, 2019

Notes:

(1) The term Primary Care Provider includes family physicians, general practitioners, pediatricians and nurse practitioners. Physicians participating in Primary Care Networks (PCNs) continue to be compensated for insured medical services using either fee-for-service or existing alternate payment arrangements.

(2) Informal enrollment is based on a default method of calculating one patient encounter with a PCN health service provider at a PCN service delivery location for services, in the past three years. Informal enrolment is based on assignment of discrete patients to PCNs based on overall volume of care to a single provider.

(3) PCNs receive a per-capita payment up to \$62 per patient, per year.

Section 3

Regional Data

Summary

Alberta Health Services has divided Alberta into five continuum zones for management of the delivery of health care services. The five health zones are as follows: South Zone (Zone 1), Calgary Zone (Zone 2), Central Zone (Zone 3), Edmonton Zone (Zone 4) and North Zone (Zone 5).

This section provides practitioner fee-for-service and Alternative Relationship Plan data broken down by the five zones and local geographic areas. Local geographic areas refer to 132 geographic areas created by Alberta Health and Alberta Health Services based on census boundaries that, in some instances, have been modified to match health zone boundaries.

Alberta Health Services is responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. Alberta Health Services works with communities to deliver health services, including mental health services, to local residents. Information about services and costs for Alberta Health Services is in the *Ministry of Health Annual Report 2018/2019*.

Highlights

- A total of 38.80% of physician fee-for-service expenditures were for services received in Edmonton Zone (Zone 4); 39.71% for services received in Calgary Zone (Zone 2) and the balance, 21.49%, for services received in the other three zones.
- In Alberta, 89.61% of fee-for-service payments were provided in the health zone where the patient resides.

Number of Practitioners

The figures shown for the number of practitioners in a geographic zone are based on the number of practitioners who received fee-for-service payments for services provided in that particular zone. A practitioner may work in several zones and will have been counted in each zone where he/she provided services.

Number of Services

Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported will be the number of time units paid.

Health Zones

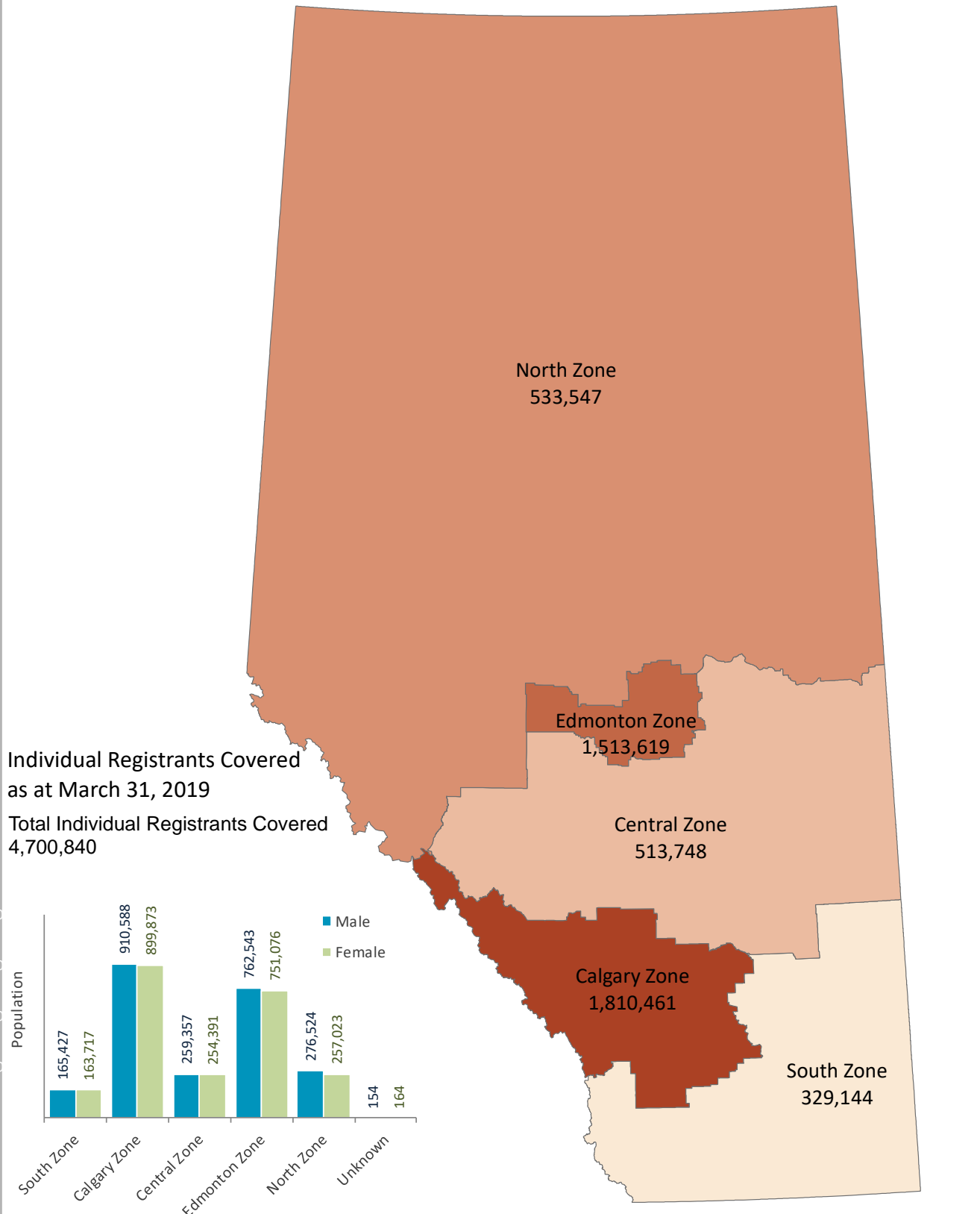
The map on continuum health zones (Map 3.1) shows the current five continuum zones that were put in place on May 15, 2008.

Service Location and Recipient Location

Data in this section are provided on a service location basis. Patients from rural and remote zones often travel to larger urban centres in other zones to receive services. This has an effect on statistics for health services and payments for both zones involved. This is illustrated in Table 3.2, which shows payments to physicians based on both service location and recipient location. Recipient location data are for the geographic zone where the patient lived on the date of service.

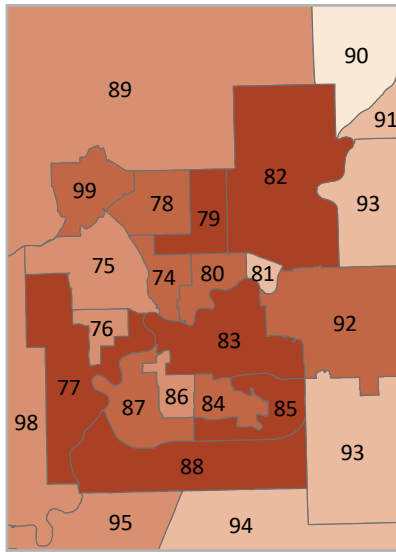
Map 3.1

Distribution of Individual Registrants Covered by Alberta Health Services Geographic Zone

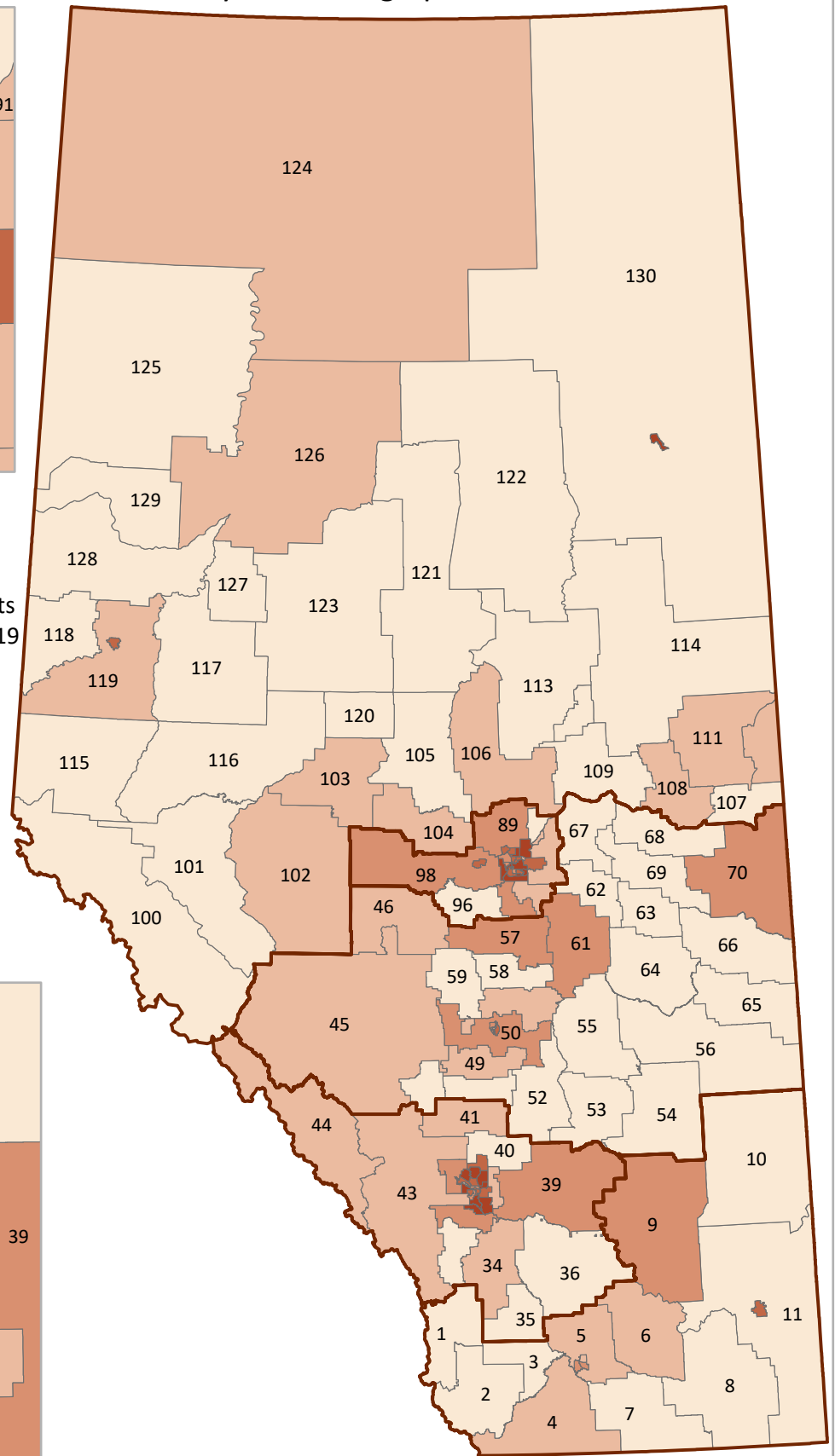


Map 3.2

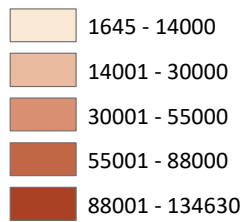
Edmonton Area



Distribution of Individual Registrants Covered by Local Geographic Area



Alberta Individual Registrants Covered as at March 31, 2019



Calgary Area

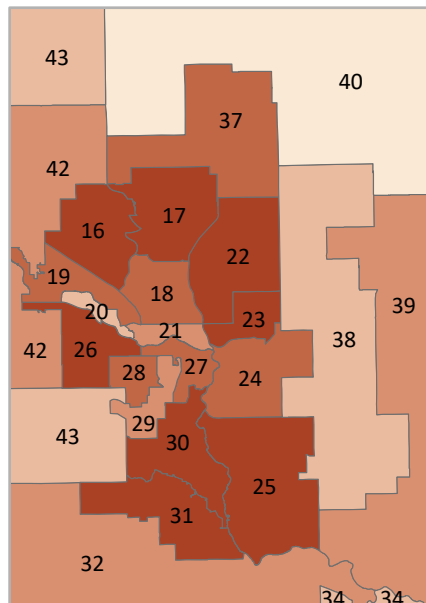


Table 3.1
Distribution of Individual Registrants Covered
by Local Geographic Area (LGA)
as at March 31, 2019

LGA ID	LGA Code	LGA Name	Population
SOUTH ZONE			
1	Z1.1.A.01	Crowsnest Pass	6,692
2	Z1.1.A.02	Pincher Creek	9,097
3	Z1.1.A.03	Fort Macleod	7,173
4	Z1.1.B.04	Cardston-Kainai	18,752
5	Z1.2.A.01	County Of Lethbridge	27,063
6	Z1.2.B.02	Taber Md	20,877
7	Z1.2.C.03	County Of Warner	11,882
8	Z1.2.C.04	County Of Forty Mile	7,281
9	Z1.3.A.01	Newell	30,283
10	Z1.3.B.02	Oyen	3,736
11	Z1.3.B.03	Cypress County	12,284
12	Z1.4.A.01	Medicine Hat	72,903
13	Z1.5.A.01	Lethbridge - West	36,963
14	Z1.5.B.02	Lethbridge - North	28,742
15	Z1.5.C.03	Lethbridge - South	35,416

Continued...

Table 3.1
Distribution of Individual Registrants Covered
by Local Geographic Area (LGA)
as at March 31, 2019

LGA ID	LGA Code	LGA Name	Population
CALGARY ZONE			
16	Z2.1.A.01	Calgary - Upper Nw	131,762
17	Z2.1.B.02	Calgary - North	122,515
18	Z2.1.C.03	Calgary - Nose Hill	85,395
19	Z2.1.D.04	Calgary - Lower Nw	68,990
20	Z2.1.E.05	Calgary - West Bow	22,524
21	Z2.1.F.06	Calgary - Centre North	47,732
22	Z2.2.A.01	Calgary - Upper Ne	121,727
23	Z2.2.B.02	Calgary - Lower Ne	107,901
24	Z2.3.A.01	Calgary - East	80,680
25	Z2.3.B.02	Calgary - Se	134,630
26	Z2.4.A.01	Calgary - West	98,401
27	Z2.4.B.02	Calgary - Centre	74,986
28	Z2.4.C.03	Calgary - Centre West	70,238
29	Z2.4.D.04	Calgary - Elbow	43,920
30	Z2.4.E.05	Calgary - Fish Creek	124,218
31	Z2.4.F.06	Calgary - Sw	121,939
32	Z2.5.A.01	Okotoks-Priddis	47,091
33	Z2.5.B.02	Black Diamond	9,284
34	Z2.5.B.03	High River	25,013
35	Z2.5.C.04	Claresholm	6,803
36	Z2.5.C.05	Vulcan	7,277
37	Z2.6.A.01	Airdrie	72,522
38	Z2.6.B.02	Chestermere	25,043
39	Z2.6.C.03	Strathmore	38,233
40	Z2.6.C.04	Crossfield	9,395
41	Z2.6.C.05	Didsbury	17,510
42	Z2.7.A.01	Cochrane-Springbank	49,704
43	Z2.7.B.02	Canmore	28,732
44	Z2.7.B.03	Banff	16,299

Continued...

