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Health and Wellness

Alberta Health Care Insurance Plan
Statistical Supplement

2009/2010

Government of Alberta ■

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

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Alberta Health Care Insurance Plan

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CONTENTS

PAGE

1	Introduction
3	Section 1: Registration
3	Summary and Highlights
4	Figure 1 Population Covered for Basic Health Benefits by Age and Gender as at March 31, 2010
4	Explanatory Notes
6	Table 1.1 Number of Registrations and Population Covered as at March 31, 2006-2010
6	Table 1.2 Number of Registrations and Population Covered by Method of Premium Collection and Subsidy Level as at March 31, 2010
7	Table 1.3 Distribution of Population by Age and Gender as at March 31, 2006-2010
10	Section 2: Basic Health Services (Physicians and Allied Health Practitioners)
10	Summary and Highlights
12	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, 2009 to March 31, 2010
13	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, 2009 to March 31, 2010
14	Figure 4 Average Number of Basic Health Services per Person for the Fiscal Years Ended March 31, 2006-2010
14	Explanatory Notes
18	Table 2.1 Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2006-2010
20	Table 2.1A Number of Services and Total Payments to Allied Practitioners by Service Category Code for the Service Year April 1, 2009 to March 31, 2010

- 20 **Table 2.2** Number of Physicians and Average Payments to Physicians within their Age Group for the Service Years Ended March 31, 2006-2010
- 21 **Table 2.2A** Number of Dentists/Oral Surgeons and Average Payments to Dentists/ Oral Surgeons within their Age Group for the Service Years Ended March 31, 2006-2010
- 22 **Table 2.2B** Number of Optometrists and Average Payments to Optometrists within their Age Group for the Service Years Ended March 31, 2006-2010
- 23 **Table 2.2C** Number of Podiatrists and Average Payments to Podiatrists within their Age Group for the Service Years Ended March 31, 2006-2010
- 24 **Table 2.3** Distribution of Physician and Allied Practitioner Payments and Services per Patient for the Service Year April 1, 2009 to March 31, 2010
- 24 **Table 2.4** Total Number of Services Provided by Physicians and Allied Practitioners for the Service Years Ended March 31, 2006-2010
- 25 **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, 2006-2010
- 25 **Table 2.5B** Distribution of Optometry Payments and Services per Patient for Recipients 19 to 64 Years of Age for the Service Years Ended March 31, 2006-2010
- 25 **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, 2006-2010
- 26 **Table 2.6** Total and Average Gross Payments to Physicians and Allied Practitioners by Practitioner Type for the Service Years Ended March 31, 2006-2010
- 27 **Table 2.7** Distribution of Physicians and Allied Practitioners by Gross Payment Range for the Service Years Ended March 31, 2006-2010
- 28 **Table 2.8** Distribution of Physician Payments and Services per Patient for the Service Years Ended March 31, 2006-2010
- 29 **Table 2.9** Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2009 to March 31, 2010
- 30 **Table 2.9A** Percentage Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2009 to March 31, 2010
- 31 **Table 2.10** Distribution of Physicians by Specialty for the Service Years Ended March 31, 2006-2010
- 32 **Table 2.10A** Distribution of Average Gross Payments for the Service Years Ended March 31, 2006-2010
- 34 **Table 2.10B** Distribution of Median Gross Payments for the Service Years Ended March 31, 2006-2010
- 36 **Table 2.11** Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2009 to March 31, 2010
- 44 **Table 2.12** Number of Full-Time Equivalent Physicians by Specialty for the Service Year April 1, 2009 to March 31, 2010

- 45 **Table 2.13** Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2009 to March 31, 2010
- 49 **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, 2009 to March 31, 2010
- 52 **Table 2.15** Percentage Changes to Rates in the Schedule of Medical Benefits by Specialty for October 1, 2005 to March 31, 2010
- 53 **Table 2.16** Basic Health Services: Percentage Changes to Rates in the Schedules of Benefits for October 1, 2004 to March 31, 2010
- 53 **Alternate Relationship Plans**
- 54 **Table 2.17** Alternate Relationship Plans (ARP) Summary by Type for the Service Year April 1, 2009 to March 31, 2010
- 55 **Out-of-Country Health Coverage**
- 55 **Table 2.18** Out-of-Country Basic Health Services: Distribution of Payments, Number of Services and of Discrete Patients for the Service Year April 1, 2009 to March 31, 2010
- 55 **Table 2.19** Out-of-Country Health Services Program: Applications Reviewed for the Service Years Ended March 31, 2006-2010
- 56 **Table 2.20** Out-of-Country Health Services Program: Payments Made for Approved Applications for the Service Years Ended March 31, 2006-2010
- 56 **Primary Care Networks**
- 57 **Table 2.21** Primary Care Networks (PCN): Distribution by Health Region, Number of Primary Care Physicians, Number of Patients, and Total Payments for the Service Year April 1, 2009 to March 31, 2010

58 Section 3: Regional Data

- 58 **Summary and Highlights**
- 59 **Figure 5** Map of Former Health Regions and Continuum Zones
- 60 **Explanatory Notes**
- 61 **Table 3.1** Distribution of Population Covered by Former Health Region Service Location as at March 31, 2010
- 62 **Table 3.2** Distribution of Payments to Physicians by Former Health Region Service Location and Recipient Location for the Service Year April 1, 2009 to March 31, 2010
- 63 **Table 3.3** Distribution of Payments by Diagnostic Chapter (ICD9) and Former Health Region Service Location for the Service Year April 1, 2009 to March 31, 2010
- 65 **Table 3.4** Distribution of Physicians with Total Payments of \$10,000 and Over, and Average Payments by Former Health Region Service Location for the Service Year April 1, 2009 to March 31, 2010

- 66 **Table 3.5** Number of General/Family Physicians by Payment Range and Former Health Region Service Location for the Service Year April 1, 2009 to March 31, 2010
- 67 **Table 3.6** Number of Physicians by Specialty Within the Former Health Regions for the Service Year April 1, 2009 to March 31, 2010
- 68 **Table 3.7** Allied Health Services: Distribution of Services and Payments by Former Health Region Service Location for the Service Year April 1, 2009 to March 31, 2010

69 **Section 4: Non-Group Supplementary Plans**

69 **Summary and Highlights**

- 70 **Figure 6** Non-Group Supplementary Coverage: Average Net Payment for Drugs per Recipient by Coverage Category for the Service Year April 1, 2009 to March 31, 2010

71 **Explanatory Notes**

- 72 **Table 4.1** Non-Group Supplementary Coverage: Number of Registrations and Persons Covered by Level of Premium Payment as at March 31, 2006-2010
- 73 **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, 2006-2010
- 74 **Table 4.3** Non-Group Supplementary Coverage: Persons Covered by Age and Gender as at March 31, 2006-2010
- 75 **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, 2010
- 76 **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, 2010
- 77 **Table 4.6** Number and Percentage Change of Licensed Community Pharmacies in Alberta as at March 31, 2006-2010
- 78 **Table 4.7** Non-Group Supplementary Coverage: Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category for the Year Ending March 31, 2010
- 80 **Table 4.8** Non-Group Supplementary Coverage: Cost of Prescription by Broad Drug Category for the Year Ending March 31, 2010
- 81 **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, 2010

82 **Glossary/Definitions**

85 **Year at a Glance**

Introduction

The Alberta Health Care Insurance Plan

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 insured services provided by physicians, dental specialists/oral surgeons and hospitals, and limited coverage for services provided by optometrists and podiatrists. All residents of Alberta are required to register for AHCIP coverage, but residents have the option to opt out.
- Supplementary health insurance through non-group supplementary plans for pharmaceutical and selected health service coverage. The supplementary plans included in this report cover some services beyond those insured by the AHCIP, which are funded by Alberta Health and Wellness and administered by Alberta Blue Cross. From April 1, 2009 to March 31, 2010, coverage was available to all Albertans under the age of 65 and their dependants, subject to the payment of a monthly premium. During the same period, premium-free coverage was provided to seniors and their dependants, and to recipients of the Alberta Widows' Pension and their dependants. In addition, premium-free drug coverage was provided to people diagnosed as being palliative and who received health care in their homes.

Information included in the Statistical Supplement

The Statistical Supplement is an accompaniment to the *Alberta Ministry of Health and Wellness Annual Report 2009/2010* and includes data on the number of people registered with the AHCIP, payments made by the AHCIP to Alberta physicians and allied practitioners (dental specialists/oral surgeons, optometrists and podiatrists) for services provided to Albertans, and payments for services provided to Albertans while they are out of the country. The Statistical Supplement also reports data on the non-group supplementary health insurance plans.

Data reported in the Statistical Supplement

This edition of the Statistical Supplement reports data for the period April 1, 2009 to March 31, 2010. Where possible, data covers a five-year period to facilitate long-term comparisons.

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

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

Information not included in the Statistical Supplement

The following information is not included in the Statistical Supplement:

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

The *Alberta Ministry of Health and Wellness Annual Report 2009/2010* provides a range of financial information pertaining to Alberta Health Services 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.

Note: This document reflects the fiscal year April 1, 2009 to March 31, 2010. Explanations of data and coverage may not be applicable for periods subsequent to March 31, 2010.

Section 1: Registration

Summary

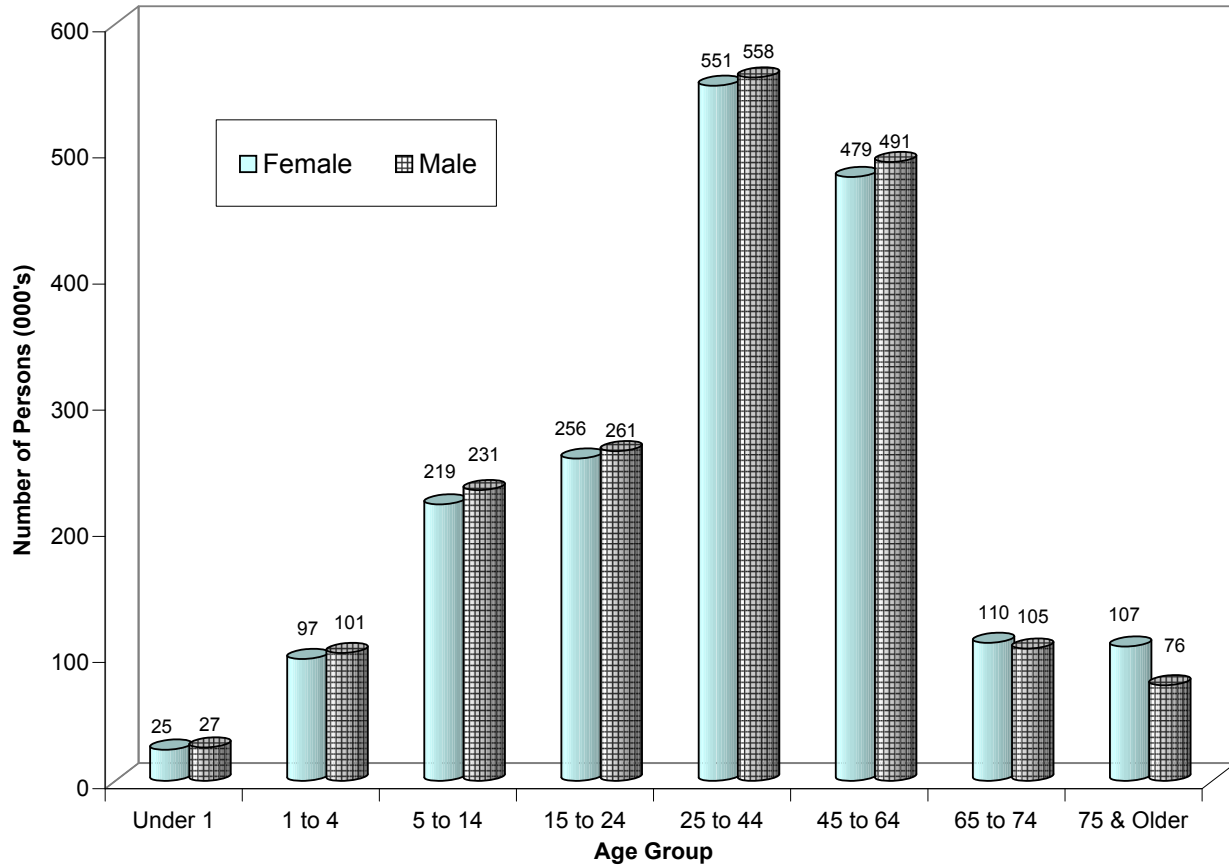
This section provides statistics on the number of Albertans covered under the Alberta Health Care Insurance Plan (AHCIP) for basic health services. The tables provide registration data by age and gender, as at March 31, 2010.

Highlights

- A total of 3,692,001 Albertans were entitled to basic health coverage. This is an increase of 3 per cent, compared to 2008/2009. Included in this total are 73,193 individuals who have temporary Canada entry documents (e.g. Minister's permits, work permits, study permits) and are registered with the AHCIP compared to 67,018 individuals in 2008/2009.
- The number of Employment and Immigration Income Support recipients who received premium-free coverage was 111,205; an increase of 14 per cent compared to the 2008/2009 year.
- In 2009/2010, the number of Albertans who chose to opt out of the AHCIP remained the same as 2008/2009 at 283.

Figures and Charts

Figure 1
Distribution of Population Covered for Basic Health Services
by Age and Gender as at March 31, 2010



Explanatory Notes

Registrations

AHCIP registration data are based on the number of active registrations as at the last day of the fiscal year (March 31). Individuals registered with the AHCIP for part of the year, but not on March 31, are excluded. The number of registrations differ 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 available in Tables 1.1 and 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 Canadian Armed Forces, members of the Royal Canadian Mounted Police, and inmates of federal penitentiaries are covered by the federal government. These groups are not entitled to AHCIP coverage and are not included in the AHCIP data. However, any of their family members who live permanently in Alberta are entitled to AHCIP coverage and are included in the data, where applicable.

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: 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.

Income Support Category

This category is comprised of Albertans who receive financial benefits through the Employment and Immigration Income Support Program.

Seniors Category

Alberta Health and Wellness provides AHCIP coverage and premium-free 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 plan. As of April 1, 2004, no new applications have been accepted and Employment and Immigration staff direct people who inquire about the Alberta Widows' Pension to appropriate income support programs. With no new applicants, the number of Alberta Widows' Pension recipients continues to decline. Refer to Section 4, Non-Group Supplementary Plans, for more details about Non-Group Supplementary coverage.

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

Table 1.1
Number of Registrations and Population Covered
as at March 31, 2006, 2007, 2008, 2009 and 2010 ⁽¹⁾

Population Categories	Number of Registrations					Percentage Change			
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2007/2006	2008/2007	2009/2008	2010/2009
Individual and Group	1,310,030	1,369,270	1,417,542	1,477,507	1,544,000	4.52	3.53	4.23	4.50
Seniors	263,967	271,148	279,446	287,723	295,714	2.72	3.06	2.96	2.78
Widows' Pension	1,317	1,012	772	575	419	(23.16)	(23.72)	(25.52)	(27.13)
Income Support Recipients	55,559	56,741	57,996	62,380	69,051	2.13	2.21	7.56	10.69
Total	1,630,873	1,698,171	1,755,756	1,828,185	1,909,184	4.13%	3.39%	4.13%	4.43%

Population Categories	Population Covered					Percentage Change			
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2007/2006	2008/2007	2009/2008	2010/2009
Individual and Group	2,800,619	2,897,475	2,972,259	3,066,469	3,143,263	3.46	2.58	3.17	2.50
Seniors	387,723	398,676	411,700	424,900	437,098	2.82	3.27	3.21	2.87
Widows' Pension	1,415	1,079	813	609	435	(23.75)	(24.65)	(25.09)	(28.57)
Income Support Recipients	86,174	87,395	89,224	97,516	111,205	1.42	2.09	9.29	14.04
Total	3,275,931	3,384,625	3,473,996	3,589,494	3,692,001	3.32%	2.64%	3.32%	2.86%

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

Table 1.2
Number of Registrations and Population Covered
as at March 31, 2010 ^{(1) (2)}

Registration Status	Total		Single		Family	
	Registrations	Population	Registrations	Population	Registrations	Population
Individual and Group	1,544,000	3,143,263	791,293	791,293	752,707	2,351,970
Seniors	295,714	437,098	159,357	159,357	136,357	277,741
Widows' Pension	419	435	406	406	13	29
Income Support Recipients	69,051	111,205	49,408	49,408	19,643	61,797
Total	1,909,184	3,692,001	1,000,464	1,000,464	908,720	2,691,537

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

(2) Some data included in previous years is no longer available. Due to the January 1, 2009 elimination of AHCIP premiums, non-subsidized and partial reduction data are not available.

Table 1.3
Distribution of Population by Age and Gender
as at March 31, 2006, 2007, 2008, 2009 and 2010 ⁽¹⁾

Age Group \ Gender	Total Male and Female					Percentage Change				
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2007/2006	2008/2007	2009/2008	2010/2009	
Under 1	42,345	46,276	48,991	50,732	51,336	9.28	5.87	3.55	1.19	
1 - 4	163,440	171,756	179,252	188,440	198,201	5.09	4.36	5.13	5.18	
5 - 9	206,546	209,644	212,480	217,209	221,855	1.50	1.35	2.23	2.14	
10 - 14	226,653	227,270	226,400	228,002	228,067	0.27	(0.38)	0.71	0.03	
15 - 19	238,690	242,793	245,327	247,120	246,851	1.72	1.04	0.73	(0.11)	
20 - 24	242,791	253,204	257,848	265,410	270,130	4.29	1.83	2.93	1.78	
25 - 29	237,671	251,514	265,300	283,714	297,665	5.82	5.48	6.94	4.92	
30 - 34	233,747	243,674	252,759	265,892	278,789	4.25	3.73	5.20	4.85	
35 - 39	238,786	247,224	253,676	262,071	268,734	3.53	2.61	3.31	2.54	
40 - 44	268,707	266,877	262,568	262,542	263,711	(0.68)	(1.61)	(0.01)	0.45	
45 - 49	273,737	280,346	285,348	290,941	293,387	2.41	1.78	1.96	0.84	
50 - 54	234,312	247,449	258,358	268,829	278,190	5.61	4.41	4.05	3.48	
55 - 59	187,239	193,283	199,725	210,968	223,897	3.23	3.33	5.63	6.13	
60 - 64	131,377	142,609	153,512	162,869	174,076	8.55	7.65	6.10	6.88	
65 - 69	101,780	106,016	110,832	116,458	121,806	4.16	4.54	5.08	4.59	
70 - 74	86,193	87,008	88,523	90,354	92,765	0.95	1.74	2.07	2.67	
75 - 79	70,705	72,662	74,087	75,156	75,883	2.77	1.96	1.44	0.97	
80 - 84	49,303	50,361	51,986	53,654	55,662	2.15	3.23	3.21	3.74	
85 & Older	41,909	44,659	47,024	49,133	50,996	6.56	5.30	4.48	3.79	
Total	3,275,931	3,384,625	3,473,996	3,589,494	3,692,001	3.32%	2.64%	3.32%	2.86%	

(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, 2006, 2007, 2008, 2009 and 2010 ⁽¹⁾

Age Group	Gender	Male				Percentage Change				
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2007/2006	2008/2007	2009/2008	2010/2009
Under 1		21,556	23,618	24,963	26,029	26,501	9.57	5.69	4.27	1.81
1 - 4		83,574	87,778	91,612	96,231	101,403	5.03	4.37	5.04	5.37
5 - 9		106,094	107,403	108,758	111,146	113,546	1.23	1.26	2.20	2.16
10 - 14		116,341	116,940	116,667	117,435	117,137	0.51	(0.23)	0.66	(0.25)
15 - 19		122,026	124,212	125,223	126,529	126,538	1.79	0.81	1.04	0.01
20 - 24		121,720	126,997	128,890	132,379	134,897	4.34	1.49	2.71	1.90
25 - 29		117,919	124,490	131,208	140,636	147,827	5.57	5.40	7.19	5.11
30 - 34		116,990	121,898	126,792	133,470	139,930	4.20	4.01	5.27	4.84
35 - 39		118,965	123,969	127,716	132,796	136,604	4.21	3.02	3.98	2.87
40 - 44		133,290	133,002	131,445	132,155	133,366	(0.22)	(1.17)	0.54	0.92
45 - 49		137,874	140,836	143,055	146,038	147,330	2.15	1.58	2.09	0.88
50 - 54		118,972	125,810	131,287	136,951	141,660	5.75	4.35	4.31	3.44
55 - 59		94,601	97,792	101,423	107,321	114,275	3.37	3.71	5.82	6.48
60 - 64		65,756	71,403	76,886	81,626	87,493	8.59	7.68	6.16	7.19
65 - 69		50,175	52,273	54,753	57,542	60,269	4.18	4.74	5.09	4.74
70 - 74		41,539	41,906	42,657	43,458	44,732	0.88	1.79	1.88	2.93
75 - 79		32,296	33,474	34,240	35,005	35,377	3.65	2.29	2.23	1.06
80 - 84		19,771	20,516	21,528	22,562	23,722	3.77	4.93	4.80	5.14
85 & Older		13,490	14,475	15,355	16,125	16,874	7.30	6.08	5.01	4.64
Total		1,632,949	1,688,792	1,734,458	1,795,434	1,849,481	3.42%	2.70%	3.52%	3.01%

(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, 2006, 2007, 2008, 2009 and 2010 ⁽¹⁾

Age Group \ Gender	Female					Percentage Change			
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2007/2006	2008/2007	2009/2008	2010/2009
Under 1	20,789	22,658	24,028	24,703	24,835	8.99	6.05	2.81	0.53
1 - 4	79,866	83,978	87,640	92,209	96,798	5.15	4.36	5.21	4.98
5 - 9	100,452	102,241	103,722	106,063	108,309	1.78	1.45	2.26	2.12
10 - 14	110,312	110,330	109,733	110,567	110,930	0.02	(0.54)	0.76	0.33
15 - 19	116,664	118,581	120,104	120,591	120,313	1.64	1.28	0.41	(0.23)
20 - 24	121,071	126,207	128,958	133,031	135,233	4.24	2.18	3.16	1.66
25 - 29	119,752	127,024	134,092	143,078	149,838	6.07	5.56	6.70	4.72
30 - 34	116,757	121,776	125,967	132,422	138,859	4.30	3.44	5.12	4.86
35 - 39	119,821	123,255	125,960	129,275	132,130	2.87	2.19	2.63	2.21
40 - 44	135,417	133,875	131,123	130,387	130,345	(1.14)	(2.06)	(0.56)	(0.03)
45 - 49	135,863	139,510	142,293	144,903	146,057	2.68	1.99	1.83	0.80
50 - 54	115,340	121,639	127,071	131,878	136,530	5.46	4.47	3.78	3.53
55 - 59	92,638	95,491	98,302	103,647	109,622	3.08	2.94	5.44	5.76
60 - 64	65,621	71,206	76,626	81,243	86,583	8.51	7.61	6.03	6.57
65 - 69	51,605	53,743	56,079	58,916	61,537	4.14	4.35	5.06	4.45
70 - 74	44,654	45,102	45,866	46,896	48,033	1.00	1.69	2.25	2.42
75 - 79	38,409	39,188	39,847	40,151	40,506	2.03	1.68	0.76	0.88
80 - 84	29,532	29,845	30,458	31,092	31,940	1.06	2.05	2.08	2.73
85 & Older	28,419	30,184	31,669	33,008	34,122	6.21	4.92	4.23	3.37
Total	1,642,982	1,695,833	1,739,538	1,794,060	1,842,520	3.22%	2.58%	3.13%	2.70%

(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 dental specialists/oral surgeons and some services provided by podiatrists and optometrists. Alberta practitioners receive fee-for-service payments and/or are paid through Alternate Relationship Plans. See Table 2.17 for information about Alternate Relationship Plans.

