

Health and Wellness

Alberta Health Care Insurance Plan
Statistical Supplement
2007-2008



Alberta

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Information on performance measures and financial statements is provided in the *Alberta Ministry of Health and Wellness Annual Report Section I and II 2007/2008*. Copies of the annual report are available from the Communications Branch or the ministry website.

Health and Wellness

Alberta Health Care Insurance Plan

Statistical Supplement

2007/2008

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Introduction

What is the Alberta Health Care Insurance Plan (AHCIP)?

The Alberta Health Care Insurance Plan (AHCIP) is a publicly funded health care plan. It is 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 Albertans. They are:

- basic health coverage (for medically required services provided by physicians, dentists/oral surgeons and hospitals, and limited coverage for services provided by chiropractors, optometrists and podiatrists). All residents of Alberta are required to register for AHCIP coverage, but residents have the option to opt out. There is a monthly premium for this coverage, except for those individuals and their dependants who are enrolled in special coverage categories (such as seniors, recipients of Alberta Widows' Pension or Income Support) or individuals entitled to full premium assistance.
- supplemental health insurance through Non-Group Supplementary plans, for pharmaceutical and selected health service coverage. These supplemental plans cover services beyond those required by the *Canada Health Act* and are funded by Alberta Health and Wellness, and administered by Alberta Blue Cross. Coverage is available to all Albertans under the age of 65 and their dependants, subject to the payment of a monthly premium. Premium-free coverage is provided to seniors and their dependants, and to recipients of the Alberta Widows' Pension and their dependants. In addition, premium-free drug coverage is provided to people who have been diagnosed as being palliative and who receive their health care at home.

What can I find in the Statistical Supplement?

The Statistical Supplement is an extension of the *Alberta Ministry of Health and Wellness Annual Report Section I and II 2007/2008* and includes data on the number of people registered with the AHCIP, payments made by the AHCIP to Alberta physicians and allied practitioners (dentists/oral surgeons, chiropractors, optometrists and podiatrists) for services provided to Albertans, and payments for services provided to Albertans out of the country. The Statistical Supplement also reports data on the Non-Group Supplementary Plans.

How is data reported in the Statistical Supplement?

This edition of the Statistical Supplement reports data for the period April 1, 2007 to March 31, 2008. Where feasible, data covers a five-year period to assist in longer-term comparisons. Regional health authority data are provided only for the current year, since regional boundaries are subject to change, making data for previous years incomparable. Boundaries were last adjusted on December 1, 2003.

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 totals in the Statistical Supplement differ from those in the annual report. The Statistical Supplement uses claims payment data from the Claims Assessment System (CLASS), based on date-of-service, while the annual report uses financial statement data, based on date-of-payment, from the Alberta Government Integrated Management Information System (IMAGIS).

Information not included in the Statistical Supplement

The following information is not included in the Statistical Supplement:

- AHCIP payments for medical and hospital services Albertans received in other Canadian provinces/territories;
- regional health authority services and costs (e.g. hospital and home care services and costs); and
- Alberta Cancer Board services and costs.

The *Alberta Ministry of Health and Wellness Annual Report Section I and II 2007/2008* provides a range of financial information pertaining to regions and the Alberta Cancer Board. A copy of the annual report can be found on the Alberta Health and Wellness website at www.health.alberta.ca.

Did You Know?

72% of Albertans rate their satisfaction with overall quality of and access to health services as good or excellent.

Source: Health Quality Council of Alberta

Did You Know?

Albertans expect the best possible care and outcomes when they use the health system. Alberta Health and Wellness established a quality framework including the following six dimensions of quality health services:

- 1) acceptability,
- 2) appropriateness,
- 3) effectiveness,
- 4) efficiency,
- 5) accessibility, and
- 6) safety.

Section 1: Registration

Summary

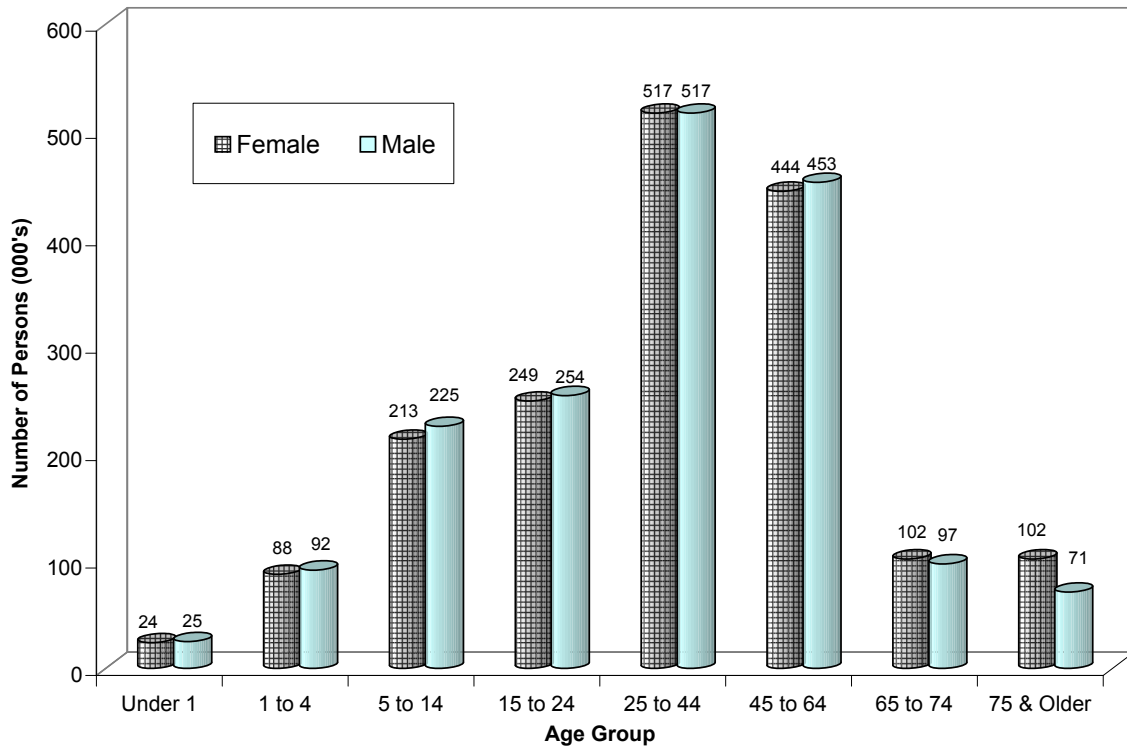
This section provides statistics on the number of Albertans covered under the Alberta Health Care Insurance Plan (AHCIP) for basic health services. The tables provide registration data by premium status and subsidy level, and by age and gender as at March 31, 2008.

Highlights

- A total of 3,473,996 Albertans were entitled to basic health coverage. This is an increase of 3 per cent compared to 2006/2007. Included in this total are 45,531 individuals who have temporary Canada entry documents (e.g. Minister's Permits, Work Permits, Study Permits) and are registered with the AHCIP compared to 29,477 individuals in 2006/2007.
- Overall, 23 per cent of the total population covered by the AHCIP paid reduced premiums or were fully exempt from paying premiums in 2007/2008.
- On average, during 2007/2008, approximately 6,300 Albertans (4,000 registrations) per month were on the Waiver of Premiums Program compared to 7,600 Albertans (4,700 registrations) in 2006/2007.
- The number of Employment and Immigration Income Support recipients who received premium-free coverage was 89,224; an increase of 2 per cent compared to the 2006/2007 year.
- In 2007/2008, the number of Albertans who chose to opt out of the AHCIP increased to 292 compared to 255 in 2006/2007.

Figures and Charts

Figure 1
Population Covered for Basic Health Benefits
by Age and Gender as at March 31, 2008



Explanatory Notes

Income Support Category

This category is comprised of Albertans who receive financial benefits through the Employment and Immigration Income Support Program. Income Support recipients receive premium-free AHCIP coverage.

Individual and Group Category

This category is comprised of Albertans who make AHCIP premium payments either directly to Alberta Health and Wellness or through group plans (e.g. employers who submit premiums on behalf of their employees).

Opting Out

Every year, Albertans who object to the AHCIP may opt out. These individuals and their dependants are responsible for paying all of their health care expenses. Previously people who opted out did so for a full benefit year, which was July 1 of one year to June 30 of the following year. On April 1, 2007 the Opt Out program changed from a renewable one-year term to a three-year term with the resident having the option to rescind their decision to opt-out at any time.

Premium Assistance Programs

Premium rates for AHCIP coverage are \$88 per month (\$1,056 per year) for family coverage (two or more people) and \$44 per month (\$528 per year) for single coverage. To assist lower-income Albertans with the cost of premiums, Alberta Health and Wellness has two premium assistance programs residents can apply for: 1) the Premium Subsidy Program and 2) the Waiver of Premiums 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/adult interdependent partner (if applicable) for the year preceding 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 or there are children and/or a spouse/adult interdependent partner on the registration account.

2007/2008 Premium Subsidy Thresholds		
Family Category	Full Subsidy*	Full Premiums*
Single	under \$17,450	over \$20,970
Family - no children	under \$26,200	over \$33,240
Family - with children	under \$32,210	over \$39,250

*If the combined incomes of the applicant and his/her spouse/partner fall between the thresholds for full subsidy and full premiums, a partial subsidy is granted.

The Waiver of Premiums Program is designed to assist Albertans who are presently experiencing short-term financial difficulties. Eligibility is based on the average gross monthly income for the three calendar months prior to the date the application is signed. If there is a spouse or adult interdependent partner on the account, both individuals are required to report their income. If the average monthly income is under the qualifying level (shown below), premiums are waived for a six-month period.

2007/2008 Waiver of Premium Thresholds	
Family Category	Income Level
Single	\$1,430
Family - no children	\$2,270
Family - with children	\$2,670

Registrations

Registration data are based on the number of active registrations on the AHCIP files as of 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. There is usually one registration per family household. 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 in Table 1.1 and Table 1.2.

The population data reported in the Statistical Supplement differs from Statistics Canada provincial population estimates because:

- Alberta Health and Wellness continually updates AHCIP data.
- Persons who are temporarily absent from the province or who have left the province permanently, but retain their coverage for a period of three months (up to March 31), are included in the data.
- Members of the Armed Forces, members of the RCMP, and inmates of federal penitentiaries are covered by the federal government. These groups are not entitled to AHCIP coverage so they are not included in the AHCIP data. However, their family members who live permanently in Alberta are entitled to AHCIP coverage and are included in the data, where applicable.

Seniors Category

Alberta Health and Wellness provides premium-free AHCIP coverage 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.

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 Employment and Immigration's Alberta Widows' Pension (AWP) plan. As of April 1, 2004, no new applications have been accepted and Employment and Immigration staff direct people who inquire about the AWP to appropriate income support programs. With no new applicants, the number of AWP recipients continues to decline.

Currently, recipients of AWP and their eligible dependants receive both premium-free AHCIP coverage and Non-Group Supplementary coverage. Refer to Section 4, Non-Group Supplementary Plans, for more details about Non-Group Supplementary coverage.

Did You Know?

Over 23% of the total population covered by the Alberta Health Care Insurance Plan paid reduced or no premiums this year.

Table 1.1
Number of Registrations and Population Covered
as at March 31, 2004, 2005, 2006, 2007 and 2008⁽¹⁾

Population Categories	Number of Registrations						Percentage Change			
	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2005/ 2004	2006/ 2005	2007/ 2006	2008/ 2007	
Individual and Group	1,250,087	1,272,089	1,310,030	1,369,270	1,417,542	1.76	2.98	4.52	3.53	
Seniors	248,345	256,894	263,967	271,148	279,446	3.44	2.75	2.72	3.06	
Widows' Pension	1,921	1,636	1,317	1,012	772	(14.84)	(19.50)	(23.16)	(23.72)	
Income Support Recipients	53,485	56,800	55,559	56,741	57,996	6.20	(2.18)	2.13	2.21	
Total	1,553,838	1,587,419	1,630,873	1,698,171	1,755,756	2.16%	2.74%	4.13%	3.39%	

Population Categories	Population Covered						Percentage Change			
	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2005/ 2004	2006/ 2005	2007/ 2006	2008/ 2007	
Individual and Group	2,718,333	2,741,056	2,800,619	2,897,475	2,972,259	0.84	2.17	3.46	2.58	
Seniors	363,201	376,993	387,723	398,676	411,700	3.80	2.85	2.82	3.27	
Widows' Pension	2,098	1,778	1,415	1,079	813	(15.25)	(20.42)	(23.75)	(24.65)	
Income Support Recipients	81,525	90,208	86,174	87,395	89,224	10.65	(4.47)	1.42	2.09	
Total	3,165,157	3,210,035	3,275,931	3,384,625	3,473,996	1.42%	2.05%	3.32%	2.64%	

(1) The population figures are as at March 31, calculated in July.

Table 1.2
Number of Registrations and Population Covered
by Method of Premium Collection and Subsidy Level
as at March 31, 2008⁽¹⁾

Registration Status	Total		Single		Family	
	Registrations	Population	Registrations	Population	Registrations	Population
Non-Subsidized						
Individual and Group	1,264,679	2,663,383	607,657	607,657	657,022	2,055,726
Partial Reduction						
Individual and Group	17,751	36,304	9,465	9,465	8,286	26,839
Full Reduction						
Individual and Group	135,112	272,572	72,105	72,105	63,007	200,467
Seniors	279,446	411,700	151,794	151,794	127,652	259,906
Widows' Pension	772	813	738	738	34	75
Income Support Recipients	57,996	89,224	43,054	43,054	14,942	46,170
Subtotal	473,326	774,309	267,691	267,691	205,635	506,618
Total	1,755,756	3,473,996	884,813	884,813	870,943	2,589,183

(1) The population figures are as at March 31, calculated in July.

Table 1.3
Distribution of Population by Age and Gender
as at March 31, 2004, 2005, 2006, 2007 and 2008⁽¹⁾

Age Group \ Gender	Total					Percentage Change			
	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2005/ 2004	2006/ 2005	2007/ 2006	2008/ 2007
Under 1	40,155	40,517	42,345	46,276	48,991	0.90	4.51	9.28	5.87
1 - 4	155,949	158,354	163,440	171,756	179,252	1.54	3.21	5.09	4.36
5 - 9	208,723	206,883	206,546	209,644	212,480	(0.88)	(0.16)	1.50	1.35
10 - 14	229,393	227,377	226,653	227,270	226,400	(0.88)	(0.32)	0.27	(0.38)
15 - 19	233,259	236,176	238,690	242,793	245,327	1.25	1.06	1.72	1.04
20 - 24	233,727	237,132	242,791	253,204	257,848	1.46	2.39	4.29	1.83
25 - 29	227,029	231,404	237,671	251,514	265,300	1.93	2.71	5.82	5.48
30 - 34	229,807	230,953	233,747	243,674	252,759	0.50	1.21	4.25	3.73
35 - 39	238,698	234,910	238,786	247,224	253,676	(1.59)	1.65	3.53	2.61
40 - 44	275,902	273,916	268,707	266,877	262,568	(0.72)	(1.90)	(0.68)	(1.61)
45 - 49	262,678	268,455	273,737	280,346	285,348	2.20	1.97	2.41	1.78
50 - 54	211,392	221,753	234,312	247,449	258,358	4.90	5.66	5.61	4.41
55 - 59	167,091	176,968	187,239	193,283	199,725	5.91	5.80	3.23	3.33
60 - 64	120,634	126,021	131,377	142,609	153,512	4.47	4.25	8.55	7.65
65 - 69	96,580	98,603	101,780	106,016	110,832	2.09	3.22	4.16	4.54
70 - 74	84,554	85,401	86,193	87,008	88,523	1.00	0.93	0.95	1.74
75 - 79	65,960	68,194	70,705	72,662	74,087	3.39	3.68	2.77	1.96
80 - 84	46,616	47,789	49,303	50,361	51,986	2.52	3.17	2.15	3.23
85 & Older	37,010	39,229	41,909	44,659	47,024	6.00	6.83	6.56	5.30
Total	3,165,157	3,210,035	3,275,931	3,384,625	3,473,996	1.42%	2.05%	3.32%	2.64%

(1) The population figures are as at March 31, calculated in July.

Continued...

Did You Know?
 Alberta has one of the youngest populations in Canada. Median age 36.0 years compared to 39.5 for Canada.
 Source: Statistics Canada

Table 1.3
Distribution of Population by Age and Gender
as at March 31, 2004, 2005, 2006, 2007 and 2008⁽¹⁾

Age Group \ Gender	Male					Percentage Change			
	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2005/ 2004	2006/ 2005	2007/ 2006	2008/ 2007
Under 1	20,597	20,741	21,556	23,618	24,963	0.70	3.93	9.57	5.69
1 - 4	79,605	81,007	83,574	87,778	91,612	1.76	3.17	5.03	4.37
5 - 9	107,270	106,202	106,094	107,403	108,758	(1.00)	(0.10)	1.23	1.26
10 - 14	117,703	116,636	116,341	116,940	116,667	(0.91)	(0.25)	0.51	(0.23)
15 - 19	119,350	120,870	122,026	124,212	125,223	1.27	0.96	1.79	0.81
20 - 24	117,667	119,289	121,720	126,997	128,890	1.38	2.04	4.34	1.49
25 - 29	113,981	115,598	117,919	124,490	131,208	1.42	2.01	5.57	5.40
30 - 34	115,502	115,972	116,990	121,898	126,792	0.41	0.88	4.20	4.01
35 - 39	118,848	117,042	118,965	123,969	127,716	(1.52)	1.64	4.21	3.02
40 - 44	137,440	135,808	133,290	133,002	131,445	(1.19)	(1.85)	(0.22)	(1.17)
45 - 49	133,278	135,787	137,874	140,836	143,055	1.88	1.54	2.15	1.58
50 - 54	107,482	112,824	118,972	125,810	131,287	4.97	5.45	5.75	4.35
55 - 59	84,284	89,352	94,601	97,792	101,423	6.01	5.87	3.37	3.71
60 - 64	60,458	63,213	65,756	71,403	76,886	4.56	4.02	8.59	7.68
65 - 69	47,409	48,495	50,175	52,273	54,753	2.29	3.46	4.18	4.74
70 - 74	40,746	41,166	41,539	41,906	42,657	1.03	0.91	0.88	1.79
75 - 79	29,533	30,893	32,296	33,474	34,240	4.61	4.54	3.65	2.29
80 - 84	18,292	18,920	19,771	20,516	21,528	3.43	4.50	3.77	4.93
85 & Older	11,817	12,555	13,490	14,475	15,355	6.25	7.45	7.30	6.08
Total	1,581,262	1,602,370	1,632,949	1,688,792	1,734,458	1.33%	1.91%	3.42%	2.70%

(1) The population figures are as at March 31, calculated in July.

Continued...

Table 1.3
Distribution of Population by Age and Gender
as at March 31, 2004, 2005, 2006, 2007 and 2008⁽¹⁾

Age Group \ Gender	Female					Percentage Change			
	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2005/ 2004	2006/ 2005	2007/ 2006	2008/ 2007
Under 1	19,558	19,776	20,789	22,658	24,028	1.11	5.12	8.99	6.05
1 - 4	76,344	77,347	79,866	83,978	87,640	1.31	3.26	5.15	4.36
5 - 9	101,453	100,681	100,452	102,241	103,722	(0.76)	(0.23)	1.78	1.45
10 - 14	111,690	110,741	110,312	110,330	109,733	(0.85)	(0.39)	0.02	(0.54)
15 - 19	113,909	115,306	116,664	118,581	120,104	1.23	1.18	1.64	1.28
20 - 24	116,060	117,843	121,071	126,207	128,958	1.54	2.74	4.24	2.18
25 - 29	113,048	115,806	119,752	127,024	134,092	2.44	3.41	6.07	5.56
30 - 34	114,305	114,981	116,757	121,776	125,967	0.59	1.54	4.30	3.44
35 - 39	119,850	117,868	119,821	123,255	125,960	(1.65)	1.66	2.87	2.19
40 - 44	138,462	138,108	135,417	133,875	131,123	(0.26)	(1.95)	(1.14)	(2.06)
45 - 49	129,400	132,668	135,863	139,510	142,293	2.53	2.41	2.68	1.99
50 - 54	103,910	108,929	115,340	121,639	127,071	4.83	5.89	5.46	4.47
55 - 59	82,807	87,616	92,638	95,491	98,302	5.81	5.73	3.08	2.94
60 - 64	60,176	62,808	65,621	71,206	76,626	4.37	4.48	8.51	7.61
65 - 69	49,171	50,108	51,605	53,743	56,079	1.91	2.99	4.14	4.35
70 - 74	43,808	44,235	44,654	45,102	45,866	0.97	0.95	1.00	1.69
75 - 79	36,427	37,301	38,409	39,188	39,847	2.40	2.97	2.03	1.68
80 - 84	28,324	28,869	29,532	29,845	30,458	1.92	2.30	1.06	2.05
85 & Older	25,193	26,674	28,419	30,184	31,669	5.88	6.54	6.21	4.92
Total	1,583,895	1,607,665	1,642,982	1,695,833	1,739,538	1.50%	2.20%	3.22%	2.58%

(1) The population figures are as at March 31, calculated in July.

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 dentists/oral surgeons, as well as some services provided by podiatrists, optometrists and chiropractors. Alberta practitioners receive fee-for-service payments and/or are paid through Alternate Relationship Plans (ARP). See Table 2.17 for information about ARPs.

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 gender, 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. ARP and Primary Care Network (PCN) data are reported separately in Tables 2.17 and 2.21.

Highlights

- In Alberta, 6,058 physicians and 1,602 allied practitioners received fee-for-service payments from the AHCIP during 2007/2008.
- The physician to population ratio for physicians (excluding pathologists) who submitted fee-for-service claims remained constant at 1.7 per 1000 patients.
- Of the 3,473,996 Albertans registered for coverage with the AHCIP, 84 per cent (2,911,621 people) received at least one fee-for-service physician service during 2007/2008.
 - A total of 70 per cent of these patients received fee-for-service physician services valued at \$500 or less.
 - 15 per cent of these patients received fee-for-service physician services valued at more than \$1,000. Payments for these patients' services accounted for 60 per cent of all fee-for-service physician expenditures.
- Office visits (assessments) and consultations accounted for 47 per cent of the fee-for-service payments made to Alberta physicians in 2007/2008. These services accounted for 73 per cent of the fee-for-service payments made to general/family physicians.
- About 27 per cent of Alberta's population, 931,755 Albertans, obtained allied health services (services provided by dentists/oral surgeons, optometrists, podiatrists and chiropractors) in 2007/2008.
- Alberta Health and Wellness spent \$76,593,799 on optometry, podiatry and chiropractic services in 2007/2008. Coverage for these services is not required by the *Canada Health Act*.
- A total of \$12,734,895 was spent on optometry care for Alberta's children in 2007/2008.
- The AHCIP paid fee-for-service totaling \$1,799,224,796 to Alberta physicians and allied health practitioners in 2007/2008. This figure represents a 10 per cent increase compared to 2006/2007.

