

ALBERTA HEALTH

ALBERTA HEALTH CARE INSURANCE PLAN
STATISTICAL SUPPLEMENT

2016/2017

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ALBERTA HEALTH

Alberta Health Care Insurance Plan Statistical Supplement 2016/2017

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 Population Covered as at March 31, 2013 to March 31, 2017

7 Table 1.2 Number of Registrations and Population Covered as at March 31, 2017

8 Table 1.3 A Distribution of Population by Age and Sex as at March 31, 2013 to March 31, 2017

9 Table 1.3 B Distribution of Population Percentage Change by Age and Sex as at March 31, 2013 to March 31, 2017

10 Figure 1.1 Distribution of Population by Age and Sex as at March 31, 2017

10 Figure 1.2 Population by Age and Sex as at March 31, 2013 to March 31, 2017

11 Figure 1.3 Population Percentage Change by Age and Sex as at March 31, 2013 to March 31, 2017

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

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

12 **Summary and Highlights**

14 Table 2.1 Distribution of Physician and Allied Health Practitioners Payments and Services per Patient, for the Service Year April 1, 2016 to March 31, 2017

14 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, 2016 to March 31, 2017

15	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, 2016 to March 31, 2017
15	Figure 2.3	Average Number of Services per Person for Basic Health Services for the Years Ended March 31, 2013 to March 31, 2017
16	Explanatory Notes	
17	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, 2013 to March 31, 2017
18	Table 2.3	Distribution of Physician Payments by Program and Specialty for the Service Year April 1, 2016 to March 31, 2017
19	Table 2.4	Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2013 to March 31, 2017
21	Table 2.5	Number of Services and Total Payments to Allied Health Practitioners by Service Category Code for the Service Year April 1, 2016 to March 31, 2017
21	Table 2.6 A	Number of Physicians and Average Payments to Physicians within their Age Group for the Service Years Ended March 31, 2013 to March 31, 2017
22	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, 2013 to March 31, 2017
23	Table 2.6 C	Number of Optometrists and Average Payments to Optometrists within their Age Group for the Service Years Ended March 31, 2013 to March 31, 2017
24	Table 2.6 D	Number of Podiatrists and Average Payments to Podiatrists within their Age Group for the Service Years Ended March 31, 2013 to March 31, 2017
25	Table 2.7	Distribution of Optometry Payments and Services per Patient for the Service Years Ended March 31, 2013 to March 31, 2017
26	Table 2.8	Total and Average Gross Payments to Physicians and Allied Health Practitioners by Practitioner Type for the Service Years Ended March 31, 2013 to March 31, 2017
27	Table 2.9	Distribution of Physicians and Allied Health Practitioners by Gross Payment Range for the Service Years Ended March 31, 2013 to March 31, 2017
29	Table 2.10	Distribution of Physician Payments and Services per Patient for the Service Years Ended March 31, 2013 to March 31, 2017
29	Table 2.11	Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2016 to March 31, 2017
30	Table 2.12A	Distribution of Fee-for-Service Physicians by Specialty for the Service Years Ended March 31, 2013 to March 31, 2017
31	Table 2.12 B	Distribution of Average Gross Payments for the Service Years Ended March 31, 2013 to March 31, 2017
33	Table 2.12 C	Distribution of Median Gross Payments for the Service Years Ended March 31, 2013 to March 31, 2017

35	Table 2.13	Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2016 to March 31, 2017
40	Table 2.14	Number of Full-Time Equivalent Physicians by Specialty for the Service Year April 1, 2016 to March 31, 2017
42	Table 2.15	Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2016 to March 31, 2017
46	Table 2.16	Top 50 Health Service Codes based on Physician Fee-for-Service Payments for the Service Year April 1, 2016 to March 31, 2017
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, 2016 to March 31, 2017
54	Table 2.18	Percentage Change to Rates in the Schedule of Medical Benefits by Specialty for the Years Ended March 31, 2013 to March 31, 2017
55	Table 2.19	Basic Health Services: Percentage Changes to Rates in the Schedule of Benefits for the Years Ended March 31, 2013 to March 31, 2017
57	Table 2.20	Alternative Relationship Plans (ARP) Summary by Type for the Service Year April 1, 2016 to March 31, 2017
58	Table 2.21	Top 50 Health Service Codes Physician Service Events Submitted by Alternative Relationship Plans (ARPs) for Service Year April 1, 2016 to March 31, 2017
62	Table 2.22	Distribution of Physicians by Specialty Based on Service Events Submitted by Alternative Relationship Plans (ARPs) for Service Years Ended March 31, 2013 to March 31, 2017
64	Table 2.23	Distribution of Alternative Relationship Plan (ARP) Service Events by Specialty for Service Years Ended March 31, 2013 to March 31, 2017
65	Table 2.24 A	Distribution of In Province Medical Reciprocal Payments for Service Years Ended March 31, 2013 to March 31, 2017
66	Table 2.24 B	Distribution of In Province Medical Reciprocal Services for Service Years Ended March 31, 2013 to March 31, 2017
67	Table 2.24 C	Distribution of Discrete Patients for In Province Medical Reciprocal Services for Service Years Ended March 31, 2013 to March 31, 2017
68	Table 2.25	Out-of-Province Basic Health Care Services: Distribution of Payments, Number of Services, and Discrete Patients for Service Years Ended March 31, 2013 to March 31, 2017
70	Table 2.26	Out-of-Country Basic Health Services: Distribution of Payments, Number of Services, and Discrete Patients for the Service Years ended March 31, 2013 to March 31, 2016
71	Table 2.27	Out-of-Country Health Services Program: Applications Reviewed by Out-of-Country Health Services Committee/Appeal Panel for the Service Years Ended March 31, 2013 to March 31, 2017
71	Table 2.28	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, 2013 to March 31, 2017

73	Table 2.29	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, 2016 to March 31, 2017
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75 Section 3: Regional Data

75 Summary and Highlights

76 Explanatory Notes

77	Map 3.1	Distribution of Population Covered by Alberta Health Services Geographic Zones
78	Map 3.2	Alberta Population by Local Geographic Area
79	Table 3.1	Distribution of Population Covered by Local Geographic Area (LGA) as at March 31, 2017
84	Map 3.3	Fee-for-Service Payments per Discrete Patient by Local Geographic Area
85	Table 3.2	Distribution of Payments per Discrete Patient by Local Geographic Area (LGA) for the Service Year April 1, 2016 to March 31, 2017
90	Table 3.3	Distribution of Services, Discrete Patients, and Physicians by Local Geographic Area for the Service Year April 1, 2016 to March 31, 2017
94	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, 2016 to March 31, 2017
95	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, 2016 to March 31, 2017
96	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, 2016 to March 31, 2017
97	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, 2013 to March 31, 2017
98	Table 3.5	Distribution of Payments by Diagnostic Chapter (ICD9) and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2016 to March 31, 2017
99	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, 2016 to March 31, 2017
100	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, 2016 to March 31, 2017
101	Table 3.7 B	Number of Specialist by Payment Range and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2016 to March 31, 2017
102	Table 3.8	Number of Physicians by Specialty Within Alberta Health Services Geographic Zones for the Service Year April 1, 2016 to March 31, 2017

103	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, 2016 to March 31, 2017
104	Table 3.10	Distribution of Allied Practitioner Services and Payments by Alberta Health Services Geographic Zones for the Service Year April 1, 2016 to March 31, 2017
105	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, 2013 to March 31, 2017
106	Figure 3.3	Optometrists Payments, Services, and Discrete Patients by Alberta Health Services Geographic Zone for the Service Years Ended March 31, 2013 to March 31, 2017
107	Figure 3.4	Podiatrists Payments, Services, and Discrete Patients by Alberta Health Services Geographic Zone for the Service Years Ended March 31, 2013 to March 31, 2017

108 Section 4: Non-Group Supplementary Plans

108 Summary and Highlights

110	Figure 4.1	Non-Group Supplementary Coverage: Average Net Payment for Drugs per Recipient by Coverage Category for the Service Year April 1, 2016 to March 31, 2017
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110 Explanatory Notes

111	Table 4.1	Non-Group Supplementary Coverage: Number of Registrations and Persons Covered by Level of Premium Payment as at March 31, 2013 to March 31, 2017
111	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, 2013 to March 31, 2017
113	Table 4.3	Non-Group Supplementary Coverage: Persons Covered by Age and Sex as at March 31, 2013 to March 31, 2017
114	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, 2016 to March 31, 2017
115	Table 4.5	Non-Group Supplementary Coverage: Number of Prescriptions and Net Payment by Prescription Type and Coverage Category for the Year April 1, 2016 to March 31, 2017
115	Table 4.6	Number and Percentage Change of Licensed Community Pharmacies in Alberta as at March 31, 2013 to March 31, 2017
116	Table 4.7	Non-Group Supplementary Coverage: Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category for the Year April 1, 2016 to March 31, 2017
118	Table 4.8	Non-Group Supplementary Coverage: Cost of Prescription by Broad Drug Category for the Year April 1, 2016 to March 31, 2017

119 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, 2016 to March 31, 2017

120 [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, 2016 to March 31, 2017, 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 2016/2017* 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, 2016 to March 31, 2017. 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:

- AHCIP payments for hospital services Albertans received in other Canadian provinces/territories; and
- Services and costs (e.g. hospital and home care services and costs) provided by Alberta Health Services.

The *Ministry of Health Annual Report 2016/2017* 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, 2016 to March 31, 2017. Explanations of data and coverage may not be applicable for periods after March 31, 2017.

Year at a Glance

	2015/2016	2016/2017
Albertans covered under the Alberta Health Care Insurance Plan	4,449,483	4,529,842
Non-Seniors	3,881,318	3,934,785
Seniors	568,165	595,057
Amount paid to Alberta practitioners (fee-for-service)	\$3,424,270,481	\$3,628,436,282
Physicians	\$3,336,009,256	\$3,531,947,298
Allied Health Practitioners	\$88,261,224	\$96,488,983
Average annual fee-for-service payment		
All Physicians (except Pathology)	\$388,158	\$399,369
All Specialists (except General/Family Physicians and Pathology)	\$500,385	\$518,833
General/Family Physicians	\$299,827	\$306,332
Number of practitioners who submitted fee-for-service claims	9,581	9,875
Physicians (including General Practitioners) ⁽¹⁾	8,585	8,836
General Practitioners	4,795	4,959
Dentists/Dental Specialists/Oral Surgeons	215	217
Optometrists	716	759
Podiatrists	66	64
Number of physicians by gross payment range (fee-for-service) ⁽²⁾		
Less than \$500,000	6,445	7,608
More than \$500,000	2,140	2,267
More than \$1 million	413	461
More than \$2 million	112	111
Alternative Relationship Plans		
Total Expenditures	\$352,106,634	\$369,732,924
Total Alternative Relationship Plans	53	55
Total Physicians ⁽¹⁾	2,308	2,375
Primary Care Networks		
Total Payments	\$163,212,780	\$163,520,755
Total Primary Care Networks	42	42
Total Physicians ⁽¹⁾	3,836	4,150
Total Patients Enrolled	3,483,180	3,614,303
Allied health services provided (fee-for-service)		
Total Number of Services Provided	1,757,384	1,950,731
Average Number of Services per Practitioner	1,763	1,876

(1) Fee-for-service, alternative relationship plan and primary care network total physicians cannot be added together to obtain a total physician count as alternative relationship plan and primary care network physicians may or may not already be included in the fee-for-service physician count.

(2) 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.

	2015/2016	2016/2017
Percentage of payments to physicians for patients who received services within the zone they reside in		
South Zone	83.53%	83.80%
Calgary Zone	96.75%	96.54%
Central Zone	69.77%	69.26%
Edmonton Zone	96.80%	96.89%
North Zone	64.84%	63.52%
Unknown Zone	4.46%	4.65%
Amount spent on Non-Group Supplementary coverage	\$816,853,146	\$824,439,076
Non-seniors	\$228,752,021	\$242,611,922
Seniors	\$586,330,958	\$580,257,745
Alberta Widows' Pension	\$0	\$0
Palliative Care	\$1,770,167	\$1,569,409
Number of community-based pharmacies in Alberta	1,164	1,268

Section 1

Registration

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, 2017.

Highlights

- A total of 4,529,842 Albertans were registered for basic coverage. This is an increase of 1.81%, compared to 2015/2016. Included in this total are 71,473 individuals who have temporary Canada entry documents (e.g. work permits, study permits) and are registered with the AHCIP, compared to 82,152 individuals in 2015/2016.
- In 2016/2017, there were 234 Albertans who chose to opt out of the AHCIP compared to 248 in 2015/2016.

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 dependants 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 dependants, regardless of income. Refer to Section 4, Non-Group Supplementary Plans, for more details about Non-Group Supplementary coverage.

Alberta Widows' Pension Category

Prior to April 1, 2004, lower income widows or widowers, aged 55 to 64, could apply for financial, health care and housing assistance through the Alberta Widows' Pension plan. As of April 1, 2004, no new applications have been accepted and Albertans who inquire about the Alberta Widows' Pension are directed to appropriate income support programs. As of 2014/2015, there are no Alberta Widows' Pension recipients registered.

Table 1.1
Number of Registrations and Population Covered
as at March 31, 2013 to March 31, 2017 ⁽¹⁾

Population Categories	Number of Registrations					Percentage Change			
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017
Non-Seniors	1,838,605	1,933,466	2,004,711	2,045,999	2,080,953	5.16	3.68	2.06	1.71
Seniors	333,652	349,078	364,569	380,680	398,276	4.62	4.44	4.42	4.62
Alberta Widows' Pension	68	9				(86.76)	(100.00)	(100.00)	
Total ⁽²⁾	2,172,325	2,282,553	2,369,280	2,426,673	2,479,227	5.07%	3.80%	2.42%	2.17%

Population Categories	Population Covered					Percentage Change			
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017
Non-Seniors	3,571,448	3,707,797	3,810,882	3,881,318	3,934,785	3.82	2.78	1.85	1.38
Seniors	496,546	520,319	543,778	568,165	595,057	4.79	4.51	4.48	4.73
Alberta Widows' Pension	68	9				(60.23)	(86.76)		
Total	4,068,062	4,228,125	4,354,660	4,449,483	4,529,842	3.93%	2.99%	2.18%	1.81%

(1) A blank cell represents a zero value.

(2) 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 Population Covered
as at March 31, 2017

Registration Status	Total		Single		Family	
	Registrations	Population	Registrations	Population	Registrations	Population
Non-Seniors	2,080,953	3,934,785	1,204,457	1,204,457	876,496	2,730,328
Seniors	398,276	595,057	208,600	208,600	189,676	386,457
Total ⁽¹⁾	2,479,229	4,529,842	1,413,057	1,413,057	1,066,172	3,116,785

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

Table 1.3 A
Distribution of Population by Age and Sex
as at March 31, 2013 to March 31, 2017

Age Group	Total Male and Female						Male						Female					
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Under 1	52,849	53,927	55,465	56,401	54,892		27,284	27,636	28,438	28,514	28,248		26,291	27,027	27,887	27,887	26,644	
1 - 4	218,800	223,344	225,392	228,439	230,084		112,529	115,049	115,970	117,484	117,766		108,295	109,422	110,955	112,318		
Total	255,257	269,447	282,619	292,038	296,876		130,600	138,026	144,863	149,941	152,539		124,657	131,421	137,756	142,097	144,337	
10 - 14	235,851	242,640	248,928	256,698	266,788		120,898	124,299	127,541	131,374	136,626		114,953	118,341	121,387	125,324	130,162	
15 - 19	248,938	252,050	253,428	253,958	255,207		128,123	129,648	130,253	130,436	130,859		120,815	122,402	123,175	123,522	124,348	
20 - 24	285,783	293,326	295,171	291,476	285,793		144,028	148,924	150,354	148,172	145,139		141,755	144,402	144,817	143,304	140,654	
25 - 29	334,884	349,345	361,025	363,361	360,286		168,141	176,271	182,693	183,271	181,262		166,743	173,074	178,332	180,090	179,024	
30 - 34	332,989	358,518	375,209	385,895	391,808		168,060	181,756	190,379	195,653	198,172		164,929	176,762	184,830	190,242	193,636	
35 - 39	300,535	318,813	334,030	346,159	359,447		153,743	163,575	171,071	177,048	183,167		146,792	155,238	162,959	169,111	176,280	
40 - 44	289,719	299,879	307,705	312,214	318,520		148,662	154,959	159,238	161,025	163,952		141,057	144,920	148,467	151,189	154,568	
45 - 49	287,953	288,633	289,933	295,471	301,613		146,973	147,878	149,075	152,022	155,712		140,980	140,755	140,858	143,449	145,901	
50 - 54	302,111	309,174	311,885	308,277	303,259		153,574	157,361	158,644	157,274	154,936		148,537	151,813	153,241	151,003	148,323	
55 - 59	266,256	277,994	287,450	294,988	301,248		136,280	142,588	147,370	150,759	153,525		129,976	135,406	140,080	144,229	147,723	
60 - 64	201,103	213,530	226,114	240,014	253,793		101,932	108,358	115,024	122,088	129,074		99,171	105,172	111,090	117,926	124,719	
65 - 69	150,738	160,935	171,978	182,500	189,310		74,889	79,971	85,675	91,078	94,579		75,849	80,964	86,303	91,422	94,731	
70 - 74	105,085	110,994	116,473	122,064	133,089		51,074	54,030	56,792	59,545	64,975		54,011	56,964	59,681	62,519	68,114	
75 - 79	79,666	81,803	84,302	87,325	91,403		37,287	38,309	39,646	41,169	43,135		42,379	43,494	44,656	46,156	48,268	
80 - 84	60,915	62,165	63,126	64,285	65,447		26,781	27,607	28,112	28,746	29,355		34,134	34,558	35,014	35,539	36,092	
85 - 89	36,774	38,319	39,847	41,769	43,252		13,938	14,792	15,691	16,719	17,588		22,836	23,527	24,156	25,050	25,664	
90 & Older	21,856	23,289	24,580	26,151	27,727		6,380	6,902	7,398	7,985	8,639		15,476	16,387	17,182	18,166	19,088	
Total	4,068,062	4,228,125	4,354,660	4,449,483	4,529,842		2,051,176	2,137,939	2,204,227	2,250,303	2,289,248		2,016,886	2,090,186	2,150,433	2,199,180	2,240,594	

Table 1.3 B
 Distribution of Population Percentage Change by Age and Sex
 as at March 31, 2013 to March 31, 2017

Age Group	Total Male and Female						Male			Female		
	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017
Under 1	2.04	2.85	1.69	(2.68)	1.29	2.90	0.27	(0.93)	2.84	2.80	3.18	(4.46)
1 - 4	2.08	0.92	1.35	0.72	2.24	0.80	1.31	0.24	1.90	1.04	1.40	1.23
5 - 9	5.56	4.89	3.33	1.66	5.69	4.95	3.51	1.73	5.43	4.82	3.15	1.58
10 - 14	2.88	2.59	3.12	3.93	2.81	2.61	3.01	4.00	2.95	2.57	3.24	3.86
15 - 19	1.25	0.55	0.21	0.49	1.19	0.47	0.14	0.32	1.31	0.63	0.28	0.67
20 - 24	2.64	0.63	(1.25)	(1.95)	3.40	0.96	(1.45)	(2.05)	1.87	0.29	(1.04)	(1.85)
25 - 29	4.32	3.34	0.65	(0.85)	4.84	3.64	0.32	(1.10)	3.80	3.04	0.99	(0.59)
30 - 34	7.67	4.66	2.85	1.53	8.15	4.74	2.77	1.29	7.17	4.56	2.93	1.78
35 - 39	6.08	4.77	3.63	3.84	6.40	4.58	3.49	3.46	5.75	4.97	3.78	4.24
40 - 44	3.51	2.61	1.47	2.02	4.24	2.76	1.12	1.82	2.74	2.45	1.83	2.23
45 - 49	0.24	0.45	1.91	2.08	0.62	0.81	1.98	2.43	(0.16)	0.07	1.84	1.71
50 - 54	2.34	0.88	(1.16)	(1.63)	2.47	0.82	(0.86)	(1.49)	2.21	0.94	(1.46)	(1.77)
55 - 59	4.41	3.40	2.62	2.12	4.63	3.35	2.30	1.83	4.18	3.45	2.96	2.42
60 - 64	6.18	5.89	6.15	5.74	6.30	6.15	6.14	5.72	6.05	5.63	6.15	5.76
65 - 69	6.76	6.86	6.12	3.73	6.79	7.13	6.31	3.84	6.74	6.59	5.93	3.62
70 - 74	5.62	4.94	4.80	9.03	5.79	5.11	4.85	9.12	5.47	4.77	4.76	8.95
75 - 79	2.68	3.05	3.59	4.67	2.74	3.49	3.84	4.78	2.63	2.67	3.36	4.58
80 - 84	2.05	1.55	1.84	1.81	3.08	1.83	2.26	2.12	1.24	1.32	1.50	1.56
85 - 89	4.20	3.99	4.82	3.55	6.13	6.08	6.55	5.20	3.03	2.67	3.70	2.45
90 & Older	6.56	5.54	6.39	6.03	8.18	7.19	7.93	8.19	5.89	4.85	5.73	5.08
Total	3.93%	2.99%	2.18%	1.81%	4.23%	3.10%	2.09%	1.73%	3.63%	2.88%	2.27%	1.88%

Figure 1.1
Distribution of Population by Age and Sex
as at March 31, 2017

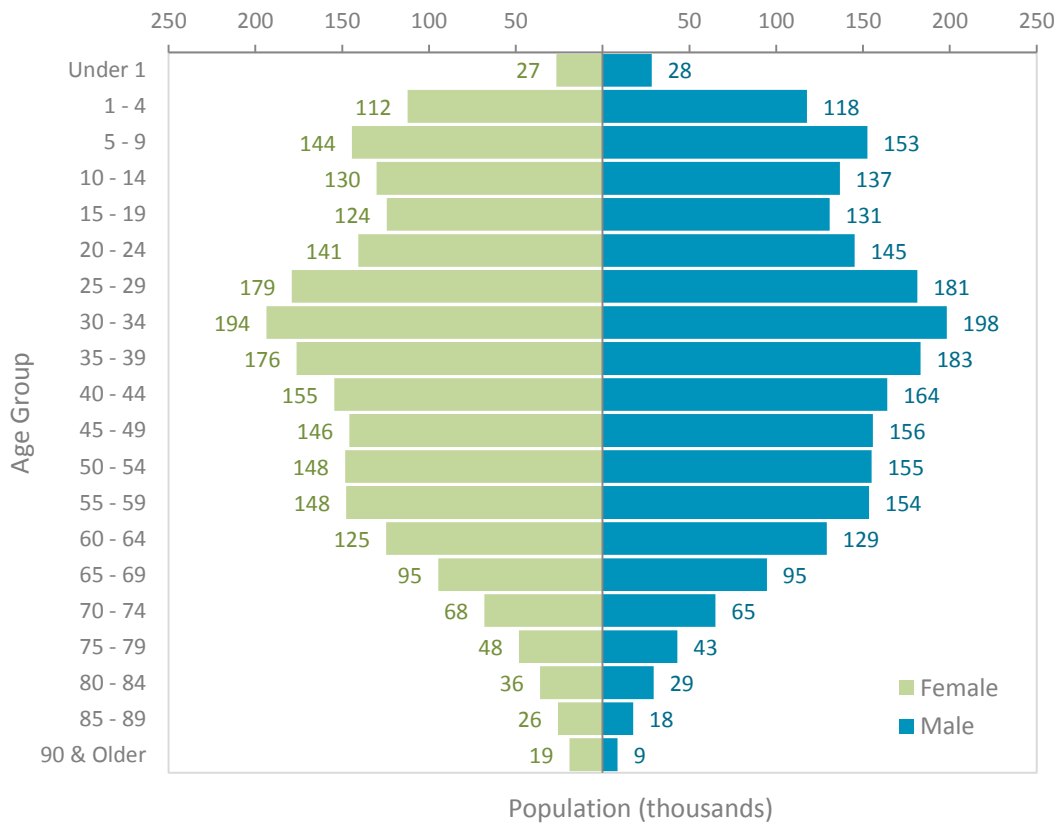


Figure 1.2
Population by Sex
as at March 31, 2013 to March 31, 2017

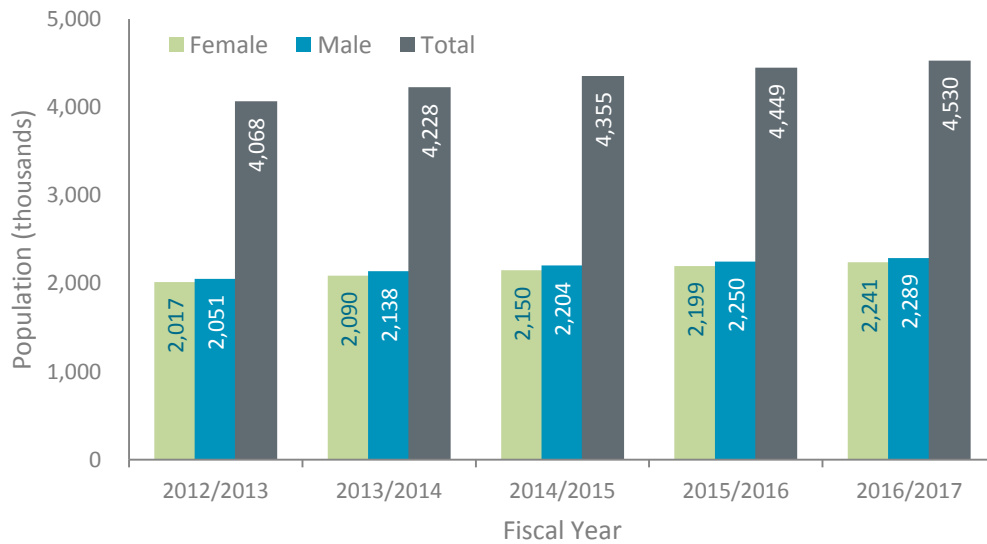
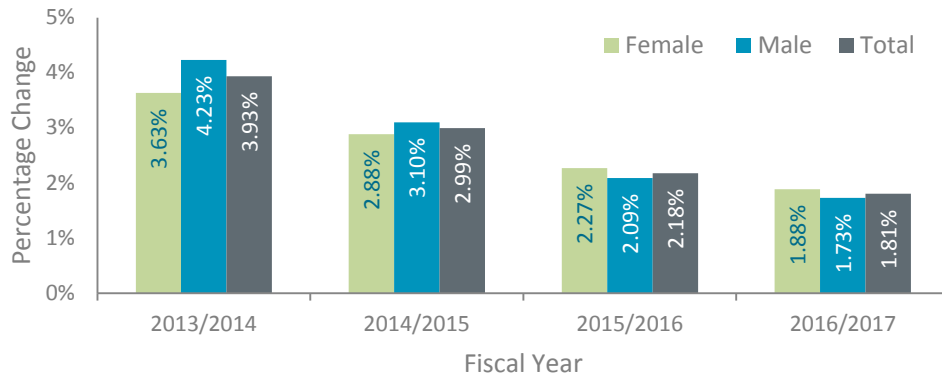


Figure 1.3
Population Percentage Change by Sex
as at March 31, 2013 to March 31, 2017



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 2.29.

Highlights

- In Alberta, 8,836 physicians and 1,040 allied health practitioners received fee-for-service payments from the AHCIP during 2016/2017.
- The physician to population ratio for physicians (excluding pathologists) who submitted fee-for-service claims increased to 1.95 per 1,000 persons, up from 1.93 per 1,000 patients in 2015/2016.
- Of the 4,529,842 Albertans registered for coverage with the AHCIP, 79.16% (3,585,750 people) received at least one fee-for-service physician service during 2016/2017.
 - A total of 53.28% of these patients received fee-for-service physician services valued at \$500 or less.
 - 26.49% of these patients received fee-for-service physician services valued at more than \$1,000. Payments for these patients' services accounted for 73.68% of all fee-for-service payments to physicians.
 - Office visits (assessments) and consultations accounted for 50.09% of the fee-for-service payments made to Alberta physicians in 2016/2017. These services accounted for 76.33% of the fee-for-service payments made to general/family physicians.

- 20.49% of Alberta's population (928,253 people) obtained allied health services (services provided by dental specialists/oral surgeons, optometrists and podiatrists) in 2016/2017.
- Alberta Health spent \$86,732,246 on optometry and podiatry services in 2016/2017. Coverage for these practitioners is not required by the *Canada Health Act*.
- A total of \$26,287,665 was spent on optometry care for Alberta's children in 2016/2017.
- The AHCIP paid fee-for-service totalling \$3,628,436,282 to Alberta physicians and allied health practitioners in 2016/2017. This figure represents a 5.96% increase compared to 2015/2016.
- In 2016/2017, the average total fee-for-service payment per Alberta physician was 399,722 (2.87% higher than it was in 2015/2016). This brought the median payment to 317,616 (an increase of 3.69% compared to 2015/2016).
- A total of 2,259 physicians each received more than \$500,000 in fee-for-service payments in 2016/2017. This represents an increase of 119 physicians compared to 2015/2016. Of the 2,259 physicians, 773 were general/family physicians, an increase of 44 over 2015/2016.
- Of the 2,259 physicians, a total of 461 physicians each received more than \$1 million in fee-for-service payments in 2016/2017. One hundred and eleven (111) of the 461 physicians received more than \$2 million. In 2015/2016, there were 413 physicians who received more than \$1 million and 112 received more than \$2 million in fee-for-service payments.
- In 2016/2017, a total of 2,422 physicians participated in Alternative Relationship Plans, up from 2,308 in 2015/2016. A total of \$369,732,924 was spent on Alternative Relationship Plan expenditures.
- Forty two (42) Primary Care Networks operated in the five health zones as of March 31, 2017. These 42 Primary Care Networks involved a total of 4,150 registered providers who delivered services to 3,614,303 patients.

Table 2.1
Distribution of Physician and Allied Health Practitioners
Payments and Services per Patient, for the Service Year April 1, 2016 to March 31, 2017

Indicators	Physicians	Dentists/ Dental Specialists/ Oral Surgeons	Optometrists	Podiatrists	Total
Number of Practitioners	8,836	217	759	64	9,875 ⁽¹⁾
Total Payments	\$3,531,947,298	\$9,756,738	\$75,093,278	\$11,638,968	\$3,628,436,282
Number of Services	52,878,448	34,603	1,600,024	316,104	54,829,179
Average Cost per Service	\$66.79	\$281.96	\$46.93	\$36.82	\$66.18
Number of Discrete Patients	3,585,750	20,007	835,600	110,101	3,682,864
Average Cost per Discrete Patient	\$985	\$488	\$90	\$106	\$985
Average Services per Patient	14.7	1.7	1.9	2.9	14.9

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 there is one GP also practicing as a dentist.