In this section, data are primarily for fee-for-service payments. Data are organized by practitioner specialty and type of service, by patient age and 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. Alternate Relationship Plan and Primary Care Network data are reported separately in Tables 2.17 and 2.21.

Highlights

- In Alberta, 6,482 physicians and 758 allied practitioners received fee-for-service payments from the AHCIP during 2009/2010.
- The physician to population ratio for physicians (excluding pathologists) who submitted fee-for-service claims increased to 1.76 per 1,000 patients.
- Of the 3,692,001 Albertans registered for coverage with the AHCIP, 82 per cent (3,037,953 people) received at least one fee-for-service physician service during 2009/2010.
 - A total of 65 per cent of these patients received fee-for-service physician services valued at \$500 or less.
 - Eighteen (18) per cent of these patients received fee-for-service physician services valued at more than \$1,000. Payments for these patients' services accounted for 64 per cent of all fee-for-service physician expenditures.
- Office visits (assessments) and consultations accounted for 51 per cent of the fee-for-service payments made to Alberta physicians in 2009/2010. These services accounted for 78 per cent of the fee-for-service payments made to general/family physicians.
- About 16 per cent of Alberta's population, 595,008 Albertans, obtained allied health services (services provided by dental specialists/oral surgeons, optometrists and podiatrists) in 2009/2010.
- Alberta Health and Wellness spent \$43,025,401 on optometry and podiatry services in 2009/2010. Coverage for these services is not required by the *Canada Health Act*.
- A total of \$15,762,021 was spent on optometry care for Alberta's children in 2009/2010.

- The AHCIP paid fee-for-service totalling \$2,181,072,223 to Alberta physicians and allied health practitioners in 2009/2010. This figure represents a 15 per cent increase compared to 2008/2009.
- In 2009/2010, the average total fee-for-service payment per Alberta physician was \$329,096 (11 per cent higher than it was in 2008/2009). This brought the median payment to \$271,762 (an 11 per cent increase compared to 2008/2009).
- A total of 1,182 physicians each received more than \$500,000 in fee-for-service payments in 2009/2010. This represents an increase of 317 physicians compared to 2008/2009. Of the 1,182 physicians, 358 were general/family physicians, an increase of 171 over 2008/2009.
- Of the 1,182 physicians, a total of 201 physicians each received more than \$1 million in fee-for-service payments in 2009/2010. Thirty-three (33) of the 201 physicians received more than \$2 million.
- In 2009/2010, a total of 1,459 physicians participated in Alternate Relationship Plans. A total of \$233,832,512 was spent on Alternate Relationship Plan expenditures.
- Thirty-two (32) Primary Care Networks operated in the five health zones as of March 31, 2010. These 32 Primary Care Networks involved a total of 1,927 physicians who provided services to 2,222,067 patients.

Charts and Figures

2009/2010 Fee-For-Service Payments and Percentage Change		
Practitioner Type	Overall Fee-For-Service Payments	Percentage Change from 2008/2009 to 2009/2010
Physicians*	\$2,133,199,354	15.20
Dental Specialists/Oral Surgeons	4,847,467	8.21
Optometrists	34,324,934	25.16
Podiatrists	8,700,467	4.40
Total	\$2,181,072,222	15.28

*\$6.95 million of the overall payments made by the AHCIP to physicians were for pathology services (see Explanatory Notes).

2009/2010 Practitioners Who Submitted Fee-For-Service Claims and Percentage Change

Practitioner Type	Number of Practitioners	Percentage Change from 2008/2009 to 2009/2010
Physicians	6,482	3.45
Dental Specialists/Oral Surgeons	212	4.95
Optometrists	486	6.11
Podiatrists	60	3.45
Total	7,240	3.67

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, 2009 to March 31, 2010

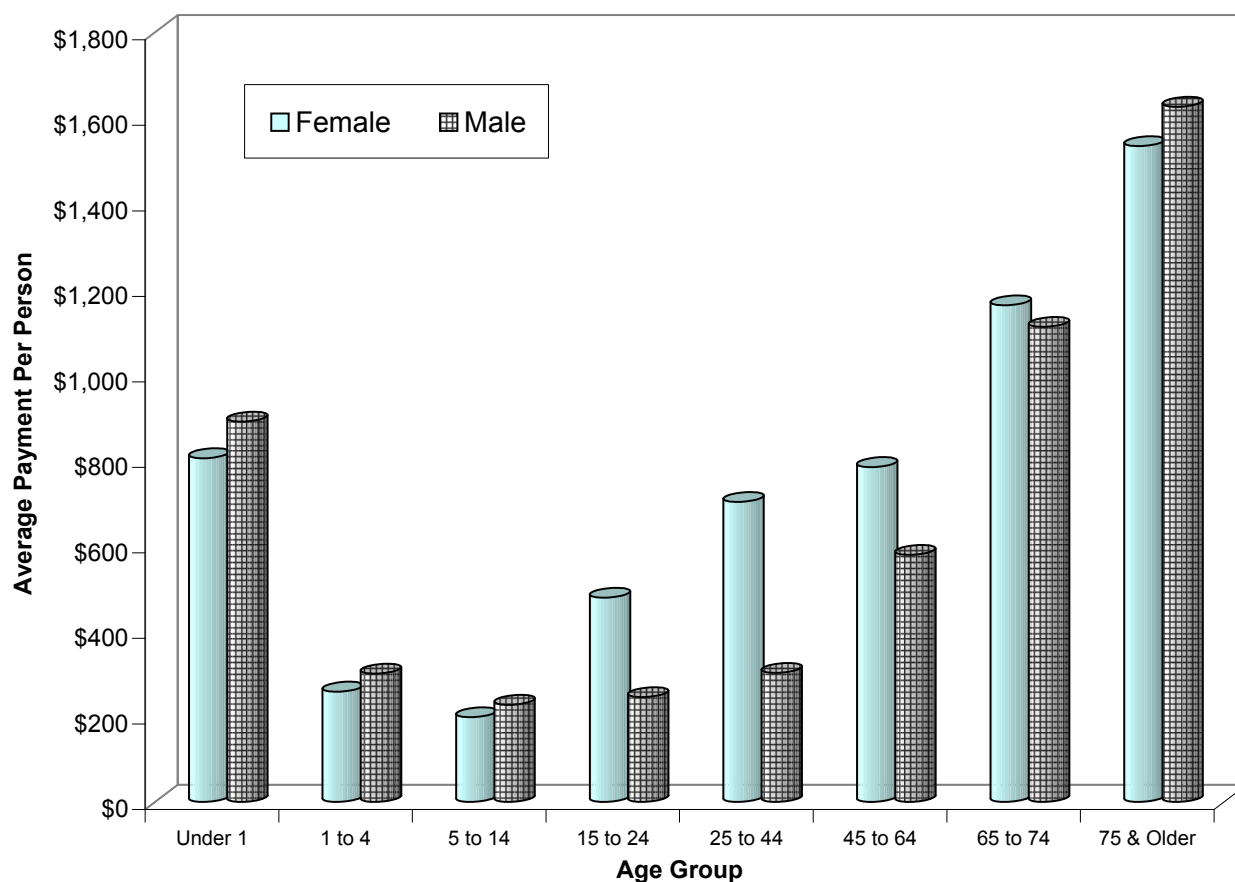
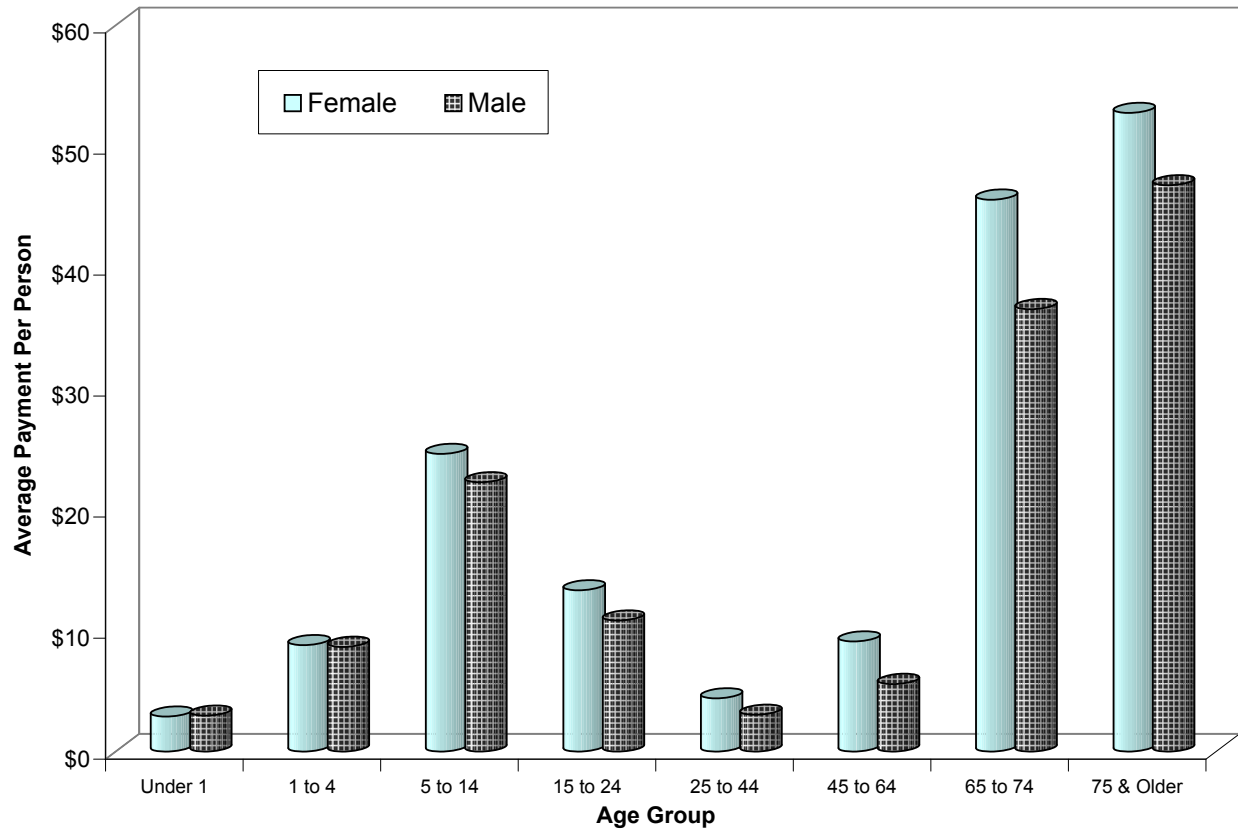


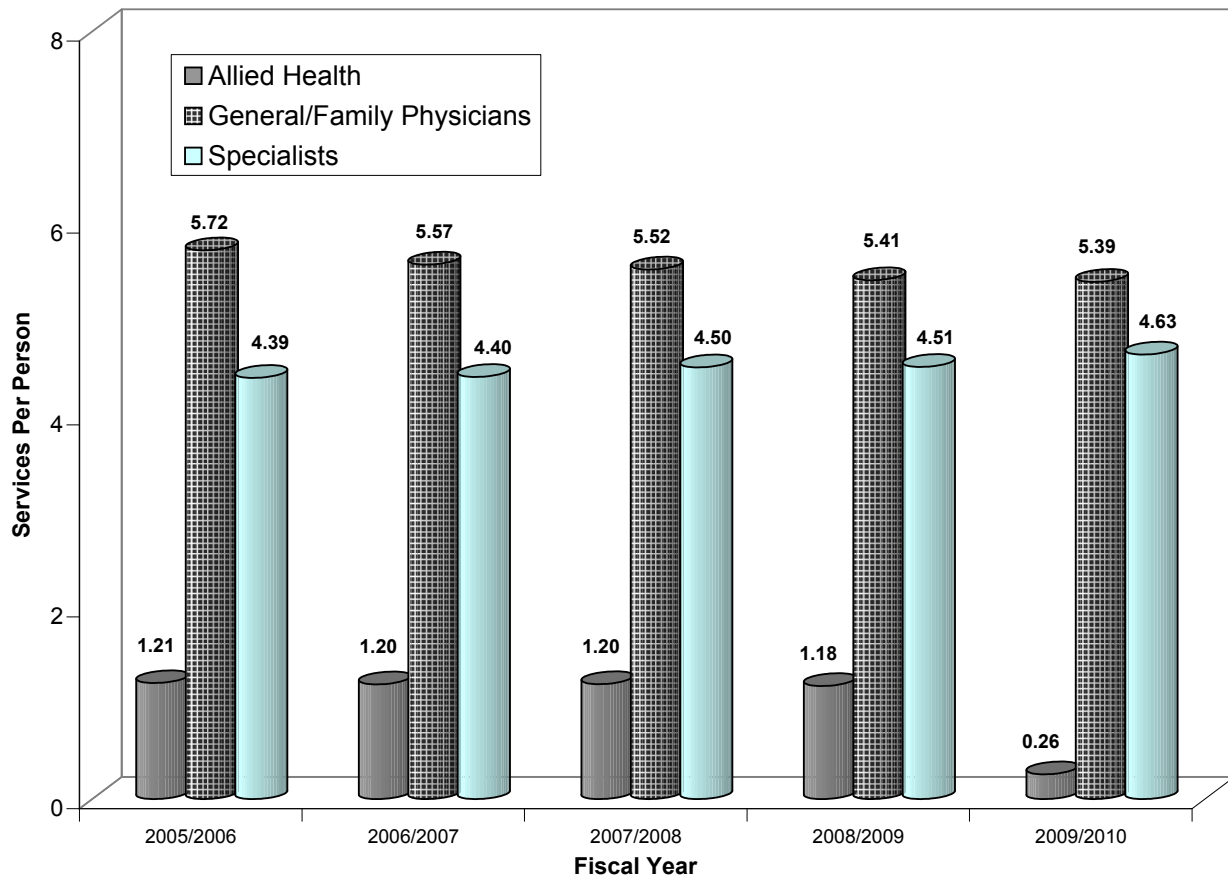
Figure 3
Average Fee-For-Service Payments per Albertan
to Allied Practitioners for Basic Health Services by Age and Gender
for the Fiscal Year April 1, 2009 to March 31, 2010



2009/2010 Fee-For-Service Cost per Patient
by Practitioner Type and Percentage Change

Practitioner Type	Average Fee-For-Service Cost/Patient	Percentage Change from 2008/2009 to 2009/2010
Physicians	\$702.18	12.56
Dental Specialists/Oral Surgeons	387.83	4.28
Optometrists	67.52	18.08
Podiatrists	88.78	2.81
Total	\$1,246.31	9.39

Figure 4
Average Number of Services per Person
for Basic Health Services (Excluding Pathology)
for the Fiscal Years Ended March 31, 2006 to March 31, 2010



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

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

Pathologists often submit fee-for-service claims through organizations rather than as individuals, so data about them is not directly comparable to those 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 Alberta Health Services 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 2009/2010. When physicians have multiple specialties, they have been counted in the specialty where they received the highest fee-for-service payments.

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

Over the past five years, a number of manual payments have been made.

Manual payments totalling \$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 totalling \$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 4.5 per cent fee increase negotiated through the *Master Agreement* implemented retroactively to April 1, 2007.

Manual payments totalling \$57,264,523 made to Alberta physicians for the service period April 1, 2008 to March 31, 2009, are not included in the data. These payments were made as part of the 4.9 per cent fee increase negotiated through the *Master Agreement*.

Manual payments totalling \$2,974,824 made to Alberta physicians for the service period April 1, 2009 to March 31, 2010, are not included in the data. These payments were made as part of the 5.0 per cent fee increase negotiated through the *Master Agreement*.

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

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

Manual payments for the Clinical Stabilization Initiative, totalling \$53,527,896 made to Alberta physicians for the service period September 1, 2007 to March 31, 2008, are not included in the data.

Manual payments for the Clinical Stabilization Initiative, totalling \$90,652,998 made to Alberta physicians for the service period April 1, 2008 to March 31, 2009, are not included in the data.

Manual payments for the Clinical Stabilization Initiative, totalling \$96,490,752 made to Alberta physicians for the service period April 1, 2009 to March 31, 2010, are not included in the data.

Practitioner

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

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.

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 19 to 64 years of age are not covered by the AHCIP.

Manual payments totalling \$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 per cent increase negotiated through the *Master Agreement* and implemented retroactive to April 1, 2006.

Manual payments totalling \$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.

Manual payments totalling \$3,023,303 made to Alberta optometrists for the service period April 1, 2008 to February 28, 2009, are not included in the data.

Manual payments totalling \$168,770 made to Alberta optometrists for the service period April 1, 2009 to March 31, 2010, are not included in the data.

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 Alberta Health Services.

Manual payments totalling \$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 Alberta Health Services.

Chiropractic Services

As of July 1, 2009, chiropractic services were no longer covered under the AHCIP. Data are not available for 2009/2010. Tables 2.1, 2.3, 2.4, 2.6, and 2.7 have been recalculated to exclude chiropractic data from 2006 to 2009 for ease of year-to-year comparison.

Table 2.1
Medical and Allied Practitioners: Selected Indicators
for the Service Years Ended March 31, 2006 to March 31, 2010 ⁽¹⁾

Indicators	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
REGISTRATIONS					
Population Covered	3,275,931	3,384,625	3,473,996	3,589,494	3,692,001
Number of Discrete Physician Patients ⁽²⁾	2,789,879	2,848,553	2,911,621	2,968,190	3,037,953
Number of Discrete Patients per Physician	500	487	481	474	469
OVERALL PHYSICIAN SUMMARY					
Number of Physician Services Provided	33,428,098	34,031,123	35,054,154	35,838,334	37,310,962
Number of Physicians	5,585	5,850	6,058	6,266	6,482
Number of Physicians per 1,000 Persons	1.70	1.73	1.74	1.75	1.76
Number of Services per Physician	5,985	5,817	5,786	5,719	5,756
Number of Services per 1,000 Persons	10,204	10,055	10,090	9,984	10,106
Total Physician Payments	\$1,472,634,054	\$1,558,128,163	\$1,718,717,023	\$1,851,703,042	\$2,133,199,354
Physician Payment per 1,000 Persons	\$449,531	\$460,355	\$494,738	\$515,867	\$577,789
Average Payment per Physician	\$263,677	\$266,347	\$283,710	\$295,516	\$329,096
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY					
Number of Physician Services Provided	33,106,838	33,750,122	34,798,954	35,582,067	37,020,673
Number of Physicians	5,562	5,829	6,038	6,245	6,463
Number of Physicians per 1,000 Persons	1.70	1.72	1.74	1.74	1.75
Number of Services per Physician	5,952	5,790	5,763	5,698	5,728
Number of Services per 1,000 Persons	10,106	9,972	10,017	9,913	10,027
Total Physician Payments	\$1,466,988,776	\$1,552,727,236	\$1,713,185,942	\$1,845,886,009	\$2,126,247,001
Physician Payment per 1,000 Persons	\$447,808	\$458,759	\$493,146	\$514,247	\$575,906
Average Payment per Physician	\$263,752	\$266,380	\$283,734	\$295,578	\$328,988
ALLIED PRACTITIONER SUMMARY					
Number of Allied Services Provided	779,524	786,154	828,634	910,177	959,086
Number of Allied Practitioners	662	671	696	718	758
Number of Allied Practitioners per 1,000 Persons	0.20	0.20	0.20	0.20	0.21
Number of Services per Allied Practitioner	1,178	1,172	1,191	1,268	1,265
Number of Discrete Allied Patients ⁽³⁾	461,661	471,892	506,764	565,393	595,008
Number of Discrete Patients per Allied Practitioner	697	703	728	787	785
Total Payments to Allied Practitioners	\$30,774,941	\$31,366,636	\$34,795,774	\$40,231,043	\$47,872,869
Allied Practitioner Payment per 1,000 Persons	\$9,394	\$9,267	\$10,016	\$11,208	\$12,967
Average Payment per Allied Practitioner	\$46,488	\$46,746	\$49,994	\$56,032	\$63,157

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

(1) Numbers have been recalculated to exclude chiropractors from 2006 to 2009.

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

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

Continued...