Table 3.1
Distribution of Individual Registrants Covered
by Local Geographic Area (LGA)
as at March 31, 2019

LGA ID	LGA Code	LGA Name	Population
CENTRAL ZONE			
45	Z3.1.A.01	Rocky Mountain House	22,515
46	Z3.1.B.02	Drayton Valley	19,564
47	Z3.2.A.01	Sundre	7,268
48	Z3.2.A.02	Olds	13,136
49	Z3.2.B.03	Innisfail	17,180
50	Z3.2.C.04	Red Deer County	30,447
51	Z3.2.C.05	Sylvan Lake	19,127
52	Z3.3.A.01	Three Hills/Highway 21	11,830
53	Z3.3.A.02	Starland County/Drumheller	12,587
54	Z3.3.A.04	Planning & Special Area 2	4,006
55	Z3.3.B.03	Stettler & County	13,275
56	Z3.3.B.05	Castor/Coronation/Consort	6,632
57	Z3.4.A.01	Wetaskiwin County	36,770
58	Z3.4.B.02	Ponoka	12,922
59	Z3.4.B.03	Rimbey	10,531
60	Z3.4.B.04	Lacombe	24,755
61	Z3.5.A.01	Camrose & County	32,116
62	Z3.5.B.02	Tofield	8,237
63	Z3.5.B.03	Viking	2,534
64	Z3.5.B.04	Flagstaff County	9,372
65	Z3.5.C.05	Md Of Provost	5,300
66	Z3.5.C.06	Md Of Wainwright	12,597
67	Z3.6.A.01	Lamont County	6,793
68	Z3.6.A.02	Two Hills County	6,247
69	Z3.6.A.03	Vegreville/Minburn County	11,329
70	Z3.6.B.04	Vermilion River County	40,709
71	Z3.7.A.01	Red Deer - North	39,801
72	Z3.7.B.02	Red Deer - Sw	17,459
73	Z3.7.C.03	Red Deer - East	58,709

Continued...

Table 3.1
Distribution of Individual Registrants Covered
by Local Geographic Area (LGA)
as at March 31, 2019

LGA ID	LGA Code	LGA Name	Population
EDMONTON ZONE			
74	Z4.1.A.01	Edmonton - Woodcroft East	65,973
75	Z4.1.B.02	Edmonton - Woodcroft West	35,187
76	Z4.1.C.03	Edmonton - Jasper Place	50,374
77	Z4.1.D.04	Edmonton - West Jasper Place	107,697
78	Z4.2.A.01	Edmonton - Castle Downs	74,268
79	Z4.2.B.02	Edmonton - Northgate	88,308
80	Z4.2.C.03	Edmonton - Eastwood	80,780
81	Z4.2.D.04	Edmonton - Abbottsfield	16,302
82	Z4.2.E.05	Edmonton - Ne	93,442
83	Z4.3.A.01	Edmonton - Bonnie Doon	104,344
84	Z4.3.B.02	Edmonton - Mill Woods West	56,851
85	Z4.3.C.03	Edmonton - Mill Woods South & East	88,657
86	Z4.4.A.01	Edmonton - Duggan	45,123
87	Z4.4.B.02	Edmonton - Twin Brooks	82,319
88	Z4.4.C.03	Edmonton - Rutherford	101,085
89	Z4.5.A.01	Sturgeon County West	32,103
90	Z4.5.B.02	Sturgeon County East	6,286
91	Z4.5.B.03	Fort Saskatchewan	26,831
92	Z4.6.A.01	Sherwood Park	86,290
93	Z4.6.B.02	Strathcona County Excluding Sherwood Park	19,419
94	Z4.7.A.01	Beaumont	25,255
95	Z4.7.A.02	Leduc & Devon	43,312
96	Z4.7.A.03	Thorsby	9,936
97	Z4.8.A.01	Stony Plain & Spruce Grove	60,769
98	Z4.8.B.02	Westview Excluding Stony Plain & Spruce Grove	39,295
99	Z4.9.A.01	St. Albert	73,413

Continued...

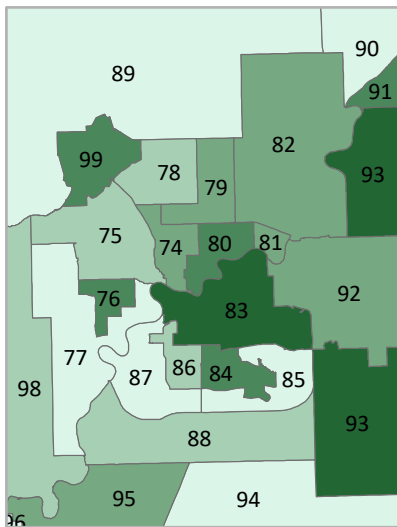
Table 3.1
Distribution of Individual Registrants Covered
by Local Geographic Area (LGA)
as at March 31, 2019

LGA ID	LGA Code	LGA Name	Population
NORTH ZONE			
100	Z5.1.A.01	Jasper	6,513
101	Z5.1.A.02	Hinton	13,529
102	Z5.1.A.03	Edson	17,904
103	Z5.1.B.04	Whitecourt	15,980
104	Z5.1.B.05	Mayerthorpe	17,966
105	Z5.1.C.06	Barrhead	11,763
106	Z5.1.C.07	Westlock	20,834
107	Z5.2.A.01	Frog Lake	5,396
108	Z5.2.A.04	St. Paul	17,531
109	Z5.2.A.05	Smoky Lake	5,223
110	Z5.2.B.02	Cold Lake	23,207
111	Z5.2.B.03	Bonnyville	17,697
112	Z5.2.C.06	Boyle	4,000
113	Z5.2.C.07	Athabasca	11,699
114	Z5.2.C.08	Lac La Biche	11,350
115	Z5.3.A.01	Grande Cache	4,775
116	Z5.3.A.02	Fox Creek	2,573
117	Z5.3.A.03	Valleyview	8,029
118	Z5.3.A.05	Beaverlodge	13,476
119	Z5.3.B.04	Grande Prairie County	20,095
120	Z5.4.A.01	Swan Hills	1,645
121	Z5.4.A.02	Slave Lake	12,985
122	Z5.4.A.03	Wabasca	4,878
123	Z5.4.A.07	High Prairie	13,307
124	Z5.4.B.04	High Level	27,626
125	Z5.4.B.05	Manning	3,672
126	Z5.4.C.06	Peace River	20,182
127	Z5.4.D.08	Falher	4,958
128	Z5.4.D.09	Spirit River	7,245
129	Z5.4.D.10	Fairview	9,050
130	Z5.5.A.01	Wood Buffalo	4,769
131	Z5.6.A.01	Fort McMurray	91,037
132	Z5.7.A.01	City Of Grande Prairie	82,653
Unknown			318

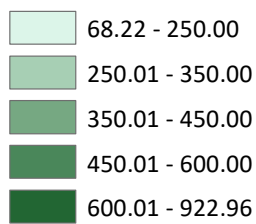
Map 3.3

Fee-for-Service Payments per Discrete Patient by Local Geographic Area

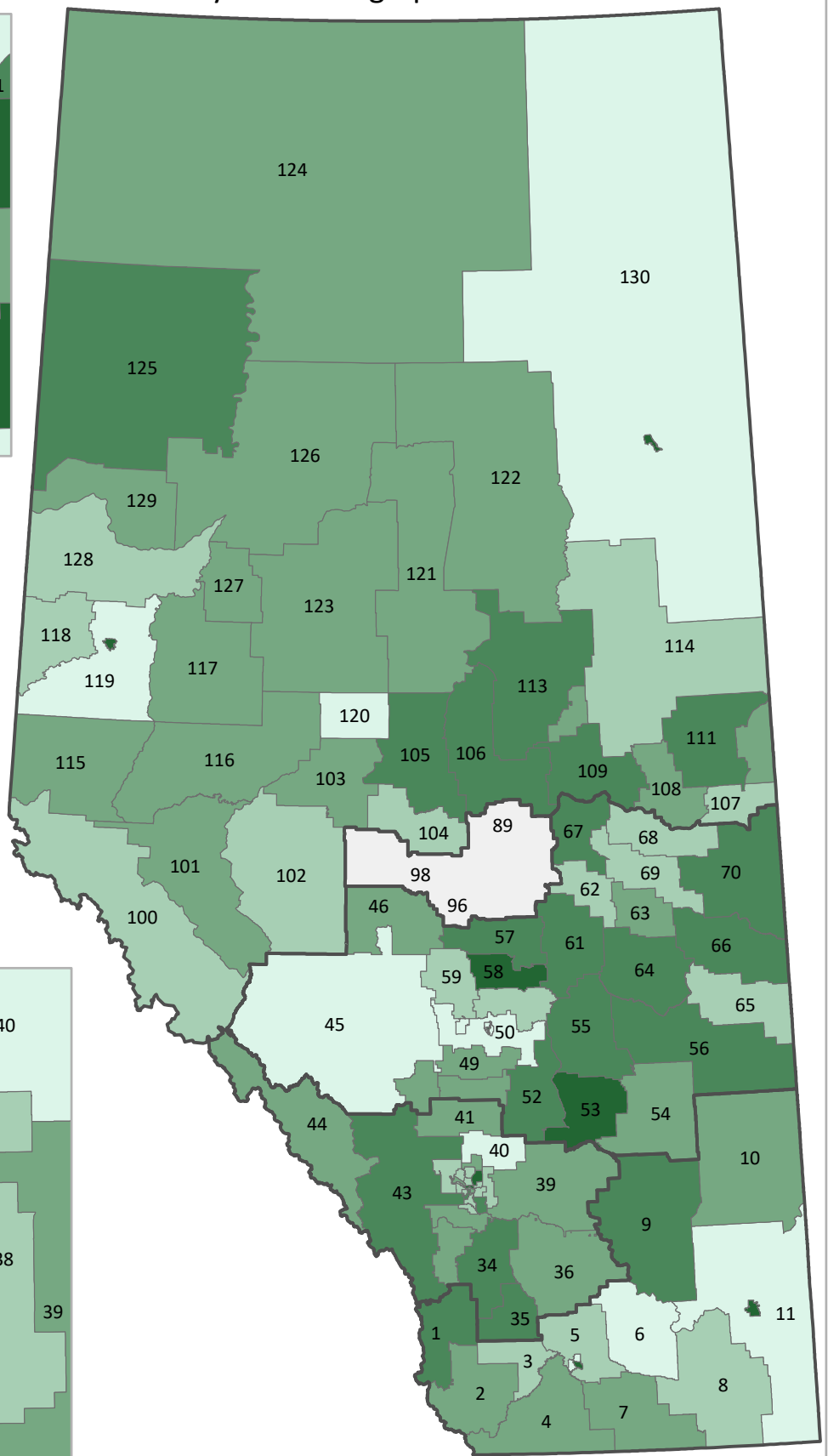
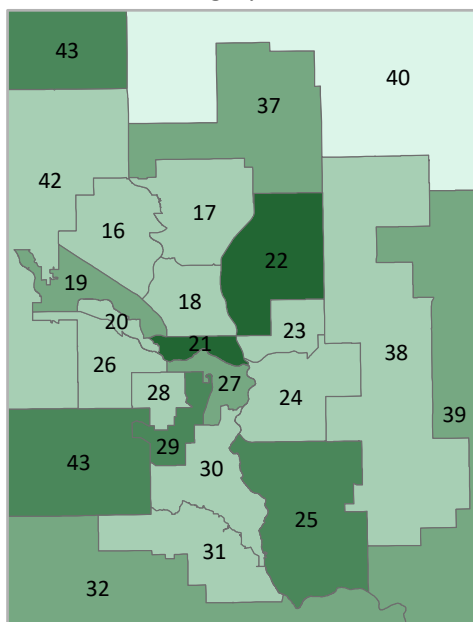
Edmonton Area



Fee-for-Service Payments per Discrete Patient 2018/2019



Calgary Area



Note: Local Geographic Area was assigned based on the service location.

Table 3.2
Distribution of Payments per Discrete Patient by Local Geographic Area (LGA) ⁽¹⁾
for the Service Year April 1, 2018 to March 31, 2019

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
SOUTH ZONE			
1	Z1.1.A.01	Crowsnest Pass	\$547.79
2	Z1.1.A.02	Pincher Creek	445.03
3	Z1.1.A.03	Fort Macleod	349.84
4	Z1.1.B.04	Cardston-Kainai	400.81
5	Z1.2.A.01	County Of Lethbridge	280.99
6	Z1.2.B.02	Taber Md	224.66
7	Z1.2.C.03	County Of Warner	361.40
8	Z1.2.C.04	County Of Forty Mile	286.08
9	Z1.3.A.01	Newell	554.47
10	Z1.3.B.02	Oyen	424.02
11	Z1.3.B.03	Cypress County	237.37
12	Z1.4.A.01	Medicine Hat	922.96
13	Z1.5.A.01	Lethbridge - West	239.03
14	Z1.5.B.02	Lethbridge - North	192.33
15	Z1.5.C.03	Lethbridge - South	\$787.25

Continued...

Note: This table reflects fee-for-service data only.

(1) Local geographic area was assigned based on the service location.

Table 3.2
 Distribution of Payments per Discrete Patient by Local Geographic Area (LGA) ⁽¹⁾
 for the Service Year April 1, 2018 to March 31, 2019

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
CALGARY ZONE			
16	Z2.1.A.01	Calgary - Upper Nw	\$269.82
17	Z2.1.B.02	Calgary - North	287.37
18	Z2.1.C.03	Calgary - Nose Hill	256.50
19	Z2.1.D.04	Calgary - Lower Nw	389.11
20	Z2.1.E.05	Calgary - West Bow	339.84
21	Z2.1.F.06	Calgary - Centre North	685.89
22	Z2.2.A.01	Calgary - Upper Ne	607.48
23	Z2.2.B.02	Calgary - Lower Ne	311.61
24	Z2.3.A.01	Calgary - East	303.25
25	Z2.3.B.02	Calgary - Se	541.36
26	Z2.4.A.01	Calgary - West	254.53
27	Z2.4.B.02	Calgary - Centre	383.14
28	Z2.4.C.03	Calgary - Centre West	325.26
29	Z2.4.D.04	Calgary - Elbow	542.48
30	Z2.4.E.05	Calgary - Fish Creek	341.34
31	Z2.4.F.06	Calgary - Sw	313.22
32	Z2.5.A.01	Okotoks-Priddis	371.95
33	Z2.5.B.02	Black Diamond	391.41
34	Z2.5.B.03	High River	465.90
35	Z2.5.C.04	Claresholm	584.22
36	Z2.5.C.05	Vulcan	392.96
37	Z2.6.A.01	Airdrie	361.23
38	Z2.6.B.02	Chestermere	268.03
39	Z2.6.C.03	Strathmore	388.30
40	Z2.6.C.04	Crossfield	220.96
41	Z2.6.C.05	Didsbury	424.54
42	Z2.7.A.01	Cochrane-Springbank	314.18
43	Z2.7.B.02	Canmore	534.96
44	Z2.7.B.03	Banff	\$433.20

Continued...

Note: This table reflects fee-for-service data only.