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, 2016 to March 31, 2017

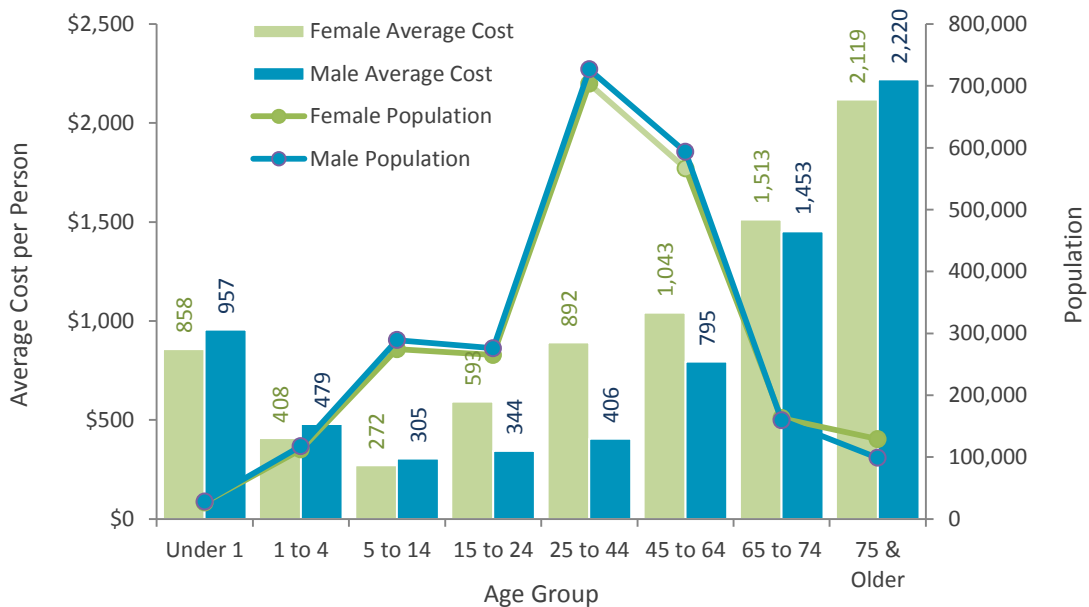


Figure 2.2
Average Fee-For-Service Cost per Person
to Allied Practitioners for Basic Health Services by Age and Sex
for the Service Year April 1, 2016 to March 31, 2017

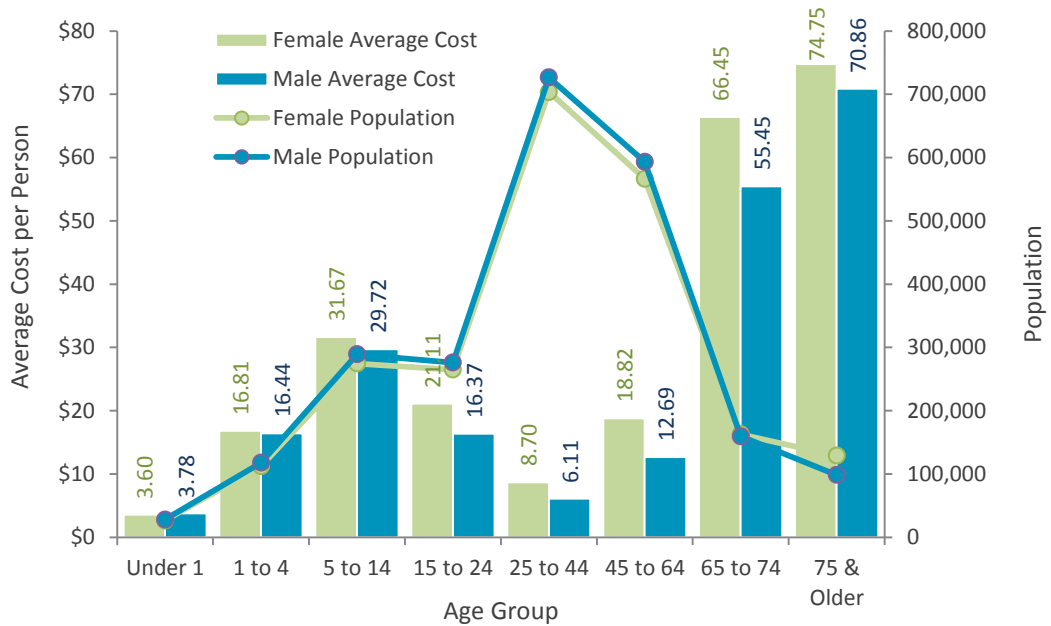
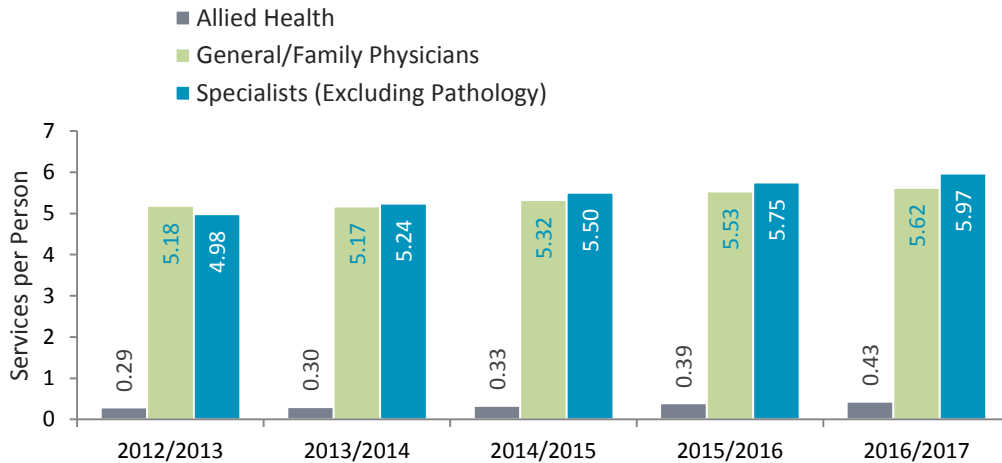


Figure 2.3
Average Number of Services per Person
for Basic Health Services
for the Years Ended March 31, 2013 to March 31, 2017



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 2.26 to 2.28.

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 2016/2017. 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.

In Province Medical Reciprocal data are reported in Tables 2.24 A, 2.24 B and 2.24 C.

A manual payment totalling \$68 million was made to Alberta physicians in 2013/2014 as negotiated in the 2011 AMA Agreement.

Manual Payments for the Business Cost Program and Rural Remote Northern Program made to Alberta Physicians for the service period April 1, 2012 to March 31, 2017, are not included in the data.

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, 2013 to March 31, 2017

Year	Business Cost Program	Rural Remote Northern Program
2012/2013	\$69,991,566	\$40,501,848
2013/2014	74,973,958	41,927,704
2014/2015	82,269,820	43,453,803
2015/2016	92,553,949	46,480,835
2016/2017	\$98,349,876	\$48,372,090

Table 2.3
Distribution of Physician Payments by Program and Specialty
for the Service Year April 1, 2016 to March 31, 2017⁽¹⁾⁽²⁾

Physician Specialty	Fee-for-Service (FFS)	Business Cost Program (BCP)	Rural Remote Northern Program (RRNP)	In Province Medical Reciprocal (MEDR)
Total: All Physicians	\$3,531,947,298	\$91,207,882	\$45,404,118	\$78,975,037
Subtotal:				
All Physicians (except Pathology)	3,522,836,098	91,194,285	45,404,113	71,016,619
All Specialists (except GP/FPs & Pathology)	2,003,733,852	15,406,493	10,012,623	49,290,202
Physicians by Specialty				
Anaesthesiology	172,704,884	177,776	842,176	6,102,784
Cardiovascular and Thoracic Surgery	16,786,216	8,613	131	3,223,818
Dermatology	38,898,534	1,088,849	9,432	756,888
Emergency Medicine	50,931,364	14,236	26,176	1,112,590
General/Family Physicians (GP/FPs)	1,519,102,247	75,787,792	35,391,490	21,726,417
- General/Family Physicians	1,423,778,164	75,642,402	34,541,722	19,536,656
- Full-Time Emergency Room Physicians	86,918,203	35,364	744,752	2,069,298
- Mental Health Generalists	6,292,879	6,925	77,893	75,286
- Other General Practice Physicians ⁽³⁾	2,113,001	103,100	27,124	45,178
General Surgery	99,949,863	478,520	1,204,688	3,787,255
- General Surgery designated specialty	89,914,452	411,147	1,201,207	3,298,470
- Other General Surgery ⁽³⁾	10,035,411	67,373	3,481	488,786
Internal Medicine	370,681,761	2,987,638	1,495,866	9,644,657
- Internal Medicine designated specialty	145,773,814	1,582,999	1,055,306	3,075,307
- Cardiology	85,936,367	468,909	125,703	2,319,068
- Endocrinology/Metabolism	2,760,747	70,752	37	48,615
- Gastroenterology	33,463,510	217,472	113,601	509,581
- Infectious Diseases	2,774,136	2,934	512	53,872
- Other Internal Medicine ⁽³⁾	99,973,188	644,572	200,707	3,638,213
Neurology	23,894,068	379,237	13,310	442,280
Neurosurgery	497,921	18,651	640	215,687
Obstetrics-Gynaecology	114,916,731	1,808,993	790,312	1,875,612
Ophthalmology	152,703,487	1,828,767	276,447	2,662,877
Orthopaedic Surgery	87,811,838	457,356	822,644	2,810,581
Otolaryngology	45,470,510	528,741	317,374	1,785,662
Paediatrics	98,154,891	2,255,771	506,398	2,741,945
Physical Medicine and Rehabilitation	20,000,910	424,122	13,204	333,708
Plastic Surgery	34,135,049	114,640	23,063	1,367,317
Psychiatry designated specialty	188,323,035	2,335,158	1,221,144	2,361,195
Urology	36,145,808	330,508	159,502	884,487
Pathology	9,111,200	13,597	5	7,958,418
Radiology	451,726,982	168,917	2,290,116	7,180,859

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, 2013 to March 31, 2017

	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
REGISTRATIONS					
Population Covered	4,068,062	4,228,125	4,354,660	4,449,483	4,529,842
Number of Discrete Physician Patients ⁽¹⁾	3,240,162	3,350,612	3,471,055	3,637,326	3,682,864
Number of Discrete Patients per Physician	439	433	425	413	406
OVERALL PHYSICIAN SUMMARY					
Number of Physician Services Provided	41,681,645	44,379,813	47,485,557	50,577,902	52,878,448
Number of Physicians	7,381	7,743	8,176	8,585	8,836
Number of Physicians per 1,000 Persons	1.81	1.83	1.88	1.93	1.95
Number of Services per Physician	5,647	5,732	5,808	5,891	5,984
Number of Services per 1,000 Persons	10,246	10,496	10,905	11,367	11,673
Total Physician Payments	\$2,584,944,346	\$2,778,382,882	\$3,033,392,142	\$3,336,009,256	\$3,531,947,298
Physician Payment per 1,000 Persons	\$635,424	\$657,119	\$696,585	\$749,752	\$779,707
Average Payment per Physician	\$350,216	\$358,825	\$371,012	\$388,586	\$399,722
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY					
Number of Physician Services Provided	41,348,035	44,019,136	47,095,424	50,185,561	52,523,998
Number of Physicians	7,369	7,731	8,161	8,569	8,821
Number of Physicians per 1,000 Persons	1.81	1.83	1.87	1.93	1.95
Number of Services per Physician	5,611	5,694	5,771	5,857	5,954
Number of Services per 1,000 Persons	10,164	10,411	10,815	11,279	11,595
Total Physician Payments	\$2,576,913,262	\$2,769,716,656	\$3,023,784,257	\$3,326,125,865	\$3,522,836,098
Physician Payment per 1,000 Persons	\$633,450	\$655,070	\$694,379	\$747,531	\$777,695
Average Payment per Physician	\$349,696	\$358,261	\$370,516	\$388,158	\$399,369
ALLIED PRACTITIONER SUMMARY					
Number of Allied Services Provided	1,165,174	1,253,175	1,457,870	1,757,384	1,950,731
Number of Allied Practitioners	887	914	963	997	1,040
Number of Allied Practitioners per 1,000 Persons	0.22	0.22	0.22	0.22	0.23
Number of Services per Allied Practitioner	1,314	1,371	1,514	1,763	1,876
Number of Discrete Allied Patients ⁽²⁾	704,742	755,762	813,197	877,575	928,253
Number of Discrete Patients per Allied Practitioner	795	827	844	880	893
Total Payments to Allied Practitioners	\$63,616,005	\$70,484,596	\$78,458,718	\$88,261,224	\$96,488,983
Allied Practitioner Payment per 1,000 Persons	\$15,638	\$16,670	\$18,017	\$19,836	\$21,301
Average Payment per Allied Practitioner	\$71,720	\$77,117	\$81,473	\$88,527	\$92,778

Continued...

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 2.4
 Medical and Allied Practitioners: Selected Indicators
 for the Service Years Ended March 31, 2013 to March 31, 2017

	Percentage Change			
	2013/2014	2014/2015	2015/2016	2016/2017
REGISTRATIONS				
Population Covered	3.93%	2.99%	2.18%	1.81%
Number of Discrete Physician Patients⁽¹⁾	3.41	3.59	4.79	1.25
Number of Discrete Patients per Physician	(2.09)	(1.43)	(1.89)	(1.89)
OVERALL PHYSICIAN SUMMARY				
Number of Physician Services Provided	6.47	7.00	6.51	4.55
Number of Physicians	4.90	5.59	5.00	2.92
Number of Physicians per 1,000 Persons	1.10	2.73	2.63	1.07
Number of Services per Physician	1.51	1.33	1.43	1.59
Number of Services per 1,000 Persons	2.44	3.90	4.24	2.70
Total Physician Payments	7.48	9.18	9.98	5.87
Physician Payment per 1,000 Persons	3.41	6.01	7.63	4.00
Average Payment per Physician	2.46	3.40	4.74	2.87
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY				
Number of Physician Services Provided	6.46	6.99	6.56	4.66
Number of Physicians	4.91	5.56	5.00	2.94
Number of Physicians per 1,000 Persons	1.10	2.19	2.99	0.90
Number of Services per Physician	1.48	1.35	1.48	1.66
Number of Services per 1,000 Persons	2.43	3.88	4.29	2.80
Total Physician Payments	7.48	9.17	10.00	5.91
Physician Payment per 1,000 Persons	3.41	6.00	7.65	4.04
Average Payment per Physician	2.45	3.42	4.76	2.89
ALLIED PRACTITIONER SUMMARY				
Number of Allied Services Provided	7.55	16.33	20.54	11.00
Number of Allied Practitioners	3.04	5.36	3.53	4.31
Number of Allied Practitioners per 1,000 Persons	0.00	0.00	1.85	4.36
Number of Services per Allied Practitioner	4.34	10.43	16.45	6.39
Number of Discrete Allied Patients ⁽²⁾	7.24	7.60	7.92	5.77
Number of Discrete Patients per Allied Practitioner	4.03	2.06	4.29	1.43
Total Payments to Allied Practitioners	10.80	11.31	12.49	9.32
Allied Practitioner Payment per 1,000 Persons	6.60	8.08	10.10	7.38
Average Payment per Allied Practitioner	7.53	5.65	8.66	4.80

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, 2016 to March 31, 2017⁽¹⁾

Practitioner Type	Service Category	Number of Services	Total Payments
Dentists/Dental Specialists/ Oral Surgeons	Procedure	24,298	\$8,900,246
	Visit	10,305	856,492
Optometrists	Visit	1,600,024	75,093,278
Podiatrists	Procedure	64,486	3,641,124
	Test (x-ray)	12,286	174,087
	Visit	239,332	7,823,757
Total		1,950,731	\$96,488,983

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, 2013 to March 31, 2017

Age Group	Number of Physicians					Percentage Change			
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017
Under 30	119	153	170	177	188	28.57	11.11	4.12	6.21
30 - 34	780	816	924	1,011	1,086	4.62	13.24	9.42	7.42
35 - 39	1,063	1,126	1,219	1,324	1,343	5.93	8.26	8.61	1.44
40 - 44	1,154	1,208	1,270	1,279	1,318	4.68	5.13	0.71	3.05
45 - 49	995	1,052	1,116	1,203	1,256	5.73	6.08	7.80	4.41
50 - 54	925	946	941	988	1,016	2.27	(0.53)	4.99	2.83
55 - 59	974	965	969	956	925	(0.92)	0.41	(1.34)	(3.24)
60 - 64	653	729	771	795	828	11.64	5.76	3.11	4.15
65 & Over	718	748	796	852	876	4.18	6.42	7.04	2.82
Total	7,381	7,743	8,176	8,585	8,836	4.90%	5.59%	5.00%	2.92%

Age Group	Average Payments					Percentage Change			
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017
Under 30	\$197,493	\$177,741	\$195,824	\$211,673	\$213,771	(10.00)	10.17	8.09	0.99
30 - 34	275,464	279,804	282,899	287,901	296,260	1.58	1.11	1.77	2.90
35 - 39	348,045	365,490	370,160	395,157	414,742	5.01	1.28	6.75	4.96
40 - 44	381,587	395,695	418,243	446,540	453,530	3.70	5.70	6.77	1.57
45 - 49	378,581	389,169	410,793	426,181	457,001	2.80	5.56	3.75	7.23
50 - 54	370,518	391,840	409,388	439,642	440,496	5.75	4.48	7.39	0.19
55 - 59	390,127	381,926	386,198	398,431	405,615	(2.10)	1.12	3.17	1.80
60 - 64	391,814	386,401	400,447	406,027	421,648	(1.38)	3.64	1.39	3.85
65 & Over	252,092	271,384	288,518	307,992	307,550	7.65	6.31	6.75	(0.14)
Total	\$350,216	\$358,825	\$371,012	\$388,586	\$399,722	2.46%	3.40%	4.74%	2.87%

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, 2013 to March 31, 2017

Age Group	Number of Dentists/Dental Specialists/Oral Surgeons					Percentage Change			
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017
Under 30	12	6	7	9	8	(50.00)	16.67	28.57	(11.11)
30 - 34	23	24	27	17	20	4.35	12.50	(37.04)	17.65
35 - 39	30	29	30	38	31	(3.33)	3.45	26.67	(18.42)
40 - 44	26	22	22	22	38	(15.38)	0.00	0.00	72.73
45 - 49	35	43	37	30	25	22.86	(13.95)	(18.92)	(16.67)
50 - 54	29	24	33	31	29	(17.24)	37.50	(6.06)	(6.45)
55 - 59	31	35	36	33	28	12.90	2.86	(8.33)	(15.15)
60 - 64	25	22	14	20	21	(12.00)	(36.36)	42.86	5.00
65 & Over	13	13	15	15	17	0.00	15.38	0.00	13.33
Total	224	218	221	215	217	-2.68%	1.38%	-2.71%	0.93%

Age Group	Average Payments					Percentage Change			
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017
Under 30	\$2,191	\$3,300	\$665	\$3,550	\$5,329	50.62	(79.84)	433.84	50.12
30 - 34	20,441	24,133	9,184	20,899	7,678	18.06	(61.94)	127.56	(63.26)
35 - 39	17,109	23,115	53,067	33,494	53,894	35.10	129.58	(36.88)	60.91
40 - 44	67,504	66,307	21,361	60,501	50,053	(1.77)	(67.78)	183.23	(17.27)
45 - 49	9,952	19,442	44,599	50,923	50,940	95.36	129.40	14.18	0.03
50 - 54	49,028	63,710	51,373	54,219	50,515	29.95	(19.36)	5.54	(6.83)
55 - 59	34,064	30,027	33,494	18,151	26,701	(11.85)	11.55	(45.81)	47.10
60 - 64	50,767	51,093	75,271	70,234	66,011	0.64	47.32	(6.69)	(6.01)
65 & Over	16,710	3,828	19,224	65,457	65,619	(77.09)	402.19	240.50	0.25
Total	\$31,595	\$33,568	\$37,140	\$42,721	\$44,962	6.24%	10.64%	15.03%	5.25%

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, 2013 to March 31, 2017

Age Group	Number of Optometrists					Percentage Change			
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017
Under 30	124	114	110	118	123	(8.06)	(3.51)	7.27	4.24
30 - 34	127	150	172	177	192	18.11	14.67	2.91	8.47
35 - 39	100	105	112	123	126	5.00	6.67	9.82	2.44
40 - 44	84	87	92	98	102	3.57	5.75	6.52	4.08
45 - 49	41	48	58	67	70	17.07	20.83	15.52	4.48
50 - 54	30	28	31	30	37	(6.67)	10.71	(3.23)	23.33
55 - 59	39	39	36	35	34	0.00	(7.69)	(2.78)	(2.86)
60 - 64	28	32	31	30	33	14.29	(3.13)	(3.23)	10.00
65 & Over	26	26	33	38	42	0.00	26.92	15.15	10.53
Total	599	629	675	716	759	5.01%	7.31%	6.07%	6.01%

Age Group	Average Payments					Percentage Change			
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017
Under 30	\$61,490	\$70,427	\$68,150	\$67,929	\$75,132	14.53	(3.23)	(0.32)	10.60
30 - 34	75,364	78,659	85,425	92,673	93,673	4.37	8.60	8.49	1.08
35 - 39	86,394	90,639	95,299	101,558	116,891	4.91	5.14	6.57	15.10
40 - 44	85,575	92,866	100,488	113,758	105,773	8.52	8.21	13.21	(7.02)
45 - 49	84,419	89,648	96,748	106,228	117,971	6.19	7.92	9.80	11.05
50 - 54	88,142	97,760	94,382	108,589	109,177	10.91	(3.46)	15.05	0.54
55 - 59	92,910	94,241	100,102	99,507	103,810	1.43	6.22	(0.59)	4.32
60 - 64	72,137	85,925	80,559	101,880	104,256	19.11	(6.24)	26.47	2.33
65 & Over	59,656	57,707	73,955	76,150	73,385	(3.27)	28.16	2.97	(3.63)
Total	\$77,335	\$83,291	\$87,684	\$94,786	\$98,937	7.70%	5.27%	8.10%	4.38%

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, 2013 to March 31, 2017

Age Group	Number of Podiatrists					Percentage Change			
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017
Under 35	2	3	4	3	3	50.00	33.33	(25.00)	0.00
35 - 39	12	9	8	6	5	(25.00)	(11.11)	(25.00)	(16.67)
40 - 44	15	15	11	11	10	0.00	(26.67)	0.00	(9.09)
45 - 49	15	16	18	17	18	6.67	12.50	(5.56)	5.88
50 - 54	8	10	12	15	12	25.00	20.00	25.00	(20.00)
55 & Over	12	14	14	14	16	16.67	0.00	0.00	14.29
Total	64	67	67	66	64	4.69%	0.00%	-1.49%	-3.03%

Age Group	Average Payments					Percentage Change			
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017
Under 35	\$108,609	\$68,871	\$110,181	\$185,818	\$216,178	(36.59)	59.98	68.65	16.34
35 - 39	137,078	116,230	117,915	137,087	134,315	(15.21)	1.45	16.26	(2.02)
40 - 44	162,543	178,085	178,820	171,899	182,728	9.56	0.41	(3.87)	6.30
45 - 49	208,162	230,308	199,989	188,920	204,629	10.64	(13.16)	(5.53)	8.32
50 - 54	194,948	186,089	209,383	215,605	219,305	(4.54)	12.52	2.97	1.72
55 & Over	102,744	93,368	114,327	106,656	136,037	(9.13)	22.45	(6.71)	27.55
Total	\$159,613	\$160,850	\$165,135	\$169,845	\$181,859	0.77%	2.66%	2.85%	7.07%

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, 2013 to March 31, 2017

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							
2012/2013	\$18,784,388	362,617	\$51.80	313,473	\$59.92	1.16	959,794
2013/2014	20,848,306	390,454	53.40	333,521	62.51	1.17	988,428
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
RECIPIENT AGE GROUP: 19 to 64⁽²⁾							
2012/2013	\$8,335,025	173,533	\$48.03	120,199	\$69.34	1.44	2,653,234
2013/2014	9,755,659	196,487	49.65	135,351	72.08	1.45	2,762,192
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
RECIPIENT AGE GROUP: 65 and Older							
2012/2013	\$19,204,024	296,515	\$64.77	180,639	\$106.31	1.64	455,034
2013/2014	21,785,828	326,622	66.70	195,152	111.64	1.67	477,505
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

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, 2013 to March 31, 2017

Practitioner Type	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	
	Number of Practitioners					Percentage Change					
Physicians	7,381	7,743	8,176	8,585	8,836	4.90	5.59	5.00	2.92		
Dentists/Dental Specialists/ Oral Surgeons	224	218	221	215	217	(2.68)	1.38	(2.71)	0.93		
Optometrists	599	629	675	716	759	5.01	7.31	6.07	6.01		
Podiatrists	64	67	67	66	64	4.69	0.00	(1.49)	(3.03)		
Total	8,268	8,657	9,139	9,581 ⁽¹⁾	9,875	4.70%	5.57%	4.85%	3.07%		
Practitioner Type	Total Payments⁽¹⁾					Percentage Change					
Physicians	\$2,584,944,346	\$2,778,382,882	\$3,033,392,142	\$3,336,009,256	\$3,531,947,298	7.48	9.18	9.98	5.87		
Dentists/Dental Specialists/ Oral Surgeons	\$7,077,327	\$7,317,869	\$8,208,000	\$9,185,042	\$9,756,738	3.40	12.16	11.90	6.22		
Optometrists	\$46,323,436	\$52,389,793	\$59,186,677	\$67,866,424	\$75,093,278	13.10	12.97	14.67	10.65		
Podiatrists	\$10,215,243	\$10,776,933	\$11,064,041	\$11,209,758	\$11,638,968	5.50	2.66	1.32	3.83		
Total	\$2,648,560,351	\$2,848,867,477	\$3,111,850,860	\$3,424,270,481	\$3,628,436,282	7.56%	9.23%	10.04%	5.96%		
Practitioner Type	Average Payment					Percentage Change					
Physicians	\$350,216	\$358,825	\$371,012	\$388,586	\$399,722	2.46	3.40	4.74	2.87		
Dentists/Dental Specialists/ Oral Surgeons	\$31,595	\$33,568	\$37,140	\$42,721	\$44,962	6.24	10.64	15.03	5.25		
Optometrists	\$77,335	\$83,291	\$87,684	\$94,786	\$98,937	7.70	5.27	8.10	4.38		
Podiatrists	\$159,613	\$160,850	\$165,135	\$169,845	\$181,859	0.77	2.66	2.85	7.07		
Total	\$320,339	\$329,083	\$340,502	\$357,402	\$367,437	2.73%	3.47%	4.96%	2.81%		
Practitioner Type	Number of Services					Percentage Change					
Physicians	41,681,645	44,379,813	47,485,557	50,577,902	52,878,448	6.47	7.00	6.51	4.55		
Dentists/Dental Specialists/ Oral Surgeons	23,014	24,995	28,443	31,309	34,603	8.61	13.79	10.08	10.52		
Optometrists	832,665	913,563	1,114,436	1,411,983	1,600,024	9.72	21.99	26.70	13.32		
Podiatrists	309,495	314,617	314,991	314,092	316,104	1.65	0.12	(0.29)	0.64		
Total	42,846,819	45,632,988	48,943,427	52,335,286	54,829,179	6.50%	7.25%	6.93%	4.77%		

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

(1) Correction for last year's number of 9,582, as there was one GP also practicing as a dentist.

Table 2.9
Distribution of Physicians and Allied Health Practitioners by Gross Payment Range ⁽¹⁾ ⁽²⁾
for the Service Years Ended March 31, 2013 to March 31, 2017

Dollar Range	Total						Physicians						Dentists/Dental Specialists/Oral Surgeons					
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Less than \$10,000	660	657	642	643	607	607	443	447	428	446	404	187	175	182	167	164		
10,000 - 19,999	193	214	219	201	186	186	155	179	184	168	156	4	8	7	9	10		
20,000 - 39,999	343	319	324	368	339	339	259	243	260	282	261	5	8	2	6	7		
40,000 - 59,999	348	353	365	344	322	322	233	241	246	241	223	5	4	3	5	4		
60,000 - 79,999	305	316	335	332	358	358	205	211	212	218	232	2		2	1	2		
80,000 - 99,999	299	342	370	368	326	326	194	233	255	262	216	3	5	3	1	5		
100,000 - 119,999	301	319	309	321	318	318	229	234	237	232	225	1	1	2	2	1		
120,000 - 139,999	273	297	293	293	312	312	224	239	224	220	237	1	2		3			
140,000 - 159,999	278	291	316	324	336	336	242	256	268	271	276	3	2	1				
160,000 - 179,999	251	268	291	302	287	287	229	237	263	260	244	1	1	2	3	3		
180,000 - 199,999	261	267	273	287	314	314	246	247	253	255	285	1	2	2	1			
200,000 - 299,999	1,268	1,327	1,411	1,399	1,473	1,473	1,248	1,304	1,372	1,355	1,405	5	3	8	9	9		
300,000 - 399,999	1,121	1,173	1,185	1,286	1,368	1,368	1,116	1,169	1,178	1,274	1,357	1	2	2	2	4		
400,000 - 499,999	837	853	928	966	1,062	1,062	833	847	925	961	1,056	1	2	1	3	2		
500,000 - 599,999	539	560	593	695	704	704	538	558	591	691	700	1	1					
600,000 - 699,999	290	344	392	428	472	472	287	344	389	427	469	2		3	1	2		
700,000 - 799,999	202	202	257	291	305	305	202	202	257	290	305				1			
800,000 - 899,999	126	126	165	194	200	200	126	124	165	194	200				1			
900,000 - 999,999	73	89	107	125	124	124	73	89	106	125	124							
1,000,000 - 1,999,999	246	275	276	302	351	351	245	274	275	301	350	1	1	1	1	1		
2,000,000 & Over	54	65	88	112	111	111	54	65	88	112	111							
Total	8,268	8,657	9,139	9,581 ⁽³⁾	9,875	9,875	7,381	7,743	8,176	8,585	8,836	224	218	221	215	217		

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.

(3) Correction for last year's number of 9,599 as some podiatrists were double grouped.

Continued...

