

ALBERTA HEALTH

ALBERTA HEALTH CARE INSURANCE PLAN
STATISTICAL SUPPLEMENT

2019/2020

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

ALBERTA HEALTH

Alberta Health Care Insurance Plan Statistical Supplement 2019/2020

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Introduction

The Alberta Health Care Insurance Plan

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

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

- Basic health coverage for insured services provided by physicians, dentists/dental specialists/oral surgeons and hospitals, and limited coverage for services provided by optometrists and podiatrists. All eligible residents of Alberta are required to register for AHCIP coverage, but residents have the option to opt out.
- Supplementary health insurance through non-group supplementary plans for pharmaceutical and selected health service coverage. The supplementary plans included in this report cover some services beyond those insured by the AHCIP, which are funded by Alberta Health and administered by Alberta Blue Cross. From April 1, 2019 to March 31, 2020, 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. In addition, premium-free drug coverage was provided to people diagnosed as being palliative and who received health care in their homes.

Information included in the Statistical Supplement

The Statistical Supplement is an accompaniment to the *Ministry of Health Annual Report 2019/2020* and includes data on the number of people registered with the AHCIP, payments made by the AHCIP to Alberta physicians and allied health practitioners (dentists/dental specialists/oral surgeons, optometrists and podiatrists) for services provided to Albertans and non-Albertans, and payments for services provided to Albertans while they are out of the province or country. The Statistical Supplement also reports data on the non-group supplementary health insurance plans.

Data reported in the Statistical Supplement

This edition of the Statistical Supplement reports new data for the period April 1, 2019 to March 31, 2020. Where possible, data reports over a five-year period to facilitate long-term comparisons.

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

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

Information not included in the Statistical Supplement

The following information is not included in the Statistical Supplement:

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

The *Ministry of Health Annual Report 2019/2020* provides a range of financial information pertaining to Alberta Health Services. A copy of the Annual Report can be found on the Alberta Health website at www.health.alberta.ca.

Note: This document reflects the fiscal year April 1, 2019 to March 31, 2020. Explanations of data and coverage may not be applicable for periods after March 31, 2020.

Year at a Glance

	2018/2019	2019/2020
Albertans covered under the Alberta Health Care Insurance Plan	4,700,840	4,783,609
Non-Seniors	4,042,409	4,165,304
Seniors	658,431	618,305
Amount paid to Alberta practitioners (fee-for-service)	\$3,891,340,794	\$4,066,617,846
Physicians	\$3,779,015,740	\$3,947,765,122
Allied Health Practitioners	\$112,325,053	\$118,852,725
Average annual fee-for-service payment		
All Physicians (except Pathology)	\$401,126	\$405,352
All Specialists (except General/Family Physicians and Pathology)	\$523,018	\$524,540
General/Family Physicians	\$305,542	\$310,758
Number of practitioners who submitted fee-for-service claims	10,512	10,851
Physicians (including General Practitioners)	9,415	9,734
General Practitioners	5,268	5,418
Dentists/Dental Specialists/Oral Surgeons	226	219
Optometrists	807	836
Podiatrists	66	64
Number of physicians by gross payment range (fee-for-service)⁽¹⁾⁽²⁾		
Less than \$500,000	6,983	7,185
More than \$500,000	2,432	2,549
More than \$1 million	508	550
More than \$2 million	121	131
Alternative Relationship Plans		
Total Expenditures	\$388,479,910	\$410,732,858
Total Alternative Relationship Plans	61	65
Total Physicians	2,595	2,791
Primary Care Networks		
Total Payments	\$218,370,736	\$240,645,151
Total Primary Care Networks	41	41
Total Providers ⁽³⁾	4,533	4,707
Total Patients Enrolled	3,783,785	3,862,871
Allied health services provided (fee-for-service)		
Total Number of Services Provided	2,306,361	2,484,963
Average Number of Services per Practitioner	2,099	2,221

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

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

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

	2018/2019	2019/2020
Percentage of payments to physicians for patients who received services within the zone they reside in		
South Zone	83.63%	83.31%
Calgary Zone	96.69%	96.80%
Central Zone	68.23%	68.03%
Edmonton Zone	96.85%	96.70%
North Zone	63.63%	63.05%
Unknown Zone	5.64%	5.63%
Amount spent on Non-Group Supplementary coverage	\$916,691,966	\$997,523,541
Non-seniors	273,744,157	290,448,748
Seniors	641,382,640	705,278,892
Palliative Care	1,565,170	1,795,901
Number of community-based pharmacies in Alberta	1,474	1,480

Section 1

Summary

This section provides statistics on the number of Albertans covered under the Alberta Health Care Insurance Plan (AHCIP) for basic health services. The tables provide registration data by age and sex, as at March 31, 2020.

Highlights

- A total of 4,783,609 Albertans were registered for basic coverage. This is an increase of 1.76%, compared to 2018/2019. Included in this total are 75,110 individuals who have temporary Canada entry documents (e.g. work permits, study permits) and are registered with the AHCIP, compared to 70,879 individuals in 2018/2019.
- In 2019/2020, there were 214 Albertans who chose to opt out of the AHCIP compared to 143 in 2018/2019.

Registrations

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

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

Opting Out

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

Non-Seniors Category

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

Seniors Category

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

Table 1.1
Number of Registrations and Individual Registrants Covered
as at March 31, 2016 to March 31, 2020

Population Categories	Number of Registrations ⁽¹⁾					Percentage Change			
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2016/2017	2017/2018	2018/2019	2019/2020
Non-Seniors	2,045,999	2,080,953	2,109,493	2,157,902	2,260,601	1.71	1.37	2.29	4.76
Seniors	380,680	398,276	417,970	440,556	462,466	4.62	4.94	5.40	4.97
Total⁽¹⁾	2,426,673	2,479,227	2,527,462	2,598,454	2,657,277	2.17%	1.95%	2.81%	2.26%

Population Categories	Individual Registrants Covered					Percentage Change			
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2016/2017	2017/2018	2018/2019	2019/2020
Non-Seniors	3,881,318	3,934,785	3,973,354	4,042,409	4,165,304	1.38	0.98	1.74	3.04
Seniors ⁽²⁾	568,165	595,057	624,735	658,431	618,305	4.73	4.99	5.39	(6.09)
Total	4,449,483	4,529,842	4,598,089	4,700,840	4,783,609	1.81%	1.51%	2.23%	1.76%

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

(2) Effective March 1, 2020, seniors' family members younger than 65 years of age are no longer eligible for the Coverage for Seniors program.

Table 1.2
Number of Registrations and Individual Registrants Covered
as at March 31, 2020

Registration Status	Total		Single		Family	
	Registrations ⁽²⁾	Individual Registrants	Registrations ⁽²⁾	Individual Registrants	Registrations ⁽²⁾	Individual Registrants
Non-Seniors	2,260,601	4,165,304	1,302,258	1,302,258	958,343	2,863,046
Seniors	462,466	618,305	242,370	242,370	220,096	375,935
Total⁽¹⁾	2,723,067	4,783,609	1,544,628	1,544,628	1,178,439	3,238,981

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

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

Table 1.3 A
Distribution of Registrants by Age and Sex
as at March 31, 2016 to March 31, 2020

Age Group	Total Male and Female ⁽¹⁾					Male					Female				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Under 1	56,401	54,892	52,843	52,011	51,057	28,514	28,248	27,296	26,549	26,148	27,887	26,644	25,547	25,462	24,909
1 - 4	228,439	230,084	229,536	229,631	226,663	117,484	117,766	117,477	117,661	115,907	110,955	112,318	112,059	111,970	110,756
5 - 9	292,038	296,876	298,023	300,278	301,238	149,941	152,539	153,306	154,461	155,038	142,097	144,337	144,717	145,817	146,200
10 - 14	256,698	266,788	277,848	289,618	300,656	131,374	136,626	142,365	148,446	154,115	125,324	130,162	135,483	141,172	146,541
15 - 19	253,958	255,207	258,499	263,777	268,982	130,436	130,859	132,473	135,224	137,978	123,522	124,348	126,026	128,553	131,004
20 - 24	291,476	285,793	281,679	283,174	282,034	148,172	145,139	143,398	144,528	144,174	143,304	140,654	138,281	138,646	137,860
25 - 29	363,361	360,286	354,396	351,992	344,413	183,271	181,262	178,025	176,804	172,971	180,090	179,024	176,371	175,188	171,442
30 - 34	385,895	391,808	392,405	397,118	401,615	195,653	198,172	197,950	199,914	201,888	190,242	193,636	194,455	197,204	199,727
35 - 39	346,159	359,447	372,903	389,761	402,042	177,048	183,167	189,638	198,243	204,307	169,111	176,280	183,265	191,518	197,735
40 - 44	312,214	318,520	325,803	337,598	349,751	161,025	163,952	167,654	173,535	179,306	151,189	154,568	158,149	164,063	170,445
45 - 49	295,471	301,613	306,307	311,190	316,092	152,022	155,712	158,185	160,949	163,533	143,449	145,901	148,122	150,241	152,559
50 - 54	308,277	303,259	297,235	294,465	293,319	157,274	154,936	152,242	150,885	150,623	151,003	148,323	144,993	143,580	142,696
55 - 59	294,988	301,248	306,099	310,936	311,961	150,759	153,525	155,505	157,715	157,943	144,229	147,723	150,594	153,221	154,018
60 - 64	240,014	253,793	265,707	276,628	285,071	122,088	129,074	134,989	140,629	144,648	117,926	124,719	130,718	135,999	140,423
65 - 69	182,500	189,310	197,085	209,385	222,371	91,078	94,579	98,496	104,642	111,281	91,422	94,731	98,589	104,743	111,090
70 - 74	122,064	133,089	144,397	154,634	166,037	59,545	64,975	70,503	75,457	81,215	62,519	68,114	73,894	79,177	84,822
75 - 79	87,325	91,403	96,336	102,260	107,962	41,169	43,135	45,667	48,606	51,450	46,156	48,268	50,669	53,654	56,512
80 - 84	64,285	65,447	67,414	69,661	72,421	28,746	29,355	30,255	31,246	32,752	35,539	36,092	37,159	38,415	39,669
85 - 89	41,769	43,252	44,450	45,729	47,038	16,719	17,588	18,230	19,065	19,624	25,050	25,664	26,220	26,664	27,414
90 & Older	26,151	27,727	29,124	30,991	32,881	7,985	8,639	9,231	10,034	10,912	18,166	19,088	19,893	20,957	21,969
Total	4,449,483	4,529,842	4,598,089	4,700,837	4,783,604	2,250,303	2,289,248	2,322,885	2,374,593	2,415,813	2,199,180	2,240,594	2,275,204	2,326,244	2,367,791

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

Table 1.3 B
Distribution of Registrants Percentage Change by Age and Sex
as at March 31, 2016 to March 31, 2020