Table 2.1
Medical and Allied Practitioners: Selected Indicators
for the Service Years Ended March 31, 2006 to March 31, 2010 ⁽¹⁾

Indicators	Percentage Change			
	2007/2006	2008/2007	2009/2008	2010/2009
REGISTRATIONS				
Population Covered	3.32%	2.64%	3.32%	2.86%
Number of Discrete Physician Patients ⁽²⁾	2.10	2.21	1.94	2.35
Number of Discrete Patients per Physician	(2.60)	(1.23)	(1.46)	(1.05)
OVERALL PHYSICIAN SUMMARY				
Number of Physician Services Provided	1.80	3.01	2.24	4.11
Number of Physicians	4.74	3.56	3.43	3.45
Number of Physicians per 1,000 Persons	1.76	0.58	0.57	0.57
Number of Services per Physician	(2.81)	(0.53)	(1.16)	0.64
Number of Services per 1,000 Persons	(1.47)	0.36	(1.05)	1.22
Total Physician Payments	5.81	10.31	7.74	15.20
Physician Payment per 1,000 Persons	2.41	7.47	4.27	12.00
Average Payment per Physician	1.01	6.52	4.16	11.36
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY				
Number of Physician Services Provided	1.94	3.11	2.25	4.04
Number of Physicians	4.80	3.59	3.43	3.49
Number of Physicians per 1,000 Persons	1.18	1.16	0.00	0.57
Number of Services per Physician	(2.73)	(0.46)	(1.14)	0.53
Number of Services per 1,000 Persons	(1.33)	0.46	(1.04)	1.15
Total Physician Payments	5.84	10.33	7.75	15.19
Physician Payment per 1,000 Persons	2.45	7.50	4.28	11.99
Average Payment per Physician	1.00	6.51	4.17	11.30
ALLIED PRACTITIONER SUMMARY				
Number of Allied Services Provided	0.85	5.40	9.84	5.37
Number of Allied Practitioners	1.36	3.73	3.16	5.57
Number of Allied Practitioners per 1,000 Persons	0.00	0.00	0.00	5.00
Number of Services per Allied Practitioner	(0.50)	1.62	6.48	(0.19)
Number of Discrete Allied Patients ⁽³⁾	2.22	7.39	11.57	5.24
Number of Discrete Patients per Allied Practitioner	0.85	3.53	8.15	(0.32)
Total Payments to Allied Practitioners	1.92	10.93	15.62	18.99
Allied Practitioner Payment per 1,000 Persons	(1.35)	8.08	11.90	15.69
Average Payment per Allied Practitioner	0.56	6.95	12.08	12.72

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

(1) Numbers have been recalculated to exclude chiropractors from 2006 to 2009.

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

(3) 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, 2009 to March 31, 2010

Practitioner Type	Service Category	Number of Services	Total Payments
Dental Specialists/Oral Surgeons	Procedure	12,782	4,394,173
	Visit	6,181	453,294
Optometrists	Visit	646,171	34,324,934
Podiatrists	Procedure	67,946	2,403,975
	Test (x-ray)	12,373	175,845
	Visit	213,633	6,120,647
Total		959,086	\$47,872,869

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, 2006 to March 31, 2010

Physician Age Group	Number of Physicians					Percentage Change			
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2007/2006	2008/2007	2009/2008	2010/2009
Under 30	99	114	103	104	115	15.15	(9.65)	0.97	10.58
30 - 34	620	639	646	667	676	3.06	1.10	3.25	1.35
35 - 39	846	896	964	975	993	5.91	7.59	1.14	1.85
40 - 44	846	879	869	891	921	3.90	(1.14)	2.53	3.37
45 - 49	911	911	878	899	890	0.00	(3.62)	2.39	(1.00)
50 - 54	850	897	991	970	972	5.53	10.48	(2.12)	0.21
55 - 59	626	672	692	755	814	7.35	2.98	9.10	7.81
60 - 64	355	386	421	461	516	8.73	9.07	9.50	11.93
65 & Over	432	456	494	544	585	5.56	8.33	10.12	7.54
Total	5,585	5,850	6,058	6,266	6,482	4.74%	3.56%	3.43%	3.45%

Physician Age Group	Average Payments					Percentage Change			
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2007/2006	2008/2007	2009/2008	2010/2009
Under 30	\$143,907	\$127,203	\$164,634	\$177,010	\$184,814	(11.61)	29.43	7.52	4.41
30 - 34	207,866	213,870	230,354	226,333	243,742	2.89	7.71	(1.75)	7.69
35 - 39	243,281	259,216	287,914	295,418	322,524	6.55	11.07	2.61	9.18
40 - 44	257,770	264,220	285,660	305,093	351,937	2.50	8.11	6.80	15.35
45 - 49	291,591	276,763	298,286	312,252	345,578	(5.09)	7.78	4.68	10.67
50 - 54	314,691	320,418	316,515	333,888	358,656	1.82	(1.22)	5.49	7.42
55 - 59	304,750	318,221	333,915	352,001	398,120	4.42	4.93	5.42	13.10
60 - 64	290,651	271,229	294,671	313,318	365,702	(6.68)	8.64	6.33	16.72
65 & Over	181,806	185,028	195,297	197,928	228,763	1.77	5.55	1.35	15.58
Total	\$263,677	\$266,347	\$283,710	\$295,516	\$329,096	1.01%	6.52%	4.16%	11.36%

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

Table 2.2A
Number of Dental Specialists/Oral Surgeons
and Average Payments to Dental Specialists/Oral Surgeons
within their Age Group for the Service Years Ended March 31, 2006 to March 31, 2010

Dental Specialists/Oral Surgeon Age Group	Number of Dental Specialists/Oral Surgeons					Percentage Change			
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2007/2006	2008/2007	2009/2008	2010/2009
Under 30	6	4	4	3	8	(33.33)	0.00	(25.00)	166.67
30 - 34	22	28	19	21	17	27.27	(32.14)	10.53	(19.05)
35 - 39	33	27	30	24	22	(18.18)	11.11	(20.00)	(8.33)
40 - 44	43	38	41	45	44	(11.63)	7.89	9.76	(2.22)
45 - 49	41	41	36	29	33	0.00	(12.20)	(19.44)	13.79
50 - 54	34	36	32	32	38	5.88	(11.11)	0.00	18.75
55 - 59	31	24	24	26	26	(22.58)	0.00	8.33	0.00
60 - 64	13	13	16	17	17	0.00	23.08	6.25	0.00
65 & Over	7	9	5	5	7	28.57	(44.44)	0.00	40.00
Total	230	220	207	202	212	-4.35%	-5.91%	-2.42%	4.95%

Dental Specialists/Oral Surgeon Age Group	Average Payments					Percentage Change			
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2007/2006	2008/2007	2009/2008	2010/2009
Under 30	\$409	\$609	\$896	\$1,103	\$834	48.87	47.20	23.03	(24.35)
30 - 34	12,405	11,823	6,884	8,728	16,797	(4.69)	(41.77)	26.79	92.44
35 - 39	9,635	14,642	20,772	20,966	17,763	51.97	41.86	0.93	(15.27)
40 - 44	15,434	20,039	5,933	13,160	20,908	29.84	(70.39)	121.81	58.88
45 - 49	8,023	9,502	25,917	34,625	30,490	18.43	172.77	33.60	(11.94)
50 - 54	23,360	24,791	25,843	29,899	23,401	6.13	4.24	15.69	(21.73)
55 - 59	23,482	29,975	35,877	35,899	35,870	27.65	19.69	0.06	(0.08)
60 - 64	9,423	8,355	16,015	16,000	20,233	(11.34)	91.69	(0.09)	26.45
65 & Over	6,485	4,097	7,181	6,298	10,355	(36.83)	75.27	(12.29)	64.42
Total	\$14,242	\$16,533	\$18,908	\$22,177	\$22,865	16.08%	14.37%	17.29%	3.10%

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

Table 2.2B
Number of Optometrists and Average Payments to Optometrists within their Age Group
for the Service Years Ended March 31, 2006 to March 31, 2010

Optometrist Age Group	Number of Optometrists					Percentage Change			
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2007/2006	2008/2007	2009/2008	2010/2009
Under 30	50	56	68	80	81	12.00	21.43	17.65	1.25
30 - 34	86	88	91	94	102	2.33	3.41	3.30	8.51
35 - 39	68	71	85	84	93	4.41	19.72	(1.18)	10.71
40 - 44	29	33	38	46	58	13.79	15.15	21.05	26.09
45 - 49	38	35	30	28	29	(7.89)	(14.29)	(6.67)	3.57
50 - 54	40	40	41	42	36	0.00	2.50	2.44	(14.29)
55 - 59	33	31	32	35	35	(6.06)	3.23	9.38	0.00
60 - 64	25	27	28	28	26	8.00	3.70	0.00	(7.14)
65 & Over	13	16	21	21	26	23.08	31.25	0.00	23.81
Total	382	397	434	458	486	3.93%	9.32%	5.53%	6.11%

Optometrist Age Group	Average Payments					Percentage Change			
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2007/2006	2008/2007	2009/2008	2010/2009
Under 30	\$45,386	\$42,627	\$40,371	\$47,619	\$56,896	(6.08)	(5.29)	17.95	19.48
30 - 34	54,855	51,149	57,050	64,002	71,394	(6.76)	11.54	12.19	11.55
35 - 39	50,262	48,556	51,717	64,662	73,326	(3.39)	6.51	25.03	13.40
40 - 44	56,267	55,264	52,610	59,986	76,253	(1.78)	(4.80)	14.02	27.12
45 - 49	59,075	53,860	58,176	67,399	74,680	(8.83)	8.01	15.85	10.80
50 - 54	58,574	64,237	69,394	75,581	82,441	9.67	8.03	8.92	9.08
55 - 59	50,975	44,879	48,554	62,395	75,207	(11.96)	8.19	28.51	20.53
60 - 64	61,726	50,453	55,926	50,412	73,309	(18.26)	10.85	(9.86)	45.42
65 & Over	20,495	27,305	28,420	35,809	44,628	33.23	4.08	26.00	24.63
Total	\$52,659	\$49,885	\$52,163	\$59,881	\$70,627	-5.27%	4.57%	14.80%	17.95%

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

Table 2.2C
Number of Podiatrists and Average Payments to Podiatrists within their Age Group
for the Service Years Ended March 31, 2006 to March 31, 2010

Podiatrist Age Group	Number of Podiatrists					Percentage Change			
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2007/2006	2008/2007	2009/2008	2010/2009
Under 35	4	7	7	7	7	75.00	0.00	0.00	0.00
35 - 39	16	17	12	10	7	6.25	(29.41)	(16.67)	(30.00)
40 - 44	14	12	14	16	18	(14.29)	16.67	14.29	12.50
45 - 49	6	6	7	10	12	0.00	16.67	42.86	20.00
50 - 54	3	5	6	6	8	66.67	20.00	0.00	33.33
55 & Over	7	7	9	9	8	0.00	28.57	0.00	(11.11)
Total	50	54	55	58	60	8.00%	1.85%	5.45%	3.45%

Podiatrist Age Group	Average Payments					Percentage Change			
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2007/2006	2008/2007	2009/2008	2010/2009
Under 35	\$113,765	\$85,084	\$107,353	\$102,447	\$92,420	(25.21)	26.17	(4.57)	(9.79)
35 - 39	162,630	166,607	171,738	139,007	132,762	2.45	3.08	(19.06)	(4.49)
40 - 44	151,933	148,872	181,302	193,938	182,676	(2.01)	21.78	6.97	(5.81)
45 - 49	141,465	216,249	153,672	152,515	171,505	52.86	(28.94)	(0.75)	12.45
50 - 54	125,309	129,424	110,876	98,646	112,137	3.28	(14.33)	(11.03)	13.68
55 & Over	139,162	140,330	127,943	110,947	110,109	0.84	(8.83)	(13.28)	(0.75)
Total	\$147,661	\$146,760	\$149,873	\$143,547	\$145,008	-0.61%	2.12%	-4.22%	1.02%

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, 2009 to March 31, 2010 ⁽¹⁾ ⁽²⁾

Practitioner Type	Total Payments	Number of Services	Average Cost per Service	Number of Discrete Patients ⁽³⁾	Average Cost Per Discrete Patient	Average Number of Services Per Discrete Patient
Physicians	2,133,199,354	37,310,962	\$57.17	3,037,953	\$702.18	12
Dental Specialists/Oral Surgeons	4,847,467	18,963	255.63	12,499	387.83	2
Optometrists	34,324,934	646,171	53.12	508,403	67.52	1
Podiatrists	8,700,467	293,952	29.60	97,996	88.78	3
Total	\$2,181,072,223	38,270,048	\$56.99	3,105,108	\$702.41	12
Averages Based on Totals						

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

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

(2) Numbers have been recalculated to exclude chiropractors from 2006 to 2009.

(3) 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, 2006 to March 31, 2010 ⁽¹⁾

Practitioner Type	Number of Services						Percentage Change		
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2007/2006	2008/2007	2009/2008	2010/2009
Physicians	33,428,098	34,031,123	35,054,154	35,838,334	37,310,962	1.80	3.01	2.24	4.11
Dental Specialists/ Oral Surgeons	17,007	16,783	16,769	18,075	18,963	(1.32)	(0.08)	7.79	4.91
Optometrists	469,263	471,847	518,584	602,073	646,171	0.55	9.91	16.10	7.32
Podiatrists	293,254	297,524	293,281	290,029	293,952	1.46	(1.43)	(1.11)	1.35
Total	34,207,622	34,817,277	35,882,788	36,748,511	38,270,048	1.78%	3.06%	2.41%	4.14%

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

(1) Numbers have been recalculated to exclude chiropractors from 2006 to 2009.

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, 2006 to March 31, 2010

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
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
2008/2009	13,998,585	311,986	44.87	277,508	50.44	1.12	879,601
2009/2010	\$15,762,021	320,429	\$49.19	283,634	\$55.57	1.13	894,837

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 Years Ended March 31, 2009 to March 31, 2010 ⁽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
2008/2009	\$3,338,666	80,401	\$41.53	57,655	\$57.91	1.39	2,325,138
2009/2010	\$4,578,680	101,222	\$45.23	71,420	\$64.11	1.42	2,400,052

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 for Albertans age 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, 2006 to March 31, 2010

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
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
2008/2009	10,088,319	209,686	48.11	144,720	69.71	1.45	384,755
2009/2010	\$13,984,233	224,520	\$62.29	153,674	\$91.00	1.46	397,112

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, 2006 to March 31, 2010 ⁽¹⁾ ⁽²⁾

Practitioner Type	Number of Practitioners					Percentage Change			
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2007/2006	2008/2007	2009/2008	2010/2009
Physicians	5,685	5,850	6,058	6,266	6,482	4.74	3.56	3.43	3.45
Dental Specialists/ Oral Surgeons	230	220	207	202	212	(4.35)	(5.91)	(2.42)	4.95
Optometrists	382	397	434	458	486	3.93	9.32	5.53	6.11
Podiatrists	50	54	55	58	60	8.00	1.85	5.45	3.45
Total	6,247	6,521	6,754	6,984	7,240	4.39%	3.57%	3.41%	3.67%

Practitioner Type	Total Payments					Percentage Change			
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2007/2006	2008/2007	2009/2008	2010/2009
Physicians	\$1,472,634,054	\$1,558,128,163	\$1,718,717,023	\$1,851,703,042	\$2,133,199,354	5.81	10.31	7.74	15.20
Dental Specialists/ Oral Surgeons	3,275,978	3,637,243	3,913,975	4,479,725	4,847,467	11.03	7.61	14.45	8.21
Optometrists	20,115,918	19,804,346	22,638,799	27,425,569	34,324,934	(1.55)	14.31	21.14	25.16
Podiatrists	7,383,045	7,925,047	8,243,000	8,325,748	8,700,467	7.34	4.01	1.00	4.50
Total	\$1,503,408,995	\$1,589,494,799	\$1,753,512,797	\$1,891,934,086	\$2,181,072,223	5.73%	10.32%	7.89%	15.28%

Practitioner Type	Average Payment					Percentage Change			
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2007/2006	2008/2007	2009/2008	2010/2009
Physicians	\$263,677	\$266,347	\$283,710	\$295,516	\$329,096	1.01	6.52	4.16	11.36
Dental Specialists/ Oral Surgeons	14,243	16,533	18,908	22,177	22,865	16.07	14.37	17.29	3.10
Optometrists	52,659	49,885	52,163	59,881	70,627	(5.27)	4.57	14.80	17.95
Podiatrists	147,661	146,760	149,873	143,547	145,008	(0.61)	2.12	(4.22)	1.02
Total	\$240,661	\$243,750	\$259,626	\$270,895	\$301,253	1.28%	6.51%	4.34%	11.21%

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

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

(2) Numbers have been recalculated to exclude chiropractors from 2006 to 2009.

Table 2.7
Distribution of Physicians and Allied Practitioners by Gross Payment Range
for the Service Years Ended March 31, 2006 to March 31, 2010 ⁽¹⁾ ⁽²⁾ ⁽³⁾

Dollar Range	Total										Physicians					Dental Specialists/Oral Surgeons				
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
	Less than \$10,000	493	562	558	582	590	271	347	350	389	388	192	186	171	166	173	11	8	8	8
10,000 - 19,999	177	177	191	223	172	134	132	141	180	137	11	8	8	8	10	4	2	5	5	7
20,000 - 39,999	326	356	347	336	312	237	254	254	242	229	4	2	5	5	7	2	3	1	1	2
40,000 - 59,999	315	309	334	293	297	226	206	224	191	216	2	3	1	1	2	5	4	6	4	3
60,000 - 79,999	298	348	335	303	312	204	254	235	194	206	209	201	2	4	4	5	5	2	4	4
80,000 - 99,999	253	265	258	305	294	206	230	209	239	201	223	186	4	4	4	1	1	4	4	4
100,000 - 119,999	260	259	248	272	238	233	238	223	230	186	228	211	3	1	3	3	3	1	1	3
120,000 - 139,999	273	255	247	227	246	259	242	228	210	211	242	210	1	1	3	1	3	1	1	2
140,000 - 159,999	265	262	266	261	224	252	247	254	243	194	262	243	2	1	2	1	1	2	1	1
160,000 - 179,999	264	271	251	265	241	256	262	243	256	228	262	245	1	1	1	1	1	1	1	2
180,000 - 199,999	274	267	249	240	229	270	262	245	233	221	1,237	1,217	1	1	2	1	1	3	2	3
200,000 - 299,999	1,224	1,249	1,231	1,211	1,174	1,214	1,237	1,217	1,199	1,164	875	940	1	1	3	1	1	1	3	3
300,000 - 399,999	863	876	943	983	1,017	862	875	940	979	1,011	461	547	1	1	3	1	1	1	3	3
400,000 - 499,999	432	461	547	617	711	431	461	547	616	708	212	283	1	1	1	1	1	1	1	1
500,000 - 599,999	189	212	284	302	433	189	212	283	302	433	189	212	1	1	1	1	1	1	1	1
600,000 - 699,999	98	125	147	183	223	98	124	147	183	223	98	124	1	1	1	1	1	1	1	1
700,000 - 799,999	72	68	87	114	166	72	68	87	113	165	72	68	1	1	1	1	1	1	1	1
800,000 - 899,999	33	37	47	60	97	33	37	47	60	97	33	37	1	1	1	1	1	1	1	1
900,000 - 999,999	34	39	34	53	63	34	39	34	53	63	34	39	1	1	1	1	1	1	1	1
1,000,000 - 1,999,999	86	103	127	129	201	86	103	127	129	201	86	103	1	1	1	1	1	1	1	1
2,000,000 & Over	18	20	23	25	0	18	20	23	25	0	18	20	1	1	1	1	1	1	1	1
Total	6,247	6,521	6,754	6,984	7,240	5,585	5,850	6,058	6,266	6,482	230	220	207	202	212					

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

(1) A blank cell represents a zero value.

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

(3) Numbers have been recalculated to exclude chiropractors from 2006 to 2009.

Continued...

Table 2.7
Distribution of Physicians and Allied Practitioners by Gross Payment Range
for the Service Years Ended March 31, 2006 to March 31, 2010 ^{(1) (2) (3)}

Dollar Range	Optometrists					Podiatrists				
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
Less than \$10,000	30	26	36	27	29		3	1		
10,000 - 19,999	32	37	42	34	25				1	
20,000 - 39,999	84	100	86	85	74	1		2	4	2
40,000 - 59,999	84	99	107	98	77	3	1	2	3	2
60,000 - 79,999	86	84	91	100	97	3	6	3	5	9
80,000 - 99,999	38	28	43	58	86	3	2	4	4	4
100,000 - 119,999	14	14	14	32	41	8	6	7	6	7
120,000 - 139,999	9	5	10	8	24	5	5	8	8	8
140,000 - 159,999	3	2	3	8	17	9	10	8	9	11
160,000 - 179,999	2	1	1	4	8	5	7	5	4	4
180,000 - 199,999		1		2	2	4	3	3	4	4
200,000 - 299,999			1	2	5	9	11	10	8	5
300,000 - 399,999					1			2	1	2
400,000 - 499,999									1	2
500,000 - 599,999										
600,000 - 699,999										
700,000 - 799,999										
800,000 - 899,999										
900,000 - 999,999										
1,000,000 - 1,999,999										
2,000,000 & Over										
Total	382	397	434	458	486	50	54	55	58	60

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

(1) A blank cell represents a zero value.

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

(3) Numbers have been recalculated to exclude chiropractors from 2006 to 2009.