Table 2.9
Distribution of Physicians and Allied Health Practitioners by Gross Payment Range ^{(1) (2)}
for the Service Years Ended March 31, 2013 to March 31, 2017

Dollar Range	Optometrists						Podiatrists					
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Less than \$10,000	30	34	31	29	38		1	1	1			1
10,000 - 19,999	34	27	28	24	20							
20,000 - 39,999	78	68	61	78	71	1	1	1		2		
40,000 - 59,999	105	103	112	96	92	5	5	4	3	3		
60,000 - 79,999	95	98	115	106	118	3	7	6	7	6		
80,000 - 99,999	95	98	107	102	98	7	6	5	3	7		
100,000 - 119,999	62	75	59	79	88	9	9	11	8	4		
120,000 - 139,999	42	49	63	62	65	6	7	6	8	10		
140,000 - 159,999	26	29	38	43	50	7	4	9	10	8		
160,000 - 179,999	13	19	21	34	35	8	11	5	5	5		
180,000 - 199,999	7	13	16	28	26	7	5	2	3	3		
200,000 - 299,999	9	14	21	28	53	6	6	10	7	7		
300,000 - 399,999	2	1	2	5	3	2	1	3	5	4		
400,000 - 499,999				2	1	3	4	2	4	3		
500,000 - 599,999							1	2	1	2		
600,000 - 699,999	1											
700,000 - 799,999												
800,000 - 899,999		1										
900,000 - 999,999			1									
1,000,000 - 1,999,999												
2,000,000 & Over												
Total	599	629	675	716	759	64	67	67	66 ⁽³⁾	64	64	64

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.

(3) Correction for last year's number of 83 as some podiatrists were double grouped.

Table 2.10
Distribution of Physician Payments and Services per Patient
for the Service Years Ended March 31, 2013 to March 31, 2017

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	Population Covered
2012/2013	\$2,584,944,346	41,681,645	\$62.02	3,240,162	\$797.78	12.86	4,068,062
2013/2014	2,778,382,882	44,379,813	62.60	3,350,612	829.22	13.25	4,228,125
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
Percentage Change 2016/2017	5.87%	4.55%	1.26%	1.15%	4.67%	3.36%	1.81%
Annual Average Percentage Change for Last 5 Years	8.12%	6.13%	1.87%	2.57%	5.41%	3.49%	2.72%

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 Services Provided by Physicians
for the Service Year April 1, 2016 to March 31, 2017

Dollar Range	Distribution of			Percentage Distribution of		
	Discrete Patients ⁽¹⁾	Payments	Services	Discrete Patients ⁽¹⁾	Payments	Services
\$ 0.01 - 50.00	185,054	\$6,813,441	189,088	5.16	0.19	0.36
50.01 - 100.00	262,177	19,082,782	408,745	7.31	0.54	0.77
100.01 - 200.00	539,336	78,223,043	1,312,865	15.04	2.21	2.48
200.01 - 300.00	384,566	95,176,019	1,580,469	10.72	2.69	2.99
300.01 - 400.00	296,642	103,244,722	1,672,265	8.27	2.92	3.16
400.01 - 500.00	242,598	108,752,415	1,771,442	6.77	3.08	3.35
500.01 - 600.00	200,148	109,754,191	1,781,250	5.58	3.11	3.37
600.01 - 700.00	166,307	107,848,279	1,743,002	4.64	3.05	3.30
700.01 - 800.00	139,704	104,562,984	1,674,304	3.90	2.96	3.17
800.01 - 900.00	118,174	100,294,723	1,592,484	3.30	2.84	3.01
900.01 - 1,000.00	101,185	95,996,612	1,518,604	2.82	2.72	2.87
1,000.01 - 2,000.00	517,329	724,589,471	11,173,142	14.43	20.52	21.13
2,000.01 - 3,000.00	189,168	460,387,096	6,733,524	5.28	13.03	12.73
3,000.01 - 4,000.00	92,883	320,298,974	4,508,721	2.59	9.07	8.53
4,000.01 - 5,000.00	52,151	232,193,031	3,229,627	1.45	6.57	6.11
5,000.01 & Over	98,328	864,729,516	11,988,916	2.74	24.48	22.67
Total	3,585,750	\$3,531,947,298	52,878,448	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, 2013 to March 31, 2017

Physician Specialty	Number of Physicians				
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Total: All Physicians	7,381	7,743	8,176	8,585	8,836
Subtotal:					
All Physicians (except Pathology)	7,369	7,731	8,161	8,569	8,821
All Specialists (except GP/FPs & Pathology)	3,268	3,444	3,624	3,774	3,862
Physicians by Specialty					
Anaesthesiology	396	400	413	427	443
Cardiovascular and Thoracic Surgery	25	25	23	23	25
Dermatology	47	45	54	54	51
Emergency Medicine	118	131	134	147	162
General/Family Physicians (GP/FPs)	4,101	4,287	4,537	4,795	4,959
- General/Family Physicians	3,842	4,017	4,224	4,509	4,671
- Full-Time Emergency Room Physicians	226	235	281	255	254
- Mental Health Generalists	18	17	15	13	15
- Other General Practice Physicians ⁽¹⁾	15	18	17	18	19
General Surgery	195	193	202	208	203
- General Surgery designated specialty	177	176	184	188	182
- Other General Surgery ⁽¹⁾	18	17	18	20	21
Internal Medicine	645	699	766	813	797
- Internal Medicine designated specialty	308	312	346	349	367
- Cardiology	81	94	96	105	112
- Endocrinology/Metabolism	3	4	6	7	12
- Gastroenterology	59	65	79	78	69
- Infectious Diseases	20	18	26	29	24
- Other Internal Medicine ⁽¹⁾	174	206	213	245	213
Neurology	52	60	74	67	69
Neurosurgery	21	15	18	22	15
Obstetrics-Gynaecology	193	209	219	222	248
Ophthalmology	116	119	128	127	130
Orthopaedic Surgery	164	175	182	184	188
Otolaryngology	63	68	67	70	69
Paediatrics	303	326	322	349	367
Physical Medicine & Rehabilitation	41	44	48	49	46
Plastic Surgery	54	62	63	66	67
Psychiatry	450	473	492	508	527
Urology	47	52	54	56	59
Pathology	12	12	15	16	15
Radiology	338	348	365	382	396

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, 2013 to March 31, 2017

Physician Specialty	Average Payment				
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Total: All Physicians	\$350,216	\$358,825	\$371,012	\$388,586	\$399,722
Subtotal:					
All Physicians (except Pathology)	349,696	358,261	370,516	388,158	399,369
All Specialists (except GP/FPs & Pathology)	443,711	459,138	476,082	500,385	518,833
Physicians by Specialty					
Anaesthesiology	351,140	368,653	380,984	383,339	389,853
Cardiovascular and Thoracic Surgery	591,802	603,635	719,167	688,620	671,449
Dermatology	744,914	805,226	702,525	736,991	762,716
Emergency Medicine	272,883	280,771	296,787	313,487	314,391
General/Family Physicians (GP/FPs)	274,778	277,221	286,194	299,827	306,332
- General/Family Physicians	272,375	273,991	283,642	297,745	304,812
- Full-Time Emergency Room Physicians	322,533	340,502	329,958	344,551	342,198
- Mental Health Generalists	350,899	388,254	427,947	418,201	419,525
- Other General Practice Physicians ⁽¹⁾	79,366	66,941	71,817	102,293	111,211
General Surgery	439,316	445,411	447,866	457,007	492,364
- General Surgery designated specialty	439,877	443,716	445,988	457,716	494,035
- Other General Surgery ⁽¹⁾	433,793	462,951	467,066	450,346	477,877
Internal Medicine	407,421	420,892	417,293	432,666	465,096
- Internal Medicine designated specialty	336,758	357,855	359,694	380,955	397,204
- Cardiology	722,607	724,437	770,957	779,881	767,289
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	434,092	426,108	377,501	434,950	484,978
- Infectious Diseases	104,420	132,192	88,856	84,886	115,589
- Other Internal Medicine ⁽¹⁾	415,633	406,020	413,367	406,566	469,358
Neurology	259,296	259,531	258,812	325,924	346,291
Neurosurgery	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	471,021	459,509	486,718	512,825	463,374
Ophthalmology	984,186	1,045,113	1,031,946	1,120,250	1,174,642
Orthopaedic Surgery	407,587	407,694	430,630	460,161	467,084
Otolaryngology	548,998	539,892	607,869	623,634	658,993
Paediatrics	220,355	228,694	257,737	261,614	267,452
Physical Medicine & Rehabilitation	328,849	356,922	378,196	376,420	434,802
Plastic Surgery	442,216	420,019	466,361	480,325	509,478
Psychiatry	295,344	307,941	325,070	347,474	357,349
Urology	608,251	575,376	576,823	621,909	612,641
Pathology	669,257	722,185	640,526	617,712	607,413
Radiology	869,849	944,668	997,223	1,090,305	1,140,725

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, 2013 to March 31, 2017

Physician Specialty	Percentage Change			
	2013/2014	2014/2015	2015/2016	2016/2017
Total: All Physicians	2.46%	3.40%	4.74%	2.87%
Subtotal:				
All Physicians (except Pathology)	2.45	3.42	4.76	2.89
All Specialists (except GP/FPs & Pathology)	3.48	3.69	5.10	3.69
Physicians by Specialty				
Anaesthesiology	4.99	3.35	0.62	1.70
Cardiovascular and Thoracic Surgery	2.00	19.14	(4.25)	(2.49)
Dermatology	8.10	(12.75)	4.91	3.49
Emergency Medicine	2.89	5.70	5.63	0.29
General/Family Physicians (GP/FPs)	0.89	3.24	4.76	2.17
- General/Family Physicians	0.59	3.52	4.97	2.37
- Full-Time Emergency Room Physicians	5.57	(3.10)	4.42	(0.68)
- Mental Health Generalists	10.65	10.22	(2.28)	0.32
- Other General Practice Physicians ⁽¹⁾	(15.66)	7.28	42.44	8.72
General Surgery	1.39	0.55	2.04	7.74
- General Surgery designated specialty	0.87	0.51	2.63	7.93
- Other General Surgery ⁽¹⁾	6.72	0.89	(3.58)	6.11
Internal Medicine	3.31	(0.86)	3.68	7.50
- Internal Medicine designated specialty	6.26	0.51	5.91	4.27
- Cardiology	0.25	6.42	1.16	(1.61)
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	(1.84)	(11.41)	15.22	11.50
- Infectious Diseases	26.60	(32.78)	(4.47)	36.17
- Other Internal Medicine ⁽¹⁾	(2.31)	1.81	(1.65)	15.44
Neurology	0.09	(0.28)	25.93	6.25
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	(2.44)	5.92	5.36	(9.64)
Ophthalmology	6.19	(1.26)	8.56	4.86
Orthopaedic Surgery	0.03	5.63	6.86	1.50
Otolaryngology	(1.66)	12.59	2.59	5.67
Paediatrics	3.78	12.70	1.50	2.23
Physical Medicine & Rehabilitation	8.54	5.96	(0.47)	15.51
Plastic Surgery	(5.02)	11.03	2.99	6.07
Psychiatry	4.27	5.56	6.89	2.84
Urology	(5.40)	0.25	7.82	(1.49)
Pathology	7.91	(11.31)	(3.56)	(1.67)
Radiology	8.60	5.56	9.33	4.62

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, 2013 to March 31, 2017

Physician Specialty	Median Payment				
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Total: All Physicians	\$281,546	\$284,604	\$292,229	\$306,312	\$317,616
Subtotal:					
All Physicians (except Pathology)	281,908	285,199	292,384	306,618	317,991
All Specialists (except GP/FPs & Pathology)	349,081	353,761	373,988	387,324	401,768
Physicians by Specialty					
Anaesthesiology	348,581	372,361	389,015	380,753	389,399
Cardiovascular and Thoracic Surgery	620,407	693,964	724,310	770,482	660,824
Dermatology	648,029	688,846	611,443	687,418	698,379
Emergency Medicine	271,116	280,595	297,059	320,229	318,958
General/Family Physicians (GP/FPs)	249,160	246,988	252,172	267,368	276,714
- General/Family Physicians	243,077	242,045	247,509	262,942	272,367
- Full-Time Emergency Room Physicians	307,339	327,164	314,442	342,014	333,123
- Mental Health Generalists	365,580	411,934	423,623	401,543	400,451
- Other General Practice Physicians ⁽¹⁾	30,333	16,961	27,596	22,158	28,662
General Surgery	458,904	442,229	463,442	476,452	507,274
- General Surgery designated specialty	454,401	440,031	464,217	479,974	509,174
- Other General Surgery ⁽¹⁾	471,902	533,880	445,530	451,933	497,975
Internal Medicine	340,975	340,250	322,762	340,351	379,569
- Internal Medicine designated specialty	258,497	309,268	309,316	322,542	347,754
- Cardiology	694,280	698,930	753,839	779,782	752,275
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	466,193	417,286	296,785	425,007	580,379
- Infectious Diseases	69,631	113,364	53,000	45,870	73,901
- Other Internal Medicine ⁽¹⁾	338,265	304,183	328,361	285,031	362,635
Neurology	242,163	244,297	204,520	283,686	315,074
Neurosurgery	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	408,082	375,705	456,410	457,809	422,767
Ophthalmology	787,018	783,833	781,211	847,004	903,503
Orthopaedic Surgery	457,840	441,849	458,506	482,624	488,613
Otolaryngology	566,072	555,012	613,425	621,495	645,577
Paediatrics	167,328	167,043	203,783	226,816	242,635
Physical Medicine & Rehabilitation	296,260	331,405	346,830	330,918	453,165
Plastic Surgery	443,461	412,877	471,545	514,866	506,347
Psychiatry	266,840	281,209	294,854	315,069	321,134
Urology	583,421	571,993	571,968	595,433	610,247
Pathology	2,417	4,610	2,763	4,777	11,850
Radiology	674,999	740,212	779,063	782,593	901,729

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, 2013 to March 31, 2017

Physician Specialty	Percentage Change			
	2013/2014	2014/2015	2015/2016	2016/2017
Total: All Physicians	1.09	2.68%	4.82%	3.69%
Subtotal:				
All Physicians (except Pathology)	1.17	2.52	4.87	3.71
All Specialists (except GP/FPs & Pathology)	1.34	5.72	3.57	3.73
Physicians by Specialty				
Anaesthesiology	6.82	4.47	(2.12)	2.27
Cardiovascular and Thoracic Surgery	11.86	4.37	6.37	(14.23)
Dermatology	6.30	(11.24)	12.43	1.59
Emergency Medicine	3.50	5.87	7.80	(0.40)
General/Family Physicians (GP/FPs)	(0.87)	2.10	6.03	3.50
- General/Family Physicians	(0.42)	2.26	6.24	3.58
- Full-Time Emergency Room Physicians	6.45	(3.89)	8.77	(2.60)
- Mental Health Generalists	12.68	2.84	(5.21)	(0.27)
- Other General Practice Physicians ⁽¹⁾	(44.09)	62.71	(19.71)	29.35
General Surgery	(3.63)	4.80	2.81	6.47
- General Surgery designated specialty	(3.16)	5.50	3.39	6.08
- Other General Surgery ⁽¹⁾	13.13	(16.55)	1.44	10.19
Internal Medicine	(0.21)	(5.14)	5.45	11.52
- Internal Medicine designated specialty	19.64	0.02	4.28	7.82
- Cardiology	0.67	7.86	3.44	(3.53)
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	(10.49)	(28.88)	43.20	36.56
- Infectious Diseases	62.81	(53.25)	(13.45)	61.11
- Other Internal Medicine ⁽¹⁾	(10.08)	7.95	(13.20)	27.23
Neurology	0.88	(16.28)	38.71	11.06
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	(7.93)	21.48	0.31	(7.65)
Ophthalmology	(0.40)	(0.33)	8.42	6.67
Orthopaedic Surgery	(3.49)	3.77	5.26	1.24
Otolaryngology	(1.95)	10.52	1.32	3.87
Paediatrics	(0.17)	21.99	11.30	6.97
Physical Medicine & Rehabilitation	11.86	4.65	(4.59)	36.94
Plastic Surgery	(6.90)	14.21	9.19	(1.65)
Psychiatry	5.38	4.85	6.86	1.92
Urology	(1.96)	(0.00)	4.10	2.49
Pathology	90.75	(40.06)	72.89	148.06
Radiology	9.66	5.25	0.45	15.22

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, 2016 to March 31, 2017

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	\$1,242,872	404	\$1,221,425	397	\$557,738	230	\$29,557	7		
10,000 - 19,999	2,294,104	156	2,265,416	154	947,630	64	57,179	4		
20,000 - 39,999	7,633,631	261	7,605,803	260	2,906,241	102	303,712	10		
40,000 - 59,999	11,236,800	224	11,236,800	224	4,049,085	80	264,990	5		
60,000 - 79,999	16,149,339	232	16,149,339	232	6,445,327	93	610,153	9	69,604	1
80,000 - 99,999	19,290,103	216	19,290,103	216	6,801,657	77	1,441,967	16		
100,000 - 119,999	24,791,413	225	24,791,413	225	7,413,198	67	227,233	2		
120,000 - 139,999	31,049,390	237	30,925,483	236	9,303,965	71	1,291,834	10		
140,000 - 159,999	41,411,895	276	41,411,895	276	12,349,433	82	1,501,008	10		
160,000 - 179,999	41,594,481	244	41,594,481	244	13,332,685	78	1,715,388	10		
180,000 - 199,999	54,218,447	285	54,020,638	284	15,204,053	80	1,898,030	10		
200,000 - 299,999	351,305,768	1,404	351,305,768	1,404	106,355,151	423	15,394,065	62	1,212,191	5
300,000 - 399,999	473,172,144	1,357	473,172,144	1,357	167,101,548	477	27,303,716	77	326,119	1
400,000 - 499,999	472,047,661	1,056	471,581,421	1,055	204,862,146	454	40,005,932	89	425,828	1
500,000 - 599,999	382,449,568	700	382,449,568	700	202,068,554	370	37,137,185	68	1,106,886	2
600,000 - 699,999	303,751,165	469	303,751,165	469	188,528,590	291	18,787,740	29	3,310,721	5
700,000 - 799,999	227,187,628	305	227,187,628	305	134,932,964	181	6,826,393	9	765,511	1
800,000 - 899,999	168,992,602	200	168,992,602	200	117,809,644	139	6,055,827	7	1,722,628	2
900,000 - 999,999	117,320,694	124	117,320,694	124	85,224,602	90	2,862,723	3	2,880,603	3
1,000,000 - 1,999,999	460,555,497	350	460,555,497	350	406,625,678	306	5,866,901	5	4,966,125	4
2,000,000 & Over	324,252,098	111	316,006,816	109	310,913,960	107	3,123,352	1		
Total	\$3,531,947,298	8,836	\$3,522,836,098	8,821	\$2,003,733,852	3,862	\$172,704,884	443	\$16,786,216	25

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.

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Table 2.13
Distribution of Gross Payments by Payment Range and Specialty ⁽¹⁾⁽²⁾
for the Service Year April 1, 2016 to March 31, 2017

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	\$6,872	7	\$12,715	2	\$663,688	167	\$20,846	4	\$101,786	69
10,000 - 19,999			15,053	1	1,317,786	90	48,840	3	276,157	19
20,000 - 39,999			28,840	1	4,699,562	158	85,711	3	1,167,348	44
40,000 - 59,999	96,945	2	47,597	1	7,187,715	144	300,309	6	1,304,952	26
60,000 - 79,999	63,671	1	344,981	5	9,704,012	139	147,588	2	1,669,330	24
80,000 - 99,999	97,090	1	99,670	1	12,488,446	139	346,348	4	1,505,366	17
100,000 - 119,999			428,858	4	17,378,215	158	559,891	5	1,309,347	12
120,000 - 139,999	136,324	1	802,399	6	21,621,518	165	655,416	5	1,809,112	14
140,000 - 159,999			760,858	5	29,062,462	194	454,567	3	2,393,792	16
160,000 - 179,999			1,206,486	7	28,261,796	166	695,779	4	2,066,518	12
180,000 - 199,999			568,226	3	38,816,585	204	1,120,172	6	2,666,251	14
200,000 - 299,999			8,449,070	33	244,950,616	981	2,163,979	8	18,264,043	73
300,000 - 399,999	700,216	2	19,600,198	56	306,070,596	880	7,569,190	21	27,468,708	78
400,000 - 499,999	2,349,941	5	9,284,120	21	266,719,274	601	10,841,013	24	31,566,867	70
500,000 - 599,999	1,645,365	3	5,959,592	11	180,381,013	330	19,165,596	35	36,926,108	68
600,000 - 699,999	2,708,241	4	1,901,142	3	115,222,575	178	14,962,496	23	33,430,064	52
700,000 - 799,999	1,541,923	2	1,421,559	2	92,254,664	124	19,478,258	26	33,629,564	45
800,000 - 899,999	3,422,050	4			51,182,958	61	10,253,110	12	31,978,135	38
900,000 - 999,999	1,931,108	2			32,096,092	34	919,495	1	25,511,498	27
1,000,000 - 1,999,999	17,041,246	14			53,929,819	44	8,039,249	7	95,599,872	71
2,000,000 & Over	7,157,541	3			5,092,856	2	2,122,012	1	20,036,943	8
Total	\$38,898,534	51	\$50,931,364	162	\$1,519,102,247	4,959	\$99,949,863	203	\$370,681,761	797

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, 2016 to March 31, 2017

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	\$8,780	14	\$19,441	9	\$41,478	11	\$16,109	3	\$7,589	2
10,000 - 19,999	29,437	2	19,079	1	115,211	8	28,426	2	48,206	4
20,000 - 39,999	75,681	3	62,049	2	295,346	9			189,397	6
40,000 - 59,999	97,262	2	58,140	1	419,749	8	101,144	2	197,183	4
60,000 - 79,999	66,357	1			358,545	5	62,743	1	414,028	6
80,000 - 99,999			83,958	1	89,916	1			433,584	5
100,000 - 119,999	111,609	1			799,211	7			662,928	6
120,000 - 139,999	123,303	1			531,487	4			396,169	3
140,000 - 159,999	151,414	1			438,042	3	446,094	3	292,498	2
160,000 - 179,999	170,387	1			674,241	4	175,689	1	841,412	5
180,000 - 199,999					758,471	4	193,834	1	584,419	3
200,000 - 299,999	1,348,467	5	255,254	1	4,415,420	17	1,962,919	8	2,264,682	10
300,000 - 399,999	3,056,082	9			12,178,251	35	3,057,547	9	5,303,055	15
400,000 - 499,999	4,145,721	9			15,728,509	35	3,149,766	7	12,133,825	27
500,000 - 599,999	3,911,544	7			18,466,320	34	3,761,998	7	15,915,394	29
600,000 - 699,999	3,259,017	5			10,228,972	16	5,165,434	8	17,340,201	27
700,000 - 799,999	796,904	1			10,490,239	14	3,616,136	5	9,651,931	13
800,000 - 899,999	3,397,445	4			10,307,793	12	6,643,242	8	7,737,987	9
900,000 - 999,999	1,836,464	2			1,882,419	2	6,616,555	7	6,656,367	7
1,000,000 - 1,999,999	1,308,193	1			22,300,595	17	46,236,832	34	4,348,072	4
2,000,000 & Over					4,396,516	2	71,469,021	24	2,392,911	1
Total	\$23,894,068	69	\$497,921	15	\$114,916,731	248	\$152,703,487	130	\$87,811,838	188

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, 2016 to March 31, 2017

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			\$188,097	66	\$21,447	7	\$10,191	6	\$11,451	3
10,000 - 19,999			131,195	9	28,688	2				
20,000 - 39,999	37,660	1	175,549	6	27,828	1			34,235	1
40,000 - 59,999			407,238	8						
60,000 - 79,999	76,271	1	897,661	13			66,954	1	136,557	2
80,000 - 99,999	86,921	1	1,131,043	13					80,471	1
100,000 - 119,999	105,006	1	864,962	8			220,027	2	114,563	1
120,000 - 139,999	139,426	1	784,560	6	123,906	1				
140,000 - 159,999	315,653	2	1,371,229	9			305,867	2		
160,000 - 179,999	344,720	2	2,040,058	12						
180,000 - 199,999			2,452,253	13	197,809	1	189,813	1		
200,000 - 299,999	1,302,352	5	16,368,023	64			1,096,007	4	1,707,824	7
300,000 - 399,999	1,038,517	3	16,895,431	49			1,839,714	5	2,723,325	8
400,000 - 499,999	2,709,759	6	16,282,036	36	466,240	1	2,802,670	6	4,087,974	9
500,000 - 599,999	4,497,862	8	10,945,993	20			2,180,812	4	7,728,860	14
600,000 - 699,999	7,257,681	11	12,325,551	19			5,154,692	8	5,241,227	8
700,000 - 799,999	5,185,243	7	4,422,702	6			2,188,426	3	3,623,252	5
800,000 - 899,999	2,564,988	3	4,070,994	5			1,760,734	2	2,492,956	3
900,000 - 999,999	4,725,560	5	975,792	1						
1,000,000 - 1,999,999	15,082,894	12	5,424,519	4			2,185,004	2	6,152,353	5
2,000,000 & Over					8,245,282	2				
Total	\$45,470,510	69	\$98,154,891	367	\$9,111,200	15	\$20,000,910	46	\$34,135,049	67

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, 2016 to March 31, 2017

Dollar Range	All Psychiatry		Radiology		Urology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$23,032	8	\$54,862	18	\$4,931	1
10,000 - 19,999	121,250	7	57,599	4		
20,000 - 39,999	235,116	9	215,597	7		
40,000 - 59,999	597,575	12	114,783	2	41,215	1
60,000 - 79,999	981,696	14	281,383	4	197,806	3
80,000 - 99,999	884,311	10	432,897	5	88,114	1
100,000 - 119,999	1,550,212	14	459,353	4		
120,000 - 139,999	2,251,268	17	382,668	3		
140,000 - 159,999	3,023,285	20	591,702	4	303,424	2
160,000 - 179,999	2,903,340	17	329,865	2	168,803	1
180,000 - 199,999	3,442,763	18	1,329,822	7		
200,000 - 299,999	24,957,097	100	3,901,968	16	1,291,790	5
300,000 - 399,999	28,885,701	83	7,441,866	21	1,713,913	5
400,000 - 499,999	38,923,357	86	8,593,737	19	1,831,091	4
500,000 - 599,999	20,613,004	38	8,859,289	16	3,246,748	6
600,000 - 699,999	23,446,012	36	18,146,067	28	5,863,333	9
700,000 - 799,999	12,709,891	17	14,086,981	19	4,498,049	6
800,000 - 899,999	7,654,621	9	15,143,344	18	2,603,791	3
900,000 - 999,999	2,820,808	3	21,737,838	23	3,867,373	4
1,000,000 - 1,999,999	10,032,065	8	153,655,091	111	8,386,667	7
2,000,000 & Over	2,266,633	1	195,910,270	65	2,038,762	1
Total	\$188,323,035	527	\$451,726,982	396	\$36,145,808	59

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, 2016 to March 31, 2017

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⁾	8,413	7,547.6	34.2	48.1	\$406,533	600
All Specialists (except GP/FPs & Laboratory)	3,454	3,003.4	32.8	49.8	515,822	1,508
Physicians by Specialty						
Anaesthesiology	443	385.5	33.9	48.8	447,973	11,750
Cardiovascular and Thoracic Surgery	25	21.6	32.0	48.0	778,655	210,124
Dermatology	51	41.7	33.3	49.0	931,959	108,529
Emergency Medicine	162	147.0	35.2	45.1	346,413	30,810
General/Family Physicians (GP/FPs)	4,959	4,442.0	34.9	47.2	341,987	1,020
- General/Family Physicians	4,671	4,195.3	34.8	47.2	339,379	1,080
- Full-Time Emergency Room Physicians	254	233.2	36.2	45.7	372,733	19,425
- Mental Health Generalists	15	13.8	33.3	46.7	454,729	327,330
- Other General Practice Physicians ⁽⁴⁾	19	12.2	21.1	63.2	173,356	371,640
General Surgery	203	171.6	34.0	47.8	582,459	26,398
- General Surgery designated specialty	182	157.2	34.6	46.7	572,156	28,825
- Other General Surgery ⁽⁴⁾	21	16.2	28.6	57.1	621,236	280,417
Internal Medicine	785	628.4	30.3	53.1	585,467	7,208
- Internal Medicine designated specialty	367	299.3	30.8	52.0	487,090	15,136
- Cardiology	112	92.2	33.0	49.1	931,891	49,121
- Gastroenterology	69	45.2	27.5	58.0	739,857	100,152
- Infectious Diseases	24	15.8	25.0	62.5	176,096	287,544
- Other Internal Medicine ⁽⁴⁾	213	172.6	30.5	53.5	579,086	26,239
Neurology	69	47.6	26.1	59.4	502,160	95,200
Neurosurgery	15	4.7	0.0	80.0	105,274	957,732
Obstetrics-Gynaecology	248	211.9	31.0	52.0	542,404	21,381
Ophthalmology	130	132.5	37.7	43.1	1,152,688	34,194
Orthopaedic Surgery	188	156.2	34.0	48.4	562,003	28,991
Otolaryngology	69	62.8	33.3	47.8	723,908	72,117
Paediatrics	367	282.9	28.9	55.6	346,956	16,012
Physical Medicine and Rehabilitation	46	36.6	30.4	47.8	546,470	123,765
Plastic Surgery	67	61.0	35.8	41.8	559,667	74,270
Psychiatry	527	492.8	36.6	44.2	382,140	9,192
Urology	59	52.5	33.9	45.8	688,272	86,255

Table 2.14
Number of Full-Time Equivalent Physicians by Specialty⁽¹⁾
for the Service Year April 1, 2016 to March 31, 2017

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) 15 Pathology and 396 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, 2016 to March 31, 2017