(1) Local geographic area was assigned based on the service location.

Table 3.2
Distribution of Payments per Discrete Patient by Local Geographic Area (LGA) ⁽¹⁾
for the Service Year April 1, 2018 to March 31, 2019

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
CENTRAL ZONE			
45	Z3.1.A.01	Rocky Mountain House	\$249.33
46	Z3.1.B.02	Drayton Valley	428.95
47	Z3.2.A.01	Sundre	442.74
48	Z3.2.A.02	Olds	434.57
49	Z3.2.B.03	Innisfail	358.70
50	Z3.2.C.04	Red Deer County	128.05
51	Z3.2.C.05	Sylvan Lake	206.02
52	Z3.3.A.01	Three Hills/Highway 21	473.51
53	Z3.3.A.02	Starland County/Drumheller	608.22
54	Z3.3.A.04	Planning & Special Area 2	397.90
55	Z3.3.B.03	Stettler & County	472.84
56	Z3.3.B.05	Castor/Coronation/Consort	577.41
57	Z3.4.A.01	Wetaskiwin County	554.51
58	Z3.4.B.02	Ponoka	915.20
59	Z3.4.B.03	Rimbey	313.10
60	Z3.4.B.04	Lacombe	293.07
61	Z3.5.A.01	Camrose & County	528.39
62	Z3.5.B.02	Tofield	323.31
63	Z3.5.B.03	Viking	403.30
64	Z3.5.B.04	Flagstaff County	469.98
65	Z3.5.C.05	Md Of Provost	345.85
66	Z3.5.C.06	Md Of Wainwright	464.49
67	Z3.6.A.01	Lamont County	518.69
68	Z3.6.A.02	Two Hills County	312.76
69	Z3.6.A.03	Vegreville/Minburn County	332.46
70	Z3.6.B.04	Vermilion River County	458.17
71	Z3.7.A.01	Red Deer - North	184.32
72	Z3.7.B.02	Red Deer - Sw	724.84
73	Z3.7.C.03	Red Deer - East	\$173.36

Continued...

Note: This table reflects fee-for-service data only.

(1) Local geographic area was assigned based on the service location.

Table 3.2
Distribution of Payments per Discrete Patient by Local Geographic Area (LGA) ⁽¹⁾
for the Service Year April 1, 2018 to March 31, 2019

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
EDMONTON ZONE			
74	Z4.1.A.01	Edmonton - Woodcroft East	\$401.80
75	Z4.1.B.02	Edmonton - Woodcroft West	326.90
76	Z4.1.C.03	Edmonton - Jasper Place	571.09
77	Z4.1.D.04	Edmonton - West Jasper Place	228.54
78	Z4.2.A.01	Edmonton - Castle Downs	291.24
79	Z4.2.B.02	Edmonton - Northgate	381.79
80	Z4.2.C.03	Edmonton - Eastwood	560.12
81	Z4.2.D.04	Edmonton - Abbottsfield	390.78
82	Z4.2.E.05	Edmonton - Ne	445.42
83	Z4.3.A.01	Edmonton - Bonnie Doon	625.40
84	Z4.3.B.02	Edmonton - Mill Woods West	567.11
85	Z4.3.C.03	Edmonton - Mill Woods South & East	204.50
86	Z4.4.A.01	Edmonton - Duggan	276.94
87	Z4.4.B.02	Edmonton - Twin Brooks	234.71
88	Z4.4.C.03	Edmonton - Rutherford	308.68
89	Z4.5.A.01	Sturgeon County West	225.82
90	Z4.5.B.02	Sturgeon County East	218.29
91	Z4.5.B.03	Fort Saskatchewan	478.90
92	Z4.6.A.01	Sherwood Park	410.53
93	Z4.6.B.02	Strathcona County Excluding Sherwood Park	606.50
94	Z4.7.A.01	Beaumont	228.42
95	Z4.7.A.02	Leduc & Devon	429.14
96	Z4.7.A.03	Thorsby	161.96
97	Z4.8.A.01	Stony Plain & Spruce Grove	425.06
98	Z4.8.B.02	Westview Excluding Stony Plain & Spruce Grove	292.88
99	Z4.9.A.01	St. Albert	\$538.42

Continued...

Note: This table reflects fee-for-service data only.

(1) Local geographic area was assigned based on the service location.

Table 3.2
Distribution of Payments per Discrete Patient by Local Geographic Area (LGA) ⁽¹⁾
for the Service Year April 1, 2018 to March 31, 2019

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
NORTH ZONE			
100	Z5.1.A.01	Jasper	\$322.03
101	Z5.1.A.02	Hinton	446.32
102	Z5.1.A.03	Edson	329.09
103	Z5.1.B.04	Whitecourt	405.20
104	Z5.1.B.05	Mayerthorpe	341.85
105	Z5.1.C.06	Barrhead	459.49
106	Z5.1.C.07	Westlock	512.22
107	Z5.2.A.01	Frog Lake	302.95
108	Z5.2.A.04	St. Paul	445.77
109	Z5.2.A.05	Smoky Lake	461.21
110	Z5.2.B.02	Cold Lake	379.09
111	Z5.2.B.03	Bonnyville	552.18
112	Z5.2.C.06	Boyle	380.15
113	Z5.2.C.07	Athabasca	466.36
114	Z5.2.C.08	Lac La Biche	330.37
115	Z5.3.A.01	Grande Cache	399.89
116	Z5.3.A.02	Fox Creek	366.89
117	Z5.3.A.03	Valleyview	389.76
118	Z5.3.A.05	Beaverlodge	303.17
119	Z5.3.B.04	Grande Prairie County	191.39
120	Z5.4.A.01	Swan Hills	68.22
121	Z5.4.A.02	Slave Lake	350.25
122	Z5.4.A.03	Wabasca	440.24
123	Z5.4.A.07	High Prairie	392.93
124	Z5.4.B.04	High Level	375.49
125	Z5.4.B.05	Manning	516.74
126	Z5.4.C.06	Peace River	436.06
127	Z5.4.D.08	Falher	440.00
128	Z5.4.D.09	Spirit River	330.11
129	Z5.4.D.10	Fairview	442.57
130	Z5.5.A.01	Wood Buffalo	205.79
131	Z5.6.A.01	Fort McMurray	697.77
132	Z5.7.A.01	City Of Grande Prairie	\$658.17

Note: This table reflects fee-for-service data only.

(1) Local geographic area was assigned based on the service location.

Table 3.3
Distribution of Services, Discrete Patients, and Physicians
by Local Geographic Area (LGA)
for the Service Year April 1, 2018 to March 31, 2019

Local Geographic Area		General/Family Physicians			Specialists		
LGA Code	LGA Name	Number of Services	Number of Discrete Patients	Number of Discrete Physicians	Number of Services	Number of Discrete Patients	Number of Discrete Physicians
Z2.6.A.01	Airdrie	348,397	72,493	236	117,710	37,878	143
Z5.2.C.07	Athabasca	55,214	9,042	63	10,161	3,662	35
Z2.7.B.03	Banff	80,695	14,204	66	13,033	5,189	29
Z5.1.C.06	Barrhead	105,693	14,167	45	4,996	1,922	32
Z4.7.A.01	Beaumont	67,303	15,054	74	96	52	37
Z5.3.A.05	Beaverlodge	46,143	10,243	65	90	50	24
Z2.5.B.02	Black Diamond	58,229	11,179	80	71	36	16
Z5.2.B.03	Bonnyville	135,802	20,245	68	27,997	8,453	96
Z5.2.C.06	Boyle	27,037	4,538	33	211	64	14
Z2.4.B.02	Calgary - Centre	585,544	142,213	549	1,522,829	164,291	513
Z2.1.F.06	Calgary - Centre North	722,256	144,333	546	2,290,381	228,930	925
Z2.4.C.03	Calgary - Centre West	426,691	90,230	338	392,753	72,160	189
Z2.3.A.01	Calgary - East	239,738	51,004	233	56,873	15,616	75
Z2.4.D.04	Calgary - Elbow	580,528	130,870	463	1,931,366	204,081	734
Z2.4.E.05	Calgary - Fish Creek	699,208	140,097	487	627,299	142,407	300
Z2.2.B.02	Calgary - Lower NE	648,008	135,537	335	254,487	72,556	101
Z2.1.D.04	Calgary - Lower NW	293,564	67,114	307	1,055,236	227,163	598
Z2.1.B.02	Calgary - North	382,368	91,132	305	200,887	73,855	202
Z2.1.C.03	Calgary - Nose Hill	353,289	84,422	308	285,694	36,181	94
Z2.3.B.02	Calgary - SE	612,477	138,301	442	1,118,212	149,066	632
Z2.4.F.06	Calgary - SW	625,147	138,033	362	260,642	62,175	138
Z2.2.A.01	Calgary - Upper NE	900,713	178,820	456	1,682,342	211,356	716
Z2.1.A.01	Calgary - Upper NW	448,760	111,100	463	342,008	60,344	159
Z2.4.A.01	Calgary - West	421,209	100,768	396	213,025	91,689	167
Z2.1.E.05	Calgary - West Bow	182,893	38,835	208	281,298	38,582	180
Z3.5.A.01	Camrose & County	213,907	31,776	151	67,367	16,403	82
Z2.7.B.02	Canmore	165,647	26,419	145	80,076	10,615	106
Z1.1.B.04	Cardston-Kainai	99,334	15,323	74	2,243	1,029	56
Z3.3.B.05	Castor/Coronation/Consort	41,013	5,154	46	122	41	20
Z2.6.B.02	Chestermere	77,717	16,998	78	1,360	178	15
Z5.7.A.01	City of Grande Prairie	506,445	82,858	156	533,839	59,226	147
Z2.5.C.04	Claresholm	46,044	7,434	45	52,872	1,124	33
Z2.7.A.01	Cochrane-Springbank	180,975	38,952	207	106,831	3,041	35
Z5.2.B.02	Cold Lake	81,829	15,852	59	16,195	6,758	43

Note: This table reflects fee-for-service data only.

Continued...

Table 3.3
Distribution of Services, Discrete Patients, and Physicians
by Local Geographic Area (LGA)
for the Service Year April 1, 2018 to March 31, 2019

Local Geographic Area		General/Family Physicians			Specialists		
LGA Code	LGA Name	Number of Services	Number of Discrete Patients	Number of Discrete Physicians	Number of Services	Number of Discrete Patients	Number of Discrete Physicians
Z1.2.C.04	County of Forty Mile	21,917	4,651	53	325	70	16
Z1.2.A.01	County of Lethbridge excluding the City of Lethbridge	89,598	16,666	88	4,557	1,570	40
Z1.2.C.03	County of Warner	88,004	14,184	66	168	110	27
Z2.6.C.04	Crossfield	9,541	2,593	70	38	20	13
Z1.1.A.01	Crowsnest Pass	59,217	6,793	64	2,479	907	35
Z1.3.B.03	Cypress County excluding Medicine Hat	9,648	2,125	41	255	87	14
Z2.6.C.05	Didsbury	69,847	12,145	118	5,212	1,717	27
Z3.1.B.02	Drayton Valley	113,378	17,848	81	2,215	731	36
Z4.2.D.04	Edmonton - Abbottsfield	134,099	21,500	91	11,111	4,823	40
Z4.3.A.01	Edmonton - Bonnie Doon	725,825	144,679	504	2,348,495	260,347	1,019
Z4.2.A.01	Edmonton - Castle Downs	341,694	69,661	257	96,084	36,897	135
Z4.4.A.01	Edmonton - Duggan	299,768	68,174	257	206,882	64,398	196
Z4.2.C.03	Edmonton - Eastwood	661,643	111,464	573	2,998,629	399,288	896
Z4.1.C.03	Edmonton - Jasper Place	787,237	133,202	424	1,494,508	223,432	551
Z4.3.C.03	Edmonton - Mill Woods South & East	176,200	48,170	167	7,285	2,237	67
Z4.3.B.02	Edmonton - Mill Woods West	780,016	144,394	386	1,585,996	168,275	521
Z4.2.E.05	Edmonton - NE	298,906	79,364	271	474,127	50,822	252
Z4.2.B.02	Edmonton - Northgate	550,676	104,084	288	383,792	94,549	332
Z4.4.C.03	Edmonton - Rutherford	460,706	124,309	309	276,119	73,688	265
Z4.4.B.02	Edmonton - Twin Brooks	363,521	87,105	332	37,197	6,068	86
Z4.1.D.04	Edmonton - West Jasper Place	177,203	39,602	256	27,485	7,056	87
Z4.1.A.01	Edmonton - Woodcroft East	734,245	132,932	381	1,070,731	155,581	473
Z4.1.B.02	Edmonton - Woodcroft West	187,269	40,222	184	82,540	18,862	117
Z5.1.A.03	Edson	76,788	13,803	59	2,180	879	33
Z5.4.D.10	Fairview	35,812	5,677	42	90	43	26
Z5.4.D.08	Falher	26,462	4,355	35	1,352	519	16
Z3.5.B.04	Flagstaff County	63,505	10,397	97	111	80	20
Z1.1.A.03	Fort Macleod	19,389	4,829	65	196	118	21
Z5.6.A.01	Fort McMurray	497,282	67,080	146	222,493	30,734	147
Z4.5.B.03	Fort Saskatchewan	251,696	41,290	131	102,557	30,610	195
Z5.3.A.02	Fox Creek	13,308	2,591	15	8	8	8
Z5.2.A.01	Frog Lake	28,395	6,374	39	33	32	15
Z5.3.A.01	Grande Cache	16,753	3,296	35	19	15	10

Note: This table reflects fee-for-service data only.

Continued...