- In 2007/2008, the average total fee-for-service payment per Alberta physician was \$283,710 (7 per cent higher than it was in 2006/2007). This brought the median payment to \$233,610 (a 7 per cent increase compared to 2006/2007).
- A total of 748 physicians each received more than \$500,000 in fee-for-service payments in 2007/2008. This represents an increase of 145 physicians compared to 2006/2007. Of the 748 physicians, 159 were general/family physicians, an increase of 58 physicians over 2006/2007.
- A total of 150 physicians each received more than \$1 million in fee-for-service payments in 2007/2008. Twenty three (23) of the 150 physicians received more than \$2 million.
- In 2007/2008, a total of 1,029 physicians participated in ARPs. A total of \$147,163,837 was spent on ARP expenditures.
- As of March 31, 2008, 26 PCNs were operating in nine health regions. These 26 PCNs involve a total of 1,519 physicians who provide services to 1,699,374 patients.

Charts and Figures

The following chart outlines fee-for-service payments made to Alberta practitioners in 2007/2008.

2007/2008 Fee-For-Service Payments and Percentage Change		
Practitioner Type	Overall Fee-For-Service Payments	Percentage Change from 2006/2007 to 2007/2008
Physicians*	\$1,718,717,023	10.31
Dentists/Oral Surgeons	3,913,975	7.61
Chiropractors	45,711,999	5.13
Optometrists	22,638,799	14.30
Podiatrists	8,243,000	4.01
Allied Practitioner Sub-total	80,507,773	7.56
Total	\$1,799,224,796	10.18

*\$5.5 million of the overall payments made by the AHCIP to physicians were for pathology services (see Explanatory Notes).

The following chart outlines the number of Alberta practitioners who submitted fee-for-service claims to the AHCIP in 2007/2008.

2007/2008 Practitioners Who Submitted Fee-For-Service Claims and Percentage Change		
Practitioner Type	Number of Practitioners	Percentage Change from 2006/2007 to 2007/2008
Physicians	6,058	3.56
Dentists/Oral Surgeons	207	(5.91)
Chiropractors	906	1.80
Optometrists	434	9.32
Podiatrists	55	1.85
Total	7,660	3.36

Figure 2
Average Fee-For-Service Payments per Albertan
to Physicians for Basic Health Services
by Age and Gender,
for the Fiscal Year April 1, 2007 to March 31, 2008

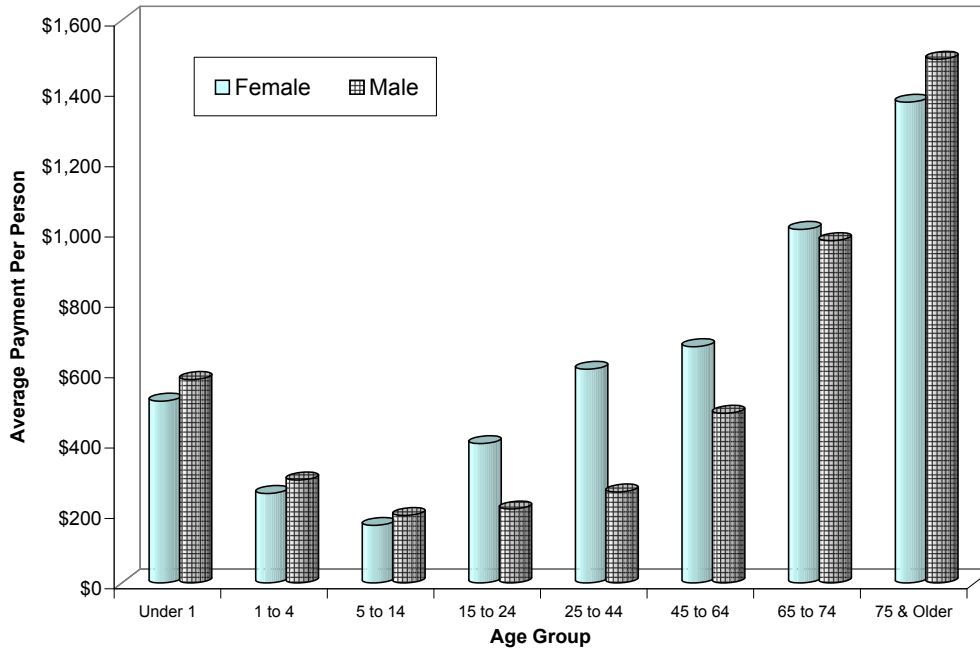
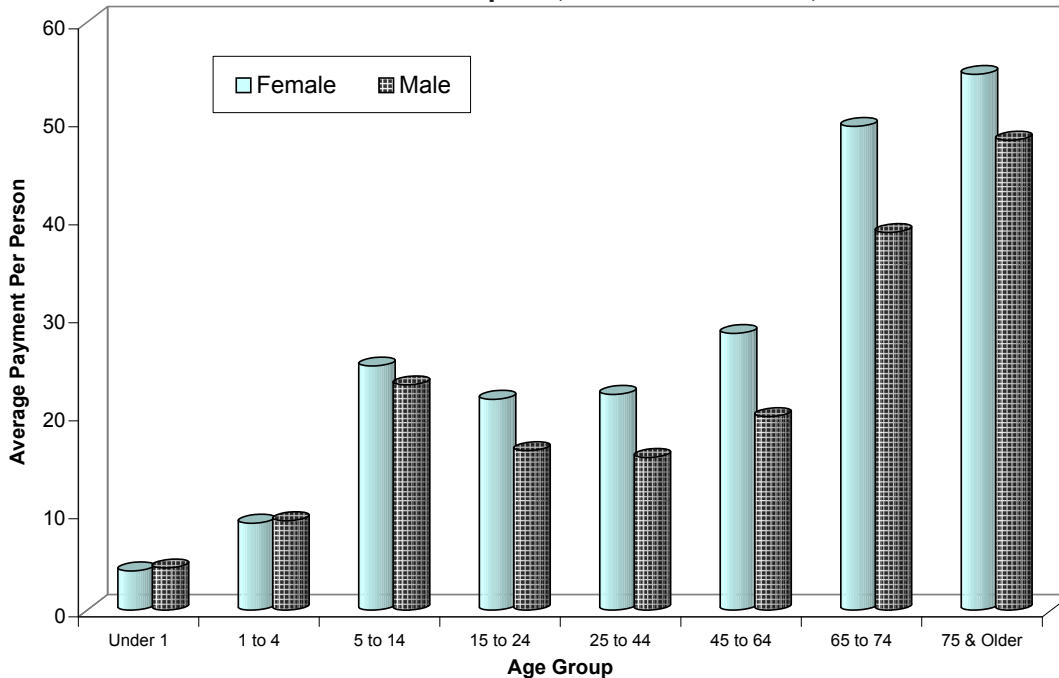


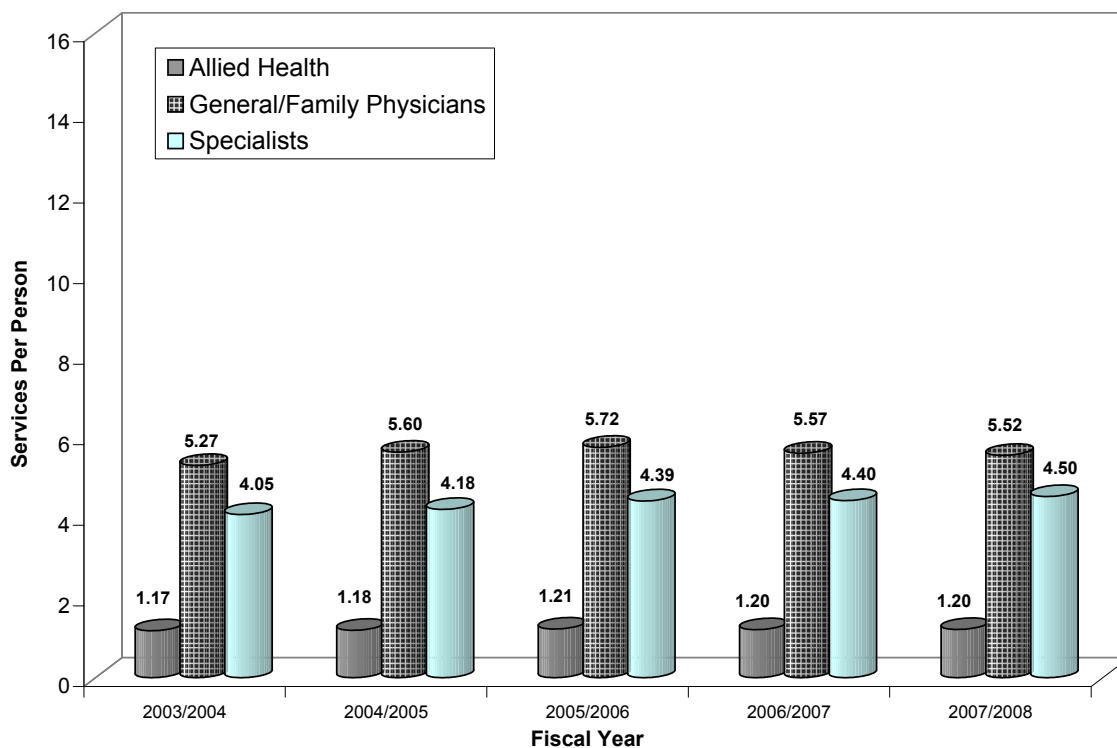
Figure 3
Average Fee-For-Service Payments per Albertan
to Allied Practitioners for Basic Health Services
by Age and Gender,
for the Fiscal Year April 1, 2007 to March 31, 2008



The following chart highlights the average fee-for-service cost per patient, by practitioner type. The total average cost per patient in 2007/2008 increased by 8 per cent over the previous year's cost.

2007/2008 Fee-For-Service Cost Per Patient By Practitioner Type and Percentage Change		
Practitioner Type	Average Fee-For-Service Cost/Patient	Percentage Change from 2006/2007 to 2007/2008
Physicians	\$590.30	7.92
Dentists/Oral Surgeons	346.31	5.83
Chiropractors	91.99	2.21
Optometrists	53.78	4.67
Podiatrists	86.85	3.26
Total	\$596.31	7.66

Figure 4
Average Number of Basic Health Services per Person
for the Fiscal Years Ended March 31, 2004 to March 31, 2008⁽¹⁾



(1) The data excludes pathologists. See Explanatory Notes for more details.

Explanatory Notes

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 2.18 to 2.20.

Pathology Services

The regional health authorities pay for most laboratory services. A few select pathology services, such as minor consultations, electrocardiograms (technical) and skin tests, are still paid for by the Alberta Health Care Insurance Plan (AHCIP).

Pathologists often submit fee-for-service claims through organizations rather than as individuals, so data about them is not directly comparable to that of other physicians. 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, because:

- some practitioners receive income from other sources (e.g. Workers' Compensation Board, third party medicals, and for services not covered by the AHCIP);
- both full-time and part-time practitioners are included in the statistics;
- salaried positions and contractual arrangements with regional health authorities or private employers are not included;
- payments for services rendered to non-Albertans are not included; and
- the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Under special circumstances, physicians can claim and be paid for services provided by medical residents and nurses they supervise, 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 2007/2008. When physicians have multiple specialties, they have been counted in the specialty where they received the highest fee-for-service payments.

Alternate Relationship Plan (ARP) data are reported separately from fee-for-service data (Table 2.17).

Manual payments totaling \$17,461,049 made to Alberta physicians for the service period October 1, 2003 to March 31, 2004, are not included in the data. These payments were made to address the 2.7 per cent fee increase negotiated through the Master Agreement and implemented retroactively to October 1, 2003.

Manual payments totaling \$35,447,056 made to Alberta physicians for the service period October 1, 2006 to March 31, 2007, are not included in the data. These payments were made to address the 4.5 per cent fee increase negotiated through the Master Agreement and implemented retroactively to October 1, 2006. Manual payments totaling \$37,704,829 made to Alberta physicians for the service period April 1, 2007 to June 30, 2007 are not included in the data. These payments were made to address the 9.2 per cent fee increase negotiated through the Master Agreement implemented retroactively to April 1, 2007.

Clinical Stabilization Initiative (CSI) is part of the Amending Agreement to the Tri-Lateral Master Agreement for physicians. Effective September 1, 2007, CSI was established to address three specific emergent issues:

- Business Cost Program (BCP) - addresses the rising cost of medical practices in Alberta
- Rural Remote Northern Program - addresses the challenges of recruiting physicians to live and practice in rural, remote and northern areas of the province
- Communities in Crisis - addresses the challenges of recruiting physicians to live and practice in communities in crisis.

Manual payments for CSI, totaling \$53,135,414 made to Alberta physicians for the service period September 1, 2007 to March 31, 2008, are not included in the data.

Practitioner

Practitioner refers to physicians and allied health practitioners (dentists/oral surgeons, chiropractors, optometrists and podiatrists) who received fee-for-service payments from the AHCIP for basic health services.

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.

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.

Types of Service

The types of services 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.

Chiropractic Services

During the 2007/2008 year, the maximum benefit paid by the AHCIP was \$14.00 for a chiropractic visit and \$23.19 for an x-ray, with an annual patient limit of \$200.

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 19 to 64 year olds. Routine eye exams for Albertans aged 19 to 64 years of age are not covered by the AHCIP.

Manual payments totaling \$791,248 made to Alberta optometrists for the service period April 1, 2006 to March 31, 2007 are not included in the data. These payments were made to address the 4.0 per cent increase negotiated through the Master Agreement and implemented retroactively to April 1, 2006.

Manual payments totaling \$911,581 made to Alberta optometrists for the service period April 1, 2007 to September 30, 2007 are not included in the data. These payments were made to address the 8.7 per cent increase negotiated through the Master Agreement and implemented retroactively to April 1, 2007.

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 services are provided by a podiatrist in a hospital or non-hospital surgical facility under contract to a regional health authority.

Manual payments totaling \$32,505 made to Alberta podiatrists for the period January 1 to May 31, 2006 are not included in the data. These payments were made in relation to an agreement between Alberta Health and Wellness and the Alberta Podiatry Association to support podiatrists with credentials from the American Board of Podiatric Surgery or credentials from the American Board of Multiple Specialists in Podiatry and who have been granted hospital privileges by a regional health authority.

Did You Know?

84% of Albertans received at least one fee-for-service physician service in 2007/2008. 15% of these patients received physician services valued at more than \$1,000. Payments for these patients accounted for 60% of all fee-for-service physician expenditures.

Table 2.1
Medical and Allied Practitioners: Selected Indicators
for the Service Years Ended March 31, 2004 to March 31, 2008

Indicators	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008
REGISTRATIONS					
Population Covered	3,165,157	3,210,035	3,275,931	3,384,625	3,473,996
Number of Discrete Physician Patients ⁽¹⁾	2,689,453	2,728,340	2,789,879	2,848,553	2,911,621
Number of Discrete Patients per Physician	501	496	500	487	481
OVERALL PHYSICIAN SUMMARY					
Number of Physician Services Provided	30,044,400	31,683,660	33,428,098	34,031,123	35,054,154
Number of Physicians	5,363	5,501	5,585	5,850	6,058
Number of Physicians per 1,000 Persons	1.69	1.71	1.70	1.73	1.74
Number of Services per Physician	5,602	5,760	5,985	5,817	5,786
Number of Services per 1,000 Persons	9,492	9,870	10,204	10,055	10,090
Total Physician Payments	\$1,272,779,982	\$1,348,724,184	\$1,472,634,054	\$1,558,128,163	\$1,718,717,023
Physician Payment per 1,000 Persons	\$402,122	\$420,159	\$449,531	\$460,355	\$494,738
Average Payment per Physician	\$237,326	\$245,178	\$263,677	\$266,347	\$283,710
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY					
Number of Physician Services Provided	29,790,613	31,404,205	33,106,838	33,750,122	34,798,954
Number of Physicians	5,343	5,481	5,562	5,829	6,038
Number of Physicians per 1,000 Persons	1.69	1.71	1.70	1.72	1.74
Number of Services per Physician	5,576	5,730	5,952	5,790	5,763
Number of Services per 1,000 Persons	9,412	9,783	10,106	9,972	10,017
Total Physician Payments	\$1,268,402,472	\$1,343,843,049	\$1,466,988,776	\$1,552,727,236	\$1,713,185,942
Physician Payment per 1,000 Persons	\$400,739	\$418,638	\$447,808	\$458,759	\$493,146
Average Payment per Physician	\$237,395	\$245,182	\$263,752	\$266,380	\$283,734
ALLIED PRACTITIONER SUMMARY					
Number of Allied Services Provided	3,777,986	3,796,562	3,978,369	4,050,293	4,157,757
Number of Allied Practitioners	1,443	1,478	1,523	1,561	1,602
Number of Allied Practitioners per 1,000 Persons	0.46	0.46	0.46	0.46	0.46
Number of Services per Allied Practitioner	2,618	2,569	2,612	2,595	2,595
Number of Discrete Allied Patients ⁽²⁾	807,961	820,959	863,748	889,943	931,755
Number of Discrete Patients per Allied Practitioner	560	555	567	570	582
Total Payments to Allied Practitioners	\$65,271,664	\$68,398,242	\$72,560,363	\$74,846,593	\$80,507,774
Allied Practitioner Payment per 1,000 Persons	\$20,622	\$21,308	\$22,150	\$22,114	\$23,174
Average Payment per Allied Practitioner	\$45,233	\$46,278	\$47,643	\$47,948	\$50,255

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

Continued...

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

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

Table 2.1
Medical and Allied Practitioners: Selected Indicators
for the Service Years Ended March 31, 2004 to March 31, 2008

Indicators	Percentage Change			
	2005/2004	2006/2005	2007/2006	2008/2007
REGISTRATIONS				
Population Covered	1.42%	2.05%	3.32%	2.64%
Number of Discrete Physician Patients ⁽¹⁾	1.45	2.26	2.10	2.21
Number of Discrete Patients per Physician	(1.00)	0.81	(2.60)	(1.23)
OVERALL PHYSICIAN SUMMARY				
Number of Physician Services Provided	5.46	5.51	1.80	3.01
Number of Physicians	2.57	1.53	4.74	3.56
Number of Physicians per 1,000 Persons	1.18	(0.58)	1.76	0.58
Number of Services per Physician	2.81	3.92	(2.81)	(0.53)
Number of Services per 1,000 Persons	3.98	3.38	(1.47)	0.36
Total Physician Payments	5.97	9.19	5.81	10.31
Physician Payment per 1,000 Persons	4.49	6.99	2.41	7.47
Average Payment per Physician	3.31	7.54	1.01	6.52
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY				
Number of Physician Services Provided	5.42	5.42	1.94	3.11
Number of Physicians	2.58	1.48	4.80	3.59
Number of Physicians per 1,000 Persons	1.18	(0.58)	1.18	1.16
Number of Services per Physician	2.76	3.89	(2.73)	(0.46)
Number of Services per 1,000 Persons	3.94	3.30	(1.33)	0.46
Total Physician Payments	5.95	9.16	5.84	10.33
Physician Payment per 1,000 Persons	4.47	6.97	2.45	7.50
Average Payment per Physician	3.28	7.57	1.00	6.51
ALLIED PRACTITIONER SUMMARY				
Number of Allied Services Provided	0.49	4.79	1.81	2.65
Number of Allied Practitioners	2.43	3.04	2.50	2.63
Number of Allied Practitioners per 1,000 Persons	0.00	0.00	0.00	0.00
Number of Services per Allied Practitioner	(1.89)	1.69	(0.67)	0.03
Number of Discrete Allied Patients ⁽²⁾	1.61	5.21	3.03	4.70
Number of Discrete Patients per Allied Practitioner	(0.80)	2.10	0.52	2.02
Total Payments to Allied Practitioners	4.79	6.09	3.15	7.56
Allied Practitioner Payment per 1,000 Persons	3.33	3.95	(0.16)	4.80
Average Payment per Allied Practitioner	2.31	2.95	0.64	4.81

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 2.1A
Number of Services and Total Payments
to Allied Practitioners by Service Category Code
for the Service Year April 1, 2007 to March 31, 2008

Practitioner Type	Service Category Code	Number of Services	Total Payments
Chiropractors	Visit	3,304,437	45,150,344
	Test (x-ray)	24,686	561,655
Dentists/Oral Surgeons	Procedures	11,294	3,519,927
	Visit	5,475	394,048
Optometrists	Visit	518,584	22,638,799
Podiatrists	Procedures	79,833	2,345,985
	Test (x-ray)	12,125	175,769
	Visit	201,323	5,721,246
Total		4,157,757	\$80,507,774

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

Table 2.2
Number of Physicians and Average Payments to Physicians within their Age Group
for the Service Years Ended March 31, 2004 to March 31, 2008

Physician Age Group	Number of Physicians					Percentage Change			
	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2005/ 2004	2006/ 2005	2007/ 2006	2008/ 2007
Under 30	104	108	99	114	103	3.85	(8.33)	15.15	(9.65)
30 - 34	631	635	620	639	646	0.63	(2.36)	3.06	1.10
35 - 39	808	813	846	896	964	0.62	4.06	5.91	7.59
40 - 44	824	816	846	879	869	(0.97)	3.68	3.90	(1.14)
45 - 49	964	954	911	911	878	(1.04)	(4.51)	0.00	(3.62)
50 - 54	794	830	850	897	991	4.53	2.41	5.53	10.48
55 - 59	518	595	626	672	692	14.86	5.21	7.35	2.98
60 - 64	314	335	355	386	421	6.69	5.97	8.73	9.07
65 & Over	406	415	432	456	494	2.22	4.10	5.56	8.33
Total	5,363	5,501	5,585	5,850	6,058	2.57%	1.53%	4.74%	3.56%

Physician Age Group	Average Payments					Percentage Change			
	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2005/ 2004	2006/ 2005	2007/ 2006	2008/ 2007
Under 30	\$114,401	\$132,000	\$143,907	\$127,203	\$164,634	15.38	9.02	(11.61)	29.43
30 - 34	176,936	181,204	207,866	213,870	230,354	2.41	14.71	2.89	7.71
35 - 39	224,836	237,156	243,281	259,216	287,914	5.48	2.58	6.55	11.07
40 - 44	239,150	242,651	257,770	264,220	285,660	1.46	6.23	2.50	8.11
45 - 49	262,462	265,143	291,591	276,763	298,286	1.02	9.98	(5.09)	7.78
50 - 54	289,336	300,445	314,691	320,418	316,515	3.84	4.74	1.82	(1.22)
55 - 59	274,110	283,807	304,750	318,221	333,915	3.54	7.38	4.42	4.93
60 - 64	255,467	263,155	290,651	271,229	294,671	3.01	10.45	(6.68)	8.64
65 & Over	161,471	166,881	181,806	185,028	195,297	3.35	8.94	1.77	5.55
Total	\$237,326	\$245,178	\$263,677	\$266,347	\$283,710	3.31%	7.54%	1.01%	6.52%