Age Group	Total Male and Female ⁽¹⁾						Male						Female											
	2016/2017		2017/2018		2018/2019		2019/2020		2016/2017		2017/2018		2018/2019		2019/2020		2016/2017		2017/2018		2018/2019		2019/2020	
Under 1	(2.68)	(3.73)	(1.57)	(1.83)	(1.57)	(1.83)	(1.83)	(1.83)	(0.93)	(3.37)	(2.74)	(2.74)	(1.51)	(4.46)	(4.12)	(0.33)	(4.46)	(4.12)	(0.33)	(4.46)	(4.12)	(0.33)	(2.17)	(2.17)
1 - 4	0.72	(0.24)	0.04	(1.29)	0.04	(1.29)	0.32	0.24	0.24	(0.25)	0.16	0.16	(1.49)	1.23	(0.23)	(0.08)	1.23	(0.23)	(0.08)	1.23	(0.23)	(0.08)	(1.08)	(1.08)
5 - 9	1.66	0.39	0.76	0.32	0.76	0.32	0.32	1.73	0.50	0.50	0.75	0.37	1.58	0.26	0.76	0.26	1.58	0.26	0.76	1.58	0.26	0.76	0.26	0.26
10 - 14	3.93	4.15	4.24	3.81	4.24	3.81	3.81	4.00	4.20	4.20	4.27	3.82	3.86	4.09	4.20	3.80	3.86	4.09	4.20	3.86	4.09	4.20	3.80	3.80
15 - 19	0.49	1.29	2.04	1.97	2.04	1.97	1.97	0.32	1.23	2.08	2.08	2.04	0.67	1.35	2.01	1.91	0.67	1.35	2.01	0.67	1.35	2.01	1.91	1.91
20 - 24	(1.95)	(1.44)	0.53	(0.40)	0.53	(0.40)	(0.40)	(2.05)	(1.20)	0.79	0.79	(0.24)	(1.85)	(1.69)	0.26	(0.57)	(1.85)	(1.69)	0.26	(1.85)	(1.69)	0.26	(0.57)	(0.57)
25 - 29	(0.85)	(1.63)	(0.68)	(2.15)	(0.68)	(2.15)	(2.15)	(1.10)	(1.79)	(0.69)	(0.69)	(2.17)	(0.59)	(1.48)	(0.67)	(2.14)	(0.59)	(1.48)	(0.67)	(0.59)	(1.48)	(0.67)	(2.14)	(2.14)
30 - 34	1.53	0.15	1.20	1.13	1.20	1.13	1.13	1.29	(0.11)	0.99	0.99	0.99	1.78	0.42	1.41	1.28	1.78	0.42	1.41	1.78	0.42	1.41	1.28	1.28
35 - 39	3.84	3.74	4.52	3.15	4.52	3.15	3.15	3.46	3.53	4.54	4.54	3.06	4.24	3.96	4.50	3.25	4.24	3.96	4.50	4.24	3.96	4.50	3.25	3.25
40 - 44	2.02	2.29	3.62	3.60	3.62	3.60	3.60	1.82	2.26	3.51	3.51	3.33	2.23	2.32	3.74	3.89	2.23	2.32	3.74	2.23	2.32	3.74	3.89	3.89
45 - 49	2.08	1.56	1.59	1.58	1.59	1.58	1.58	2.43	1.59	1.75	1.75	1.61	1.71	1.52	1.43	1.54	1.71	1.52	1.43	1.71	1.52	1.43	1.54	1.54
50 - 54	(1.63)	(1.99)	(0.93)	(0.39)	(0.93)	(0.39)	(0.39)	(1.49)	(1.74)	(0.89)	(0.89)	(0.17)	(1.77)	(2.25)	(0.97)	(0.62)	(1.77)	(2.25)	(0.97)	(1.77)	(2.25)	(0.97)	(0.62)	(0.62)
55 - 59	2.12	1.61	1.58	0.33	1.58	0.33	0.33	1.83	1.29	1.42	1.42	0.14	2.42	1.94	1.74	0.52	2.42	1.94	1.74	2.42	1.94	1.74	0.52	0.52
60 - 64	5.74	4.69	4.11	3.05	4.11	3.05	3.05	5.72	4.58	4.18	4.18	2.86	5.76	4.81	4.04	3.25	5.76	4.81	4.04	5.76	4.81	4.04	3.25	3.25
65 - 69	3.73	4.11	6.24	6.20	6.24	6.20	6.20	3.84	4.14	6.24	6.24	6.34	3.62	4.07	6.24	6.06	3.62	4.07	6.24	3.62	4.07	6.24	6.06	6.06
70 - 74	9.03	8.50	7.09	7.37	7.09	7.37	7.37	9.12	8.51	7.03	7.03	7.63	8.95	8.49	7.15	7.13	8.95	8.49	7.15	8.95	8.49	7.15	7.13	7.13
75 - 79	4.67	5.40	6.15	5.58	6.15	5.58	5.58	4.78	5.87	6.44	6.44	5.85	4.58	4.97	5.89	5.33	4.58	4.97	5.89	4.58	4.97	5.89	5.33	5.33
80 - 84	1.81	3.01	3.33	3.96	3.33	3.96	3.96	2.12	3.07	3.28	3.28	4.82	1.56	2.96	3.38	3.26	1.56	2.96	3.38	1.56	2.96	3.38	3.26	3.26
85 - 89	3.55	2.77	2.88	2.86	2.88	2.86	2.86	5.20	3.65	4.58	4.58	2.93	2.45	2.17	1.69	2.81	2.45	2.17	1.69	2.45	2.17	1.69	2.81	2.81
90 & Older	6.03	5.04	6.41	6.10	6.41	6.10	6.10	8.19	6.85	8.70	8.70	8.75	5.08	4.22	5.35	4.83	5.08	4.22	5.35	5.08	4.22	5.35	4.83	4.83
Total	1.81%	1.51%	2.23%	1.76%	2.23%	1.76%	1.76%	1.73%	1.47%	2.23%	2.23%	1.74%	1.88%	1.54%	2.24%	1.79%	1.88%	1.54%	2.24%	1.88%	1.54%	2.24%	1.79%	1.79%

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

Figure 1.1
Distribution of Registrants by Age and Sex
as at March 31, 2020

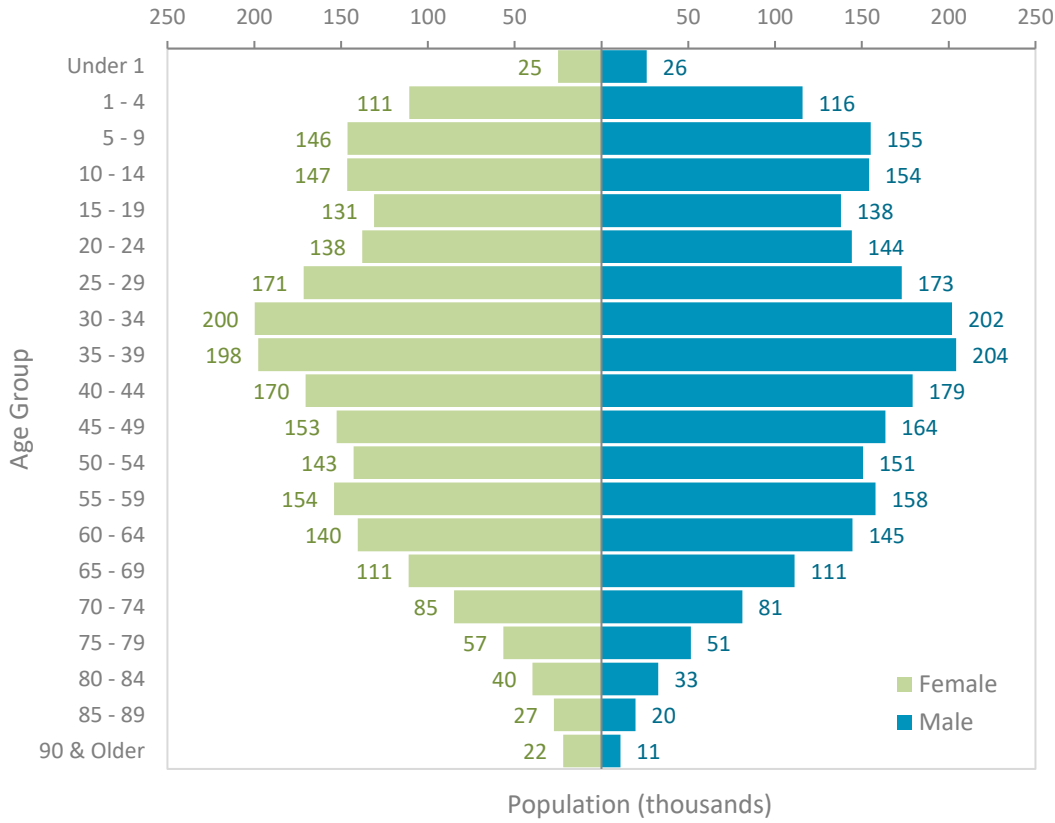


Figure 1.2
Registrants by Sex
as at March 31, 2016 to March 31, 2020

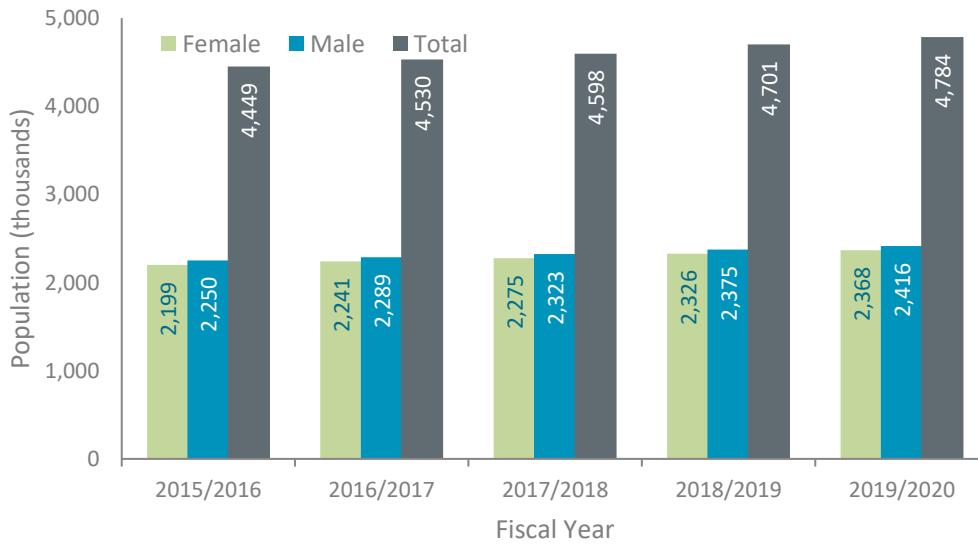


Figure 1.3
 Registrants Percentage Change by Sex
 as at March 31, 2016 to March 31, 2020

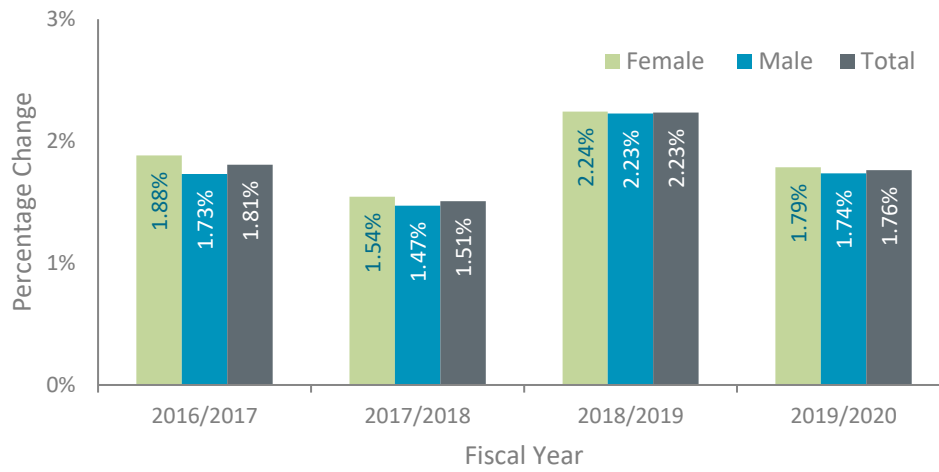


Table 1.4
 Number of Facilities Providing Basic Health Services
 for the Service Year April 1, 2019 to March 31, 2020

Type of Facilities	Number of Facilities
Active Treatment Hospital	110
Ambulatory Care Centre	1
Auxiliary Hospital	89
Community Ambulatory Centre	10
Community Mental Health Clinic	51
Correctional Centre	9
Designated Mental Health	3
Diagnostic	119
Health Canada Nursing Station	14
Nursing Home	105
Practitioners Office	2,952
Regional Contract Practitioner Office	34
Total	3,497

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

Section 2

Basic Health Services

(Physicians and Allied Health Practitioners)

Summary

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

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

Highlights

- In Alberta, 9,734 physicians and 1,119 allied health practitioners received fee-for-service payments from the AHCIP during 2019/2020.
- The physician to registrant ratio for physicians (excluding pathologists) who submitted fee-for-service claims increased to 2.03 per 1,000 persons, up from 2.00 per 1,000 persons in 2018/2019.
- Of the 4,783,609 Albertans registered for coverage with the AHCIP, 78.02% (3,732,135 people) received at least one fee-for-service physician service during 2019/2020.
 - A total of 50.80% of these patients received fee-for-service physician services valued at \$500 or less.
 - 28.44% of these patients received fee-for-service physician services valued at more than \$1,000. Payments for these patients' services accounted for 75.43% of all fee-for-service payments to physicians.
 - Office visits (assessments) and consultations accounted for 49.72% of the fee-for-service payments made to Alberta physicians in 2019/2020. These services accounted for 75.15% of the fee-for-service payments made to general/family physicians.

- 21.69% of Alberta's population (1,037,578 people) obtained allied health services (services provided by dental specialists/oral surgeons, optometrists and podiatrists) in 2019/2020.
- Alberta Health spent \$104,885,553 on optometry and podiatry services in 2019/2020. Coverage for these practitioners is not required by the *Canada Health Act*.
- A total of \$28,351,668 was spent on optometry care for Alberta's children in 2019/2020.
- The AHCIP paid fee-for-service totalling \$4,066,617,846 to Alberta physicians and allied health practitioners in 2019/2020. This figure represents a 4.50% increase compared to 2018/2019.
- In 2019/2020, the average total fee-for-service payment per Alberta physician was \$405,565 (1.04% higher than it was in 2018/2019). This brought the median payment to \$317,827 (an increase of 0.83% compared to 2018/2019).
- A total of 2,549 physicians each received more than \$500,000 in fee-for-service payments in 2019/2020. This represents an increase of 117 physicians compared to 2018/2019. Of the 2,549 physicians, 909 were general/family physicians, an increase of 56 over 2018/2019.
- Of the 2,549 physicians, a total of 550 physicians each received more than \$1 million in fee-for-service payments in 2019/2020. One hundred and thirty one (131) of the 550 physicians received more than \$2 million. In 2018/2019, there were 508 physicians who received more than \$1 million and 121 received more than \$2 million in fee-for-service payments.
- In 2019/2020, a total of 2,791 physicians participated in Alternative Relationship Plans, up from 2,595 in 2018/2019. A total of \$410,732,858 was spent on Alternative Relationship Plan expenditures.
- Forty one (41) Primary Care Networks operated in the five health zones as of March 31, 2020. These 41 Primary Care Networks involved a total of 4,707 registered providers who delivered services to 3,862,871 patients.