Table 3.3
Distribution of Services, Discrete Patients, and Physicians
by Local Geographic Area (LGA)
for the Service Year April 1, 2018 to March 31, 2019

Local Geographic Area		General/Family Physicians			Specialists		
LGA Code	LGA Name	Number of Services	Number of Discrete Patients	Number of Discrete Physicians	Number of Services	Number of Discrete Patients	Number of Discrete Physicians
Z5.3.B.04	Grande Prairie County excluding the City of Grande Prairie	16,759	4,296	48	74	59	26
Z5.4.B.04	High Level	122,089	19,546	59	2,782	1,249	43
Z5.4.A.07	High Prairie	70,244	11,285	58	114	76	47
Z2.5.B.03	High River	124,003	19,875	158	22,145	6,098	63
Z5.1.A.02	Hinton	70,983	11,833	59	13,382	4,522	58
Z3.2.B.03	Innisfail	79,152	15,382	102	7,750	2,264	49
Z5.1.A.01	Jasper	24,168	5,316	27	577	321	20
Z5.2.C.08	Lac La Biche	57,213	10,411	44	42	27	21
Z3.4.B.04	Lacombe	114,657	25,614	92	9,322	1,698	54
Z3.6.A.01	Lamont County	49,851	7,655	48	6,382	2,189	33
Z4.7.A.02	Leduc & Devon	298,108	60,751	187	119,845	30,704	175
Z1.5.B.02	Lethbridge - North	34,120	10,207	102	5,033	469	41
Z1.5.C.03	Lethbridge - South	607,145	90,731	269	944,594	89,973	176
Z1.5.A.01	Lethbridge - West	109,965	25,265	123	40,314	11,513	59
Z3.5.C.05	MD of Provost	26,076	4,381	26	18	9	7
Z3.5.C.06	MD of Wainwright	61,213	9,599	47	6,561	2,925	77
Z5.4.B.05	Manning	18,373	2,725	30	35	21	17
Z5.1.B.05	Mayerthorpe	38,417	8,371	61	1,722	281	41
Z1.4.A.01	Medicine Hat	584,145	73,627	203	636,925	58,185	131
Z1.3.A.01	Newell	159,885	22,907	92	16,904	4,759	57
Z2.5.A.01	Okotoks-Priddis	235,846	48,073	192	72,279	20,812	64
Z3.2.A.02	Olds	133,556	18,530	86	12,154	2,515	50
Z1.3.B.02	Oyen	17,504	2,535	49	193	49	8
Z5.4.C.06	Peace River	118,040	18,615	75	3,518	1,244	41
Z1.1.A.02	Pincher Creek	71,921	10,064	77	3,165	1,829	46
Z3.3.A.04	Planning & Special Area 2	22,766	3,842	35	2,100	423	17
Z3.4.B.02	Ponoka	263,833	18,965	80	108,745	2,906	50
Z3.7.C.03	Red Deer - East	154,359	34,945	154	5,588	1,624	61
Z3.7.A.01	Red Deer - North	144,452	42,599	121	29,810	4,947	53
Z3.7.B.02	Red Deer - SW	423,158	91,772	210	1,115,058	123,419	287
Z3.2.C.04	Red Deer County excluding the City of Red Deer	17,389	9,014	107	20,735	3,659	43
Z3.4.B.03	Rimbey	47,199	8,075	59	1,030	166	27
Z3.1.A.01	Rocky Mountain House	75,937	14,888	90	3,033	637	37
Z4.6.A.01	Sherwood Park	517,326	104,444	288	384,681	74,988	310

Note: This table reflects fee-for-service data only.

Continued...

Table 3.3
Distribution of Services, Discrete Patients, and Physicians
by Local Geographic Area (LGA)
for the Service Year April 1, 2018 to March 31, 2019

Local Geographic Area		General/Family Physicians			Specialists		
LGA Code	LGA Name	Number of Services	Number of Discrete Patients	Number of Discrete Physicians	Number of Services	Number of Discrete Patients	Number of Discrete Physicians
Z5.4.A.02	Slave Lake	40,937	9,160	51	29,225	8,795	34
Z5.2.A.05	Smoky Lake	33,218	4,723	56	26	18	16
Z5.4.D.09	Spirit River	22,211	4,627	43	31	23	17
Z4.9.A.01	St. Albert	644,742	119,233	339	531,896	79,704	318
Z5.2.A.04	St. Paul	96,523	14,542	69	8,055	861	40
Z3.3.A.02	Starland County/Drumheller	97,460	11,842	70	15,115	2,511	34
Z3.3.B.03	Stettler & County	94,798	12,795	77	2,233	528	48
Z4.8.A.01	Stony Plain & Spruce Grove	445,752	80,953	231	121,960	35,477	153
Z4.6.B.02	Strathcona County excluding Sherwood Park	1,666	141	69	275	63	38
Z2.6.C.03	Strathmore	148,578	25,610	137	5,976	1,239	56
Z4.5.B.02	Sturgeon County East	21,761	5,191	28	42	20	17
Z4.5.A.01	Sturgeon County West	53,440	13,149	95	1,780	308	54
Z3.2.A.01	Sundre	47,374	8,429	87	173	74	16
Z5.4.A.01	Swan Hills				6	5	3
Z3.2.C.05	Sylvan Lake	92,044	23,738	98	11,634	5,370	59
Z1.2.B.02	Taber MD	30,887	6,415	68	3,840	2,421	45
Z4.7.A.03	Thorsby	8,981	2,779	44	21	16	12
Z3.3.A.01	Three Hills/Highway 21	47,764	7,409	84	846	196	31
Z3.5.B.02	Tofield	25,873	4,258	38	33	14	14
Z3.6.A.02	Two Hills County	23,766	4,460	34	19	16	11
Z5.3.A.03	Valleyview	35,578	6,421	36	53	34	24
Z3.6.A.03	Vegreville/Minburn County	46,729	8,080	80	5,059	1,095	31
Z3.6.B.04	Vermilion River County	134,158	23,159	88	84,609	19,027	116
Z3.5.B.03	Viking	29,489	4,501	41	498	167	5
Z2.5.C.05	Vulcan	25,951	4,588	58	760	93	19
Z5.4.A.03	Wabasca	22,969	4,224	27	271	61	15
Z5.1.C.07	Westlock	154,798	21,317	112	8,362	3,160	46
Z4.8.B.02	Westview excluding Stony Plain and Spruce Grove	8,565	1,586	115	328	126	61
Z3.4.A.01	Wetaskiwin County	221,150	28,176	137	46,592	7,960	78
Z5.1.B.04	Whitecourt	88,953	14,789	46	201	145	27
Z5.5.A.01	Wood Buffalo excluding Fort McMurray	1,308	410	13	16	11	8
Unknown		298,776	75,162	1,203	183,693	65,930	721
Total		26,585,420	3,511,477	5,268	29,656,109	2,293,177	4,147

Note: This table reflects fee-for-service data only.

Table 3.4 A
Distribution of Payments by Practitioner Type and
Alberta Health Services Geographic Zone Service Location and Recipient Location
for the Service Year April 1, 2018 to March 31, 2019

Payments ⁽¹⁾							
Zone Service Location	Zone Recipient Location						
	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
ALL PHYSICIANS							
South Zone	\$239,779,494	\$225,978,834	\$8,610,739	\$2,079,938	\$1,591,997	\$1,234,744	\$283,242
Calgary Zone	1,500,749,746	36,422,490	1,409,941,669	32,586,445	12,851,211	7,998,244	949,688
Central Zone	302,138,386	1,902,385	13,046,252	268,314,202	12,440,654	6,114,890	320,003
Edmonton Zone	1,466,292,535	4,145,117	18,966,250	76,054,677	1,252,563,822	113,203,700	1,358,968
North Zone	245,411,842	726,964	2,197,877	3,140,933	9,610,927	229,468,799	266,341
Unknown	24,643,738	1,050,751	5,458,961	11,087,700	4,261,860	2,594,597	189,869
Total	\$3,779,015,740	\$270,226,541	\$1,458,221,749	\$393,263,895	\$1,293,320,471	\$360,614,974	\$3,368,111
GENERAL/FAMILY PHYSICIANS							
South Zone	\$120,676,569	\$113,846,466	\$4,034,459	\$1,050,677	\$899,707	\$709,816	\$135,444
Calgary Zone	590,262,268	5,063,149	569,237,226	6,695,359	5,526,963	3,391,648	347,923
Central Zone	170,035,572	1,107,798	8,170,764	149,244,278	7,969,087	3,368,340	175,304
Edmonton Zone	542,515,842	1,618,766	8,704,026	13,916,803	496,833,048	20,933,642	509,557
North Zone	171,645,469	499,981	1,615,285	2,365,335	6,351,297	160,631,830	181,742
Unknown	14,461,234	632,659	4,001,331	6,654,013	1,820,904	1,199,651	152,676
Total	\$1,609,596,954	\$122,768,820	\$595,763,090	\$179,926,465	\$519,401,006	\$190,234,927	\$1,502,647
SPECIALISTS (includes Pathology)							
South Zone	\$119,102,925	\$112,132,367	\$4,576,281	\$1,029,261	\$692,291	\$524,928	\$147,798
Calgary Zone	910,487,478	31,359,341	840,704,443	25,891,086	7,324,248	4,606,596	601,765
Central Zone	132,102,814	794,587	4,875,488	119,069,924	4,471,566	2,746,549	144,699
Edmonton Zone	923,776,692	2,526,352	10,262,224	62,137,874	755,730,774	92,270,057	849,411
North Zone	73,766,373	226,983	582,592	775,598	3,259,631	68,836,969	84,599
Unknown	10,182,505	418,092	1,457,630	4,433,687	2,440,956	1,394,947	37,193
Total	\$2,169,418,786	\$147,457,721	\$862,458,659	\$213,337,430	\$773,919,466	\$170,380,046	\$1,865,464

Note: This table reflects fee-for-service data only.

(1) The sum of payments may not match the totals due to rounding.

Table 3.4 B
Number of Services by Practitioner Type and
Alberta Health Services Geographic Zone Service Location and Recipient Location
for the Service Year April 1, 2018 to March 31, 2019

Services							
Zone Service Location	Zone Recipient Location						
	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
ALL PHYSICIANS							
South Zone	3,663,871	3,459,013	126,856	30,643	23,905	19,049	4,405
Calgary Zone	22,687,551	513,490	21,377,684	464,500	195,251	121,579	15,047
Central Zone	4,470,915	27,850	182,091	3,965,980	196,052	93,925	5,017
Edmonton Zone	21,392,773	58,095	273,053	1,005,641	18,550,491	1,485,832	19,661
North Zone	3,543,940	9,712	30,111	42,644	126,464	3,331,248	3,761
Unknown	482,479	33,477	120,962	160,237	114,583	50,267	2,953
Total	56,241,529	4,101,637	22,110,757	5,669,645	19,206,746	5,101,900	50,844
GENERAL/FAMILY PHYSICIANS							
South Zone	2,002,680	1,892,487	65,177	16,802	14,146	11,661	2,407
Calgary Zone	9,693,856	81,066	9,355,711	108,333	86,980	55,592	6,174
Central Zone	2,906,003	18,127	120,516	2,559,921	143,834	60,423	3,182
Edmonton Zone	9,028,291	27,590	139,563	219,660	8,299,407	333,244	8,827
North Zone	2,655,804	7,069	23,244	34,661	92,461	2,495,708	2,661
Unknown	298,786	24,454	74,154	117,503	49,924	30,238	2,513
Total	26,585,420	2,050,793	9,778,365	3,056,880	8,686,752	2,986,866	25,764
SPECIALISTS (includes Pathology)							
South Zone	1,661,191	1,566,526	61,679	13,841	9,759	7,388	1,998
Calgary Zone	12,993,695	432,424	12,021,973	356,167	108,271	65,987	8,873
Central Zone	1,564,912	9,723	61,575	1,406,059	52,218	33,502	1,835
Edmonton Zone	12,364,482	30,505	133,490	785,981	10,251,084	1,152,588	10,834
North Zone	888,136	2,643	6,867	7,983	34,003	835,540	1,100
Unknown	183,693	9,023	46,808	42,734	64,659	20,029	440
Total	29,656,109	2,050,844	12,332,392	2,612,765	10,519,994	2,115,034	25,080

Note: This table reflects fee-for-service data only.

Table 3.4 C
Number of Discrete Patients by Practitioner Type and
Alberta Health Services Geographic Zone Service Location and Recipient Location
for the Service Year April 1, 2018 to March 31, 2019

Discrete Patients							
Zone Service Location	Zone Recipient Location						
	All Zones ⁽¹⁾	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
ALL PHYSICIANS							
South Zone	274,136	247,257	18,094	4,294	3,515	2,702	444
Calgary Zone	1,517,826	45,565	1,393,067	43,255	27,265	13,779	1,640
Central Zone	421,381	3,713	24,837	360,340	22,494	13,141	628
Edmonton Zone	1,439,877	5,396	38,250	95,120	1,177,236	132,211	1,988
North Zone	396,257	2,150	7,896	9,131	29,294	350,960	764
Unknown	132,062	13,183	49,975	27,473	24,912	16,761	323
Total ⁽²⁾	3,670,010	260,485	1,424,210	406,049	1,203,961	398,321	5,178
GENERAL/FAMILY PHYSICIANS							
South Zone	259,676	237,135	14,645	3,717	3,151	2,507	396
Calgary Zone	1,398,748	15,368	1,332,381	23,067	20,967	11,013	1,284
Central Zone	402,574	3,393	21,319	350,140	20,244	10,272	547
Edmonton Zone	1,226,809	4,000	30,233	40,227	1,099,746	58,496	1,562
North Zone	383,713	2,030	7,554	8,616	23,782	344,689	705
Unknown	75,162	10,303	19,788	22,233	12,376	10,652	254
Total ⁽²⁾	3,511,477	249,507	1,369,054	395,643	1,130,409	386,813	4,411
SPECIALISTS (includes Pathology)							
South Zone	153,454	142,360	7,616	1,734	1,284	931	200
Calgary Zone	977,178	37,548	890,500	30,487	13,498	7,059	878
Central Zone	177,925	1,159	8,058	157,481	6,694	5,292	221
Edmonton Zone	1,003,652	3,172	15,850	77,993	801,727	108,730	1,140
North Zone	127,353	492	1,309	1,666	8,540	115,742	170
Unknown	65,930	3,595	31,388	9,459	14,016	7,486	99
Total ⁽²⁾	2,293,177	157,825	908,774	221,292	815,336	198,389	2,518

Note: This table reflects fee-for-service data only.

(1) Number of discrete patients for All Zones represents a discrete count of patients within all Zone Recipient Locations.

(2) Number of discrete patients for Total represents a discrete count of patients within all Zone Service Locations.