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

Table 2.2A
Number of Chiropractors and Average Payments to Chiropractors within their Age Group
for the Service Years Ended March 31, 2004 to March 31, 2008

Chiropractor Age Group	Number of Chiropractors					Percentage Change			
	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2005/ 2004	2006/ 2005	2007/ 2006	2008/ 2007
Under 30	94	93	96	88	83	(1.06)	3.23	(8.33)	(5.68)
30 - 34	229	241	213	200	187	5.24	(11.62)	(6.10)	(6.50)
35 - 39	168	163	183	210	224	(2.98)	12.27	14.75	6.67
40 - 44	91	102	118	129	138	12.09	15.69	9.32	6.98
45 - 49	81	87	79	80	83	7.41	(9.20)	1.27	3.75
50 - 54	73	65	69	73	72	(10.96)	6.15	5.80	(1.37)
55 - 59	45	52	60	59	58	15.56	15.38	(1.67)	(1.69)
60 - 64	21	28	28	35	40	33.33	0.00	25.00	14.29
65 & Over	14	13	15	16	21	(7.14)	15.38	6.67	31.25
Total	816	844	861	890	906	3.43%	2.01%	3.37%	1.80%

Chiropractor Age Group	Average Payments					Percentage Change			
	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2005/ 2004	2006/ 2005	2007/ 2006	2008/ 2007
Under 30	\$24,323	\$20,202	\$24,671	\$22,389	\$28,443	(16.94)	22.12	(9.25)	27.04
30 - 34	37,890	39,005	39,256	40,178	38,893	2.94	0.64	2.35	(3.20)
35 - 39	51,311	50,384	49,555	50,733	51,461	(1.81)	(1.65)	2.38	1.44
40 - 44	52,171	48,566	53,041	52,600	57,024	(6.91)	9.21	(0.83)	8.41
45 - 49	69,103	68,348	64,608	63,030	60,623	(1.09)	(5.47)	(2.44)	(3.82)
50 - 54	60,154	60,024	64,870	62,234	66,577	(0.22)	8.07	(4.06)	6.98
55 - 59	59,960	61,627	59,162	57,465	56,593	2.78	(4.00)	(2.87)	(1.52)
60 - 64	49,934	52,438	53,789	54,637	57,229	5.01	2.58	1.58	4.74
65 & Over	69,440	76,936	72,820	71,665	61,189	10.79	(5.35)	(1.59)	(14.62)
Total	\$47,841	\$47,353	\$48,531	\$48,854	\$50,455	-1.02%	2.49%	0.66%	3.28%

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

Table 2.2B

Number of Dentists/Oral Surgeons and Average Payments to Dentists/Oral Surgeons within their Age Group for the Service Years Ended March 31, 2004 to March 31, 2008

Dentist/Oral Surgeon Age Group	Number of Dentists/Oral Surgeons					Percentage Change			
	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2005/2004	2006/2005	2007/2006	2008/2007
Under 30	7	11	6	4	4	57.14	(45.45)	(33.33)	0.00
30 - 34	18	16	22	28	19	(11.11)	37.50	27.27	(32.14)
35 - 39	45	38	33	27	30	(15.56)	(13.16)	(18.18)	11.11
40 - 44	36	34	43	38	41	(5.56)	26.47	(11.63)	7.89
45 - 49	39	40	41	41	36	2.56	2.50	0.00	(12.20)
50 - 54	32	33	34	36	32	3.13	3.03	5.88	(11.11)
55 - 59	20	23	31	24	24	15.00	34.78	(22.58)	0.00
60 - 64	12	12	13	13	16	0.00	8.33	0.00	23.08
65 & Over	7	9	7	9	5	28.57	(22.22)	28.57	(44.44)
Total	216	216	230	220	207	0.00%	6.48%	-4.35%	-5.91%

Dentist/Oral Surgeon Age Group	Average Payments					Percentage Change			
	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2005/2004	2006/2005	2007/2006	2008/2007
Under 30	\$649	\$894	\$409	\$609	\$896	37.83	(54.26)	48.87	47.20
30 - 34	7,002	6,523	12,405	11,823	6,884	(6.85)	90.18	(4.69)	(41.77)
35 - 39	3,556	8,241	9,635	14,642	20,772	131.74	16.92	51.97	41.86
40 - 44	13,233	17,870	15,434	20,039	5,933	35.04	(13.63)	29.84	(70.39)
45 - 49	12,592	13,403	8,023	9,502	25,917	6.44	(40.14)	18.43	172.77
50 - 54	21,126	19,442	23,360	24,791	25,843	(7.97)	20.15	6.13	4.24
55 - 59	19,883	21,445	23,482	29,975	35,877	7.86	9.49	27.65	19.69
60 - 64	2,564	8,070	9,423	8,355	16,015	214.74	16.77	(11.34)	91.69
65 & Over	5,934	4,547	6,485	4,097	7,181	(23.38)	42.64	(36.83)	75.27
Total	\$11,130	\$13,165	\$14,243	\$16,533	\$18,908	18.28%	8.19%	16.07%	14.37%

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

Table 2.2C
Number of Optometrists and Average Payments to Optometrists within their Age Group
for the Service Years Ended March 31, 2004 to March 31, 2008

Optometrist Age Group	Number of Optometrists					Percentage Change			
	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2005/ 2004	2006/ 2005	2007/ 2006	2008/ 2007
Under 30	47	53	50	56	68	12.77	(5.66)	12.00	21.43
30 - 34	86	84	86	88	91	(2.33)	2.38	2.33	3.41
35 - 39	48	55	68	71	85	14.58	23.64	4.41	19.72
40 - 44	31	32	29	33	38	3.23	(9.38)	13.79	15.15
45 - 49	45	39	38	35	30	(13.33)	(2.56)	(7.89)	(14.29)
50 - 54	39	38	40	40	41	(2.56)	5.26	0.00	2.50
55 - 59	37	33	33	31	32	(10.81)	0.00	(6.06)	3.23
60 - 64	14	21	25	27	28	50.00	19.05	8.00	3.70
65 & Over	11	12	13	16	21	9.09	8.33	23.08	31.25
Total	358	367	382	397	434	2.51%	4.09%	3.93%	9.32%

Optometrist Age Group	Average Payments					Percentage Change			
	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2005/ 2004	2006/ 2005	2007/ 2006	2008/ 2007
Under 30	\$41,668	\$42,820	\$45,386	\$42,627	\$40,371	2.76	5.99	(6.08)	(5.29)
30 - 34	49,791	53,587	54,855	51,149	57,050	7.62	2.37	(6.76)	11.54
35 - 39	40,707	48,626	50,262	48,556	51,717	19.45	3.36	(3.39)	6.51
40 - 44	48,266	52,114	56,267	55,264	52,610	7.97	7.97	(1.78)	(4.80)
45 - 49	53,726	59,031	59,075	53,860	58,176	9.87	0.07	(8.83)	8.01
50 - 54	48,510	54,248	58,574	64,237	69,394	11.83	7.98	9.67	8.03
55 - 59	49,964	50,339	50,975	44,879	48,554	0.75	1.26	(11.96)	8.19
60 - 64	39,342	48,318	61,726	50,453	55,926	22.82	27.75	(18.26)	10.85
65 & Over	25,429	17,506	20,495	27,305	28,420	(31.16)	17.08	33.23	4.08
Total	\$46,592	\$50,034	\$52,659	\$49,885	\$52,163	7.39%	5.25%	-5.27%	4.57%

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

Table 2.2D
Number of Podiatrists and Average Payments to Podiatrists within their Age Group
for the Service Years Ended March 31, 2004 to March 31, 2008

Podiatrist Age Group	Number of Podiatrists					Percentage Change			
	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2005/ 2004	2006/ 2005	2007/ 2006	2008/ 2007
Under 35	10	5	4	7	7	(50.00)	(20.00)	75.00	0.00
35 - 39	16	19	16	17	12	18.75	(15.79)	6.25	(29.41)
40 - 44	9	10	14	12	14	11.11	40.00	(14.29)	16.67
45 - 49	5	7	6	6	7	40.00	(14.29)	0.00	16.67
50 - 54	7	4	3	5	6	(42.86)	(25.00)	66.67	20.00
55 & Over	6	6	7	7	9	0.00	16.67	0.00	28.57
Total	53	51	50	54	55	-3.77%	-1.96%	8.00%	1.85%

Podiatrist Age Group	Average Payments					Percentage Change			
	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2005/ 2004	2006/ 2005	2007/ 2006	2008/ 2007
Under 35	\$113,058	\$123,458	\$113,765	\$85,084	\$107,353	9.20	(7.85)	(25.21)	26.17
35 - 39	163,618	144,684	162,630	166,607	171,738	(11.57)	12.40	2.45	3.08
40 - 44	158,694	167,149	151,933	148,872	181,302	5.33	(9.10)	(2.01)	21.78
45 - 49	115,237	125,412	141,465	216,249	153,672	8.83	12.80	52.86	(28.94)
50 - 54	99,483	131,127	125,309	129,424	110,876	31.81	(4.44)	3.28	(14.33)
55 & Over	116,652	130,995	139,162	140,330	127,943	12.30	6.23	0.84	(8.83)
Total	\$134,890	\$141,689	\$147,661	\$146,760	\$149,873	5.04%	4.21%	-0.61%	2.12%

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

Table 2.3
Distribution of Physician and Allied Practitioner Payments and Services per Patient
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾

Practitioner Type	Total Payments		Number of Services		Average Cost per Service	Number of Discrete Patients ⁽²⁾		Average Cost Per Discrete Patient	Average Number of Services Per Discrete Patient
	2003/2004	2004/2005	2005/2006	2006/2007		2005/2006	2007/2008		
Physicians	\$1,718,717,023		35,054,154	\$49.03	2,911,621	\$590.30	12		
Dentists/Oral Surgeons	3,913,975		16,769	233.41	11,302	346.31	1		
Chiropractors	45,711,999		3,329,123	13.73	496,945	91.99	7		
Optometrists	22,638,799		518,584	43.66	420,917	53.78	1		
Podiatrists	8,243,000		293,281	28.11	94,911	86.85	3		
Total	\$1,799,224,796		39,211,911		3,017,267				
Averages Based on Totals				\$45.88		\$596.31	13		

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

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

(2) Number of Discrete Patients contains the actual count of patients receiving at least one service. The total represents a discrete count of patients within all practitioner types.

Table 2.4
Total Number of Services Provided by Physicians and Allied Practitioners
for the Service Years Ended March 31, 2004 to March 31, 2008

Practitioner Type	Number of Services						Percentage Change		
	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2005/2006	2006/2007	2007/2008	
Physicians	30,044,400	31,683,660	33,428,098	34,031,123	35,054,154	5.46	1.80	3.01	
Dentists/Oral Surgeons	14,802	14,658	17,007	16,783	16,769	(0.97)	(1.32)	(0.08)	
Chiropractors	3,040,001	3,052,733	3,198,845	3,264,139	3,329,123	0.42	2.04	1.99	
Optometrists	431,148	440,891	469,263	471,847	518,584	2.26	0.55	9.91	
Podiatrists	292,035	288,280	293,254	297,524	293,281	(1.29)	1.46	(1.43)	
Total	33,822,386	35,480,222	37,406,467	38,081,416	39,211,911	4.90%	1.80%	2.97%	

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

Table 2.5A
Distribution of Optometry Payments and Services per Patient for Recipients
0 to 18 Years of Age for the Service Years Ended March 31, 2004 to March 31, 2008

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
2003/2004	\$10,439,408	275,355	\$37.91	236,503	\$44.14	1.16	820,336
2004/2005	\$11,427,267	280,094	\$40.80	240,976	\$47.42	1.16	821,643
2005/2006	\$11,979,569	285,371	\$41.98	249,878	\$47.94	1.14	829,528
2006/2007	\$11,768,511	286,037	\$41.14	255,491	\$46.06	1.12	849,493
2007/2008	\$12,734,895	296,937	\$42.89	264,947	\$48.07	1.12	862,884

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 2.5B
Distribution of Optometry Payments and Services per Patient for Recipients
19 to 64 Years of Age for the Service Year Ended March 31, 2004 to March 31, 2008⁽¹⁾

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients ⁽²⁾	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2007/2008	\$1,083,288	26,054	\$41.58	20,065	\$53.99	1.30	2,238,660

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

(1) 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 under optometry services for Albertans aged 19 to 64 years of age are not covered.

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

Table 2.5C
Distribution of Optometry Payments and Services per Patient for Recipients
65 Years of Age and Older for the Service Years Ended March 31, 2004 to March 31, 2008

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
2003/2004	\$6,240,498	155,793	\$40.06	104,866	\$59.51	1.49	330,720
2004/2005	\$6,935,096	160,797	\$43.13	108,889	\$63.69	1.48	339,216
2005/2006	\$8,136,349	183,892	\$44.25	126,172	\$64.49	1.46	349,890
2006/2007	\$8,035,835	185,810	\$43.25	129,953	\$61.84	1.43	360,706
2007/2008	\$8,820,617	195,593	\$45.10	135,981	\$64.87	1.44	372,452

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 2.6
Total and Average Gross Payments to Physicians and Allied Practitioners
by Practitioner Type for the Service Years
Ended March 31, 2004 to March 31, 2008⁽¹⁾

Practitioner Type	Number of Practitioners							Percentage Change		
	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2005/2004	2006/2005	2007/2006	2008/2007	
Physicians	5,363	5,501	5,585	5,850	6,058	2.57	1.53	4.74	3.56	
Dentists/Oral Surgeons	216	216	230	220	207	0.00	6.48	(4.35)	(5.91)	
Chiropractors	816	844	861	890	906	3.43	2.01	3.37	1.80	
Optometrists	358	367	382	397	434	2.51	4.09	3.93	9.32	
Podiatrists	53	51	50	54	55	(3.77)	(1.96)	8.00	1.85	
Total	6,806	6,979	7,108	7,411	7,660	2.54%	1.85%	4.26%	3.36%	

Practitioner Type	Total Gross Payments							Percentage Change		
	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2005/2004	2006/2005	2007/2006	2008/2007	
Physicians	\$1,272,779,982	\$1,348,724,184	\$1,472,634,054	\$1,558,128,163	\$1,718,717,023	5.97	9.19	5.81	10.31	
Dentists/Oral Surgeons	2,404,042	2,843,638	3,275,978	3,637,243	3,913,975	18.29	15.20	11.03	7.61	
Chiropractors	39,038,527	39,966,107	41,785,422	43,479,957	45,711,999	2.38	4.55	4.06	5.13	
Optometrists	16,679,907	18,362,362	20,115,918	19,804,346	22,638,799	10.09	9.55	(1.55)	14.31	
Podiatrists	7,149,189	7,226,135	7,383,045	7,925,047	8,243,000	1.08	2.17	7.34	4.01	
Total	\$1,338,051,646	\$1,417,122,426	\$1,545,194,417	\$1,632,974,756	\$1,799,224,796	5.91%	9.04%	5.68%	10.18%	

Practitioner Type	Average Gross Payments							Percentage Change		
	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2005/2004	2006/2005	2007/2006	2008/2007	
Physicians	\$237,326	\$245,178	\$263,677	\$266,347	\$283,710	3.31	7.54	1.01	6.52	
Dentists/Oral Surgeons	11,130	13,165	14,243	16,533	18,908	18.29	8.19	16.07	14.37	
Chiropractors	47,841	47,353	48,531	48,854	50,455	(1.02)	2.49	0.66	3.28	
Optometrists	46,592	50,034	52,659	49,885	52,163	7.39	5.25	(5.27)	4.57	
Podiatrists	134,890	141,689	147,661	146,760	149,873	5.04	4.21	(0.61)	2.12	
Total	\$196,599	\$203,055	\$217,388	\$220,345	\$234,886	3.28%	7.06%	1.36%	6.60%	

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

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

Table 2.7
Distribution of Physicians and Allied Practitioners by Gross Payment Range
for the Service Years Ended March 31, 2004 to March 31, 2008⁽¹⁾⁽²⁾

Dollar Range	Total						Physicians						Dentists/Oral Surgeons					
	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008		2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008		2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	
Less than \$10,000	561	568	570	655	648		252	271	271	347	350		182	178	192	186	171	
10,000- 19,999	295	310	278	268	274		159	163	134	132	141		9	12	11	8	8	
20,000- 39,999	559	554	545	587	572		262	255	237	254	254		7	5	4	2	5	
40,000- 59,999	508	514	508	496	541		209	221	226	206	224		3	3	2	3	1	
60,000- 79,999	454	458	434	483	475		260	246	204	254	235		8	5	5	4	6	
80,000- 99,999	339	335	328	352	348		247	231	206	230	209		2	6	6	5	2	
100,000-119,999	297	309	291	300	291		252	255	233	238	223		1	3	5	1	4	
120,000-139,999	283	296	293	270	264		252	268	259	242	228		1	1		3	1	
140,000-159,999	293	281	270	266	270		277	260	252	247	254				1	3	1	
160,000-179,999	269	248	265	273	254		264	243	256	262	243				1	1	2	
180,000-199,999	269	247	276	269	251		263	242	270	262	245					1	1	
200,000-299,999	1,243	1,309	1,224	1,250	1,232		1,232	1,299	1,214	1,237	1,217		3	2	1	1	3	
300,000-399,999	697	748	863	876	943		696	746	862	875	940			1	1	1	1	
400,000-499,999	332	354	432	461	547		332	354	431	461	547				1			
500,000-599,999	132	150	190	212	284		132	150	189	212	283						1	
600,000-699,999	78	81	98	126	148		77	80	98	124	147					1		
700,000-799,999	70	54	72	68	87		70	54	72	68	87							
800,000-899,999	34	43	33	37	47		34	43	33	37	47							
900,000-999,999	22	36	34	39	34		22	36	34	39	34							
1,000,000-1,999,999	66	75	86	103	127		66	75	86	103	127							
2,000,000 & Over ⁽³⁾	5	9	18	20	23		5	9	18	20	23							
Total	6,806	6,979	7,108	7,411	7,660		5,363	5,501	5,585	5,850	6,058		216	216	230	220	207	

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 depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

(3) The figures have been revised for 2004 to 2006 to reflect those physicians and allied practitioners that are in the gross payment range of \$2,000,000 and over.

Continued...

**Table 2.7
Distribution of Physicians and Allied Practitioners by Gross Payment Range
for the Service Years Ended March 31, 2004 to March 31, 2008⁽¹⁾⁽²⁾**

Dollar Range	Chiropractors						Optometrists						Podiatrists					
	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008		2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008		2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	
Less than \$10,000	88	90	77	93	90		36	28	30	26	36		3	1				1
10,000- 19,999	98	99	101	91	83		29	34	32	37	42			2				
20,000- 39,999	198	208	219	231	225		90	86	84	100	86		2		1			2
40,000- 59,999	194	194	193	187	207		98	92	84	99	107		4	4	3			2
60,000- 79,999	116	131	136	135	140		68	75	86	84	91		2	1	3			3
80,000- 99,999	64	64	75	87	90		21	28	38	28	43		5	6	3			4
100,000-119,999	30	36	31	41	43		11	13	14	14	14		3	2	8			7
120,000-139,999	20	13	20	15	17		4	7	9	5	10		6	7	5			8
140,000-159,999	3	5	5	4	4		1	4	3	2	3		12	12	9			8
160,000-179,999	1		1	2	3				2	1	1		4	5	5			5
180,000-199,999	2	2	2	2	2					1			4	3	4			3
200,000-299,999	1	1		1	1						1		7	7	9			10
300,000-399,999													1	1				2
400,000-499,999																		
500,000-599,999			1															
600,000-699,999	1	1		1	1													
700,000-799,999																		
800,000-899,999																		
900,000-999,999																		
1,000,000-1,999,999																		
2,000,000 & Over ⁽³⁾																		
Total	816	844	861	890	906		358	367	382	397	434		53	51	50		54	55

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 depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

(3) The figures have been revised for 2004 to 2006 to reflect those physicians and allied practitioners that are in the gross payment range of \$2,000,000 and over.

Table 2.8
Distribution of Physician Payments and Services per Patient
for the Service Years Ended March 31, 2004 to March 31, 2008

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
2003/2004	\$1,272,779,982	30,044,400	\$42.36	2,689,453	\$473.25	11.17	3,165,157
2004/2005	\$1,348,724,184	31,683,660	\$42.57	2,728,340	\$494.34	11.61	3,210,035
2005/2006	\$1,472,634,054	33,428,098	\$44.05	2,789,879	\$527.85	11.98	3,275,931
2006/2007	\$1,558,128,163	34,031,123	\$45.79	2,848,553	\$546.99	11.95	3,384,625
2007/2008	\$1,718,717,023	35,054,154	\$49.03	2,911,621	\$590.30	12.04	3,473,996
Percentage Change 2008/2007	10.31	3.01	7.09	2.21	7.92	0.77	2.64
Annual Average % Change for Last 5 Years	7.80	3.93	3.72	2.00	5.68	1.89	2.35

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.