Table 2.8
Distribution of Physician Payments and Services per Patient
for the Service Years Ended March 31, 2006 to March 31, 2010

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
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
2008/2009	1,851,703,042	35,838,334	51.67	2,968,190	623.85	12.07	3,589,494
2009/2010	\$2,133,199,354	37,310,962	\$57.17	3,037,953	\$702.18	12.28	3,692,001
Percentage Change 2010/2009	15.20	4.11	10.66	2.35	12.56	1.72	2.86
Annual Average Percentage Change for Last 5 Years	9.71	2.79	6.73	2.15	7.40	0.62	3.03

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 2.9
Distribution of Discrete Patients by Payment Range
for Services Provided by Physicians
for the Service Year April 1, 2009 to March 31, 2010

Dollar Range	Distribution of		
	Discrete Patients ⁽¹⁾	Payments	Services
\$ 0.01 - 50.00	286,573	10,552,259	293,527
50.01 - 100.00	280,483	21,505,578	497,440
100.01 - 200.00	549,817	79,763,921	1,704,279
200.01 - 300.00	367,188	90,680,999	1,831,632
300.01 - 400.00	269,506	93,684,459	1,831,990
400.01 - 500.00	208,509	93,359,745	1,806,761
500.01 - 600.00	160,551	87,969,252	1,692,342
600.01 - 700.00	125,657	81,467,739	1,547,447
700.01 - 800.00	100,246	75,009,455	1,405,623
800.01 - 900.00	80,735	68,490,937	1,267,594
900.01 - 1,000.00	66,343	62,923,789	1,148,506
1,000.01 - 2,000.00	316,498	441,415,406	7,649,616
2,000.01 - 3,000.00	107,875	262,017,366	4,192,580
3,000.01 - 4,000.00	48,766	167,862,214	2,625,845
4,000.01 - 5,000.00	25,245	112,311,092	1,768,508
5,000.01 & Over	43,961	384,185,145	6,047,272
Total	3,037,953	\$2,133,199,354	37,310,962

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, 2009 to March 31, 2010

Dollar Range	Percentage Distribution		
	Discrete Patients ⁽¹⁾	Payments	Services
\$ 0.01 - 50.00	9.43	0.49	0.79
50.01 - 100.00	9.23	1.01	1.33
100.01 - 200.00	18.10	3.74	4.57
200.01 - 300.00	12.09	4.25	4.91
300.01 - 400.00	8.87	4.39	4.91
400.01 - 500.00	6.86	4.38	4.84
500.01 - 600.00	5.28	4.12	4.54
600.01 - 700.00	4.14	3.82	4.15
700.01 - 800.00	3.30	3.52	3.77
800.01 - 900.00	2.66	3.21	3.40
900.01 - 1,000.00	2.18	2.95	3.08
1,000.01 - 2,000.00	10.42	20.69	20.50
2,000.01 - 3,000.00	3.55	12.28	11.24
3,000.01 - 4,000.00	1.61	7.87	7.04
4,000.01 - 5,000.00	0.83	5.26	4.74
5,000.01 & Over	1.45	18.01	16.21
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, 2006 to March 31, 2010

Physicians by Specialty	Number of Physicians				
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
Total: All Physicians	5,585	5,850	6,058	6,266	6,482
Subtotal:					
All Physicians (except Pathology)	5,562	5,829	6,038	6,245	6,463
All Specialists (except GP/FPs & Pathology)	2,440	2,592	2,677	2,753	2,845
Physicians by Specialty					
Anaesthesiology	291	304	312	323	345
Cardiovascular and Thoracic Surgery	25	25	29	22	23
Dermatology	39	39	39	39	39
Emergency Medicine	72	78	79	84	92
General/Family Physicians (GP/FPs)	3,122	3,237	3,361	3,492	3,618
- General/Family Physicians	2,937	3,032	3,145	3,274	3,394
- Full-Time Emergency Room Physicians	160	172	182	189	195
- Mental Health Generalists	18	20	19	15	15
- Other General Practice Physicians ⁽¹⁾	7	13	15	14	14
General Surgery	157	170	170	170	180
- General Surgery designated specialty	141	153	155	156	165
- Other General Surgery	16	17	15	14	15
Internal Medicine	437	483	513	569	565
- Internal Medicine designated specialty	214	228	227	244	243
- Cardiology	50	58	62	71	74
- Endocrinology/Metabolism	2	2	3	3	2
- Gastroenterology	36	39	48	52	50
- Infectious Diseases	11	17	18	19	16
- Other Internal Medicine	124	139	155	180	180
Neurology	68	69	71	45	42
Neurosurgery	7	14	12	10	12
Obstetrics-Gynaecology	149	163	168	171	184
Ophthalmology	94	100	97	102	106
Orthopaedic Surgery	125	131	132	133	138
Otolaryngology	41	43	51	55	54
Paediatrics	216	231	232	219	247
Physical Medicine & Rehabilitation	29	32	32	34	30
Plastic Surgery	47	46	49	51	51
Psychiatry	352	357	372	387	396
Urology	45	48	48	49	47
Laboratory Specialists	269	280	291	311	313
- Pathology	23	21	20	21	19
- Radiology	246	259	271	290	294

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, 2006 to March 31, 2010⁽¹⁾

Physicians by Specialty	Average Payment				
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
Total: All Physicians	\$263,677	\$266,347	\$283,710	\$295,516	\$329,096
Subtotal:					
All Physicians (except Pathology)	263,752	266,380	283,734	295,578	328,988
All Specialists (except GP/FPs & Pathology)	334,368	335,770	357,101	374,909	411,328
Physicians by Specialty					
Anaesthesiology	262,975	270,945	295,514	303,748	330,478
Cardiovascular and Thoracic Surgery	518,261	532,365	438,390	556,342	584,110
Dermatology	565,833	600,540	617,993	645,936	726,838
Emergency Medicine	188,638	202,127	227,074	229,956	258,072
General/Family Physicians (GP/FPs)	208,562	210,816	225,298	233,036	264,240
- General/Family Physicians	207,617	210,417	224,827	231,902	263,135
- Full-Time Emergency Room Physicians	232,440	230,628	248,598	262,989	294,572
- Mental Health Generalists	197,192	204,779	204,112	245,511	283,483
- Other General Practice Physicians ⁽²⁾	88,439	50,972	68,360	80,618	88,973
General Surgery	340,271	334,201	354,065	379,562	414,878
- General Surgery designated specialty	343,368	338,938	355,570	378,628	415,714
- Other General Surgery	312,974	291,562	338,511	389,961	405,680
Internal Medicine	300,025	290,103	301,931	314,814	360,242
- Internal Medicine designated specialty	235,310	224,337	252,839	261,489	311,275
- Cardiology	662,565	603,784	585,500	558,214	628,161
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	307,171	314,300	289,821	323,366	374,530
- Infectious Diseases	69,336	58,957	61,044	72,056	83,434
- Other Internal Medicine	288,752	291,866	297,039	316,298	337,727
Neurology	169,392	178,485	151,029	220,684	266,795
Neurosurgery	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	379,155	384,628	415,905	440,763	440,808
Ophthalmology	622,174	628,110	708,341	710,840	761,752
Orthopaedic Surgery	322,215	321,179	339,498	372,227	401,436
Otolaryngology	526,027	491,682	466,270	457,863	498,270
Paediatrics	160,456	157,458	177,671	187,432	207,409
Physical Medicine & Rehabilitation	139,223	146,779	186,930	189,985	249,562
Plastic Surgery	344,828	356,521	366,792	382,087	409,521
Psychiatry	226,401	230,125	249,638	259,736	289,402
Urology	367,567	372,643	414,478	440,840	493,619
Laboratory Specialists	640,121	660,782	698,402	699,210	786,935
- Pathology	245,447	257,187	276,554	277,002	365,913
- Radiology	677,022	693,506	729,535	729,784	814,144

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

Continued...

- (1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans 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 Percentage Change
for the Service Years Ended March 31, 2006 to March 31, 2010⁽¹⁾

Physicians by Specialty	Percentage Change			
	2007/2006	2008/2007	2009/2008	2010/2009
Total: All Physicians	1.01%	6.52%	4.16%	11.36%
Subtotal:				
All Physicians (except Pathology)	1.00	6.51	4.17	11.30
All Specialists (except GP/FPs & Pathology)	0.42	6.35	4.99	9.71
Physicians by Specialty				
Anaesthesiology	3.03	9.07	2.79	8.80
Cardiovascular and Thoracic Surgery	2.72	(17.65)	26.91	4.99
Dermatology	6.13	2.91	4.52	12.52
Emergency Medicine	7.15	12.34	1.27	12.23
General/Family Physicians (GP/FPs)	1.08	6.87	3.43	13.39
- General/Family Physicians	1.35	6.85	3.15	13.47
- Full-Time Emergency Room Physicians	(0.78)	7.79	5.79	12.01
- Mental Health Generalists	3.85	(0.33)	20.28	15.47
- Other General Practice Physicians ⁽²⁾	(42.37)	34.11	17.93	10.36
General Surgery	(1.78)	5.94	7.20	9.30
- General Surgery designated specialty	(1.29)	4.91	6.48	9.79
- Other General Surgery	(6.84)	16.10	15.20	4.03
Internal Medicine	(3.31)	4.08	4.27	14.43
- Internal Medicine designated specialty	(4.66)	12.71	3.42	19.04
- Cardiology	(8.87)	(3.03)	(4.66)	12.53
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	2.32	(7.79)	11.57	15.82
- Infectious Diseases	(14.97)	3.54	18.04	15.79
- Other Internal Medicine	1.08	1.77	6.48	6.77
Neurology	5.37	(15.38)	46.12	20.89
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	1.44	8.13	5.98	0.01
Ophthalmology	0.95	12.77	0.35	7.16
Orthopaedic Surgery	(0.32)	5.70	9.64	7.85
Otolaryngology	(6.53)	(5.17)	(1.80)	8.83
Paediatrics	(1.87)	12.84	5.49	10.66
Physical Medicine & Rehabilitation	5.43	27.36	1.63	31.36
Plastic Surgery	3.39	2.88	4.17	7.18
Psychiatry	1.65	8.48	4.05	11.42
Urology	1.38	11.23	6.36	11.97
Laboratory Specialists	3.23	5.69	0.12	12.55
- Pathology	4.78	7.53	0.16	32.10
- Radiology	2.43	5.20	0.03	11.56

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

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans 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, 2006 to March 31, 2010⁽¹⁾

Physicians by Specialty	Median Payment				
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
Total: All Physicians	\$219,552	\$218,283	\$233,610	\$243,945	\$271,762
Subtotal:					
All Physicians (except Pathology)	219,903	218,764	234,195	244,329	272,314
All Specialists (except GP/FPs & Pathology)	272,349	267,106	285,982	307,103	335,865
Physicians by Specialty					
Anaesthesiology	262,510	272,651	294,925	309,461	339,985
Cardiovascular and Thoracic Surgery	527,897	505,955	319,071	566,228	576,054
Dermatology	543,800	553,329	504,361	514,690	632,953
Emergency Medicine	180,514	180,945	213,476	197,644	245,450
General/Family Physicians (GP/FPs)	196,813	199,146	209,778	216,359	243,612
- General/Family Physicians	193,458	196,841	208,025	213,279	241,921
- Full-Time Emergency Room Physicians	235,446	225,229	249,928	259,653	283,583
- Mental Health Generalists	211,694	207,757	181,420	260,542	288,780
- Other General Practice Physicians ⁽²⁾	111,737	13,888	21,571	30,078	30,620
General Surgery	347,241	326,974	359,201	386,927	417,476
- General Surgery designated specialty	347,702	338,929	360,751	386,927	418,591
- Other General Surgery	306,219	284,000	337,007	383,215	398,701
Internal Medicine	241,416	208,475	219,389	232,107	287,535
- Internal Medicine designated specialty	187,174	165,368	187,595	200,216	272,641
- Cardiology	636,507	611,951	612,808	527,693	557,781
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	307,718	299,540	248,403	232,032	325,366
- Infectious Diseases	65,987	49,468	47,016	28,315	68,576
- Other Internal Medicine	212,437	213,762	209,244	240,673	214,700
Neurology	151,177	162,336	75,499	179,003	258,163
Neurosurgery	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	354,268	362,387	392,837	401,534	373,412
Ophthalmology	529,181	513,240	590,839	577,507	651,924
Orthopaedic Surgery	334,523	339,793	360,170	400,722	438,377
Otolaryngology	510,524	430,400	383,559	443,484	459,689
Paediatrics	123,417	106,387	126,068	119,228	138,493
Physical Medicine & Rehabilitation	127,262	134,178	181,045	182,253	210,268
Plastic Surgery	365,567	368,685	381,659	382,746	438,120
Psychiatry	219,090	223,086	239,557	246,269	265,201
Urology	382,561	401,469	427,910	433,312	514,515
Laboratory Specialists	466,773	551,415	523,417	584,498	641,984
- Pathology	2,895	2,315	2,866	2,873	5,357
- Radiology	502,006	576,182	566,890	616,457	684,173

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

Continued...

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans 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 Percentage Change
for the Service Years Ended March 31, 2006 to March 31, 2010 ⁽¹⁾

Physicians by Specialty	Percentage Change			
	2007/2006	2008/2007	2009/2008	2010/2009
Total: All Physicians	-0.58%	7.02%	4.42%	11.40%
Subtotal:				
All Physicians (except Pathology)	(0.52)	7.05	4.33	11.45
All Specialists (except GP/FPs & Pathology)	(1.93)	7.07	7.39	9.37
Physicians by Specialty				
Anaesthesiology	3.86	8.17	4.93	9.86
Cardiovascular and Thoracic Surgery	(4.16)	(36.94)	77.46	1.74
Dermatology	1.75	(8.85)	2.05	22.98
Emergency Medicine	0.24	17.98	(7.42)	24.19
General/Family Physicians (GP/FPs)	1.19	5.34	3.14	12.60
- General/Family Physicians	1.75	5.68	2.53	13.43
- Full-Time Emergency Room Physicians	(4.34)	10.97	3.89	9.22
- Mental Health Generalists	(1.86)	(12.68)	43.61	10.84
- Other General Practice Physicians ⁽²⁾	(87.57)	55.32	39.44	1.80
General Surgery	(5.84)	9.86	7.72	7.90
- General Surgery designated specialty	(2.52)	6.44	7.26	8.18
- Other General Surgery	(7.26)	18.66	13.71	4.04
Internal Medicine	(13.64)	5.24	5.80	23.88
- Internal Medicine designated specialty	(11.65)	13.44	6.73	36.17
- Cardiology	(3.86)	0.14	(13.89)	5.70
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	(2.66)	(17.07)	(6.59)	40.22
- Infectious Diseases	(25.03)	(4.96)	(39.78)	142.19
- Other Internal Medicine	0.62	(2.11)	15.02	(10.79)
Neurology	7.38	(53.49)	137.09	44.22
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	2.29	8.40	2.21	(7.00)
Ophthalmology	(3.01)	15.12	(2.26)	12.89
Orthopaedic Surgery	1.58	6.00	11.26	9.40
Otolaryngology	(15.69)	(10.88)	15.62	3.65
Paediatrics	(13.80)	18.50	(5.43)	16.16
Physical Medicine & Rehabilitation	5.43	34.93	0.67	15.37
Plastic Surgery	0.85	3.52	0.29	14.47
Psychiatry	1.82	7.38	2.80	7.69
Urology	4.94	6.59	1.26	18.74
Laboratory Specialists	18.13	(5.08)	11.67	9.84
- Pathology	(20.03)	23.79	0.24	86.47
- Radiology	14.78	(1.61)	8.74	10.98

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

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans 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, 2009 to March 31, 2010 ^{(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	1,103,110	388	1,069,342	375	599,044	237
10,000 - 19,999	1,974,246	137	1,974,246	137	727,247	50
20,000 - 39,999	6,798,799	229	6,750,321	227	2,697,509	89
40,000 - 59,999	10,700,098	216	10,700,098	216	3,843,328	77
60,000 - 79,999	14,574,025	206	14,574,025	206	4,671,652	66
80,000 - 99,999	18,014,336	201	18,014,336	201	5,822,888	65
100,000 - 119,999	20,471,223	186	20,356,676	185	7,369,328	67
120,000 - 139,999	27,384,669	211	27,384,669	211	9,211,297	71
140,000 - 159,999	29,174,582	194	29,174,582	194	10,942,360	72
160,000 - 179,999	38,948,240	228	38,948,240	228	13,814,288	81
180,000 - 199,999	42,046,173	221	42,046,173	221	12,628,734	66
200,000 - 299,999	290,574,362	1,164	290,574,362	1,164	88,960,325	358
300,000 - 399,999	352,589,139	1,011	352,589,139	1,011	130,340,902	371
400,000 - 499,999	316,721,764	708	316,262,196	707	158,363,076	353
500,000 - 599,999	235,770,261	433	235,770,261	433	135,424,905	248
600,000 - 699,999	144,362,508	223	144,362,508	223	98,927,818	152
700,000 - 799,999	122,949,283	165	122,949,283	165	89,586,617	120
800,000 - 899,999	81,972,033	97	81,972,033	97	60,172,262	71
900,000 - 999,999	59,658,777	63	59,658,777	63	47,373,397	50
1,000,000 - 1,999,999	230,771,128	168	230,771,128	168	210,529,706	151
2,000,000 & Over	86,640,597	33	80,344,605	31	78,221,191	30
Total	\$2,133,199,354	6,482	\$2,126,247,001	6,463	\$1,170,227,874	2,845

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 physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty
for the Service Year April 1, 2009 to March 31, 2010 ^{(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	6,378	1	9,486	2	141	1
10,000 - 19,999	36,219	3				
20,000 - 39,999	403,297	13				
40,000 - 59,999	474,020	10			44,984	1
60,000 - 79,999	422,256	6	73,466	1		
80,000 - 99,999	722,069	8			93,027	1
100,000 - 119,999	861,812	8				
120,000 - 139,999	671,724	5			128,790	1
140,000 - 159,999	1,060,296	7	149,267	1	146,259	1
160,000 - 179,999	1,905,336	11			167,929	1
180,000 - 199,999	2,115,998	11				
200,000 - 299,999	15,397,058	61	554,648	2	430,510	2
300,000 - 399,999	30,481,308	86	337,074	1	384,735	1
400,000 - 499,999	32,210,752	72	1,287,192	3	1,827,874	4
500,000 - 599,999	13,903,217	26	1,700,018	3	3,150,916	6
600,000 - 699,999	5,186,023	8	689,246	1	1,972,155	3
700,000 - 799,999	3,667,789	5	747,719	1	2,251,577	3
800,000 - 899,999			3,329,019	4	2,535,971	3
900,000 - 999,999	932,513	1	992,582	1	3,794,379	4
1,000,000 - 1,999,999	3,556,827	3	3,564,816	3	8,744,194	6
2,000,000 & Over					2,673,230	1
Total	\$114,014,893	345	\$13,434,532	23	\$28,346,671	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 physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty
for the Service Year April 1, 2009 to March 31, 2010 ^{(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	7,061	2	470,298	138	10,514	3
10,000 - 19,999			1,246,999	87	47,143	3
20,000 - 39,999	25,406	1	4,052,812	138	185,691	6
40,000 - 59,999			6,856,769	139	450,146	9
60,000 - 79,999	144,738	2	9,902,373	140	417,092	6
80,000 - 99,999	347,816	4	12,191,448	136	99,848	1
100,000 - 119,999	105,880	1	12,987,348	118	449,652	4
120,000 - 139,999	279,032	2	18,173,372	140	375,365	3
140,000 - 159,999	1,087,916	7	18,232,223	122	443,829	3
160,000 - 179,999	1,001,159	6	25,133,952	147	690,661	4
180,000 - 199,999	1,546,762	8	29,417,440	155	583,342	3
200,000 - 299,999	7,976,943	32	201,614,037	806	3,980,340	16
300,000 - 399,999	5,696,834	16	222,248,237	640	7,460,434	21
400,000 - 499,999	2,489,788	6	157,899,120	354	15,157,295	34
500,000 - 599,999	1,649,839	3	100,345,356	185	12,566,342	23
600,000 - 699,999	663,203	1	45,434,690	71	9,739,585	15
700,000 - 799,999	720,200	1	33,362,666	45	10,535,771	14
800,000 - 899,999			21,799,771	26	5,813,038	7
900,000 - 999,999			12,285,380	13	2,789,444	3
1,000,000 - 1,999,999			20,241,422	17	2,882,483	2
2,000,000 & Over			2,123,414	1		
Total	\$23,742,578	92	\$956,019,128	3,618	\$74,678,014	180

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 physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty
for the Service Year April 1, 2009 to March 31, 2010 ^{(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	216,381	97	12,191	7	3,706	8
10,000 - 19,999	183,714	14	64,338	4		
20,000 - 39,999	738,661	25	110,498	4		
40,000 - 59,999	1,058,567	21			50,333	1
60,000 - 79,999	1,139,783	16	133,417	2	68,435	1
80,000 - 99,999	1,162,651	13			92,212	1
100,000 - 119,999	1,342,536	12	115,797	1		
120,000 - 139,999	1,309,545	10			130,984	1
140,000 - 159,999	1,998,065	13				
160,000 - 179,999	2,532,420	15	164,498	1		
180,000 - 199,999	1,533,827	8				
200,000 - 299,999	12,723,171	51	1,014,054	4		
300,000 - 399,999	16,815,119	49	2,109,775	6		
400,000 - 499,999	26,027,787	58	2,160,624	5		
500,000 - 599,999	22,894,356	42	1,643,437	3		
600,000 - 699,999	20,241,665	31	1,369,068	2		
700,000 - 799,999	24,600,444	33	1,445,969	2		
800,000 - 899,999	13,793,548	16	861,705	1		
900,000 - 999,999	10,355,216	11				
1,000,000 - 1,999,999	38,645,015	28				
2,000,000 & Over	4,224,459	2				
Total	\$203,536,930	565	\$11,205,370	42	\$345,670	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 physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty
for the Service Year April 1, 2009 to March 31, 2010 ^{(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	9,140	8	717	1	15,070	3
10,000 - 19,999	58,015	4	16,267	1	33,463	2
20,000 - 39,999	238,238	8	94,729	3	152,497	5
40,000 - 59,999	214,807	4	47,548	1		
60,000 - 79,999	344,309	5	124,410	2	157,989	2
80,000 - 99,999	465,215	5	91,179	1	534,151	6
100,000 - 119,999	324,525	3			425,888	4
120,000 - 139,999	740,561	6	128,631	1	379,952	3
140,000 - 159,999	909,879	6	314,469	2	307,395	2
160,000 - 179,999	178,425	1	345,924	2	332,328	2
180,000 - 199,999	578,677	3	381,046	2	197,033	1
200,000 - 299,999	5,937,903	24	2,712,295	11	2,202,304	9
300,000 - 399,999	7,513,065	21	2,787,658	8	8,009,653	23
400,000 - 499,999	9,569,109	21	2,630,518	6	10,003,863	22
500,000 - 599,999	11,119,178	20	4,996,136	9	17,831,000	33
600,000 - 699,999	10,238,834	16	3,910,584	6	9,037,273	14
700,000 - 799,999	5,977,987	8	6,143,135	8	2,210,420	3
800,000 - 899,999	5,016,364	6	6,822,354	8	2,503,618	3
900,000 - 999,999	2,825,832	3	4,773,891	5		
1,000,000 - 1,999,999	16,338,604	11	31,867,255	24	1,064,321	1
2,000,000 & Over	2,510,088	1	12,556,923	5		
Total	\$81,108,756	184	\$80,745,668	106	\$55,398,214	138