Figure 3.1
 Fee-for-Service Physician Payments, Services, and Discrete Patients
 by Alberta Health Services Geographic Zone
 for the Service Years Ended March 31, 2015 to March 31, 2019

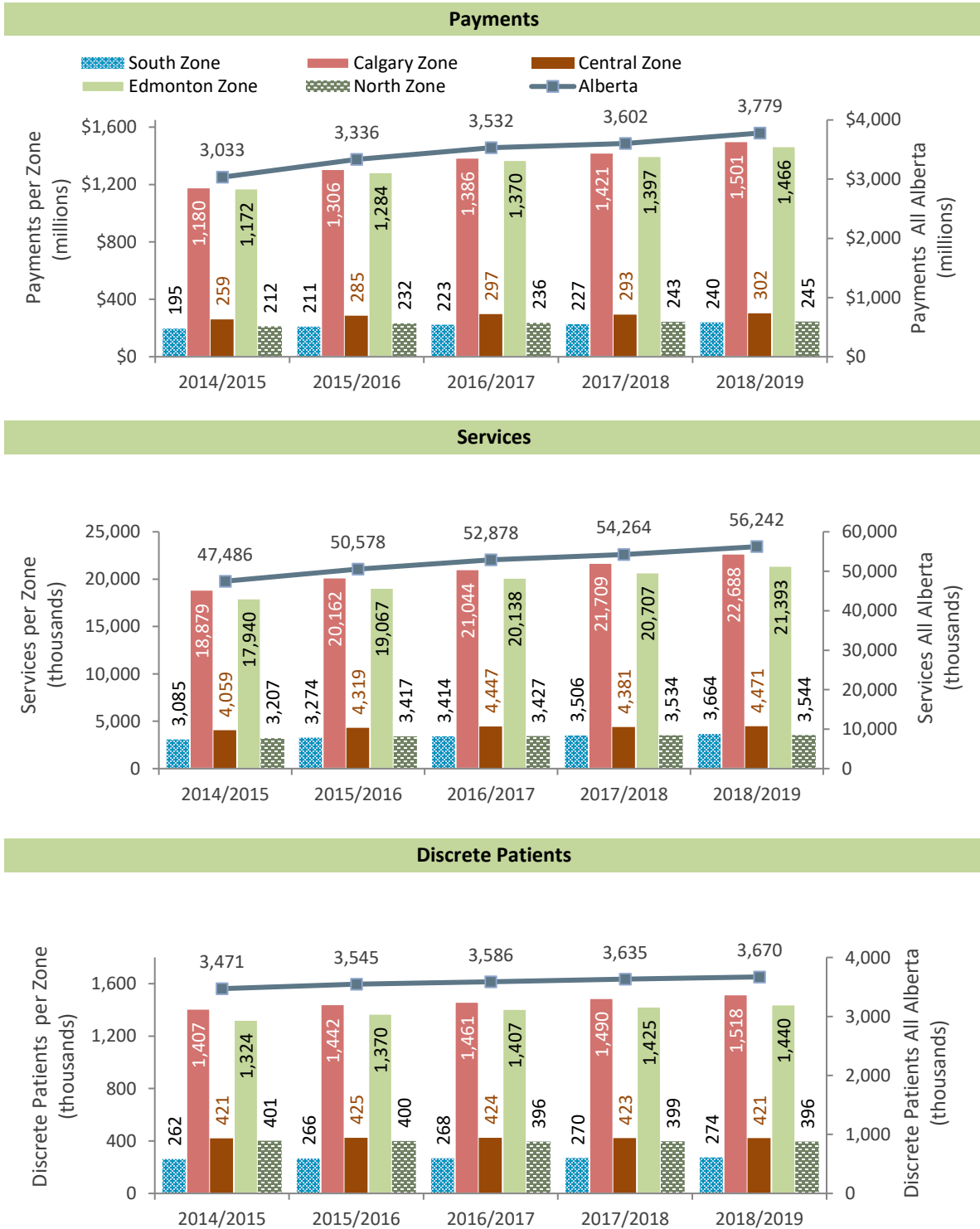


Table 3.5

Distribution of Payments ⁽¹⁾ by Diagnostic Chapter (ICD9) and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2018 to March 31, 2019

Diagnostic Chapter (ICD9)	Zone Service Location	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
Infectious and Parasitic Diseases		\$57,527,945	\$3,170,438	\$23,927,952	\$4,779,483	\$21,017,655	\$4,202,720	\$429,696
Neoplasms		137,404,217	8,612,677	59,544,705	9,164,407	53,892,938	5,597,572	591,918
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders		118,999,185	8,520,269	42,797,625	9,590,501	47,521,767	9,660,342	908,681
Diseases of Blood and Blood Forming Organs		15,899,851	1,638,538	6,031,390	1,498,986	5,289,294	1,265,650	175,992
Mental Disorders		446,150,713	27,400,496	170,374,680	38,948,109	180,032,997	22,182,305	7,212,127
Diseases of the Nervous System and Sense Organs		261,969,029	18,285,251	121,258,413	15,208,446	95,220,607	11,356,667	639,646
Diseases of the Circulatory System		246,458,214	17,536,007	84,583,953	19,811,686	107,780,440	15,087,026	1,659,103
Diseases of the Respiratory System		186,571,499	12,858,172	67,257,688	17,364,381	71,011,201	16,685,151	1,394,906
Diseases of the Digestive System		125,279,366	9,281,777	42,375,633	13,855,934	45,479,310	12,949,802	1,336,910
Diseases of the Genitourinary System		145,903,409	10,709,505	57,838,923	15,340,590	50,759,363	10,330,824	924,203
Complications of Pregnancy, Childbirth and the Puerperium		84,842,139	4,403,352	34,621,055	9,157,528	28,148,530	7,924,687	586,988
Diseases of the Skin and Subcutaneous Tissue		89,000,556	5,877,078	35,324,729	8,467,100	31,785,728	6,960,411	585,509
Diseases of the Musculoskeletal System and Connective Tissue		233,373,966	17,450,567	95,793,564	19,879,430	83,551,459	15,500,600	1,198,345
Congenital Anomalies		12,221,080	380,099	6,009,359	371,291	5,045,798	364,187	50,346
Certain Conditions Originating in the Perinatal Period		11,938,966	1,702,729	3,530,214	1,684,675	3,164,129	1,678,737	178,483
Symptoms, Signs and Ill-Defined Conditions		417,081,069	25,899,545	152,728,848	35,003,564	169,754,019	30,718,820	2,976,273
Injury and Poisoning		187,501,582	13,605,579	67,394,751	17,381,645	70,676,566	17,007,527	1,435,514
Non-Standard Diagnostic Codes ⁽²⁾		347,036,468	19,052,477	142,172,488	26,347,374	127,420,471	29,853,526	2,190,132
Unknown Diagnostic Chapter ⁽³⁾		653,856,488	33,394,938	287,183,777	38,283,255	268,740,264	26,085,288	168,967
Total		\$3,779,015,740	\$239,779,494	\$1,500,749,746	\$302,138,386	\$1,466,292,535	\$245,411,842	\$24,643,738

Note: This table reflects fee-for-service data only.

(1) Payment totals have been rounded.

(2) Non-Standard Diagnostic Codes are supplementary diagnostic codes to the International Classification of Diseases; i.e. external causes of injury.

(3) Radiologists, pathologists, surgical assistants and anaesthesiologists are not required to provide diagnostic codes when submitting claims to the AHCP. Claims for these services are included under Unknown Diagnostic Chapter.

Table 3.6
Distribution of Physicians with Total Payments of \$10,000 and Over, and Average Payments
by Alberta Health Services Geographic Zone
for the Service Year April 1, 2018 to March 31, 2019⁽¹⁾

Zone Service Location	Total			General/Family Physicians			Specialists ⁽⁴⁾		
	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments
South Zone	643	\$217,462,272	\$338,199	409	\$120,294,039	\$294,117	234	\$97,168,232	\$415,249
Calgary Zone	3,724	1,280,697,278	343,904	2,177	589,436,761	270,756	1,547	691,260,517	446,839
Central Zone	939	273,034,944	290,772	647	169,370,311	261,778	292	103,664,633	355,016
Edmonton Zone	3,155	1,258,418,521	398,865	1,673	541,822,849	323,863	1,482	716,595,672	483,533
North Zone	756	226,146,562	299,136	565	171,199,127	303,007	191	54,947,436	287,683
Unknown	281	22,099,177	78,645	155	12,992,037	83,820	126	9,107,141	72,279
Total⁽²⁾⁽³⁾	8,563	\$3,283,625,356	\$383,467	5,086	\$1,608,928,120	\$316,344	3,477	\$1,674,697,236	\$481,650

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete physician counts of physicians within each zone that were paid \$10,000 or more for services provided in the respective zone.

(2) The number of physicians in the Alberta total is the actual number of physicians in the province who were paid \$10,000 or more for services provided in Alberta. Physicians included in multiple zones are only counted once in the Alberta totals.

(3) The total amount paid may not match the sum of amounts paid for each zone since physicians may make less than \$10,000 within a zone but more than \$10,000 in Alberta. Therefore, the payments would not be included in the zone payments but they would be included in the Alberta payments.

(4) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

Table 3.7 A
 Number of General/Family Physicians by Payment Range and
 Alberta Health Services Geographic Zone Service Location
 for the Service Year April 1, 2018 to March 31, 2019⁽¹⁾⁽³⁾

Zone Service Location Payment Range	All Zones ⁽²⁾	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
Less than \$10,000	182	226	442	344	464	238	1,048
10,000 - 19,999	96	30	65	40	42	42	50
20,000 - 39,999	173	22	113	51	64	30	39
40,000 - 59,999	155	8	93	31	56	19	14
60,000 - 79,999	178	15	93	30	59	19	5
80,000 - 99,999	149	14	88	26	47	19	5
100,000 - 119,999	189	18	88	20	61	17	8
120,000 - 139,999	173	10	99	18	62	18	3
140,000 - 159,999	186	11	87	18	60	20	3
160,000 - 179,999	182	9	93	25	59	18	3
180,000 - 199,999	194	13	93	15	68	12	2
200,000 - 299,999	1,077	79	474	105	336	99	11
300,000 - 399,999	881	64	333	119	266	80	10
400,000 - 499,999	600	53	189	74	192	69	1
500,000 - 599,999	357	29	120	40	106	42	1
600,000 - 699,999	206	13	79	23	66	24	
700,000 - 799,999	129	10	35	6	50	19	
800,000 - 899,999	66	8	16	4	25	8	
900,000 - 999,999	41	2	8	1	23	4	
1,000,000 & over	54	1	11	1	31	6	
Total	5,268	635	2,619	991	2,137	803	1,203

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete counts of general practitioners by payment range within each zone.

(2) The number of physicians reported for All Zones represents the actual number of physicians with payments greater than zero at the Alberta level and does not represent the sum of physicians reported for the zones since physicians may provide health services in multiple zones and would be double counted.

(3) A blank cell represents a zero value.

Table 3.7 B
 Number of Specialists by Payment Range and
 Alberta Health Services Geographic Zone Service Location
 for the Service Year April 1, 2018 to March 31, 2019⁽¹⁾⁽³⁾

Zone Service Location Payment Range	All Zones ⁽²⁾	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
Less than \$10,000	250	90	242	209	230	245	595
10,000 - 19,999	64	16	30	41	49	39	44
20,000 - 39,999	123	19	67	46	61	39	36
40,000 - 59,999	83	7	45	25	35	22	10
60,000 - 79,999	93	10	56	27	29	13	11
80,000 - 99,999	83	8	33	17	44	9	4
100,000 - 119,999	56	4	27	11	27	8	1
120,000 - 139,999	70	10	33	7	28	10	3
140,000 - 159,999	90	4	40	12	44	6	2
160,000 - 179,999	72	3	38	4	28	7	3
180,000 - 199,999	89	7	54	9	31	12	
200,000 - 299,999	476	23	240	26	191	21	6
300,000 - 399,999	520	24	249	29	215	10	3
400,000 - 499,999	499	29	212	24	213	18	1
500,000 - 599,999	414	20	161	21	192	15	
600,000 - 699,999	268	25	93	23	107	15	
700,000 - 799,999	201	11	74	10	88	11	1
800,000 - 899,999	132	4	54	13	60	10	
900,000 - 999,999	110	7	36	8	44	1	
1,000,000 & over	454	27	192	27	190	7	1
Total	4,147	348	1,976	589	1,906	518	721

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete counts of specialists by payment range within each zone.

(2) The number of physicians reported for All Zones represents the actual number of physicians with payments greater than zero at the Alberta level and does not represent the sum of physicians reported for the zones since physicians may provide health services in multiple zones and would be double counted.

(3) A blank cell represents a zero value.

Table 3.8
Number of Physicians by Specialty
Within Alberta Health Services Geographic Zones
for the Service Year April 1, 2018 to March 31, 2019⁽¹⁾⁽⁴⁾

Physicians by Specialty	Number of Physicians			
	All Zones ⁽²⁾	Calgary Zone	Edmonton Zone	All Other Zones
Anaesthesiology	458	200	209	86
Cardiovascular and Thoracic Surgery	26	8	19	
Dermatology	58	33	21	7
Emergency Medicine	180	109	71	19
General/Family Physicians (GP/FPs)	5,268	2,619	2,137	1,852
General Surgery	211	81	91	85
Internal Medicine	874	396	465	275
Neurology	80	31	38	32
Neurosurgery	9	2	7	
Obstetrics-Gynaecology	253	121	112	75
Ophthalmology	136	65	62	29
Orthopaedic Surgery	191	98	71	67
Otolaryngology	73	29	33	18
Paediatrics	387	224	127	79
Physical Medicine and Rehabilitation	53	21	29	9
Plastic Surgery	73	43	25	14
Psychiatry	576	284	287	149
Urology	60	25	25	19
All Specialists (except GP/FPs, Pathologists and Radiologists) ⁽³⁾	3,699	1,771	1,692	963
Total: All Physicians (except Pathologists and Radiologists) ⁽³⁾	8,967	4,390	3,829	2,815

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete counts of physicians by specialty within each zone, where the physician payment was greater than zero within the zone.

(2) The number of physicians reported for All Zones represents the actual number of physicians with payments greater than zero at the Alberta level and does not represent the sum of physicians reported for the zones since physicians may provide health services in multiple zones and would be double counted.

(3) Excludes pathology and radiology specialists because billings for more than one physician may be included under one physician billing number.

(4) A blank cell represents a zero value.

Table 3.9
Distribution of Alternative Relationship Plan (ARP) Service Events ⁽¹⁾
and Discrete Patients by Alberta Health Services Geographic Zones
for the Service Years Ended March 31, 2015 to March 31, 2019

	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Zone Service Location	Number of Service Events				
South Zone	66,355	71,860	73,348	62,511	61,222
Calgary Zone	1,097,739	1,271,547	1,389,995	1,410,776	1,486,422
Central Zone	3,277	3,433	16,294	47,985	69,057
Edmonton Zone	621,946	726,750	782,114	812,498	786,876
North Zone	6,023	16,098	16,961	19,924	16,873
Unknown	45,291	60,589	72,151	69,950	74,927
Zone Service Location	Number of Discrete Patients				
South Zone	15,931	16,713	16,884	13,681	13,755
Calgary Zone	192,302	199,242	209,370	209,531	213,284
Central Zone	1,771	1,779	2,788	5,029	5,590
Edmonton Zone	137,881	143,020	147,633	150,962	152,590
North Zone	2,406	4,915	5,214	5,668	5,107
Unknown	9,158	12,615	13,948	16,522	20,419

Note: This table reflects service event reporting data only. Service event reporting data represent the data submitted by Alternative Relationship Plans (ARPs).

(1) The information displayed in this table must be interpreted with caution as the Alternative Relationship Plan data may not be complete.

Table 3.10
 Distribution of Allied Practitioner Services and Payments
 by Alberta Health Services Geographic Zone
 for the Service Year April 1, 2018 to March 31, 2019⁽¹⁾⁽²⁾

Zone Service Location	Total		Optometrists		Dentists/Dental Specialists/ Oral Surgeons		Podiatrists	
	Services	Payments	Services	Payments	Services	Payments	Services	Payments
South	168,024	\$8,077,642	135,990	\$6,388,606	1,773	\$314,041	30,261	\$1,374,996
Calgary	884,727	43,432,724	711,288	32,099,990	16,703	4,680,409	156,736	6,652,325
Central	250,239	12,024,468	231,468	10,537,545	2,607	760,595	16,164	726,327
Edmonton	823,881	40,571,871	702,560	31,071,872	21,194	6,639,196	100,127	2,860,804
North	172,856	7,948,287	163,289	7,465,475	489	221,905	9,078	260,907
Unknown	6,634	270,062	5,556	248,116			1,078	21,946
Total	2,306,361	\$112,325,053	1,950,151	\$87,811,603	42,766	\$12,616,145	313,444	\$11,897,305

Note: This table reflects fee-for-service data only.