Did You Know?
The number of physicians in Alberta has increased 21% in the last four years.
Source: Canada Institute for Health Information

Table 2.9
Distribution of Discrete Patients by Payment Range
for Services Provided by Physicians
for the Service Year April 1, 2007 to March 31, 2008

Dollar Range	Distribution of		
	Discrete Patients ⁽¹⁾	Payments	Services
\$ 0.01 - 50.00	300,464	10,034,824	310,262
50.01 - 100.00	409,805	31,362,251	823,771
100.01 - 200.00	530,225	78,729,965	1,968,348
200.01 - 300.00	361,203	89,254,847	2,117,223
300.01 - 400.00	254,288	88,356,713	2,048,269
400.01 - 500.00	187,285	83,796,422	1,900,950
500.01 - 600.00	138,938	76,076,339	1,705,313
600.01 - 700.00	105,063	68,056,051	1,499,054
700.01 - 800.00	81,772	61,169,080	1,323,036
800.01 - 900.00	65,391	55,474,603	1,177,905
900.01 - 1,000.00	52,560	49,843,396	1,040,506
1,000.01 - 2,000.00	254,064	354,863,338	6,960,282
2,000.01 - 3,000.00	86,110	208,754,689	3,794,158
3,000.01 - 4,000.00	36,946	126,924,778	2,299,907
4,000.01 - 5,000.00	17,862	79,415,564	1,454,262
5,000.01 & Over	29,645	256,604,164	4,630,908
Total	2,911,621	\$1,718,717,023	35,054,154

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

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

Table 2.9A
Percentage Distribution of Discrete Patients by Payment Range
for Services Provided by Physicians
for the Service Year April 1, 2007 to March 31, 2008

Dollar Range	Percentage Distribution		
	Discrete Patients ⁽¹⁾	Payments	Services
\$ 0.01 - 50.00	10.32	0.58	0.89
50.01 - 100.00	14.07	1.82	2.35
100.01 - 200.00	18.21	4.58	5.62
200.01 - 300.00	12.41	5.19	6.04
300.01 - 400.00	8.73	5.14	5.84
400.01 - 500.00	6.43	4.88	5.42
500.01 - 600.00	4.77	4.43	4.86
600.01 - 700.00	3.61	3.96	4.28
700.01 - 800.00	2.81	3.56	3.77
800.01 - 900.00	2.25	3.23	3.36
900.01 - 1,000.00	1.81	2.90	2.97
1,000.01 - 2,000.00	8.73	20.65	19.86
2,000.01 - 3,000.00	2.96	12.15	10.82
3,000.01 - 4,000.00	1.27	7.38	6.56
4,000.01 - 5,000.00	0.61	4.62	4.15
5,000.01 & Over	1.02	14.93	13.21
Total	100.00	100.00	100.00

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

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

Table 2.10
Distribution of Physicians by Specialty
for the Service Years Ended March 31, 2004 to March 31, 2008

Physicians by Specialty	Number of Practitioners				
	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008
Total: All Physicians	5,363	5,501	5,585	5,850	6,058
Subtotal:					
All Physicians (except Pathology)	5,343	5,481	5,562	5,829	6,038
All Specialists (except GP/FPs & Pathology)	2,406	2,455	2,440	2,592	2,677
Physicians by Specialty					
Anaesthesiology	260	281	291	304	312
Cardiovascular and Thoracic Surgery	22	22	25	25	29
Dermatology	34	40	39	39	39
Emergency Medicine	65	68	72	78	79
General/Family Physicians (GP/FPs)	2,937	3,026	3,122	3,237	3,361
- General/Family Physicians	2,760	2,845	2,937	3,032	3,145
- Full Time Emergency Room Physicians	150	157	160	172	182
- Mental Health Generalists	19	18	18	20	19
- Other General Practice Physicians ⁽¹⁾	8	6	7	13	15
General Surgery	150	155	157	170	170
- General Surgery designated specialty	137	139	141	153	155
- Other General Surgery	13	16	16	17	15
Internal Medicine	515	507	437	483	513
- Internal Medicine designated specialty	263	246	214	228	227
- Cardiology	66	61	50	58	62
- Endocrinology/Metabolism	7	7	2	2	3
- Gastroenterology	44	45	36	39	48
- Infectious Diseases	10	15	11	17	18
- Other Internal Medicine	125	133	124	139	155
Neurology	63	62	68	69	71
Neurosurgery	11	6	7	14	12
Obstetrics-Gynaecology	138	143	149	163	168
Ophthalmology	87	90	94	100	97
Orthopaedic Surgery	115	117	125	131	132
Otolaryngology	40	41	41	43	51
Paediatrics	229	223	216	231	232
Physical Medicine & Rehabilitation	29	30	29	32	32
Plastic Surgery	44	44	47	46	49
Psychiatry	329	342	352	357	372
- Psychiatry designated specialty	318	342	352	357	372
- Mental Health specialty	11	N/A	N/A	N/A	N/A
Urology	36	43	45	48	48
Laboratory Specialists	259	261	269	280	291
- Pathology	20	20	23	21	20
- Radiology	239	241	246	259	271

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

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

Table 2.10A
Distribution of Average Gross Payments
for the Service Years Ended March 31, 2004 to March 31, 2008⁽¹⁾

Physicians by Specialty	Average Payment				
	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008
Total: All Physicians	\$237,326	\$245,178	\$263,677	\$266,347	\$283,710
Subtotal:					
All Physicians (except Pathology)	237,395	245,182	263,752	266,380	283,734
All Specialists (except GP/FPs & Pathology)	292,380	304,239	334,368	335,770	357,101
Physicians by Specialty					
Anaesthesiology	250,858	250,467	262,975	270,945	295,514
Cardiovascular and Thoracic Surgery	548,864	526,835	518,261	532,365	438,390
Dermatology	493,553	487,498	565,833	600,540	617,993
Emergency Medicine	164,810	171,518	188,638	202,127	227,074
General/Family Physicians (GP/FPs)	192,352	197,269	208,562	210,816	225,298
- General/Family Physicians	193,346	197,521	207,617	210,417	224,827
- Full Time Emergency Room Physicians	179,229	196,961	232,440	230,628	248,598
- Mental Health Generalists	189,103	201,927	197,192	204,779	204,112
- Other General Practice Physicians ⁽²⁾	103,109	71,755	88,439	50,972	68,360
General Surgery	315,223	322,037	340,271	334,201	354,065
- General Surgery designated specialty	313,119	326,086	343,368	338,938	355,570
- Other General Surgery	337,398	286,859	312,974	291,562	338,511
Internal Medicine	245,007	244,325	300,025	290,103	301,931
- Internal Medicine designated specialty	218,624	210,232	235,310	224,337	252,839
- Cardiology	464,413	519,419	662,565	603,784	585,500
- Endocrinology/Metabolism	123,705	N/A	N/A	N/A	N/A
- Gastroenterology	273,610	251,750	307,171	314,300	289,821
- Infectious Diseases	71,814	53,617	69,336	58,957	61,044
- Other Internal Medicine	195,251	210,851	288,752	291,866	297,039
Neurology	158,331	181,869	169,392	178,485	151,029
Neurosurgery	20,001	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	349,992	363,105	379,155	384,628	415,905
Ophthalmology	592,035	599,613	622,174	628,110	708,341
Orthopaedic Surgery	282,137	305,382	322,215	321,179	339,498
Otolaryngology	461,734	490,010	526,027	491,682	466,270
Paediatrics	140,337	145,548	160,456	157,458	177,671
Physical Medicine & Rehabilitation	111,880	124,001	139,223	146,779	186,930
Plastic Surgery	335,632	339,758	344,828	356,521	366,792
Psychiatry	200,098	207,799	226,401	230,125	249,638
- Psychiatry designated specialty	200,062	207,799	226,401	230,125	249,638
- Mental Health specialty	201,113	N/A	N/A	N/A	N/A
Urology	376,828	349,112	367,567	372,643	414,478
Laboratory Specialists	537,165	592,154	640,121	660,782	698,402
- Pathology	218,876	244,057	245,447	257,187	276,554
- Radiology	563,800	621,042	677,022	693,506	729,535

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

Continued...

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

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

Table 2.10A
Distribution of Average Gross Payments
for the Service Years Ended March 31, 2004 to March 31, 2008⁽¹⁾

Physicians by Specialty	Percentage Change			
	2005/2004	2006/2005	2007/2006	2008/2007
Total: All Physicians	3.31%	7.54%	1.01%	6.52%
Subtotal:				
All Physicians (except Pathology)	3.28	7.57	1.00	6.51
All Specialists (except GP/FPs & Pathology)	4.06	9.90	0.42	6.35
Physicians by Specialty				
Anaesthesiology	(0.16)	4.99	3.03	9.07
Cardiovascular and Thoracic Surgery	(4.01)	(1.63)	2.72	(17.65)
Dermatology	(1.23)	16.07	6.13	2.91
Emergency Medicine	4.07	9.98	7.15	12.34
General/Family Physicians (GP/FPs)	2.56	5.72	1.08	6.87
- General/Family Physicians	2.16	5.11	1.35	6.85
- Full Time Emergency Room Physicians	9.89	18.01	(0.78)	7.79
- Mental Health Generalists	6.78	(2.34)	3.85	(0.33)
- Other General Practice Physicians ⁽²⁾	(30.41)	23.25	(42.37)	34.11
General Surgery	2.16	5.66	(1.78)	5.94
- General Surgery designated specialty	4.14	5.30	(1.29)	4.91
- Other General Surgery	(14.98)	9.10	(6.84)	16.10
Internal Medicine	(0.28)	22.80	(3.31)	4.08
- Internal Medicine designated specialty	(3.84)	11.93	(4.66)	12.71
- Cardiology	11.84	27.56	(8.87)	(3.03)
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	(7.99)	22.01	2.32	(7.79)
- Infectious Diseases	(25.34)	29.32	(14.97)	3.54
- Other Internal Medicine	7.99	36.95	1.08	1.77
Neurology	14.87	(6.86)	5.37	(15.38)
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	3.75	4.42	1.44	8.13
Ophthalmology	1.28	3.76	0.95	12.77
Orthopaedic Surgery	8.24	5.51	(0.32)	5.70
Otolaryngology	6.12	7.35	(6.53)	(5.17)
Paediatrics	3.71	10.24	(1.87)	12.84
Physical Medicine & Rehabilitation	10.83	12.28	5.43	27.36
Plastic Surgery	1.23	1.49	3.39	2.88
Psychiatry	3.85	8.95	1.65	8.48
- Psychiatry designated specialty	3.87	8.95	1.65	8.48
- Mental Health specialty	N/A	N/A	N/A	N/A
Urology	(7.36)	5.29	1.38	11.23
Laboratory Specialists	10.24	8.10	3.23	5.69
- Pathology	11.50	0.57	4.78	7.53
- Radiology	10.15	9.01	2.43	5.20

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

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

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

Table 2.10B
Distribution of Median Gross Payments
for the Service Years Ended March 31, 2004 to March 31, 2008⁽¹⁾

Physicians by Specialty	Median Payment				
	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008
Total: All Physicians	\$198,980	\$206,290	\$219,552	\$218,283	\$233,610
Subtotal:					
All Physicians (except Pathology)	199,520	206,903	219,903	218,764	234,195
All Specialists (except GP/FPs & Pathology)	237,148	244,664	272,349	267,106	285,982
Physicians by Specialty					
Anaesthesiology	265,629	259,428	262,510	272,651	294,925
Cardiovascular and Thoracic Surgery	581,377	524,139	527,897	505,955	319,071
Dermatology	449,449	438,569	543,800	553,329	504,361
Emergency Medicine	156,243	161,205	180,514	180,945	213,476
General/Family Physicians (GP/FPs)	182,226	188,092	196,813	199,146	209,778
- General/Family Physicians	182,597	187,290	193,458	196,841	208,025
- Full Time Emergency Room Physicians	177,809	202,451	235,446	225,229	249,928
- Mental Health Generalists	193,058	228,259	211,694	207,757	181,420
- Other General Practice Physicians ⁽²⁾	66,896	59,645	111,737	13,888	21,571
General Surgery	327,550	337,241	347,241	326,974	359,201
- General Surgery designated specialty	322,339	339,697	347,702	338,929	360,751
- Other General Surgery	333,538	308,489	306,219	284,000	337,007
Internal Medicine	173,216	144,555	241,416	208,475	219,389
- Internal Medicine designated specialty	164,429	136,501	187,174	165,368	187,595
- Cardiology	410,715	553,138	636,507	611,951	612,808
- Endocrinology/Metabolism	128,825	N/A	N/A	N/A	N/A
- Gastroenterology	273,574	154,561	307,718	299,540	248,403
- Infectious Diseases	59,318	49,543	65,987	49,468	47,016
- Other Internal Medicine	132,205	120,358	212,437	213,762	209,244
Neurology	154,900	183,059	151,177	162,336	75,499
Neurosurgery	20,001	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	309,387	344,093	354,268	362,387	392,837
Ophthalmology	507,175	498,291	529,181	513,240	590,839
Orthopaedic Surgery	307,811	321,064	334,523	339,793	360,170
Otolaryngology	467,438	471,779	510,524	430,400	383,559
Paediatrics	85,858	103,909	123,417	106,387	126,068
Physical Medicine & Rehabilitation	102,221	112,857	127,262	134,178	181,045
Plastic Surgery	358,181	356,038	365,567	368,685	381,659
Psychiatry	200,048	205,354	219,090	223,086	239,557
- Psychiatry designated specialty	199,784	205,354	219,090	223,086	239,557
- Mental Health specialty	208,056	N/A	N/A	N/A	N/A
Urology	389,516	361,810	382,561	401,469	427,910
Laboratory Specialists	430,466	467,977	466,773	551,415	523,417
- Pathology	2,253	2,028	2,895	2,315	2,866
- Radiology	462,177	486,886	502,006	576,182	566,890

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

Continued...

- (1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.
- (2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.10B
Distribution of Median Gross Payments
for the Service Years Ended March 31, 2004 to March 31, 2008⁽¹⁾

Physicians by Specialty	Percentage Change			
	2005/2004	2006/2005	2007/2006	2008/2007
Total: All Physicians	3.67%	6.43%	-0.58%	7.02%
Subtotal:				
All Physicians (except Pathology)	3.70	6.28	(0.52)	7.05
All Specialists (except GP/FPs & Pathology)	3.17	11.32	(1.93)	7.07
Physicians by Specialty				
Anaesthesiology	(2.33)	1.19	3.86	8.17
Cardiovascular and Thoracic Surgery	(9.85)	0.72	(4.16)	(36.94)
Dermatology	(2.42)	23.99	1.75	(8.85)
Emergency Medicine	3.18	11.98	0.24	17.98
General/Family Physicians (GP/FPs)	3.22	4.64	1.19	5.34
- General/Family Physicians	2.57	3.29	1.75	5.68
- Full Time Emergency Room Physicians	13.86	16.30	(4.34)	10.97
- Mental Health Generalists	18.23	(7.26)	(1.86)	(12.68)
- Other General Practice Physicians ⁽²⁾	(10.84)	87.34	(87.57)	55.32
General Surgery	2.96	2.97	(5.84)	9.86
- General Surgery designated specialty	5.39	2.36	(2.52)	6.44
- Other General Surgery	(7.51)	(0.74)	(7.26)	18.66
Internal Medicine	(16.55)	67.01	(13.64)	5.24
- Internal Medicine designated specialty	(16.99)	37.12	(11.65)	13.44
- Cardiology	34.68	15.07	(3.86)	0.14
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	(43.50)	99.09	(2.66)	(17.07)
- Infectious Diseases	(16.48)	33.19	(25.03)	(4.96)
- Other Internal Medicine	(8.96)	76.50	0.62	(2.11)
Neurology	18.18	(17.42)	7.38	(53.49)
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	11.22	2.96	2.29	8.40
Ophthalmology	(1.75)	6.20	(3.01)	15.12
Orthopaedic Surgery	4.31	4.19	1.58	6.00
Otolaryngology	0.93	8.21	(15.69)	(10.88)
Paediatrics	21.02	18.78	(13.80)	18.50
Physical Medicine & Rehabilitation	10.40	12.76	5.43	34.93
Plastic Surgery	(0.60)	2.68	0.85	3.52
Psychiatry	2.65	6.69	1.82	7.38
- Psychiatry designated specialty	2.79	6.69	1.82	7.38
- Mental Health specialty	N/A	N/A	N/A	N/A
Urology	(7.11)	5.74	4.94	6.59
Laboratory Specialists	8.71	(0.26)	18.13	(5.08)
- Pathology	(9.98)	42.71	(20.03)	23.79
- Radiology	5.35	3.11	14.78	(1.61)

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

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

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

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾⁽²⁾

Dollar Range	All Physicians		All Physicians (except Pathology)		All Specialties (except General/Family Physicians and Pathology)	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	1,031,547	350	1,001,514	336	485,313	207
10,000- 19,999	2,056,865	141	2,044,447	140	932,154	65
20,000- 39,999	7,488,156	254	7,488,156	254	3,012,945	102
40,000- 59,999	11,061,432	224	11,061,432	224	4,257,025	86
60,000- 79,999	16,462,234	235	16,321,212	233	7,008,546	100
80,000- 99,999	18,970,306	209	18,970,306	209	6,237,046	69
100,000-119,999	24,501,892	223	24,501,892	223	7,731,425	71
120,000-139,999	29,526,160	228	29,526,160	228	8,864,572	69
140,000-159,999	38,275,035	254	38,275,035	254	12,916,192	86
160,000-179,999	41,095,626	243	41,095,626	243	12,029,437	71
180,000-199,999	46,606,588	245	46,606,588	245	13,669,730	72
200,000-299,999	302,970,373	1,217	302,970,373	1,217	95,687,701	385
300,000-399,999	325,099,594	940	324,759,410	939	144,035,357	412
400,000-499,999	243,152,752	547	243,152,752	547	131,675,573	295
500,000-599,999	152,856,274	283	152,856,274	283	99,368,419	184
600,000-699,999	95,089,021	147	95,089,021	147	73,152,322	113
700,000-799,999	65,005,363	87	65,005,363	87	55,242,617	74
800,000-899,999	40,130,935	47	40,130,935	47	34,274,137	40
900,000-999,999	32,280,117	34	32,280,117	34	31,348,966	33
1,000,000-1,999,999	167,280,907	127	167,280,907	127	161,260,132	122
2,000,000 & Over	57,775,845	23	52,768,420	21	52,768,420	21
Total	\$1,718,717,023	6,058	\$1,713,185,942	6,038	\$955,958,030	2,677

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

Continued...

(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 depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾⁽²⁾

Dollar Range	Anaesthesiology		Cardiovascular and Thoracic Surgery		Dermatology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	7,678	3			145	2
10,000- 19,999	32,274	2				
20,000- 39,999	75,938	3	65,504	2	31,868	1
40,000- 59,999	183,855	4	55,111	1	47,235	1
60,000- 79,999	561,054	8	146,682	2		
80,000- 99,999	793,926	9	182,783	2		
100,000-119,999	319,855	3	107,945	1		
120,000-139,999	878,106	7	122,395	1		
140,000-159,999	2,409,416	16	145,784	1	141,035	1
160,000-179,999	2,677,901	16				
180,000-199,999	2,456,879	13	381,615	2	197,812	1
200,000-299,999	19,232,531	77	488,062	2	227,220	1
300,000-399,999	32,106,580	92	658,807	2	2,558,584	7
400,000-499,999	19,295,399	43	415,312	1	2,235,472	5
500,000-599,999	2,723,684	5	545,571	1	1,017,829	2
600,000-699,999	3,307,705	5	3,398,206	5	3,300,234	5
700,000-799,999	2,243,219	3	751,216	1	3,668,939	5
800,000-899,999			1,727,535	2	894,968	1
900,000-999,999	1,860,526	2			2,968,422	3
1,000,000-1,999,999	1,033,764	1	3,520,785	3	4,204,949	3
2,000,000 & Over					2,607,016	1
Total	\$92,200,290	312	\$12,713,313	29	\$24,101,728	39

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

Continued...

(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 depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾⁽²⁾

Dollar Range	Emergency Medicine		All General/Family Physicians		All General Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	5,144	1	516,201	129	12,217	3
10,000- 19,999	16,074	1	1,112,292	75	118,544	8
20,000- 39,999	31,923	1	4,475,211	152	292,144	10
40,000- 59,999	154,906	3	6,804,408	138	203,692	4
60,000- 79,999	137,169	2	9,312,666	133	279,591	4
80,000- 99,999	452,993	5	12,733,260	140	197,759	2
100,000-119,999	211,668	2	16,770,467	152	114,345	1
120,000-139,999	901,405	7	20,661,588	159		
140,000-159,999	611,032	4	25,358,844	168	740,180	5
160,000-179,999	696,326	4	29,066,189	172	336,974	2
180,000-199,999	946,363	5	32,936,858	173	574,897	3
200,000-299,999	6,441,701	26	207,282,672	832	5,976,814	24
300,000-399,999	4,148,186	12	180,724,054	527	11,660,300	33
400,000-499,999	1,340,365	3	111,477,179	252	13,025,039	29
500,000-599,999	581,837	1	53,487,855	99	11,332,799	21
600,000-699,999	1,261,759	2	21,936,699	34	6,980,758	11
700,000-799,999			9,762,746	13	6,051,411	8
800,000-899,999			5,856,798	7	822,608	1
900,000-999,999			931,150	1		
1,000,000-1,999,999			6,020,775	5	1,470,998	1
2,000,000 & Over						
Total	\$17,938,850	79	\$757,227,912	3,361	\$60,191,070	170

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

Continued...

(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 depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Did You Know?

84% of Albertans who have a personal family doctor are satisfied with the services they received.

Source: Health Quality Council of Alberta

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾⁽²⁾

Dollar Range	All Internal Medicine		Neurology		Neurosurgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	94,510	83	23,383	9	7,341	6
10,000- 19,999	316,171	22	67,456	5		
20,000- 39,999	740,744	25	181,664	7	28,073	1
40,000- 59,999	1,157,130	23	229,386	5	111,512	2
60,000- 79,999	1,557,434	23	844,449	12	136,984	2
80,000- 99,999	1,090,034	12	634,020	7		
100,000-119,999	1,194,140	11	209,330	2	102,203	1
120,000-139,999	1,694,128	13	257,884	2		
140,000-159,999	2,247,919	15	152,981	1		
160,000-179,999	1,357,729	8				
180,000-199,999	1,890,378	10	189,374	1		
200,000-299,999	12,155,490	49	1,809,428	7		
300,000-399,999	19,567,182	56	2,181,903	6		
400,000-499,999	19,150,760	43	419,276	1		
500,000-599,999	19,417,122	36	1,631,260	3		
600,000-699,999	21,338,065	33	1,891,294	3		
700,000-799,999	14,890,012	20				
800,000-899,999	7,528,865	9				
900,000-999,999	4,677,383	5				
1,000,000-1,999,999	22,825,379	17				
2,000,000 & Over						
Total	\$154,890,576	513	\$10,723,089	71	\$386,112	12

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

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(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 depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾⁽²⁾

Dollar Range	Obstetrics-Gynaecology		Ophthalmology		Orthopaedic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	7,855	5	9,495	3	12,006	3
10,000- 19,999	16,315	1	10,027	1	53,129	3
20,000- 39,999	172,476	6			84,439	3
40,000- 59,999	247,810	5	43,764	1	245,362	5
60,000- 79,999	413,905	6	64,429	1	152,354	2
80,000- 99,999	184,645	2			262,675	3
100,000-119,999	344,392	3	209,199	2	219,537	2
120,000-139,999	254,863	2	127,816	1	380,608	3
140,000-159,999	149,722	1	304,912	2	738,651	5
160,000-179,999	507,450	3	166,319	1	160,097	1
180,000-199,999	757,625	4	184,638	1	759,320	4
200,000-299,999	5,433,166	22	2,358,807	10	4,583,136	18
300,000-399,999	8,697,835	25	3,468,714	10	7,188,897	21
400,000-499,999	13,844,612	31	3,123,239	7	12,911,984	29
500,000-599,999	13,015,518	24	4,968,396	9	11,635,510	22
600,000-699,999	5,844,445	9	5,829,912	9	3,855,452	6
700,000-799,999	2,214,675	3	2,987,114	4	716,593	1
800,000-899,999	2,552,435	3	5,127,530	6	854,035	1
900,000-999,999	3,815,585	4	5,648,013	6		
1,000,000-1,999,999	11,396,762	9	24,331,204	19		
2,000,000 & Over			9,745,534	4		
Total	\$69,872,091	168	\$68,709,060	97	\$44,813,785	132

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

Continued...