Table 2.1
Distribution of Physician and Allied Health Practitioners
Payments and Services per Patient for the Service Year April 1, 2019 to March 31, 2020

Indicators	Physicians	Dentists/ Dental Specialists/ Oral Surgeons	Optometrists	Podiatrists	Total
Number of Practitioners	9,734	219	836	64	10,851⁽¹⁾
Total Payments	\$3,947,765,122	\$13,967,172	\$93,002,689	\$11,882,864	\$4,066,617,846
Number of Services	58,398,511	46,593	2,126,695	311,675	60,883,474
Average Cost per Service	\$67.60	\$299.77	\$43.73	\$38.13	\$66.79
Number of Discrete Patients	3,732,135	24,805	944,731	111,250	3,836,965
Average Cost per Discrete Patient	\$1,058	\$563	\$98	\$107	\$1,060
Average Services per Patient	15.6	1.9	2.3	2.8	15.9

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

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

Figure 2.1
Average Fee-For-Service Cost per Person
to Physicians for Basic Health Services by Age and Sex
for the Service Year April 1, 2019 to March 31, 2020

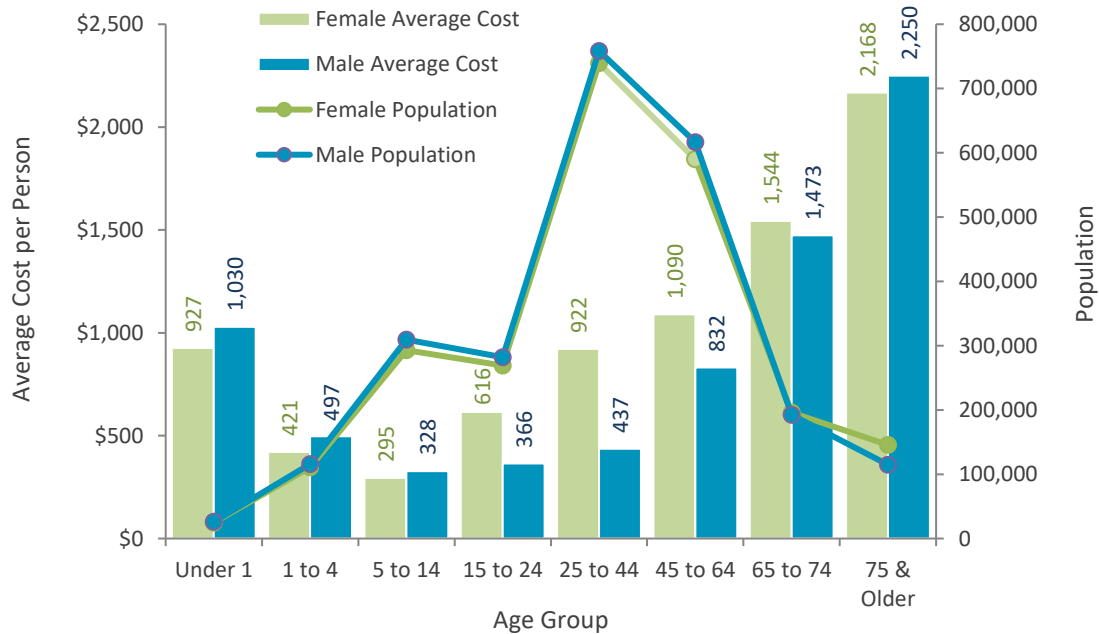


Figure 2.2
Average Fee-For-Service Cost per Person
to Allied Practitioners for Basic Health Services by Age and Sex
for the Service Year April 1, 2019 to March 31, 2020

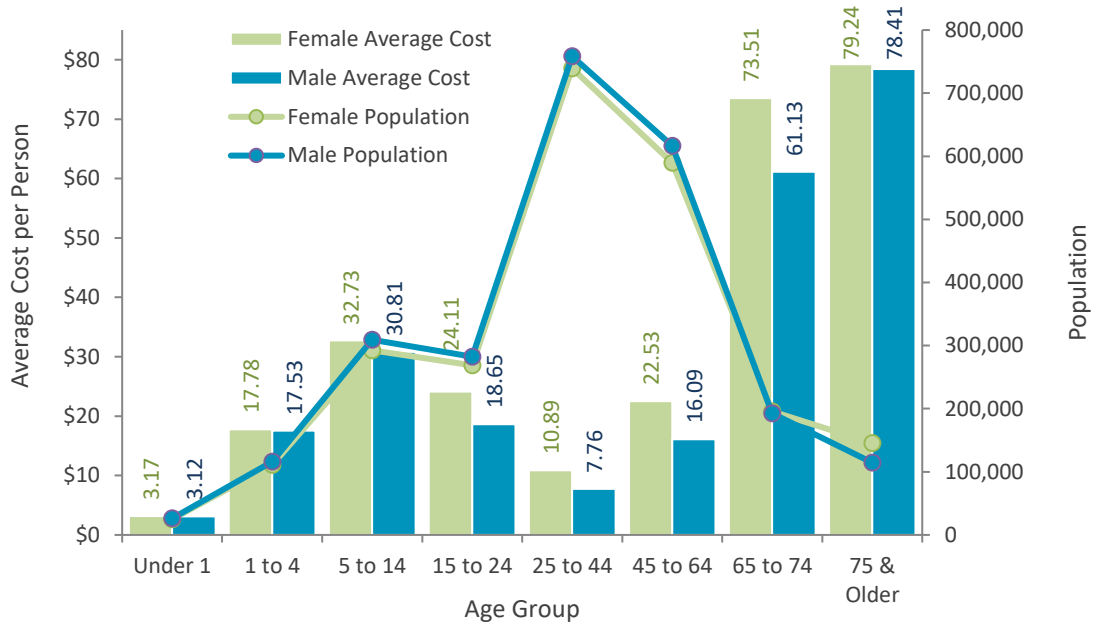
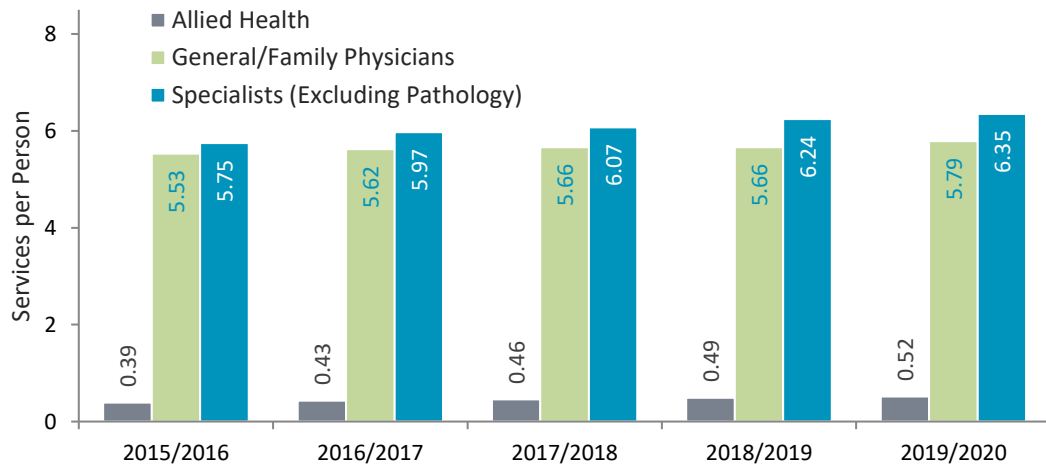


Figure 2.3
Average Number of Services per Person
for Basic Health Services
for the Years Ended March 31, 2016 to March 31, 2020



Expenditure Location

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

Pathology Services

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

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

Payments Do Not Reflect Income

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

- Workers' Compensation Board, third party medicals, and services not covered by the AHCIP;²
- Salaried positions and contractual arrangements with Alberta Health Services or private employers;
- Alternative Relationship Programs: Sessional, Contractual, Academic, Capitation;
- Medical Liability Reimbursement Program;
- Retention Benefit Program;
- Continuing Medical Education Benefit Program;
- Physician On-Call Program that compensates physicians being on-call;
- Clinical Stabilization Initiative that provides funding for business expenses and retention of physicians;
- The Physician Office System Program that provides funds for electronic office equipment;
- Compassionate Expense Program;
- Parental Leave Program;
- Federal Government Funding: e.g., travel to and from reserves for First Nation services; and
- through per capita funding of Primary Care Networks.

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

Physician Data

Data in this section include all Alberta physicians who had fee-for-service payments of one dollar or more in 2019/2020. When physicians have multiple specialties, they have been counted in the specialty where they received the highest fee-for-service payments.

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

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

Manual Payments made to Alberta Physicians for the service period April 1, 2015 to March 31, 2020, are not included in the data.

Table 2.2
Manual Payments for the Business Cost Program and
Rural Remote Northern Program Made to Alberta Physicians
for the Service Years Ended March 31, 2016 to March 31, 2020

Year	Business Cost Program	Rural Remote Northern Program
2015/2016	\$92,553,949	\$46,480,835
2016/2017	\$98,349,876	\$48,372,090
2017/2018	\$88,229,469	\$48,870,904
2018/2019	\$89,490,118	\$49,268,893
2019/2020	\$91,331,338	\$50,804,943

Note: Manual Payments for the Business Cost Program and Rural Remote Northern Program made to Alberta Physicians are not included in the fee-for-service data. 2019/2020 fiscal year with payments up to July 31, 2020.

Table 2.3
Distribution of Physician Payments by Program and Specialty
for the Service Year April 1, 2019 to March 31, 2020⁽¹⁾⁽²⁾

Physician Specialty	Fee-for-Service (FFS)	Business Cost Program (BCP)	Rural Remote Northern Program (RRNP)	In Province Medical Reciprocal
Total: All Physicians	\$3,947,765,122	\$91,589,545	\$50,469,679	\$81,615,660
Subtotal:				
All Physicians (except Pathology)	3,939,208,895	91,579,842	50,469,679	73,915,014
All Specialists (except GP/FPs & Pathology)	2,255,521,046	16,757,362	10,674,168	50,633,722
Physicians by Specialty				
Anaesthesiology	181,248,814	211,545	760,650	6,266,118
Cardiovascular and Thoracic Surgery	17,841,301	13,083		3,013,375
Dermatology	47,243,499	922,087	67,841	955,763
Emergency Medicine	63,956,561	22,364	120,250	1,331,865
General/Family Physicians (GP/FPs)	1,683,687,849	74,822,481	39,795,511	23,281,292
- General/Family Physicians	1,580,814,835	74,575,557	38,992,047	21,143,676
- Full-Time Emergency Room Physicians	92,665,079	40,624	726,249	2,057,048
- Mental Health Generalists	6,308,917	4,997	36,114	20,945
- Other General Practice Physicians ⁽³⁾	3,899,018	201,302	41,100	59,623
General Surgery	102,807,623	471,077	1,264,773	3,765,627
- General Surgery designated specialty	92,693,327	403,377	1,261,131	3,368,939
- Other General Surgery ⁽³⁾	10,114,295	67,700	3,642	396,688
Internal Medicine	426,463,941	3,696,527	1,608,117	9,922,028
- Internal Medicine designated specialty	168,714,918	2,038,326	1,083,129	3,184,202
- Cardiology	102,454,696	569,840	59,588	2,352,608
- Endocrinology/Metabolism	3,779,755	88,889	33	45,485
- Gastroenterology	32,543,581	202,506	108,903	404,112
- Infectious Diseases	3,515,817	4,988	445	81,976
- Other Internal Medicine ⁽³⁾	115,455,175	791,978	356,019	3,853,646
Neurology	32,447,942	579,436	11,884	514,897
Neurosurgery	1,337,236	84,541	14	205,767
Obstetrics-Gynaecology	123,179,596	1,696,129	836,372	2,162,569
Ophthalmology	170,559,063	1,536,552	214,941	2,967,463
Orthopaedic Surgery	92,326,608	472,375	747,871	2,857,674
Otolaryngology	52,355,254	491,688	289,022	1,968,769
Paediatrics	115,534,902	2,612,865	577,077	2,282,845
Physical Medicine and Rehabilitation	28,801,790	670,128	16,293	448,292
Plastic Surgery	36,595,987	101,102	9,854	1,278,812
Psychiatry designated specialty	221,870,738	2,688,404	1,367,604	2,716,709
Urology	38,183,041	218,896	225,530	932,615
Pathology	8,556,227	9,703		7,700,646
Radiology	502,756,518	268,453	2,556,072	7,026,544

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

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

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

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

Table 2.4
 Medical and Allied Practitioners: Selected Indicators
 for the Service Years Ended March 31, 2016 to March 31, 2020