(1) The payment totals may not match the sum of the payments made for services provided in the zones due to rounding.

(2) A blank cell represents a zero value.

Figure 3.2
Dentists/Dental Specialists/Oral Surgeons Payments, Services, and Discrete Patients
by Alberta Health Services Geographic Zone
for the Service Years Ended March 31, 2015 to March 31, 2019



Figure 3.3
 Optometrists Payments, Services, and Discrete Patients
 by Alberta Health Services Geographic Zone
 for the Service Years Ended March 31, 2015 to March 31, 2019

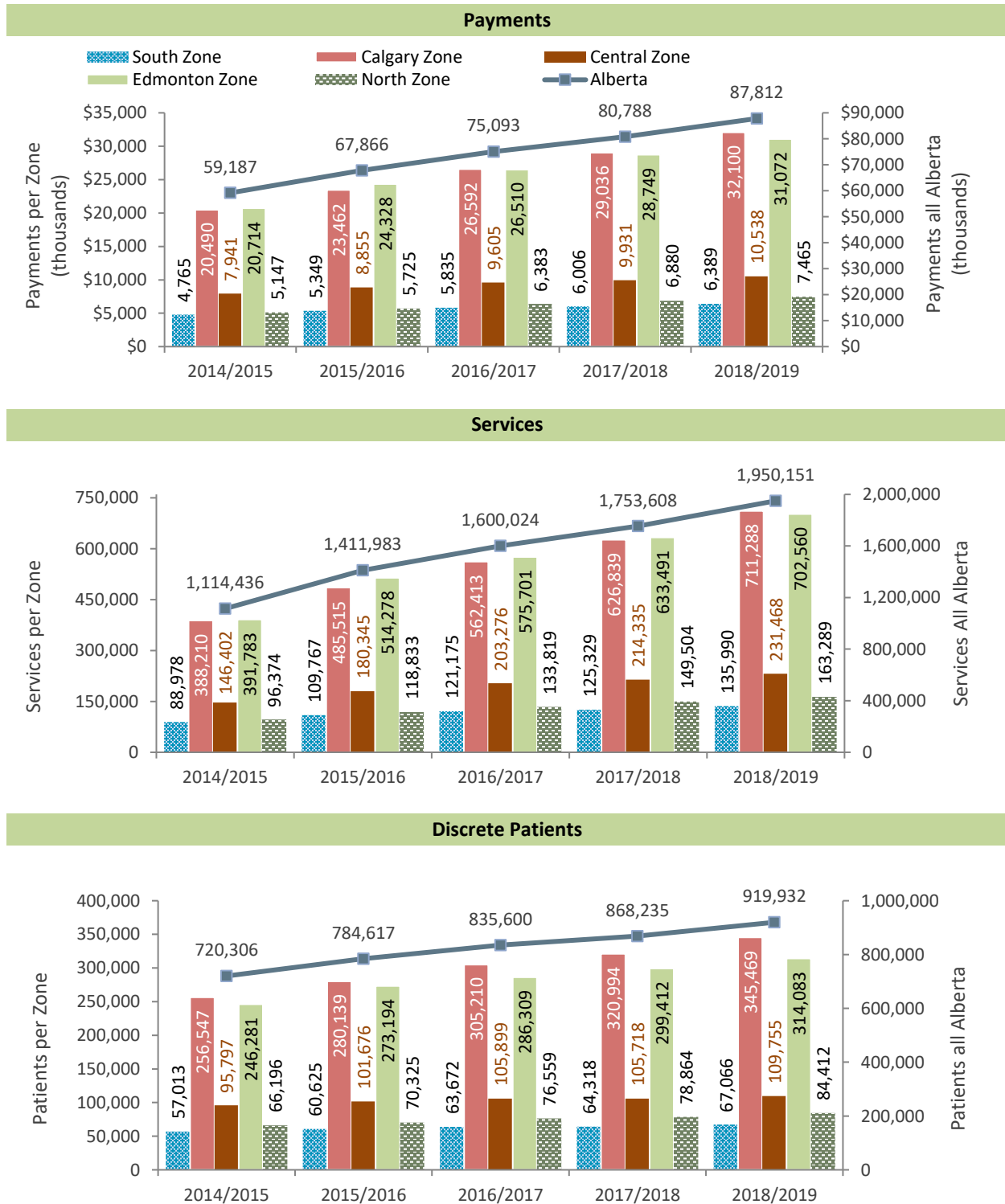
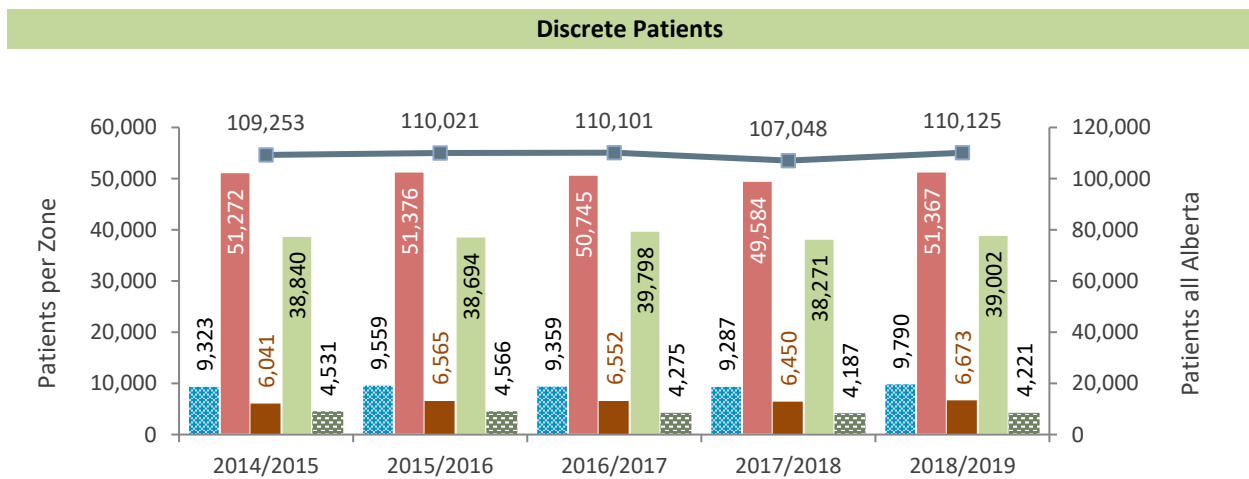
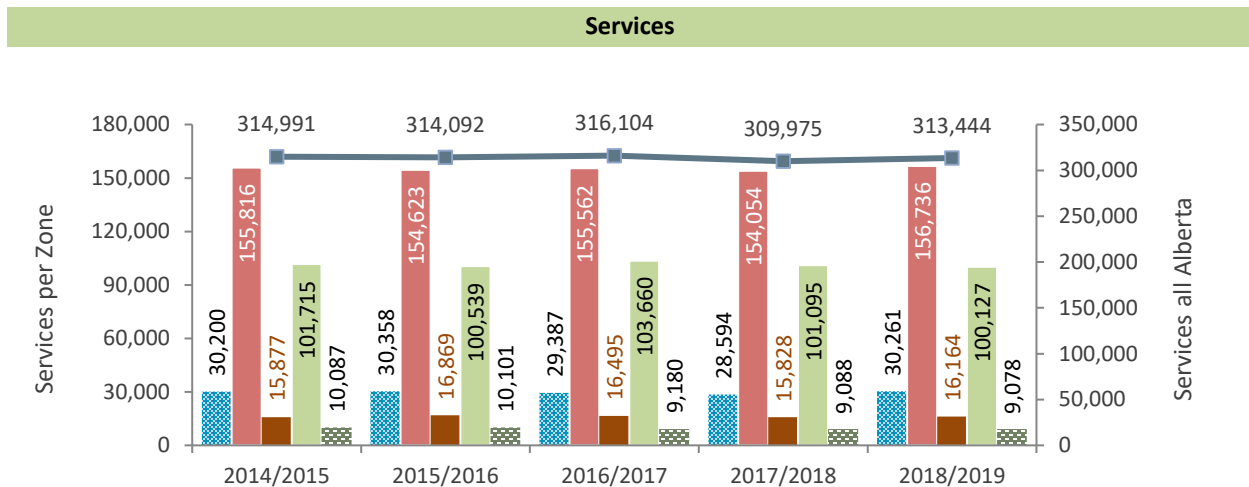
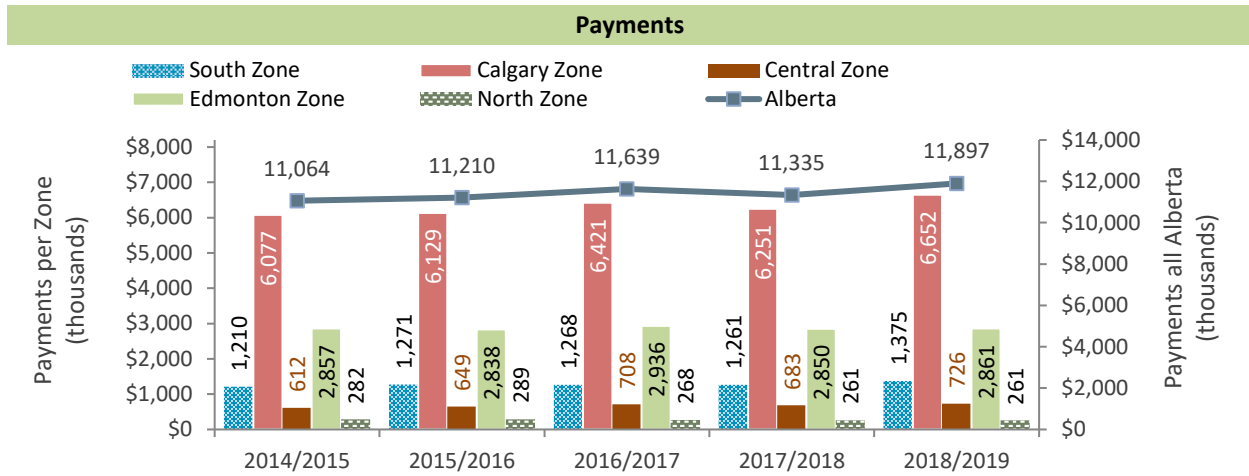


Figure 3.4
Podiatrists Payments, Services, and Discrete Patients
by Alberta Health Services Geographic Zone
for the Service Years Ended March 31, 2015 to March 31, 2019



Section 4

Non-Group Supplementary Plans

Summary

Non-Group supplementary health plans provide coverage for prescribed drugs and selected health services. These supplementary health plans are funded by Alberta Health and administered by Alberta Blue Cross.

Albertans under the age of 65 can purchase Non-Group coverage. A reduced premium rate is available to Albertans with lower incomes; premium-free coverage is offered to seniors and their dependants. Premium-free drug coverage is also provided to people who have been diagnosed as being palliative and receive their health care at home rather than at a hospital.

The government-sponsored Non-Group supplementary health plans are collectively referred to as “non-group” plans to distinguish them from the “group” or employer-sponsored and individual supplementary benefit plans available through Alberta Blue Cross and other insurers.

The data in this section include the number of persons covered by level of premium payment, by age and gender, and by types of services (ambulance, drugs, hospital accommodation or other). Information is also provided about the number, types and costs of drug prescriptions, and the top 10 drug expenditures.

Highlights

- In 2018/2019, the number of Albertans who were covered under Non-Group supplementary plans increased to 731,293, an increase of 4.39% compared to 2017/2018.
- The number of persons covered through full premium rates was 68,964 (9.43% of the total Non-Group membership).
- A total of 3,898 people (0.53% of the total Non-Group membership) received non-group coverage at reduced premium rates.
- A total of 658,431 people (90.04% of total Non-Group membership) received their coverage premium-free.
- More than \$916 million was paid for benefits under the Non-Group supplementary plans in 2018/2019, an increase of 3.67% compared to 2017/2018.

- More than \$641 million was paid for benefits for seniors and their dependants in 2018/2019. These payments accounted for 69.97% of the total amount spent on the Non-Group supplementary plans.
- Drugs accounted for more than \$874 million or 95.43% of total Non-Group benefit expenditures. Ambulance services accounted for over \$32 million or 3.50% of the total.
- Over the past five years significant savings have been realized through generic price reductions. The savings resulted from a lowering of the price threshold for listing and patent expiry for key molecules. These generic savings have slowed the growth in total program expenditures.

In 2018/2019, the 10 highest expenditure drugs were used to treat common chronic conditions including:

- Rheumatoid Arthritis / Crohn's Disease;
- Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis;
- Chronic Hepatitis C;
- Diabetes Mellitus;
- Asthma/Chronic Obstructive Pulmonary Disease;
- Prevention / Treatment of Blood Clots ;
- Multiple Sclerosis;
- Blood Glucose Monitoring.

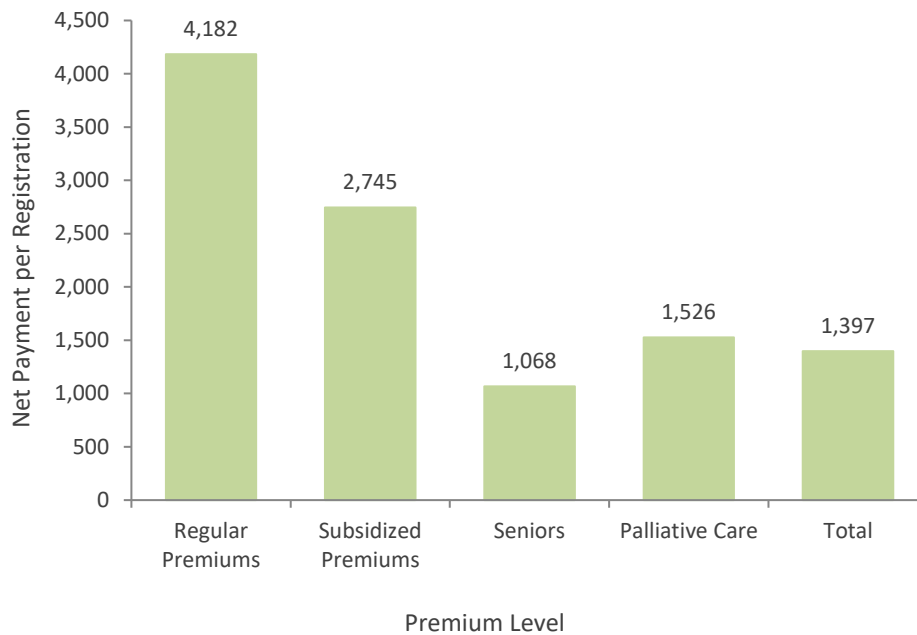
Premium Subsidy Program

Eligibility for the Premium Subsidy Program is based on the applicant’s family category and the taxable income of the applicant and his/her spouse or partner (if applicable) for the year which precedes the subsidy period. A subsidy period runs from April 1 of one year to March 31 of the following year.

Family category (shown below) is determined based on whether or not the applicant is single (one person) or family (two or more people) with a spouse/partner and/or children on the registration account.