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾⁽²⁾

Dollar Range	Otolaryngology		Paediatrics		Physical Medicine and Rehabilitation	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	9,198	1	165,438	50		
10,000- 19,999			150,525	11	33,671	2
20,000- 39,999			458,873	15		
40,000- 59,999	95,404	2	525,918	11		
60,000- 79,999	136,188	2	661,791	9	148,143	2
80,000- 99,999	88,260	1	816,249	9	169,537	2
100,000-119,999	216,360	2	952,413	9	212,376	2
120,000-139,999	250,650	2	1,031,998	8	532,659	4
140,000-159,999			1,774,738	12	298,589	2
160,000-179,999	162,221	1	1,013,747	6	341,567	2
180,000-199,999	189,025	1	1,314,620	7	759,849	4
200,000-299,999	1,260,303	5	7,036,638	29	1,894,508	8
300,000-399,999	3,238,523	9	7,177,886	21	730,956	2
400,000-499,999	1,337,303	3	8,940,743	20	859,899	2
500,000-599,999	4,303,354	8	6,531,303	12		
600,000-699,999	1,998,715	3	616,469	1		
700,000-799,999	2,943,171	4				
800,000-899,999	1,733,492	2	899,485	1		
900,000-999,999	931,538	1				
1,000,000-1,999,999	4,886,041	4	1,150,747	1		
2,000,000 & Over						
Total	\$23,779,746	51	\$41,219,581	232	\$5,981,754	32

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

Continued...

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾⁽²⁾

Dollar Range	Plastic Surgery		All Psychiatry		Urology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000			34,932	8	821	1
10,000- 19,999			69,678	5	10,171	1
20,000- 39,999	66,501	3	514,007	16	35,747	1
40,000- 59,999			707,729	14		
60,000- 79,999	208,617	3	1,063,221	15		
80,000- 99,999			755,474	8	87,994	1
100,000-119,999	109,955	1	2,661,452	24		
120,000-139,999	257,582	2	1,676,204	13	249,903	2
140,000-159,999			2,581,459	17		
160,000-179,999	179,634	1	3,568,010	21		
180,000-199,999	188,435	1	2,103,487	11	198,410	1
200,000-299,999	1,300,849	5	21,958,162	88	564,696	2
300,000-399,999	4,330,969	12	26,559,649	76	3,176,893	9
400,000-499,999	4,956,581	11	14,140,861	32	8,009,982	18
500,000-599,999	2,794,023	5	8,000,634	15	3,845,404	7
600,000-699,999	1,951,875	3	2,582,236	4	1,860,452	3
700,000-799,999	780,028	1	2,197,506	3	733,190	1
800,000-899,999	847,747	1	1,690,526	2		
900,000-999,999						
1,000,000-1,999,999					1,121,303	1
2,000,000 & Over						
Total	\$17,972,794	49	\$92,865,226	372	\$19,894,967	48

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

Continued...

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾⁽²⁾

Dollar Range	Pathology		Radiology	
	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	30,033	14	95,149	29
10,000- 19,999	12,418	1	38,118	3
20,000- 39,999			233,044	8
40,000- 59,999			248,211	5
60,000- 79,999	141,021	2	496,536	7
80,000- 99,999			520,698	6
100,000-119,999			546,254	5
120,000-139,999			248,371	2
140,000-159,999			619,775	4
160,000-179,999			861,463	5
180,000-199,999			577,002	3
200,000-299,999			2,966,190	12
300,000-399,999	340,183	1	6,583,493	19
400,000-499,999			7,668,747	17
500,000-599,999			7,024,175	13
600,000-699,999			7,134,745	11
700,000-799,999			15,065,542	20
800,000-899,999			9,594,913	11
900,000-999,999			11,447,501	12
1,000,000-1,999,999			85,318,201	63
2,000,000 & Over	5,007,425	2	40,415,870	16
Total	\$5,531,081	20	\$197,703,997	271

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 depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Table 2.12
Number of Full-Time Equivalent Physicians by Specialty
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾

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 Laboratory) ⁽³⁾	5,767	5,023.5	33.6	49.0	\$301,678	692
All Specialists (except GP/FPs & Laboratory)	2,406	2,010.0	32.4	50.7	377,240	1,728
Physicians by Specialty						
Anaesthesiology	312	283.9	35.9	45.8	324,821	12,239
Cardiovascular and Thoracic Surgery	29	18.2	27.6	62.1	698,447	190,879
Dermatology	39	36.9	35.9	46.2	653,724	94,223
Emergency Medicine	79	72.9	36.7	46.8	246,087	47,654
General/Family Physicians (GP/FPs)	3,361	2,937.1	34.2	48.0	257,814	1,183
- General/Family Physicians	3,145	2,748.0	34.1	48.1	257,306	1,264
- Full Time Emergency Room Physicians	182	165.6	35.7	46.2	273,155	20,973
- Mental Health Generalists	19	19.9	42.1	42.1	194,589	174,310
- Other General Practice Physicians ⁽⁴⁾	15	18.2	33.3	46.7	56,511	191,405
General Surgery	170	140.0	32.4	51.2	429,869	24,811
- General Surgery designated specialty	155	127.3	32.3	51.6	432,830	27,283
- Other General Surgery	15	13.5	40.0	46.7	375,473	256,952
Internal Medicine	513	368.5	28.7	56.7	420,299	9,427
- Internal Medicine designated specialty	227	165.0	29.5	55.1	347,860	21,056
- Cardiology	62	51.7	33.9	48.4	702,580	67,234
- Gastroenterology	48	27.9	22.9	64.6	498,494	124,471
- Infectious Diseases	18	12.3	22.2	61.1	89,417	282,669
- Other Internal Medicine	158	108.0	27.9	57.0	427,811	32,179
Neurology	71	34.4	15.5	77.5	311,744	100,988
Neurosurgery	12	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	168	151.9	35.1	45.2	459,979	22,870
Ophthalmology	97	91.3	37.1	44.3	752,722	38,059
Orthopaedic Surgery	132	110.0	35.6	46.2	407,508	31,590
Otolaryngology	51	45.7	33.3	51.0	520,204	76,001
Paediatrics	232	174.2	28.5	55.6	236,567	19,938
Physical Medicine and Rehabilitation	32	31.3	40.6	40.6	191,120	110,990
Plastic Surgery	49	44.4	38.8	40.8	405,077	78,296
Psychiatry	372	333.9	36.3	45.4	278,111	10,404
Urology	48	43.6	35.4	45.8	455,890	79,606

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

- (1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.
- (2) Full-time equivalent (FTE) methodology is as follows:

Definition of a Full-Time Equivalent Practitioner: The definition 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 practitioners 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 FTE.

 - Count all physicians with payments below the lower benchmark as a fraction of a FTE 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 FTE 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 FTEs 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 FTEs in this table should not be compared with those released in previous editions of the Statistical Supplement.
- (3) Laboratory specialists (20 Pathology and 271 Radiology Physicians) are excluded.
- (4) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾⁽²⁾

Physicians by Specialty	Total	Consultations	Assessments		Hospital Care Days
			Major	Other	
Total: All Physicians	\$1,718,717,022	\$171,924,505	\$121,392,231	\$511,697,891	\$52,926,243
Subtotal					
All Physicians (except Pathology)	1,713,185,942	171,641,046	121,392,231	511,686,512	52,926,243
All Specialists (except GP/FPs & Pathology)	955,958,029	155,867,244	31,153,250	67,399,596	21,344,070
Anaesthesiology	92,200,290	3,329,336	47,456	2,890,719	18,942
Cardiovascular and Thoracic Surgery	12,713,313	962,829	15,338	171,999	177,881
Dermatology	24,101,728	5,426,538	1,020,162	3,457,266	30
Emergency Medicine	17,938,850	1,426,303	229,700	9,184,663	717
General/Family Physicians (GP/FPs)	757,227,912	15,773,802	90,238,981	444,286,916	31,582,173
- General/Family Physicians	707,079,627	13,138,071	89,567,641	415,354,841	31,555,264
- Full Time Emergency Room Physicians	45,244,755	2,449,498	410,315	28,018,250	20,736
- Mental Health Generalists	3,878,128	24,282	205,578	154,701	6,026
- Other General Practice Physicians ⁽³⁾	1,025,403	161,951	55,446	759,123	147
General Surgery	60,191,070	16,563,361	198,580	2,915,321	1,372,453
- General Surgery designated specialty	55,113,403	15,245,313	150,362	2,643,397	1,303,054
- Other General Surgery	5,077,667	1,318,048	48,218	271,923	69,399
Internal Medicine	154,890,576	49,805,202	2,342,512	11,720,832	14,711,339
- Internal Medicine designated specialty	57,394,565	25,737,686	1,217,905	6,963,301	10,022,126
- Cardiology	36,301,016	7,920,592	211,275	668,492	1,518,267
- Endocrinology/Metabolism	143,754	13,270	363	4,633	
- Gastroenterology	13,911,410	6,419,484	76,883	651,229	487,057
- Infectious Diseases	1,098,798	749,521	24,223	211,653	97,919
- Other Internal Medicine	46,041,033	8,964,649	811,862	3,221,524	2,585,970
Neurology	10,723,089	7,645,079	147,374	766,316	495,977
Neurosurgery	386,112	14,079	90	3,142	60
Obstetrics-Gynaecology	69,872,091	12,525,565	2,029,212	10,868,982	506,312
Ophthalmology	68,709,060	7,993,319	11,661,284	4,517,622	3,484
Orthopaedic Surgery	44,813,785	9,716,410	304,480	3,114,887	226,133
Otolaryngology	23,779,746	5,166,937	299,379	1,072,725	24,179
Paediatrics	41,219,581	11,422,523	9,816,629	12,241,781	3,019,581
Physical Medicine and Rehabilitation	5,981,754	2,411,046	26,298	1,099,528	659,759
Plastic Surgery	17,972,794	2,200,815	546,719	1,215,353	14,072
Psychiatry designated specialty	92,865,226	13,303,539	2,310,573	437,007	7,894
Urology	19,894,967	5,794,342	149,330	1,654,711	105,256
Laboratory Specialists	203,235,077	443,480	8,134	78,120	
- Pathology	5,531,081	283,459		11,380	
- Radiology	197,703,997	160,021	8,134	66,741	

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

Continued...

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾⁽²⁾

Physicians by Specialty	Special Calls	Psycho-therapy/ Counselling	Major Surgery	Minor Surgery
Total: All Physicians	\$40,908,574	\$108,907,695	\$228,366,190	\$23,432,029
Subtotal				
All Physicians (except Pathology)	40,908,574	108,907,695	228,363,767	23,432,029
All Specialists (except GP/FPs & Pathology)	2,202,727	66,833,517	208,140,212	7,884,887
Anaesthesiology	10,532	559,246	55,305,919	1,366,078
Cardiovascular and Thoracic Surgery	6,695	3,986	10,751,679	8,074
Dermatology	2,096	348	6,191,204	1,997,733
Emergency Medicine	43,939	350,142	652,879	727,920
General/Family Physicians (GP/FPs)	38,705,847	42,074,178	20,223,555	15,547,142
- General/Family Physicians	38,626,818	38,378,258	18,972,440	13,029,374
- Full Time Emergency Room Physicians	65,226	669,144	1,250,962	2,502,277
- Mental Health Generalists	13,008	3,003,441	153	3,863
- Other General Practice Physicians ⁽³⁾	795	23,334		11,629
General Surgery	97,849	34,628	29,107,888	879,841
- General Surgery designated specialty	93,158	34,628	26,097,246	859,870
- Other General Surgery	4,691		3,010,642	19,971
Internal Medicine	495,099	80,019	4,899,567	259,457
- Internal Medicine designated specialty	368,625	33,974	103,345	215,780
- Cardiology	62,763	34	4,325,606	
- Endocrinology/Metabolism				
- Gastroenterology	16,976	493	29,524	21,814
- Infectious Diseases	1,511		490	
- Other Internal Medicine	45,225	45,517	440,602	21,863
Neurology	20,951	2,310	6,809	
Neurosurgery			355,660	
Obstetrics-Gynaecology	1,171,046	137,461	9,982,895	69,687
Ophthalmology	164,513	34	27,574,931	149,056
Orthopaedic Surgery	19,448	17,758	30,890,889	115,716
Otolaryngology	21,664	346	7,682,820	1,612,923
Paediatrics	102,526	1,035,324	215,692	179,014
Physical Medicine and Rehabilitation	2,578	620,885	245	165
Plastic Surgery	12,785	137	13,239,378	465,406
Psychiatry designated specialty	7,875	63,970,332		54
Urology	23,129	20,562	8,479,877	40,299
Laboratory Specialists			2,804,305	13,465
- Pathology			2,424	
- Radiology			2,801,881	13,465

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

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾⁽²⁾

Physicians by Specialty	Surgical Assistance	Anaesthesia	Obstetrical Services	Diagnostic & Therapeutic Services - Radiology
Total: All Physicians	\$3,291	\$18,674,328	\$40,944,597	\$171,073,777
Subtotal				
All Physicians (except Pathology)	3,291	18,674,328	40,944,597	171,073,777
All Specialists (except GP/FPs & Pathology)	664	15,663,104	25,300,442	170,461,426
Anaesthesiology	664	14,369,027	4,270,966	971,945
Cardiovascular and Thoracic Surgery		34,169		
Dermatology		86,625		
Emergency Medicine		4,497	1,777	
General/Family Physicians (GP/FPs)	2,627	3,011,224	15,644,155	612,352
- General/Family Physicians	2,627	2,979,458	15,628,397	612,352
- Full Time Emergency Room Physicians		31,636	15,613	
- Mental Health Generalists		129	145	
- Other General Practice Physicians ⁽³⁾				
General Surgery		8,170	49,157	37,702
- General Surgery designated specialty		5,001	49,157	128
- Other General Surgery		3,169		37,574
Internal Medicine		3,898	9,763	6,602,912
- Internal Medicine designated specialty		827	440	132,426
- Cardiology				6,136,923
- Endocrinology/Metabolism				133
- Gastroenterology		161		
- Infectious Diseases				
- Other Internal Medicine		2,910	9,323	333,431
Neurology		61,633		399
Neurosurgery			12,836	
Obstetrics-Gynaecology		7,948	20,935,856	4,888,178
Ophthalmology		129	245	4,546,580
Orthopaedic Surgery		77,022	750	31
Otolaryngology		31,424	731	236
Paediatrics		497	17,869	14,965
Physical Medicine and Rehabilitation		319,676		
Plastic Surgery		3,585	347	
Psychiatry designated specialty		283		
Urology		35,376	144	
Laboratory Specialists		619,149		153,398,477
- Pathology				
- Radiology		619,149		153,398,477

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

Continued...

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾⁽²⁾

Physicians by Specialty	Laboratory Services	Other Diagnostic & Therapeutic Services	Special Services	Miscellaneous Services
Total: All Physicians	\$38,597,533	\$156,546,247	\$11,743,913	\$21,577,978
Subtotal				
All Physicians (except Pathology)	38,597,533	151,315,683	11,740,659	21,577,978
All Specialists (except GP/FPs & Pathology)	38,597,533	126,786,709	1,424,297	16,898,352
Anaesthesiology		7,370,191	32,820	1,656,449
Cardiovascular and Thoracic Surgery		535,042		45,623
Dermatology		5,745,067	2,904	171,756
Emergency Medicine		5,101,719	89	214,505
General/Family Physicians (GP/FPs)		24,528,974	10,316,362	4,679,626
- General/Family Physicians		15,207,958	10,308,745	3,717,383
- Full Time Emergency Room Physicians		9,314,129	992	495,976
- Mental Health Generalists		303	324	466,174
- Other General Practice Physicians ⁽³⁾		6,584	6,300	93
General Surgery		8,692,690	869	232,560
- General Surgery designated specialty		8,411,035	524	220,528
- Other General Surgery		281,654	346	12,032
Internal Medicine	3,542,318	58,538,743	32,842	1,846,073
- Internal Medicine designated specialty		12,219,456	29,303	349,372
- Cardiology	3,417,033	11,999,167		40,864
- Endocrinology/Metabolism	125,285	70		
- Gastroenterology		6,170,749	856	36,185
- Infectious Diseases		12,153	1,156	172
- Other Internal Medicine		28,137,147	1,528	1,419,480
Neurology		1,475,139	26,230	74,873
Neurosurgery		245		
Obstetrics-Gynaecology		5,487,301	1,198,667	62,982
Ophthalmology		12,093,217	119	4,527
Orthopaedic Surgery		253,234	31,054	45,973
Otolaryngology		7,839,361	2,291	24,730
Paediatrics		2,952,839	24,342	175,998
Physical Medicine and Rehabilitation		748,439	70,102	23,033
Plastic Surgery		262,743	7	11,447
Psychiatry designated specialty		530,058	292	12,297,320
Urology		3,581,798	1,183	8,959
Laboratory Specialists	35,055,215	10,809,447	3,740	1,546
- Pathology		5,230,564	3,254	
- Radiology	35,055,215	5,578,883	486	1,546

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

Table 2.14
Physician Services and Payments per 1,000 Insured Persons
by Type of Service, and Age and Gender of Recipient,
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾⁽²⁾

Service Type	Age & Gender	All Age Groups		Under 1		1 - 4	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	538	54,030	685	88,710	263	25,412
	M	442	44,934	807	102,312	341	32,582
Major Assessment	F	576	41,728	1,622	128,609	579	43,446
	M	379	28,138	1,655	131,599	602	45,480
Other Assessment	F	4,734	175,423	3,902	163,854	3,280	126,291
	M	3,164	119,082	4,247	179,809	3,531	137,197
Hospital Care Days	F	460	16,071	833	38,811	96	4,480
	M	389	14,397	995	46,626	109	4,988
Special Calls	F	112	13,859	81	11,266	96	12,869
	M	78	9,686	102	13,998	107	14,326
Psychotherapy/Counselling	F	979	36,637	10	422	27	1,186
	M	687	26,047	16	642	42	1,780
Major Surgery	F	967	66,827	368	32,599	240	15,426
	M	888	64,641	543	36,246	426	24,792
Minor Surgery	F	125	5,629	28	1,478	81	5,162
	M	146	7,864	42	2,507	121	8,261
Surgical Assistance	F	--	1				
	M	--	1				
Anaesthesiology	F	371	9,368	67	1,542	237	4,123
	M	48	1,371	75	1,760	259	4,528
Obstetrical Services	F	164	23,538				
	M						
Diagnostic & Therapeutic Services, Radiology	F	892	73,742	42	3,539	74	3,855
	M	374	24,675	60	4,627	85	4,188
Laboratory Services	F	81	15,470			--	14
	M	25	6,738			--	21
Other Diagnostic & Therapeutic Services	F	1,451	44,917	747	42,996	569	11,251
	M	1,270	45,208	950	54,880	707	13,332
Special Services ⁽³⁾	F	431	6,153	2	14	15	198
	M	76	600	2	29	16	222
Miscellaneous Services ⁽⁴⁾	F	166	6,140	25	845	17	606
	M	160	6,283	29	994	22	770
Total	F	12,047	\$589,532	8,412	\$514,686	5,575	\$254,317
	M	8,128	\$399,666	9,523	\$576,031	6,367	\$292,467

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 don't fall into any other health service category.

Table 2.14
Physician Services and Payments per 1,000 Insured Persons
by Type of Service, and Age and Gender of Recipient,
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾⁽²⁾

Age & Gender		5 - 14		15 - 24		25 - 44	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Service Type							
	Consultations	F	212	18,170	341	31,347	534
M		297	24,764	220	20,031	282	27,141
Major Assessment	F	282	20,938	404	28,678	555	80,714
	M	298	22,327	176	12,738	216	15,540
Other Assessment	F	1,907	70,435	3,805	144,859	4,829	181,864
	M	1,902	71,981	1,793	69,508	2,243	85,176
Hospital Care Days	F	26	1,200	85	3,013	135	9,826
	M	29	1,347	60	2,211	104	3,893
Special Calls	F	53	6,801	113	15,634	108	29,945
	M	56	7,241	64	8,688	51	6,738
Psychotherapy/Counselling	F	234	8,786	735	27,903	1,158	88,414
	M	459	17,966	611	24,037	740	27,609
Major Surgery	F	226	13,126	412	24,435	797	99,284
	M	302	16,710	514	31,159	558	37,023
Minor Surgery	F	135	5,587	125	5,538	108	10,320
	M	147	7,541	157	9,742	127	7,319
Surgical Assistance	F			--	4	--	1
	M			--	4	--	1
Anaesthesiology	F	104	1,757	542	12,832	852	43,694
	M	120	2,021	18	411	15	592
Obstetrical Services	F	5	561	242	35,174	430	128,362
	M						
Diagnostic & Therapeutic Services, Radiology	F	118	5,947	437	35,592	997	183,347
	M	122	5,496	199	10,008	292	17,814
Laboratory Services	F	2	415	7	1,825	21	9,648
	M	1	340	5	1,249	10	2,733
Other Diagnostic & Therapeutic Services	F	693	7,734	839	17,772	1,244	67,870
	M	870	9,156	552	13,890	789	22,456
Special Services ⁽³⁾	F	23	261	387	5,919	581	19,127
	M	23	276	21	182	36	283
Miscellaneous Services ⁽⁴⁾	F	65	2,514	143	5,882	123	10,036
	M	122	4,709	166	6,712	133	5,314
Total	F	4,084	\$164,231	8,620	\$396,408	12,471	\$608,484
	M	4,747	\$191,874	4,556	\$210,572	5,596	\$259,632

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 don't fall into any other health service category.

Table 2.14
Physician Services and Payments per 1,000 Insured Persons
by Type of Service, and Age and Gender of Recipient,
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾⁽²⁾

Age & Gender		45 - 64		65 - 74		75 and Older	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	624	63,568	942	102,010	1,151	128,400
	M	197	21,934	1,046	114,620	1,431	159,490
Major Assessment	F	628	44,313	813	59,896	1,009	80,233
	M	162	12,384	716	53,636	1,177	90,047
Other Assessment	F	4,785	175,677	6,951	252,082	11,456	404,379
	M	1,471	54,094	6,493	236,503	10,694	393,336
Hospital Care Days	F	285	10,736	1,101	39,492	4,284	141,022
	M	575	19,825	1,227	45,808	4,178	144,155
Special Calls	F	67	8,299	121	13,913	458	47,074
	M	50	5,490	132	15,403	366	39,920
Psychotherapy/Counselling	F	1,482	55,624	1,039	40,693	1,011	38,337
	M	141	5,178	729	28,068	1,025	37,648
Major Surgery	F	1,362	92,920	2,252	177,849	2,496	206,756
	M	428	36,185	2,628	209,868	3,114	263,113
Minor Surgery	F	132	5,923	163	6,923	181	8,081
	M	38	1,557	205	9,071	273	11,321
Surgical Assistance	F	--	1				
	M						
Anaesthesiology	F	35	1,914	46	2,946	43	2,874
	M	6	370	41	2,540	44	2,687
Obstetrical Services	F	2	203	1	36	--	4
	M						
Diagnostic & Therapeutic Services, Radiology	F	1,325	108,384	1,607	127,634	1,393	106,780
	M	154	11,827	926	69,672	1,123	85,998
Laboratory Services	F	173	32,022	294	55,529	206	39,965
	M	15	4,010	104	28,034	111	29,155
Other Diagnostic & Therapeutic Services	F	1,883	61,316	2,918	114,135	3,161	139,815
	M	597	28,874	3,306	151,667	4,338	209,956
Special Services ⁽³⁾	F	549	7,554	564	6,290	445	3,876
	M	54	407	278	2,111	396	2,962
Miscellaneous Services ⁽⁴⁾	F	160	6,052	278	10,271	721	23,234
	M	90	3,211	256	10,451	655	23,348
Total	F	13,493	\$674,505	19,089	\$1,009,699	28,017	\$1,370,831
	M	9,578	\$485,111	18,086	\$977,452	28,925	\$1,493,135

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 don't fall into any other health service category.