	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
REGISTRATIONS					
Individual Registrants Covered	4,449,483	4,529,842	4,598,089	4,700,840	4,783,609
Number of Discrete Physician Patients⁽¹⁾	3,545,109	3,585,750	3,634,710	3,670,010	3,732,135
Number of Discrete Patients per Physician	413	406	397	390	383
OVERALL PHYSICIAN SUMMARY					
Number of Physician Services Provided	50,577,902	52,878,448	54,264,058	56,241,529	58,398,511
Number of Physicians	8,585	8,836	9,165	9,415	9,734
Number of Physicians per 1,000 Persons	1.93	1.95	1.99	2.00	2.03
Number of Services per Physician	5,891	5,984	5,921	5,974	5,999
Number of Services per 1,000 Persons	11,367	11,673	11,801	11,964	12,208
Total Physician Payments	\$3,336,009,256	\$3,531,947,298	\$3,602,354,459	\$3,779,015,740	\$3,947,765,122
Physician Payment per 1,000 Persons	\$749,752	\$779,707	\$783,446	\$803,902	\$825,269
Average Payment per Physician	\$388,586	\$399,722	\$393,056	\$401,382	\$405,565
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY					
Number of Physician Services Provided	50,185,561	52,523,998	53,931,498	55,904,613	58,076,550
Number of Physicians	8,569	8,821	9,150	9,399	9,718
Number of Physicians per 1,000 Persons	1.93	1.95	1.99	2.00	2.03
Number of Services per Physician	5,857	5,954	5,894	5,948	5,976
Number of Services per 1,000 Persons	11,279	11,595	11,729	11,892	12,141
Total Physician Payments	\$3,326,125,865	\$3,522,836,098	\$3,593,737,706	\$3,770,184,361	\$3,939,208,895
Physician Payment per 1,000 Persons	\$747,531	\$777,695	\$781,572	\$802,024	\$823,481
Average Payment per Physician	\$388,158	\$399,369	\$392,758	\$401,126	\$405,352
ALLIED PRACTITIONER SUMMARY					
Number of Allied Services Provided	1,757,384	1,950,731	2,103,230	2,306,361	2,484,963
Number of Allied Practitioners	997	1,040	1,084	1,099	1,119
Number of Allied Practitioners per 1,000 Persons	0.22	0.23	0.24	0.23	0.23
Number of Services per Allied Practitioner	1,763	1,876	1,940	2,099	2,221
Number of Discrete Allied Patients ⁽²⁾	877,575	928,253	958,462	1,011,287	1,037,578
Number of Discrete Patients per Allied Practitioner	880	893	884	920	927
Total Payments to Allied Practitioners	\$88,261,224	\$96,488,983	\$103,525,685	\$112,325,053	\$118,852,725
Allied Practitioner Payment per 1,000 Persons	\$19,836	\$21,301	\$22,515	\$23,895	\$24,846
Average Payment per Allied Practitioner	\$88,527	\$92,778	\$95,503	\$102,207	\$106,213

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

Continued...

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

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

Table 2.4
Medical and Allied Practitioners: Selected Indicators
for the Service Years Ended March 31, 2016 to March 31, 2020

	Percentage Change			
	2016/2017	2017/2018	2018/2019	2019/2020
REGISTRATIONS				
Individual Registrants Covered	1.81%	1.51%	2.23%	1.76%
Number of Discrete Physician Patients⁽¹⁾	1.15	1.37	0.97	1.69
Number of Discrete Patients per Physician	(1.89)	(2.32)	(1.81)	(1.64)
OVERALL PHYSICIAN SUMMARY				
Number of Physician Services Provided	4.55	2.62	3.64	3.84
Number of Physicians	2.92	3.72	2.73	3.39
Number of Physicians per 1,000 Persons	1.07	2.22	0.64	1.74
Number of Services per Physician	1.59	(1.06)	0.89	0.43
Number of Services per 1,000 Persons	2.70	1.10	1.38	2.04
Total Physician Payments	5.87	1.99	4.90	4.47
Physician Payment per 1,000 Persons	4.00	0.48	2.61	2.66
Average Payment per Physician	2.87	(1.67)	2.12	1.04
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY				
Number of Physician Services Provided	4.66	2.68	3.66	3.89
Number of Physicians	2.94	3.73	2.72	3.39
Number of Physicians per 1,000 Persons	0.90	2.05	0.47	1.58
Number of Services per Physician	1.66	(1.01)	0.92	0.47
Number of Services per 1,000 Persons	2.80	1.16	1.39	2.09
Total Physician Payments	5.91	2.01	4.91	4.48
Physician Payment per 1,000 Persons	4.04	0.50	2.62	2.68
Average Payment per Physician	2.89	(1.66)	2.13	1.05
ALLIED PRACTITIONER SUMMARY				
Number of Allied Services Provided	11.00	7.82	9.66	7.74
Number of Allied Practitioners	4.31	4.23	1.38	1.82
Number of Allied Practitioners per 1,000 Persons	4.36	2.50	(2.59)	1.71
Number of Services per Allied Practitioner	6.39	3.42	8.18	5.80
Number of Discrete Allied Patients ⁽²⁾	5.77	3.25	5.51	2.60
Number of Discrete Patients per Allied Practitioner	1.43	(0.99)	4.09	0.79
Total Payments to Allied Practitioners	9.32	7.29	8.50	5.81
Allied Practitioner Payment per 1,000 Persons	7.38	5.70	6.13	3.98
Average Payment per Allied Practitioner	4.80	2.94	7.02	3.92

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

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

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

Table 2.5
Number of Services and Total Payments
to Allied Health Practitioners by Service Category Code
for the Service Year April 1, 2019 to March 31, 2020⁽¹⁾

Practitioner Type	Service Category	Number of Services	Total Payments
Dentists/Dental Specialists/ Oral Surgeons	Procedure	33,740	\$12,924,626
	Visit	12,853	1,042,546
Optometrists	Visit	2,126,695	93,002,689
Podiatrists	Procedure	58,145	3,575,893
	Test (x-ray)	10,608	149,188
	Visit	242,922	8,157,782
Total		2,484,963	\$118,852,725

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

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

Table 2.6 A
Number of Physicians and Average Payments to Physicians within their Age Group
for the Service Years Ended March 31, 2016 to March 31, 2020

Age Group	Number of Physicians					Percentage Change			
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2016/2017	2017/2018	2018/2019	2019/2020
Under 30	177	188	170	166	156	6.21	(9.57)	(2.35)	(6.02)
30 - 34	1,011	1,086	1,158	1,159	1,181	7.42	6.63	0.09	1.90
35 - 39	1,324	1,343	1,397	1,449	1,547	1.44	4.02	3.72	6.76
40 - 44	1,279	1,318	1,370	1,430	1,449	3.05	3.95	4.38	1.33
45 - 49	1,203	1,256	1,335	1,358	1,404	4.41	6.29	1.72	3.39
50 - 54	988	1,016	1,034	1,087	1,168	2.83	1.77	5.13	7.45
55 - 59	956	925	890	916	912	(3.24)	(3.78)	2.92	(0.44)
60 - 64	795	828	891	861	862	4.15	7.61	(3.37)	0.12
65 & Over	852	876	920	989	1,055	2.82	5.02	7.50	6.67
Total	8,585	8,836	9,165	9,415	9,734	2.92%	3.72%	2.73%	3.39%

Age Group	Average Payments					Percentage Change			
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2016/2017	2017/2018	2018/2019	2019/2020
Under 30	\$211,673	\$213,771	\$201,784	\$203,079	\$221,186	0.99	(5.61)	0.64	8.92
30 - 34	287,901	296,260	284,929	283,816	292,830	2.90	(3.82)	(0.39)	3.18
35 - 39	395,157	414,742	403,584	405,663	392,417	4.96	(2.69)	0.52	(3.27)
40 - 44	446,540	453,530	442,276	457,535	465,882	1.57	(2.48)	3.45	1.82
45 - 49	426,181	457,001	465,036	480,520	494,995	7.23	1.76	3.33	3.01
50 - 54	439,642	440,496	438,655	453,061	465,331	0.19	(0.42)	3.28	2.71
55 - 59	398,431	405,615	406,003	422,383	424,148	1.80	0.10	4.03	0.42
60 - 64	406,027	421,648	392,836	385,607	381,345	3.85	(6.83)	(1.84)	(1.11)
65 & Over	307,992	307,550	307,205	313,797	314,003	(0.14)	(0.11)	2.15	0.07
Total	\$388,586	\$399,722	\$393,056	\$401,382	\$405,565	2.87%	(1.67%)	2.12%	1.04%

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

Table 2.6 B
 Number of Dentists/Dental Specialists/Oral Surgeons
 and Average Payments to Dentists/Dental Specialists/Oral Surgeons
 within their Age Group for the Service Years Ended March 31, 2016 to March 31, 2020

Age Group	Number of Dentists/Dental Specialists/Oral Surgeons					Percentage Change			
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2016/2017	2017/2018	2018/2019	2019/2020
Under 30	9	8	5	5	5	(11.11)	(37.50)	0.00	0.00
30 - 34	17	20	24	27	26	17.65	20.00	12.50	(3.70)
35 - 39	38	31	32	32	30	(18.42)	3.23	0.00	(6.25)
40 - 44	22	38	39	39	39	72.73	2.63	0.00	0.00
45 - 49	30	25	26	17	20	(16.67)	4.00	(34.62)	17.65
50 - 54	31	29	40	39	33	(6.45)	37.93	(2.50)	(15.38)
55 - 59	33	28	22	25	23	(15.15)	(21.43)	13.64	(8.00)
60 - 64	20	21	25	23	25	5.00	19.05	(8.00)	8.70
65 & Over	15	17	19	19	18	13.33	11.76	0.00	(5.26)
Total	215	217	232	226	219	0.93%	6.91%	(2.59%)	(3.10%)

Age Group	Average Payments					Percentage Change			
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2016/2017	2017/2018	2018/2019	2019/2020
Under 30	\$3,550	\$5,329	\$1,519	\$379	\$4,300	50.12	(71.49)	(75.02)	1034.65
30 - 34	20,899	7,678	14,499	7,179	13,588	(63.26)	88.83	(50.48)	89.27
35 - 39	33,494	53,894	56,635	78,484	43,336	60.91	5.09	38.58	(44.78)
40 - 44	60,501	50,053	44,640	69,580	124,285	(17.27)	(10.81)	55.87	78.62
45 - 49	50,923	50,940	83,294	105,529	59,646	0.03	63.51	26.69	(43.48)
50 - 54	54,219	50,515	9,149	31,391	71,521	(6.83)	(81.89)	243.11	127.84
55 - 59	18,151	26,701	92,740	84,244	103,236	47.10	247.33	(9.16)	22.54
60 - 64	70,234	66,011	67,868	64,410	45,622	(6.01)	2.81	(5.10)	(29.17)
65 & Over	65,457	65,619	64,494	31,030	20,951	0.25	(1.71)	(51.89)	(32.48)
Total	\$42,721	\$44,962	\$49,150	\$55,824	\$63,777	5.25%	9.31%	13.58%	14.25%

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

Table 2.6 C
Number of Optometrists and Average Payments to Optometrists within their Age Group
for the Service Years Ended March 31, 2016 to March 31, 2020

Age Group	Number of Optometrists					Percentage Change			
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2016/2017	2017/2018	2018/2019	2019/2020
Under 30	118	123	116	105	100	4.24	(5.69)	(9.48)	(4.76)
30 - 34	177	192	206	210	203	8.47	7.29	1.94	(3.33)
35 - 39	123	126	134	159	180	2.44	6.35	18.66	13.21
40 - 44	98	102	97	96	103	4.08	(4.90)	(1.03)	7.29
45 - 49	67	70	82	85	88	4.48	17.14	3.66	3.53
50 - 54	30	37	41	47	56	23.33	10.81	14.63	19.15
55 - 59	35	34	32	29	28	(2.86)	(5.88)	(9.38)	(3.45)
60 - 64	30	33	36	37	35	10.00	9.09	2.78	(5.41)
65 & Over	38	42	43	39	43	10.53	2.38	(9.30)	10.26
Total	716	759	787	807	836	6.01%	3.69%	2.54%	3.59%

Age Group	Average Payments					Percentage Change			
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2016/2017	2017/2018	2018/2019	2019/2020
Under 30	\$67,929	\$75,132	\$84,425	\$93,707	\$92,246	10.60	12.37	10.99	(1.56)
30 - 34	92,673	93,673	96,661	101,873	107,011	1.08	3.19	5.39	5.04
35 - 39	101,558	116,891	111,665	110,829	112,825	15.10	(4.47)	(0.75)	1.80
40 - 44	113,758	105,773	118,242	127,853	130,684	(7.02)	11.79	8.13	2.21
45 - 49	106,228	117,971	117,517	122,270	127,396	11.05	(0.38)	4.04	4.19
50 - 54	108,589	109,177	114,252	127,644	128,019	0.54	4.65	11.72	0.29
55 - 59	99,507	103,810	106,763	113,508	107,112	4.32	2.84	6.32	(5.63)
60 - 64	101,880	104,256	97,276	90,708	88,928	2.33	(6.70)	(6.75)	(1.96)
65 & Over	76,150	73,385	79,334	93,413	88,247	(3.63)	8.11	17.75	(5.53)
Total	\$94,786	\$98,937	\$102,654	\$108,812	\$111,247	4.38%	3.76%	6.00%	2.24%

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

Table 2.6 D
 Number of Podiatrists and Average Payments to Podiatrists within their Age Group
 for the Service Years Ended March 31, 2016 to March 31, 2020

Age Group	Number of Podiatrists					Percentage Change			
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2016/2017	2017/2018	2018/2019	2019/2020
Under 35	3	3	4	3	2	0.00	33.33	(25.00)	(33.33)
35 - 39	6	5	3	5	5	(16.67)	(40.00)	66.67	0.00
40 - 44	11	10	12	10	9	(9.09)	20.00	(16.67)	(10.00)
45 - 49	17	18	14	13	9	5.88	(22.22)	(7.14)	(30.77)
50 - 54	15	12	14	14	17	(20.00)	16.67	0.00	21.43
55 & Over	14	16	18	21	22	14.29	12.50	16.67	4.76
Total	66	64	65	66	64	(3.03%)	1.56%	1.54%	(3.03%)