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 physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty
for the Service Year April 1, 2009 to March 31, 2010 ^{(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	9,893	1	160,880	66	5,427	2
10,000 - 19,999			129,678	9		
20,000 - 39,999	38,007	1	276,065	9		
40,000 - 59,999	151,034	3	339,314	7	45,777	1
60,000 - 79,999	145,097	2	217,398	3		
80,000 - 99,999	178,361	2	538,552	6		
100,000 - 119,999	118,327	1	1,504,805	14		
120,000 - 139,999			1,305,716	10	385,797	3
140,000 - 159,999			1,051,057	7	441,888	3
160,000 - 179,999			1,177,233	7	496,811	3
180,000 - 199,999			1,519,666	8	190,650	1
200,000 - 299,999	1,150,307	5	7,903,144	32	2,454,558	10
300,000 - 399,999	2,569,257	7	7,020,596	20	394,651	1
400,000 - 499,999	4,104,532	9	8,009,993	18	1,357,355	3
500,000 - 599,999	2,269,460	4	8,743,635	16	1,078,958	2
600,000 - 699,999	3,944,101	6	6,458,366	10	634,993	1
700,000 - 799,999	2,998,955	4	1,555,845	2		
800,000 - 899,999	4,234,030	5	837,613	1		
900,000 - 999,999	1,894,958	2	978,893	1		
1,000,000 - 1,999,999	3,100,270	2	1,501,534	1		
2,000,000 & Over						
Total	\$26,906,590	54	\$51,229,983	247	\$7,486,865	30

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 physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

Table 2.11
Distribution of Gross Payments by Payment Range and Speciality
for the Service Year April 1, 2009 to March 31, 2010 ^{(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	2,883	2	22,324	5	15,461	2
10,000 - 19,999	36,489	2	83,590	5		
20,000 - 39,999			296,515	9		
40,000 - 59,999			558,109	11	53,181	1
60,000 - 79,999	148,752	2	922,035	13		
80,000 - 99,999			1,329,292	15		
100,000 - 119,999			1,237,890	11	109,068	1
120,000 - 139,999	260,979	2	2,576,618	20	130,639	1
140,000 - 159,999	153,745	1	1,976,877	13		
160,000 - 179,999			3,264,937	19	177,419	1
180,000 - 199,999	198,405	1	3,034,075	16		
200,000 - 299,999	1,081,193	4	20,642,540	84	242,571	1
300,000 - 399,999	2,713,254	8	29,131,210	83	1,398,261	4
400,000 - 499,999	6,914,815	15	22,919,520	51	4,976,219	11
500,000 - 599,999	3,302,866	6	11,498,139	21	7,067,268	13
600,000 - 699,999	1,942,320	3	7,145,002	11	2,551,068	4
700,000 - 799,999	2,200,775	3	2,177,783	3	4,369,285	6
800,000 - 899,999			855,383	1	851,072	1
900,000 - 999,999	903,826	1	3,809,739	4		
1,000,000 - 1,999,999	1,025,268	1	1,121,445	1	1,258,586	1
2,000,000 & Over						
Total	\$20,885,568	51	\$114,603,024	396	\$23,200,098	47

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 physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty
for the Service Year April 1, 2009 to March 31, 2010 ^{(1) (2)}

Dollar Range	Pathology		Radiology	
	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	33,768	13	91,390	26
10,000 - 19,999			38,330	3
20,000 - 39,999	48,478	2	137,905	5
40,000 - 59,999			355,509	7
60,000 - 79,999			212,476	3
80,000 - 99,999			168,516	2
100,000 - 119,999	114,548	1	773,148	7
120,000 - 139,999			406,964	3
140,000 - 159,999			901,419	6
160,000 - 179,999			1,379,207	8
180,000 - 199,999			749,253	4
200,000 - 299,999			2,556,787	10
300,000 - 399,999			5,518,018	16
400,000 - 499,999	459,568	1	6,715,840	15
500,000 - 599,999			10,010,140	18
600,000 - 699,999			13,204,334	20
700,000 - 799,999			17,982,964	24
800,000 - 899,999			12,718,547	15
900,000 - 999,999			13,322,124	14
1,000,000 - 1,999,999			95,859,088	67
2,000,000 & Over	6,295,992	2	56,256,491	21
Total	\$6,952,352	19	\$239,358,451	294

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 physicians's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

Table 2.12
Number of Full-Time Equivalent Physicians by Specialty
for the Service Year April 1, 2009 to March 31, 2010 ⁽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⁾	6,169	5,367.0	33.5	49.2	\$351,572	688
All Specialists (except GP/FPs & Laboratory)	2,551	2,132.8	32.4	50.9	436,462	1,731
Physicians by Specialty						
Anaesthesiology	345	300.9	33.9	47.5	378,882	12,269
Cardiovascular and Thoracic Surgery	23	18.9	34.8	52.2	709,222	194,931
Dermatology	39	37.5	35.9	46.2	756,209	98,480
Emergency Medicine	92	88.1	33.7	45.7	269,524	41,912
General/Family Physicians (GP/FPs)	3,618	3,160.9	34.1	48.1	302,457	1,168
- General/Family Physicians	3,394	2,958.9	34.0	48.2	301,831	1,248
- Full-Time Emergency Room Physicians	195	184.7	35.9	45.6	311,011	19,990
- Mental Health Generalists	15	14.4	40.0	40.0	295,392	256,389
- Other General Practice Physicians ⁽⁴⁾	14	12.3	28.6	57.1	101,190	299,919
General Surgery	180	150.2	32.2	51.1	497,158	24,579
- General Surgery designated specialty	165	137.9	32.7	50.9	497,295	26,767
- Other General Surgery	15	12.8	33.3	46.7	472,610	288,438
Internal Medicine	565	418.7	29.0	56.3	486,166	8,819
- Internal Medicine designated specialty	243	181.1	28.8	56.4	417,682	20,388
- Cardiology	74	63.3	33.8	48.7	734,814	58,362
- Gastroenterology	50	33.0	28.0	58.0	567,595	111,913
- Infectious Diseases	16	14.7	37.5	50.0	91,083	251,842
- Other Internal Medicine	182	125.4	28.0	57.1	489,083	29,432
Neurology	42	28.3	28.6	57.1	395,806	130,413
Neurosurgery	12	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	184	156.8	32.6	49.5	517,445	23,553
Ophthalmology	106	99.0	36.8	45.3	815,693	37,297
Orthopaedic Surgery	138	115.0	35.5	46.4	481,658	32,099
Otolaryngology	54	48.3	35.2	46.3	556,790	76,407
Paediatrics	247	170.5	25.9	60.7	300,410	21,650
Physical Medicine and Rehabilitation	30	29.4	36.7	43.3	254,696	125,578
Plastic Surgery	51	45.5	41.2	41.2	459,558	81,232
Psychiatry	396	359.8	36.6	45.0	318,547	10,262
Urology	47	43.6	36.2	42.6	532,291	84,698

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

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans 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 methodology is as follows:

Definition of a Full-Time Equivalent Physician: 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 physicians with claims in all four quarters of the fiscal year.

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

- Count all physicians with payments below the lower benchmark as a fraction of a full-time equivalent equal to the ratio of his/her payments to the lower benchmark.

- Count all physicians with payments above the upper benchmark using a log-linear relationship, as one full-time equivalent plus the natural logarithm of the ratio of his/her payments to the upper benchmark. The reason for attributing diminishing weight to payments above the upper benchmark is to prevent outliers from seriously biasing the measure. This is not necessary on the lower benchmark because payments less than zero are not recorded and, as such, a natural barrier exists to prevent bias at the lower end.

- Since the benchmarks for the calculations of full-time equivalents in past Statistical Supplements are re-calculated based on the payments within each given year, and payments over time are not adjusted for fee changes, the full-time equivalents in this table should not be compared with those released in previous versions of the Statistical Supplement.

(3) Laboratory physicians (19 Pathology and 294 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, 2009 to March 31, 2010^{(1) (2)}

Physicians by Specialty	Total	Consultations	Assessments		Hospital Care Days
			Major	Other	
Total: All Physicians	\$2,133,199,354	\$210,584,279	\$183,152,641	\$686,754,473	\$58,723,116
Subtotal					
All Physicians (except Pathology)	2,126,247,001	210,243,435	183,152,641	686,736,043	58,723,116
All Specialists (except GP/FPs & Pathology)	1,170,227,874	190,378,016	39,122,415	110,424,051	26,166,031
Anaesthesiology	114,014,893	3,725,030	62,387	10,491,826	33,980
Cardiovascular and Thoracic Surgery	13,434,532	1,153,413	11,839	563,912	354,392
Dermatology	28,346,671	6,122,205	1,806,578	3,766,787	73
Emergency Medicine	23,742,578	1,559,715	203,570	14,891,514	988
General/Family Physicians (GP/FPs)	956,019,128	19,865,419	144,030,226	576,311,992	32,557,085
- General/Family Physicians	893,079,673	16,968,582	143,405,917	536,134,651	32,471,124
- Full-Time Emergency Room Physicians	57,441,590	2,798,955	412,489	39,121,313	81,008
- Mental Health Generalists	4,252,248	29,970	154,416	313,207	2,396
- Other General Practice Physicians ⁽³⁾	1,245,616	67,913	57,403	742,821	2,557
General Surgery	74,678,014	22,122,395	170,761	5,552,656	1,641,254
- General Surgery designated specialty	68,592,815	20,552,218	155,642	5,062,546	1,561,712
- Other General Surgery	6,085,199	1,570,177	15,119	490,110	79,543
Internal Medicine	203,536,930	64,230,715	3,473,958	21,780,071	18,876,855
- Internal Medicine designated specialty	75,639,711	33,841,560	1,853,481	11,319,385	12,989,259
- Cardiology	46,483,921	10,722,840	368,989	1,813,133	1,655,638
- Endocrinology/Metabolism	561,049	210			
- Gastroenterology	18,726,514	7,833,517	115,303	1,298,309	586,373
- Infectious Diseases	1,334,942	928,815	30,616	293,584	58,160
- Other Internal Medicine	60,790,793	10,903,773	1,105,570	7,055,660	3,587,426
Neurology	11,205,370	7,742,280	199,224	844,422	331,526
Neurosurgery	345,670	9,470	217	30,178	27,152
Obstetrics-Gynaecology	81,108,756	13,585,633	2,255,371	15,861,904	724,551
Ophthalmology	80,745,668	9,875,148	14,402,944	5,651,484	4,735
Orthopaedic Surgery	55,398,214	11,574,543	386,548	4,723,106	298,479
Otolaryngology	26,906,590	5,734,445	337,505	1,496,691	20,554
Paediatrics	51,229,983	14,196,026	12,393,701	17,228,780	2,978,322
Physical Medicine and Rehabilitation	7,486,865	2,737,045	27,940	1,447,846	752,419
Plastic Surgery	20,885,568	2,598,681	732,059	1,892,001	11,060
Psychiatry designated specialty	114,603,024	16,235,172	2,444,602	1,855,988	1,299
Urology	23,200,098	6,469,815	180,818	2,134,016	108,144
Laboratory Specialists	246,310,803	1,047,128	32,393	229,299	246
- Pathology	6,952,352	340,844		18,430	
- Radiology	239,358,451	706,284	32,393	210,869	246

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, 2009 to March 31, 2010 ^{(1) (2)}

Physicians by Specialty	Special Calls	Psychotherapy/ Counselling	Major Surgery	Minor Surgery
Total: All Physicians	\$31,664,485	\$128,554,271	\$261,325,438	\$19,898,910
Subtotal				
All Physicians (except Pathology)	31,664,485	128,554,271	261,321,939	19,898,910
All Specialists (except GP/FPs & Pathology)	1,596,504	82,071,981	238,646,130	7,919,350
Anaesthesiology	11,195	673,728	66,039,435	1,603,970
Cardiovascular and Thoracic Surgery	1,279	3,598	10,813,298	12,120
Dermatology	895	992	6,934,046	1,554,929
Emergency Medicine	28,966	416,043	452,334	582,084
General/Family Physicians (GP/FPs)	30,067,980	46,482,290	22,675,809	11,979,560
- General/Family Physicians	29,988,406	42,084,998	21,514,932	10,193,709
- Full-Time Emergency Room Physicians	66,910	837,414	1,160,636	1,777,252
- Mental Health Generalists	10,909	3,212,125	101	2,429
- Other General Practice Physicians ⁽³⁾	1,754	347,753	140	6,169
General Surgery	75,917	54,895	32,722,737	981,555
- General Surgery designated specialty	74,903	54,895	29,233,693	964,647
- Other General Surgery	1,014		3,489,044	16,908
Internal Medicine	414,791	75,319	6,335,710	267,645
- Internal Medicine designated specialty	285,478	20,565	74,203	217,469
- Cardiology	50,675	1,015	5,342,468	77
- Endocrinology/Metabolism				
- Gastroenterology	10,374	692	54,254	28,959
- Infectious Diseases	3,115	315		214
- Other Internal Medicine	65,147	52,732	864,785	20,925
Neurology	9,404	2,863	4,142	
Neurosurgery			278,546	
Obstetrics-Gynaecology	826,523	112,876	10,733,918	32,864
Ophthalmology	105,058		29,987,475	201,540
Orthopaedic Surgery	15,137	39,128	37,698,964	143,717
Otolaryngology	15,597	323	8,169,259	1,815,320
Paediatrics	59,743	1,171,213	123,553	102,231
Physical Medicine and Rehabilitation	171	824,988	211	436
Plastic Surgery	11,115		14,788,746	581,766
Psychiatry designated specialty	6,810	78,660,744		
Urology	13,479	35,273	10,127,237	18,190
Laboratory Specialists	425		3,440,021	20,983
- Pathology			3,499	
- Radiology	425		3,436,522	20,983

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, 2009 to March 31, 2010^{(1) (2)}

Physicians by Specialty	Surgical Assistance	Anaesthesia	Obstetrical Services	Diagnostic & Therapeutic Services - Radiology
Total: All Physicians	\$992	\$21,761,136	\$43,283,483	\$212,345,162
Subtotal				
All Physicians (except Pathology)	992	21,761,136	43,283,483	212,345,162
All Specialists (except GP/FPs & Pathology)		17,916,662	27,070,387	211,741,180
Anaesthesiology		15,750,038	4,619,232	1,591,315
Cardiovascular and Thoracic Surgery		56,616		396
Dermatology		114,084		
Emergency Medicine		2,240	840	
General/Family Physicians (GP/FPs)	992	3,844,474	16,213,096	603,982
- General/Family Physicians	992	3,820,401	16,167,640	574,589
- Full-Time Emergency Room Physicians		24,072	45,455	29,393
- Mental Health Generalists				
- Other General Practice Physicians ⁽³⁾				
General Surgery		53,071	32,701	29,091
- General Surgery designated specialty		49,497	32,701	
- Other General Surgery		3,574		29,091
Internal Medicine		36,518	9,606	8,539,171
- Internal Medicine designated specialty		2,260		175,387
- Cardiology				8,362,646
- Endocrinology/Metabolism				
- Gastroenterology		56		
- Infectious Diseases				
- Other Internal Medicine		34,202	9,606	1,138
Neurology		164,697		
Neurosurgery				
Obstetrics-Gynaecology		15,995	22,376,979	7,026,924
Ophthalmology		121		6,201,627
Orthopaedic Surgery		83,625	5,176	100
Otolaryngology		66,915	6,058	129
Paediatrics		2,701	17,788	534,557
Physical Medicine and Rehabilitation		550,051		128,690
Plastic Surgery		2,164	608	
Psychiatry designated specialty		69		
Urology		124,788	1,159	
Laboratory Specialists		892,968	240	187,689,181
- Pathology				
- Radiology		892,968	240	187,689,181

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, 2009 to March 31, 2010^{(1) (2)}

Physicians by Specialty	Laboratory Services	Other Diagnostic & Therapeutic Services	Special Services	Miscellaneous Services
Total: All Physicians	\$43,833,966	\$181,396,623	\$16,060,460	\$33,859,920
Subtotal				
All Physicians (except Pathology)	43,833,966	174,811,328	16,056,176	33,859,920
All Specialists (except GP/FPs & Pathology)	43,833,966	145,771,324	1,892,033	25,677,842
Anaesthesiology		7,324,888	26,522	2,061,348
Cardiovascular and Thoracic Surgery		387,330		76,339
Dermatology		7,688,986	10,940	346,156
Emergency Medicine		5,144,935	28	459,322
General/Family Physicians (GP/FPs)		29,040,004	14,164,143	8,182,078
- General/Family Physicians		19,088,068	14,143,252	6,522,412
- Full-Time Emergency Room Physicians		9,948,813	5,925	1,131,955
- Mental Health Generalists		156	107	526,433
- Other General Practice Physicians ⁽³⁾		2,967	14,859	1,278
General Surgery		10,659,497	3,208	578,275
- General Surgery designated specialty		10,320,225	2,342	527,794
- Other General Surgery		339,272	867	50,481
Internal Medicine	4,899,806	68,032,930	45,385	6,518,451
- Internal Medicine designated specialty	970	14,156,479	29,536	673,678
- Cardiology	4,338,030	13,593,491		234,919
- Endocrinology/Metabolism	560,805	34		
- Gastroenterology		8,753,383	265	45,028
- Infectious Diseases		14,551	5,401	170
- Other Internal Medicine		31,514,992	10,183	5,564,655
Neurology		1,837,390	17,364	52,057
Neurosurgery		106		
Obstetrics-Gynaecology		5,862,032	1,590,697	102,489
Ophthalmology		14,296,219	19	19,298
Orthopaedic Surgery		330,866	19,599	79,227
Otolaryngology		9,196,541	2,055	45,199
Paediatrics		2,059,734	29,553	332,081
Physical Medicine and Rehabilitation		840,518	136,079	40,470
Plastic Surgery		217,785	197	49,386
Psychiatry designated specialty		560,664	8,454	14,829,222
Urology		3,914,261	583	72,335
Laboratory Specialists	38,934,160	14,001,936	5,635	16,188
- Pathology		6,585,296	4,284	
- Radiology	38,934,160	7,416,640	1,351	16,188

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, 2009 to March 31, 2010 ^{(1) (2)}

Age & Gender		All Age Groups		Under 1		1 - 4	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	574	61,966	723	99,930	282	30,211
	M	465	52,128	818	111,149	360	38,337
Major Assessment	F	593	57,895	1,648	163,130	566	54,137
	M	410	41,352	1,678	166,195	598	57,543
Other Assessment	F	4,694	221,558	3,763	209,593	3,122	152,223
	M	3,145	150,599	4,009	225,828	3,415	169,047
Hospital Care Days	F	432	16,877	546	28,847	92	5,773
	M	358	14,938	614	32,560	95	5,693
Special Calls	F	20	10,209	3	8,119	4	8,711
	M	12	6,950	4	8,941	5	9,643
Psychotherapy/Counselling	F	934	39,665	12	613	26	1,425
	M	704	29,992	11	551	45	2,389
Major Surgery	F	963	71,900	327	25,486	215	15,565
	M	893	69,667	564	37,441	412	27,285
Minor Surgery	F	80	4,538	31	1,828	75	4,737
	M	104	6,239	46	2,684	106	6,859
Surgical Assistance	F						
	M						
Anaesthesiology	F	394	10,079	48	1,194	209	3,967
	M	53	1,725	64	1,580	246	4,712
Obstetrical Services	F	171	23,491				
	M						
Diagnostic & Therapeutic Services, Radiology	F	963	86,589	50	5,203	71	4,548
	M	397	28,551	69	7,361	85	5,210
Laboratory Services	F	82	16,279			--	18
	M	26	7,483			--	5
Other Diagnostic & Therapeutic Services	F	1,504	49,825	521	28,757	550	9,977
	M	1,316	48,443	626	34,375	766	12,355
Special Services ⁽³⁾	F	450	7,784	5	45	16	180
	M	94	929	5	47	18	236
Miscellaneous Services ⁽⁴⁾	F	196	8,878	46	1,966	35	1,500
	M	193	9,464	51	2,205	41	1,778
Total	F	12,048	\$687,532	7,721	\$574,710	5,264	\$292,971
	M	8,171	\$468,460	8,557	\$630,915	6,194	\$341,091

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

Continued...

(1) A blank cell represents a zero value.

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

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

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

Table 2.14
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, 2009 to March 31, 2010 ^{(1) (2)}

Age & Gender		5 - 14		15 - 24		25 - 44	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	230	21,935	367	35,318	569	57,113
	M	313	29,198	239	23,474	288	31,097
Major Assessment	F	288	27,302	397	36,840	547	51,219
	M	299	28,533	183	16,890	224	21,476
Other Assessment	F	1,941	89,165	3,720	183,343	4,816	235,528
	M	1,957	92,962	1,784	89,585	2,202	105,574
Hospital Care Days	F	25	1,340	93	3,601	158	6,062
	M	26	1,427	57	2,467	94	4,018
Special Calls	F	3	4,824	3	10,798	5	9,960
	M	3	4,962	3	5,945	3	4,535
Psychotherapy/Counselling	F	217	9,347	747	31,869	1,079	44,845
	M	433	19,594	699	30,539	772	32,084
Major Surgery	F	229	14,341	404	25,130	755	49,221
	M	288	17,150	494	31,537	546	39,462
Minor Surgery	F	74	4,240	67	3,740	73	4,028
	M	98	6,036	112	6,901	97	5,678
Surgical Assistance	F			--	1		
	M						
Anaesthesiology	F	117	2,172	562	13,008	899	21,770
	M	125	2,309	19	452	19	750
Obstetrical Services	F	5	541	241	33,766	455	62,436
	M						
Diagnostic & Therapeutic Services, Radiology	F	122	7,397	442	40,421	1,042	102,685
	M	116	6,290	183	10,530	293	20,225
Laboratory Services	F	2	416	7	1,692	19	4,558
	M	1	279	5	1,253	10	2,996
Other Diagnostic & Therapeutic Services	F	838	9,765	937	20,171	1,294	36,118
	M	1,011	11,263	596	14,321	820	24,755
Special Services ⁽³⁾	F	30	355	371	7,146	584	11,450
	M	31	368	31	330	48	488
Miscellaneous Services ⁽⁴⁾	F	71	3,046	159	7,447	136	6,259
	M	131	5,729	201	9,166	147	6,867
Total	F	4,190	\$196,189	8,516	\$454,292	12,430	\$703,252
	M	4,831	\$226,102	4,603	\$243,391	5,564	\$300,005

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

Continued...