Table 2.15
Percentage Changes to Rates in the Schedule of
Medical Benefits by Specialty for October 1, 2003 to March 31, 2008

Effective Date Specialty	October 1, 2003	October 1, 2004	October 1, 2005	October 1, 2006	April 1, 2007
Anaesthesia	2.4	2.0	2.6	3.7	3.7
Cardiology	1.3	1.6	1.6	2.3	2.3
Cardiovascular and Thoracic Surgery	1.1	1.2	1.3	2.4	2.4
Critical Care Medicine	1.7	1.4	1.8	2.4	2.4
Dermatology	1.8	2.7	2.1	2.4	2.4
Radiology	1.4	2.2	1.9	3.1	3.1
Emergency Medicine	3.2	2.6	3.5	5.0	5.0
Endocrinology/Metabolism	6.4	5.0	5.3	7.2	7.2
Gastroenterology	2.1	3.0	2.4	4.5	4.5
General Practice	3.3	3.9	3.9	5.4	5.4
General Surgery	1.9	2.1	2.4	3.3	3.3
Mental Health Generalists	3.5	2.8	3.6	4.5	4.5
Infectious Diseases	7.7	5.0	5.3	7.7	7.7
Internal Medicine	3.1	3.9	3.8	5.5	5.5
Nephrology	2.2	2.5	2.7	2.7	2.7
Neurology	4.0	4.7	4.8	6.7	6.7
Neurosurgery	2.0	2.3	2.4	3.6	3.6
Obstetrics-Gynaecology	2.0	2.2	2.8	3.2	3.2
Ophthalmology	1.5	2.2	1.9	2.9	2.9
Orthopaedic Surgery	2.2	2.3	2.5	3.5	3.5
Otolaryngology	1.6	2.1	1.8	2.5	2.5
Paediatrics	4.2	4.9	4.8	7.2	7.2
Pathology	0.9	2.9	3.5	4.5	4.5
Physical Medicine and Rehabilitation	4.9	5.0	5.3	7.7	7.7
Plastic Surgery	2.1	2.3	2.5	3.5	3.5
Psychiatry	3.2	2.8	4.1	4.5	4.5
Respiratory Medicine	5.3	5.0	5.3	5.4	5.4
Rheumatology	4.3	5.0	5.3	5.7	5.7
Urology	2.0	2.1	2.4	3.1	3.1
Vascular Surgery	2.0	2.3	2.3	3.9	3.9
All Physicians	2.7%	3.1%	3.3%	4.5%	4.5%

Table 2.16
Basic Health Services:
Percentage Changes to Rates in the Schedules of Benefits
for April 1, 2001 to March 31, 2008

Type of Practitioner \ Effective Date	Medical	Dentists/Oral Surgeons	Chiropractors	Optometrists	Podiatrists
	(%)	(%)	(%)	(%)	(%)
April 1, 2001	6.3	Nil	Nil	1.9	Nil
August 1, 2001	Nil	8.1	Nil	Nil	Nil
November 1, 2001	3.4	Nil	Nil	Nil	Nil
April 1, 2002	10.9	Nil	Nil	2.0	Nil
October 1, 2002	2.0	Nil	Nil	Nil	Nil
April 1, 2003	Nil	3.9	2.0	3.9	2.9
October 1, 2003	2.7	Nil	Nil	Nil	Nil
April 1, 2004	Nil	3.9	2.5	2.9	2.9
October 1, 2004	3.1	Nil	Nil	Nil	Nil
April 1, 2005	Nil	Nil	Nil	2.9	Nil
October 1, 2005	3.3	Nil	Nil	Nil	Nil
April 1, 2006	Nil	Nil	Nil	4.0	Nil
October 1, 2006	4.5	3.5	2.9	Nil	Nil
April 1, 2007	4.5	Nil	Nil	4.5	Nil
October 1, 2007	Nil	3.9	2.9	Nil	Nil

Did You Know?

Alberta's telehealth network includes over 300 telehealth sites across the province. Approximately 50 clinical programs are making health services more accessible.

Alternate Relationship Plans Description

In early 2003, Alberta Health and Wellness, the Alberta Medical Association and the regional health authorities of Alberta entered into a trilateral relationship and budget management process for strategic physician agreements via a Master Agreement that remains in effect until 2011. Alternate Relationship Plans (ARPs) are an important part of the Master Agreement.

The purpose of ARPs is to promote innovation in clinical service delivery, with the intention of enhancing the following five dimensions:

- 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 Alternate Relationship Plans

- Capitation Alternate Relationship Plan - This model is used for the provision of family medicine or primary health care, with a pre-determined annual amount for each of its patients within a defined population and basket of services.
- Contractual Type Alternate Relationship Plan - Funding is based on a pre-negotiated amount, for a pre-determined level of services, over a specified period of time (e.g. one year).
- Sessional Alternate Relationship Plan - Under this model, the physician is paid an hourly rate for work during a set period of time for the provision of insured medical services within an organized program.

Academic Alternate Relationship Plans

Academic ARPs are pooled 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 are vital in ensuring a stable and sustainable health professional supply for Alberta and 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.

Academic ARPs are inclusive agreements that involve all relevant stakeholders including, but not limited to: the involved Universities and Faculties of Medicine, the participating physicians, Alberta Health and Wellness, the applicable regional health authorities, the Alberta Medical Association, other funding bodies, and related ministries such as Advanced Education.

Table 2.17
Alternate Relationship Plans (ARP) Summary by Type
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾

ARP Type ⁽²⁾	Total ⁽³⁾
Clinical ARP	435
Academic ARP ⁽⁴⁾	594
Number of Physicians	1,029
Expenditures⁽⁵⁾	\$147,163,837

- (1) The physician counts are as of March 31, 2008.
- (2) There was a total of 41 ARPs as at March 31, 2008.
- (3) The physician total can fluctuate from month to month, and should be considered approximate. Physicians can participate in more than one ARP model type.
- (4) A breakdown for physicians by General Practitioner and Specialists are not available.
- (5) Total expenditures are for the fiscal year April 1, 2007 to March 31, 2008, as at September 4, 2008. This total represents the amount paid to ARPs and not the amount paid to individual physicians within an ARP.

Table 2.18
Out-of-Country Basic Health Services:
Distribution of Payments, Number of Services and Number of Discrete Patients
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾

Practitioner Type	Total Out-of-Country			United States			Out-of-Country (except United States)		
	Number of Services	Number of Discrete Patients	Payments	Number of Services	Number of Discrete Patients	Payments	Number of Services	Number of Discrete Patients	Payments
Physicians ⁽²⁾	22,037	8,420	1,105,204	1,300	309	101,378	20,737	8,347	1,003,827
Dentists/Oral Surgeons	4	1	393	4	1	393			
Total	22,041	8,421	\$1,105,597	1,304	310	\$101,770	20,737	8,347	\$1,003,827

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

(1) The total discrete patients is a discrete overall patient count and not a sum.

(2) Does not include physician services which were paid under the Out-of-Country Health Services Program.

Out-of-Country Health Coverage

Out-of-country insured practitioner and hospital services received by Albertans are paid at rates approved by the Minister of Alberta Health and Wellness.

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

Under certain circumstances, the Out-of-Country Health Services Committee and, when applicable, the Appeal Panel, considers funding the full cost of insured physician, dentist/oral surgeon and hospital services not available in Canada. The program has specific criteria that must be met for funding to be considered.

Table 2.19
Out-of-Country Health Services Program:
Applications Reviewed
for the Service Years Ended March 31, 2004 to March 31, 2008

Status of Applications	Type of Service				
	Required services not available in Alberta				
	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008
Received	95	100	86	84	85.0
Approved	44	34	44	47	55.0
Approved on Appeal ⁽¹⁾	7	15	5	2	1.5 ⁽²⁾
Denied	44	51	37	35	28.5 ⁽²⁾

(1) Row added to show those approved by the Appeal Panel. Denied numbers have been adjusted for the years ending 2004 to 2007.

(2) Two applications submitted together on one application form; one approved, one denied.

Table 2.20
Out-of-Country Health Services Program:
Payments Made for Approved Applications
for the Service Years Ended March 31, 2004 to March 31, 2008

Amount Paid (\$)	Type of Service				
	Required services not available in Alberta				
	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008
Total	\$2,599,326	\$2,920,577	\$1,934,320	\$2,994,504	\$3,545,854
Medical Services	628,958	505,307	416,416	1,000,667	657,403
Hospital Services	1,970,368	2,415,269	1,517,904	1,993,838	2,888,451

Primary Care Networks

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

Primary care is the first point of contact people have with the health system, where health services are mobilized and coordinated to promote health, prevent illness, provide care for common illness and manage ongoing problems.

The goals of PCNs are to:

1. Improve access to primary care services for more Albertans.
2. Manage access to appropriate round-the-clock primary care services.
3. Increase the focus on health promotion and disease prevention, and on care for patients with medically complex problems or chronic illnesses.
4. Improve coordination of primary care services with hospital, long-term and specialty care.
5. Foster a team approach to providing primary care.

The first Primary Care Network to launch in Alberta was Edmonton Southside PCN on May 1, 2005.

Table 2.21
Primary Care Networks (PCNs):
Distribution by Health Region, Number of Primary Care Physicians, Number of Patients, and Total Payments for the Service Year April 1, 2007 to March 31, 2008

Primary Care Network	Health Region	Number of Primary Care Physicians ⁽¹⁾	Number of Patients Enrolled ⁽²⁾	Total Payments to the Primary Care Network ⁽³⁾⁽⁴⁾
Chinook PCN	Chinook Regional Health Authority	151	143,409	4,231,755
Palliser PCN	Palliser Health Region	48	70,161	2,168,533
Calgary Foothills PCN	Calgary Health Region	106	134,409	4,088,260
Calgary Rural PCN	Calgary Health Region	101	85,574	3,566,121
Calgary West Central PCN	Calgary Health Region	215	263,790	7,546,050
Highland PCN	Calgary Health Region	24	30,931	1,068,183
South Calgary PCN	Calgary Health Region	61	79,356	1,967,875
Red Deer PCN	David Thompson Regional Health Authority	64	102,790	2,589,436
Rocky Mountain House PCN	David Thompson Regional Health Authority	31	15,948	519,889
Camrose PCN	East Central Health	16	22,016	502,111
Provost-Consort PCN	East Central Health/David Thompson RHA	32	6,095	172,625
Edmonton North PCN	Capital Health	106	176,061	7,527,306
Edmonton Oliver PCN	Capital Health	56	53,570	1,500,058
Edmonton Southside PCN	Capital Health	96	86,222	1,975,201
Edmonton West PCN	Capital Health	57	69,420	1,996,840
Leduc/Beaumont/Devon PCN	Capital Health	52	51,846	1,726,950
St. Albert & Sturgeon PCN	Capital Health	50	57,996	1,567,166
Sherwood Park-Strathcona County PCN	Capital Health	47	75,639	3,153,375
WestView PCN	Capital Health	70	62,253	1,480,543
Bonnyville PCN	Aspen Regional Health Authority	51	15,124	322,344
St. Paul/Aspen PCN	Aspen Regional Health Authority/East Central Health	7	10,494	346,907
Peace River PCN	Peace Country Health	18	11,594	644,020
Sexsmith PCN	Peace Country Health	4	6,505	215,528
West Peace PCN	Peace Country Health	4	7,984	265,927
Northwest PCN	Northern Lights Health Region	26	15,500	387,500
Wood Buffalo PCN	Northern Lights Health Region	26	44,687	1,130,058
Total		1519	1,699,374	\$52,660,560

- (1) The term Primary Care Physician includes both family physicians and general practitioners. Physicians participating in 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 two patient encounters with a PCN health service provider at a PCN service delivery location for services included in Article 8, Schedule G of the Primary Care Initiative Agreement, in the past three years. Effective October 1, 2007 informal enrolment is based on assignment of discrete patients to PCNs based on overall volume of care to a single provider, however this enrolment number is based on the original method.
- (3) PCNs operate within a mixed payment environment, receiving a capitation payment up to \$50 per patient per year. In addition, some PCNs are eligible for the following grants: Capacity Building Grants, Specialist Linkages and the Pharmacist Integration Pilot Project.
- (4) Payment totals reflect an adjustment to change the semi-annual payment cycle to correspond with the fiscal year.

Section 3: Regional Data

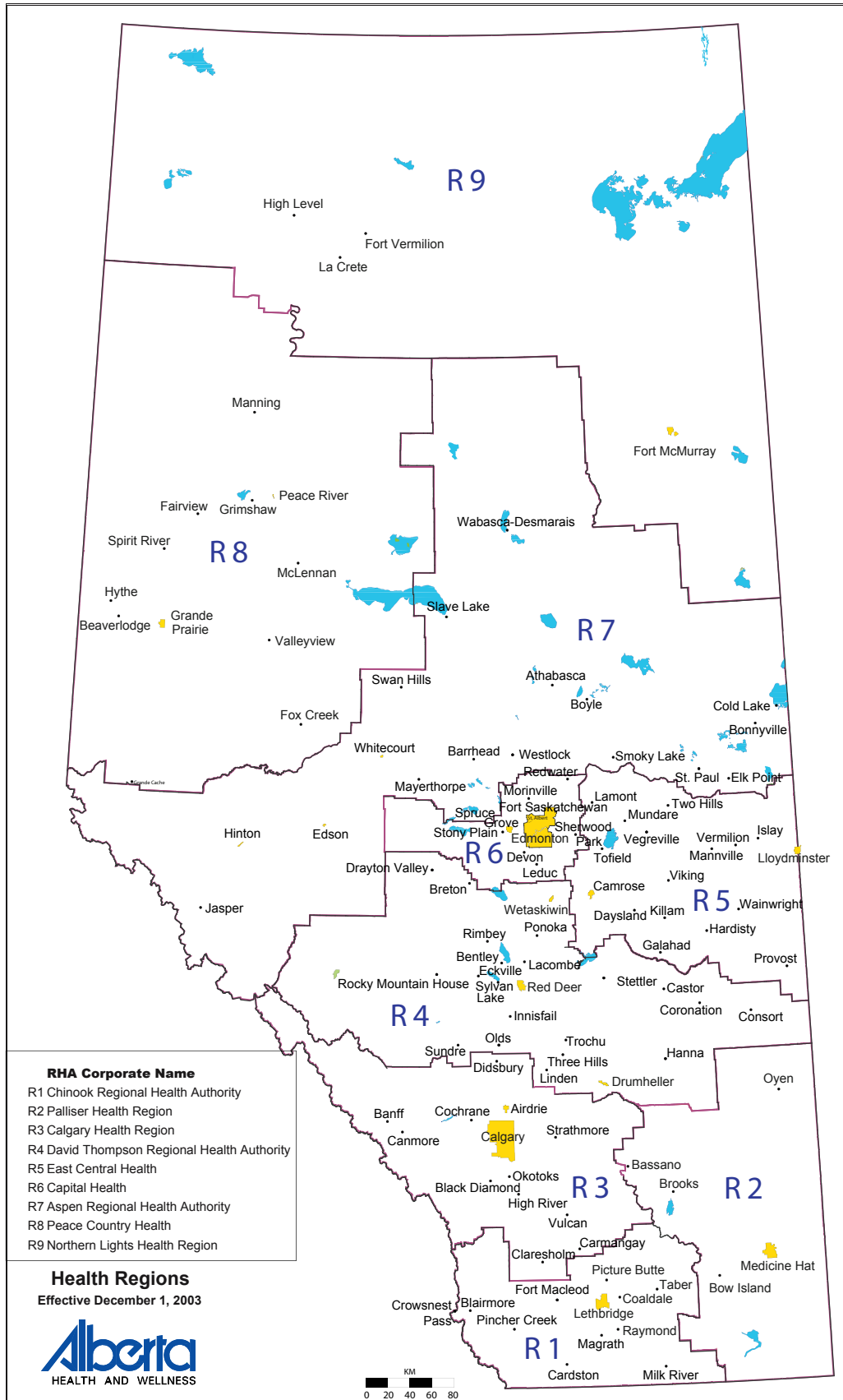
Summary

This section provides practitioner fee-for-service data broken down by health region. Alberta has nine regional health authorities, which are responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. They work with communities to deliver health services, including mental health services, to local residents. Information about regional health authority services and costs is in the *Alberta Ministry of Health and Wellness Annual Report Section I and II 2007/2008*.

Highlights

- A total of 38 per cent of practitioner fee-for-service expenditures were for services received in the Calgary Health Region; 38 per cent for services received in the Capital Health region and the balance (24 per cent) for services received in the other seven health regions.
- An average of 69 per cent of payments for services received by patients were provided in the health region where the patient resides.

Figure 5
Map of Health Regions



Explanatory Notes

Number of Practitioners

Statistics shown for the number of practitioners in a region are based on the number of practitioners who received fee-for-service payments for services provided in that particular region. A practitioner may work in several regions and will have been counted in each region 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.

Regional Boundary Changes

Regional boundaries are subject to change; therefore, year-over-year comparisons by region need to be interpreted with caution. The map on health regions shows the current boundaries which were put in place on December 1, 2003.

Service Location and Recipient Location

Data in this section is provided on a service location basis. Patients from rural and remote regions often travel to larger urban centres in other regions to receive services. This affects statistics shown for health services and payments for both regions involved. This point is illustrated in Table 3.2, which shows medical payments to physicians based on both service location and recipient location. Recipient location data is for the health region where the patient lived on the date of service.

Table 3.1
Distribution of Population Covered by Health Region Service Location
as at March 31, 2008⁽¹⁾

Health Region Service Location	Registered Population		
	Total	Male	Female
Chinook Regional Health Authority	164,205	81,193	83,012
Palliser Health Region	107,100	53,765	53,335
Calgary Health Region	1,275,664	635,173	640,491
David Thompson Regional Health Authority	314,362	156,910	157,452
East Central Health	115,667	57,434	58,233
Capital Health	1,084,554	538,845	545,709
Aspen Regional Health Authority	183,501	93,238	90,263
Peace Country Health	145,760	74,429	71,331
Northern Lights Health Region	82,820	43,276	39,544
Unknown	363	195	168
Total	3,473,996	1,734,458	1,739,538

(1) The population figures are as at March 31, 2008, calculated in July 2008.

Did You Know?

Alberta Alcohol and Drug Abuse
 Commission provided treatment services
 to more than 36,000 Albertans.

Table 3.2
Distribution of Payments to Physicians by Health Region
Service Location and Recipient Location
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾

Health Region Service Location	Health Region Recipient Location					
	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health
Chinook Regional Health Authority	75,512,042	69,116,096	1,535,903	3,512,356	412,777	83,563
Palliser Health Region	47,352,286	607,426	45,241,898	741,264	286,531	59,989
Calgary Health Region	652,227,272	8,591,224	7,280,754	614,926,739	13,555,833	671,325
David Thompson Regional Health Authority	132,603,827	306,634	517,269	5,507,463	118,245,309	1,953,523
East Central Health	33,784,353	48,144	49,180	255,551	1,612,908	28,677,881
Capital Health	645,435,671	855,197	703,099	6,177,074	18,866,495	19,304,185
Aspen Regional Health Authority	50,242,692	63,919	58,066	345,119	443,903	599,141
Peace Country Health	51,683,636	86,472	50,056	408,024	345,684	79,678
Northern Lights Health Region	22,245,395	38,987	20,473	307,536	130,874	59,171
Unknown	7,629,850	106,487	73,436	1,929,324	216,689	4,178,418
Total	\$1,718,717,023	\$79,820,584	\$55,530,134	\$634,110,450	\$154,117,003	\$55,666,874

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

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

Continued...

Table 3.2
Distribution of Payments to Physicians by Health Region
Service Location and Recipient Location
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾

Health Region Service Location	Health Region Recipient Location				
	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Chinook Regional Health Authority	437,816	127,850	115,594	105,179	64,906
Palliser Health Region	197,900	74,098	50,334	39,621	53,226
Calgary Health Region	4,224,217	852,536	804,815	663,741	656,089
David Thompson Regional Health Authority	4,221,983	981,013	502,736	237,207	130,689
East Central Health	1,934,526	983,087	95,947	70,307	56,822
Capital Health	545,385,965	36,300,014	10,372,327	6,886,751	584,565
Aspen Regional Health Authority	2,682,043	44,489,454	1,121,602	380,146	59,300
Peace Country Health	860,764	541,646	48,059,157	1,190,712	61,443
Northern Lights Health Region	810,213	245,355	150,202	20,439,790	42,793
Unknown	548,811	384,393	97,938	41,875	52,477
Total	\$561,304,238	\$84,979,445	\$61,370,653	\$30,055,330	\$1,762,311

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

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

Table 3.3
Distribution of Payments by International Classification
of Diseases and Health Region Service Location
for the Service Year April 1, 2007 to March 31, 2008

Health Region Service Location	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health
International Classification of Diseases						
Infectious and Parasitic Diseases	27,838,512	1,272,093	866,251	10,509,312	2,676,199	717,420
Neoplasms	58,545,159	2,703,704	1,690,469	21,819,232	3,340,641	982,044
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	47,825,697	2,259,633	2,284,904	15,826,827	3,644,483	1,179,837
Diseases of Blood and Blood Forming Organs	7,703,269	493,206	325,535	2,781,992	658,962	219,563
Mental Disorders	173,540,442	7,259,309	4,057,664	63,935,007	15,452,436	2,892,105
Diseases of the Nervous System and Sense Organs	117,500,050	5,017,728	3,882,436	47,485,816	6,734,319	1,984,447
Diseases of the Circulatory System	120,189,595	4,502,186	3,401,138	41,932,914	7,962,860	2,649,486
Diseases of the Respiratory System	109,180,935	4,766,874	2,911,384	39,226,497	9,710,001	2,586,593
Diseases of the Digestive System	63,499,404	3,364,110	2,177,800	20,052,197	6,388,746	2,274,932
Diseases of the Genitourinary System	83,605,739	4,376,957	2,255,479	32,233,915	7,597,508	1,971,891
Complications of Pregnancy, Childbirth and the Puerperium	55,670,634	2,712,786	1,149,921	23,343,452	4,755,936	1,024,704
Diseases of the Skin and Subcutaneous Tissue	47,479,274	1,829,853	1,330,115	17,579,000	4,144,990	1,080,971
Diseases of the Musculoskeletal System and Connective Tissue	84,787,933	4,775,880	2,971,615	28,740,441	7,285,001	2,426,612
Congenital Anomalies	5,341,230	116,569	51,846	1,851,164	253,609	29,260
Certain Conditions Originating in the Perinatal Period	7,765,852	507,910	299,594	2,908,824	956,854	47,296
Symptoms, Signs and Ill-Defined Conditions	177,700,747	8,481,329	4,727,204	65,942,964	15,612,048	4,080,599
Injury and Poisoning	93,512,271	4,391,971	2,464,773	31,570,398	8,935,909	2,325,142
Non-Standard Diagnostic Codes ⁽¹⁾	143,217,991	5,531,528	4,196,527	54,707,738	11,768,091	3,505,986
Unknown Diagnostic Chapter ⁽²⁾	293,812,288	11,148,415	6,307,633	129,779,581	14,725,233	1,805,462
Total	\$1,718,717,023	\$75,512,042	\$47,352,286	\$652,227,272	\$132,603,827	\$33,784,353

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

(1) Non-Standard Diagnostic Codes are supplementary diagnostic codes to the International Classification of Diseases; i.e., V codes.