Age Group	Average Payments					Percentage Change			
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2016/2017	2017/2018	2018/2019	2019/2020
Under 35	\$185,818	\$216,178	\$213,199	\$244,740	\$358,461	16.34	(1.38)	14.79	46.47
35 - 39	137,087	134,315	170,689	180,080	251,797	(2.02)	27.08	5.50	39.83
40 - 44	171,899	182,728	169,519	143,314	144,718	6.30	(7.23)	(15.46)	0.98
45 - 49	188,920	204,629	182,197	191,216	215,328	8.32	(10.96)	4.95	12.61
50 - 54	215,605	219,305	212,475	237,287	194,605	1.72	(3.11)	11.68	(17.99)
55 & Over	106,656	136,037	133,891	143,891	152,648	27.55	(1.58)	7.47	6.09
Total	\$169,845	\$181,859	\$174,377	\$180,262	\$185,670	7.07%	(4.11%)	3.37%	3.00%

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

Table 2.7
Distribution of Optometry Payments and Services per Patient
for the Service Years Ended March 31, 2016 to March 31, 2020

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients ⁽¹⁾	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
RECIPIENT AGE GROUP: 0 to 18							
2015/2016	\$24,325,397	462,250	\$52.62	381,041	\$63.84	1.21	1,034,728
2016/2017	26,287,665	497,223	52.87	403,666	65.12	1.23	1,051,544
2017/2018	26,968,998	508,806	53.00	407,916	66.11	1.25	1,063,101
2018/2019	28,249,720	536,033	52.70	424,729	66.51	1.26	1,081,294
2019/2020	28,351,668	542,406	\$52.27	423,860	\$66.89	1.28	1,094,164
RECIPIENT AGE GROUP: 19 to 64⁽²⁾							
2015/2016	\$16,005,429	435,635	\$36.74	183,087	\$87.42	2.38	2,890,661
2016/2017	18,500,651	519,004	35.65	199,077	92.93	2.61	2,928,070
2017/2018	20,975,605	598,357	35.06	214,356	97.85	2.79	2,956,182
2018/2019	23,318,487	678,763	34.35	230,596	101.12	2.94	3,006,886
2019/2020	\$25,648,249	763,729	\$33.58	242,566	\$105.74	3.15	3,040,735
RECIPIENT AGE GROUP: 65 and Older							
2015/2016	\$27,535,597	514,098	\$53.56	221,306	\$124.42	2.32	524,094
2016/2017	30,304,962	583,797	51.91	233,798	129.62	2.50	550,228
2017/2018	32,843,775	646,445	50.81	247,013	132.96	2.62	578,806
2018/2019	36,243,396	735,355	49.29	265,864	136.32	2.77	612,660
2019/2020	\$39,002,772	820,560	\$47.53	279,592	\$139.50	2.93	648,710

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

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

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

Table 2.8
Total and Average Gross Payments to Physicians and Allied Health Practitioners by Practitioner Type
for the Service Years Ended March 31, 2016 to March 31, 2020

Practitioner Type	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2016/2017	2017/2018	2018/2019	2019/2020	
	Number of Practitioners					Percentage Change				
Physicians	8,585	8,836	9,165	9,415	9,734	2.92	3.72	2.73	3.39	
Dentists/Dental Specialists/ Oral Surgeons	215	217	232	226	219	0.93	6.91	(2.59)	(3.10)	
Optometrists	716	759	787	807	836	6.01	3.69	2.54	3.59	
Podiatrists	66	64	65	66	64	(3.03)	1.56	1.54	(3.03)	
Total⁽¹⁾	9,581	9,875	10,248	10,512	10,851	3.07%	3.78%	2.58%	3.22%	
Practitioner Type	Total Payments					Percentage Change				
Physicians	\$3,336,009,256	\$3,531,947,298	\$3,602,354,459	\$3,779,015,740	\$3,947,765,122	5.87	1.99	4.90	4.47	
Dentists/Dental Specialists/ Oral Surgeons	\$9,185,042	\$9,756,738	\$11,402,793	\$12,616,145	\$13,967,172	6.22	16.87	10.64	10.71	
Optometrists	\$67,866,424	\$75,093,278	\$80,788,378	\$87,811,603	\$93,002,689	10.65	7.58	8.69	5.91	
Podiatrists	\$11,209,758	\$11,638,968	\$11,334,514	\$11,897,305	\$11,882,864	3.83	(2.62)	4.97	(0.12)	
Total	\$3,424,270,481	\$3,628,436,282	\$3,705,880,145	\$3,891,340,794	\$4,066,617,846	5.96%	2.13%	5.00%	4.50%	
Practitioner Type	Average Payment					Percentage Change				
Physicians	\$388,586	\$399,722	\$393,056	\$401,382	\$405,565	2.87	(1.67)	2.12	1.04	
Dentists/Dental Specialists/ Oral Surgeons	\$42,721	\$44,962	\$49,150	\$55,824	\$63,777	5.25	9.31	13.58	14.25	
Optometrists	\$94,786	\$98,937	\$102,654	\$108,812	\$111,247	4.38	3.76	6.00	2.24	
Podiatrists	\$169,845	\$181,859	\$174,377	\$180,262	\$185,670	7.07	(4.11)	3.37	3.00	
Total	\$357,402	\$367,437	\$361,620	\$370,181	\$374,769	2.81%	(1.58%)	2.37%	1.24%	
Practitioner Type	Number of Services					Percentage Change				
Physicians	50,577,902	52,878,448	54,264,058	56,241,529	58,398,511	4.55	2.62	3.64	3.84	
Dentists/Dental Specialists/ Oral Surgeons	31,309	34,603	39,647	42,766	46,593	10.52	14.58	7.87	8.95	
Optometrists	1,411,983	1,600,024	1,753,608	1,950,151	2,126,695	13.32	9.60	11.21	9.05	
Podiatrists	314,092	316,104	309,975	313,444	311,675	0.64	(1.94)	1.12	(0.56)	
Total	52,335,286	54,829,179	56,367,288	58,547,890	60,883,474	4.77%	2.81%	3.87%	3.99%	

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

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

Table 2.9
Distribution of Physicians and Allied Health Practitioners by Gross Payment Range⁽¹⁾⁽²⁾
for the Service Years Ended March 31, 2016 to March 31, 2020

Dollar Range	Total					Physicians					Dentists/Dental Specialists/Oral Surgeons				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Less than \$10,000	643	607	625	640	697	446	404	412	432	489	167	164	178	174	170
10,000 - 19,999	201	186	235	187	192	168	156	193	160	169	9	10	10	7	7
20,000 - 39,999	368	339	346	364	376	282	261	274	296	311	6	7	5	6	5
40,000 - 59,999	344	322	340	317	325	241	223	237	237	247	5	4	4	5	5
60,000 - 79,999	332	358	360	401	380	218	232	246	271	250	1	2	4	2	8
80,000 - 99,999	368	326	336	352	350	262	216	222	232	230	1	5	1	4	2
100,000 - 119,999	321	318	316	360	336	232	225	230	245	226	2	1	1	1	1
120,000 - 139,999	293	312	360	316	347	220	237	272	243	246	3		2	2	2
140,000 - 159,999	324	336	335	352	325	271	276	263	276	258		2	2		1
160,000 - 179,999	302	287	299	300	341	260	244	258	254	285	3	3	1	1	3
180,000 - 199,999	287	314	325	322	316	255	285	290	283	284	1		3	1	1
200,000 - 299,999	1,399	1,473	1,566	1,623	1,656	1,355	1,405	1,495	1,553	1,570	9	9	9	9	9
300,000 - 399,999	1,286	1,368	1,428	1,424	1,494	1,274	1,357	1,412	1,402	1,478	2	4	4	4	4
400,000 - 499,999	966	1,062	1,052	1,112	1,154	961	1,056	1,044	1,099	1,142	3	2	3	6	1
500,000 - 599,999	695	704	719	774	787	691	700	714	771	781		1	2	1	2
600,000 - 699,999	428	472	491	480	520	427	469	490	474	519	1	2	1	5	1
700,000 - 799,999	291	305	321	330	342	290	305	320	330	341	1		1		1
800,000 - 899,999	194	200	202	198	210	194	200	202	198	208					2
900,000 - 999,999	125	124	116	151	151	125	124	116	151	150					1
1,000,000 - 1,999,999	302	351	365	388	421	301	350	364	387	419	1	1	1	1	2
2,000,000 & Over	112	111	111	121	131	112	111	111	121	131					
Total	9,581	9,875	10,248	10,512	10,851	8,585	8,836	9,165	9,415	9,734	215	217	232	226	219

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

(1) A blank cell represents a zero value.

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

Continued...

Table 2.9
Distribution of Physicians and Allied Health Practitioners by Gross Payment Range⁽¹⁾⁽²⁾
for the Service Years Ended March 31, 2016 to March 31, 2020

Dollar Range	Optometrists					Podiatrists				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Less than \$10,000	29	38	35	32	37		1		2	1
10,000 - 19,999	24	20	31	19	16			1	1	
20,000 - 39,999	78	71	65	61	59	2		2	1	1
40,000 - 59,999	96	92	95	74	77	3	3	4	1	1
60,000 - 79,999	106	118	103	121	115	7	6	7	7	7
80,000 - 99,999	102	98	110	110	116	3	7	3	6	2
100,000 - 119,999	79	88	79	109	98	8	4	6	5	12
120,000 - 139,999	62	65	77	65	95	8	10	9	6	6
140,000 - 159,999	43	50	62	65	60	10	8	8	11	6
160,000 - 179,999	34	35	33	41	48	5	5	7	4	5
180,000 - 199,999	28	26	31	33	28	3	3	1	5	4
200,000 - 299,999	28	53	55	58	67	7	7	7	6	10
300,000 - 399,999	5	3	9	14	11	5	4	4	5	2
400,000 - 499,999	2	1	1	3	7	4	3	4	4	4
500,000 - 599,999		1	1	1	1	1	2	2	1	3
600,000 - 699,999							1		1	
700,000 - 799,999										
800,000 - 899,999										
900,000 - 999,999										
1,000,000 - 1,999,999				1	1					
2,000,000 & Over										
Total	716	759	787	807	836	66	64	65	66	64

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

(1) A blank cell represents a zero value.

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

Table 2.10
Distribution of Physician Payments and Services per Patient
for the Service Years Ended March 31, 2016 to March 31, 2020

Year	Total Physician Payments	Number of Services	Average Cost per Service	Number of Discrete Patients ⁽¹⁾	Average Cost per Discrete Patient	Number of Services per Patient	Registrants Covered
2015/2016	\$3,336,009,257	50,577,902	\$65.96	3,545,109	\$941.02	14.27	4,449,483
2016/2017	3,531,947,298	52,878,448	66.79	3,585,750	985.00	14.75	4,529,842
2017/2018	3,602,354,459	54,264,058	66.39	3,634,710	991.10	14.93	4,598,089
2018/2019	3,779,015,740	56,241,529	67.19	3,670,010	1,029.70	15.32	4,700,840
2019/2020	\$3,947,765,122	58,398,511	\$67.60	3,732,135	\$1,057.78	15.65	4,783,609
Percentage Change 2019/2020	4.47%	3.84%	0.61%	1.69%	2.73%	2.15%	1.76%
Annual Average Percentage Change for Last 5 Years	4.30%	3.66%	0.62%	1.29%	2.97%	2.33%	1.83%

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

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

Table 2.11
Distribution of Discrete Patients by Payment Range for Services Provided by Physicians
for the Service Year April 1, 2019 to March 31, 2020

Dollar Range	Distribution of			Percentage Distribution of		
	Discrete Patients ⁽¹⁾	Payments	Services	Discrete Patients ⁽¹⁾	Payments	Services
\$ 0.01 - 50.00	165,947	\$6,101,186	171,926	4.45	0.15	0.29
50.01 - 100.00	266,684	19,552,157	405,557	7.15	0.50	0.69
100.01 - 200.00	532,175	77,997,953	1,270,121	14.26	1.98	2.17
200.01 - 300.00	376,974	93,446,771	1,510,848	10.10	2.37	2.59
300.01 - 400.00	305,282	106,262,797	1,675,499	8.18	2.69	2.87
400.01 - 500.00	248,768	111,583,785	1,760,365	6.67	2.83	3.01
500.01 - 600.00	210,123	115,250,392	1,831,803	5.63	2.92	3.14
600.01 - 700.00	177,121	114,859,647	1,817,442	4.75	2.91	3.11
700.01 - 800.00	150,216	112,459,869	1,774,492	4.02	2.85	3.04
800.01 - 900.00	127,691	108,382,935	1,704,716	3.42	2.75	2.92
900.01 - 1,000.00	109,794	104,171,915	1,632,144	2.94	2.64	2.79
1,000.01 - 2,000.00	567,807	796,272,737	12,188,513	15.21	20.17	20.87
2,000.01 - 3,000.00	211,623	515,105,545	7,532,848	5.67	13.05	12.90
3,000.01 - 4,000.00	105,717	364,709,270	5,159,551	2.83	9.24	8.84
4,000.01 - 5,000.00	59,524	265,246,748	3,685,424	1.59	6.72	6.31
5,000.01 & Over	116,689	1,036,361,415	14,277,262	3.13	26.25	24.45
Total	3,732,135	\$3,947,765,122	58,398,511	100.00%	100.00%	100.00%