Physicians by Specialty	Total	Consultations	Assessments	
			Major	Other
Total: All Physicians	\$3,531,947,298	\$380,148,307	\$330,123,238	\$1,058,816,943
Subtotal				
All Physicians (except Pathology)	3,522,836,098	379,756,652	330,123,238	1,058,777,439
All Specialists (except GP/FPs & Pathology)	2,003,733,852	339,428,463	51,312,207	218,426,149
Physicians by Specialty				
Anaesthesiology	172,704,884	7,518,855	118,847	15,567,945
Cardiovascular and Thoracic Surgery	16,786,216	1,923,650	7,652	751,935
Dermatology	38,898,534	9,548,342	2,545,512	5,291,084
Emergency Medicine	50,931,364	2,922,538	493,021	32,683,620
General/Family Physicians (GP/FPs)	1,519,102,247	40,328,189	278,811,031	840,351,290
- General/Family Physicians	1,423,778,164	36,473,054	277,575,347	780,892,142
- Full-Time Emergency Room Physicians	86,918,203	3,699,569	1,010,301	58,544,873
- Mental Health Generalists	6,292,879	34,894	131,152	482,536
- Other General Practice Physicians ⁽³⁾	2,113,001	120,672	94,230	431,740
General Surgery	99,949,863	28,241,958	177,085	7,349,783
- General Surgery designated specialty	89,914,452	25,877,288	160,545	6,416,514
- Other General Surgery ⁽³⁾	10,035,411	2,364,670	16,540	933,268
Internal Medicine	370,681,761	119,957,411	9,641,889	44,855,562
- Internal Medicine designated specialty	145,773,814	62,438,889	7,037,288	22,782,056
- Cardiology	85,936,367	19,155,352	509,628	6,778,647
- Endocrinology/Metabolism	2,760,747	1,347,620	47,726	703,102
- Gastroenterology	33,463,510	13,281,981	281,054	2,350,122
- Infectious Diseases	2,774,136	1,940,758	42,600	577,827
- Other Internal Medicine ⁽³⁾	99,973,188	21,792,810	1,723,593	11,663,808
Neurology	23,894,068	15,103,568	636,816	3,315,380
Neurosurgery	497,921	75,040	218	9,731
Obstetrics-Gynaecology	114,916,731	18,665,506	3,160,890	24,519,684
Ophthalmology	152,703,487	15,800,410	13,883,633	14,477,249
Orthopaedic Surgery	87,811,838	18,703,774	438,915	7,746,563
Otolaryngology	45,470,510	9,117,184	293,710	2,748,390
Paediatrics	98,154,891	30,812,450	14,966,214	40,485,817
Physical Medicine and Rehabilitation	20,000,910	8,136,289	16,046	4,461,664
Plastic Surgery	34,135,049	4,653,039	861,212	3,036,551
Psychiatry designated specialty	188,323,035	38,749,963	3,459,307	5,439,502
Urology	36,145,808	8,811,556	580,607	3,684,887
Pathology	9,111,200	391,655		39,504
Radiology	451,726,982	686,929	30,633	2,000,802

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, 2016 to March 31, 2017

Physicians by Specialty	Hospital Care Days	Special Calls	Psychotherapy/ Counselling	Major Surgery
Total: All Physicians	\$102,131,144	\$34,215,432	\$232,055,797	\$381,748,108
Subtotal				
All Physicians (except Pathology)	102,131,144	34,215,432	232,055,797	381,748,108
All Specialists (except GP/FPs & Pathology)	52,076,084	1,737,836	120,757,953	347,535,074
Physicians by Specialty				
Anaesthesiology	139,290	17,471	1,958,091	95,617,785
Cardiovascular and Thoracic Surgery	555,681	3,272	378	12,728,556
Dermatology	34,698	3,885	94	9,151,083
Emergency Medicine	28,301	49,979	673,956	694,262
General/Family Physicians (GP/FPs)	50,055,061	32,477,596	111,297,844	34,213,035
- General/Family Physicians	49,943,122	32,311,256	104,571,949	32,930,011
- Full-Time Emergency Room Physicians	39,260	160,699	1,000,532	1,282,889
- Mental Health Generalists	11,380	4,813	5,068,938	
- Other General Practice Physicians ⁽³⁾	61,298	827	656,425	135
General Surgery	3,352,835	92,711	19,415	42,986,906
- General Surgery designated specialty	3,273,089	91,620	19,415	37,050,303
- Other General Surgery ⁽³⁾	79,746	1,090		5,936,603
Internal Medicine	39,247,163	254,746	118,954	8,544,790
- Internal Medicine designated specialty	26,719,311	145,093	85,084	141,027
- Cardiology	4,213,693	60,460	336	7,856,848
- Endocrinology/Metabolism	80,181	188		
- Gastroenterology	808,589	2,595		9,624
- Infectious Diseases	163,514	2,444	90	
- Other Internal Medicine ⁽³⁾	7,261,875	43,966	33,444	537,291
Neurology	1,273,522	10,040	12,712	220
Neurosurgery	2,722		43,104	170,628
Obstetrics-Gynaecology	1,634,498	1,071,501	18,694	14,593,878
Ophthalmology	2,002	16,936		42,713,243
Orthopaedic Surgery	681,790	19,064	22,590	58,671,509
Otolaryngology	36,581	12,431	561	15,434,473
Paediatrics	4,313,792	40,469	1,532,612	236,686
Physical Medicine and Rehabilitation	382,710	1,679	859,708	24,424
Plastic Surgery	39,172	12,973	378	23,719,263
Psychiatry designated specialty	705	122,030	115,450,489	
Urology	350,116	8,649	45,629	15,947,318
Pathology				
Radiology	506		588	6,300,048

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, 2016 to March 31, 2017

Physicians by Specialty	Minor Surgery	Surgical Assistance	Anaesthesia	Obstetrical Services
Total: All Physicians	\$28,139,573		\$41,645,526	\$51,242,135
Subtotal				
All Physicians (except Pathology)	28,139,573		41,645,526	51,242,135
All Specialists (except GP/FPs & Pathology)	12,752,526		37,025,697	34,120,384
Physicians by Specialty				
Anaesthesiology	2,269,725		23,389,572	6,142,831
Cardiovascular and Thoracic Surgery	13,505		80,175	
Dermatology	1,711,784		166,799	
Emergency Medicine	849,518		8,897	1,473
General/Family Physicians (GP/FPs)	15,387,047		4,619,830	17,121,751
- General/Family Physicians	13,239,094		4,609,924	17,114,798
- Full-Time Emergency Room Physicians	2,141,960		9,906	6,953
- Mental Health Generalists	3,316			
- Other General Practice Physicians⁽³⁾	2,677			
General Surgery	1,505,107		71,576	15,266
- General Surgery designated specialty	1,465,601		66,276	15,266
- Other General Surgery ⁽³⁾	39,506		5,301	
Internal Medicine	382,957		6,238	24,604
- Internal Medicine designated specialty	315,344		383	
- Cardiology	470			
- Endocrinology/Metabolism				
- Gastroenterology	46,393			
- Infectious Diseases	9,557			
- Other Internal Medicine⁽³⁾	11,193		5,855	24,604
Neurology	210		855,721	
Neurosurgery			93,510	
Obstetrics-Gynaecology	47,369		102,305	27,830,379
Ophthalmology	451,664		323	
Orthopaedic Surgery	278,020		36,850	850
Otolaryngology	3,752,630		107,650	147
Paediatrics	181,509		327	102,473
Physical Medicine and Rehabilitation	9,291		1,721,841	
Plastic Surgery	1,212,409		3,689	442
Psychiatry designated specialty				
Urology	24,223		556,567	919
Pathology				
Radiology	62,606		9,823,656	999

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, 2016 to March 31, 2017

Physicians by Specialty	Laboratory Services	Other Diagnostic & Therapeutic Services	Special Services	Miscellaneous Services
Total: All Physicians	\$46,608,684	\$312,078,537	\$18,384,288	\$79,499,463
Subtotal				
All Physicians (except Pathology)	46,608,684	303,403,169	18,379,614	79,499,463
All Specialists (except GP/FPs & Pathology)	46,576,450	258,990,398	3,161,103	45,522,121
Physicians by Specialty				
Anaesthesiology		13,648,016	52,448	3,783,413
Cardiovascular and Thoracic Surgery		513,791		207,157
Dermatology		9,811,116	6,882	627,254
Emergency Medicine		11,348,695	45,617	1,131,489
General/Family Physicians (GP/FPs)	32,234	44,412,771	15,218,511	33,977,342
- General/Family Physicians	32,234	27,422,786	15,142,613	30,721,117
- Full-Time Emergency Room Physicians		16,986,444	70,881	1,963,937
- Mental Health Generalists		2,357	68	553,425
- Other General Practice Physicians ⁽³⁾		1,184	4,949	738,863
General Surgery		15,029,520	5,901	1,101,366
- General Surgery designated specialty		14,485,279	5,262	987,559
- Other General Surgery ⁽³⁾		544,241	639	113,807
Internal Medicine	7,656,857	109,019,382	32,867	11,161,337
- Internal Medicine designated specialty		22,781,465	15,093	2,248,392
- Cardiology	7,128,022	20,863,385		966,461
- Endocrinology/Metabolism	528,835	2,277		50,540
- Gastroenterology		16,419,553	2,986	260,614
- Infectious Diseases		31,901	658	4,786
- Other Internal Medicine ⁽³⁾		48,920,802	14,130	7,630,543
Neurology		2,378,656	92,063	214,908
Neurosurgery		4,187		366
Obstetrics-Gynaecology		7,723,278	2,699,757	383,357
Ophthalmology		46,713,328		174,025
Orthopaedic Surgery		792,626	5,593	413,692
Otolaryngology		13,559,568	3,917	403,267
Paediatrics		3,415,036	41,614	777,965
Physical Medicine and Rehabilitation		2,661,330	147,426	81,968
Plastic Surgery		479,708	17,530	98,681
Psychiatry designated specialty		915,008	582	24,185,449
Urology		5,606,366	937	528,033
Pathology		8,675,368	4,674	
Radiology	38,919,592	15,370,784	7,969	248,392

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, 2016 to March 31, 2017

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}	\$677,358,985	13,487,642	3,143,501	215.48	4.3
03.08A	Consultation, described as comprehensive {Comprehensive consultation}	255,803,320	1,582,319	1,021,752	250.36	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}	250,269,206	2,170,088	1,718,034	145.67	1.3
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	145,246,412	0	801,203	181.29	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}	98,177,312	2,087,020	368,224	266.62	5.7
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	86,385,202	1,494,128	128,598	671.75	11.6
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}	56,751,679	1,035,919	89,739	632.41	11.5
03.03F	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit in a regional facility, referred cases only}	48,169,785	480,692	241,730	199.27	2.0
X107A	Fluoroscopy performed during special diagnostic or therapeutic procedures, including biopsy, endoscopy, intubation, pacemaker insertion and bougienage, etc.	43,220,716	182,699	84,056	514.19	2.2
X310	Ultrasound, abdominal, complete or at least two abdominal organs	40,643,419	202,107	186,421	218.02	1.1

Continued...

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

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

Table 2.16
Top 50 Health Service Codes based on Physician Fee-for-Service Payments
for the Service Year April 1, 2016 to March 31, 2017

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}	40,105,781	213,318	212,832	188.44	1.0
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}	\$36,760,271	597,768	27,469	1,338.25	21.8
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}	32,397,479	399,522	55,844	580.14	7.2
X306	Ultrasound, heart, echocardiogram, complete study	28,358,735	112,192	106,790	265.56	1.1
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}	26,502,953	452,190	96,601	274.35	4.7
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	25,418,129	410,535	19,673	1,292.03	20.9
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit}	23,676,931	509,961	78,102	303.15	6.5
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}	23,536,910	212,308	177,910	132.30	1.2
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}	20,499,850	448,940	62,763	326.62	7.2

Continued...

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

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

Table 2.16
 Top 50 Health Service Codes based on Physician Fee-for-Service Payments
 for the Service Year April 1, 2016 to March 31, 2017

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
27.72A	Insertion of intraocular lens prosthesis with cataract extraction, one stage {Phacoemulsification cataract extraction, anterior approach, with or without insertion of intraocular lens}	21,622,043	145,385	24,348	888.04	6.0
X308	Ultrasound, breast, including axilla	20,361,065	158,413	93,045	218.83	1.7
01.22	Other nonoperative colonoscopy {Other nonoperative colonoscopy}	19,025,441	162,018	86,556	219.80	1.9
X 27D	Screening mammography (age 50 to 74 years inclusive)	18,976,156	153,120	153,034	124.00	1.0
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	17,894,301	88,533	67,002	267.07	1.3
87.98A	Delivery NEC {Vaginal delivery}	17,237,210	33,983	33,126	520.35	1.0
03.04H	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in emergency department, 2200-0700 hours}	16,458,458	149,370	127,665	128.92	1.2
03.04F	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekday, 0700-1700 hours}	16,410,835	147,611	127,946	128.26	1.2
03.08I	Consultation described as comprehensive {Prolonged endocrinology/ metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, physiatry, 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}	16,257,801	346,028	145,493	111.74	2.4
X314	Ultrasound, pelvis, female, including endovaginal (EV) scan	15,952,702	91,262	79,934	199.57	1.1
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}	15,173,014	159,740	12,050	1,259.17	13.3
03.05JB	Other diagnostic interview and evaluation {Formal, scheduled family conference relating to a specific patient, per 15 minutes or major portion thereof}	14,953,944	290,951	124,731	119.89	2.3
X315	Ultrasound, pelvis, female, transvesical scan	14,876,664	117,443	95,510	155.76	1.2

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

(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, 2016 to March 31, 2017

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
03.07A	Consultation, described as limited {Minor consultation}	14,613,490	167,345	138,373	105.61	1.2
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}	13,929,081	743,129	19,265	723.03	38.6
X128	Bone mineral content determination dual photon absorptiometry with or without vertebral fracture assessment (VFA)	13,840,368	98,326	98,200	140.94	1.0
X334	Ultrasound, other than shoulder including joints, tendons, ligaments, muscles, single anatomic site	13,496,236	118,868	88,764	152.05	1.3
X320	Ultrasound, obstetrical, second or third trimester, general fetal assessment	13,369,288	86,407	52,898	252.74	1.6
X105	Planogram (tomogram, laminogram) - including stereos and fluoroscopy when necessary - any area	13,325,039	113,150	108,593	122.71	1.0
28.79B	Other operations on vitreous {Intravitreal injection for drug delivery}	13,021,239	98,694	14,879	875.14	6.6
03.52A	Other electrocardiogram {Electrocardiogram, technical}	11,452,415	471,681	400,526	28.59	1.2
X311	Ultrasound, kidneys, ureters and bladder	11,426,281	64,828	61,870	184.68	1.0
03.03E	Diagnostic interview and evaluation, described as limited {Periodic chronic care visit to a long term care patient}	11,255,998	399,149	16,566	679.46	24.1
86.9 D	Cesarean section of unspecified type {Cesarean section of unspecified type following trial of labour for any reason}	11,204,339	91,890	9,880	1,134.04	9.3
93.41A	Total knee replacement (geomedic) (polycentric) {Total knee arthroplasty, including hemiarthroplasty}	11,094,435	159,208	5,182	2,140.96	30.7
X171	Thallium myocardial perfusion imaging (rest and exercise)	10,610,880	23,685	23,584	449.92	1.0
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}	10,478,484	369,566	53,287	196.64	6.9

Continued...

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

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

Table 2.16
 Top 50 Health Service Codes based on Physician Fee-for-Service Payments
 for the Service Year April 1, 2016 to March 31, 2017

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
X157	Bone scan	10,119,713	24,429	23,745	426.18	1.0
X335	Ultrasound shoulder, dedicated rotator cuff and bicep	10,052,983	63,679	54,437	184.67	1.2
13.99J	Other diagnostic interview and evaluation {Medical emergency detention time, per 15 minutes}	10,011,466	144,312	28,236	354.56	5.1
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}	9,875,587	164,347	56,794	173.88	2.9

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, 2016 to March 31, 2017⁽¹⁾⁽²⁾

Service Type	Age & Sex	All Age Groups		Under 1		1 - 4	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	819	\$91,007	1,176	\$163,662	435	\$50,184
	M	674	76,986	1,376	187,203	538	61,376
Major Assessment	F	658	80,098	2,271	233,261	757	87,591
	M	536	65,811	2,305	238,306	788	91,250
Other Assessment	F	4,627	274,971	4,144	308,827	3,099	203,232
	M	3,212	193,390	4,531	337,564	3,395	226,370
Hospital Care Days	F	402	23,398	601	34,834	106	5,773
	M	349	21,712	742	42,155	136	7,463
Special Calls	F	23	9,086	1	6,012	2	6,204
	M	13	6,053	2	7,423	3	6,915
Psychotherapy/Counselling	F	1,268	58,740	6	337	32	1,911
	M	924	43,876	12	598	49	2,722
Major Surgery	F	1,004	86,141	343	31,508	214	15,720
	M	908	82,453	570	45,413	367	35,730
Minor Surgery	F	93	5,483	85	5,630	76	4,953
	M	112	6,925	112	7,596	109	7,223
Surgical Assistance	F	--	--				
	M	--	--				
Anaesthesiology	F	459	14,592	44	1,099	158	3,185
	M	76	3,910	46	1,194	166	3,421
Obstetrical Services	F	184	22,818	35	4,396		
	M	-	51	33	4,122		
Diagnostic & Therapeutic Services, Radiology	F	1,367	138,193	122	20,565	94	10,128
	M	651	54,810	146	23,969	118	12,040
Laboratory Services	F	58	12,537	--	5	--	5
	M	26	8,090			--	8
Other Diagnostic & Therapeutic Services	F	1,989	69,209	695	41,334	733	14,536
	M	1,763	68,588	895	53,294	945	19,257
Special Services ⁽³⁾	F	299	7,539	5	52	16	191
	M	61	652	5	50	17	197
Miscellaneous Services ⁽⁴⁾	F	948	42,101	230	9,974	434	21,447
	M	752	35,661	270	11,630	445	21,932
Total	F	14,196	935,913	9,760	861,495	6,157	425,059
	M	10,057	668,969	11,044	960,517	7,075	495,904

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, 2016 to March 31, 2017⁽¹⁾⁽²⁾

Service Type	Age & Sex	5 - 14		15 - 24		25 - 44	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	359	\$37,736	617	\$61,191	765	\$81,577
	M	450	46,893	406	40,874	420	46,243
Major Assessment	F	390	44,693	453	53,019	578	69,344
	M	402	46,183	295	34,007	341	41,143
Other Assessment	F	1,868	110,443	3,386	209,710	4,641	282,812
	M	1,917	118,469	1,767	110,756	2,163	128,954
Hospital Care Days	F	40	2,200	95	5,423	158	9,180
	M	33	1,795	61	3,597	82	5,426
Special Calls	F	2	3,449	3	8,341	4	8,187
	M	2	3,569	2	4,381	5	3,779
Psychotherapy/Counselling	F	311	15,423	1,508	72,234	1,459	66,527
	M	440	22,098	1,088	53,669	1,048	49,257
Major Surgery	F	222	15,790	415	30,384	780	57,932
	M	270	20,160	471	34,677	520	42,611
Minor Surgery	F	88	5,113	75	4,288	80	4,680
	M	102	6,317	99	6,314	94	5,824
Surgical Assistance	F	--					
	M					--	
Anaesthesiology	F	90	1,801	447	10,836	1,004	26,047
	M	110	2,159	25	690	34	1,824
Obstetrical Services	F	--	16	191	24,822	509	62,907
	M						
Diagnostic & Therapeutic Services, Radiology	F	163	14,031	554	59,614	1,296	151,647
	M	152	12,405	237	17,974	402	35,136
Laboratory Services	F	1	280	6	1,676	13	3,584
	M	1	159	4	1,033	8	2,701
Other Diagnostic & Therapeutic Services	F	982	13,751	1,181	25,501	1,499	43,332
	M	1,190	16,125	766	19,816	990	31,913
Special Services ⁽³⁾	F	17	244	227	6,866	430	12,329
	M	18	235	20	228	38	414
Miscellaneous Services ⁽⁴⁾	F	768	38,794	782	40,685	526	22,092
	M	748	37,972	605	32,504	394	18,252
Total	F	5,301	303,763	9,939	614,589	13,742	902,178
	M	5,834	\$334,538	5,845	\$360,522	6,541	\$413,477

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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 2.17
Physician Services and Payments per 1,000 Insured Persons
by Type of Service, and Patient Age and Sex
for the Service Year April 1, 2016 to March 31, 2017⁽¹⁾⁽²⁾

Service Type	Age & Sex	45 - 64		65 - 74		75 and Older	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	931	\$106,384	1,318	\$154,778	1,638	\$189,434
	M	796	93,777	1,422	169,208	1,969	229,483
Major Assessment	F	684	85,832	918	118,512	1,216	157,796
	M	570	73,455	912	119,596	1,424	181,205
Other Assessment	F	4,732	269,190	6,510	372,390	11,548	673,919
	M	3,688	215,643	6,082	355,766	10,675	641,359
Hospital Care Days	F	280	17,735	850	52,024	3,318	184,555
	M	315	21,117	1,003	64,051	3,322	196,864
Special Calls	F	11	5,578	30	9,494	279	45,512
	M	11	5,364	24	9,021	156	32,671
Psychotherapy/Counselling	F	1,699	78,274	1,276	59,842	1,191	55,067
	M	1,109	52,236	949	43,947	1,127	51,820
Major Surgery	F	1,416	122,890	2,338	226,824	2,430	237,671
	M	1,236	112,003	2,607	256,697	2,883	298,864
Minor Surgery	F	109	6,176	125	7,350	129	8,138
	M	121	7,311	159	9,495	188	11,503
Surgical Assistance	F						
	M	--	--				
Anaesthesiology	F	173	10,799	216	15,338	206	15,500
	M	87	5,967	136	10,381	153	11,923
Obstetrical Services	F	3	298	--	10	--	2
	M						
Diagnostic & Therapeutic Services, Radiology	F	1,983	198,630	2,770	248,372	2,879	221,610
	M	932	82,395	1,768	143,833	2,386	177,013
Laboratory Services	F	108	23,027	226	46,253	156	34,591
	M	40	13,195	107	31,806	109	33,646
Other Diagnostic & Therapeutic Services	F	2,506	95,561	4,142	173,555	4,824	223,867
	M	2,245	98,154	4,488	211,646	5,844	282,868
Special Services ⁽³⁾	F	384	8,770	336	6,027	226	2,777
	M	87	920	159	1,686	216	2,239
Miscellaneous Services ⁽⁴⁾	F	863	35,945	1,951	93,332	3,669	148,058
	M	666	29,529	1,725	86,319	3,255	144,083
Total	F	15,882	1,065,090	23,005	1,584,099	33,710	2,198,497
	M	11,901	\$811,066	21,541	\$1,513,451	33,707	\$2,295,541

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, 2013 to March 31, 2017

Physician Specialty	April 1, 2012	April 1, 2013	April 1, 2014	April 1, 2015	April 1, 2016
Anaesthesia	Nil	Nil	1.4	0.9	0.6
Cardiology	Nil	Nil	1.6	2.4	1.0
Cardiovascular and Thoracic Surgery	Nil	Nil	1.3	1.4	0.5
Critical Care Medicine	Nil	Nil	1.1	0.8	0.6
Dermatology	Nil	Nil	1.5	1.5	0.6
Emergency Medicine	Nil	Nil	1.5	1.3	0.8
Endocrinology/Metabolism	Nil	Nil	2.6	2.6	1.5
Gastroenterology	Nil	Nil	1.7	2.1	0.8
General Practice	Nil	Nil	3.7	3.6	1.5
General Surgery	Nil	Nil	1.5	2.2	0.9
Infectious Diseases	Nil	Nil	3.4	1.4	1.6
Internal Medicine	Nil	Nil	2.4	3.1	1.0
Mental Health Generalists	Nil	Nil	1.9	2.1	0.8
Nephrology	Nil	Nil	1.9	1.4	0.7
Neurology	Nil	Nil	2.4	2.0	1.0
Neurosurgery	Nil	Nil	2.0	1.8	0.9
Obstetrics-Gynaecology	Nil	Nil	1.7	2.3	0.8
Ophthalmology	Nil	Nil	1.2	1.2	0.6
Orthopaedic Surgery	Nil	Nil	1.6	1.9	1.0
Otolaryngology	Nil	Nil	1.2	1.7	0.7
Paediatrics	Nil	Nil	2.6	2.7	1.2
Pathology	Nil	Nil	2.2	2.6	1.2
Physical Medicine and Rehabilitation	Nil	Nil	2.2	2.0	0.9
Plastic Surgery	Nil	Nil	2.2	2.6	1.0
Psychiatry	Nil	Nil	2.5	1.7	1.1
Radiology	Nil	Nil	1.5	1.8	0.9
Respiratory Medicine	Nil	Nil	1.0	1.4	0.7
Rheumatology	Nil	Nil	5.0	4.2	1.5
Thoracic Surgery	Nil	Nil	1.9	2.0	1.0
Urology	Nil	Nil	1.5	2.0	0.8
Vascular Surgery	Nil	Nil	1.7	2.0	0.8
All Physicians	Nil	Nil	2.5%	2.5%	1.1%

Table 2.19
Basic Health Services:
Percentage Change to Rates in the Schedules of Benefits
for the Years Ended March 31, 2013 to March 31, 2017

Effective Date \ Type of Practitioner	Medical	Dentists/ Dental Specialists/ Oral Surgeons	Optometrists	Podiatrists ⁽¹⁾
	(%)	(%)	(%)	(%)
April 1, 2010	4.5	Nil	4.5	Nil
October 1, 2010	Nil	10.2	Nil	9.7
April 1, 2011	Nil	Nil	Nil	Nil
April 1, 2012	Nil	Nil	Nil	Nil
April 1, 2013	Nil	Nil	3.0	Nil
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	TBD ⁽²⁾	Nil	Nil	Nil

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

(2) Rate changes for April 1, 2017 are pending the outcome of the Reconciliation process within the Amending AMA Agreement.

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, 2018. 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. Their intent is to advance:

- 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 55 Clinical ARPs that use three working models for funding physician services, which are:

- Capitation ARP – This model is used in 2 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 35 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 18 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 Alternative Relationship Plans

Academic ARPs are funding arrangements that provide alternate compensation under a contractual model for clinical practice and conditional grant funding to compensate physicians for their teaching, administrative and research roles. These agreements have been successful in:

- attracting and retaining needed specialists to the province,
- supporting innovative clinical practice, and
- enhancing the quality of Alberta's medical education and research.

Ten Academic ARPs have been implemented in Alberta. Academic ARPs involve the following: the Universities of Alberta and Calgary, the Faculties of Medicine, the participating physicians, Alberta Health, Alberta Health Services, the Alberta Medical Association, other funding bodies, and related ministries such as Innovation and Advanced Education.

Table 2.20
Alternative Relationship Plans (ARP) Summary by Type
for Service Year April 1, 2016 to March 31, 2017

	General Practitioners	Specialists	Expenditures ⁽¹⁾
Clinical ARPs	1,287	254	\$161,983,819
Academic ARPs	88	746	\$207,749,105
Total ⁽²⁾	1,375	1,000	\$369,732,924
Total ARP Physicians	2,375		

Notes:

(1) Expenditures for the 2016-2017 Fiscal Year as of September 2017.