(1) A blank cell represents a zero value.

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

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

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

Table 2.14
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, 2009 to March 31, 2010 ^{(1) (2)}

Age & Gender		45 - 64		65 - 74		75 and Older	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Service Type	F						
	M						
Consultations	F	659	74,030	984	115,339	1,231	144,242
	M	565	65,747	1,094	129,320	1,515	177,917
Major Assessment	F	658	64,771	892	92,414	1,111	118,357
	M	462	48,074	818	88,193	1,312	137,043
Other Assessment	F	4,740	215,714	6,753	307,781	11,387	516,684
	M	3,583	168,543	6,269	291,200	10,558	504,991
Hospital Care Days	F	293	12,445	964	38,969	3,851	141,101
	M	327	14,388	1,101	47,023	3,779	144,445
Special Calls	F	8	5,752	26	10,363	236	42,885
	M	8	5,484	28	11,149	141	33,539
Psychotherapy/Counselling	F	1,392	59,302	1,022	45,513	993	43,545
	M	893	37,658	699	30,612	957	41,064
Major Surgery	F	1,374	102,329	2,288	195,365	2,501	218,093
	M	1,196	94,910	2,657	227,567	2,999	268,599
Minor Surgery	F	90	5,058	97	5,702	111	6,614
	M	103	6,011	121	7,286	145	9,124
Surgical Assistance	F						
	M			--	5		
Anaesthesiology	F	53	2,950	68	4,406	69	4,332
	M	36	1,978	54	3,375	57	3,641
Obstetrical Services	F	2	252	--	12	--	11
	M						
Diagnostic & Therapeutic Services, Radiology	F	1,433	127,482	1,772	148,121	1,611	123,455
	M	575	42,931	1,007	78,209	1,280	96,299
Laboratory Services	F	175	33,400	305	59,247	207	41,974
	M	42	12,417	116	31,162	119	31,736
Other Diagnostic & Therapeutic Services	F	1,902	68,685	2,959	126,641	3,135	151,622
	M	1,695	70,781	3,293	156,825	4,164	211,630
Special Services ⁽³⁾	F	597	9,752	606	8,121	487	5,152
	M	131	1,265	306	2,947	447	4,217
Miscellaneous Services ⁽⁴⁾	F	189	8,900	334	16,489	923	38,232
	M	178	9,295	329	18,855	847	41,789
Total	F	13,564	\$790,822	19,069	\$1,174,485	27,852	\$1,596,297
	M	9,792	\$579,483	17,892	\$1,123,728	28,321	\$1,706,032

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

(1) A blank cell represents a zero value.

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

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

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

Table 2.15
Percentage Changes to Rates in the Schedule of
Medical Benefits by Speciality for October 1, 2005 to March 31, 2010

Specialty	Effective Date	October 1, 2005	October 1, 2006	April 1, 2007	April 1, 2008	August 1, 2008	April 1, 2009
Anaesthesia		2.6	3.7	3.7	2.5	0.7	4.5
Cardiology		1.6	2.3	2.3	2.5	Nil	2.0
Cardiovascular and Thoracic Surgery		1.3	2.4	2.4	2.5	Nil	2.1
Critical Care Medicine		1.8	2.4	2.4	2.5	Nil	4.2
Dermatology		2.1	2.4	2.4	2.5	Nil	2.0
Radiology		1.9	3.1	3.1	2.5	Nil	2.0
Emergency Medicine		3.5	5.0	5.0	2.5	1.0	4.6
Endocrinology/Metabolism		5.3	7.2	7.2	2.5	2.7	4.2
Gastroenterology		2.4	4.5	4.5	2.5	0.6	2.6
General Practice		3.9	5.4	5.4	2.5	4.1	7.0
General Surgery		2.4	3.3	3.3	2.5	1.9	4.2
Mental Health Generalists		3.6	4.5	4.5	2.5	4.5	7.4
Infectious Diseases		5.3	7.7	7.7	2.5	3.5	4.8
Internal Medicine		3.8	5.5	5.5	2.5	3.9	6.5
Nephrology		2.7	2.7	2.7	2.5	Nil	2.0
Neurology		4.8	6.7	6.7	2.5	3.0	4.4
Neurosurgery		2.4	3.6	3.6	2.5	0.4	2.3
Obstetrics-Gynaecology		2.8	3.2	3.2	2.5	0.4	2.4
Ophthalmology		1.9	2.9	2.9	2.5	Nil	2.0
Orthopaedic Surgery		2.5	3.5	3.5	2.5	0.7	2.9
Otolaryngology		1.8	2.5	2.5	2.5	Nil	2.0
Paediatrics		4.8	7.2	7.2	2.5	6.1	7.3
Pathology		3.5	4.5	4.5	2.5	2.0	3.6
Physical Medicine and Rehabilitation		5.3	7.7	7.7	2.5	3.5	4.8
Plastic Surgery		2.5	3.5	3.5	2.5	0.6	2.6
Psychiatry		4.1	4.5	4.5	2.5	3.2	5.0
Respiratory Medicine		5.3	5.4	5.4	2.5	0.3	2.4
Rheumatology		5.3	5.7	5.7	2.5	2.4	3.9
Urology		2.4	3.1	3.1	2.5	0.1	2.1
Vascular Surgery		2.3	3.9	3.9	2.5	1.1	3.7
All Physicians		3.3%	4.5%	4.5%	2.5%	2.4%	5.0%

Table 2.16
Basic Health Services:
Percentage Changes to Rates in the Schedules of Benefits
for April 1, 2004 to March 31, 2010

Type of Practitioner Effective Date	Medical	Dental Specialists/Oral Surgeons	Optometrists	Podiatrists
	(%)	(%)	(%)	(%)
April 1, 2004	Nil	3.9	2.9	2.9
October 1, 2004	3.1	Nil	Nil	Nil
April 1, 2005	Nil	Nil	2.9	Nil
October 1, 2005	3.3	Nil	Nil	Nil
April 1, 2006	Nil	Nil	4.0	Nil
October 1, 2006	4.5	3.5	Nil	Nil
April 1, 2007	4.5	Nil	4.5	Nil
October 1, 2007	Nil	3.9	Nil	Nil
April 1, 2008	2.5	Nil	5.0	Nil
August 1, 2008	2.4	Nil	Nil	Nil
April 1, 2009	5.0	Nil	5.0	Nil

Alternate Relationship Plans

Under the 2003 *Tri-Lateral Master Agreement* between Alberta Health and Wellness, Alberta Health Services, and the Alberta Medical Association, which is in effect until March 31, 2011, innovative health delivery models are funded using agreements known as Alternate Relationship Plans.

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

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

Model Type Definitions

Clinical Alternate Relationship Plans

At present, there are 43 clinical Alternate Relationship Plans that use three working models for funding physician services, which are:

- Capitation Alternate Relationship Plan – This model is used in two Alternate Relationship Plans for the provision of family medicine or primary health care. Physician payment is based on a pre-determined amount per patient, per annum within a defined basket of insured health service codes.
- Contractual Alternate Relationship Plan – This model is used in 26 Alternate Relationship Plans for specialized health service delivery to targeted patient groups. Physician payment is based on a pre-negotiated amount for delivery of insured health services per full-time equivalent physician per annum.
- Sessional Alternate Relationship Plan – This model is used in 15 Alternate Relationship Plans for physician services delivered part-time. Physician payment is based on an hourly rate for the delivery of insured health services within an organized program to a defined patient group.

Academic Alternate Relationship Plans

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

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

During 2009/2010, one new academic Alternate Relationship Plan was implemented in Alberta, bringing the total number to ten. Academic Alternate Relationship Plans involve the following: the Universities and Faculties of Medicine, the participating physicians, Alberta Health and Wellness, Alberta Health Services, the Alberta Medical Association, other funding bodies, and related ministries such as Advanced Education and Technology.

Table 2.17
Alternate Relationship Plans (ARP) Summary by Type
For the Service Year April 1, 2009 to March 31, 2010 ⁽¹⁾

	General Practitioners	Specialists	Expenditures ⁽²⁾
Clinical ARPs	518	216	88,807,784
Academic ARPs	63	662	145,024,728
Total ⁽³⁾	581	878	233,832,512
Total ARP Physicians	1,459		

(1) Alternate Relationship Plans information as of March 31, 2010

(2) Expenditures for the 2009/2010 fiscal year as of September 2, 2010. Payments associated with the Clinical Stabilization Initiative are not included.

(3) Physician count is not discrete between Clinical and Academic Alternate Relationship Plans.

Out-of-Country Health Coverage

Out-of-country insured physician, dental specialist/oral surgeon 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.

Table 2.18
Out-of-Country Basic Health Services:
Distribution of Payments, Number of Services and Discrete Patients
for the Service Year April 1, 2009 to March 31, 2010 ⁽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⁾	22,058	8,665	1,265,957	811	193	73,594	21,247	8,648	1,192,363
Dental Specialists/Oral Surgeons	12	3	494	7	1	201	5	2	293
Total	22,070	8,665	\$1,266,451	818	194	\$73,795	21,252	8,648	\$1,192,656

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

(1) Number of 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.

Under certain circumstances, the Out-of-Country Health Services Committee and, when applicable, the Out-of-Country Health Services Appeal Panel, considers funding the cost of insured physician, dental specialist/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, 2006 to March 31, 2010

Status of Applications	Type of Service				
	Required services not available in Alberta				
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
Received	86	84	85.0	130	94
Approved	44	47	55.0	77	43
Approved on Appeal ⁽¹⁾	5	2	1.5	2	4
Denied	37	35	28.5	51	47

(1) Row added to show those approved by the Appeal Panel. Denied numbers have been adjusted for the years ending 2006 to 2007.

Table 2.20
Out-of-Country Health Services Program:
Payments Made for Approved Applications
for the Service Years Ended March 31, 2006 to March 31, 2010

Amount Paid (\$)	Type of Service				
	Required services not available in Alberta				
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
Medical Services	416,416	1,000,667	657,403	1,461,543	785,605
Hospital Services	1,517,904	1,993,838	2,888,451	2,264,340	2,945,522
Total	\$1,934,320	\$2,994,504	\$3,545,854	\$3,725,883	\$3,731,127

Primary Care Networks

Primary Care Networks are formed through formal arrangements between groups of primary care physicians and Alberta Health Services. Primary Care Networks 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 in the community, while working within the provincial framework.

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

The goals of Primary Care Networks are to:

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

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

Table 2.21
Primary Care Networks:
Distribution by Health Zone, Number of Primary Care Physicians, Number of Patients, and Total Payments for the Service Year April 1, 2009 to March 31, 2010

Primary Care Network	Alberta Health Services Zone ⁽¹⁾	Number of Primary Care Physicians ⁽²⁾	Number of Patients Enrolled ⁽³⁾	Total Payments to the Primary Care Network ⁽⁴⁾
Chinook	South Zone (Zone 1)	94	119,890	\$6,103,659
Palliser	South Zone (Zone 1)	60	87,775	4,226,675
Bow Valley	Calgary Zone (Zone 2)	32	23,369	1,138,950
Calgary Foothills	Calgary Zone (Zone 2)	240	288,376	13,918,586
Calgary Rural	Calgary Zone (Zone 2)	100	92,088	4,548,081
Calgary West Central	Calgary Zone (Zone 2)	281	277,519	14,262,755
Highland	Calgary Zone (Zone 2)	34	42,092	2,064,300
Mosaic	Calgary Zone (Zone 2)	79	107,663	4,734,900
South Calgary	Calgary Zone (Zone 2)	94	105,709	5,123,875
Big Country	Central Zone (Zone 3)	33	39,395	1,576,000
Camrose	Central Zone (Zone 3)	17	20,201	1,009,325
Provost	Central Zone (Zone 3)	4	6,024	320,175
Red Deer	Central Zone (Zone 3)	67	100,727	5,128,007
Rocky Mountain House	Central Zone (Zone 3)	15	13,321	721,098
Wolf Creek	Central Zone (Zone 3)	45	53,645	2,662,175
Alberta Heartland	Edmonton Zone (Zone 4)	22	28,665	1,054,350
Edmonton North	Edmonton Zone (Zone 4)	113	153,569	7,809,446
Edmonton Oliver	Edmonton Zone (Zone 4)	55	43,671	2,291,673
Edmonton Southside	Edmonton Zone (Zone 4)	99	110,968	5,542,777
Edmonton West	Edmonton Zone (Zone 4)	75	78,574	3,971,165
Leduc/Beaumont/Devon	Edmonton Zone (Zone 4)	43	52,124	2,757,168
St. Albert & Sturgeon	Edmonton Zone (Zone 4)	49	69,144	3,408,255
Sherwood Park-Strathcona County	Edmonton Zone (Zone 4)	59	78,126	3,892,752
WestView	Edmonton Zone (Zone 4)	63	65,700	3,326,390
Bonnyville	North Zone (Zone 5)	14	12,178	613,750
McLeod River	North Zone (Zone 5)	25	20,873	260,913
Northwest	North Zone (Zone 5)	33	22,434	1,094,124
Peace River	North Zone (Zone 5)	15	10,655	543,475
Sexsmith	North Zone (Zone 5)	5	5,372	265,100
St. Paul/Aspen	North Zone (Zone 5)	30	35,926	2,127,500
West Peace	North Zone (Zone 5)	4	7,994	399,300
Wood Buffalo	North Zone (Zone 5)	28	48,300	2,374,541
Total		1,927	2,222,067	\$109,271,239

(1) The term Alberta Health Services Zone is explained in Section 3: Regional Data.

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

(3) Informal enrollment is based on a default method of calculating one patient encounter with a PCN health service provider at a PCN service delivery location for services included in Article 8, Schedule G of the *Primary Care Initiative Agreement*, in the past three years. Informal enrolment is based on assignment of discrete patients to PCNs based on overall volume of care to a single provider.

(4) 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.

Section 3: Regional Data

Summary

As of May 15, 2008, the Alberta Health Services Board became the common governance board responsible for the delivery of health services previously provided by the nine regional health authorities, the Alberta Cancer Board, the Alberta Alcohol and Drug Abuse Commission and the Alberta Mental Health Board.

Alberta Health Services has divided Alberta into five geographic zones for ease of management of the delivery of health care services. The five health zones are loosely related to the former health regions as follows:

Zone 1 (South Zone):	Chinook Regional Health Authority Palliser Health Region
Zone 2 (Calgary Zone):	Calgary Health Region
Zone 3 (Central Zone):	David Thompson Regional Health Authority East Central Health
Zone 4 (Edmonton Zone):	Capital Health
Zone 5 (North Zone):	Aspen Regional Health Authority Peace Country Health Northern Lights Health Region

This section provides practitioner fee-for-service data broken down by the five zones.

Alberta Health Services is responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. Alberta Health Services works with communities to deliver health services, including mental health services, to local residents. Information about services and costs for Alberta Health Services is in the *Alberta Ministry of Health and Wellness Annual Report 2009/2010*. Performance measures and financial information for 2009/2010 is reported based on the boundaries of the former regions and boards.

Highlights

- A total of 37.7 per cent of physician fee-for-service expenditures were for services received in Zone 4 (Edmonton Zone); 37.6 per cent for services received in Zone 2 (Calgary Zone) and the balance (24.7 per cent) for services received in the other three zones.
- An average of 69.7 per cent of payments for services received by patients were provided in the health zone where the patient resides.

Figures and Charts



Explanatory Notes

Number of Practitioners

The figures shown for the number of practitioners in a former health 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.

Health Boundary Changes

Health boundaries are subject to change; therefore, year-over-year comparisons by regions should be interpreted with caution. The map on health zones shows the previous health region boundaries and the current continuum zones that were put in place on May 15, 2008.

Service Location and Recipient Location

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

Table 3.1
Distribution of Population Covered by Former Health Region Service Location
as at March 31, 2010 ⁽¹⁾

Former Health Region Service Location	Registered Population		
	Total	Male	Female
Chinook Regional Health Authority	172,609	85,665	86,944
Palliser Health Region	111,721	56,217	55,504
Calgary Health Region	1,367,950	683,246	684,704
David Thompson Regional Health Authority	327,126	163,741	163,385
East Central Health	119,153	59,239	59,914
Capital Health	1,156,886	577,090	579,796
Aspen Regional Health Authority	189,824	96,654	93,170
Peace Country Health	152,696	77,940	74,756
Northern Lights Health Region	93,525	49,404	44,121
Unknown	511	285	226
Total	3,692,001	1,849,481	1,842,520

(1) The population figures are as at March 31, 2010, calculated in July 2010.

Alberta Health Services Zones to Health Regions

Zone 1 (South Zone) Chinook Regional Health Authority, Palliser Health Region

Zone 2 (Calgary Zone) Calgary Health Region

Zone 3 (Central Zone) David Thompson Regional Health Authority, East Central Health

Zone 4 (Edmonton Zone) Capital Health

Zone 5 (North Zone) Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

Table 3.2
Distribution of Payments to Physicians by Former Health Region
Service Location and Recipient Location
for the Service Year April 1, 2009 to March 31, 2010 ⁽¹⁾

Former Health Region Service Location	Former 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	91,800,038	84,118,601	1,919,472	4,232,234	458,971	73,524
Palliser Health Region	59,829,908	915,923	56,862,839	990,436	421,187	87,543
Calgary Health Region	802,406,609	10,506,009	8,082,475	757,421,086	16,781,253	690,312
David Thompson Regional Health Authority	162,478,316	396,863	616,514	6,583,999	144,952,817	2,514,830
East Central Health	41,095,576	78,703	77,460	396,371	1,917,902	34,751,843
Capital Health	805,148,661	1,286,116	874,458	7,482,365	23,188,848	23,465,937
Aspen Regional Health Authority	62,621,343	76,261	97,693	439,558	532,973	798,319
Peace Country Health	66,323,657	97,161	64,331	450,960	416,158	95,495
Northern Lights Health Region	32,787,389	44,088	31,217	419,027	217,695	65,654
Unknown	8,707,857	208,358	173,702	1,423,201	260,682	4,925,920
Total	\$2,133,199,354	\$97,728,083	\$68,800,161	\$779,839,236	\$189,148,486	\$67,469,376

Former Health Region Service Location	Former Health Region Location				
	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Chinook Regional Health Authority	585,602	137,822	131,439	91,136	51,237
Palliser Health Region	278,146	77,908	50,287	43,939	101,699
Calgary Health Region	5,441,654	929,100	991,132	889,688	673,901
David Thompson Regional Health Authority	5,080,010	1,195,288	629,127	343,029	165,840
East Central Health	2,560,578	1,021,524	118,379	103,423	69,394
Capital Health	681,803,633	45,543,769	11,846,290	8,871,896	785,348
Aspen Regional Health Authority	3,619,488	55,172,983	1,343,390	477,286	63,393
Peace Country Health	1,064,545	790,965	61,408,949	1,874,413	60,680
Northern Lights Health Region	964,059	329,389	156,631	30,522,524	37,105
Unknown	901,932	508,144	134,522	99,899	71,496
Total	\$702,299,648	\$105,706,891	\$76,810,146	\$43,317,234	\$2,080,092

Note: This table reflects fee-for-service data only.
(1) The sums of the payments may not match the totals due to rounding.

Alberta Health Services Zones to Health Regions

- Zone 1 (South Zone) Chinook Regional Health Authority, Palliser Health Region
- Zone 2 (Calgary Zone) Calgary Health Region
- Zone 3 (Central Zone) David Thompson Regional Health Authority, East Central Health
- Zone 4 (Edmonton Zone) Capital Health
- Zone 5 (North Zone) Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

Table 3.3
Distribution of Payments by Diagnostic Chapter (ICD9) and Former Health Region Service Location
for the Service Year April 1, 2009 to March 31, 2010

Former Health Region Service Location	All Former Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health
Diagnostic Chapter (ICD9)						
Infectious and Parasitic Diseases	\$34,205,961	\$1,380,778	\$1,034,388	\$12,786,395	\$3,118,722	\$823,616
Neoplasms	74,401,299	3,549,792	2,093,885	28,418,666	4,158,191	1,088,553
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	64,612,654	3,038,117	2,978,261	21,141,581	4,977,721	1,454,121
Diseases of Blood and Blood Forming Organs	10,055,192	619,217	413,005	3,407,659	890,702	294,695
Mental Disorders	209,923,386	8,443,792	5,088,501	77,058,179	17,914,251	3,389,534
Diseases of the Nervous System and Sense Organs	135,316,419	6,142,423	4,486,799	52,488,454	7,410,459	1,807,684
Diseases of the Circulatory System	152,447,741	6,109,092	4,611,252	49,641,594	10,318,403	3,335,339
Diseases of the Respiratory System	130,765,496	5,917,769	3,562,607	46,235,243	11,295,635	2,949,568
Diseases of the Digestive System	79,402,717	4,121,592	2,735,009	24,611,204	8,193,495	2,711,108
Diseases of the Genitourinary System	97,787,593	5,210,178	2,490,823	37,007,517	9,234,128	2,379,314
Complications of Pregnancy, Childbirth and the Puerperium	64,418,788	3,018,517	1,136,316	26,779,914	5,351,591	1,188,085
Diseases of the Skin and Subcutaneous Tissue	54,757,952	2,046,293	1,480,409	20,922,314	4,467,457	1,278,561
Diseases of the Musculoskeletal System and Connective Tissue	106,435,555	5,731,485	4,040,087	36,979,830	8,375,523	2,771,024
Congenital Anomalies	6,413,525	169,601	73,388	2,424,510	160,101	31,525
Certain Conditions Originating in the Perinatal Period	7,349,193	716,741	307,063	1,850,569	1,282,881	76,900
Symptoms, Signs and Ill-Defined Conditions	227,466,024	10,067,509	5,634,907	82,207,390	20,394,743	5,531,389
Injury and Poisoning	112,179,571	4,805,533	2,798,206	38,527,822	10,023,268	2,483,709
Non-Standard Diagnostic Codes ⁽¹⁾	196,448,702	7,228,046	5,872,883	75,670,023	16,018,970	4,978,452
Unknown Diagnostic Chapter ⁽²⁾	368,811,586	13,483,560	8,992,118	164,247,747	18,892,076	2,522,400
Total	\$2,133,199,354	\$91,800,038	\$59,829,908	\$802,406,609	\$162,478,316	\$41,095,576

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 and anaesthesiologists do not have to provide diagnostic codes when submitting claims to the AHCIP. Claims for these services are included under Unknown Diagnostic Chapter.