2018/2019 Premium Subsidy Tresholds	
Family Category	Full Premiums
Single	the same or greater than \$20,970
Family - no children	the same or greater than \$33,240
Family - with children	the same or greater than \$39,250

Figure 4.1
 Non-Group Supplementary Coverage: Average Net Payment for Drugs per Recipient
 by Coverage Category for the Year April 1, 2018 to March 31, 2019



Explanatory Notes

Data

Data in this section are provided by Alberta Health (Tables 4.1 - 4.3), Alberta Blue Cross (Figure 4.1, Tables 4.4 - 4.5 and Tables 4.7 - 4.9), and the Alberta College of Pharmacists (Table 4.6).

Non-Group Supplementary Coverage Parameters

Non-Group coverage includes drugs and selected health services such as: some ambulance services; clinical psychological services; some home nursing care; prosthetic and orthotic benefits; and mastectomy prostheses. Coverage for private or semi-private hospital accommodation is included in the plan offered to Albertans under the age of 65 and their eligible dependants. The Alberta Drug Benefit List defines the drugs that are covered by the Non-Group Supplementary plans.

Note: The subtotals/totals across tables may not match due to rounding.

Table 4.1
Non-Group Supplementary Coverage:
Number of Registrations and Persons Covered by Level of Premium Payment
as at March 31, 2015 to March 31, 2019

Registration Status	Number of Registrations & Persons Covered										Percentage Change		
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019	2016/2017	2017/2018	2018/2019	
Regular Premiums	39,756	39,718	38,792	37,370	36,088	(0.10)	(2.33)	(3.67)	(3.43)	(2.33)	(3.67)	(3.43)	
Persons	76,271	76,036	74,227	71,425	68,964	(0.31)	(2.38)	(3.77)	(3.45)	(2.38)	(3.77)	(3.45)	
Reduced Premiums	4,261	3,616	3,171	2,863	2,574	(15.14)	(12.31)	(9.71)	(10.09)	(12.31)	(9.71)	(10.09)	
Persons	7,112	5,884	4,998	4,381	3,898	(17.27)	(15.06)	(12.34)	(11.02)	(15.06)	(12.34)	(11.02)	
No Premiums⁽¹⁾	364,569	380,680	398,276	417,970	440,556	4.42	4.62	4.94	5.40	4.62	4.94	5.40	
Persons	543,778	568,165	595,057	624,735	658,431	4.48	4.73	4.99	5.39	4.73	4.99	5.39	
Total	408,586	424,014	440,239	458,203	479,218	3.78%	3.83%	4.08%	4.59%	3.83%	4.08%	4.59%	
Persons	627,161	650,085	674,282	700,541	731,293	3.66%	3.72%	3.89%	4.39%	3.72%	3.89%	4.39%	

(1) Persons covered under the Seniors or Palliative Care coverage categories receive premium-free coverage.

Table 4.2

Non-Group Supplementary Coverage:

Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2015 to March 31, 2019⁽¹⁾

Registration Status	Total										Regular Premium				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
One Person	212,823	220,752	228,901	238,446	249,808	18,260	18,408	18,119	17,694	17,329	18,260	18,408	18,119	17,694	17,329
Persons	212,823	220,752	228,901	238,446	249,808	18,260	18,408	18,119	17,694	17,329	18,260	18,408	18,119	17,694	17,329
Two Persons	182,095	189,478	197,526	205,924	215,416	13,450	13,247	12,772	11,976	11,180	13,450	13,247	12,772	11,976	11,180
Persons	364,190	378,956	395,052	411,848	430,832	26,900	26,494	25,544	23,952	22,360	26,900	26,494	25,544	23,952	22,360
Three or More Persons	13,668	13,784	13,812	13,833	13,994	8,046	8,063	7,901	7,700	7,579	8,046	8,063	7,901	7,700	7,579
Persons	50,148	50,377	50,329	50,247	50,653	31,111	31,134	30,564	29,779	29,275	31,111	31,134	30,564	29,779	29,275
Total	408,586	424,014	440,239	458,203	479,218	39,756	39,718	38,792	37,370	36,088	39,756	39,718	38,792	37,370	36,088
Persons	627,161	650,085	674,282	700,541	731,293	76,271	76,036	74,227	71,425	68,964	76,271	76,036	74,227	71,425	68,964

Registration Status	Subsidized Premium					Seniors				
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
One Person	2,804	2,431	2,180	2,030	1,831	191,759	199,913	208,602	218,722	230,648
Persons	2,804	2,431	2,180	2,030	1,831	191,759	199,913	208,602	218,722	230,648
Two Persons	797	658	574	486	440	167,848	175,573	184,180	193,462	203,796
Persons	1,594	1,316	1,148	972	880	335,696	351,146	368,360	386,924	407,592
Three or More Persons	660	527	417	347	303	4,962	5,194	5,494	5,786	6,112
Persons	2,714	2,137	1,670	1,379	1,187	16,323	17,106	18,095	19,089	20,191
Total	4,261	3,616	3,171	2,863	2,574	364,569	380,680	398,276	417,970	440,556
Persons	7,112	5,884	4,998	4,381	3,898	543,778	568,165	595,057	624,735	658,431

Note: As at March 31, 2019, 2,153 people were covered by the Palliative Care Drug Program. Of these, 656 are not included in this table as they were covered only under the Palliative Care Drug Program and had no other Non-Group supplementary coverage.

(1) The report reflects a discrete count of people receiving Non-Group supplementary coverage. The table excludes people on the Palliative Care Drug Program as those under the program who were seniors or purchased Non-Group coverage are accounted for under these coverage categories.

Table 4.3
Non-Group Supplementary Coverage:
Persons Covered by Age and Sex as at March 31, 2015 to March 31, 2019

Age Group	Total					Percentage Change Total			
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019
Under 1	378	393	415	380	392	3.97	5.60	(8.43)	3.16
1 - 4	1,990	1,962	1,962	1,942	1,938	(1.41)	0.00	(1.02)	(0.21)
5 - 14	8,832	8,934	8,955	8,893	8,890	1.15	0.24	(0.69)	(0.03)
15 - 24	14,078	13,906	13,573	13,488	13,547	(1.22)	(2.39)	(0.63)	0.44
25 - 44	15,004	15,202	15,333	15,183	15,370	1.32	0.86	(0.98)	1.23
45 - 64	99,419	100,026	100,140	99,774	99,177	0.61	0.11	(0.37)	(0.60)
65 - 74	275,747	290,305	306,326	323,889	343,870	5.28	5.52	5.73	6.17
75 & Older	211,713	219,357	227,578	236,992	248,109	3.61	3.75	4.14	4.69
Total	627,161	650,085	674,282	700,541	731,293	3.66%	3.72%	3.89%	4.39%

Age Group	Male					Percentage Change Male			
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019
Under 1	186	199	218	218	201	6.99	9.55	0.00	(7.80)
1 - 4	998	980	976	997	1,008	(1.80)	(0.41)	2.15	1.10
5 - 14	4,513	4,582	4,621	4,650	4,619	1.53	0.85	0.63	(0.67)
15 - 24	7,085	6,942	6,776	6,709	6,726	(2.02)	(2.39)	(0.99)	0.25
25 - 44	6,932	7,021	7,074	6,971	7,091	1.28	0.75	(1.46)	1.72
45 - 64	31,306	31,174	30,950	30,395	29,726	(0.42)	(0.72)	(1.79)	(2.20)
65 - 74	134,168	141,390	149,273	157,801	167,483	5.38	5.58	5.71	6.14
75 & Older	90,758	94,507	98,571	103,182	108,630	4.13	4.30	4.68	5.28
Total	275,946	286,795	298,459	310,923	325,484	3.93%	4.07%	4.18%	4.68%

Age Group	Female					Percentage Change Female			
	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019
Under 1	192	194	197	162	191	1.04	1.55	(17.77)	17.90
1 - 4	992	982	986	945	930	(1.01)	0.41	(4.16)	(1.59)
5 - 14	4,319	4,352	4,334	4,243	4,271	0.76	(0.41)	(2.10)	0.66
15 - 24	6,993	6,964	6,797	6,779	6,821	(0.41)	(2.40)	(0.26)	0.62
25 - 44	8,072	8,181	8,259	8,212	8,279	1.35	0.95	(0.57)	0.82
45 - 64	68,113	68,852	69,190	69,379	69,451	1.08	0.49	0.27	0.10
65 - 74	141,579	148,915	157,053	166,088	176,387	5.18	5.46	5.75	6.20
75 & Older	120,955	124,850	129,007	133,810	139,479	3.22	3.33	3.72	4.24
Total	351,215	363,290	375,823	389,618	405,809	3.44%	3.45%	3.67%	4.16%

Table 4.4
 Non-Group Supplementary Coverage:
 Number of Discrete Recipients and Net Payment by
 Coverage Category, Level of Premium Payment and Type of Service
 for the Year April 1, 2018 to March 31, 2019⁽¹⁾

Coverage Category and Type of Service	Discrete Recipients	Net Payment ⁽²⁾	Net Payment per Recipient
REGULAR PREMIUM			
Ambulance	1,740	\$494,076	\$284
Drugs	62,874	262,966,637	4,182
Hospital Accommodation	62	27,566	445
Chiropractor			
Other ⁽³⁾	947	133,279	141
Subtotal	63,125	\$263,621,557	\$4,176
SUBSIDIZED PREMIUM			
Ambulance	165	\$57,290	\$347
Drugs	3,664	10,056,176	2,745
Hospital Accommodation	1	240	240
Chiropractor			
Other	58	8,893	153
Subtotal	3,681	\$10,122,599	\$2,750
SENIORS			
Ambulance	80,787	\$31,448,784	\$389
Drugs	562,324	600,317,506	1,068
Hospital Accommodation			
Chiropractor	70,181	9,259,189	132
Other	2,150	357,160	166
Subtotal	572,366	\$641,382,640	\$1,121
PALLIATIVE CARE			
Ambulance	266	\$100,424	\$378
Drugs	960	1,464,746	1,526
Hospital Accommodation			
Chiropractor			
Other			
Subtotal	1,047	\$1,565,170	\$1,495
TOTAL			
Ambulance	82,939	\$32,100,574	\$387
Drugs	626,326	874,805,066	1,397
Hospital Accommodation	63	27,806	441
Chiropractor	70,181	9,259,189	132
Other	3,154	499,332	158
Total	636,680	\$916,691,966	\$1,440

(1) A blank cell represents a zero value.

(2) The sum of net payments may not match the sub-totals or totals, due to rounding.

(3) Other service includes clinical psychology, home nursing, prostheses and other orthotics, and mastectomy prostheses.

Table 4.5
Non-Group Supplementary Coverage:
Number of Drug Prescriptions and Net Payment by Prescription Type and Coverage Category
for the Year April 1, 2018 to March 31, 2019⁽¹⁾

Coverage Category and Prescription Type	Number of Prescriptions ⁽²⁾	Net Payment ⁽³⁾
PRESCRIPTION DRUGS⁽⁴⁾		
Regular Premium	1,430,142	\$256,685,121
Subsidized Premium	102,064	9,635,686
Seniors	17,221,047	560,076,282
Palliative Care	26,983	1,404,727
Subtotal	18,780,236	\$827,801,816
OVER-THE-COUNTER⁽⁵⁾		
Regular Premium	72,066	\$6,296,037
Subsidized Premium	4,692	420,490
Seniors	583,433	40,588,274
Palliative Care	2,634	60,019
Subtotal	662,825	\$47,364,820
ADJUSTMENTS⁽⁶⁾		
Regular Premium	5	(\$14,520)
Subsidized Premium		
Seniors	7	(347,050)
Palliative Care		
Subtotal	12	(\$361,570)
ALL PRESCRIPTIONS		
Regular Premium	1,502,213	\$262,966,637
Subsidized Premium	106,756	10,056,176
Seniors	17,804,487	600,317,506
Palliative Care	29,617	1,464,746
Total	19,443,073	\$874,805,066

(1) A blank cell represents a zero value.

(2) Number of prescriptions represents the number of transactions reported by Alberta Blue Cross.

(3) The sum of net payments may not match the sub-totals or totals, due to rounding.

(4) Refers to drugs available only with a prescription.

(5) Refers to an otherwise over-the-counter drug type which has been prescribed for these members.

(6) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations, refunds, etc.).

Table 4.6
Number and Percentage Change of Licensed Community Pharmacies in Alberta
as of March 31, 2015 to March 31, 2019⁽¹⁾

Year	Number of Pharmacies	Percentage Change from the Prior Year
2014/2015	1,107	6.85
2015/2016	1,164	5.15
2016/2017	1,268	8.93
2017/2018	1,337	5.44
2018/2019	1,474	10.25
Annual Average Percentage Change for Last 5 Years		7.42

(1) Data provided by the Alberta College of Pharmacists.

Table 4.7
Non-Group Supplementary Coverage:
Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category
for the Year April 1, 2018 to March 31, 2019⁽¹⁾

Coverage Category and Drug Name	Strength	Major Uses	Number of Prescriptions ⁽²⁾	Discrete Recipients	Net Payment
REGULAR AND SUBSIDIZED PREMIUM					
Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	18,712	2,078	\$69,791,915
Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	24,599	2,321	30,296,003
Epclusa	400 mg/100 mg	Chronic Hepatitis C	4,216	342	17,093,813
Gilenya	0.5 mg cap	Multiple Sclerosis	4,176	412	9,725,421
Tecfidera	120 mg cap	Multiple Sclerosis	4,672	466	8,038,272
Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	5,360	549	7,614,887
Copaxone	20 mg/ml syringe	Multiple Sclerosis	5,027	610	7,172,388
Soliris	300 mg/vial	Paroxysmal Nocturnal Hemoglobinuria	822	11	5,418,244
Stelara	0.5ml/vial or syringe	Plaque Psoriasis	1,421	310	5,054,318
Simponi	50 mg/0.5ml auto injector	Rheumatoid Arthritis / Psoriatic arthritis / Ulcerative Colitis	3,288	336	4,121,372
SENIORS ⁽³⁾					
Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque	11,441	1,019	\$16,066,751
Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	4,189	505	16,026,971
Epclusa	400 mg/100 mg	Chronic Hepatitis C	2,824	223	11,327,874
Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque	7,117	621	10,941,359
Lantus Pen	100 unit/ml	Diabetes Mellitus	67,733	15,514	10,361,676
Xarelto	20 mg	Prevention / Treatment of Blood Clots	65,832	12,481	10,013,085
Symbicort Turbuhaler	200 mcg/6 mcg	Asthma/Chronic Obstructive Pulmonary Disease	64,376	18,449	9,696,502
Eliquis	5 mg	Prevention / Treatment of Blood Clots	64,083	10,894	9,249,507
Lucentis	2.3 mg/vial	Neovascular (wet) Age Related Macular Degeneration	5,102	958	8,662,040
Blood Glucose Test Strips	N/A	Blood Glucose Monitoring	96,356	24,158	7,786,880

(1) The sums of the Net Payments may not match the All Groups totals, due to rounding.

Continued...

(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.

(3) Seniors refers to the registration status of account holder or spouse/partner age 65 or older and their dependants.