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

Table 2.21
 Top 50 Health Service Codes
 Physician Service Events Submitted by Alternative Relationship Plans (ARPs) ⁽¹⁾
 for Service Year April 1, 2016 to March 31, 2017

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}	422,157	41,394
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}	296,659	110,778
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	204,439	59,127
03.08A	Consultation, described as comprehensive {Comprehensive consultation}	201,652	149,618
03.03F	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit in a regional facility, referred cases only}	149,768	83,031
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	96,520	8,354
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>	67,235	21,056
03.08I	Consultation described as comprehensive {Prolonged endocrinology/ metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, physiatry, 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}	63,307	52,178
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}	57,209	49,614
03.03E	Diagnostic interview and evaluation, described as limited {Periodic chronic care visit to a long term care patient}	54,642	2,670
13.99OA	Other miscellaneous diagnostic and therapeutic procedures NEC {Management of patient on hemodialysis or peritoneal dialysis (per week)}	46,484	2,008
03.01NG	Diagnostic interview and evaluation, unqualified {Patient care advice to paramedic - pre hospital patch, 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 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}	33,007	10,121

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 Service Year April 1, 2016 to March 31, 2017

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients ⁽²⁾
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}	29,262	18,711
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}	29,005	14,261
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	24,277	19,403
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}	23,339	3,581
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}	23,108	9,187
03.01LJ	Diagnostic interview and evaluation, unqualified {Physician or podiatric surgeon to physician telephone or telehealth videoconference or secure videoconference consultation, consultant, weekdays 0700 to 1700 hours}	21,247	17,571
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit}	20,268	6,140
13.62A	Other miscellaneous diagnostic & therapeutic procedures NEC {Ventilatory support, in Intensive Care Unit (ICU)}	20,250	2,111
03.05JR	Other diagnostic interview and evaluation {Physician telephone call directly to patient, to discuss patient management/diagnostic test results}	18,789	11,865
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}	18,563	13,889
03.07B	Consultation, described as limited {Repeat consultation}	15,770	11,463
03.07A	Consultation, described as limited {Minor consultation}	14,866	12,651
03.05JB	Other diagnostic interview and evaluation {Formal, scheduled family conference relating to a specific patient, per 15 minutes or major portion thereof}	13,354	6,791
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}	11,851	1,444

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 Service Year April 1, 2016 to March 31, 2017

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients ⁽²⁾
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}	11,291	2,613
01.14	Other nonoperative gastroscopy <Esophagogastroscopy>	9,890	8,523
03.01NH	Diagnostic interview and evaluation, unqualified {Patient care advice to paramedic - pre hospital patch, 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 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}	9,855	4,644
03.03AI	Other diagnostic interview and evaluation {Transfer of care of intensive care patient}	9,333	3,541
01.22	Other nonoperative colonoscopy {Other nonoperative colonoscopy}	9,079	8,668
03.03AO	Diagnostic interview and evaluation, described as limited {Transfer of care of hospital in-patient}	8,970	5,534
03.01LK	Diagnostic interview and evaluation, unqualified {Physician 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}	8,290	7,136
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}	7,988	5,763
03.03DG	Diagnostic interview and evaluation, described as limited {Complex pediatric hospital visit per full 15 minutes}	7,822	1,930
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.}	6,604	4,109
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}	6,434	6,189
98.12L	Local excision or destruction of lesion or tissue of skin and subcutaneous tissue {Non-surgical treatment (cryotherapy, chemotherapy), warts or keratoses}	6,084	3,304
03.08B	Consultation, described as comprehensive {Obstetrical consultation}	5,884	5,355

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 Service Year April 1, 2016 to March 31, 2017

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients ⁽²⁾
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}	6,064	3,084
13.55A	Chemotherapy<That for treatment of malignant disease>	5,736	764
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}	5,397	2,885
03.04F	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekday, 0700-1700 hours}	5,319	5,119
03.05O	Other diagnostic interview and evaluation {Direct management, reassessment, education and/or general counselling of a patient with chronic pain, per 15 minutes or portion thereof}	5,201	1,367
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}	5,196	541
13.99A	Other miscellaneous diagnostic & therapeutic procedures NEC {Hemodialysis treatment, unstable patient} <For assessment and management of an unstable patient undergoing hemodialysis treatment where the physician attends and assesses or changes the treatment at the time of the visit>	4,955	683
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}	4,831	1,582
13.82A	Ultraviolet light therapy {Psoralen ultraviolet A treatment, ultraviolet B or narrow-band ultraviolet B treatment}	4,808	172
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}	4,774	1,683
07.09B	Other diagnostic physical medicine procedures {Conduction studies and electromyography, one limb, interpretation}	4,615	4,337

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, 2013 to March 31, 2017

Physicians by Specialty	Number of Physicians ^{(3) (4)}				
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Total: All Physicians	1,382	1,429	1,468	1,581	1,675
Subtotal:					
All Physicians (except Pathology)	1,382	1,429	1,468	1,581	1,675
All Specialists (except GP/FPs & Pathology)	883	890	902	977	1,026
Physicians by Specialty					
Anaesthesiology	23	25	25	28	29
Cardiovascular and Thoracic Surgery	10	11	12	13	10
Dermatology	10	10	10	12	12
Emergency Medicine	12	10	5	4	4
General/Family Physicians (GP/FPs)	499	539	566	604	649
- General/Family Physicians	490	529	559	593	635
- Full-Time Emergency Room Physicians	6	5	1	4	7
- Mental Health Generalists					
- Other General Practice Physicians ⁽²⁾	3	5	6	7	7
General Surgery	6	5	6	7	10
- General Surgery designated specialty	3	3	4	5	6
- Other General Surgery ⁽²⁾	3	2	2	2	4
Internal Medicine	427	424	431	446	457
- Internal Medicine designated specialty	129	124	128	135	140
- Cardiology	54	55	54	52	54
- Endocrinology/Metabolism	15	16	16	16	16
- Gastroenterology	57	54	50	49	51
- Infectious Diseases	30	32	32	30	30
- Other Internal Medicine ⁽²⁾	142	143	151	164	166
Neurology	92	93	92	100	106
Neurosurgery	32	29	30	32	33
Obstetrics-Gynaecology	31	36	39	38	44
Ophthalmology					
Orthopaedic Surgery					
Otolaryngology					
Paediatrics	207	206	215	241	258
Physical Medicine & Rehabilitation	19	20	19	28	29
Plastic Surgery					
Psychiatry	14	21	18	24	29
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, 2013 to March 31, 2017

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, 2013 to March 31, 2017

Physicians by Specialty	Number of Service Events ⁽³⁾				
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Total: All Physicians	1,685,083	1,745,551	1,840,631	2,150,277	2,350,863
Subtotal:					
All Physicians (except Pathology)	1,685,083	1,745,551	1,840,631	2,150,277	2,350,863
All Specialists (except GP/FPs & Pathology)	1,094,028	1,130,775	1,182,058	1,337,253	1,424,906
Physicians by Specialty					
Anaesthesiology	6,761	6,525	9,142	10,501	12,476
Cardiovascular and Thoracic Surgery	8,287	8,770	8,933	8,790	9,065
Dermatology	32,446	30,985	32,016	34,008	35,930
Emergency Medicine	10,511	9,499	8,620	5,511	5,806
General/Family Physicians (GP/FPs)	591,055	614,776	658,573	813,024	925,957
- General/Family Physicians	588,581	613,519	654,754	808,164	921,885
- Full-Time Emergency Room Physicians	1,766	758	1,804	3,108	1,991
- Mental Health Generalists					
- Other General Practice Physicians ⁽²⁾	708	499	2,015	1,752	2,081
General Surgery	11,211	10,459	11,658	11,882	10,210
- General Surgery designated specialty	5,922	6,138	6,823	7,932	5,673
- Other General Surgery ⁽²⁾	5,289	4,321	4,835	3,950	4,537
Internal Medicine	638,518	655,496	677,019	736,601	760,951
- Internal Medicine designated specialty	166,942	168,076	173,723	179,745	191,499
- Cardiology	71,514	75,445	72,080	69,566	69,806
- Endocrinology/Metabolism	18,854	18,647	19,179	17,883	19,299
- Gastroenterology	101,801	96,752	91,116	84,518	86,611
- Infectious Diseases	35,286	42,540	43,647	43,293	41,755
- Other Internal Medicine ⁽²⁾	244,121	254,036	277,274	341,596	351,981
Neurology	106,540	112,757	112,138	127,600	136,966
Neurosurgery	42,674	43,768	42,605	44,559	48,339
Obstetrics-Gynaecology	24,639	25,303	25,742	37,333	40,429
Ophthalmology					
Orthopaedic Surgery					
Otolaryngology					
Paediatrics	189,934	197,087	222,206	275,139	300,897
Physical Medicine & Rehabilitation	17,466	23,452	25,902	33,346	47,236
Plastic Surgery					
Psychiatry	5,041	6,674	6,077	8,555	11,443
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, 2013 to March 31, 2017

Physicians by Specialty	Payments				
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Total: All Physicians	\$74,929,128	\$78,974,860	\$82,692,527	\$85,979,492	\$84,048,695
Subtotal:					
All Physicians (except Pathology)	68,273,691	71,262,845	74,443,091	77,673,191	76,052,855
All Specialists (except GP/FPs & Pathology)	45,558,271	48,230,027	50,080,267	54,496,822	54,139,798
Physicians by Specialty					
Anaesthesiology	5,938,229	5,976,973	5,938,186	6,264,080	6,105,350
Cardiovascular and Thoracic Surgery	2,463,601	2,553,831	2,590,693	3,210,932	3,442,178
Dermatology	527,537	571,148	665,591	738,555	776,895
Emergency Medicine	1,124,919	1,147,409	1,199,375	1,233,042	1,112,590
General/Family Physicians (GP/FPs)	22,715,420	23,032,818	24,362,824	23,176,369	21,913,058
- General/Family Physicians	19,639,512	19,821,045	20,809,010	20,452,554	19,722,052
- Full-Time Emergency Room Physicians	2,863,022	3,059,672	3,325,434	2,582,498	2,069,298
- Mental Health Generalists	186,440	102,933	169,618	102,920	75,286
- Other General Practice Physicians ⁽¹⁾	26,446	49,169	58,762	38,397	46,422
General Surgery	3,881,939	3,766,081	3,767,932	4,122,508	3,826,495
- General Surgery designated specialty	3,297,817	3,249,569	3,230,545	3,573,695	3,312,438
- Other General Surgery ⁽¹⁾	584,121	516,512	537,387	548,814	514,057
Internal Medicine	11,156,822	11,681,673	11,359,208	11,837,088	11,493,614
- Internal Medicine designated specialty	3,105,655	3,219,765	3,272,177	3,268,111	3,429,708
- Cardiology	3,043,540	2,988,740	2,712,645	2,815,115	2,766,056
- Endocrinology/Metabolism	65,849	69,973	81,690	52,460	73,761
- Gastroenterology	757,746	791,449	734,862	759,916	711,944
- Infectious Diseases	213,011	248,907	215,959	192,069	181,143
- Other Internal Medicine ⁽¹⁾	3,971,021	4,362,838	4,341,875	4,749,418	4,331,002
Neurology	689,622	788,467	761,423	806,592	859,527
Neurosurgery	785,396	833,744	813,871	817,728	779,012
Obstetrics-Gynaecology	1,764,627	1,789,342	1,875,965	1,798,319	1,915,346
Ophthalmology	2,219,278	2,308,301	2,493,934	2,488,343	2,662,877
Orthopaedic Surgery	2,557,854	2,724,734	2,911,537	2,862,001	2,810,581
Otolaryngology	1,418,969	1,506,856	1,672,192	1,748,727	1,785,662
Paediatrics	2,223,935	2,438,103	2,768,812	4,106,078	4,282,972
Physical Medicine & Rehabilitation	312,451	380,536	410,305	413,103	418,827
Plastic Surgery	1,384,462	1,250,242	1,358,897	1,656,277	1,367,317
Psychiatry	1,882,116	1,989,012	2,332,399	2,587,103	2,361,521
Urology	809,642	845,024	825,192	882,849	884,487
Pathology	6,655,437	7,712,015	8,249,436	8,306,301	7,995,840
Radiology	4,416,873	5,678,552	6,334,756	6,867,566	7,180,859

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, 2013 to March 31, 2017

Physicians by Specialty	Number of Services				
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Total: All Physicians	1,221,108	1,295,525	1,328,543	1,322,921	1,268,658
Subtotal:					
All Physicians (except Pathology)	911,558	947,115	965,150	970,797	938,329
All Specialists (except GP/FPs & Pathology)	520,797	554,899	572,701	610,316	601,174
Physicians by Specialty					
Anaesthesiology	151,613	152,123	151,115	148,079	136,544
Cardiovascular and Thoracic Surgery	5,810	6,125	5,236	7,522	8,021
Dermatology	7,846	8,651	9,413	10,748	11,408
Emergency Medicine	12,770	12,819	13,221	13,157	11,815
General/Family Physicians (GP/FPs)	390,761	392,216	392,449	360,481	337,155
- General/Family Physicians	351,425	352,454	349,415	328,603	311,654
- Full-Time Emergency Room Physicians	34,931	36,555	38,263	28,954	23,145
- Mental Health Generalists	3,854	2,129	3,727	2,260	1,587
- Other General Practice Physicians⁽¹⁾	551	1,078	1,044	664	769
General Surgery	22,963	21,897	22,379	23,739	22,930
- General Surgery designated specialty	20,500	19,393	20,075	21,521	20,973
- Other General Surgery ⁽¹⁾	2,463	2,504	2,304	2,218	1,957
Internal Medicine	130,544	142,991	139,606	146,876	145,637
- Internal Medicine designated specialty	38,728	38,258	39,612	37,867	38,790
- Cardiology	21,369	21,546	19,011	20,785	19,934
- Endocrinology/Metabolism	586	627	757	483	669
- Gastroenterology	6,244	6,593	5,842	5,962	5,569
- Infectious Diseases	1,810	2,106	1,851	1,640	1,630
- Other Internal Medicine⁽¹⁾	61,807	73,861	72,533	80,139	79,045
Neurology	6,419	7,753	7,237	7,651	8,464
Neurosurgery	3,247	3,677	3,310	3,079	2,908
Obstetrics-Gynaecology	17,149	17,625	18,573	18,337	18,575
Ophthalmology	29,853	30,896	32,656	34,744	37,140
Orthopaedic Surgery	12,763	13,405	15,399	14,353	15,008
Otolaryngology	10,671	11,975	14,864	18,533	17,048
Paediatrics	24,554	26,580	30,326	46,402	50,070
Physical Medicine & Rehabilitation	3,435	4,202	4,378	4,149	4,062
Plastic Surgery	5,326	5,733	6,248	6,971	6,036
Psychiatry	28,986	30,031	34,592	37,465	33,910
Urology	4,793	4,990	4,986	5,337	5,391
Pathology	309,550	348,410	363,393	352,124	330,329
Radiology	42,055	53,426	59,162	62,648	65,497

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, 2013 to March 31, 2017

Physicians by Specialty	Number of Discrete Patients ⁽²⁾				
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Total: All Physicians	153,475	157,325	158,794	143,034	132,041
Subtotal:					
All Physicians (except Pathology)	150,218	153,636	154,830	139,589	128,954
All Specialists (except GP/FPs & Pathology)	60,817	64,587	66,041	65,582	63,083
Physicians by Specialty					
Anaesthesiology	6,623	6,482	6,266	6,165	6,031
Cardiovascular and Thoracic Surgery	787	787	799	890	911
Dermatology	2,853	2,806	2,836	2,858	2,818
Emergency Medicine	6,698	7,009	7,072	6,774	5,936
General/Family Physicians (GP/FPs)	120,177	120,662	121,426	104,612	94,629
- General/Family Physicians	108,721	109,100	109,428	95,975	88,212
- Full-Time Emergency Room Physicians	18,940	19,376	20,175	15,021	11,718
- Mental Health Generalists	128	79	59	59	61
- Other General Practice Physicians ⁽¹⁾	135	170	148	128	154
General Surgery	5,464	5,449	5,738	5,619	5,396
- General Surgery designated specialty	4,921	4,897	5,189	5,086	4,855
- Other General Surgery ⁽¹⁾	601	622	618	613	598
Internal Medicine	17,550	18,849	18,591	18,238	17,611
- Internal Medicine designated specialty	9,941	10,497	10,178	9,609	9,509
- Cardiology	3,756	4,237	4,744	4,542	4,621
- Endocrinology/Metabolism	307	302	307	221	300
- Gastroenterology	1,438	1,501	1,426	1,485	1,393
- Infectious Diseases	592	617	568	500	410
- Other Internal Medicine ⁽¹⁾	4,497	5,049	4,717	5,092	4,408
Neurology	1,874	1,988	1,930	1,890	2,007
Neurosurgery	739	785	734	717	721
Obstetrics-Gynaecology	4,306	4,242	4,223	4,077	4,004
Ophthalmology	4,232	4,248	4,279	4,275	4,386
Orthopaedic Surgery	4,516	4,771	4,896	4,750	4,834
Otolaryngology	2,770	3,124	3,084	3,290	3,169
Paediatrics	3,709	3,895	4,018	3,842	3,793
Physical Medicine & Rehabilitation	529	604	633	697	696
Plastic Surgery	1,889	1,876	2,001	2,095	1,861
Psychiatry	2,313	2,297	2,660	2,948	2,718
Urology	1,687	1,689	1,744	1,773	1,659
Pathology	31,556	34,734	37,029	34,189	32,381
Radiology	19,777	22,857	24,362	24,239	24,074

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
Out-of-Province Basic Health Services:
Distribution of Payments, Number of Services and Discrete Patients
for the Service Years Ended March 31, 2013 to March 31, 2017

Province of Service ⁽¹⁾	Payments				
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
British Columbia	\$14,010,967	\$15,238,965	\$15,922,501	\$17,533,302	\$18,444,581
Manitoba	995,524	1,029,373	1,047,162	1,006,754	1,078,911
New Brunswick	338,631	384,514	421,155	469,863	537,291
Newfoundland and Labrador	550,053	615,777	593,963	562,158	711,483
Nova Scotia	840,714	1,033,930	1,178,793	1,241,001	1,785,847
Northwest Territories	104,469	127,244	164,715	182,195	202,201
Nunavut	1,563	2,067	757	324	162
Ontario	4,501,146	4,503,950	4,919,077	5,846,736	6,794,788
Prince Edward Island	97,959	96,823	125,818	135,332	166,534
Saskatchewan	5,327,301	6,019,533	6,396,328	6,393,799	7,120,422
Yukon	101,607	89,372	85,968	115,638	175,366
Total	\$26,869,934	\$29,141,548	\$30,856,237	\$33,487,101	\$37,017,585
Province of Service ⁽¹⁾	Number of Services				
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
British Columbia	456,047	360,242	365,669	441,906	437,853
Manitoba	22,857	22,286	22,316	23,513	24,336
New Brunswick	5,385	5,727	6,140	7,517	7,762
Newfoundland and Labrador	15,145	14,741	13,417	13,505	16,025
Nova Scotia	16,745	17,572	18,375	20,837	27,294
Northwest Territories	1,685	1,858	2,126	2,403	2,878
Nunavut	58	52	21	6	4
Ontario	126,796	127,697	146,536	169,322	198,993
Prince Edward Island	1,874	1,955	2,178	2,523	2,980
Saskatchewan	89,797	95,820	101,225	98,911	104,732
Yukon	1,950	1,271	1,466	1,789	2,425
Total	738,339	649,221	679,469	782,232	825,282
Province of Service ⁽¹⁾	Number of Discrete Patients				
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
British Columbia	63,328	66,919	70,315	74,211	77,730
Manitoba	5,171	4,822	4,660	4,865	5,332
New Brunswick	1,908	1,934	2,047	2,361	2,573
Newfoundland and Labrador	4,085	3,934	3,626	3,626	4,261
Nova Scotia	4,985	5,287	5,544	6,051	7,238
Northwest Territories	649	659	755	840	1,025
Nunavut	29	24	16	5	3
Ontario	17,570	18,206	19,554	22,541	26,684
Prince Edward Island	696	718	737	847	926
Saskatchewan	20,996	21,360	22,579	22,709	23,495
Yukon	488	453	475	564	727
Total ⁽²⁾	118,224	122,672	128,515	138,620	149,994

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

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.

As of July 1, 2006, coverage for out-of-province and out-of-country podiatric, chiropractic and optometric services was discontinued.

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. On August 1, 2011, the *Out-of-Country Health Services Regulation* was amended, based on recommendations from the Alberta Ombudsman. Applications to this committee can only be made by an Alberta physician or dentist on an Albertan's behalf.

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 2.26
 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, 2013 to March 31, 2016

Practitioner Type	Number of Services						Number of Discrete Patients						Payments					
	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016	2012/2013	2013/2014	2014/2015	2015/2016		
Physicians⁽⁴⁾	39,317	33,804	36,290	32,980	13,441	11,434	12,233	10,716	\$2,435,305	\$2,189,233	\$2,580,363	\$2,589,749						
Dentists/Dental Specialists/Oral Surgeons	12	6	2	1	3	5	2	1	1,744	1,297	231	48						
Total	39,329	33,810	36,292	32,981	13,441	11,435	12,234	10,717	\$2,437,050	\$2,190,530	\$2,580,594	\$2,589,797						
Practitioner Type	UNITED STATES																	
Physicians⁽⁴⁾	26,914	22,416	22,898	18,331	8,279	6,904	7,380	5,917	\$1,710,465	\$1,445,409	\$1,569,367	\$1,342,356						
Dentists/Dental Specialists/Oral Surgeons	12	3	1		3	3	1		1,744	332	98							
Total	26,926	22,419	22,899	18,331	8,279	6,905	7,380	5,917	\$1,712,209	\$1,445,741	\$1,569,465	\$1,342,356						
Practitioner Type	OUT-OF-COUNTRY (EXCEPT UNITED STATES)																	
Physicians⁽⁴⁾	12,403	11,388	13,392	14,649	5,227	4,581	4,920	4,849	\$724,840	\$743,824	\$1,010,996	\$1,247,393						
Dentists/Dental Specialists/Oral Surgeons		3	1	1		2	1	1		965	133	48						
Total	12,403	11,391	13,393	14,650	5,227	4,581	4,921	4,850	\$724,840	\$744,789	\$1,011,129	\$1,247,441						

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 2.27
 Out-of-Country Health Services Program:
 Applications Reviewed by Out-of-Country Health Services Committee/Appeal Panel
 for the Service Years Ended March 31, 2013 to March 31, 2017

Status of Applications	Type of Service				
	Required services not available in Alberta				
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Reviewed	81	102	82	96	83
Approved	37	55	52.5	45	37
Approved on Appeal	8.5	7	2	3	4
Deferred ⁽¹⁾	1.5	2.5	6.5	2.5	6.5
Denied	34	37.5	21	48.5	40

*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 2.28
 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, 2013 to March 31, 2017

Amount Paid (\$)	Type of Service				
	Required services not available in Alberta				
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Medical Services	\$1,215,554	\$1,730,834	\$2,215,183	\$2,667,188	\$1,707,087
Hospital Services	2,698,065	4,014,045	4,479,294	4,587,501	5,018,579
Total	\$3,913,619	\$5,744,879	\$6,694,477	\$7,254,689	\$6,725,666

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, 2017, there are 42 PCNs operating in the province.

Table 2.29
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, 2016 to March 31, 2017

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	180	166,779	\$7,005,598
Palliser	South Zone	99	103,995	3,223,845
Bow Valley	Calgary Zone	53	24,324	996,375
Calgary Foothills	Calgary Zone	472	374,971	18,272,159
Calgary Rural	Calgary Zone	159	109,895	4,401,697
Calgary West Central	Calgary Zone	464	325,714	16,744,009
Highland	Calgary Zone	67	64,638	3,063,176
Mosaic	Calgary Zone	322	311,586	11,146,052
South Calgary	Calgary Zone	277	214,576	13,091,889
Big Country	Central Zone	46	36,910	1,785,138
Camrose	Central Zone	46	34,027	1,760,755
Drayton Valley	Central Zone	17	15,310	474,610
Kalyna Country	Central Zone	28	24,038	1,344,804
Lloydminster	Central Zone	25	20,303	838,972
Peaks to Prairies	Central Zone	36	22,618	701,158
Provost	Central Zone	4	4,350	134,850
Red Deer	Central Zone	93	127,468	4,665,075
Rocky Mountain House	Central Zone	22	15,375	903,053
Wainwright	Central Zone	15	9,362	290,222
Wetaskiwin	Central Zone	29	24,247	1,310,026
Wolf Creek	Central Zone	59	65,756	2,515,796
Alberta Heartland	Edmonton Zone	34	42,255	1,954,849
Edmonton North	Edmonton Zone	212	199,832	7,432,633
Edmonton Oliver	Edmonton Zone	175	129,597	7,452,006
Edmonton Southside	Edmonton Zone	304	295,085	13,438,414
Edmonton West	Edmonton Zone	221	176,928	5,682,341
Leduc/Beaumont/Devon	Edmonton Zone	66	60,094	3,457,630
Sherwood Park-Strathcona County	Edmonton Zone	87	94,266	4,158,876
St. Albert & Sturgeon	Edmonton Zone	77	79,467	4,014,041
WestView	Edmonton Zone	91	78,577	3,306,639
Aspen	North Zone	38	28,349	1,526,057
Bighorn (formerly Grande Cache)	North Zone	12	9,971	468,514
Bonnyville	North Zone	26	14,261	548,481
Cold Lake	North Zone	19	15,039	889,905
Grande Prairie	North Zone	68	78,833	4,501,291
Lakeland	North Zone	41	39,048	2,438,522
McLeod River	North Zone	48	37,665	1,170,653
Northwest	North Zone	23	23,621	741,241
Peace Region	North Zone	42	31,344	974,051
Sexsmith/Spirit River	North Zone	7	9,106	288,021
West Peace	North Zone	10	8,308	273,637
Wood Buffalo	North Zone	36	66,415	4,133,694
Total		4,150	3,614,303	\$163,520,755

Table 2.29
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, 2016 to March 31, 2017

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 2016/2017*.

Highlights

- A total of 38.79% of physician fee-for-service expenditures were for services received in Edmonton Zone (Zone 4); 39.25% for services received in Calgary Zone (Zone 2) and the balance, 21.95%, for services received in the other three zones.
- In Alberta, 89.47% 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

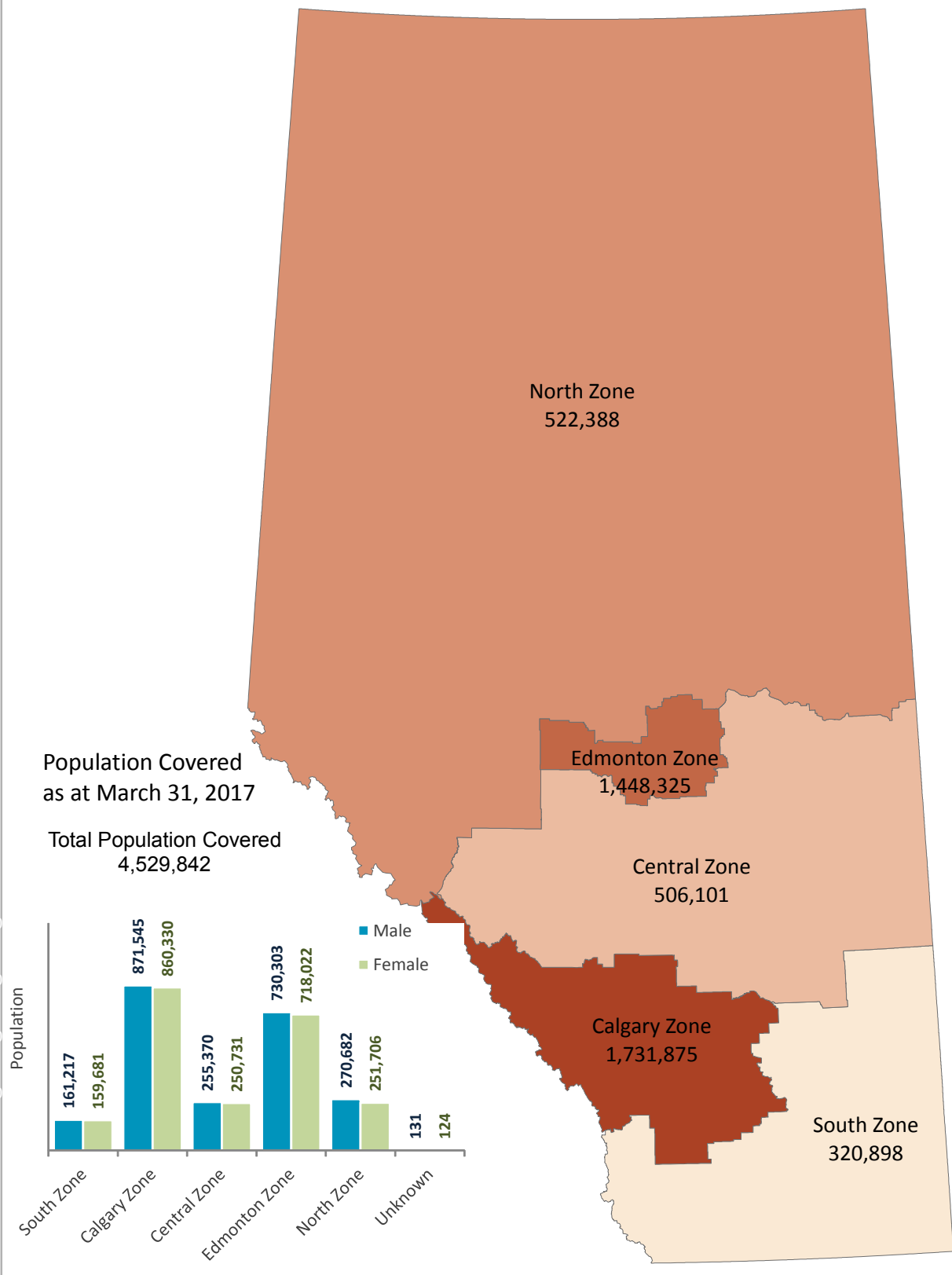
The map on continuum health zones (Map 3.1) shows the current five continuum zones that were put in place on May 15, 2008.

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.

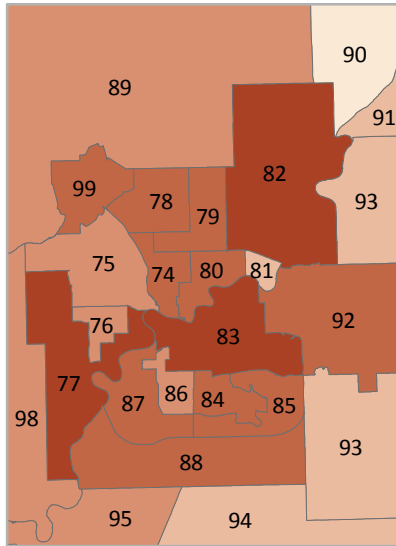
Map 3.1

Distribution of Population Covered by Alberta Health Services Geographic Zone

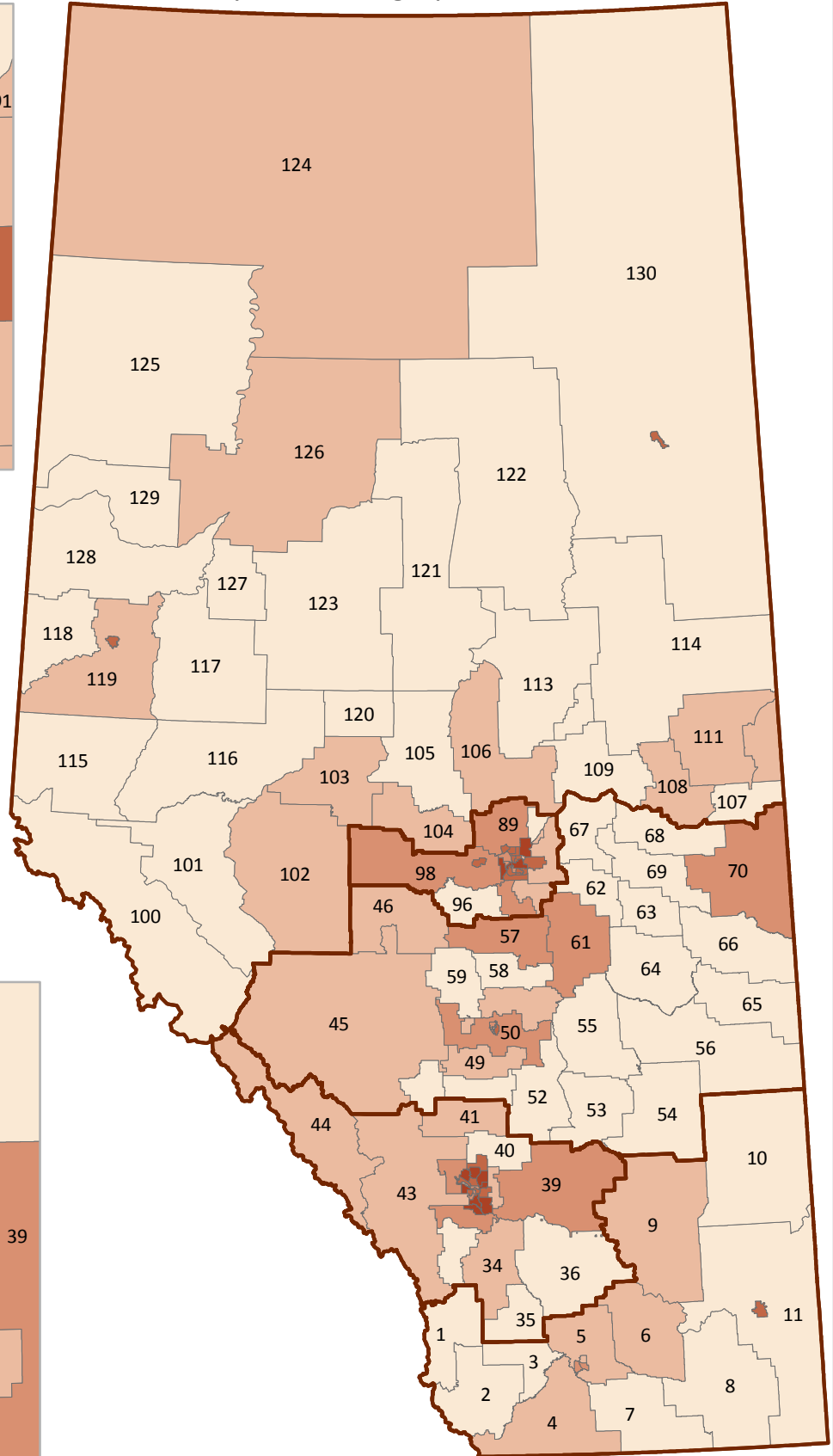


Map 3.2

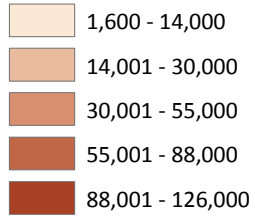
Edmonton Area



Alberta Population
by Local Geographic Area



Alberta Population
as at March 31, 2017



Calgary Area

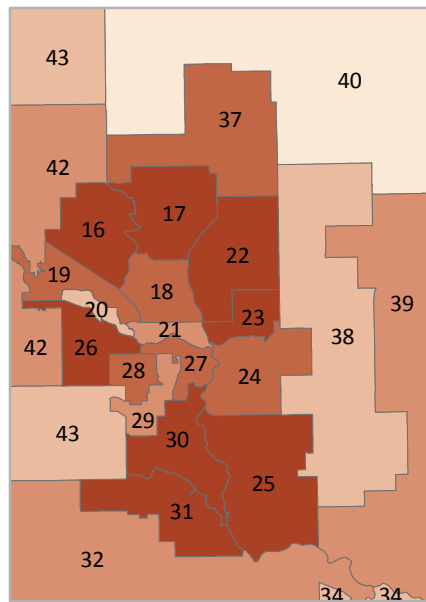


Table 3.1
Distribution of Population Covered by Local Geographic Area (LGA)
as at March 31, 2017

LGA ID	LGA Code	LGA Name	Population
SOUTH ZONE			
1	Z1.1.A.01	Crowsnest Pass	6,532
2	Z1.1.A.02	Pincher Creek	9,015
3	Z1.1.A.03	Fort Macleod	7,104
4	Z1.1.B.04	Cardston-Kainai	18,521
5	Z1.2.A.01	County Of Lethbridge	25,961
6	Z1.2.B.02	Taber Md	20,384
7	Z1.2.C.03	County Of Warner	11,635
8	Z1.2.C.04	County Of Forty Mile	6,998
9	Z1.3.A.01	Newell	29,761
10	Z1.3.B.02	Oyen	3,730
11	Z1.3.B.03	Cypress County	12,301
12	Z1.4.A.01	Medicine Hat	71,757
13	Z1.5.A.01	Lethbridge - West	34,583
14	Z1.5.B.02	Lethbridge - North	28,152
15	Z1.5.C.03	Lethbridge - South	34,464

Continued...