Continued...

Alberta Health Services Zones to Health Regions

Zone 1 (South Zone) Chinook Regional Health Authority, Palliser Health Region

Zone 2 (Calgary Zone) Calgary Health Region

Zone 3 (Central Zone) David Thompson Regional Health Authority, East Central Health

Zone 4 (Edmonton Zone) Capital Health

Zone 5 (North Zone) Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

Table 3.3
Distribution of Payments by Diagnostic Chapter (ICD9) and Former Health Region Service Location
for the Service Year April 1, 2009 to March 31, 2010

Diagnostic Chapter (ICD)	Former Health Region Service Location	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Infectious and Parasitic Diseases		\$1,761,938	\$1,325,490	\$1,105,027	\$679,538	\$190,069
Neoplasms		31,101,054	1,508,962	1,542,421	588,368	351,407
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders		24,579,595	2,623,420	2,083,772	1,438,193	297,872
Diseases of Blood and Blood Forming Organs		3,264,074	531,635	362,108	171,992	100,105
Mental Disorders		87,257,736	3,186,805	4,269,983	2,169,052	1,145,554
Diseases of the Nervous System and Sense Organs		54,368,485	2,845,691	4,255,348	1,192,620	318,456
Diseases of the Circulatory System		67,563,115	4,599,176	3,726,004	1,829,982	723,783
Diseases of the Respiratory System		46,270,527	6,477,921	4,645,926	2,774,479	635,821
Diseases of the Digestive System		26,973,888	3,814,325	3,885,140	1,772,108	584,847
Diseases of the Genitourinary System		33,470,930	3,054,852	2,942,472	1,511,969	485,412
Complications of Pregnancy, Childbirth and the Puerperium		19,739,887	2,579,367	2,114,402	2,070,619	440,089
Diseases of the Skin and Subcutaneous Tissue		19,441,875	2,332,669	1,505,792	1,021,665	260,918
Diseases of the Musculoskeletal System and Connective Tissue		37,020,301	5,279,435	4,387,692	1,523,724	326,453
Congenital Anomalies		3,282,720	57,580	157,255	37,470	19,374
Certain Conditions Originating in the Perinatal Period		1,565,619	176,833	1,102,991	205,528	64,068
Symptoms, Signs and Ill-Defined Conditions		82,530,605	6,848,677	8,228,300	4,987,216	1,035,288
Injury and Poisoning		40,710,055	5,604,635	4,616,390	2,039,632	570,321
Non-Standard Diagnostic Codes ⁽¹⁾		64,569,368	7,660,179	9,086,668	4,597,837	766,277
Unknown Diagnostic Chapter ⁽²⁾		149,686,888	2,113,692	6,305,965	2,175,397	391,743
Total		\$805,148,661	\$62,621,343	\$66,323,657	\$32,787,389	\$8,707,857

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 the AHGIP. Claims for these services are included under Unknown Diagnostic Chapter.

Alberta Health Services Zones to Health Regions

Zone 1 (South Zone) Chinook Regional Health Authority, Palliser Health Region
 Zone 2 (Calgary Zone) Calgary Health Region
 Zone 3 (Central Zone) David Thompson Regional Health Authority, East Central Health
 Zone 4 (Edmonton Zone) Capital Health
 Zone 5 (North Zone) Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

Table 3.4
Distribution of Physicians with Total Payments of \$10,000 and Over, and Average Payments
by Former Health Region Service Location
for the Service Year April 1, 2009 to March 31, 2010 ^{(1) (2)}

Former 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	294	\$83,276,070	\$283,252	175	\$45,695,735	\$261,118	119	\$37,580,335	\$315,801
Palliser Health Region	191	54,942,671	287,658	106	31,743,546	299,467	85	23,199,125	272,931
Calgary Health Region	2,356	686,745,336	291,488	1,362	325,542,799	239,018	994	361,202,537	363,383
David Thompson Regional Health Authority	498	150,320,855	301,849	345	97,654,757	283,057	153	52,666,099	344,223
East Central Health	178	39,263,824	220,583	141	31,546,414	223,733	37	7,717,410	208,579
Capital Health	2,104	703,758,056	334,486	1,122	295,432,992	263,309	982	408,325,064	415,810
Aspen Regional Health Authority	268	62,236,624	232,226	225	55,846,491	248,207	43	6,390,133	148,608
Peace Country Health	223	62,029,370	278,159	151	40,647,514	269,189	72	21,381,855	296,970
Northern Lights Health Region	132	32,615,370	247,086	88	24,686,938	280,533	44	7,928,432	180,192
Unknown	119	7,607,013	63,924	69	4,798,291	69,540	50	2,808,722	56,174
Total	6,363	\$1,882,795,191	\$295,897	3,784	\$953,595,478	\$252,007	2,579	\$929,199,713	\$360,295

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.

Alberta Health Services Zones to Health Regions

- Zone 1 (South Zone) Chinook Regional Health Authority, Palliser Health Region
- Zone 2 (Calgary Zone) Calgary Health Region
- Zone 3 (Central Zone) David Thompson Regional Health Authority, East Central Health
- Zone 4 (Edmonton Zone) Capital Health
- Zone 5 (North Zone) Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

Table 3.5
Number of General/Family Physicians by Payment Range and Former Health Region Service Location
for the Service Year April 1, 2009 to March 31, 2010 ⁽¹⁾ ⁽²⁾

Former 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	1,898	65	92	258	146	126	307	143	96	51	614
10,000 - 19,999	183	13	3	48	11	16	40	16	9	6	21
20,000 - 39,999	236	12	14	69	18	14	50	24	12	5	18
40,000 - 59,999	179	10	3	68	12	11	44	16	9	3	3
60,000 - 79,999	177	9	3	76	14	9	38	8	12	3	5
80,000 - 99,999	160	6	4	61	13	6	49	9	4	5	3
100,000 - 119,999	135	1	2	69	7	5	35	7	1	5	3
120,000 - 139,999	154	7	3	72	6	5	49	2	4	2	4
140,000 - 159,999	129	1	2	53	12	1	45	4	4	6	1
160,000 - 179,999	145	2	2	59	6	4	59	7	2	4	4
180,000 - 199,999	164	3	4	68	10	6	54	8	6	3	2
200,000 - 299,999	802	38	13	305	73	15	280	38	23	13	4
300,000 - 399,999	628	37	17	219	82	12	182	41	28	9	1
400,000 - 499,999	348	21	15	95	48	24	94	21	16	14	1
500,000 - 599,999	182	8	10	53	22	7	44	15	15	8	1
600,000 - 699,999	69	1	8	19	9	4	21	3	2	2	1
700,000 - 799,999	40	2	3	12	1	2	14	3	2	2	1
800,000 - 899,999	21	2	2	5	1	1	9	3	1	1	1
900,000 - 999,999	15	2	2	5	1	1	7	1	1	1	1
1,000,000 & over	17	1	1	6	1	1	8	1	1	1	1
Total	5,682	240	198	1,620	491	267	1,429	368	247	139	683

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.

Alberta Health Services Zones to Health Regions

Zone 1 (South Zone) Chinook Regional Health Authority, Palliser Health Region

Zone 2 (Calgary Zone) Calgary Health Region

Zone 3 (Central Zone) David Thompson Regional Health Authority, East Central Health

Zone 4 (Edmonton Zone) Capital Health

Zone 5 (North Zone) Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

Table 3.6
Number of Physicians by Specialty Within the Former Health Regions
for the Service Year April 1, 2009 to March 31, 2010^{(1) (2)}

Physicians by Specialty	Number of Physicians ⁽³⁾			
	All Health Regions	Capital Health	Calgary Health Region	All Other Regions
Physicians by Specialty				
Anaesthesiology	434	145	158	131
Cardiovascular and Thoracic Surgery	28	20	6	2
Dermatology	56	19	22	15
Emergency Medicine	113	40	52	21
General/Family Physicians (GP/FPs)	5,682	1,429	1,620	2,633
General Surgery	307	66	73	168
Internal Medicine	857	304	218	335
Neurology	65	22	13	30
Neurosurgery	12	8	4	
Obstetrics-Gynaecology	286	70	91	125
Ophthalmology	128	47	47	34
Orthopaedic Surgery	227	52	66	109
Otolaryngology	66	25	21	20
Paediatrics	351	72	147	132
Physical Medicine and Rehabilitation	37	21	7	9
Plastic Surgery	73	20	28	25
Psychiatry	550	186	188	176
Urology	68	23	20	25
All Specialists (except GP/FPs & laboratory specialists)	3,658	1,140	1,161	1,357
Total: All Physicians	9,340	2,569	2,781	3,990

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.

Alberta Health Services Zones to Health Regions

Zone 1 (South Zone) Chinook Regional Health Authority, Palliser Health Region

Zone 2 (Calgary Zone) Calgary Health Region

Zone 3 (Central Zone) David Thompson Regional Health Authority, East Central Health

Zone 4 (Edmonton Zone) Capital Health

Zone 5 (North Zone) Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

Table 3.7
Allied Health Services:
Distribution of Services and Payments by Former Health Region Service Location
for the Service Year April 1, 2009 to March 31, 2010 ^{(1) (2)}

Former Health Region Service Location	Total		Optometrists		Dental Specialists/ Oral Surgeons		Podiatrists	
	Services	Payments	Services	Payments	Services	Payments	Services	Payments
Chinook Regional Health Authority	56,850	\$2,594,642	34,386	\$1,836,839	119	\$14,217	22,345	\$743,585
Palliser Health Region	30,927	1,352,388	21,856	1,155,037	22	2,126	9,049	195,225
Calgary Health Region	360,575	17,722,858	222,210	11,542,881	7,941	1,912,184	130,424	4,267,793
David Thompson Regional Health Authority	93,205	4,624,242	78,485	4,204,343	232	34,372	14,488	385,528
East Central Health	29,312	1,556,509	28,072	1,517,462	4	719	1,236	38,328
Capital Health	322,396	16,725,246	204,718	11,041,441	10,590	2,877,031	107,088	2,806,775
Aspen Regional Health Authority	30,066	1,578,866	27,786	1,511,376	40	5,012	2,240	62,478
Peace Country Health	23,522	1,214,098	21,249	1,140,682	15	1,807	2,258	71,608
Northern Lights Health Region	9,387	435,041	7,344	371,664			2,043	63,377
Unknown	2,846	68,979	65	3,209			2,781	65,770
Total	959,086	\$47,872,869	646,171	\$34,324,934	18,963	\$4,847,467	293,952	\$8,700,467

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

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

(2) A blank cell represents a zero value.

Alberta Health Services Zones to Health Regions

Zone 1 (South Zone) Chinook Regional Health Authority, Palliser Health Region
 Zone 2 (Calgary Zone) Calgary Health Region
 Zone 3 (Central Zone) David Thompson Regional Health Authority, East Central Health
 Zone 4 (Edmonton Zone) Capital Health
 Zone 5 (North Zone) Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

Section 4: Non-Group Supplementary Plans

Summary

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

Albertans under the age of 65 can purchase Non-Group coverage where a reduced premium rate is available to Albertans with lower incomes. 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 10 drug expenditures.

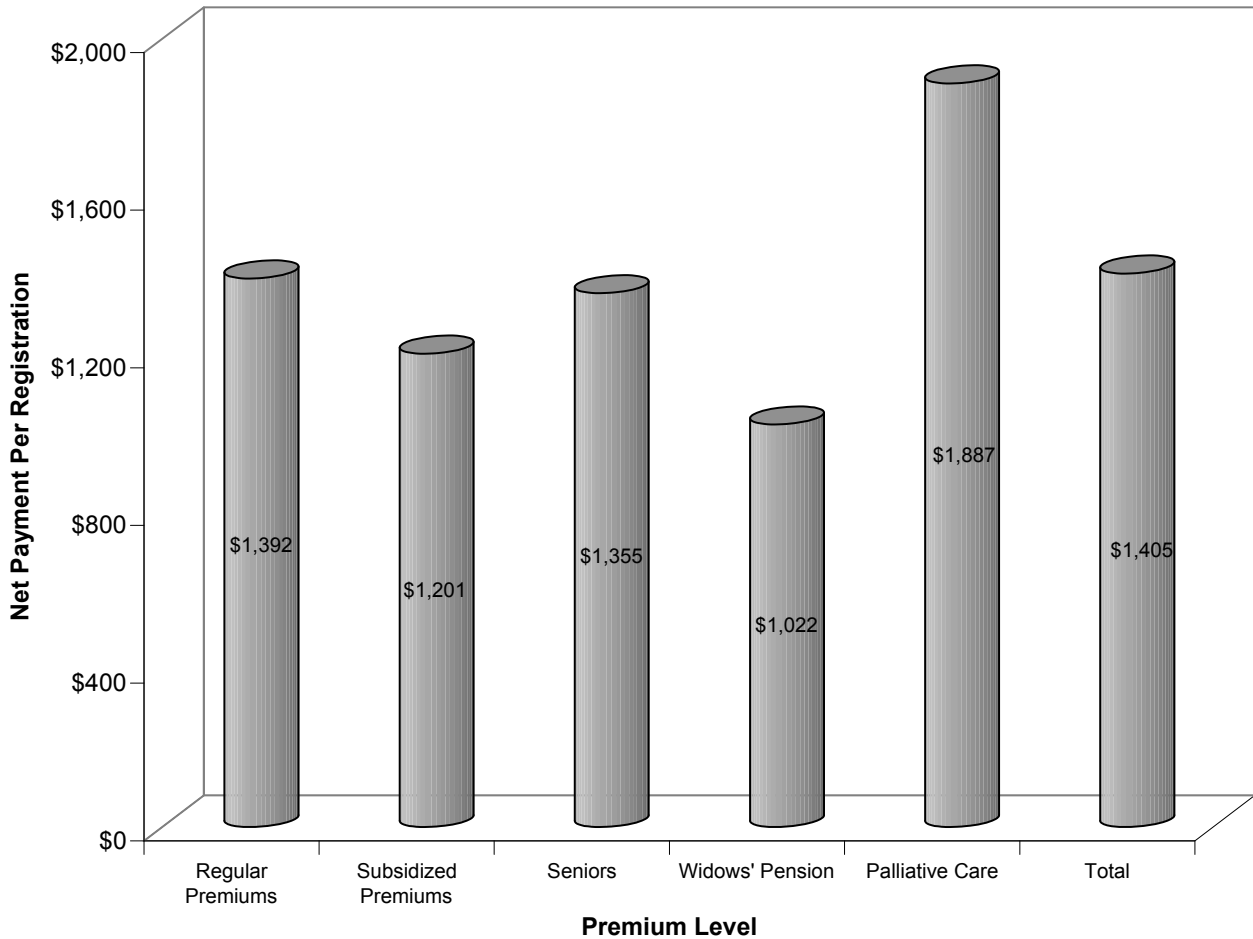
Highlights

- In 2009/2010, the number of Albertans who were covered under Non-Group supplementary plans decreased to 566,077, a decrease of 0.6 per cent compared to 2008/2009.
- The number of persons covered through full premium rates was 104,293 (18.4 per cent of the total Non-Group membership).
- A total of 24,251 people (4.3 per cent of the total Non-Group membership) received non-group coverage at reduced premium rates.
- A total of 437,533 people (77.3 per cent of total Non-Group membership) received their coverage premium-free.
- Almost \$707 million was paid for benefits under the Non-Group supplementary plans in 2009/2010, an increase of 6.8 per cent compared to 2008/2009.
- More than \$543 million was paid for benefits for seniors and their dependants in 2009/2010. These payments accounted for 76.9 per cent of the total amount spent on the Non-Group supplementary plans.
- Drugs accounted for more than \$682 million or 96.6 per cent of total Non-Group benefit expenditures. Ambulance services accounted for over \$23 million or 3.3 per cent of the total.
- A cholesterol lowering agent, Lipitor (20mg), had the highest expenditures with a total of 144,147 prescriptions and an expenditure of \$20,616,580.

- In 2009/2010, the 10 highest expenditure drugs were used to treat common chronic conditions including:
 - High cholesterol conditions treated using Lipitor (in three strengths).
 - Rheumatoid arthritis/Crohn's Disease treated using Remicade.
 - Prevention of heart attack and stroke treated using Plavix.
 - Rheumatoid arthritis/psoriasis treated using Enbrel.
 - Multiple Sclerosis treated using Copaxone.
 - High cholesterol conditions treated using Crestor.
 - Gastro-intestinal ulcers treated using Prevacid.
 - Rheumatoid arthritis/psoriasis treated using Humira.

Charts and Figures

Figure 6
Non-Group Supplementary Coverage: Average Net Payment for Drugs
Per Recipient by Coverage Category for the Service Year April 1, 2009 to March 31, 2010



Premium Subsidy Program

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

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

2009/2010 Premium Subsidy Thresholds	
Family Category	Full Premiums
Single	over \$20,970
Family - no children	over \$33,240
Family - with children	over \$39,250

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 Supplementary Coverage Parameters

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

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

Table 4.1
Non-Group Supplementary Coverage:
Number of Registrations and Persons Covered by Level of Premium Payment
as at March 31, 2006, 2007, 2008, 2009 and 2010 ⁽¹⁾

Registration Status	Number of Registrations & Persons Covered										Percentage Change			
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2007/2006	2008/2007	2009/2008	2010/2009	2007/2006	2008/2007	2009/2008	2010/2009	
Regular Premiums	47,582	48,631	51,848	54,231	51,823	2.20	6.62	4.60	(4.44)	2.20	6.62	4.60	(4.44)	
Persons	98,704	101,077	107,100	111,168	104,293	2.40	5.96	3.80	(6.18)	2.40	5.96	3.80	(6.18)	
Reduced Premiums	21,222	22,445	20,703	17,293	12,791	5.76	(7.76)	(16.47)	(26.03)	5.76	(7.76)	(16.47)	(26.03)	
Persons	40,852	42,598	38,826	32,922	24,251	4.27	(8.85)	(15.21)	(26.34)	4.27	(8.85)	(15.21)	(26.34)	
No Premiums ⁽²⁾	265,284	272,160	280,218	288,298	296,133	2.59	2.96	2.88	2.72	2.59	2.96	2.88	2.72	
Persons	389,138	399,755	412,513	425,509	437,533	2.73	3.19	3.15	2.83	2.73	3.19	3.15	2.83	
Total	334,088	343,236	352,769	359,822	360,747	2.74%	2.78%	2.00%	0.26%	2.74%	2.78%	2.00%	0.26%	
Persons	528,694	543,430	558,439	569,599	566,077	2.79%	2.76%	2.00%	-0.62%	2.79%	2.76%	2.00%	-0.62%	

(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, 2006, 2007, 2008, 2009 and 2010^{(1) (2)}

Registration Status		Total					Regular Premium				
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
One Person	Registrations	176,298	180,525	184,868	187,949	188,779	19,016	19,094	20,557	22,055	21,726
	Persons	176,298	180,525	184,868	187,949	188,779	19,016	19,094	20,557	22,055	21,726
Two Persons	Registrations	137,844	142,369	147,228	151,062	153,518	16,819	17,517	18,584	19,002	18,178
	Persons	275,688	284,738	294,456	302,124	307,036	33,638	35,034	37,168	38,005	36,356
Three or More Persons	Registrations	19,946	20,342	20,673	20,811	18,450	11,747	12,020	12,707	13,174	11,919
	Persons	76,708	78,167	79,115	79,526	70,262	46,050	46,949	49,373	51,108	46,211
Total	Registrations	334,088	343,236	352,769	359,822	360,747	47,582	48,631	51,848	54,231	51,823
	Persons	528,694	543,430	558,439	569,599	566,077	98,704	101,077	107,098	111,168	104,293

Registration Status		Subsidized Premium					Seniors				
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
One Person	Registrations	11,473	12,461	11,776	9,787	7,286	144,563	148,010	151,797	155,558	159,361
	Persons	11,473	12,461	11,776	9,787	7,286	144,563	148,010	151,797	155,558	159,361
Two Persons	Registrations	4,916	5,021	4,452	3,690	2,804	116,058	119,791	124,164	128,351	132,526
	Persons	9,832	10,042	8,904	7,379	5,608	232,116	239,582	248,328	256,702	265,052
Three or More Persons	Registrations	4,833	4,963	4,475	3,816	2,701	3,346	3,347	3,485	3,814	3,827
	Persons	19,547	20,095	18,148	15,756	11,357	11,044	11,084	11,575	12,640	12,685
Total	Registrations	21,222	22,445	20,703	17,293	12,791	263,967	271,148	279,446	287,723	295,714
	Persons	40,852	42,598	38,828	32,922	24,251	387,723	398,676	411,700	424,900	437,098

Registration Status		Widows' Pension				
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
One Person	Registrations	1,246	960	738	549	406
	Persons	1,246	960	738	549	406
Two Persons	Registrations	51	40	28	19	10
	Persons	102	80	56	38	20
Three or More Persons	Registrations	20	12	6	7	3
	Persons	67	39	19	22	9
Total	Registrations	1,317	1,012	772	575	419
	Persons	1,415	1,079	813	609	435

Note: As at March 31, 2009, 1,263 people were covered by the Palliative Care Drug Program. Of these, 407 are not included in this table as they were covered only under the Palliative Care Drug Program and had no other Non-Group supplementary coverage.