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

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

Table 2.12 A
Distribution of Fee-for-Service Physicians by Specialty
for the Service Years Ended March 31, 2016 to March 31, 2020

Physician Specialty	Number of Physicians				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Total: All Physicians	8,585	8,836	9,165	9,415	9,734
Subtotal:					
All Physicians (except Pathology)	8,569	8,821	9,150	9,399	9,718
All Specialists (except GP/FPs & Pathology)	3,774	3,862	3,999	4,131	4,300
Physicians by Specialty					
Anaesthesiology	427	443	450	458	473
Cardiovascular and Thoracic Surgery	23	25	26	26	27
Dermatology	54	51	50	58	60
Emergency Medicine	147	162	172	180	193
General/Family Physicians (GP/FPs)	4,795	4,959	5,151	5,268	5,418
- General/Family Physicians	4,509	4,671	4,855	4,984	5,126
- Full-Time Emergency Room Physicians	255	254	264	254	260
- Mental Health Generalists	13	15	13	15	14
- Other General Practice Physicians ⁽¹⁾	18	19	19	15	18
General Surgery	208	203	203	211	220
- General Surgery designated specialty	188	182	183	191	199
- Other General Surgery ⁽¹⁾	20	21	20	20	21
Internal Medicine	813	797	841	874	931
- Internal Medicine designated specialty	349	367	400	411	441
- Cardiology	105	112	120	129	139
- Endocrinology/Metabolism	7	12	11	12	16
- Gastroenterology	78	69	58	59	59
- Infectious Diseases	29	24	34	30	25
- Other Internal Medicine ⁽¹⁾	245	213	218	233	251
Neurology	67	69	75	80	85
Neurosurgery	22	15	12	9	11
Obstetrics-Gynaecology	222	248	255	253	258
Ophthalmology	127	130	135	136	140
Orthopaedic Surgery	184	188	189	191	189
Otolaryngology	70	69	67	73	76
Paediatrics	349	367	381	387	402
Physical Medicine & Rehabilitation	49	46	50	53	67
Plastic Surgery	66	67	69	73	71
Psychiatry	508	527	549	576	587
Urology	56	59	58	60	63
Pathology	16	15	15	16	16
Radiology	382	396	417	432	441

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

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

Table 2.12 B
Distribution of Average Gross Payments
for the Service Years Ended March 31, 2016 to March 31, 2020

Physician Specialty	Average Payment				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Total: All Physicians	\$388,586	\$399,722	\$393,056	\$401,382	\$405,565
Subtotal:					
All Physicians (except Pathology)	388,158	399,369	392,758	401,126	405,352
All Specialists (except GP/FPs & Pathology)	500,385	518,833	509,439	523,018	524,540
Physicians by Specialty					
Anaesthesiology	383,339	389,853	386,185	391,874	383,190
Cardiovascular and Thoracic Surgery	688,620	671,449	616,860	653,713	660,789
Dermatology	736,991	762,716	790,153	730,210	787,392
Emergency Medicine	313,487	314,391	315,253	332,302	331,381
General/Family Physicians (GP/FPs)	299,827	306,332	302,173	305,542	310,758
- General/Family Physicians	297,745	304,812	300,169	303,099	308,392
- Full-Time Emergency Room Physicians	344,551	342,198	344,638	352,523	356,404
- Mental Health Generalists	418,201	419,525	396,281	396,064	450,637
- Other General Practice Physicians ⁽¹⁾	102,293	111,211	159,676	231,375	216,612
General Surgery	457,007	492,364	487,870	484,873	467,307
- General Surgery designated specialty	457,716	494,035	486,662	480,281	465,796
- Other General Surgery ⁽¹⁾	450,346	477,877	498,918	528,724	481,633
Internal Medicine	432,666	465,096	450,696	457,542	458,071
- Internal Medicine designated specialty	380,955	397,204	368,371	384,808	382,574
- Cardiology	779,881	767,289	750,085	749,711	737,084
- Endocrinology/Metabolism	131,471	230,046	314,100	327,269	236,235
- Gastroenterology	434,950	484,978	555,631	545,951	551,586
- Infectious Diseases	84,886	115,589	108,742	120,460	140,633
- Other Internal Medicine ⁽¹⁾	406,566	469,358	469,253	451,806	459,981
Neurology	325,924	346,291	343,506	363,981	381,740
Neurosurgery	30,258	33,195	52,952	172,184	121,567
Obstetrics-Gynaecology	512,825	463,374	456,206	479,089	477,440
Ophthalmology	1,120,250	1,174,642	1,135,355	1,217,230	1,218,279
Orthopaedic Surgery	460,161	467,084	462,481	468,324	488,501
Otolaryngology	623,634	658,993	705,026	687,517	688,885
Paediatrics	261,614	267,452	272,277	281,501	287,400
Physical Medicine & Rehabilitation	376,420	434,802	439,378	470,114	429,877
Plastic Surgery	480,325	509,478	505,078	488,377	515,436
Psychiatry	347,474	357,349	358,515	365,111	377,974
Urology	621,909	612,641	626,283	625,969	606,080
Pathology	617,712	607,413	574,450	551,961	534,764
Radiology	1,090,305	1,140,725	1,082,174	1,123,414	1,140,037

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

Continued...

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

Table 2.12 B
Distribution of Average Gross Payments Percentage Change
for the Service Years Ended March 31, 2016 to March 31, 2020

Physician Specialty	Percentage Change			
	2016/2017	2017/2018	2018/2019	2019/2020
Total: All Physicians	2.87%	(1.67%)	2.12%	1.04%
Subtotal:				
All Physicians (except Pathology)	2.89	(1.66)	2.13	1.05
All Specialists (except GP/FPs & Pathology)	3.69	(1.81)	2.67	0.29
Physicians by Specialty				
Anaesthesiology	1.70	(0.94)	1.47	(2.22)
Cardiovascular and Thoracic Surgery	(2.49)	(8.13)	5.97	1.08
Dermatology	3.49	3.60	(7.59)	7.83
Emergency Medicine	0.29	0.27	5.41	(0.28)
General/Family Physicians (GP/FPs)	2.17	(1.36)	1.11	1.71
- General/Family Physicians	2.37	(1.52)	0.98	1.75
- Full-Time Emergency Room Physicians	(0.68)	0.71	2.29	1.10
- Mental Health Generalists	0.32	(5.54)	(0.05)	13.78
- Other General Practice Physicians⁽¹⁾	8.72	43.58	44.90	(6.38)
General Surgery	7.74	(0.91)	(0.61)	(3.62)
- General Surgery designated specialty	7.93	(1.49)	(1.31)	(3.02)
- Other General Surgery ⁽¹⁾	6.11	4.40	5.97	(8.91)
Internal Medicine	7.50	(3.10)	1.52	0.12
- Internal Medicine designated specialty	4.27	(7.26)	4.46	(0.58)
- Cardiology	(1.61)	(2.24)	(0.05)	(1.68)
- Endocrinology/Metabolism	74.98	36.54	4.19	(27.82)
- Gastroenterology	11.50	14.57	(1.74)	1.03
- Infectious Diseases	36.17	(5.92)	10.78	16.75
- Other Internal Medicine⁽¹⁾	15.44	(0.02)	(3.72)	1.81
Neurology	6.25	(0.80)	5.96	4.88
Neurosurgery	9.71	59.52	225.17	(29.40)
Obstetrics-Gynaecology	(9.64)	(1.55)	5.02	(0.34)
Ophthalmology	4.86	(3.34)	7.21	0.09
Orthopaedic Surgery	1.50	(0.99)	1.26	4.31
Otolaryngology	5.67	6.99	(2.48)	0.20
Paediatrics	2.23	1.80	3.39	2.10
Physical Medicine & Rehabilitation	15.51	1.05	7.00	(8.56)
Plastic Surgery	6.07	(0.86)	(3.31)	5.54
Psychiatry	2.84	0.33	1.84	3.52
Urology	(1.49)	2.23	(0.05)	(3.18)
Pathology	(1.67)	(5.43)	(3.91)	(3.12)
Radiology	4.62	(5.13)	3.81	1.48

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

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

Table 2.12 C
Distribution of Median Gross Payments
for the Service Years Ended March 31, 2016 to March 31, 2020

Physician Specialty	Median Payment				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Total: All Physicians	\$306,312	\$317,616	\$311,871	\$315,217	\$317,827
Subtotal:					
All Physicians (except Pathology)	306,618	317,991	312,118	315,590	318,078
All Specialists (except GP/FPs & Pathology)	387,324	401,768	395,204	402,077	402,462
Physicians by Specialty					
Anaesthesiology	380,753	389,399	386,277	399,395	374,647
Cardiovascular and Thoracic Surgery	770,482	660,824	620,383	630,230	672,019
Dermatology	687,418	698,379	692,816	629,106	579,930
Emergency Medicine	320,229	318,958	320,201	350,067	338,571
General/Family Physicians (GP/FPs)	267,368	276,714	273,477	274,601	278,370
- General/Family Physicians	262,942	272,367	268,957	268,876	273,287
- Full-Time Emergency Room Physicians	342,014	333,123	332,658	335,847	338,278
- Mental Health Generalists	401,543	400,451	370,558	412,977	483,766
- Other General Practice Physicians⁽¹⁾	22,158	28,662	96,188	138,890	167,874
General Surgery	476,452	507,274	507,082	502,020	483,256
- General Surgery designated specialty	479,974	509,174	505,191	481,313	463,551
- Other General Surgery ⁽¹⁾	451,933	497,975	549,780	583,665	531,016
Internal Medicine	340,351	379,569	366,668	364,652	371,778
- Internal Medicine designated specialty	322,542	347,754	326,278	332,207	349,811
- Cardiology	779,782	752,275	781,389	738,788	652,057
- Endocrinology/Metabolism	159,697	183,437	219,573	141,867	133,694
- Gastroenterology	425,007	580,379	588,520	588,741	628,507
- Infectious Diseases	45,870	73,901	81,366	81,546	97,689
- Other Internal Medicine⁽¹⁾	285,031	362,635	381,835	358,452	365,196
Neurology	283,686	315,074	291,494	327,363	346,899
Neurosurgery	5,733	3,908	20,403	58,226	25,425
Obstetrics-Gynaecology	457,809	422,767	403,187	423,300	418,703
Ophthalmology	847,004	903,503	891,155	931,673	889,700
Orthopaedic Surgery	482,624	488,613	494,248	478,239	500,874
Otolaryngology	621,495	645,577	671,389	656,128	613,273
Paediatrics	226,816	242,635	248,089	275,938	266,835
Physical Medicine & Rehabilitation	330,918	453,165	431,529	492,480	416,457
Plastic Surgery	514,866	506,347	511,474	454,585	502,693
Psychiatry	315,069	321,134	315,638	317,307	327,069
Urology	595,433	610,247	641,400	636,675	617,035
Pathology	4,777	11,850	10,297	27,929	28,117
Radiology	782,593	901,729	833,625	890,277	925,451

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

Continued...

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

Table 2.12 C
Distribution of Median Gross Payments Percentage Change
for the Service Years Ended March 31, 2016 to March 31, 2020

Physician Specialty	Percentage Change			
	2016/2017	2017/2018	2018/2019	2019/2020
Total: All Physicians	3.69%	(1.81%)	1.07%	0.83%
Subtotal:				
All Physicians (except Pathology)	3.71	(1.85)	1.11	0.79
All Specialists (except GP/FPs & Pathology)	3.73	(1.63)	1.74	0.10
Physicians by Specialty				
Anaesthesiology	2.27	(0.80)	3.40	(6.20)
Cardiovascular and Thoracic Surgery	(14.23)	(6.12)	1.59	6.63
Dermatology	1.59	(0.80)	(9.20)	(7.82)
Emergency Medicine	(0.40)	0.39	9.33	(3.28)
General/Family Physicians (GP/FPs)	3.50	(1.17)	0.41	1.37
- General/Family Physicians	3.58	(1.25)	(0.03)	1.64
- Full-Time Emergency Room Physicians	(2.60)	(0.14)	0.96	0.72
- Mental Health Generalists	(0.27)	(7.46)	11.45	17.14
- Other General Practice Physicians⁽¹⁾	29.35	235.59	44.39	20.87
General Surgery	6.47	(0.04)	(1.00)	(3.74)
- General Surgery designated specialty	6.08	(0.78)	(4.73)	(3.69)
- Other General Surgery ⁽¹⁾	10.19	10.40	6.16	(9.02)
Internal Medicine	11.52	(3.40)	(0.55)	1.95
- Internal Medicine designated specialty	7.82	(6.18)	1.82	5.30
- Cardiology	(3.53)	3.87	(5.45)	(11.74)
- Endocrinology/Metabolism	14.87	19.70	(35.39)	(5.76)
- Gastroenterology	36.56	1.40	0.04	6.75
- Infectious Diseases	61.11	10.10	0.22	19.80
- Other Internal Medicine⁽¹⁾	27.23	5.29	(6.12)	1.88
Neurology	11.06	(7.48)	12.31	5.97
Neurosurgery	(31.83)	422.08	185.38	(56.33)
Obstetrics-Gynaecology	(7.65)	(4.63)	4.99	(1.09)
Ophthalmology	6.67	(1.37)	4.55	(4.51)
Orthopaedic Surgery	1.24	1.15	(3.24)	4.73
Otolaryngology	3.87	4.00	(2.27)	(6.53)
Paediatrics	6.97	2.25	11.23	(3.30)
Physical Medicine & Rehabilitation	36.94	(4.77)	14.12	(15.44)
Plastic Surgery	(1.65)	1.01	(11.12)	10.58
Psychiatry	1.92	(1.71)	0.53	3.08
Urology	2.49	5.10	(0.74)	(3.08)
Pathology	148.06	(13.11)	171.23	0.67
Radiology	15.22	(7.55)	6.80	3.95