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

Continued...

Table 3.3

**Distribution of Payments by International Classification
of Diseases and Health Region Service Location
for the Service Year April 1, 2007 to March 31, 2008**

Health Region Service Location	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
International Classification of Diseases					
Infectious and Parasitic Diseases	9,025,155	1,211,302	967,365	457,536	135,880
Neoplasms	24,474,451	1,189,966	1,343,799	388,712	612,143
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	18,082,119	1,911,615	1,573,533	813,832	248,913
Diseases of Blood and Blood Forming Organs	2,475,014	368,941	215,845	101,284	62,928
Mental Disorders	71,374,586	2,639,133	3,351,347	1,526,674	1,052,180
Diseases of the Nervous System and Sense Organs	44,891,477	2,557,557	3,762,991	858,814	324,464
Diseases of the Circulatory System	52,052,768	3,393,547	2,654,583	1,058,111	582,003
Diseases of the Respiratory System	38,226,890	5,350,758	3,921,396	1,973,354	507,187
Diseases of the Digestive System	21,630,156	2,856,855	3,109,862	1,156,139	488,607
Diseases of the Genitourinary System	28,640,531	2,709,380	2,363,912	1,124,059	332,107
Complications of Pregnancy, Childbirth and the Puerperium	16,313,278	2,063,898	1,967,251	1,913,480	425,927
Diseases of the Skin and Subcutaneous Tissue	17,272,890	2,059,909	1,295,850	693,052	192,644
Diseases of the Musculoskeletal System and Connective Tissue	29,511,080	4,407,298	3,520,642	909,684	239,680
Congenital Anomalies	2,826,707	41,002	129,167	23,508	18,398
Certain Conditions Originating in the Perinatal Period	1,745,325	179,416	868,371	181,007	71,255
Symptoms, Signs and Ill-Defined Conditions	63,035,139	5,169,474	6,469,271	3,351,779	830,940
Injury and Poisoning	33,206,068	4,710,389	3,979,944	1,417,773	509,902
Non-Standard Diagnostic Codes ⁽¹⁾	47,394,718	5,958,109	6,559,993	2,987,652	607,650
Unknown Diagnostic Chapter ⁽²⁾	123,257,321	1,464,142	3,628,512	1,308,946	387,043
Total	\$645,435,671	\$50,242,692	\$51,683,636	\$22,245,395	\$7,629,850

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

(1) Non-Standard Diagnostic Codes are supplementary diagnostic codes to the International Classification of Diseases; i.e., V codes.

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

Table 3.4
Distribution of Physicians with Total Payments of \$10,000 and Over, and Average Payments
by Health Region Service Location
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾⁽²⁾

Health Region Service Location	Total			General/Family Physicians			Specialists ⁽³⁾		
	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments
Chinook Regional Health Authority	269	68,002,046	252,796	171	37,305,740	218,162	98	30,696,306	313,228
Palliser Health Region	176	43,157,570	245,213	99	25,400,241	256,568	77	17,757,329	230,615
Calgary Health Region	2,253	559,562,789	248,363	1,280	260,775,749	203,731	973	298,787,040	307,078
David Thompson Regional Health Authority	480	122,466,588	255,139	334	80,967,189	242,417	146	41,499,399	284,242
East Central Health	178	32,222,607	181,026	139	25,650,397	184,535	39	6,572,210	168,518
Capital Health	1,935	559,414,997	289,103	1,014	227,475,033	224,334	921	331,939,964	360,413
Aspen Regional Health Authority	248	49,853,619	201,023	206	44,568,799	216,353	42	5,284,821	125,829
Peace Country Health	208	48,232,141	231,885	147	32,378,405	220,261	61	15,853,737	259,897
Northern Lights Health Region	107	22,121,353	206,742	76	15,976,280	210,214	31	6,145,073	198,228
Unknown	100	6,663,855	66,639	62	4,248,128	68,518	38	2,415,728	63,572
Total	5,954	1,511,697,566	253,896	3,528	\$754,745,960	\$213,930	2,426	\$756,951,606	\$312,016

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

- (1) This report reflects discrete physician counts of physicians within each region. The numbers are not a sum as a physician may provide health services in multiple health regions.
- (2) The total amount paid may not match the sum of amounts paid due to rounding.
- (3) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

Table 3.5
Number of General/Family Physicians by Payment Range and Health Region Service Location
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾⁽²⁾

Health Region Service Location Payment Range	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Less than \$10,000	1,630	87	66	243	145	109	226	131	82	45	496
10,000-19,999	208	20	9	48	27	21	23	18	12	10	20
20,000-39,999	249	10	5	84	26	20	50	16	17	10	11
40,000-59,999	176	10	10	57	10	7	50	10	12	5	5
60,000-79,999	163	6	2	70	11	6	41	12	5	6	4
80,000-99,999	158	10	2	65	13	5	47	6	3	3	4
100,000-119,999	164	2	5	73	9	5	50	7	6	3	4
120,000-139,999	163	5	3	68	10	7	51	9	3	3	4
140,000-159,999	175	1	3	82	9	2	53	11	7	4	3
160,000-179,999	167	4	1	76	6	3	66	7			4
180,000-199,999	163	3	4	72	13	3	58	5	5		
200,000-299,999	829	44	10	329	72	20	280	33	30	8	3
300,000-399,999	519	38	21	145	76	22	139	48	22	8	
400,000-499,999	245	11	14	68	32	14	62	17	19	8	
500,000-599,999	89	4	6	25	17	4	21	5	3	4	
600,000-699,999	35	3	3	10	2		11	2	2	2	
700,000-799,999	14		1	4			8			1	
800,000-899,999	5			2			1		1	1	
900,000-999,999	1			1	1						
1,000,000 & over	5			1	1		3				
Total	5,158	258	165	1,523	479	248	1,240	337	229	121	558

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

(1) This report reflects discrete physician counts of physicians within each region, where the physician payment was greater than zero within the health region. The numbers are not a sum as a physician may provide health services in multiple health regions.

(2) A blank cell represents a zero value.

Table 3.6
Number of Physicians by Specialty Within the Health Regions
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾⁽²⁾

Physicians by Specialty	Number of Physicians ⁽³⁾			
	All Health Regions	Capital Health	Calgary Health Region	All Other Regions
Total: All Physicians	8,475	2,290	2,626	3,559
All Specialists (except GP/FPs & laboratory specialists)	3,317	1,050	1,103	1,164
Physicians by Specialty				
Anaesthesiology	365	136	146	83
Cardiovascular and Thoracic Surgery	34	17	12	5
Dermatology	50	19	18	13
Emergency Medicine	96	35	43	18
General/Family Physicians (GP/FPs)	5,158	1,240	1,523	2,395
General Surgery	296	62	71	163
Internal Medicine	733	274	199	260
Neurology	96	21	48	27
Neurosurgery	12	6	6	
Obstetrics-Gynaecology	244	67	80	97
Ophthalmology	118	39	46	33
Orthopaedic Surgery	184	44	65	75
Otolaryngology	60	22	21	17
Paediatrics	352	74	128	150
Physical Medicine and Rehabilitation	38	17	13	8
Plastic Surgery	69	17	24	28
Psychiatry	502	175	166	161
Urology	68	25	17	26

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

- (1) This report reflects discrete physician counts of physicians within each region where the physician payment was greater than zero within the health region. The numbers are not a sum as physicians may provide health services in multiple health regions.
- (2) A blank cell represents a zero value.
- (3) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

Table 3.7
Allied Health Services:
Distribution of Services and Payments by Health Region Service Location
for the Service Year April 1, 2007 to March 31, 2008⁽¹⁾

Health Region Service Location	Total		Chiropractors		Optometrists		Dentists/Oral Surgeons		Podiatrists	
	Services	Payments	Services	Payments	Services	Payments	Services	Payments	Services	Payments
Chinook Regional Health Authority	235,992	4,438,231	186,234	2,559,390	28,870	1,265,792	92	10,109	20,796	602,941
Palliser Health Region	139,217	2,532,786	109,447	1,501,592	18,378	791,433	24	2,437	11,368	237,324
Calgary Health Region	1,692,326	31,927,700	1,388,864	19,004,359	170,991	7,386,643	7,486	1,670,633	124,985	3,866,065
David Thompson Regional Health Authority	481,403	8,783,305	403,847	5,614,228	63,376	2,770,784	243	34,178	13,937	364,115
East Central Health	132,939	2,550,265	108,299	1,491,888	23,452	1,019,801	16	2,440	1,172	36,136
Capital Health	1,177,619	24,431,204	902,207	12,372,631	163,414	7,194,269	8,880	2,190,580	103,118	2,673,724
Aspen Regional Health Authority	143,698	2,747,721	117,186	1,612,158	24,291	1,072,547	18	2,296	2,203	60,720
Peace Country Health	100,043	1,980,825	79,442	1,093,227	18,574	825,849	9	1,168	2,018	60,581
Northern Lights Health Region	41,802	802,807	33,383	459,635	6,970	299,024	1	135	1,448	44,013
Unknown	12,718	312,929	214	2,892	268	12,657			12,236	297,380
Total	4,157,757	\$80,507,774	3,329,123	\$45,711,999	518,584	\$22,638,799	16,769	\$3,913,975	293,281	\$8,243,000

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

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

(2) A blank cell represents a zero value.

Section 4: Non-Group Supplementary Plans

Summary

Non-Group Supplementary plans provide coverage for prescribed drugs and selected health services. These supplementary plans are funded by Alberta Health and Wellness and administered by Alberta Blue Cross. Albertans under the age of 65 can purchase Non-Group Supplementary Coverage. Reduced Non-Group premium rates are available to those who apply and are eligible for Alberta Health Care Insurance Plan (AHCIP) premium subsidy. Premium-free coverage is offered to seniors and their dependants, and to recipients of the Alberta Widows' Pension Program 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 ten drug expenditures.

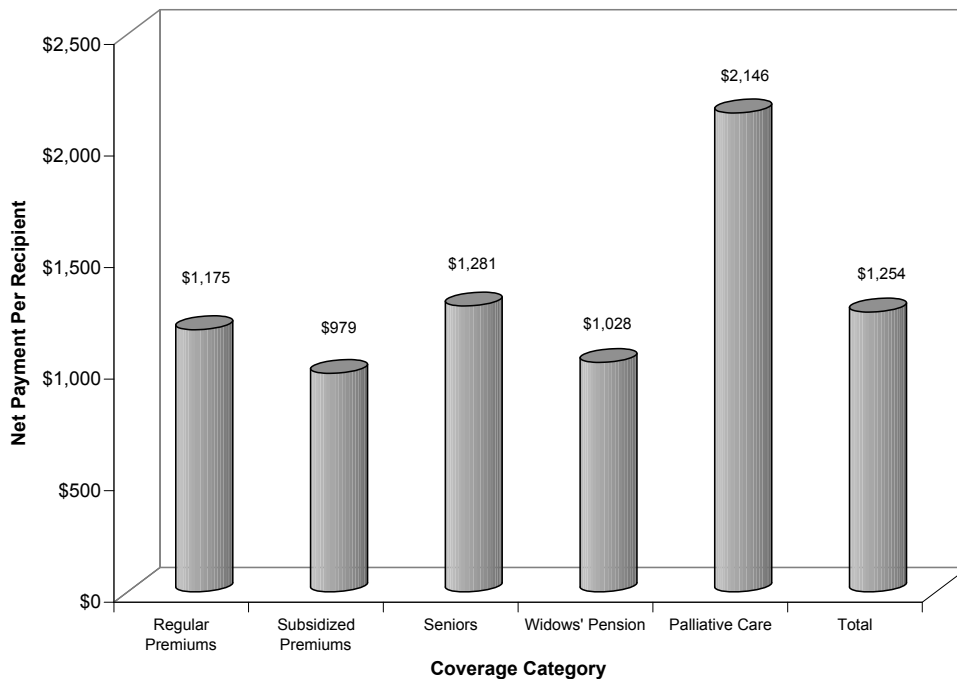
Highlights

- In 2007/2008, the number of Albertans who were covered under Non-Group Supplementary plans increased to 558,439, an increase of 3 per cent compared to 2006/2007.
- The number of persons who paid full premium rates was 107,100 (19 per cent of the total non-group membership), an increase of 6 per cent compared to 2006/2007.
- A total of 38,826 people (7 per cent of the total non-group membership) received non-group coverage at reduced premium rates, a decrease of 9 per cent compared to 2006/2007.
- A total of 412,513 people (74 per cent of total non-group membership) received their coverage premium-free, an increase of 3 per cent compared to 2006/2007.
- More than \$632 million was paid for benefits under the Non-Group Supplementary plans in 2007/2008, an increase of 4 per cent compared to 2006/2007.
- More than \$490 million was paid for benefits for seniors and their dependants. These payments accounted for 77 per cent of the total amount spent on the Non-Group Supplementary plans, an increase of more than 3 per cent compared to 2006/2007.
- Drugs accounted for almost \$607 million or 96 per cent of total non-group benefit expenditures. Ambulance services accounted for over \$20 million or 3 per cent of the total.
- An ulcer treatment drug, Pantoloc (40mg), had the highest expenditures with a total of 210,206 prescriptions and an expenditure of \$24,052,441.

- In 2007/2008, the ten highest expenditure drugs were used to treat common chronic conditions including:
 - Gastro-intestinal ulcers and acid-related conditions were treated using Pantoloc, Prevacid and Apo-Omeprazole (capsule).
 - High cholesterol conditions were treated using Lipitor (in three strengths).
 - High blood pressure and/or angina (chest pain) was treated using Norvasc (in two strengths).
 - Prevention of heart attack and stroke were treated using Plavix.
 - Multiple Sclerosis was treated using Copaxone.

Figure 6 illustrates average net payments for drugs per recipient, sorted by Non-Group Supplementary coverage category for the service year April 1, 2007 to March 31, 2008.

Figure 6
Non-Group Supplementary Coverage:
Average Net Payment for Drugs per Recipient by Coverage Category
for the Service Year April 1, 2007 to March 31, 2008



Explanatory Notes

Data

Data in this section are provided by Alberta Health and Wellness (Tables 4.1 - 4.3), Alberta Blue Cross (Figure 6, Tables 4.4 - 4.5 and Tables 4.7 - 4.9), and the Alberta College of Pharmacists (Table 4.6).

Non-Group Coverage Parameters

Non-group coverage includes drugs, 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 Health and Wellness Drug Benefit List defines the drugs that are covered by the Non-Group Supplementary plans.

Table 4.1
Non-Group Supplementary Coverage:
Number of Registrations and Persons Covered by Level of Premium Payment
as at March 31, 2004, 2005, 2006, 2007 and 2008⁽¹⁾

Premium Level	Registration Status	Number of Registrations & Persons Covered					Percentage Change			
		2004	2005	2006	2007	2008	2005/ 2004	2006/ 2005	2007/ 2006	2008/ 2007
Regular Premiums	Registrations	45,948	47,577	47,582	48,631	51,848	3.55	0.01	2.20	6.62
	Persons	96,003	99,025	98,704	101,077	107,100	3.15	(0.32)	2.40	5.96
Reduced Premiums	Registrations	18,999	19,441	21,222	22,445	20,703	2.33	9.16	5.76	(7.76)
	Persons	37,776	38,057	40,852	42,598	38,826	0.74	7.34	4.27	(8.85)
No Premiums ⁽²⁾	Registrations	250,268	258,530	265,284	272,160	280,218	3.30	2.61	2.59	2.96
	Persons	365,299	378,771	389,138	399,755	412,513	3.69	2.74	2.73	3.19
Total	Registrations	315,215	325,548	334,088	343,236	352,769	3.28%	2.62%	2.74%	2.78%
	Persons	499,078	515,853	528,694	543,430	558,439	3.36%	2.49%	2.79%	2.76%

(1) The population figures are as at March 31, calculated in July.

(2) Persons covered under the Seniors, 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, 2004, 2005, 2006, 2007 and 2008⁽¹⁾⁽²⁾

Registration Status		Total					Regular Premium				
		2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008
One Person	Registrations	167,467	172,034	176,298	180,525	184,868	18,425	19,289	19,016	19,094	20,557
	Persons	167,467	172,034	176,298	180,525	184,868	18,425	19,289	19,016	19,094	20,557
Two Persons	Registrations	128,520	133,729	137,844	142,369	147,228	15,971	16,318	16,819	17,517	18,584
	Persons	257,040	267,458	275,688	284,738	294,456	31,942	32,636	33,638	35,034	37,168
Three or More Persons	Registrations	19,228	19,785	19,946	20,342	20,673	11,552	11,970	11,747	12,020	12,707
	Persons	74,571	76,361	76,708	78,167	79,115	45,636	47,100	46,050	46,949	49,373
Total	Registrations	315,215	325,548	334,088	343,236	352,769	45,948	47,577	47,582	48,631	51,848
	Persons	499,078	515,853	528,694	543,430	558,439	96,003	99,025	98,704	101,077	107,098

Registration Status		Subsidized Premium					Seniors				
		2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008
One Person	Registrations	9,844	10,226	11,473	12,461	11,776	137,402	140,982	144,563	148,010	151,797
	Persons	9,844	10,226	11,473	12,461	11,776	137,402	140,982	144,563	148,010	151,797
Two Persons	Registrations	4,513	4,649	4,916	5,021	4,452	107,946	112,692	116,058	119,791	124,164
	Persons	9,026	9,298	9,832	10,042	8,904	215,892	225,384	232,116	239,582	248,328
Three or More Persons	Registrations	4,642	4,566	4,833	4,963	4,475	2,999	3,220	3,346	3,347	3,485
	Persons	18,906	18,533	19,547	20,095	18,148	9,907	10,627	11,044	11,084	11,575
Total	Registrations	18,999	19,441	21,222	22,445	20,703	248,347	256,894	263,967	271,148	279,446
	Persons	37,776	38,057	40,852	42,598	38,828	363,201	376,993	387,723	398,676	411,700

Registration Status		Widows' Pension				
		2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007 /2008
One Person	Registrations	1,796	1,537	1,246	960	738
	Persons	1,796	1,537	1,246	960	738
Two Persons	Registrations	90	70	51	40	28
	Persons	180	140	102	80	56
Three or More Persons	Registrations	35	29	20	12	6
	Persons	122	101	67	39	19
Total	Registrations	1,921	1,636	1,317	1,012	772
	Persons	2,098	1,778	1,415	1,079	813

Did You Know?

Ambulance transportation, except for inter-facility transfers, is not an insured service. Supplemental health coverage is recommended for this service.

(1) The population figures are as at March 31, calculated in July.

(2) 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.

Note: As at March 31, 2008, 1,129 people were covered by the Palliative Care Drug Program. Of these, 379 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.

Table 4.3
Non-Group Supplementary Coverage:
Persons Covered by Age and Gender
as at March 31, 2004, 2005, 2006, 2007 and 2008⁽¹⁾

Age Group	Total						Male						Female							
	2003/2004		2004/2005		2005/2006		2006/2007		2007/2008		2003/2004		2004/2005		2005/2006		2006/2007		2007/2008	
	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008
Under 1	883	905	938	1,031	940	430	453	486	510	457	453	452	452	452	453	452	452	452	452	483
1 - 4	3,936	3,871	4,128	4,328	4,390	1,935	1,935	2,065	2,163	2,245	1,935	1,936	2,063	2,145	2,001	1,936	2,063	2,165	2,145	2,145
5 - 14	16,089	16,363	16,239	16,499	16,437	8,393	8,416	8,367	8,432	8,400	8,393	8,416	8,367	8,037	7,696	7,947	7,872	8,067	8,037	8,037
15 - 24	23,085	24,115	24,010	24,189	24,209	11,158	11,646	11,564	11,786	11,860	11,158	11,646	11,564	12,349	11,927	12,469	12,446	12,403	12,349	12,349
25 - 44	26,497	26,701	26,967	27,579	27,805	11,375	11,360	11,494	11,818	12,023	11,375	11,360	11,494	15,782	15,122	15,341	15,473	15,761	15,782	15,782
45 - 64	102,205	106,996	109,419	112,728	116,102	35,966	37,709	38,662	40,102	41,494	35,966	37,709	38,662	74,608	66,239	69,287	70,757	72,626	74,608	74,608
65 - 74	177,299	182,088	185,488	189,721	195,734	85,422	88,351	90,034	91,895	94,975	85,422	88,351	90,034	100,759	91,877	93,737	95,454	97,826	100,759	100,759
75 & Older	149,084	154,814	161,505	167,355	172,822	59,272	62,057	65,279	68,239	70,928	59,272	62,057	65,279	101,894	89,812	92,757	96,226	99,116	101,894	101,894
Total	499,078	515,853	528,694	543,430	558,439	213,951	221,927	227,951	234,945	242,382	213,951	221,927	227,951	308,485	285,127	293,926	300,743	308,485	316,057	316,057

Age Group	Percentage Change Total						Percentage Change Male						Percentage Change Female												
	2005/2004		2006/2005		2007/2006		2008/2007		2005/2004		2006/2005		2007/2006		2008/2007		2005/2004		2006/2005		2007/2006		2008/2007		
	2005/2004	2006/2005	2007/2006	2008/2007	2005/2004	2006/2005	2007/2006	2008/2007	2005/2004	2006/2005	2007/2006	2008/2007	2005/2004	2006/2005	2007/2006	2008/2007	2005/2004	2006/2005	2007/2006	2008/2007	2005/2004	2006/2005	2007/2006	2008/2007	
Under 1	2.49	3.65	9.91	(8.83)	5.35	7.28	4.94	(10.39)	(0.22)	0.00	15.27	(7.29)	(0.92)	4.94	15.27	(7.29)	(0.22)	0.00	15.27	(7.29)	(0.92)	4.94	15.27	(7.29)	(0.92)
1 - 4	(1.65)	6.64	4.84	1.43	0.00	6.72	4.75	3.79	(3.25)	6.56	4.94	(0.92)	(0.92)	4.94	15.27	(7.29)	(0.22)	0.00	15.27	(7.29)	(0.92)	4.94	15.27	(7.29)	(0.92)
5 - 14	1.70	(0.76)	1.60	(0.38)	0.27	(0.58)	0.78	(0.38)	3.26	(0.94)	2.48	(0.37)	(0.37)	4.94	15.27	(7.29)	(0.22)	0.00	15.27	(7.29)	(0.92)	4.94	15.27	(7.29)	(0.92)
15 - 24	4.46	(0.44)	0.75	0.08	4.37	(0.70)	1.92	0.63	4.54	(0.18)	(0.35)	(0.44)	(0.44)	4.94	15.27	(7.29)	(0.22)	0.00	15.27	(7.29)	(0.92)	4.94	15.27	(7.29)	(0.92)
25 - 44	0.77	1.00	2.27	0.82	(0.13)	1.18	2.82	1.73	1.45	0.86	1.86	0.13	0.13	4.94	15.27	(7.29)	(0.22)	0.00	15.27	(7.29)	(0.92)	4.94	15.27	(7.29)	(0.92)
45 - 64	4.69	2.26	3.02	2.99	4.85	2.53	3.72	3.47	4.60	2.12	2.64	2.73	2.73	4.94	15.27	(7.29)	(0.22)	0.00	15.27	(7.29)	(0.92)	4.94	15.27	(7.29)	(0.92)
65 - 74	2.70	1.87	2.28	3.17	3.43	1.90	2.07	3.35	2.02	1.83	2.48	3.00	3.00	4.94	15.27	(7.29)	(0.22)	0.00	15.27	(7.29)	(0.92)	4.94	15.27	(7.29)	(0.92)
75 & Older	3.84	4.32	3.62	3.27	4.70	5.19	4.53	3.94	3.28	3.74	3.00	2.80	2.80	4.94	15.27	(7.29)	(0.22)	0.00	15.27	(7.29)	(0.92)	4.94	15.27	(7.29)	(0.92)
Total	3.36%	2.49%	2.79%	2.76%	3.73%	2.71%	3.07%	3.17%	3.09%	2.32%	2.57%	2.45%	2.45%	3.36%	2.49%	2.79%	2.76%	3.17%	3.09%	2.32%	2.57%	2.45%	2.45%	2.45%	2.45%

(1) The population figures are as at March 31, calculated in July each year.