Table 4.7
Non-Group Supplementary Coverage:
Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category
for the Year April 1, 2018 to March 31, 2019⁽¹⁾

Drug Name	Strength	Major Uses	Number of Prescriptions ⁽²⁾	Discrete Recipients	Net Payment
PALLIATIVE CARE					
Sandostatin Lar	30 mg/vial	Rare Endocrine Tumor / Acromegaly / Diarrhea	89	10	\$146,397
Fentanyl Citrate	50 mcg/ml inj	Analgesic	813	176	69,305
Sandostatin Lar	20 mg/vial	Rare Endocrine Tumor / Acromegaly / Diarrhea	23	4	\$55,646
Midazolam	5 mg/ml inj	Sedation / Anesthesia / Anxiolysis	541	194	43,396
Miscellaneous Injectable Compound	N/A	Compounded Medication for Injection	77	8	42,060
Fragmin	0.5 ml syringe	Prevention / Treatment of Blood Clots	72	17	37,997
Innohep	0.9 ml syringe	Prevention / Treatment of Blood Clots	60	15	36,852
Fragmin	0.72 ml syringe	Prevention / Treatment of Blood Clots	54	10	34,479
Innohep	0.5 ml syringe	Prevention / Treatment of Blood Clots	86	18	31,469
Innohep	0.7 ml syringe	Prevention / Treatment of Blood Clots	61	15	31,437
ALL GROUPS					
Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	22,901	2,583	\$85,818,885
Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque	36,040	3,340	46,362,754
Epclusa	400 mg/100 mg	Chronic Hepatitis C	7,040	565	28,421,687
Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriasis Arthritis / Plaque	12,477	1,170	18,556,246
Lantus Pen	100 unit/ml	Diabetes Mellitus	77,328	17,697	11,930,876
Symbicort Turbuhaler	200 mcg/6 mcg	Asthma/Chronic Obstructive Pulmonary Disease	71,334	20,469	10,565,996
Xarelto	20 mg	Prevention / Treatment of Blood Clots	68,704	13,109	10,440,745
Gilenya	0.5 mg cap	Multiple Sclerosis	4,323	434	10,360,747
Eliquis	5 mg	Prevention / Treatment of Blood Clots	65,370	11,195	9,454,727
Blood Glucose Test Strips	N/A	Blood Glucose Monitoring	109,611	27,731	8,844,598

(1) The sums of the Net Payments may not match the All Groups totals, due to rounding.

(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.

Table 4.8
Non-Group Supplementary Coverage:
Cost of Prescription by Broad Drug Category
for the Year April 1, 2018 to March 31, 2019⁽¹⁾

Broad Drug Category	Number of Prescriptions ⁽²⁾	Net Payment	Co-Payment ⁽³⁾	Coordination of Benefits ⁽⁴⁾	Average Gross Cost per Prescription ⁽⁵⁾
Antihistamines	2,455	\$105,885	\$18,578	\$6,009	\$53.15
Antineoplastic Agents	68,237	9,250,025	795,598	172,687	149.75
Antitussives, Expectorants, Mucolytics	39,524	15,748,404	539,787	126,441	415.31
Anti-Infective Agents	858,144	59,097,338	6,095,645	504,592	76.56
Autonomic Drugs	717,850	53,147,933	8,890,510	536,462	87.17
Blood Formation and Coagulation	645,163	64,967,976	7,610,866	594,814	113.42
Cardiovascular Drugs	6,170,851	105,200,673	41,155,874	641,099	23.82
Central Nervous System Drugs	4,091,733	92,509,083	28,092,645	2,278,790	30.03
Devices⁽⁶⁾	10,043	187,818	81,091	2,497	27.02
Dental Agents	26	150	64		8.23
Diabetic Supplies⁽⁷⁾	223,415	12,998,259	584,078	348,357	62.35
Electrolytic, Caloric, Water Balance	535,904	6,031,988	2,361,645	47,516	15.75
Enzymes	705	4,845,538	9,200		6886.15
Eye, Ear, Nose and Throat Preparations	486,599	26,016,132	4,644,800	93,024	63.20
Gastrointestinal Drugs	1,373,203	31,556,081	9,574,326	500,345	30.32
Gold Compounds	179	20,306	1,385	27	121.33
Heavy Metal Antagonists	1,374	1,744,545	21,306	30,369	1307.29
Hormones & Synthetic Substitutes	2,518,752	100,253,943	21,140,728	1,284,438	48.71
Local Anaesthetics	25	1,674	252		77.02
Out of Country & Special Access	4,095	189,241	32,274	7,625	55.96
Serums, Toxoids, and Vaccines	2,791	175,397	26,541	2,921	73.40
Skin & Mucous Membrane Preparations	419,379	9,554,730	3,316,868	121,189	30.98
Smooth Muscle Relaxants	134,589	5,010,940	1,419,832	38,644	48.07
Unclassified Therapeutic Agents	997,048	275,237,833	9,591,792	13,146,187	298.86
Undetermined⁽⁸⁾	12	(361,570)			(30130.83)
Vitamins	140,977	1,314,745	529,977	17,603	13.21
Total⁽⁹⁾	19,443,073	\$874,805,066	\$146,535,661	\$20,501,636	\$53.58

(1) A blank cell represents a zero value.

(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.

(3) Co-Payment represents the portion of the prescription cost the recipient pays when a prescription is filled.

(4) Coordination of Benefits represents amounts paid by other supplementary health plans. Coordination of Benefits would apply in situations where a person submits a claim to more than one supplementary health plan.

(5) Average Gross Cost per Prescription = (Net Payment + Co-Payment + Coordination of Benefits) / Number of Prescriptions

(6) Only those devices used with prescription drugs.

(7) Diabetic Supplies are used for insulin treated diabetic patients.

(8) Negative payments represent adjustments and/or reversals of claim payments.

(9) The sums of the columns may not match the totals due to rounding.

Table 4.9

**Non-Group Supplementary Coverage:
Number of Prescriptions and Prescription Cost Components
by Coverage Category (Direct Bill Claims Only)
for the Year April 1, 2018 to March 31, 2019⁽¹⁾**

Coverage Category	Number of Prescriptions ⁽²⁾	Drug Material Cost [A]	Dispensing Fee ⁽³⁾ [B]	Additional Inventory Allowance ⁽⁴⁾ [C]	Adjustments ⁽⁵⁾ [D]	Gross Cost ⁽⁶⁾ [E]	Co-Payment ⁽⁷⁾ [F]	Coordination of Benefits ⁽⁸⁾ [G]	Net Payment ⁽⁹⁾ [H]
Regular and Subsidized Premiums	1,598,632	\$277,598,094	\$14,989,279	\$10,594,861	(\$21,832)	\$303,160,402	\$14,581,792	\$16,986,094	\$271,592,516
Seniors	17,763,618	528,984,365	172,392,586	31,203,219	(346,989)	732,233,181	131,096,763	2,861,380	598,275,038
Palliative Care	29,316	1,495,030	236,708	92,835		1,824,574	189,526	183,943	1,451,105
Average Cost per Prescription		41.67	9.68	2.16		53.49			44.93
Total⁽¹⁰⁾	19,391,566	\$808,077,489	\$187,618,574	\$41,890,915	(\$368,821)	\$1,037,218,157	\$145,868,081	\$20,031,417	\$871,318,659

(1) A direct bill claim is submitted for payment directly to Alberta Blue Cross by the pharmacy.

(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.

(3) The Dispensing Fee is the portion of the overall prescription cost that covers pharmacists' professional services and business overhead.

(4) Additional Inventory Allowance is an additional fee paid to pharmacies to compensate for a portion of their inventory management.

(5) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations, refunds, etc.)

(6) Gross Cost [E] = [A] + [B] + [C] + [D]

(7) Co-Payment represents the portion of the prescription cost the recipient pays when the prescription is filled.

(8) Coordination of Benefits represents amounts paid by other supplementary health plans. Coordination of Benefits would apply in situations where a person submits a claim to more than one supplementary health plan.

(9) Total Net Payment [H] = [E] - [F] - [G]

(10) The sums of the columns may not match the totals due to rounding.

Glossary/Definitions

Alberta Health Care Insurance Plan (AHCIP)

A non-profit, publicly funded plan administered and operated by Alberta Health under the *Alberta Health Care Insurance Act* and its regulations. The AHCIP pays for insured physician and dentists/dental specialist/oral surgical services and some services provided by optometrists and podiatrists to eligible residents of Alberta.

Allied Health Services

Services provided by dentists/dental specialists/oral surgeons, optometrists and podiatrists, and funded by the AHCIP. Some fees for allied health services may exceed the coverage provided by the AHCIP in which case the individual patient is responsible for the difference.

Alternative Relationship Plan

A plan that provides physicians with an alternative to the traditional fee-for-service payment method and provides physicians with flexibility in the way they provide care. An Alternative Relationship Plan enables a team-based approach and promotes improved access to care, patient satisfaction and the recruitment/retention of physicians.

Basic Health Services

Insured services provided by physicians and dentists/dental specialists/oral surgeons as well as a number of services provided by optometrists and podiatrists.

Blank Cell

Represents a zero value.

Bracketed Data

Bracketed data () indicates negative figures.

Chiropractic Services

As of July 1, 2009, chiropractic services were no longer covered under the AHCIP.

Clinical Stabilization Initiative

Established in the 2006 *Amending Agreement to the Tri-Lateral Master Agreement* and includes: the Rural Remote Northern Program; the Business Cost Program; and the Communities in Crisis Program. The purpose of the Rural Remote Northern Program is to improve physician recruitment and retention in underserved areas by providing physician incentive programs. The Business Cost Program is intended to help physicians with the rising costs associated with running community offices by paying a flat bonus on top of each office-based or consultative service provided by all

physicians in any community in Alberta. The Communities in Crisis Program addresses the challenges of recruiting physicians to live and practice in communities in crisis. The Tri-Lateral Master Agreement expired March 31, 2011, resulting in these programs being reported separately.

Discrete Count

The discrete items are only counted once.

Discrete Patients

The number of individuals registered with the AHCIP who received at least one basic health service paid on a fee-for-service basis by the AHCIP. Discrete patients are only counted once. Individuals who are registered with the AHCIP but did not receive any services in the current year are not included in the discrete fee-for-service patient count, but are included in the registration data. Unless otherwise noted, the data in the Statistical Supplement are based on the number of discrete patients.

Discrete Service Providers

The number of practitioners who provided at least one service payable under the AHCIP. Discrete service providers are only counted once.

Double Dash (--)

Represents a non-zero value; actual value was too small to be shown.

FP

Family Physician.

FTE

Full-time equivalent.

Fee-for-Service

A standard business model in which services are unbundled and paid for separately. In the health insurance and health care industry, fee-for-service refers to practitioner payments for individual services such as office visits, procedures or other health services.

Fiscal Year

April 1 of one year to March 31 of the following year.

GP

General Practitioner.

Health Zones

Alberta is divided into five continuum zones for the ease of management of the delivery of health care services by Alberta Health Services.

Insured Services

Physician and dentists/dental specialist/oral surgeon services as defined by the *Canada Health Act* and the *Alberta Health Care Insurance Act*.

Local Geographic Area

Local geographic areas (LGA) refer to 132 geographic areas created by Alberta Health and Alberta Health Services. LGA is defined based on the multiple characteristics listed below:

- population density;
- distance from urban centres or major rural centres that provide a variety of services (health and non-health);
- local knowledge about the population, industry type, municipalities, resources, infrastructure, schools, etc. ;
- travel patterns of populations seeking services (health and non-health); and
- place of work and commuting behaviours.

Medical Assessments

Primarily office visits and consultations.

Medical Reciprocal Program

The process by which Canadian physicians can obtain payment from their provincial health plans for medically required services provided to eligible residents of other participating provinces and territories. Quebec does not participate in the medical reciprocal program.

Medical Services

Services provided by a physician.

N/A

Not available.

n.a.

Not applicable.

Net Payment

The total amount paid by Alberta Health through Non-Group Supplementary plans.

Nil

No change.

Non-Group Supplementary Plans

Supplementary health services coverage administered by Alberta Blue Cross on behalf of Alberta Health for prescription drugs and selected health services.

Number of Services

Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported in the tables is the number of time units paid.

Optometry Services

Alberta children (18 years of age and younger) and residents who are 65 years of age and older are entitled to one complete eye exam, one partial eye exam, and one diagnostic test each year. Additional services are paid when specific medical conditions exist or if a physician refers a patient in these age groups to an optometrist. Effective October 1, 2007, coverage was expanded to include certain medically necessary eye care services for all Albertans. Routine eye exams for Albertans 19 to 64 years of age are not covered by the AHCIP.

Other Physician Specialty Categories

Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Other General Surgery refers to vascular surgery and pediatric general surgery.

Other Internal Medicine refers to clinical immunology and allergy, critical care medicine, hematology, medical oncology, nephrology, neonatal perinatal medicine, pediatric cardiology, pediatric nephrology, rheumatology and respiratory medicine.

Podiatry Services

Podiatry services covered by the AHCIP are paid at a set rate per service (as detailed in the Schedule of Podiatry Benefits), with a maximum annual benefit per patient of \$250. On June 1, 2006, a new Schedule of Podiatric Surgery Benefits was implemented. Services under the new schedule are fully covered by the AHCIP, if the surgeries are provided by a podiatrist who has specific certifications, in a hospital or non-hospital surgical facility under contract to Alberta Health Services.

Practitioner

Practitioner refers to physicians and allied health practitioners (dentists/dental specialists/oral surgeons, optometrists and podiatrists) who are registered with the AHCIP and provides basic health services.

Practitioner Payments

Gross fee-for-service practitioner payments made by the AHCIP for basic health services. Represents neither the total income nor the net income of a practitioner. Unless otherwise stated, payment data are reported on a date-of-service basis and include only fee-for-service payments to Alberta practitioners for services provided to Alberta residents.

Primary Care Network

A network of family physicians that uses a team approach with other health care professionals to coordinate primary care for their patients. A Primary Care Network receives program funding in addition to fee-for-service or Alternative Relationship Plans.

Recipient Location

The health zone where the person who received the health service lived at the time of service based on AHCIP registration data.

Registration

The number of single and family accounts registered with the AHCIP; one person (as in single coverage) or two or more people (as in family coverage).

Registered/Insured Persons

Alberta residents insured under a program and therefore entitled to receive benefits.

Reporting Dates

Data are reported on a date-of-service rather than a date-of-payment basis. Practitioners have 180 days from the date of service to submit claims to the AHCIP for payment.

Service Event

The reporting of a service provided by a practitioner.

Schedules of Benefits

Schedules of practitioner services and fee-for-service rates paid by the AHCIP. Includes the general rules, procedure list, fee modifier definitions, price list and explanatory codes. The Statistical Supplement includes data for five distinct benefits schedules (medical, oral and maxillofacial surgery, optometry, podiatric surgery and podiatry).

Service Location

The health zone where a health service was provided.

Types of Services

The types of service reported in the fee-for-service payment tables are based on the health service codes from the relevant schedules of benefits and include all payments made for the service regardless of the practitioner's role.