Table 3.1
Distribution of Population Covered by Local Geographic Area (LGA)
as at March 31, 2017

LGA ID	LGA Code	LGA Name	Population
CALGARY ZONE			
16	Z2.1.A.01	Calgary - Upper Nw	125,110
17	Z2.1.B.02	Calgary - North	114,368
18	Z2.1.C.03	Calgary - Nose Hill	86,312
19	Z2.1.D.04	Calgary - Lower Nw	67,252
20	Z2.1.E.05	Calgary - West Bow	22,283
21	Z2.1.F.06	Calgary - Centre North	46,427
22	Z2.2.A.01	Calgary - Upper Ne	109,234
23	Z2.2.B.02	Calgary - Lower Ne	106,699
24	Z2.3.A.01	Calgary - East	80,160
25	Z2.3.B.02	Calgary - Se	123,657
26	Z2.4.A.01	Calgary - West	95,608
27	Z2.4.B.02	Calgary - Centre	69,697
28	Z2.4.C.03	Calgary - Centre West	67,743
29	Z2.4.D.04	Calgary - Elbow	44,885
30	Z2.4.E.05	Calgary - Fish Creek	123,264
31	Z2.4.F.06	Calgary - Sw	115,613
32	Z2.5.A.01	Okotoks-Priddis	44,902
33	Z2.5.B.02	Black Diamond	9,106
34	Z2.5.B.03	High River	24,474
35	Z2.5.C.04	Claresholm	6,771
36	Z2.5.C.05	Vulcan	7,184
37	Z2.6.A.01	Airdrie	66,567
38	Z2.6.B.02	Chestermere	24,370
39	Z2.6.C.03	Strathmore	35,564
40	Z2.6.C.04	Crossfield	8,804
41	Z2.6.C.05	Didsbury	16,826
42	Z2.7.A.01	Cochrane-Springbank	46,021
43	Z2.7.B.02	Canmore	27,554
44	Z2.7.B.03	Banff	15,420

Continued...

Table 3.1
 Distribution of Population Covered by Local Geographic Area (LGA)
 as at March 31, 2017

LGA ID	LGA Code	LGA Name	Population
CENTRAL ZONE			
45	Z3.1.A.01	Rocky Mountain House	25,290
46	Z3.1.B.02	Drayton Valley	19,635
47	Z3.2.A.01	Sundre	7,254
48	Z3.2.A.02	Olds	12,994
49	Z3.2.B.03	Innisfail	14,248
50	Z3.2.C.04	Red Deer County	30,444
51	Z3.2.C.05	Sylvan Lake	18,042
52	Z3.3.A.01	Three Hills/Highway 21	11,795
53	Z3.3.A.02	Starland County/Drumheller	12,579
54	Z3.3.A.04	Planning & Special Area 2	3,998
55	Z3.3.B.03	Stettler & County	13,206
56	Z3.3.B.05	Castor/Coronation/Consort	6,710
57	Z3.4.A.01	Wetaskiwin County	36,731
58	Z3.4.B.02	Ponoka	12,740
59	Z3.4.B.03	Rimbey	10,192
60	Z3.4.B.04	Lacombe	24,329
61	Z3.5.A.01	Camrose & County	31,562
62	Z3.5.B.02	Tofield	8,214
63	Z3.5.B.03	Viking	2,566
64	Z3.5.B.04	Flagstaff County	9,358
65	Z3.5.C.05	Md Of Provost	5,341
66	Z3.5.C.06	Md Of Wainwright	12,518
67	Z3.6.A.01	Lamont County	6,788
68	Z3.6.A.02	Two Hills County	6,231
69	Z3.6.A.03	Vegreville/Minburn County	11,389
70	Z3.6.B.04	Vermilion River County	39,902
71	Z3.7.A.01	Red Deer - North	39,588
72	Z3.7.B.02	Red Deer - Sw	17,247
73	Z3.7.C.03	Red Deer - East	55,210

Continued...

Table 3.1
Distribution of Population Covered by Local Geographic Area (LGA)
as at March 31, 2017

LGA ID	LGA Code	LGA Name	Population
EDMONTON ZONE			
74	Z4.1.A.01	Edmonton - Woodcroft East	64,942
75	Z4.1.B.02	Edmonton - Woodcroft West	33,584
76	Z4.1.C.03	Edmonton - Jasper Place	50,492
77	Z4.1.D.04	Edmonton - West Jasper Place	101,142
78	Z4.2.A.01	Edmonton - Castle Downs	70,720
79	Z4.2.B.02	Edmonton - Northgate	85,904
80	Z4.2.C.03	Edmonton - Eastwood	80,188
81	Z4.2.D.04	Edmonton - Abbottsfield	16,085
82	Z4.2.E.05	Edmonton - Ne	88,660
83	Z4.3.A.01	Edmonton - Bonnie Doon	103,019
84	Z4.3.B.02	Edmonton - Mill Woods West	58,450
85	Z4.3.C.03	Edmonton - Mill Woods South & East	80,792
86	Z4.4.A.01	Edmonton - Duggan	45,626
87	Z4.4.B.02	Edmonton - Twin Brooks	79,961
88	Z4.4.C.03	Edmonton - Rutherford	81,045
89	Z4.5.A.01	Sturgeon County West	32,673
90	Z4.5.B.02	Sturgeon County East	6,251
91	Z4.5.B.03	Fort Saskatchewan	25,358
92	Z4.6.A.01	Sherwood Park	84,895
93	Z4.6.B.02	Strathcona County Excluding Sherwood Park	18,340
94	Z4.7.A.01	Beaumont	23,487
95	Z4.7.A.02	Leduc & Devon	41,288
96	Z4.7.A.03	Thorsby	9,850
97	Z4.8.A.01	Stony Plain & Spruce Grove	57,318
98	Z4.8.B.02	Westview Excluding Stony Plain & Spruce Grove	38,347
99	Z4.9.A.01	St. Albert	69,908

Continued...

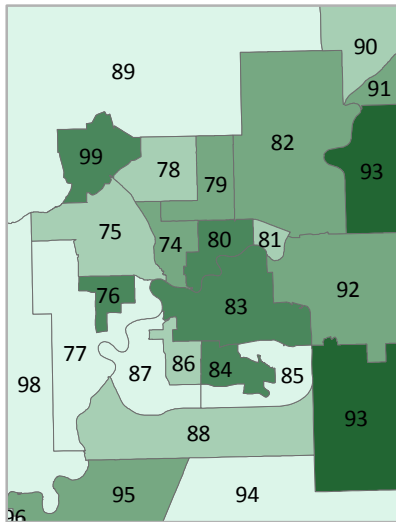
Table 3.1
Distribution of Population Covered by Local Geographic Area (LGA)
as at March 31, 2017

LGA ID	LGA Code	LGA Name	Population
NORTH ZONE			
100	Z5.1.A.01	Jasper	6,187
101	Z5.1.A.02	Hinton	13,156
102	Z5.1.A.03	Edson	17,850
103	Z5.1.B.04	Whitecourt	16,011
104	Z5.1.B.05	Mayerthorpe	17,890
105	Z5.1.C.06	Barrhead	11,625
106	Z5.1.C.07	Westlock	20,881
107	Z5.2.A.01	Frog Lake	5,429
108	Z5.2.A.04	St. Paul	17,533
109	Z5.2.A.05	Smoky Lake	5,212
110	Z5.2.B.02	Cold Lake	22,549
111	Z5.2.B.03	Bonnyville	17,689
112	Z5.2.C.06	Boyle	3,891
113	Z5.2.C.07	Athabasca	11,779
114	Z5.2.C.08	Lac La Biche	11,448
115	Z5.3.A.01	Grande Cache	4,752
116	Z5.3.A.02	Fox Creek	2,464
117	Z5.3.A.03	Valleyview	8,224
118	Z5.3.A.05	Beaverlodge	13,294
119	Z5.3.B.04	Grande Prairie County	19,433
120	Z5.4.A.01	Swan Hills	1,695
121	Z5.4.A.02	Slave Lake	12,586
122	Z5.4.A.03	Wabasca	4,888
123	Z5.4.A.07	High Prairie	12,856
124	Z5.4.B.04	High Level	26,849
125	Z5.4.B.05	Manning	3,640
126	Z5.4.C.06	Peace River	19,739
127	Z5.4.D.08	Falher	4,938
128	Z5.4.D.09	Spirit River	7,308
129	Z5.4.D.10	Fairview	8,961
130	Z5.5.A.01	Wood Buffalo	6,163
131	Z5.6.A.01	Fort McMurray	86,782
132	Z5.7.A.01	City Of Grande Prairie	78,686
Unknown			255

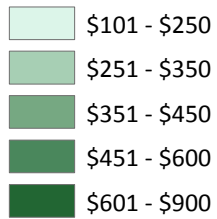
Map 3.3

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

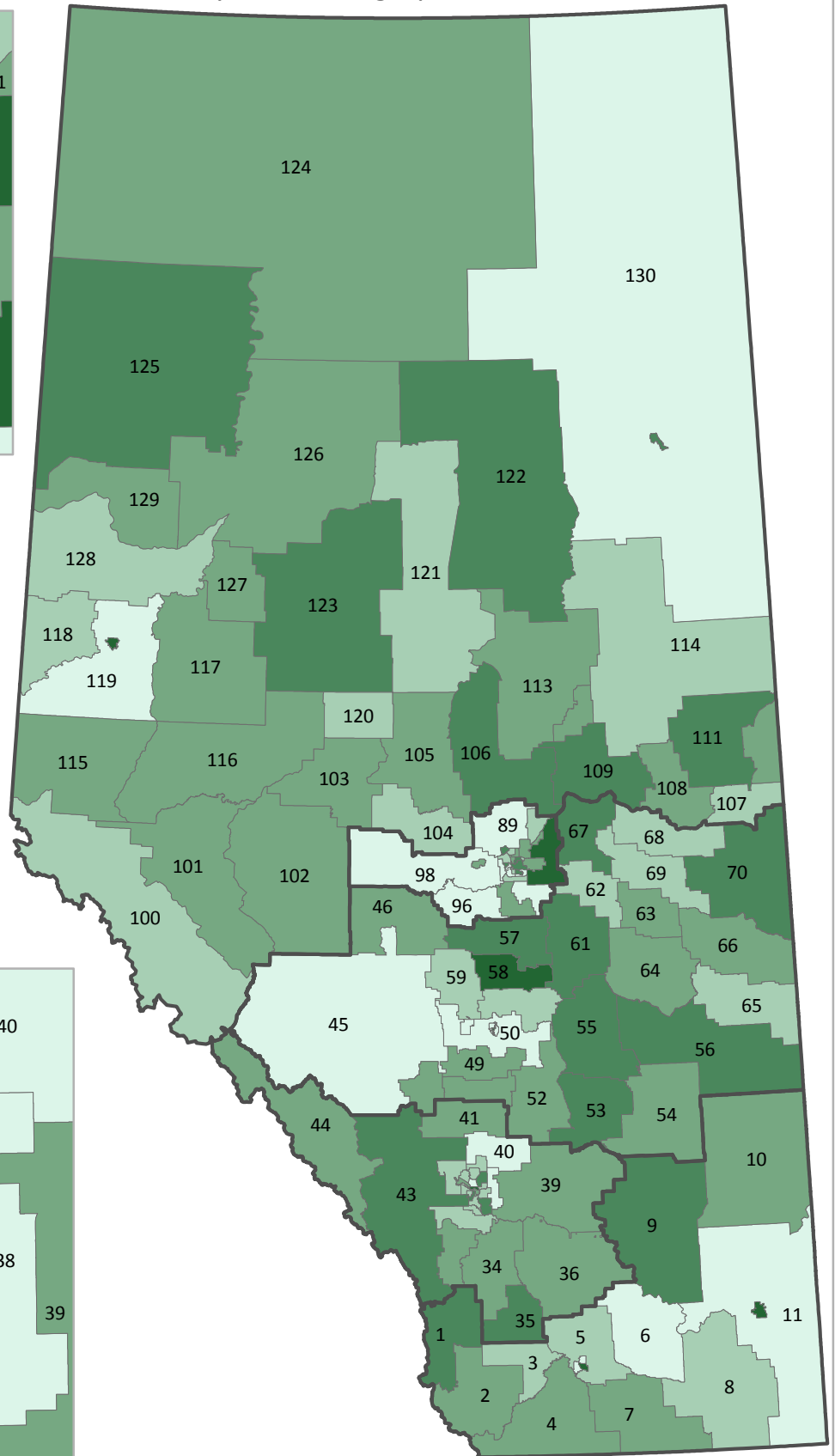
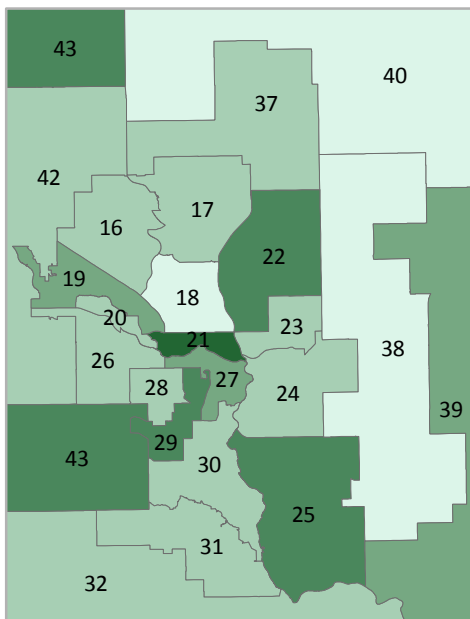
Edmonton Area



Fee-for-Service Payments
per Discrete Patient
2016/2017



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, 2016 to March 31, 2017

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
SOUTH ZONE			
1	Z1.1.A.01	Crowsnest Pass	\$497.93
2	Z1.1.A.02	Pincher Creek	\$437.15
3	Z1.1.A.03	Fort Macleod	\$296.78
4	Z1.1.B.04	Cardston-Kainai	\$381.59
5	Z1.2.A.01	County Of Lethbridge	\$276.52
6	Z1.2.B.02	Taber Md	\$202.91
7	Z1.2.C.03	County Of Warner	\$389.93
8	Z1.2.C.04	County Of Forty Mile	\$251.25
9	Z1.3.A.01	Newell	\$526.66
10	Z1.3.B.02	Oyen	\$416.37
11	Z1.3.B.03	Cypress County	\$221.80
12	Z1.4.A.01	Medicine Hat	\$870.77
13	Z1.5.A.01	Lethbridge - West	\$224.15
14	Z1.5.B.02	Lethbridge - North	\$206.95
15	Z1.5.C.03	Lethbridge - South	\$757.13

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, 2016 to March 31, 2017

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
CALGARY ZONE			
16	Z2.1.A.01	Calgary - Upper Nw	\$279.75
17	Z2.1.B.02	Calgary - North	\$258.16
18	Z2.1.C.03	Calgary - Nose Hill	\$248.60
19	Z2.1.D.04	Calgary - Lower Nw	\$369.78
20	Z2.1.E.05	Calgary - West Bow	\$310.89
21	Z2.1.F.06	Calgary - Centre North	\$614.59
22	Z2.2.A.01	Calgary - Upper Ne	\$598.33
23	Z2.2.B.02	Calgary - Lower Ne	\$317.26
24	Z2.3.A.01	Calgary - East	\$296.17
25	Z2.3.B.02	Calgary - Se	\$534.24
26	Z2.4.A.01	Calgary - West	\$262.66
27	Z2.4.B.02	Calgary - Centre	\$378.80
28	Z2.4.C.03	Calgary - Centre West	\$301.56
29	Z2.4.D.04	Calgary - Elbow	\$546.79
30	Z2.4.E.05	Calgary - Fish Creek	\$293.99
31	Z2.4.F.06	Calgary - Sw	\$295.29
32	Z2.5.A.01	Okotoks-Priddis	\$342.01
33	Z2.5.B.02	Black Diamond	\$370.26
34	Z2.5.B.03	High River	\$424.11
35	Z2.5.C.04	Claresholm	\$584.05
36	Z2.5.C.05	Vulcan	\$377.45
37	Z2.6.A.01	Airdrie	\$340.94
38	Z2.6.B.02	Chestermere	\$200.18
39	Z2.6.C.03	Strathmore	\$383.66
40	Z2.6.C.04	Crossfield	\$204.43
41	Z2.6.C.05	Didsbury	\$391.62
42	Z2.7.A.01	Cochrane-Springbank	\$289.67
43	Z2.7.B.02	Canmore	\$511.86
44	Z2.7.B.03	Banff	\$441.04

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, 2016 to March 31, 2017

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
CENTRAL ZONE			
45	Z3.1.A.01	Rocky Mountain House	\$245.15
46	Z3.1.B.02	Drayton Valley	\$433.47
47	Z3.2.A.01	Sundre	\$415.77
48	Z3.2.A.02	Olds	\$429.10
49	Z3.2.B.03	Innisfail	\$356.34
50	Z3.2.C.04	Red Deer County	\$125.56
51	Z3.2.C.05	Sylvan Lake	\$219.24
52	Z3.3.A.01	Three Hills/Highway 21	\$437.17
53	Z3.3.A.02	Starland County/Drumheller	\$482.49
54	Z3.3.A.04	Planning & Special Area 2	\$428.73
55	Z3.3.B.03	Stettler & County	\$476.42
56	Z3.3.B.05	Castor/Coronation/Consort	\$539.18
57	Z3.4.A.01	Wetaskiwin County	\$557.13
58	Z3.4.B.02	Ponoka	\$895.53
59	Z3.4.B.03	Rimbey	\$292.98
60	Z3.4.B.04	Lacombe	\$289.44
61	Z3.5.A.01	Camrose & County	\$541.74
62	Z3.5.B.02	Tofield	\$308.24
63	Z3.5.B.03	Viking	\$389.80
64	Z3.5.B.04	Flagstaff County	\$439.98
65	Z3.5.C.05	Md Of Provost	\$321.10
66	Z3.5.C.06	Md Of Wainwright	\$434.74
67	Z3.6.A.01	Lamont County	\$495.27
68	Z3.6.A.02	Two Hills County	\$321.35
69	Z3.6.A.03	Vegreville/Minburn County	\$318.84
70	Z3.6.B.04	Vermilion River County	\$455.80
71	Z3.7.A.01	Red Deer - North	\$203.14
72	Z3.7.B.02	Red Deer - Sw	\$713.60
73	Z3.7.C.03	Red Deer - East	\$172.93

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, 2016 to March 31, 2017

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
EDMONTON ZONE			
74	Z4.1.A.01	Edmonton - Woodcroft East	\$387.27
75	Z4.1.B.02	Edmonton - Woodcroft West	\$292.15
76	Z4.1.C.03	Edmonton - Jasper Place	\$561.92
77	Z4.1.D.04	Edmonton - West Jasper Place	\$232.63
78	Z4.2.A.01	Edmonton - Castle Downs	\$299.16
79	Z4.2.B.02	Edmonton - Northgate	\$383.12
80	Z4.2.C.03	Edmonton - Eastwood	\$523.71
81	Z4.2.D.04	Edmonton - Abbottsfield	\$344.43
82	Z4.2.E.05	Edmonton - Ne	\$399.27
83	Z4.3.A.01	Edmonton - Bonnie Doon	\$596.73
84	Z4.3.B.02	Edmonton - Mill Woods West	\$540.83
85	Z4.3.C.03	Edmonton - Mill Woods South & East	\$246.07
86	Z4.4.A.01	Edmonton - Duggan	\$253.01
87	Z4.4.B.02	Edmonton - Twin Brooks	\$232.88
88	Z4.4.C.03	Edmonton - Rutherford	\$277.19
89	Z4.5.A.01	Sturgeon County West	\$155.41
90	Z4.5.B.02	Sturgeon County East	\$258.89
91	Z4.5.B.03	Fort Saskatchewan	\$438.32
92	Z4.6.A.01	Sherwood Park	\$409.00
93	Z4.6.B.02	Strathcona County Excluding Sherwood Park	\$709.95
94	Z4.7.A.01	Beaumont	\$228.64
95	Z4.7.A.02	Leduc & Devon	\$418.75
96	Z4.7.A.03	Thorsby	\$175.65
97	Z4.8.A.01	Stony Plain & Spruce Grove	\$412.42
98	Z4.8.B.02	Westview Excluding Stony Plain & Spruce Grove	\$223.26
99	Z4.9.A.01	St. Albert	\$543.85

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, 2016 to March 31, 2017

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
NORTH ZONE			
100	Z5.1.A.01	Jasper	\$331.19
101	Z5.1.A.02	Hinton	\$441.05
102	Z5.1.A.03	Edson	\$357.07
103	Z5.1.B.04	Whitecourt	\$375.45
104	Z5.1.B.05	Mayerthorpe	\$338.61
105	Z5.1.C.06	Barrhead	\$409.33
106	Z5.1.C.07	Westlock	\$495.77
107	Z5.2.A.01	Frog Lake	\$263.23
108	Z5.2.A.04	St. Paul	\$395.79
109	Z5.2.A.05	Smoky Lake	\$475.84
110	Z5.2.B.02	Cold Lake	\$351.58
111	Z5.2.B.03	Bonnyville	\$480.58
112	Z5.2.C.06	Boyle	\$412.32
113	Z5.2.C.07	Athabasca	\$432.28
114	Z5.2.C.08	Lac La Biche	\$323.34
115	Z5.3.A.01	Grande Cache	\$423.67
116	Z5.3.A.02	Fox Creek	\$389.02
117	Z5.3.A.03	Valleyview	\$377.40
118	Z5.3.A.05	Beaverlodge	\$303.55
119	Z5.3.B.04	Grande Prairie County	\$231.94
120	Z5.4.A.01	Swan Hills	\$277.75
121	Z5.4.A.02	Slave Lake	\$343.19
122	Z5.4.A.03	Wabasca	\$468.12
123	Z5.4.A.07	High Prairie	\$467.32
124	Z5.4.B.04	High Level	\$396.74
125	Z5.4.B.05	Manning	\$463.61
126	Z5.4.C.06	Peace River	\$421.37
127	Z5.4.D.08	Falher	\$410.87
128	Z5.4.D.09	Spirit River	\$335.16
129	Z5.4.D.10	Fairview	\$449.18
130	Z5.5.A.01	Wood Buffalo	\$120.75
131	Z5.6.A.01	Fort McMurray	\$598.46
132	Z5.7.A.01	City Of Grande Prairie	\$676.31

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
for the Service Year April 1, 2016 to March 31, 2017

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	318,517	67,718	211	107,525	36,270	126
Z5.2.C.07	Athabasca	56,212	9,560	49	11,933	4,710	89
Z2.7.B.03	Banff	76,077	13,774	66	13,511	5,073	25
Z5.1.C.06	Barrhead	120,496	18,105	50	10,864	3,467	32
Z4.7.A.01	Beaumont	64,036	14,565	68	132	67	37
Z5.3.A.05	Beaverlodge	46,819	9,911	70	203	144	25
Z2.5.B.02	Black Diamond	56,654	11,395	74	135	45	13
Z5.2.B.03	Bonnyville	135,138	21,413	66	20,394	7,629	98
Z5.2.C.06	Boyle	33,114	4,895	29	141	24	14
Z2.4.B.02	Calgary - Centre	604,069	136,574	488	1,390,527	155,434	479
Z2.1.F.06	Calgary - Centre North	758,784	158,105	534	2,082,632	241,711	925
Z2.4.C.03	Calgary - Centre West	378,981	85,175	317	412,064	76,569	176
Z2.3.A.01	Calgary - East	196,478	43,997	237	69,045	16,410	75
Z2.4.D.04	Calgary - Elbow	515,690	117,447	449	2,122,724	253,438	693
Z2.4.E.05	Calgary - Fish Creek	578,901	123,300	410	412,798	93,598	250
Z2.2.B.02	Calgary - Lower NE	645,127	133,471	306	260,482	72,099	80
Z2.1.D.04	Calgary - Lower NW	290,073	67,226	301	991,795	214,223	580
Z2.1.B.02	Calgary - North	336,479	80,565	278	138,389	56,605	160
Z2.1.C.03	Calgary - Nose Hill	286,078	71,713	294	203,207	34,111	82
Z2.3.B.02	Calgary - SE	576,633	127,451	428	939,534	116,395	582
Z2.4.F.06	Calgary - SW	535,285	127,630	344	264,344	60,700	179
Z2.2.A.01	Calgary - Upper NE	815,457	164,538	408	1,514,871	201,848	702
Z2.1.A.01	Calgary - Upper NW	434,548	113,461	429	498,649	73,581	193
Z2.4.A.01	Calgary - West	427,301	101,949	408	216,729	87,072	145
Z2.1.E.05	Calgary - West Bow	159,957	32,205	201	186,310	34,454	177
Z3.5.A.01	Camrose & County	232,976	32,466	146	80,153	19,324	76
Z2.7.B.02	Canmore	164,181	26,142	150	69,296	8,015	81
Z1.1.B.04	Cardston-Kainai	104,062	15,762	58	2,329	1,076	52
Z3.3.B.05	Castor/Coronation/Consort	38,400	5,213	53	170	47	17
Z2.6.B.02	Chestermere	49,529	13,421	83	466	90	20
Z5.7.A.01	City of Grande Prairie	448,224	76,229	145	539,341	59,851	146
Z2.5.C.04	Claresholm	49,807	7,448	32	42,798	1,064	27
Z2.7.A.01	Cochrane-Springbank	155,728	35,013	200	25,659	1,124	26
Z5.2.B.02	Cold Lake	81,617	16,547	43	17,622	6,879	38

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

Continued...

Table 3.3
Distribution of Services, Discrete Patients, and Physicians
by Local Geographic Area
for the Service Year April 1, 2016 to March 31, 2017

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	17,344	4,629	69	96	41	17
Z1.2.A.01	County of Lethbridge excluding the City of Lethbridge	91,131	16,915	79	4,848	1,608	44
Z1.2.C.03	County of Warner	90,006	13,748	62	848	193	37
Z2.6.C.04	Crossfield	8,568	2,444	57	6	6	5
Z1.1.A.01	Crowsnest Pass	52,045	6,801	48	4,427	1,574	28
Z1.3.B.03	Cypress County excluding Medicine Hat	11,116	2,427	45	83	51	13
Z2.6.C.05	Didsbury	67,066	12,635	102	871	218	24
Z3.1.B.02	Drayton Valley	114,301	17,391	81	2,252	708	42
Z4.2.D.04	Edmonton - Abbottsfield	117,176	20,785	92	13,806	4,951	45
Z4.3.A.01	Edmonton - Bonnie Doon	781,788	158,053	510	2,099,732	247,996	979
Z4.2.A.01	Edmonton - Castle Downs	380,262	86,907	239	126,263	39,110	142
Z4.4.A.01	Edmonton - Duggan	304,702	68,339	232	146,623	49,882	161
Z4.2.C.03	Edmonton - Eastwood	645,863	107,160	540	2,906,552	405,686	851
Z4.1.C.03	Edmonton - Jasper Place	791,052	130,623	409	1,355,819	215,149	513
Z4.3.C.03	Edmonton - Mill Woods South & East	100,073	26,539	152	10,467	3,391	78
Z4.3.B.02	Edmonton - Mill Woods West	880,234	165,679	392	1,524,212	172,109	522
Z4.2.E.05	Edmonton - NE	328,670	92,102	289	439,661	45,597	237
Z4.2.B.02	Edmonton - Northgate	490,508	82,932	266	336,975	86,992	322
Z4.4.C.03	Edmonton - Rutherford	415,648	109,025	263	150,118	46,464	197
Z4.4.B.02	Edmonton - Twin Brooks	327,524	76,696	335	21,392	4,118	90
Z4.1.D.04	Edmonton - West Jasper Place	185,678	39,557	249	33,215	8,743	102
Z4.1.A.01	Edmonton - Woodcroft East	620,157	104,482	389	978,363	163,316	439
Z4.1.B.02	Edmonton - Woodcroft West	161,554	39,400	209	70,450	15,973	126
Z5.1.A.03	Edson	83,697	13,825	51	2,116	862	27
Z5.4.D.10	Fairview	42,458	6,121	41	91	69	23
Z5.4.D.08	Falher	30,071	5,010	36	1,284	530	19
Z3.5.B.04	Flagstaff County	65,700	10,468	75	122	109	20
Z1.1.A.03	Fort Macleod	7,451	2,704	66	305	193	22
Z5.6.A.01	Fort McMurray	406,366	64,598	148	182,842	28,470	166
Z4.5.B.03	Fort Saskatchewan	228,947	39,951	110	91,404	30,321	175
Z5.3.A.02	Fox Creek	14,575	2,715	20	25	13	8
Z5.2.A.01	Frog Lake	29,603	6,764	23	22	20	10
Z5.3.A.01	Grande Cache	18,459	3,287	27	51	40	24

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

Continued...