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 Ending March 31, 2008⁽¹⁾

Coverage Category and Type of Service	Discrete Recipients	Net Payment ⁽²⁾	Net Payment per Recipient
<u>Regular Premium</u>			
Ambulance	3,014	739,873	245
Drugs	92,032	108,100,138	1,175
Hospital Accommodation	869	142,936	164
Other ⁽³⁾	821	126,756	154
Subtotal	92,538	\$109,109,703	\$1,179
<u>Subsidized Premium</u>			
Ambulance	1,211	339,273	280
Drugs	31,488	30,838,954	979
Hospital Accommodation	257	38,795	151
Other	151	26,388	175
Subtotal	31,613	\$31,243,410	\$988
<u>Seniors</u>			
Ambulance	48,716	19,368,861	398
Drugs	363,552	465,615,779	1,281
Hospital Accommodation			
Other	5,403	5,158,936	955
Subtotal	367,823	\$490,143,576	\$1,333
<u>Widows' Pension</u>			
Ambulance	63	30,544	485
Drugs	828	851,339	1,028
Hospital Accommodation			
Other	4	3,907	977
Subtotal	838	\$885,790	\$1,057
<u>Palliative Care</u>			
Ambulance			
Drugs	733	1,573,276	2,146
Hospital Accommodation			
Other			
Subtotal	733	\$1,573,276	\$2,146
<u>Total</u>			
Ambulance	52,980	20,478,550	387
Drugs	484,216	606,979,487	1,254
Hospital Accommodation	1,126	181,731	161
Other	6,377	5,315,987	834
Total	489,104	\$632,955,754	\$1,294

(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 orthotics, and mastectomy prostheses.

Table 4.5
Non-Group Supplementary Coverage:
Number of Prescriptions and Net Payment
by Prescription Type and Coverage Category
for the Year Ending March 31, 2008⁽¹⁾

Prescription Type and Coverage Category	Number of Prescriptions ⁽²⁾	Net Payment ⁽³⁾
<u>Prescription Drugs⁽⁴⁾</u>		
Regular Premium	1,445,583	106,332,872
Subsidized Premium	518,710	30,218,582
Seniors	9,460,595	458,023,558
Widows' Pension	15,721	836,908
Palliative Care	24,921	1,534,380
Subtotal	11,465,530	\$596,946,300
<u>Over-The-Counter⁽⁵⁾</u>		
Regular Premium	50,244	1,767,266
Subsidized Premium	18,271	620,372
Seniors	319,970	7,593,379
Widows' Pension	458	14,431
Palliative Care	3,184	38,897
Subtotal	392,127	\$10,034,345
<u>Adjustments⁽⁶⁾</u>		
Regular Premium		
Subsidized Premium		
Seniors	3	(1,158)
Widows' Pension		
Palliative Care		
Subtotal	3	(\$1,158)
<u>All Prescriptions</u>		
Regular Premium	1,495,827	108,100,138
Subsidized Premium	536,981	30,838,954
Seniors	9,780,568	465,615,779
Widows' Pension	16,179	851,339
Palliative Care	28,105	1,573,276
Total	11,857,660	\$606,979,487

(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 at March 31, 2004, 2005, 2006, 2007 and 2008⁽¹⁾

Year	Number of Pharmacies	Percentage Change from the Prior Year
2003/2004	865	n.a.
2004/2005	865	0.00
2005/2006	893	3.24
2006/2007	912	2.13
2007/2008	945	3.62
Annual Average Percentage Change for Last 5 Years		2.24

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

Did You Know?

Since 1997, drugs continue to be one of the fastest-growing categories of health care spending after hospitals. Drugs currently account for 17% of total Canadian health expenditures.

Source: Canadian Institute for Health Information website

Table 4.7
Non-Group Supplementary Coverage:
Ten Highest Prescription Drug Expenditures
by Net Payment and Coverage Category
for the Year Ending March 31, 2008

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions ⁽¹⁾	Discrete Recipients	Net Payment
All Groups						
	Pantoloc	40mg	Ulcer Treatment	210,206	46,554	24,052,441
	Lipitor	10 mg	Cholesterol Lowering Agent	167,799	41,772	19,823,453
	Lipitor	20 mg	Cholesterol Lowering Agent	129,415	31,856	18,789,689
	Prevacid	30 mg	Ulcer Treatment	116,141	30,355	15,389,107
	Norvasc	5 mg	High Blood Pressure/Angina	156,449	35,313	12,618,474
	Norvasc	10 mg	High Blood Pressure/Angina	88,705	20,014	11,248,109
	Apo-Omeprazole (capsule)	20 mg	Ulcer Treatment	152,787	36,212	10,935,506
	Lipitor	40 mg	Cholesterol Lowering Agent	70,407	16,706	10,447,125
	Plavix	75 mg	Prevention of Heart Attack & Stroke	77,675	14,969	9,978,392
	Copaxone	20 mg/ml syringe	Multiple Sclerosis	6,691	901	9,414,266
Regular and Subsidized Premium⁽²⁾						
	Copaxone	20 mg/ml syringe	Multiple Sclerosis	6,611	885	9,209,525
	Remicade	100 mg/vial	Rheumatoid Arthritis/Crohn's Disease	3,002	462	6,699,014
	Rebif	44 mcg/syringe	Multiple Sclerosis	2,918	343	4,748,828
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis/Psoriatic Arthritis/Psoriasis	3,762	354	3,907,698
	Pantoloc	40 mg	Ulcer Treatment	27,418	7,556	3,399,860
	Lipitor	20 mg	Cholesterol Lowering Agent	19,901	5,543	2,905,474
	Prevacid	30 mg	Ulcer Treatment	20,921	6,185	2,763,195
	Lipitor	10 mg	Cholesterol Lowering Agent	21,644	6,208	2,529,977
	Betaseron	9.6 million IU/vial	Multiple Sclerosis	1,446	175	2,174,104
	Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis/Psoriatic Arthritis/Psoriasis	1,733	179	1,843,180
Seniors⁽³⁾						
	Pantoloc	40 mg	Ulcer Treatment	181,996	38,758	20,574,352
	Lipitor	10 mg	Cholesterol Lowering Agent	145,875	35,471	17,255,981
	Lipitor	20 mg	Cholesterol Lowering Agent	109,338	26,256	15,851,685
	Prevacid	30 mg	Ulcer Treatment	94,898	24,077	12,592,766
	Norvasc	5 mg	High Blood Pressure/Angina	143,128	31,745	11,516,274
	Norvasc	10 mg	High Blood Pressure/Angina	77,534	17,167	9,780,485
	Apo-Omeprazole (capsule)	20 mg	Ulcer Treatment	132,536	30,416	9,393,557
	Plavix	75 mg	Prevention of Heart Attack & Stroke	71,290	13,557	9,140,511
	Lipitor	40 mg	Cholesterol Lowering Agent	59,654	13,752	8,775,148
	Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	50,688	14,378	6,644,823

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

Continued...

(2) Persons eligible for basic health services at reduced premium rates were also eligible for Non-Group Supplementary Coverage at reduced premium rates.

(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 Ending March 31, 2008

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions ⁽¹⁾	Discrete Recipients	Net Payment
Widows' Pension						
	Pantoloc	40 mg	Ulcer Treatment	270	89	41,461
	Lipitor	10 mg	Cholesterol Lowering Agent	268	88	36,064
	Lipitor	20 mg	Cholesterol Lowering Agent	155	50	30,735
	Prevacid	30 mg	Ulcer Treatment	150	63	24,881
	Symbicort Turbuhaler	200 mcg/6 mcg	Asthma	153	37	18,220
	Apo-Omeprazole (capsule)	20 mg	Ulcer Treatment	244	64	17,802
	Crestor	10 mg	Cholesterol Lowering Agent	124	38	14,052
	Norvasc	5 mg	High Blood Pressure/Angina	165	47	13,698
	Norvasc	10mg	High Blood Pressure/Angina	80	26	12,944
	Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	86	25	12,527
Palliative Care						
	Sandostatin LAR	20 mg/vial	Endocrine Tumor	68	9	83,764
	Innohep	20,000 IU/ml	Prevention of Blood Clots	198	36	68,308
	Fragmin	25,000 IU/ml	Prevention of Blood Clots	144	25	63,801
	Sandostatin LAR	30 mg/vial	Endocrine Tumor	29	5	54,536
	Ratio-Fentanyl	100 mcg/hr patch	Pain Management	235	48	39,700
	Bonefos	60 mg/ml inject'n	High Calcium Blood Level	115	20	37,775
	Pantoloc	40 mg	Ulcer Treatment	522	151	36,768
	Octreotide Acetate Omega	200 mcg/ml	Endocrine Tumor	210	30	36,681
	PMS-Ondansetron	8 mg	Severe Nausea/Vomiting	250	76	33,679
	Hydromorph Contin	30 mg	Pain Management	84	21	31,695

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

Table 4.8
Non-Group Supplementary Coverage:
Costs of Prescription by Broad Drug Category
for the Year Ending March 31, 2008

Broad Drug Category	Number of Prescriptions ⁽¹⁾	Net Payment	Co-Payment ⁽²⁾	Coordination of Benefits ⁽³⁾	Average Gross Cost per Prescription ⁽⁴⁾
Antihistamines	684	13,713	3,054	184	24.78
Antineoplastic Agents	28,416	1,010,493	349,964	27,574	48.85
Antitussives, Expectorants, Mucolytics	1,935	91,782	20,337	2,014	58.98
Anti-Infective Agents	637,552	17,498,535	5,593,546	509,365	37.02
Autonomic Drugs	486,966	40,929,299	6,962,266	470,054	99.31
Blood Formation and Coagulation	312,769	22,155,215	2,337,912	537,101	80.03
Cardiovascular Drugs	3,195,105	206,989,120	48,409,712	2,251,060	80.64
Central Nervous System Drugs	2,456,017	87,817,982	23,067,605	2,293,950	46.08
Compound Drugs					
Devices ⁽⁵⁾	5,021	92,186	39,687	1,067	26.48
Diagnostic Agents					
Electrolytic, Caloric, Water Balance	842,624	8,544,047	3,609,026	118,435	14.56
Enzymes	542	2,237,286	11,889	880	4,151.39
Eye, Ear, Nose & Throat Preparations	333,796	9,487,769	3,106,055	106,633	38.05
Gastrointestinal Drugs	788,594	65,475,511	12,259,948	1,124,566	100.00
Gold Compounds	1,094	69,612	17,271	1,301	80.61
Heavy Metal Antagonists	1,013	166,535	18,135	7,500	189.70
Hormones & Synthetic Substitutes	1,433,646	46,357,667	12,599,150	898,163	41.75
Local Anaesthetics					
Serums, Toxoids, and Vaccines	2,382	150,134	32,626	1,406	77.32
Skin & Mucous Membrane Preparations	284,454	5,004,851	2,020,014	103,527	25.06
Smooth Muscle Relaxants	69,846	3,002,878	752,178	34,638	54.26
Out of Country & Special Access	1,533	62,672	11,242	544	48.57
Unclassified Therapeutic Agents	882,556	88,826,932	12,042,149	6,726,409	121.91
Undetermined ⁽⁶⁾	3	(1,158)	7	5	(382.02)
Vitamins	91,112	996,425	359,718	23,033	15.14
Total⁽⁷⁾	11,857,660	\$606,979,487	\$133,623,490	\$15,239,409	\$63.74

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

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

(3) 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.

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

(5) Only those devices used with prescription drugs.

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

(7) 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 Ending March 31, 2008⁽¹⁾**

Coverage Category	Number of Prescriptions ⁽²⁾	Drug Material Cost [A]	Dispensing Fee ⁽³⁾ [B]	Additional Inventory Allowance ⁽⁴⁾ [C]	Adjustments ⁽⁵⁾ [D]	Gross Cost ⁽⁶⁾ [E]	Co-Payment ⁽⁷⁾ [F]	Coordination of Benefits ⁽⁸⁾ [G]	Net Payment ⁽⁹⁾ [H]
Regular and Subsidized Premium Seniors	1,990,646	149,106,037	20,508,148	2,143,469	14	171,757,668	23,141,490	11,728,170	136,888,008
Widows' Pension	9,750,062	468,037,412	97,107,031	10,643,094	(1,190)	575,786,347	109,155,607	2,501,798	464,128,942
Palliative Care	16,047	868,520	162,290	19,101	0	1,049,911	193,702	12,655	843,553
Average Cost per Prescription	27,198	1,496,322	340,138	18,862	0	1,855,322	170,058	142,861	1,542,404
Total⁽¹⁰⁾	11,783,953	\$619,508,291	\$118,117,606	\$12,824,527	-\$1,176	\$750,449,249	\$132,660,857	\$14,385,484	\$603,402,908

(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 a 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

A double dash (--) represents a non-zero value; actual value was too small to be shown.

Alberta Health Care Insurance Plan (AHCIP)

A non-profit, publicly funded plan administered and operated by Alberta Health and Wellness under the *Alberta Health Care Insurance Act* and its regulations. The AHCIP pays for insured physician and dental/oral surgical services as required under the *Canada Health Act*, and a number of allied health services provided to eligible residents of Alberta.

Alternate Relationship Plans (ARP)

Plans that provide physicians with an alternative to the traditional fee-for-service payment method, and provide physicians with flexibility in the way they provide care. ARPs enable a team-based approach and promote improved access to care, patient satisfaction and the recruitment/retention of physicians.

Allied Health Services

Services provided by dentists, chiropractors, optometrists and podiatrists, and paid by the AHCIP.

Basic Health Services

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

Blank Cell

Represents a zero value.

Bracketed Data

Bracketed data () indicate negative figures.

Clinical Stabilization Initiative (CSI)

This initiative was established in the 2006 Amending Agreement to the Tri-Lateral Master Agreement and includes the Rural, Remote Northern Program (RRNP), the Business Cost Program (BCP), and the Communities in Crisis program. The purpose of the RRNP is to improve physician recruitment and retention in underserved areas by providing physician incentive programs. The BCP 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. Communities in Crisis address the challenges of recruiting physicians to live and practice in communities in crisis.

Discrete Count

The discrete items are only counted once.

Discrete Patients

The number of individuals registered with the Alberta Health Care Insurance Plan (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 Alberta Health Care Insurance Plan. Discrete service providers are only counted once.

FP

Family Physician

FTE

Full-time equivalent

Fee-for-Service

Fee-for-service is 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 Regions

A geographic area within Alberta that has been identified and defined for the purpose of assigning responsibility for and authority over the delivery of health care services within its boundaries. In 2007-2008, there are nine health regions in Alberta.

Insured Services

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

Medical Assessments

Primarily office visits and consultations.

Medical Services

Services provided by a physician.

N/A

Not available.

n.a.

Not applicable.

Net Payment

The total amount paid by Alberta Health and Wellness 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 and Wellness 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.

Practitioner

Licensed health care provider who is registered with the Alberta Health Care Insurance Plan and provides basic health services.

Practitioner Payments

Gross fee-for-service practitioner payments made by the Alberta Health Care Insurance Plan 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 includes only fee-for-service payments to Alberta practitioners for services provided to Alberta residents.

Primary Care Networks (PCNs)

Networks of family physicians that use a team approach with other health care professionals to coordinate primary care for their patients. PCNs receive program funding in addition to fee-for-service.

Recipient Location

The health region where the person who received the health service lived at the time of service (according to the Alberta Health Care Insurance Plan registration data).

Registration

The number of single and family accounts registered with the Alberta Health Care Insurance Plan; 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.

Schedule of Benefits

List of practitioner services and fee-for-service rates paid by the Alberta Health Care Insurance Plan. Includes the general rules, procedure list, fee modifier definitions and price list. The Statistical Supplement includes data for six distinct benefit schedules (medical, oral and maxillofacial surgery, chiropractic, optometry, podiatric surgery and podiatry).

Service Location

The health region where a health service was provided.

Year at a Glance

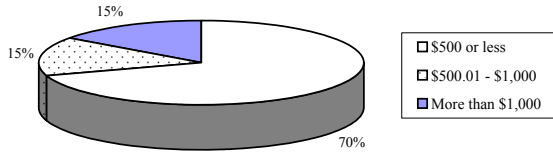
	2006/2007	2007/2008
Total Albertans covered under the Alberta Health Care Insurance Plan	3,384,625	3,473,996
Non-seniors	2,985,949	3,062,296
Seniors	398,676	411,700
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Alberta Health Care Insurance Plan premium rates		
Single coverage	\$44	\$44
Family coverage (two or more persons)	\$88	\$88
<hr/>		
Number of Albertans receiving full or partially subsidized premiums	818,875	810,613
Per cent of total population	24%	23%
Percentage change from prior year	3%	(1%)
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Number of Albertans receiving fully subsidized premiums	787,471	774,309
Percentage change	5%	(2%)
<hr/>		
Amount paid to Alberta practitioners (fee-for-service)	\$1,632,974,756	\$1,799,224,796
Physicians	\$1,558,128,163	\$1,718,717,022
Allied Practitioners	\$74,846,593	\$80,507,77
<hr/>		
Average annual fee-for-service payment		
All Physicians (except Pathology)	\$266,347	\$283,710
All Specialists (except General/Family Physicians and Pathology)	\$335,770	\$357,101
<hr/>		
Number of practitioners who submitted fee-for-service claims	7,411	7660
Physicians (including General Practitioners)	5,850	6058
General Practitioners	3,237	3361
Dentists/Oral Surgeons	220	207
Chiropractors	890	906
Optometrists	397	434
Podiatrists	54	55
<hr/>		
Number of physicians by gross payment range (fee-for-service) ¹		
Less than \$500,000	5,247	5310
More than \$500,000	603	748
More than \$1 million	123	150
More than \$2 million	20	23

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

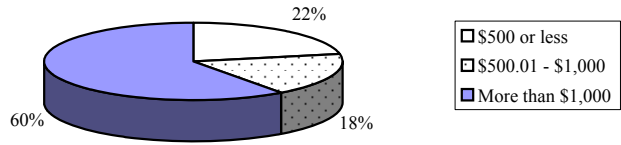
	2006/2007	2007/2008
Alternate Relationship Plans		
Total expenditures	\$151,295,359	\$147,163,837
Total Alternate Relationship Plans	37	41
Total physicians	862	1029
Primary Care Networks		
Total payments	\$78,520,586	\$52,660,560
Total Primary Care Networks	19	26
Total physicians	949	1,519
Total patients enrolled	1,241,630	1,699,374
Allied services provided (fee-for-service)		
Total number of services provided	4,050,293	4,157,757
Average number of services per practitioner	2,595	2,595
Payments for services received by patients in the region where they reside		
Chinook Regional Health Authority	86%	87%
Palliser Health Region	80%	81%
Calgary Health Region	97%	97%
David Thompson Regional Health Authority	76%	77%
East Central Health	51%	52%
Capital Health	97%	97%
Aspen Regional Health Authority	52%	52%
Peace Country Health	78%	78%
Northern Lights Health Region	70%	68%
Unknown	2%	3%
Amount spent on Non-Group Supplementary coverage		
Non-seniors	\$611,357,089	\$632,955,754
Seniors	\$134,200,848	\$140,353,113
Widows' Pension	\$473,951,697	\$490,143,576
Palliative Care	\$1,199,412	\$885,790
	\$2,005,132	\$1,573,276
Number of community-based pharmacies in Alberta	912	945

Year at a Glance

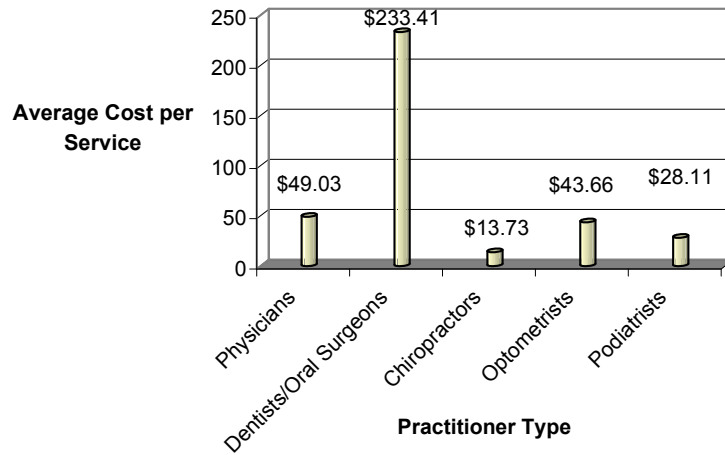
% of Patients by Payment Range for Services Provided by a Physician (Fee-For-Service)



% of Expenditures by Payment Range for Services Provided by a Physician (Fee-For-Service)



Average Cost per Service by Practitioner Type



Average Cost per Discrete Patient by Practitioner Type