(1) The 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.

Table 4.3
Non-Group Supplementary Coverage:
Persons Covered by Age and Gender as at March 31, 2006, 2007, 2008, 2009 and 2010⁽¹⁾

Age Group	Total						Male						Female					
	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	2010/2011
Under 1	938	1,031	940	987	733	486	510	457	478	379	452	521	483	509	354	509	354	354
1 - 4	4,128	4,328	4,390	4,260	3,511	2,065	2,163	2,245	2,169	1,758	2,063	2,165	2,145	2,091	1,753	2,091	1,753	1,753
5 - 14	16,239	16,499	16,437	15,749	13,589	8,367	8,432	8,400	8,042	6,855	7,872	8,067	8,037	7,707	6,734	7,707	6,734	6,734
15 - 24	24,010	24,189	24,209	24,128	20,618	11,564	11,786	11,860	11,958	10,463	12,446	12,403	12,349	12,170	10,155	12,170	10,155	10,155
25 - 44	26,967	27,579	27,805	26,798	22,770	11,494	11,818	12,023	11,789	10,150	15,473	15,761	15,782	15,009	12,620	15,009	12,620	12,620
45 - 64	109,419	112,728	116,102	117,504	113,469	38,662	40,102	41,494	41,993	39,948	70,757	72,626	74,608	75,511	73,521	75,511	73,521	73,521
65 - 74	185,488	189,721	195,734	202,520	209,063	90,034	91,895	94,975	98,089	101,248	95,454	97,826	100,759	104,431	107,815	104,431	107,815	107,815
75 & Older	161,505	167,355	172,822	177,653	182,324	65,279	68,239	70,928	73,496	75,828	96,226	99,116	101,894	104,157	106,496	104,157	106,496	106,496
Total	528,694	543,430	558,439	569,599	566,077	227,951	234,945	242,382	248,014	246,629	300,743	308,485	316,057	321,585	319,448	321,585	319,448	319,448

Age Group	Percentage Change Total						Percentage Change Male						Percentage Change Female					
	2007/2006	2008/2007	2009/2008	2010/2009	2011/2010	2012/2011	2007/2006	2008/2007	2009/2008	2010/2009	2011/2010	2012/2011	2007/2006	2008/2007	2009/2008	2010/2009	2011/2010	2012/2011
Under 1	9.91	(8.83)	5.00	(25.73)	4.94	(10.39)	4.60	(20.71)	15.27	(7.29)	5.38	(30.45)	15.27	(7.29)	5.38	(30.45)	(30.45)	(30.45)
1 - 4	4.84	1.43	(2.96)	(17.58)	4.75	3.79	(3.39)	(18.95)	4.94	(0.92)	(2.52)	(16.16)	4.94	(0.92)	(2.52)	(16.16)	(16.16)	(16.16)
5 - 14	1.60	(0.38)	(4.19)	(13.72)	0.78	(0.36)	(4.26)	(14.76)	2.48	(0.37)	(4.11)	(12.62)	2.48	(0.37)	(4.11)	(12.62)	(12.62)	(12.62)
15 - 24	0.75	0.08	(0.33)	(14.55)	1.92	0.63	0.83	(12.50)	(0.35)	(0.44)	(1.45)	(16.56)	(0.35)	(0.44)	(1.45)	(16.56)	(16.56)	(16.56)
25 - 44	2.27	0.82	(3.62)	(15.03)	2.82	1.73	(1.95)	(13.90)	1.86	0.13	(4.90)	(15.92)	1.86	0.13	(4.90)	(15.92)	(15.92)	(15.92)
45 - 64	3.02	2.99	1.21	(3.43)	3.72	3.47	1.20	(4.87)	2.64	2.73	1.21	(2.64)	2.64	2.73	1.21	(2.64)	(2.64)	(2.64)
65 - 74	2.28	3.17	3.47	3.23	2.07	3.35	3.28	3.22	2.48	3.00	2.22	3.24	2.48	3.00	2.22	3.24	3.24	3.24
75 & Older	3.62	3.27	2.80	2.63	4.53	3.94	3.62	3.17	3.00	2.80	2.22	2.25	3.00	2.80	2.22	2.25	2.25	2.25
Total	2.79%	2.76%	2.00%	-0.62%	3.07%	3.17%	2.32%	-0.56%	2.57%	2.45%	1.75%	-0.66%	2.57%	2.45%	1.75%	-0.66%	-0.66%	-0.66%

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

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, 2010 ⁽¹⁾

Coverage Category and Type of Service	Discrete Recipients	Net Payment ⁽²⁾	Net Payment per Recipient
<u>Regular Premium</u>			
Ambulance	2,966	804,141	271
Drugs	95,740	133,274,574	1,392
Hospital Accommodation	629	100,730	160
Other ⁽³⁾	803	123,453	154
Subtotal	96,170	\$134,302,897	\$1,397
<u>Subsidized Premium</u>			
Ambulance	885	276,707	313
Drugs	22,174	26,640,915	1,201
Hospital Accommodation	149	19,845	133
Other	116	18,144	156
Subtotal	22,274	\$26,955,611	\$1,210
<u>Seniors</u>			
Ambulance	50,426	22,365,825	444
Drugs	384,469	520,881,862	1,355
Hospital Accommodation			
Other	1,381	224,845	163
Subtotal	387,892	\$543,472,531	\$1,401
<u>Widows' Pension</u>			
Ambulance	39	17,051	437
Drugs	466	476,169	1,022
Hospital Accommodation			
Other			
Subtotal	476	\$493,219	\$1,036
<u>Palliative Care</u>			
Ambulance			
Drugs	785	1,481,455	1,887
Hospital Accommodation			
Other			
Subtotal	785	\$1,481,455	\$1,887
Total			
Ambulance	54,302	23,463,723	432
Drugs	499,141	682,754,975	1,368
Hospital Accommodation	778	120,575	155
Other	2,299	366,442	159
Total	503,087	\$706,705,714	\$1,405

(1) A blank cell represents a zero value.

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

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

Table 4.5
Non-Group Supplementary Coverage:
Number of Drug Prescriptions and Net Payment
By Prescription Type and Coverage Category
for the Year Ending March 31, 2010 ⁽¹⁾

Prescription Type and Coverage Category	Number of Prescriptions ⁽²⁾	Net Payment ⁽³⁾
Prescription Drugs ⁽⁴⁾		
Regular Premium	1,570,541	131,095,352
Subsidized Premium	398,345	26,088,174
Seniors	10,320,580	512,261,732
Widows' Pension	9,046	465,253
Palliative Care	23,688	1,442,358
Subtotal	12,322,200	\$671,352,867
Over-The-Counter ⁽⁵⁾		
Regular Premium	52,079	2,205,452
Subsidized Premium	14,253	552,626
Seniors	317,492	8,735,448
Widows' Pension	209	10,916
Palliative Care	2,658	39,348
Subtotal	386,691	\$11,543,791
Adjustments ⁽⁶⁾		
Regular Premium	17	(26,230)
Subsidized Premium	3	115
Seniors	4	(115,318)
Widows' Pension		
Palliative Care	1	(250)
Subtotal	25	(\$141,683)
All Prescriptions		
Regular Premium	1,622,637	133,274,574
Subsidized Premium	412,601	26,640,915
Seniors	10,638,076	520,881,862
Widows' Pension	9,255	476,169
Palliative Care	26,347	1,481,455
Total	12,708,916	\$682,754,975

(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, 2006, 2007, 2008, 2009 and 2010 ⁽¹⁾

Year	Number of Pharmacies	Percentage Change from the Prior Year
2005/2006	893	3.24
2006/2007	912	2.13
2007/2008	945	3.62
2008/2009	950	0.53
2009/2010	969	2.00
Annual Average Percentage Change for Last 5 Years		2.06

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

**Table 4.7
Non-Group Supplementary Coverage:
Ten Highest Prescription Drug Expenditures
by Net Payment and Coverage Category
for the Year Ending March 31, 2010 ⁽¹⁾**

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions ⁽²⁾	Discrete Recipients	Net Payment
All Groups						
	Lipitor	20 mg	Cholesterol Lowering Agent	144,147	33,558	20,616,580
	Lipitor	10 mg	Cholesterol Lowering Agent	168,725	40,053	19,630,726
	Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	6,460	973	17,415,303
	Lipitor	40 mg	Cholesterol Lowering Agent	91,300	20,094	13,097,715
	Plavix	75 mg	Prevention of Heart Attack and Stroke	88,761	16,697	12,086,642
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	9,190	884	11,440,180
	Copaxone	20 mg/ml syringe	Multiple Sclerosis	8,120	1,092	11,187,730
	Crestor	10 mg	Cholesterol Lowering Agent	120,410	31,493	10,927,941
	Prevacid	30 mg	Ulcer Treatment	92,141	31,457	10,881,495
	Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	8,805	897	10,782,460
Regular and Subsidized Premium						
	Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	5,201	795	14,317,110
	Copaxone	20 mg/ml syringe	Multiple Sclerosis	7,946	1,063	10,843,153
	Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	6,328	650	7,324,933
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	5,442	529	6,334,770
	Rebif	0.5 ml syringe	Multiple Sclerosis	2,749	342	4,504,954
	Lipitor	20 mg	Cholesterol Lowering Agent	19,196	5,200	2,785,618
	Betaseron	9.6 million IU/vial	Multiple Sclerosis	1,654	206	2,639,774
	Lipitor	10 mg	Cholesterol Lowering Agent	18,808	5,321	2,205,563
	Avonex PS	30 mg/0.5 ml syringe	Multiple Sclerosis	1,357	189	1,939,705
	Prevacid	30 mg	Ulcer Treatment	16,570	6,023	1,915,204
Seniors ⁽³⁾						
	Lipitor	20 mg	Cholesterol Lowering Agent	124,850	28,330	17,818,039
	Lipitor	10 mg	Cholesterol Lowering Agent	149,734	34,672	17,400,403
	Lipitor	40 mg	Cholesterol Lowering Agent	79,494	17,035	11,335,598
	Plavix	75 mg	Prevention of Heart Attack and Stroke	81,703	15,075	11,084,738
	Lucentis	2.3 mg/vial	Neovascular (wet) age related macular degeneration	6,476	1,826	10,324,529
	Crestor	10 mg	Cholesterol Lowering Agent	99,297	25,365	9,093,382
	Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	65,529	18,226	9,006,259
	Prevacid	30 mg	Ulcer Treatment	75,431	25,373	8,951,555
	Apo-Omeprazole (capsule)	20 mg	Ulcer Treatment	119,751	28,235	7,743,338
	Actonel	35 mg	Osteoporosis / Paget's disease	77,332	17,046	6,632,562

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

Continued...

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

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

Table 4.7
Non-Group Supplementary Coverage:
Ten Highest Prescription Drug Expenditures
by Net Payment and Coverage Category
for the Year Ending March 31, 2010 ⁽¹⁾

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions ⁽²⁾	Discrete Recipients	Net Payment
<u>Widows' Pension</u> ⁽³⁾						
	Lipitor	10 mg	Cholesterol Lowering Agent	165	54	23,631
	Oxycontin	80 mg	Pain Management	26	< 5	13,666
	Lipitor	20 mg	Cholesterol Lowering Agent	77	23	11,649
	Apo-Omeprazole (capsule)	20 mg	Ulcer Treatment	167	41	11,106
	Symbicort Turbuhaler	200 mcg/6 mcg	Asthma	73	22	10,578
	Prevacid	30 mg	Ulcer Treatment	61	28	8,407
	Crestor	10 mg	Cholesterol Lowering Agent	89	29	8,284
	Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	58	18	7,929
	Apo-Pantoprazole	40 mg	Ulcer Treatment	81	32	7,805
	Lucentis	2.3 mg/vial	Neovascular (wet) age related macular degeneration	4	< 5	7,230
<u>Palliative Care</u>						
	Fragmin	25,000 IU/ml	Prevention of Blood Clots	202	41	76,627
	Innohep	20,000 IU/ml	Prevention of Blood Clots	187	32	72,528
	Octreotide Acetate Omega	200 mcg/ml	Rare Endocrine Tumor	252	39	66,598
	Ratio-Fentanyl	100 mcg/hr patch	Pain Management	224	46	63,962
	Hydromorphone	50 mg/ml	Pain Management	68	11	51,881
	Sandostatin LAR	30 mg/vial	Rare Endocrine Tumor	33	< 5	46,127
	Fentanyl Citrate	0.05 mg/ml	Pain Management	430	115	44,176
	Sandostatin LAR	20 mg/vial	Rare Endocrine Tumor	20	6	35,858
	Lovenox	0.4-1ml/syringe	Prevention of Blood Clots	97	14	30,559
	Eprex	40,000 unit/syringe	Anemia	17	< 5	26,595

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

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

(3) Widows' Pension refers to the registration status of account holder who belongs to the Widows' Pension Program and their dependants.

Table 4.8
Non-Group Supplementary Coverage:
Cost of Prescription by Broad Drug Category
for the Year Ending March 31, 2010

Broad Drug Category	Number of Prescriptions ⁽¹⁾	Net Payment	Co-Payment ⁽²⁾	Coordination of Benefits ⁽³⁾	Average Gross Cost per Prescription ⁽⁴⁾
Antihistamines	1,749	49,705	15,676	920	37.91
Antineoplastic Agents	32,965	1,602,546	409,763	41,236	62.29
Antitussives, Expectorants, Mucolytics	16,650	2,002,914	306,079	49,517	141.65
Anti-Infective Agents	654,417	21,251,794	5,682,484	959,785	42.62
Autonomic Drugs	508,498	48,663,093	7,536,400	628,740	111.76
Blood Formation and Coagulation	453,914	35,195,426	4,497,854	630,957	88.84
Cardiovascular Drugs	3,971,420	234,505,573	56,472,321	2,588,621	73.92
Central Nervous System Drugs	2,643,097	94,264,522	25,003,441	2,563,675	46.09
Compound Drugs					
Devices ⁽⁵⁾	5,320	96,355	41,789	1,387	26.23
Dental Agents	12	84	36	0	9.99
Diagnostic Agents					
Electrolytic, Caloric, Water Balance	542,841	6,057,312	2,520,783	63,103	15.92
Enzymes	346	2,031,394	3,000	3,106	5,888.73
Eye, Ear, Nose and Throat Preparations	334,038	19,166,810	3,386,479	90,264	67.79
Gastrointestinal Drugs	858,003	60,022,693	12,682,688	1,137,871	86.06
Gold Compounds	840	60,648	14,871	754	90.80
Heavy Metal Antagonists	1,222	854,110	23,445	26,672	739.96
Hormones & Synthetic Substitutes	1,538,675	48,200,492	13,945,138	1,002,180	41.04
Local Anaesthetics					
Serums, Toxoids, and Vaccines	2,168	168,380	29,901	1,704	92.24
Skin & Mucous Membrane Preparations	300,508	5,764,376	2,211,842	136,423	27.00
Smooth Muscle Relaxants	71,560	3,373,939	801,375	37,849	58.88
Out of Country & Special Access	1,641	66,725	11,116	580	47.79
Unclassified Therapeutic Agents	675,834	98,476,779	8,759,362	9,529,502	172.77
Undetermined ⁽⁶⁾	25	(141,683)	30	0	(5,666.12)
Vitamins	93,173	1,020,988	363,932	20,559	15.08
Total ⁽⁷⁾	12,708,916	\$682,754,975	\$144,719,803	\$19,515,404	\$66.65

(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, 2010⁽¹⁾

Coverage Category	Number of Prescriptions ⁽²⁾	Drug Material Cost [A]	Dispensing Fee ⁽³⁾ [B]	Additional Inventory Allowance ⁽⁴⁾ [C]	Adjustments ⁽⁵⁾ [D]	Gross Cost ⁽⁶⁾ [E]	Co-Payment ⁽⁷⁾ [F]	Coordination of Benefits ⁽⁸⁾ [G]	Net Payment ⁽⁹⁾ [H]
Regular and Subsidized Premiums	1,992,538	172,574,136	21,679,396	2,100,586	(31,313)	196,322,805	23,752,446	15,222,029	157,348,330
Seniors	10,600,603	522,897,646	107,667,006	11,278,182	(115,481)	641,727,353	119,623,650	2,917,866	519,185,837
Widows' Pension	9,180	483,505	94,843	10,475		588,823	111,879	4,711	472,234
Palliative Care	25,634	1,425,966	326,306	16,726	(250)	1,768,748	178,692	136,516	1,453,540
Average Cost per Prescription		55.23	10.28	1.06		66.55	11.38	1.45	53.73
Total⁽¹⁰⁾	12,627,955	\$697,381,253	\$129,767,550	\$13,405,969	-\$147,044	\$840,407,728	\$143,666,667	\$18,281,121	\$678,459,940

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

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

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

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

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

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

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

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

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

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

Glossary/Definitions

Alberta Health Care Insurance Plan (AHCIP)

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

Allied Health Services

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

Alternate Relationship Plan

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

Basic Health Services

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

Blank Cell

Represents a zero value.

Bracketed Data

Bracketed data () indicates negative figures.

Clinical Stabilization Initiative

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

Discrete Count

The discrete items are only counted once.

Discrete Patients

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

Discrete Service Providers

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

Double Dash (--)

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

FP

Family Physician.

FTE

Full-time equivalent.

Fee-for-Service

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

Fiscal Year

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

GP

General Practitioner.

Health Zones

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

Insured Services

Physician and dental specialist/oral surgeon 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 AHCIP and provides basic health services.

Practitioner Payments

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

Primary Care Network

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

Recipient Location

The health region where the person who received the health service lived at the time of service (according to the AHCIP registration data).

Registration

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

Registered/Insured Persons

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

Schedules of Benefits

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

Service Location

The health region where a health service was provided.

Year at a Glance

	2008/2009	2009/2010
Total Albertans covered under the Alberta Health Care Insurance Plan	3,589,494	3,692,001
Non-seniors	3,204,739	3,294,889
Seniors	384,755	397,112
Amount paid to Alberta practitioners (fee-for-service) ⁽¹⁾	\$1,891,934,084	\$2,181,072,223
Physicians	\$1,851,703,042	\$2,133,199,354
Allied Practitioners ⁽¹⁾	\$40,231,042	\$47,872,869
Average annual fee-for-service payment		
All Physicians (except Pathology)	\$295,578	\$328,988
All Specialists (except General/Family Physicians and Pathology)	\$374,909	\$411,328
General/Family Physicians	\$233,036	\$264,240
Number of practitioners who submitted fee-for-service claims ⁽¹⁾	6,984	7,240
Physicians (including General Practitioners) ⁽²⁾	6,266	6,482
General Practitioners	3,492	3,618
Dental Specialists/Oral Surgeons	202	212
Optometrists	458	486
Podiatrists	58	60
Number of physicians by gross payment range (fee-for-service) ⁽³⁾		
Less than \$500,000	5,401	5,300
More than \$500,000	865	1,182
More than \$1 million	154	201
More than \$2 million	25	33
Alternate Relationship Plans		
Total Expenditures	\$207,096,337	\$233,832,512
Total Alternate Relationship Plans	50	53
Total Physicians ⁽²⁾	1,267	1,459
Primary Care Networks		
Total Payments	\$94,546,699	\$109,271,239
Total Primary Care Networks	30	32
Total Physicians ⁽²⁾	1,761	1,927
Total Patients Enrolled	1,963,713	2,222,067

(1) Numbers have been recalculated for 2008/2009 to exclude chiropractors.

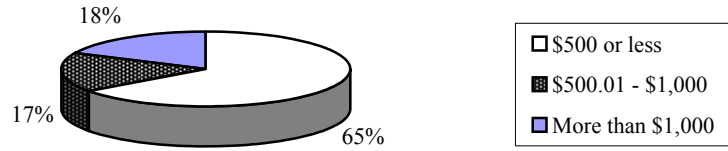
(2) Fee-for-service, alternate relationship plan and primary care network total physicians cannot be added together to obtain a total physician count as alternate relationship plan and primary care network physicians may, or may not, already be included in the fee-for-service physician count.

(3) 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.

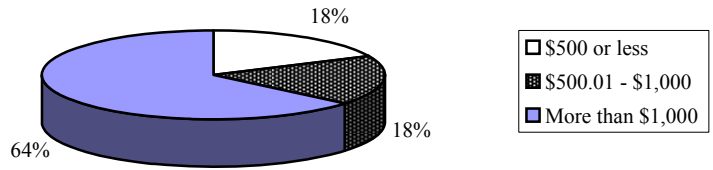
	2008/2009	2009/2010
Allied services provided (fee-for-service) ⁽¹⁾		
Total Number of Services Provided	910,177	959,086
Average Number of Services per Practitioner	1,268	1,265
Percentage of payments to physicians for patients who received services within the zone they reside in		
Zone 1 (South Zone)	85%	85%
Chinook Regional Health Authority	86%	86%
Palliser Health Region	83%	83%
Zone 2 (Calgary Zone)	97%	97%
Calgary Health Region	97%	97%
Zone 3 (Central Zone)	70%	70%
David Thompson Regional Health Authority	76%	77%
East Central Health	51%	52%
Zone 4 (Edmonton Zone)	97%	97%
Capital Health	97%	97%
Zone 5 (North Zone)	64%	65%
Aspen Regional Health Authority	52%	52%
Peace Country Health	80%	80%
Northern Lights Health Region	68%	70%
Zone Unknown	3%	3%
Amount spent on Non-Group Supplementary coverage		
Non-seniors	\$661,996,726	\$706,705,714
Seniors	\$148,525,350	\$161,258,508
Widows' Pension	\$511,123,797	\$543,472,531
Palliative Care	\$666,489	\$493,219
	\$1,681,090	\$1,481,455
Number of community-based pharmacies in Alberta	950	969

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)



Non-Group Supplementary Plans