Table 3.3
Distribution of Services, Discrete Patients, and Physicians
by Local Geographic Area
for the Service Year April 1, 2016 to March 31, 2017

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	38,897	9,720	66	2,670	1,063	25
Z5.4.B.04	High Level	122,189	19,209	47	2,415	1,131	51
Z5.4.A.07	High Prairie	70,756	10,031	54	114	85	29
Z2.5.B.03	High River	121,772	20,058	149	12,855	5,320	54
Z5.1.A.02	Hinton	72,879	12,171	49	11,272	3,808	36
Z3.2.B.03	Innisfail	79,256	15,289	84	7,824	2,223	49
Z5.1.A.01	Jasper	26,276	5,484	14	524	333	12
Z5.2.C.08	Lac La Biche	70,358	12,295	35	37	23	19
Z3.4.B.04	Lacombe	113,826	25,228	84	11,223	2,396	47
Z3.6.A.01	Lamont County	54,249	8,259	44	6,351	2,241	25
Z4.7.A.02	Leduc & Devon	296,801	59,762	172	116,867	31,890	187
Z1.5.B.02	Lethbridge - North	29,728	7,490	106	5,098	629	45
Z1.5.C.03	Lethbridge - South	547,740	85,137	233	864,923	87,249	172
Z1.5.A.01	Lethbridge - West	118,335	27,194	120	27,057	9,262	66
Z3.5.C.05	MD of Provost	24,658	4,425	19	7	7	7
Z3.5.C.06	MD of Wainwright	61,066	9,763	41	5,403	2,525	74
Z5.4.B.05	Manning	20,925	3,016	28	50	34	22
Z5.1.B.05	Mayerthorpe	40,458	8,756	61	1,428	348	45
Z1.4.A.01	Medicine Hat	589,355	72,931	180	552,974	58,991	129
Z1.3.A.01	Newell	156,038	22,833	83	13,709	4,246	52
Z2.5.A.01	Okotoks-Priddis	208,974	45,294	174	58,313	18,046	46
Z3.2.A.02	Olds	138,098	18,367	91	10,643	2,723	55
Z1.3.B.02	Oyen	17,996	2,646	42	215	56	10
Z5.4.C.06	Peace River	115,329	18,948	76	2,998	1,023	48
Z1.1.A.02	Pincher Creek	70,301	10,098	56	2,226	1,255	39
Z3.3.A.04	Planning & Special Area 2	26,486	4,212	32	2,197	326	14
Z3.4.B.02	Ponoka	260,246	18,368	67	83,921	2,650	52
Z3.7.C.03	Red Deer - East	158,337	33,963	156	5,460	1,603	53
Z3.7.A.01	Red Deer - North	173,114	44,806	124	19,059	4,538	45
Z3.7.B.02	Red Deer - SW	471,850	90,560	206	1,037,995	118,231	261
Z3.2.C.04	Red Deer County excluding the City of Red Deer	18,417	9,503	92	19,551	3,557	38
Z3.4.B.03	Rimbey	50,651	8,987	52	1,191	184	25
Z3.1.A.01	Rocky Mountain House	77,245	15,425	105	1,857	245	50
Z4.6.A.01	Sherwood Park	490,699	97,724	297	352,695	72,473	301

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

Continued...

Table 3.3
Distribution of Services, Discrete Patients, and Physicians
by Local Geographic Area
for the Service Year April 1, 2016 to March 31, 2017

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	41,809	9,649	49	11,444	3,839	33
Z5.2.A.05	Smoky Lake	37,747	4,977	27	20	17	13
Z5.4.D.09	Spirit River	23,772	4,725	40	52	33	16
Z4.9.A.01	St. Albert	607,957	111,399	285	502,241	74,361	297
Z5.2.A.04	St. Paul	91,041	14,601	70	7,625	1,014	47
Z3.3.A.02	Starland County/Drumheller	67,842	11,273	68	10,543	2,444	24
Z3.3.B.03	Stettler & County	98,840	12,711	54	3,042	676	46
Z4.8.A.01	Stony Plain & Spruce Grove	429,524	80,542	222	118,466	32,202	142
Z4.6.B.02	Strathcona County excluding Sherwood Park	1,679	114	57	155	71	42
Z2.6.C.03	Strathmore	163,061	28,486	127	3,219	824	75
Z4.5.B.02	Sturgeon County East	18,107	3,552	32	37	16	13
Z4.5.A.01	Sturgeon County West	21,677	6,337	93	2,174	285	47
Z3.2.A.01	Sundre	45,421	8,417	73	145	80	20
Z5.4.A.01	Swan Hills	12	3	3	7	7	7
Z3.2.C.05	Sylvan Lake	94,322	23,865	83	8,160	4,147	48
Z1.2.B.02	Taber MD	28,395	6,268	72	3,403	2,154	47
Z4.7.A.03	Thorsby	7,783	2,388	27	43	29	28
Z3.3.A.01	Three Hills/Highway 21	46,110	7,509	72	556	189	24
Z3.5.B.02	Tofield	20,022	4,155	49	45	20	17
Z3.6.A.02	Two Hills County	23,320	4,448	34	8	8	7
Z5.3.A.03	Valleyview	33,446	6,273	44	79	63	22
Z3.6.A.03	Vegreville/Minburn County	51,480	8,882	55	5,635	1,308	31
Z3.6.B.04	Vermilion River County	131,587	22,627	79	100,346	19,355	112
Z3.5.B.03	Viking	29,345	4,642	33	133	94	6
Z2.5.C.05	Vulcan	24,640	4,401	67	571	118	22
Z5.4.A.03	Wabasca	25,155	4,298	25	306	65	16
Z5.1.C.07	Westlock	151,893	23,223	95	20,467	3,330	54
Z4.8.B.02	Westview excluding Stony Plain and Spruce Grove	5,682	1,293	83	274	105	64
Z3.4.A.01	Wetaskiwin County	206,386	28,207	122	49,689	9,336	70
Z5.1.B.04	Whitecourt	83,214	14,876	49	328	230	29
Z5.5.A.01	Wood Buffalo excluding Fort McMurray	992	507	13	16	13	7
Unknown		241,353	63,908	1,183	167,844	35,267	687
Total		25,468,140	3,429,642	4,959	27,410,308	2,226,197	3,877

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, 2016 to March 31, 2017

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	\$222,533,806	\$209,730,846	\$7,930,616	\$2,005,054	\$1,405,504	\$1,170,004	\$291,783
Calgary Zone	1,386,417,567	33,140,398	1,302,908,201	30,434,443	11,386,411	7,550,179	997,935
Central Zone	296,545,476	1,806,658	12,667,697	263,007,011	12,243,294	6,588,457	232,360
Edmonton Zone	1,370,197,705	4,276,338	20,342,546	71,196,727	1,163,241,303	109,657,232	1,483,558
North Zone	236,203,411	657,106	2,293,476	2,894,406	8,855,945	221,217,923	284,556
Unknown	20,049,334	675,342	3,441,000	10,218,742	3,492,694	2,060,928	160,627
Total	\$3,531,947,298	\$250,286,689	\$1,349,583,536	\$379,756,383	\$1,200,625,151	\$348,244,722	\$3,450,818
GENERAL PRACTITIONERS							
South Zone	\$112,601,058	\$106,512,194	\$3,507,048	\$992,008	\$805,389	\$654,691	\$129,727
Calgary Zone	540,160,305	4,289,453	521,795,346	5,865,977	4,738,295	3,076,898	394,335
Central Zone	171,476,663	1,152,499	7,949,302	150,735,378	7,844,219	3,649,740	145,525
Edmonton Zone	517,399,402	1,657,887	9,508,931	12,984,893	470,764,231	21,897,356	586,104
North Zone	166,025,824	520,326	1,748,133	2,236,681	6,361,037	154,970,427	189,220
Unknown	11,438,996	378,438	1,992,744	5,790,050	1,907,320	1,244,808	125,637
Total	\$1,519,102,247	\$114,510,797	\$546,501,504	\$178,604,988	\$492,420,491	\$185,493,921	\$1,570,548
SPECIALISTS (includes Pathology)							
South Zone	\$109,932,749	\$103,218,653	\$4,423,567	\$1,013,046	\$600,115	\$515,312	\$162,055
Calgary Zone	846,257,262	28,850,945	781,112,855	24,568,466	6,648,116	4,473,280	603,600
Central Zone	125,068,813	654,159	4,718,395	112,271,632	4,399,075	2,938,717	86,835
Edmonton Zone	852,798,303	2,618,451	10,833,615	58,211,834	692,477,073	87,759,876	897,454
North Zone	70,177,587	136,780	545,343	657,725	2,494,908	66,247,496	95,336
Unknown	8,610,338	296,905	1,448,256	4,428,693	1,585,374	816,120	34,990
Total	\$2,012,845,052	\$135,775,892	\$803,082,032	\$201,151,396	\$708,204,660	\$162,750,801	\$1,880,270

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, 2016 to March 31, 2017

Services							
Zone Service Location	Zone Recipient Location						
	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
ALL PHYSICIANS							
South Zone	3,413,584	3,224,630	116,797	29,109	21,154	17,320	4,574
Calgary Zone	21,043,742	460,619	19,857,133	427,795	170,383	111,535	16,277
Central Zone	4,447,230	28,123	176,591	3,945,407	192,183	101,100	3,826
Edmonton Zone	20,138,127	58,874	292,054	947,525	17,363,381	1,454,437	21,856
North Zone	3,426,567	9,541	32,737	40,361	119,882	3,219,945	4,101
Unknown	409,198	22,311	91,095	159,303	93,800	39,783	2,906
Total	52,878,448	3,804,098	20,566,407	5,549,500	17,960,783	4,944,120	53,540
GENERAL PRACTITIONERS							
South Zone	1,931,043	1,830,311	58,361	16,115	13,194	10,752	2,310
Calgary Zone	9,004,417	68,815	8,708,760	93,855	76,321	49,383	7,283
Central Zone	2,973,549	19,820	119,407	2,627,833	140,361	63,395	2,733
Edmonton Zone	8,739,981	28,221	150,185	207,130	7,993,118	350,970	10,357
North Zone	2,577,796	7,962	26,571	33,493	92,460	2,414,402	2,908
Unknown	241,354	14,854	42,104	105,607	47,628	29,096	2,065
Total	25,468,140	1,969,983	9,105,388	3,084,033	8,363,082	2,917,998	27,656
SPECIALISTS (includes Pathology)							
South Zone	1,482,541	1,394,319	58,436	12,994	7,960	6,568	2,264
Calgary Zone	12,039,325	391,804	11,148,373	333,940	94,062	62,152	8,994
Central Zone	1,473,681	8,303	57,184	1,317,574	51,822	37,705	1,093
Edmonton Zone	11,398,146	30,653	141,869	740,395	9,370,263	1,103,467	11,499
North Zone	848,771	1,579	6,166	6,868	27,422	805,543	1,193
Unknown	167,844	7,457	48,991	53,696	46,172	10,687	841
Total	27,410,308	1,834,115	11,461,019	2,465,467	9,597,701	2,026,122	25,884

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, 2016 to March 31, 2017

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	267,895	242,672	16,711	4,362	3,266	2,539	433
Calgary Zone	1,460,630	38,248	1,348,549	40,988	23,588	14,849	1,652
Central Zone	424,197	3,918	24,055	361,824	23,874	14,147	599
Edmonton Zone	1,406,588	5,507	39,233	92,863	1,144,316	134,277	2,204
North Zone	395,982	3,159	10,537	9,029	26,731	350,022	829
Unknown	92,134	7,654	20,841	27,831	20,077	15,946	289
Total ⁽²⁾	3,585,750	255,650	1,379,613	406,544	1,170,542	398,680	5,505
GENERAL PRACTITIONERS							
South Zone	252,961	232,293	12,924	3,731	3,014	2,403	372
Calgary Zone	1,347,053	14,098	1,286,761	21,138	17,720	11,815	1,314
Central Zone	405,419	3,547	21,355	351,699	20,727	11,310	518
Edmonton Zone	1,202,092	4,247	31,863	38,686	1,069,613	64,681	1,752
North Zone	386,398	3,094	10,214	8,621	24,147	343,587	773
Unknown	63,909	5,101	12,045	23,188	12,590	11,171	244
Total ⁽²⁾	3,429,642	244,482	1,323,012	396,560	1,099,829	387,837	4,681
SPECIALISTS (includes Pathology)							
South Zone	150,787	139,548	7,815	1,862	1,122	899	227
Calgary Zone	939,466	30,984	861,009	29,447	12,518	7,626	908
Central Zone	177,159	1,209	7,133	156,257	7,781	5,593	214
Edmonton Zone	975,382	3,027	15,307	76,223	778,129	106,985	1,280
North Zone	122,299	347	1,211	1,439	5,659	113,988	206
Unknown	35,267	3,067	9,400	8,514	8,546	5,739	65
Total ⁽²⁾	2,226,197	152,718	879,030	217,429	790,667	195,511	2,760

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, 2013 to March 31, 2017

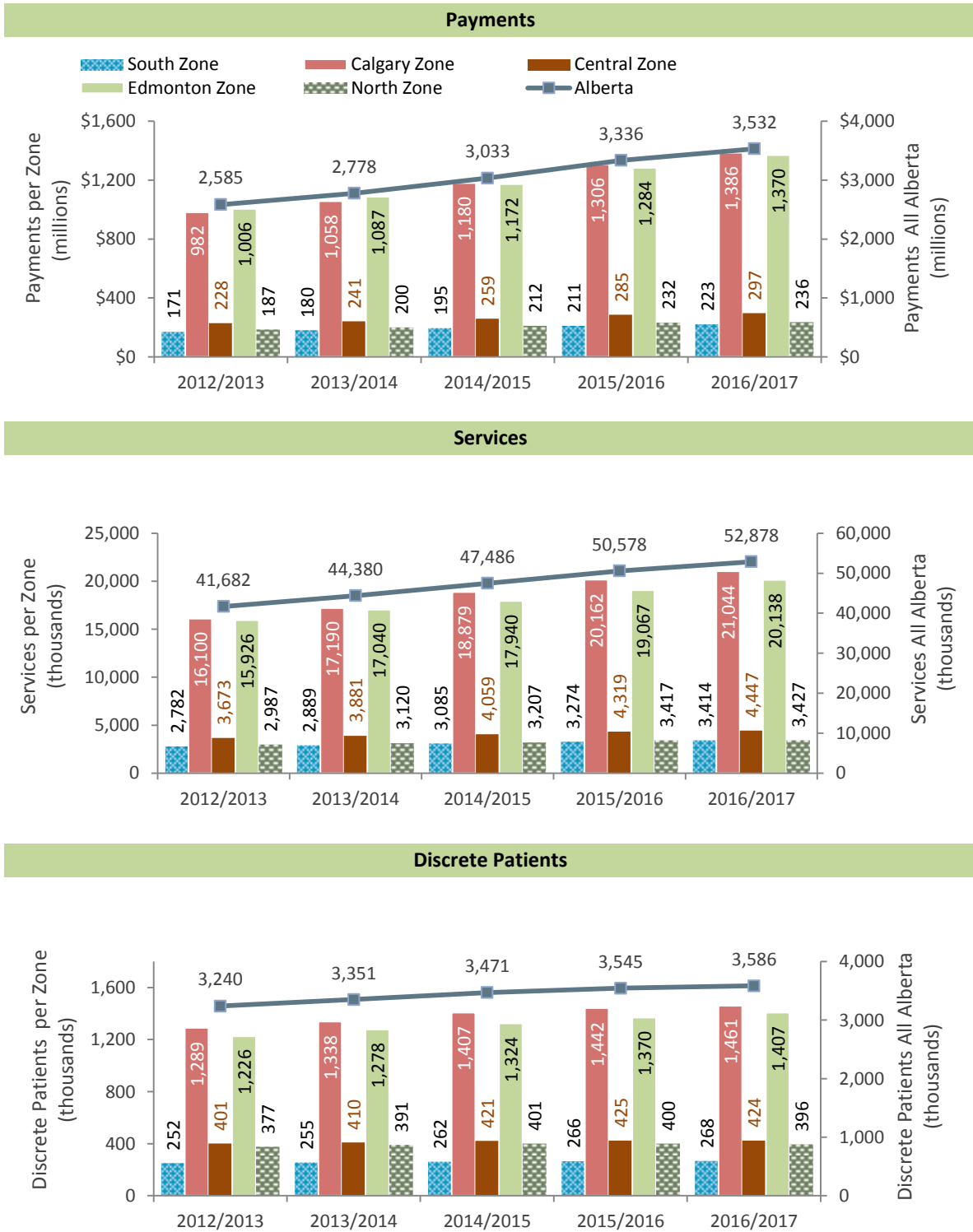


Table 3.5

Distribution of Payments ⁽¹⁾ by Diagnostic Chapter (ICD9) and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2016 to March 31, 2017

Diagnostic Chapter (ICD9)	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
Infectious and Parasitic Diseases	\$54,489,018	\$3,267,230	\$22,507,609	\$4,739,884	\$19,502,137	\$4,136,974	\$335,184
Neoplasms	125,526,620	8,217,213	53,011,358	8,403,378	49,994,724	5,369,546	530,401
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	110,653,175	8,124,887	40,011,690	9,238,059	43,851,849	8,731,542	695,149
Diseases of Blood and Blood Forming Organs	14,757,029	1,412,753	5,275,053	1,500,535	5,170,309	1,240,267	158,113
Mental Disorders	386,495,343	21,586,294	143,346,466	36,349,867	160,461,467	19,489,652	5,261,596
Diseases of the Nervous System and Sense Organs	238,892,224	16,902,274	107,405,046	15,167,380	87,292,293	11,489,498	635,732
Diseases of the Circulatory System	226,612,016	15,519,540	75,524,029	19,347,161	100,842,318	14,035,047	1,343,921
Diseases of the Respiratory System	184,639,187	12,558,234	63,896,905	17,532,412	71,784,299	17,468,606	1,398,731
Diseases of the Digestive System	121,218,885	9,603,963	40,230,009	13,934,094	43,258,070	13,054,327	1,138,423
Diseases of the Genitourinary System	140,887,222	9,871,730	54,104,507	15,618,252	50,480,286	9,852,282	960,165
Complications of Pregnancy, Childbirth and the Puerperium	87,657,108	4,677,965	37,272,750	9,571,894	27,749,706	7,800,841	583,952
Diseases of the Skin and Subcutaneous Tissue	82,337,699	5,099,793	31,945,579	8,517,129	29,672,060	6,593,705	509,433
Diseases of the Musculoskeletal System and Connective Tissue	204,923,371	15,682,331	79,035,427	19,215,258	75,000,905	15,109,729	879,722
Congenital Anomalies	11,260,090	405,059	5,274,709	314,855	4,837,578	393,952	33,937
Certain Conditions Originating in the Perinatal Period	11,385,484	1,706,274	3,615,432	1,690,431	2,619,363	1,619,984	134,001
Symptoms, Signs and Ill-Defined Conditions	394,544,698	23,748,022	142,169,267	36,411,857	160,719,973	28,948,532	2,547,047
Injury and Poisoning	175,533,518	13,104,150	62,627,700	17,528,265	64,881,249	16,093,308	1,298,846
Non-Standard Diagnostic Codes ⁽²⁾	340,208,851	19,301,856	138,255,614	25,953,648	123,725,943	31,438,130	1,533,659
Unknown Diagnostic Chapter ⁽³⁾	619,925,761	31,744,239	280,908,419	35,511,117	248,353,174	23,337,491	71,323
Total	\$3,531,947,298	\$222,533,806	\$1,386,417,567	\$296,545,476	\$1,370,197,705	\$236,203,411	\$20,049,334

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 AHCIIP. 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, 2016 to March 31, 2017 ⁽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	602	\$201,929,491	\$335,431	381	\$112,330,123	\$294,830	221	\$89,599,368	\$405,427
Calgary Zone	3,443	1,172,483,393	340,541	2,011	539,366,851	268,208	1,432	633,116,542	442,120
Central Zone	874	270,000,580	308,925	597	171,010,589	286,450	277	98,989,991	357,365
Edmonton Zone	2,988	1,183,195,241	395,982	1,593	516,810,616	324,426	1,395	666,384,624	477,695
North Zone	710	219,800,284	309,578	520	165,742,602	318,736	190	54,057,682	284,514
Unknown	246	17,761,773	72,202	147	10,026,983	68,211	99	7,734,790	78,129
Total ⁽²⁾⁽³⁾	8,046	\$3,069,942,552	\$381,549	4,792	\$1,518,438,559	\$316,869	3,254	\$1,551,503,993	\$476,799

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, 2016 to March 31, 2017 ⁽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	167	185	392	297	423	255	1036
10,000 - 19,999	90	20	73	25	39	27	57
20,000 - 39,999	158	19	100	44	69	31	32
40,000 - 59,999	144	17	69	32	61	19	12
60,000 - 79,999	139	12	71	15	49	18	3
80,000 - 99,999	139	11	89	18	32	18	5
100,000 - 119,999	158	8	84	14	47	14	6
120,000 - 139,999	165	13	74	19	69	8	6
140,000 - 159,999	194	10	100	16	54	18	6
160,000 - 179,999	166	17	83	20	53	18	4
180,000 - 199,999	204	12	88	15	67	17	3
200,000 - 299,999	981	67	425	96	316	80	10
300,000 - 399,999	880	63	339	122	275	79	2
400,000 - 499,999	601	51	195	77	178	71	1
500,000 - 599,999	330	33	106	52	96	43	
600,000 - 699,999	178	14	45	21	66	20	
700,000 - 799,999	124	7	37	5	51	24	
800,000 - 899,999	61	5	19	3	28	5	
900,000 - 999,999	34	1	7	2	13	5	
1,000,000 & over	46	1	7	1	30	5	
Total	4,959	566	2,403	894	2,016	775	1,183

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, 2016 to March 31, 2017 ⁽¹⁾

Zone Service Location Payment Range	All Zones (2)	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
Less than \$10,000	237	88	251	187	207	232	588
10,000 - 19,999	66	20	32	34	43	34	36
20,000 - 39,999	103	17	46	48	55	45	25
40,000 - 59,999	80	10	36	36	41	22	11
60,000 - 79,999	93	5	46	22	48	21	5
80,000 - 99,999	77	7	39	15	37	11	3
100,000 - 119,999	67	1	34	11	30	10	3
120,000 - 139,999	72	6	38	6	29	8	2
140,000 - 159,999	82	7	44	8	34	6	1
160,000 - 179,999	78	4	44	6	27	9	1
180,000 - 199,999	81	5	43	2	40	8	2
200,000 - 299,999	423	22	207	28	166	22	5
300,000 - 399,999	477	20	236	18	185	18	2
400,000 - 499,999	455	23	189	27	201	19	1
500,000 - 599,999	370	23	147	27	155	20	
600,000 - 699,999	291	16	93	25	132	15	
700,000 - 799,999	181	13	74	11	75	7	1
800,000 - 899,999	139	9	44	16	61	4	
900,000 - 999,999	90	5	34	7	44	2	
1,000,000 & over	415	25	181	18	168	6	1
Total	3,877	326	1,858	552	1,778	519	687

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, 2016 to March 31, 2017 ⁽¹⁾

Physicians by Specialty	Number of Physicians			
	All Zones ⁽²⁾	Calgary Zone	Edmonton Zone	All Other Zones
Anaesthesiology	443	196	199	82
Cardiovascular and Thoracic Surgery	25	7	18	2
Dermatology	51	31	17	7
Emergency Medicine	162	95	67	12
General/Family Physicians (GP/FPs)	4,959	2,403	2,016	1,734
General Surgery	203	81	83	82
Internal Medicine	797	363	421	235
Neurology	69	22	40	28
Neurosurgery	15	5	10	
Obstetrics-Gynaecology	248	129	99	75
Ophthalmology	130	63	56	35
Orthopaedic Surgery	188	102	71	69
Otolaryngology	69	28	30	18
Paediatrics	367	207	125	85
Physical Medicine and Rehabilitation	46	16	28	8
Plastic Surgery	67	37	26	16
Psychiatry	527	260	264	140
Urology	59	27	25	20
All Specialists (except GP/FPs, Pathologists and Radiologists) ⁽³⁾	3,466	1,669	1,579	914
Total: All Physicians (except Pathologists and Radiologists) ⁽³⁾	8,425	4,072	3,595	2,648

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.

Table 3.9
 Distribution of Alternative Relationship Plan (ARP) Service Events ⁽¹⁾
 and Discrete Patients by Alberta Health Services Geographic Zones
 for the Service Year April 1, 2016 to March 31, 2017

	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Zone Service Location	Number of Service Events				
South Zone	70,950	65,644	66,355	71,860	73,348
Calgary Zone	1,015,352	1,067,354	1,097,739	1,271,547	1,389,995
Central Zone	2,906	2,648	3,277	3,433	16,294
Edmonton Zone	545,979	558,134	621,946	726,750	782,114
North Zone	4,521	7,764	6,023	16,098	16,961
Unknown	45,375	44,007	45,291	60,589	72,151
Zone Service Location	Number of Discrete Patients				
South Zone	16,896	15,619	15,931	16,713	16,884
Calgary Zone	183,563	188,405	192,302	199,242	209,370
Central Zone	1,434	1,351	1,771	1,779	2,788
Edmonton Zone	131,177	135,339	137,881	143,020	147,633
North Zone	1,746	2,560	2,406	4,915	5,214
Unknown	8,232	8,273	9,158	12,615	13,948

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, 2016 to March 31, 2017 ^{(1) (2)}

Zone Service Location	Total		Optometrists		Dentists/Dental Specialists/ Oral Surgeons		Podiatrists	
	Services	Payments	Services	Payments	Services	Payments	Services	Payments
South	152,011	\$7,336,262	121,175	\$5,835,049	1,449	\$233,521	29,387	\$1,267,692
Calgary	731,382	36,649,974	562,413	26,592,093	13,407	3,636,783	155,562	6,421,098
Central	221,878	10,979,441	203,276	9,605,048	2,107	666,217	16,495	708,175
Edmonton	696,587	34,499,659	575,701	26,510,092	17,226	5,053,958	103,660	2,935,608
North	143,413	6,817,828	133,819	6,383,204	414	166,258	9,180	268,366
Unknown	5,460	205,820	3,640	167,791			1,820	38,029
Total	1,950,731	\$96,488,983	1,600,024	\$75,093,278	34,603	\$9,756,738	316,104	\$11,638,968

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, 2013 to March 31, 2017

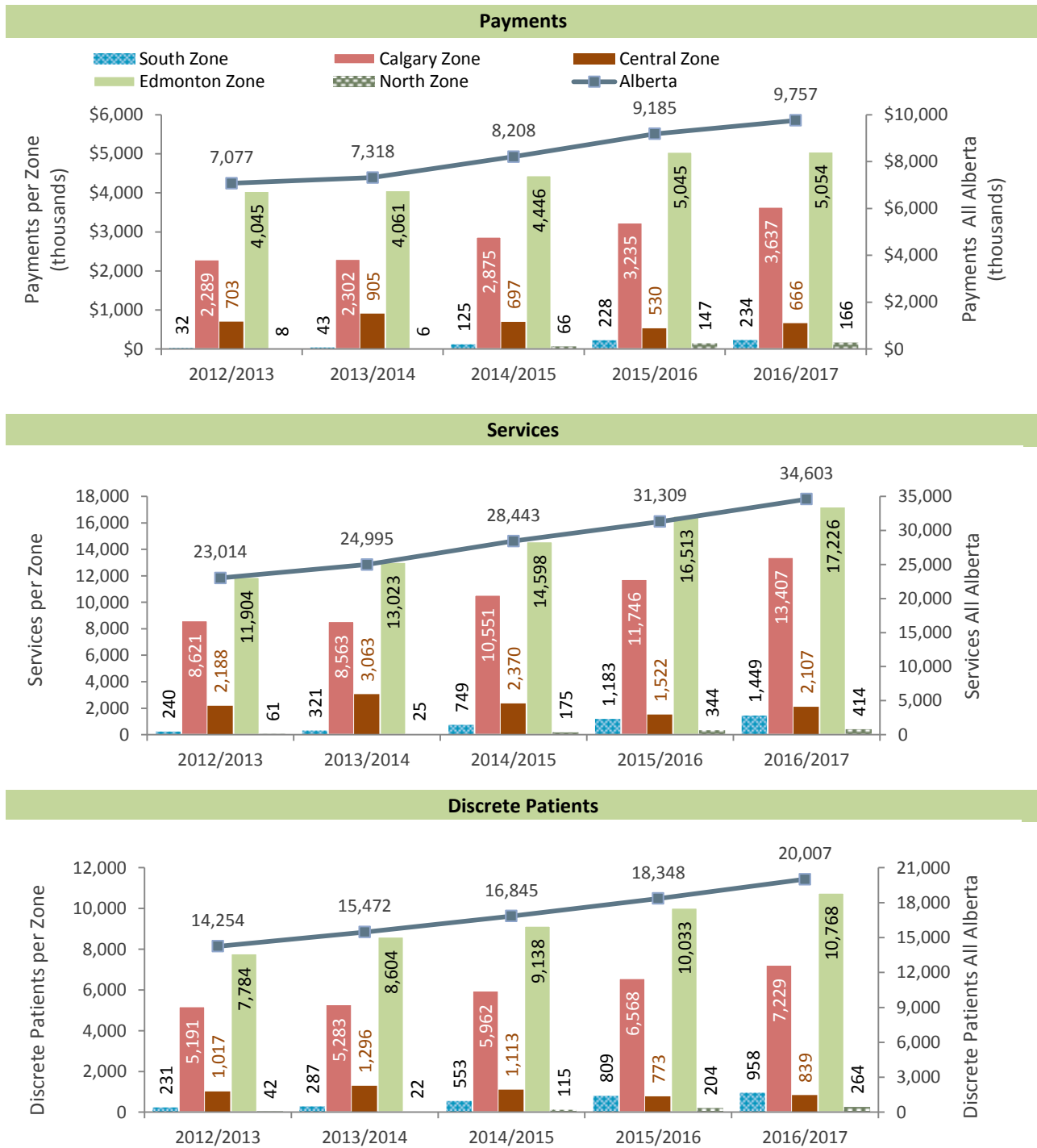


Figure 3.3
 Optometrists Payments, Services, and Discrete Patients
 by Alberta Health Services Geographic Zone
 for the Service Years Ended March 31, 2013 to March 31, 2017