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

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

Table 2.12 D
Distribution of Physician Services by Specialty
for the Service Years Ended March 31, 2016 to March 31, 2020

Physician Specialty	Number of Services				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Total: All Physicians	50,469,411	52,770,299	54,174,046	56,241,529	58,398,511
Subtotal:					
All Physicians (except Pathology)	50,077,070	52,415,849	53,841,486	55,904,613	58,076,550
All Specialists (except GP/FPs & Pathology)	25,533,623	26,990,588	27,866,727	29,319,193	30,369,679
Physicians by Specialty					
Anaesthesiology	4,428,555	4,677,974	4,727,179	4,821,176	4,837,657
Cardiovascular and Thoracic Surgery	65,609	68,344	60,864	65,927	77,397
Dermatology	769,397	746,425	759,747	768,227	842,513
Emergency Medicine	464,878	506,195	544,218	593,987	633,306
General/Family Physicians (GP/FPs)	24,543,447	25,425,261	25,974,759	26,585,420	27,706,871
- General/Family Physicians	23,471,929	24,349,482	24,845,119	25,443,814	26,529,078
- Full-Time Emergency Room Physicians	904,346	886,508	949,066	933,479	951,724
- Mental Health Generalists	128,663	148,305	122,504	141,390	151,190
- Other General Practice Physicians ⁽¹⁾	38,509	40,966	58,070	66,737	74,879
General Surgery	588,752	617,902	599,502	628,709	638,079
- General Surgery designated specialty	543,600	569,919	550,868	576,567	586,639
- Other General Surgery ⁽¹⁾	45,152	47,983	48,634	52,142	51,440
Internal Medicine	5,614,846	5,879,894	5,892,903	6,152,386	6,428,837
- Internal Medicine designated specialty	1,733,190	1,909,825	1,955,762	2,109,085	2,146,214
- Cardiology	776,805	788,356	843,801	905,946	1,000,933
- Endocrinology/Metabolism	7,253	24,769	36,360	40,157	37,348
- Gastroenterology	268,654	262,513	248,778	250,450	258,209
- Infectious Diseases	22,284	25,255	34,392	34,432	34,011
- Other Internal Medicine ⁽¹⁾	2,806,660	2,869,176	2,773,810	2,812,316	2,952,122
Neurology	204,898	228,769	254,987	293,392	330,188
Neurosurgery	9,192	6,064	8,230	24,744	23,329
Obstetrics-Gynaecology	1,159,644	1,161,597	1,177,625	1,220,357	1,262,622
Ophthalmology	2,381,492	2,637,846	2,874,054	3,133,971	3,181,175
Orthopaedic Surgery	470,249	488,809	485,593	489,221	506,641
Otolaryngology	560,033	552,442	549,974	553,931	593,627
Paediatrics	941,608	1,070,154	1,353,659	1,449,266	1,511,198
Physical Medicine & Rehabilitation	199,199	215,969	242,242	278,500	324,073
Plastic Surgery	168,660	177,167	180,115	183,660	189,882
Psychiatry	3,277,433	3,459,454	3,651,536	3,864,406	4,041,793
Urology	266,413	278,214	276,729	282,887	286,336
Pathology	392,341	354,450	332,560	336,916	321,961
Radiology	3,962,765	4,217,369	4,227,570	4,514,440	4,660,872

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

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

Table 2.12 D
Distribution of Physician Services Percentage Change
for the Service Years Ended March 31, 2016 to March 31, 2020

Physician Specialty	Percentage Change			
	2016/2017	2017/2018	2018/2019	2019/2020
Total: All Physicians	4.56%	2.66%	3.82%	3.84%
Subtotal:				
All Physicians (except Pathology)	4.67	2.72	3.83	3.89
All Specialists (except GP/FPs & Pathology)	5.71	3.25	5.21	3.58
Physicians by Specialty				
Anaesthesiology	5.63	1.05	1.99	0.34
Cardiovascular and Thoracic Surgery	4.17	(10.94)	8.32	17.40
Dermatology	(2.99)	1.78	1.12	9.67
Emergency Medicine	8.89	7.51	9.15	6.62
General/Family Physicians (GP/FPs)	3.59	2.16	2.35	4.22
- General/Family Physicians	3.74	2.04	2.41	4.27
- Full-Time Emergency Room Physicians	(1.97)	7.06	(1.64)	1.95
- Mental Health Generalists	15.27	(17.40)	15.42	6.93
- Other General Practice Physicians⁽¹⁾	6.38	41.75	14.93	12.20
General Surgery	4.95	(2.98)	4.87	1.49
- General Surgery designated specialty	4.84	(3.34)	4.67	1.75
- Other General Surgery ⁽¹⁾	6.27	1.36	7.21	(1.35)
Internal Medicine	4.72	0.22	4.40	4.49
- Internal Medicine designated specialty	10.19	2.41	7.84	1.76
- Cardiology	1.49	7.03	7.36	10.48
- Endocrinology/Metabolism	241.50	46.80	10.44	(7.00)
- Gastroenterology	(2.29)	(5.23)	0.67	3.10
- Infectious Diseases	13.33	36.18	0.12	(1.22)
- Other Internal Medicine⁽¹⁾	2.23	(3.32)	1.39	4.97
Neurology	11.65	11.46	15.06	12.54
Neurosurgery	(34.03)	35.72	200.66	(5.72)
Obstetrics-Gynaecology	0.17	1.38	3.63	3.46
Ophthalmology	10.76	8.95	9.04	1.51
Orthopaedic Surgery	3.95	(0.66)	0.75	3.56
Otolaryngology	(1.36)	(0.45)	0.72	7.17
Paediatrics	13.65	26.49	7.06	4.27
Physical Medicine & Rehabilitation	8.42	12.17	14.97	16.36
Plastic Surgery	5.04	1.66	1.97	3.39
Psychiatry	5.55	5.55	5.83	4.59
Urology	4.43	(0.53)	2.23	1.22
Pathology	(9.66)	(6.18)	1.31	(4.44)
Radiology	6.42	0.24	6.79	3.24

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

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

Table 2.13
Distribution of Gross Payments by Payment Range and Speciality⁽¹⁾⁽²⁾
for the Service Year April 1, 2019 to March 31, 2020

Dollar Range	All Physicians		All Physicians (except Pathology)		All Specialties (except General/Family Physicians and Pathology)		Anaesthesiology		Cardiovascular and Thoracic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$1,316,752	489	\$1,299,727	483	\$574,185	280	\$25,482	4		
10,000 - 19,999	2,529,082	169	2,515,694	168	1,046,616	70	98,364	7		
20,000 - 39,999	9,267,595	311	9,211,360	309	3,896,791	129	385,207	13		
40,000 - 59,999	12,343,748	247	12,300,863	246	4,375,149	88	446,059	9	41,469	1
60,000 - 79,999	17,546,907	250	17,546,907	250	6,195,224	88	590,589	8		
80,000 - 99,999	20,770,760	230	20,681,914	229	6,593,715	73	1,284,008	14		
100,000 - 119,999	24,809,848	226	24,706,273	225	8,583,887	78	1,087,559	10		
120,000 - 139,999	32,045,457	246	32,045,457	246	9,017,929	69	1,313,232	10		
140,000 - 159,999	38,539,591	258	38,539,591	258	11,095,889	74	912,532	6	140,870	1
160,000 - 179,999	48,401,108	285	48,401,108	285	14,249,298	84	1,543,575	9		
180,000 - 199,999	54,211,006	284	54,022,748	283	14,095,393	74	2,687,513	14		
200,000 - 299,999	394,457,149	1,570	394,457,149	1,570	122,546,588	485	14,656,377	57	523,598	2
300,000 - 399,999	513,944,805	1,478	513,571,750	1,477	191,732,080	547	32,851,883	94	323,370	1
400,000 - 499,999	510,531,833	1,142	510,531,833	1,142	235,472,380	523	40,646,874	91	1,802,371	4
500,000 - 599,999	427,796,306	781	427,796,306	781	230,395,540	420	41,154,912	76	1,086,921	2
600,000 - 699,999	335,584,398	519	335,584,398	519	186,770,442	289	14,236,678	22	2,648,837	4
700,000 - 799,999	255,107,007	341	255,107,007	341	155,641,991	208	11,049,352	15	2,352,141	3
800,000 - 899,999	176,026,130	208	176,026,130	208	111,599,161	132	3,314,566	4	1,725,064	2
900,000 - 999,999	141,980,420	150	141,980,420	150	100,333,112	106	1,920,170	2	2,776,134	3
1,000,000 - 1,999,999	556,659,463	419	556,659,463	419	477,787,007	355	8,393,740	7	4,420,526	4
2,000,000 & Over	373,895,758	131	366,222,799	129	363,518,668	128	2,650,143	1		
Total	\$3,947,765,122	9,734	\$3,939,208,895	9,718	\$2,255,521,046	4,300	\$181,248,814	473	\$17,841,301	27

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

(1) A blank cell represents a zero value.

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

Continued...

Table 2.13
Distribution of Gross Payments by Payment Range and Speciality⁽¹⁾⁽²⁾
for the Service Year April 1, 2019 to March 31, 2020

Dollar Range	Dermatology		Emergency Medicine		All General/Family Physicians		All General Surgery		All Internal Medicine	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$11,109	7	\$13,523	3	\$725,542	203	\$5,726	3	\$188,584	120
10,000 - 19,999			16,992	1	1,469,078	98	27,384	2	281,186	19
20,000 - 39,999	36,887	1	77,626	3	5,314,569	180	288,557	9	1,176,379	38
40,000 - 59,999	95,012	2	86,707	2	7,925,714	158	413,205	8	1,130,560	23
60,000 - 79,999	64,588	1	295,574	4	11,351,682	162	351,115	5	1,583,681	22
80,000 - 99,999	96,660	1	93,671	1	14,088,199	156	261,708	3	1,869,149	21
100,000 - 119,999			334,291	3	16,122,386	147	654,572	6	2,106,370	19
120,000 - 139,999	135,072	1	257,102	2	23,027,528	177	244,349	2	1,948,632	15
140,000 - 159,999	150,331	1	755,782	5	27,443,702	184	601,978	4	2,265,919	15
160,000 - 179,999	162,126	1	1,708,568	10	34,151,810	201	505,454	3	2,692,172	16
180,000 - 199,999			1,507,928	8	39,927,355	209	1,320,812	7	2,294,092	12
200,000 - 299,999	752,356	3	8,074,208	32	271,910,561	1,085	3,585,231	14	18,687,619	74
300,000 - 399,999	657,436	2	18,953,700	54	321,839,670	930	8,723,466	25	37,527,726	106
400,000 - 499,999	2,312,345	5	21,086,042	47	275,059,452	619	10,855,088	24	40,284,344	89
500,000 - 599,999	3,909,133	7	5,263,746	10	197,400,766	361	20,878,005	37	39,782,719	72
600,000 - 699,999	2,593,453	4	4,010,761	6	148,813,956	230	17,402,277	27	43,435,061	67
700,000 - 799,999	2,239,389	3	1,420,341	2	99,465,016	133	12,646,013	17	39,836,892	53
800,000 - 899,999	864,535	1			64,426,969	76	9,123,456	11	26,053,219	31
900,000 - 999,999	2,840,076	3			41,647,308	44	4,757,576	5	22,585,911	24
1,000,000 - 1,999,999	16,231,692	11			78,872,455	64	10,161,649	8	112,753,960	84
2,000,000 & Over	14,091,299	6			2,704,130	1			27,979,766	11
Total	\$47,243,499	60	\$63,956,561	193	\$1,683,687,849	5,418	\$102,807,623	220	\$426,463,941	931

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

(1) A blank cell represents a zero value.

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

Continued...