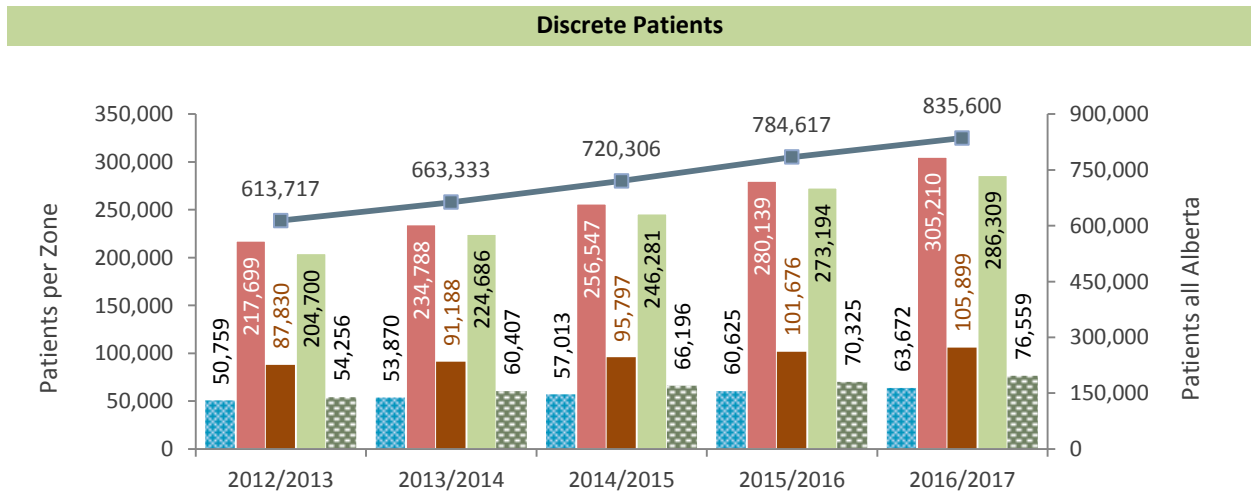
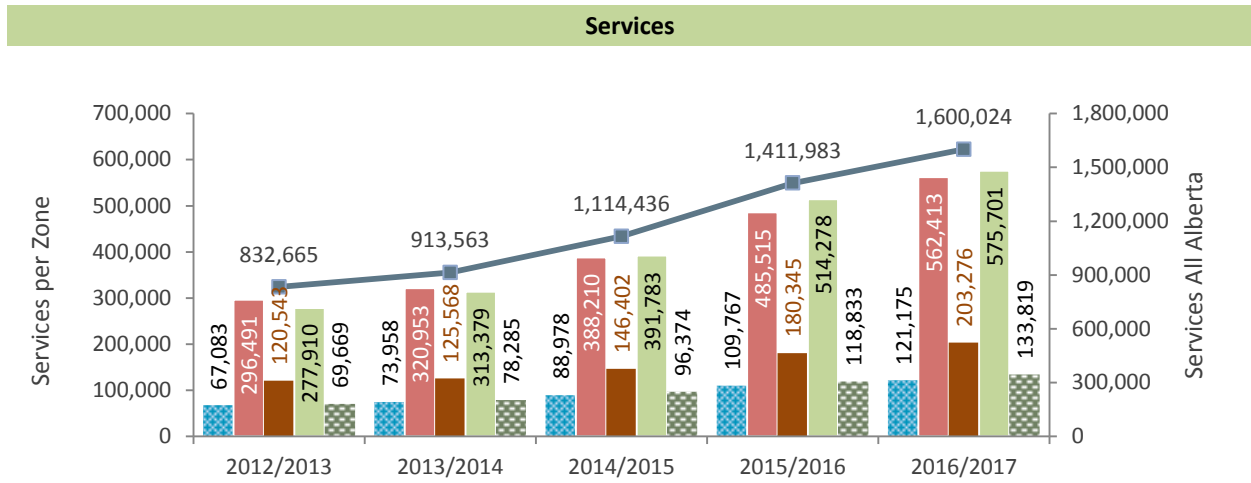
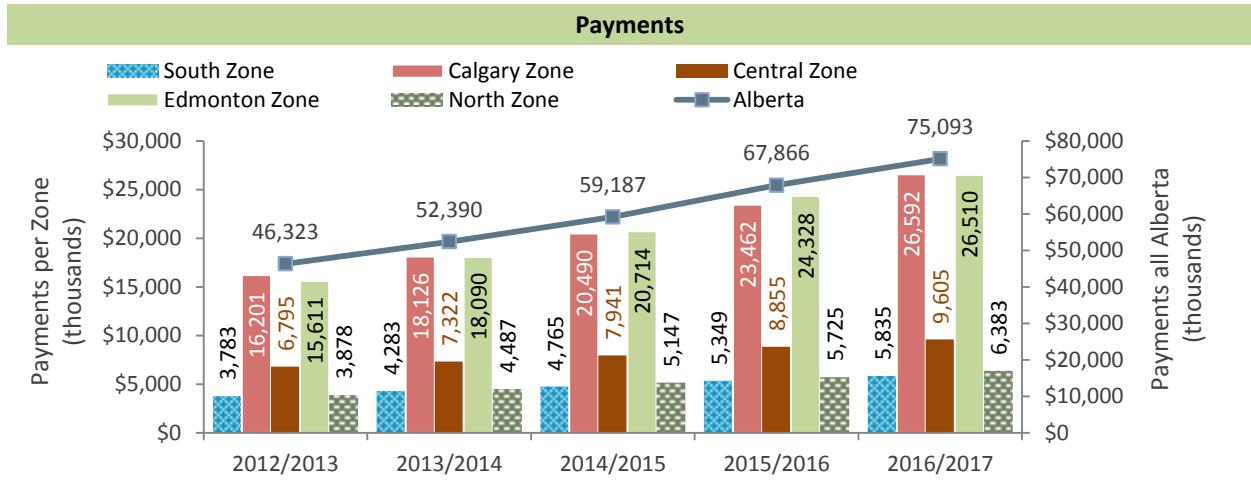
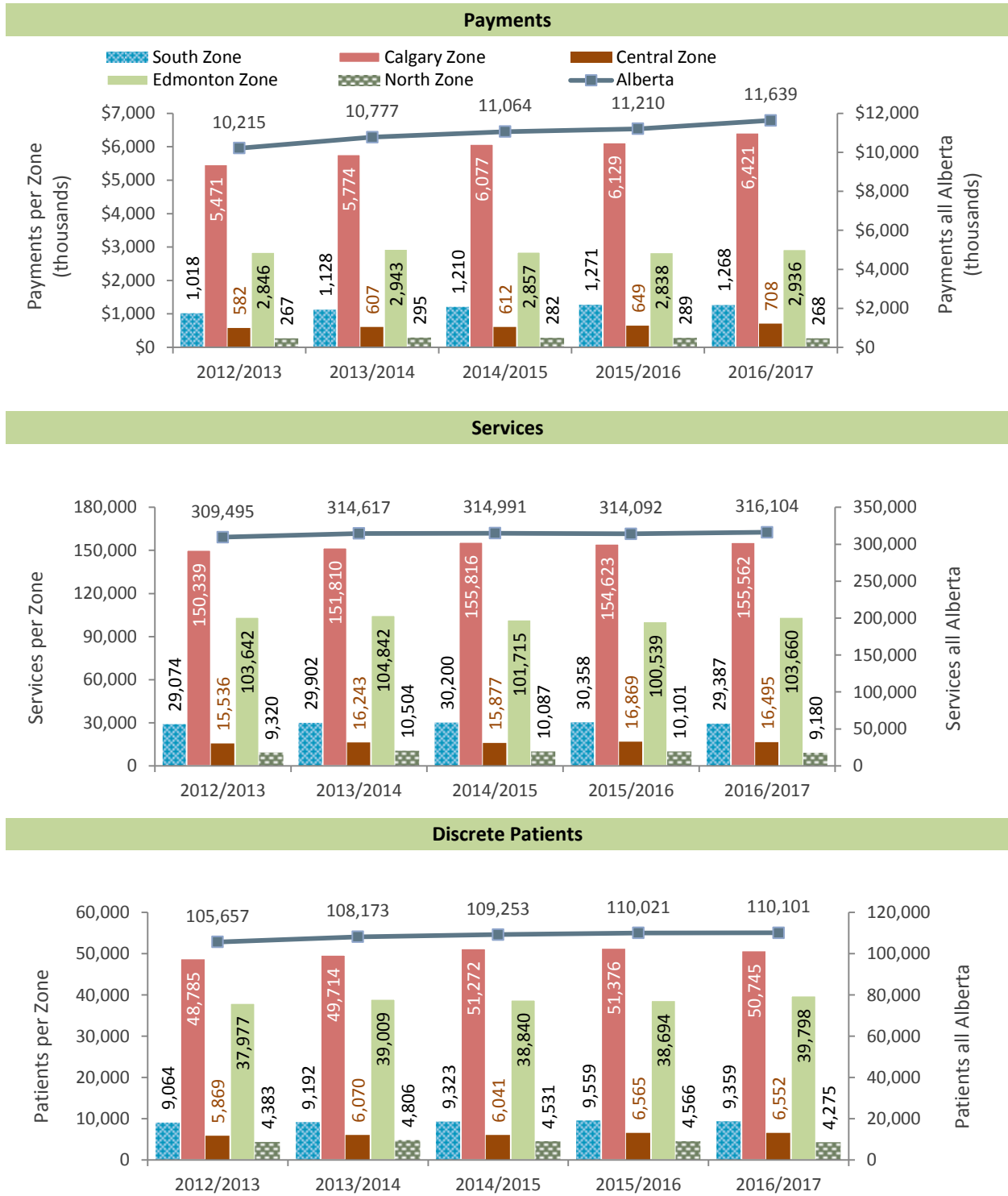


Figure 3.4
Podiatrists Payments, Services, and Discrete Patients
by Alberta Health Services Geographic Zone
for the Service Years Ended March 31, 2013 to March 31, 2017



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 2016/2017, the number of Albertans who were covered under Non-Group supplementary plans increased to 674,282, an increase of 3.72% compared to 2015/2016.
- The number of persons covered through full premium rates was 74,227 (11.01% of the total Non-Group membership).
- A total of 4,998 people (0.74% of the total Non-Group membership) received non-group coverage at reduced premium rates.
- A total of 595,075 people (88.25% of total Non-Group membership) received their coverage premium-free.
- More than \$824 million was paid for benefits under the Non-Group supplementary plans in 2016/2017, an increase of 0.93% compared to 2015/2016.

- More than \$580 million was paid for benefits for seniors and their dependants in 2016/2017. These payments accounted for 70.38% of the total amount spent on the Non-Group supplementary plans.
- Drugs accounted for more than \$787 million or 95.49% of total Non-Group benefit expenditures. Ambulance services accounted for over \$28 million or 3.45% 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 2016/2017, the 10 highest expenditure drugs were used to treat common chronic conditions including:

- Rheumatoid Arthritis / Crohn's Disease;
- Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis;
- Rheumatoid Arthritis / Psoriasis Arthritis /Plaque Psoriasis;
- Chronic Hepatitis C;
- Neovascular (wet) Age Related Macular Degeneration;
- Asthma/Chronic Obstructive Pulmonary Disease;
- Multiple Sclerosis;
- Chronic Obstructive Pulmonary Disease;
- Multiple Sclerosis;
- Diabetes Mellitus;

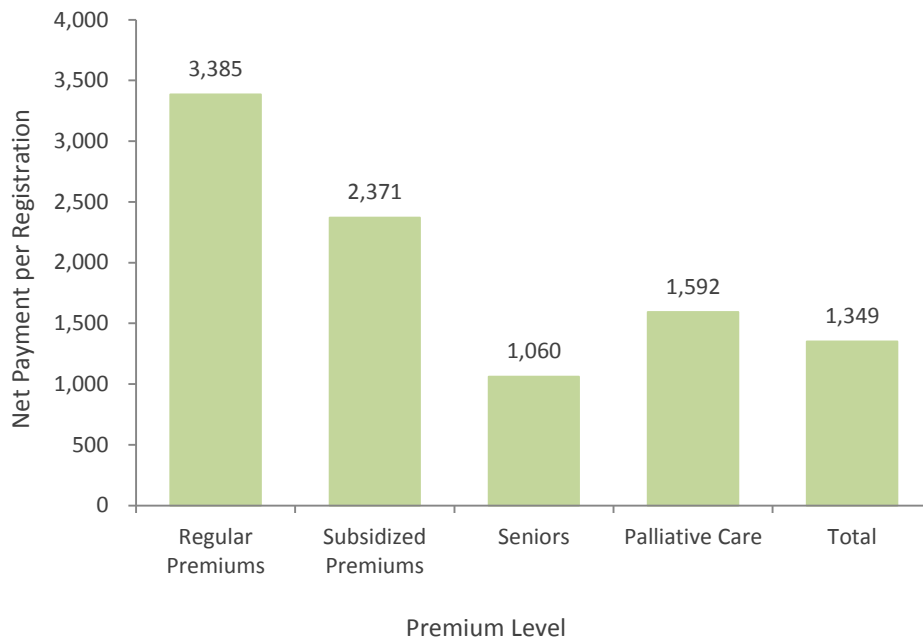
Premium Subsidy Program

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.

2016/2017 Premium Subsidy Thresholds	
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, 2016 to March 31, 2017



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, 2013 to March 31, 2017

Registration Status	Number of Registrations & Persons Covered										Percentage Change	
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	
Regular Premiums	41,904	40,665	39,756	39,718	38,792	(2.96)	(2.24)	(0.10)	(2.33)	(2.33)	(2.33)	
Persons	81,766	78,815	76,271	76,036	74,227	(3.61)	(3.23)	(0.31)	(2.38)	(2.38)	(2.38)	
Reduced Premiums	6,263	5,162	4,261	3,616	3,171	(17.58)	(17.45)	(15.14)	(12.31)	(12.31)	(12.31)	
Persons	10,841	8,680	7,112	5,884	4,998	(19.93)	(18.06)	(17.27)	(15.06)	(15.06)	(15.06)	
No Premiums⁽¹⁾	333,720	349,087	364,569	380,680	398,276	4.60	4.43	4.42	4.62	4.62	4.62	
Persons	496,614	520,328	543,778	568,165	595,057	4.78	4.51	4.48	4.73	4.73	4.73	
Total	381,887	394,914	408,586	424,014	440,239	3.41%	3.46%	3.78%	3.83%	3.83%	3.83%	
Persons	589,221	607,823	627,161	650,085	674,282	3.16%	3.18%	3.66%	3.72%	3.72%	3.72%	

(1) Persons covered under the Seniors, Alberta Widows' Pension, 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, 2013 to March 31, 2017⁽¹⁾

Registration Status	Total										Regular Premium	
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
One Person	198,983	205,631	212,823	220,752	228,901	18,430	18,239	18,260	18,408	18,119	18,119	18,119
Persons	198,983	205,631	212,823	220,752	228,901	18,430	18,239	18,260	18,408	18,119	18,119	18,119
Two Persons	168,604	175,275	182,095	189,478	197,526	14,718	14,021	13,450	13,247	12,772	12,772	12,772
Persons	337,208	350,550	364,190	378,956	395,052	29,436	28,042	26,900	26,494	25,544	25,544	25,544
Three or More Persons	14,300	14,008	13,668	13,784	13,812	8,756	8,405	8,046	8,063	7,901	7,901	7,901
Persons	53,030	51,642	50,148	50,377	50,329	33,900	32,534	31,111	31,134	30,564	30,564	30,564
Total	381,887	394,914	408,586	424,014	440,239	41,904	40,665	39,756	39,718	38,792	38,792	38,792
Persons	589,221	607,823	627,161	650,085	674,282	81,766	78,815	76,271	76,036	74,227	74,227	74,227

Note: As at March 31, 2017, 1,646 people were covered by the Palliative Care Drug Program. Of these, 526 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, purchased Non-Group coverage or received the Alberta Widows' Pension are accounted for under these coverage categories.

Continued ...

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, 2013 to March 31, 2017 ^{(1) (2)}

Registration Status	Subsidized Premium										Seniors				
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
One Person															
Registrations	3,935	3,378	2,804	2,431	2,180	176,550	184,005	191,759	199,913	208,602	176,550	184,005	191,759	199,913	208,602
Persons	3,935	3,378	2,804	2,431	2,180	152,617	160,280	167,848	175,573	184,180	152,617	160,280	167,848	175,573	184,180
Two Persons															
Registrations	1,269	974	797	658	574	305,234	320,560	335,696	351,146	368,360	305,234	320,560	335,696	351,146	368,360
Persons	2,538	1,948	1,594	1,316	1,148	4,485	4,793	4,962	5,194	5,494	4,485	4,793	4,962	5,194	5,494
Three or More Persons															
Registrations	1,059	810	660	527	417	14,762	15,754	16,323	17,106	18,095	14,762	15,754	16,323	17,106	18,095
Persons	4,368	3,354	2,714	2,137	1,670	333,652	349,078	364,569	380,680	398,276	333,652	349,078	364,569	380,680	398,276
Total															
Registrations	6,263	5,162	4,261	3,616	3,171	496,546	520,319	543,778	568,165	595,057	496,546	520,319	543,778	568,165	595,057
Persons	10,841	8,680	7,112	5,884	4,998										

Registration Status	Alberta Widows' Pension				
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
One Person					
Registrations	68	9			
Persons	68	9			
Two Persons					
Registrations					
Persons					
Three or More Persons					
Registrations					
Persons					
Total					
Registrations	68	9			
Persons	68	9			

Note: As at March 31, 2017, 1,646 people were covered by the Palliative Care Drug Program. Of these, 526 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.

(2) A blank cell represents a zero value.

Table 4.3
Non-Group Supplementary Coverage:
Persons Covered by Age and Sex as at March 31, 2013 to March 31, 2017

Age Group	Total					Percentage Change Total			
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017
Under 1	451	400	378	393	415	(11.31)	(5.50)	3.97	5.60
1 - 4	2,162	2,112	1,990	1,962	1,962	(2.31)	(5.78)	(1.41)	0.00
5 - 14	9,395	9,095	8,832	8,934	8,955	(3.19)	(2.89)	1.15	0.24
15 - 24	15,112	14,515	14,078	13,906	13,573	(3.95)	(3.01)	(1.22)	(2.39)
25 - 44	15,797	15,433	15,004	15,202	15,333	(2.30)	(2.78)	1.32	0.86
45 - 64	101,390	100,144	99,419	100,026	100,140	(1.23)	(0.72)	0.61	0.11
65 - 74	245,933	260,748	275,747	290,305	306,326	6.02	5.75	5.28	5.52
75 & Older	198,981	205,376	211,713	219,357	227,578	3.21	3.09	3.61	3.75
Total	589,221	607,823	627,161	650,085	674,282	3.16%	3.18%	3.66%	3.72%

Age Group	Male					Percentage Change Male			
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017
Under 1	234	205	186	199	218	(12.39)	(9.27)	6.99	9.55
1 - 4	1,108	1,076	998	980	976	(2.89)	(7.25)	(1.80)	(0.41)
5 - 14	4,712	4,584	4,513	4,582	4,621	(2.72)	(1.55)	1.53	0.85
15 - 24	7,635	7,279	7,085	6,942	6,776	(4.66)	(2.67)	(2.02)	(2.39)
25 - 44	7,214	7,088	6,932	7,021	7,074	(1.75)	(2.20)	1.28	0.75
45 - 64	33,121	32,125	31,306	31,174	30,950	(3.01)	(2.55)	(0.42)	(0.72)
65 - 74	119,488	126,640	134,168	141,390	149,273	5.99	5.94	5.38	5.58
75 & Older	84,261	87,497	90,758	94,507	98,571	3.84	3.73	4.13	4.30
Total	257,773	266,494	275,946	286,795	298,459	3.38%	3.55%	3.93%	4.07%

Age Group	Female					Percentage Change Female			
	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017
Under 1	217	195	192	194	197	(10.14)	(1.54)	1.04	1.55
1 - 4	1,054	1,036	992	982	986	(1.71)	(4.25)	(1.01)	0.41
5 - 14	4,683	4,511	4,319	4,352	4,334	(3.67)	(4.26)	0.76	(0.41)
15 - 24	7,477	7,236	6,993	6,964	6,797	(3.22)	(3.36)	(0.41)	(2.40)
25 - 44	8,583	8,345	8,072	8,181	8,259	(2.77)	(3.27)	1.35	0.95
45 - 64	68,269	68,019	68,113	68,852	69,190	(0.37)	0.14	1.08	0.49
65 - 74	126,445	134,108	141,579	148,915	157,053	6.06	5.57	5.18	5.46
75 & Older	114,720	117,879	120,955	124,850	129,007	2.75	2.61	3.22	3.33
Total	331,448	341,329	351,215	363,290	375,823	2.98%	2.90%	3.44%	3.45%

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, 2016 to March 31, 2017 ⁽¹⁾

Coverage Category and Type of Service	Discrete Recipients	Net Payment ⁽²⁾	Net Payment per Recipient
REGULAR PREMIUM			
Ambulance	1,998	\$566,303	\$283
Drugs	68,103	230,541,994	3,385
Hospital Accommodation	137	67,865	495
Chiropractor			
Other ⁽³⁾	702	102,774	146
Subtotal	68,339	\$231,278,936	\$3,384
SUBSIDIZED PREMIUM			
Ambulance	204	\$57,041	\$280
Drugs	4,749	11,260,400	2,371
Hospital Accommodation	7	7,930	1,133
Chiropractor			
Other	40	7,615	190
Subtotal	4,764	\$11,332,986	\$2,379
SENIORS			
Ambulance	69,562	\$27,700,652	\$398
Drugs	513,153	543,955,397	1,060
Hospital Accommodation			
Chiropractor	62,767	8,336,634	133
Other	1,588	265,063	167
Subtotal	520,237	\$580,257,745	\$1,115
PALLIATIVE CARE			
Ambulance	236	\$82,388	\$349
Drugs	934	1,487,020	1,592
Hospital Accommodation			
Chiropractor			
Other			
Subtotal	985	\$1,569,409	\$1,593
TOTAL			
Ambulance	71,976	\$28,406,384	\$395
Drugs	583,408	787,244,810	1,349
Hospital Accommodation	144	75,795	526
Chiropractor	62,767	8,336,634	133
Other	2,322	375,453	162
Total	590,739	\$824,439,076	\$1,396

(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, 2016 to March 31, 2017 ⁽¹⁾

Coverage Category and Prescription Type	Number of Prescriptions ⁽²⁾	Net Payment ⁽³⁾
PRESCRIPTION DRUGS ⁽⁴⁾		
Regular Premium	1,477,964	\$223,806,820
Subsidized Premium	126,608	10,778,662
Seniors	15,752,756	508,645,695
Palliative Care	27,566	1,416,776
Subtotal	17,384,894	\$744,647,952
OVER-THE-COUNTER ⁽⁵⁾		
Regular Premium	81,143	\$6,738,219
Subsidized Premium	6,181	481,738
Seniors	556,885	35,321,471
Palliative Care	3,203	70,244
Subtotal	647,412	\$42,611,672
ADJUSTMENTS ⁽⁶⁾		
Regular Premium	3	(\$3,045)
Subsidized Premium		(11,769)
Seniors	4	
Palliative Care		
Subtotal	7	(\$14,814)
ALL PRESCRIPTIONS		
Regular Premium	1,559,110	\$230,541,994
Subsidized Premium	132,789	11,260,400
Seniors	16,309,645	543,955,397
Palliative Care	30,769	1,487,020
Total	18,032,313	\$787,244,810

(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, 2012 to March 31, 2017 ⁽¹⁾

Year	Number of Pharmacies	Percentage Change from the Prior Year
2012/2013	1,036	2.07
2013/2014	1,089	5.12
2014/2015	1,107	1.65
2015/2016	1,164	5.15
2016/2017	1,268	8.93
Annual Average Percentage Change for Last 5 Years		5.18

(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, 2016 to March 31, 2017 ⁽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	16,329	2,053	\$59,421,747
Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	22,044	1,997	25,817,606
Harvoni	90 mg/400 mg	Chronic Hepatitis C	2,804	215	12,615,664
Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	6,864	654	9,035,153
Copaxone	20 mg/ml syringe	Multiple Sclerosis	6,878	786	8,762,677
Gilenya	0.5 mg cap	Multiple Sclerosis	4,145	394	8,568,380
Tecfidera	120 mg cap	Multiple Sclerosis	4,336	422	6,757,457
Stelara	0.5ml vial	Plaque Psoriasis	1,340	274	4,226,946
Soliris	300 mg/vial	Paroxysmal Nocturnal Hemoglobinuria	553	8	3,716,481
Cerezyme	400 units	Gaucher's Disease	541	8	3,215,495
SENIORS ⁽³⁾					
Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	3,567	451	\$12,872,703
Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque	8,944	779	12,355,821
Lucentis	2.3 mg/vial	Neovascular (wet) Age Related Macular Degeneration	6,825	1,139	11,544,295
Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque	7,062	628	10,433,947
Symbicort Turbuhaler	200 mcg/6 mcg	Asthma/Chronic Obstructive Pulmonary Disease	76,080	24,797	10,371,450
Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	79,319	22,837	9,149,300
Lantus Pen	100 unit/ml	Diabetes Mellitus	51,091	11,631	7,362,654
Blood Glucose Test Strips	N/A	Blood Glucose Monitoring	87,735	21,262	7,095,814
Xarelto	20 mg	Prevention / Treatment of Blood Clots	48,336	9,145	6,834,820
Harvoni	90 mg/400 mg	Chronic Hepatitis C	1,447	119	6,821,548

Continued...

(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.

(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, 2016 to March 31, 2017 ⁽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	68	5	\$119,557
Sandostatin Lar	20 mg/vial	Rare Endocrine Tumor / Acromegaly / Diarrhea	28	4	79,485
Fentanyl Citrate	0.05 mg/ml syringe	Analgesic	750	169	68,938
Innohep	0.9 ml syringe	Prevention / Treatment of Blood Clots	67	16	48,653
Innohep	0.8 ml syringe	Prevention / Treatment of Blood Clots	80	16	40,927
Fragmin	0.5 ml syringe	Prevention / Treatment of Blood Clots	91	16	38,439
Innohep	0.5 ml syringe	Prevention / Treatment of Blood Clots	95	17	38,327
Metoclopramide Hydrochloride	5 mg/ml	Nausea and Vomiting	410	115	36,953
Hydromorphone HP	10 mg/ml injection	Analgesic	444	90	27,992
Midazolam	5 mg/ml inj	Sedation / Anesthesia / Anxiolysis	539	197	24,144
ALL GROUPS					
Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	19,896	2,504	\$72,294,450
Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque	30,988	2,776	38,173,427
Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriasis Arthritis / Plaque	13,926	1,282	19,469,101
Harvoni	90 mg/400 mg	Chronic Hepatitis C	4,251	334	19,437,212
Lucentis	2.3 mg/vial	Neovascular (wet) Age Related Macular Degeneration	6,883	1,154	11,620,614
Symbicort Turbuhaler	200 mcg/6 mcg	Asthma/Chronic Obstructive Pulmonary Disease	85,480	28,004	11,422,295
Copaxone	20 mg/ml syringe	Multiple Sclerosis	7,494	872	9,907,176
Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	83,040	23,938	9,509,831
Gilenya	0.5 mg cap	Multiple Sclerosis	4,334	415	9,107,442
Lantus Pen	100 unit/ml	Diabetes Mellitus	60,625	13,651	8,845,964

(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, 2016 to March 31, 2017 ⁽¹⁾

Broad Drug Category	Number of Prescriptions ⁽²⁾	Net Payment	Co-Payment ⁽³⁾	Coordination of Benefits ⁽⁴⁾	Average Gross Cost per Prescription ⁽⁵⁾
Antihistamines	2,928	\$126,419	\$21,457	\$4,941	52.19
Antineoplastic Agents	57,190	5,481,646	679,289	117,040	109.77
Antitussives, Expectorants, Mucolytics	36,903	9,740,312	592,923	74,017	282.02
Anti-Infective Agents	822,146	48,772,726	5,975,955	660,542	67.40
Autonomic Drugs	717,465	53,205,894	9,177,560	595,175	87.78
Blood Formation and Coagulation	621,294	52,343,487	6,578,820	710,866	95.98
Cardiovascular Drugs	5,580,435	123,090,308	47,477,843	1,091,517	30.76
Central Nervous System Drugs	3,905,141	99,715,999	29,732,908	2,867,594	33.88
Devices⁽⁶⁾	8,971	174,751	75,803	2,557	28.21
Dental Agents	12	92	39		10.97
Diabetic Supplies⁽⁷⁾	204,682	11,787,456	555,044	340,011	61.96
Electrolytic, Caloric, Water Balance	543,706	5,986,541	2,409,562	64,076	15.56
Enzymes	793	5,100,028	6,875		6,439.98
Eye, Ear, Nose and Throat Preparations	412,993	23,080,159	4,197,756	81,418	66.25
Gastrointestinal Drugs	1,315,376	35,235,837	11,396,030	655,174	35.95
Gold Compounds	416	30,264	6,147	660	89.11
Heavy Metal Antagonists	1,384	2,052,956	22,841	69,304	1,549.93
Hormones & Synthetic Substitutes	2,279,594	76,540,919	18,560,748	1,279,234	42.28
Local Anaesthetics	66	3,218	437		55.37
Out of Country & Special Access	3,785	136,926	34,008	19,550	50.33
Serums, Toxoids, and Vaccines	3,123	175,949	33,960	3,210	68.24
Skin & Mucous Membrane Preparations	388,939	8,198,752	3,058,314	128,029	29.27
Smooth Muscle Relaxants	116,241	3,585,149	1,095,367	36,730	40.58
Unclassified Therapeutic Agents	896,142	221,498,749	8,973,591	13,669,862	272.44
Undetermined⁽⁸⁾	7	(14,814)	6	8	(2,114.18)
Vitamins	112,581	1,195,087	475,050	21,453	15.03
Total⁽⁹⁾	18,032,313	\$787,244,810	\$151,138,332	\$22,492,969	\$53.29

(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) Gross Cost per Prescription = Net Payment + Co-Payment + Coordination of Benefits.

(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, 2016 to March 31, 2017⁽¹⁾**

Coverage Category	Number of Prescriptions ⁽²⁾	Drug Material Cost [A]	Dispensing Fee [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	1,678,660	\$248,534,108	\$16,372,488	\$9,881,874	(\$4,833)	\$274,783,638	\$16,523,619	\$17,955,843	\$240,304,176
Seniors	16,269,506	485,890,236	165,987,590	27,617,497	(15,417)	679,479,907	133,706,381	3,668,500	542,105,025
Palliative Care	30,028	1,504,135	255,809	87,706		1,847,650	201,712	185,006	1,460,932
Average Cost per Prescription		40.93	10.16	2.09		53.18			43.60
Total⁽¹⁰⁾	17,978,194	\$735,928,479	\$182,615,887	\$37,587,077	(\$20,250)	\$956,111,194	\$150,431,713	\$21,809,349	\$783,870,132

(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) 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.