Table 2.13

Distribution of Gross Payments by Payment Range and Speciality⁽¹⁾⁽²⁾
for the Service Year April 1, 2019 to March 31, 2020

Dollar Range	Neurology		Neurosurgery		Obstetrics-Gynaecology		Ophthalmology		Orthopaedic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$6,003	10	\$2,560	5	\$38,341	12	\$18,162	5	\$6,070	2
10,000 - 19,999	34,336	2			37,055	3	30,114	2	51,058	4
20,000 - 39,999	96,653	3	25,425	1	93,738	3	124,507	4	325,952	11
40,000 - 59,999	191,515	4	51,592	1	449,278	9	42,172	1	94,777	2
60,000 - 79,999					405,500	6	207,422	3	438,865	6
80,000 - 99,999	168,146	2	97,212	1	448,508	5	183,579	2		
100,000 - 119,999	100,588	1			644,868	6			342,100	3
120,000 - 139,999	131,589	1	131,591	1	786,088	6	271,678	2	407,481	3
140,000 - 159,999	149,934	1			148,422	1	723,727	5	746,785	5
160,000 - 179,999	339,058	2			850,038	5	165,588	1	847,899	5
180,000 - 199,999	192,371	1			770,121	4	186,233	1		
200,000 - 299,999	2,521,436	10			8,337,875	33	1,607,098	6	3,060,240	13
300,000 - 399,999	3,506,982	10			9,594,681	27	1,057,933	3	5,961,944	17
400,000 - 499,999	6,411,172	14			16,023,224	36	1,844,543	4	10,588,642	23
500,000 - 599,999	5,456,820	10	1,028,857	2	16,413,590	30	3,336,092	6	16,450,884	30
600,000 - 699,999	1,929,444	3			12,300,735	19	4,441,736	7	14,171,624	22
700,000 - 799,999	2,199,784	3			6,686,454	9	4,530,741	6	13,450,252	18
800,000 - 899,999	3,392,153	4			16,011,602	19	11,068,339	13	8,554,308	10
900,000 - 999,999					7,480,586	8	5,823,547	6	8,437,008	9
1,000,000 - 1,999,999	5,619,957	4			19,097,011	14	50,858,797	35	6,117,163	5
2,000,000 & Over					6,561,882	3	84,037,055	28	2,273,555	1
Total	\$32,447,942	85	\$1,337,236	11	\$123,179,596	258	\$170,559,063	140	\$92,326,608	189

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

(1) A blank cell represents a zero value.

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

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Table 2.13
Distribution of Gross Payments by Payment Range and Speciality⁽¹⁾⁽²⁾
for the Service Year April 1, 2019 to March 31, 2020

Dollar Range	Otolaryngology		Paediatrics		Pathology		Physical Medicine and Rehabilitation		Plastic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$9,341	1	\$128,738	68	\$17,026	6	\$1,762	4	\$15,010	3
10,000 - 19,999	17,603	1	162,711	10	13,388	1	13,677	1	19,539	1
20,000 - 39,999			459,112	15	56,235	2	76,482	2	21,974	1
40,000 - 59,999	109,586	2	545,645	11	42,885	1	168,716	3		
60,000 - 79,999			625,349	9			187,687	3	144,329	2
80,000 - 99,999			656,880	7	88,846	1				
100,000 - 119,999			441,016	4	103,575	1	109,422	1	216,094	2
120,000 - 139,999			122,783	1					258,622	2
140,000 - 159,999			1,361,182	9	144,776	1		1	148,274	1
160,000 - 179,999			1,521,282	9					171,932	1
180,000 - 199,999	186,102	1	1,894,036	10	188,258	1				
200,000 - 299,999	2,190,300	8	18,683,265	74			2,157,465	9	1,045,921	4
300,000 - 399,999	3,175,218	9	23,893,129	69	373,055	1	2,791,551	8	2,072,354	6
400,000 - 499,999	4,588,541	10	20,638,197	46			4,460,685	10	5,290,549	12
500,000 - 599,999	2,164,562	4	12,440,315	23			4,346,577	8	7,267,988	13
600,000 - 699,999	6,558,575	10	9,707,184	15			2,653,662	4	5,622,671	9
700,000 - 799,999	7,587,891	10	723,986	1			4,484,550	6	3,771,469	5
800,000 - 899,999	802,175	1	5,063,361	6			806,607	1	1,690,527	2
900,000 - 999,999	1,950,148	2	7,502,699	8			1,825,755	2	986,785	1
1,000,000 - 1,999,999	20,454,784	15	8,964,032	7			4,572,416	4	7,851,951	6
2,000,000 & Over	2,446,666	1			7,672,959	2				
Total	\$52,355,254	76	\$115,534,902	402	\$8,556,227	16	\$28,801,790	67	\$36,595,987	71

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

(1) A blank cell represents a zero value.

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

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Table 2.13
Distribution of Gross Payments by Payment Range and Specialty⁽¹⁾⁽²⁾
for the Service Year April 1, 2019 to March 31, 2020

Dollar Range	All Psychiatry		Radiology		Urology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$47,823	10	\$45,317	17		
10,000 - 19,999	182,055	12	74,542	5		
20,000 - 39,999	465,889	16	178,021	6	64,384	3
40,000 - 59,999	198,141	4	265,668	5	45,045	1
60,000 - 79,999	901,099	13	333,078	5	66,351	1
80,000 - 99,999	993,252	11	269,281	3	171,662	2
100,000 - 119,999	1,877,950	17	555,299	5		
120,000 - 139,999	2,089,995	16	919,716	7		
140,000 - 159,999	2,395,281	16	450,096	3		
160,000 - 179,999	2,717,655	16	852,374	5	171,578	1
180,000 - 199,999	2,499,367	13	369,199	2	187,619	1
200,000 - 299,999	31,237,542	124	4,158,873	17	1,267,183	5
300,000 - 399,999	31,619,154	90	6,949,801	20	2,071,752	6
400,000 - 499,999	34,335,254	77	12,029,028	26	2,275,480	5
500,000 - 599,999	32,244,493	59	14,366,610	26	2,803,317	5
600,000 - 699,999	23,094,679	36	14,786,282	23	7,176,783	11
700,000 - 799,999	18,020,989	24	21,001,187	28	3,640,557	5
800,000 - 899,999	6,931,506	8	12,726,139	15	3,471,605	4
900,000 - 999,999	8,434,230	9	19,169,635	20	3,842,852	4
1,000,000 - 1,999,999	18,131,180	15	173,231,275	127	10,926,874	9
2,000,000 & Over	3,453,203	1	220,025,100	76		
Total	\$221,870,738	587	\$502,756,518	441	\$38,183,041	63

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

(1) A blank cell represents a zero value.

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

Table 2.14
Number of Full-Time Equivalent Physicians by Specialty⁽¹⁾
for the Service Year April 1, 2019 to March 31, 2020

Physicians by Specialty	Number of Physicians	Number of Full-Time Equivalent Physicians ⁽²⁾	Proportion of Full-Time Equivalent Physicians		Average Payment per Full-Time Equivalent Physician	Number of Registered Persons per Full-Time Equivalent Physician
			Above 60th Percentile	Below 40th Percentile		
All Physicians (except Pathology and Radiology) ⁽³⁾	9,261	8,293.4	33.7	48.5	\$413,904	577
All Specialists (except GP/FPs & Laboratory)	3,843	3,342.2	32.2	50.8	523,307	1,431
Physicians by Specialty						
Anaesthesiology	473	413.6	33.0	49.0	438,267	11,567
Cardiovascular and Thoracic Surgery	27	25.0	37.0	37.0	712,804	191,117
Dermatology	60	51.3	30.0	53.3	920,884	93,243
Emergency Medicine	193	173.6	35.8	46.1	368,445	27,558
General/Family Physicians (GP/FPs)	5,418	4,863.2	34.5	47.4	346,207	984
- General/Family Physicians	5,126	4,604.7	34.4	47.5	343,308	1,039
- Full-Time Emergency Room Physicians	260	247.4	35.4	45.0	374,570	19,336
- Mental Health Generalists	14	12.6	28.6	35.7	499,170	378,486
- Other General Practice Physicians ⁽⁴⁾	18	13.5	27.8	61.1	288,971	354,531
General Surgery	220	179.0	31.8	51.8	574,293	26,722
- General Surgery designated specialty	199	159.4	31.7	52.8	581,528	30,011
- Other General Surgery ⁽⁴⁾	21	18.5	33.3	42.9	546,095	258,279
Internal Medicine	915	717.1	29.3	55.4	589,410	6,670
- Internal Medicine designated specialty	441	345.4	28.6	56.5	488,469	13,850
- Cardiology	139	102.5	30.2	54.7	999,357	46,660
- Gastroenterology	59	44.6	28.8	54.2	729,020	107,159
- Infectious Diseases	25	18.3	24.0	60.0	192,540	261,970
- Other Internal Medicine ⁽⁴⁾	251	191.9	29.9	53.4	601,793	24,934
Neurology	85	64.5	28.2	57.6	502,937	74,145
Neurosurgery	11	5.5	18.2	72.7	243,063	869,494
Obstetrics-Gynaecology	258	226.9	32.9	49.6	542,797	21,079
Ophthalmology	140	132.3	35.0	46.4	1,289,480	36,166
Orthopaedic Surgery	189	160.2	35.4	46.6	576,164	29,852
Otolaryngology	76	71.0	32.9	48.7	736,942	67,333
Paediatrics	402	311.1	29.6	53.2	371,407	15,378
Physical Medicine and Rehabilitation	67	54.3	28.4	53.7	530,167	88,054
Plastic Surgery	71	63.9	35.2	45.1	572,527	74,837
Psychiatry	587	548.8	35.1	45.7	404,300	8,717
Urology	63	55.5	34.9	47.6	688,256	86,225

Table 2.14
Number of Full-Time Equivalent Physicians by Specialty⁽¹⁾
for the Service Year April 1, 2019 to March 31, 2020

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

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

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

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

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

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

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

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

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

(3) 16 Pathology and 441 Radiology physicians and 16 Endocrinology/Metabolism physicians are excluded.

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

Table 2.15
Distribution of Physician Payments by Type of Service and Specialty⁽¹⁾⁽²⁾
for the Service Year April 1, 2019 to March 31, 2020

Physicians by Specialty	Total	Consultations	Assessments	
			Major	Other
Total: All Physicians	\$3,947,765,122	\$445,153,554	\$334,551,857	\$1,183,016,956
Subtotal				
All Physicians (except Pathology)	3,939,208,895	444,677,902	334,551,581	1,182,976,453
All Specialists (except GP/FPs & Pathology)	2,255,521,046	390,420,092	37,707,106	268,862,344
Physicians by Specialty				
Anaesthesiology	181,248,814	8,691,633	125,095	16,712,417
Cardiovascular and Thoracic Surgery	17,841,301	1,863,639	8,065	1,022,253
Dermatology	47,243,499	10,813,315	1,225,282	6,538,688
Emergency Medicine	63,956,561	3,228,448	657,454	40,172,896
General/Family Physicians (GP/FPs)	1,683,687,849	54,257,810	296,844,475	914,114,110
- General/Family Physicians	1,580,814,835	50,493,459	295,664,688	851,355,576
- Full-Time Emergency Room Physicians	92,665,079	3,575,969	946,296	62,013,874
- Mental Health Generalists	6,308,917	28,821	92,140	417,678
- Other General Practice Physicians⁽³⁾	3,899,018	159,561	141,351	326,981
General Surgery	102,807,623	28,250,062	142,508	8,073,316
- General Surgery designated specialty	92,693,327	25,895,387	134,950	7,038,524
- Other General Surgery ⁽³⁾	10,114,295	2,354,675	7,558	1,034,792
Internal Medicine	426,463,941	136,406,675	8,381,068	58,784,884
- Internal Medicine designated specialty	168,714,918	72,838,282	5,908,113	28,814,570
- Cardiology	102,454,696	20,875,265	511,850	10,476,175
- Endocrinology/Metabolism	3,779,755	1,947,737	81,243	1,297,981
- Gastroenterology	32,543,581	13,142,347	147,779	2,875,815
- Infectious Diseases	3,515,817	2,259,997	14,947	842,620
- Other Internal Medicine⁽³⁾	115,455,175	25,343,048	1,717,136	14,477,723
Neurology	32,447,942	20,031,140	595,018	4,889,001
Neurosurgery	1,337,236	302,857	903	28,590
Obstetrics-Gynaecology	123,179,596	20,035,649	1,963,152	28,835,688
Ophthalmology	170,559,063	16,683,115	9,485,553	18,302,659
Orthopaedic Surgery	92,326,608	19,436,458	240,358	8,641,189
Otolaryngology	52,355,254	9,582,559	135,046	3,075,246
Paediatrics	115,534,902	36,954,087	11,248,746	49,497,767
Physical Medicine and Rehabilitation	28,801,790	11,419,788	6,739	7,205,595
Plastic Surgery	36,595,987	4,918,055	596,285	3,512,275
Psychiatry designated specialty	221,870,738	50,836,596	2,510,874	6,902,781
Urology	38,183,041	9,615,223	375,151	4,204,223
Pathology	8,556,227	475,651	276	40,503
Radiology	502,756,518	1,343,339	9,811	2,462,877

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

Continued...

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

(2) A blank cell represents a zero value.

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

Table 2.15
Distribution of Physician Payments by Type of Service and Specialty⁽¹⁾⁽²⁾
for the Service Year April 1, 2019 to March 31, 2020

Physicians by Specialty	Hospital Care Days	Special Calls	Psychotherapy/ Counselling	Major Surgery
Total: All Physicians	\$116,058,148	\$28,623,786	\$281,593,876	\$411,634,619
Subtotal				
All Physicians (except Pathology)	116,058,104	28,623,786	281,593,876	411,634,619
All Specialists (except GP/FPs & Pathology)	63,904,886	1,485,747	135,849,326	374,876,642
Physicians by Specialty				
Anaesthesiology	156,086	20,355	2,144,771	99,439,912
Cardiovascular and Thoracic Surgery	483,297	11,265	595	13,224,883
Dermatology	1,136	586		13,881,332
Emergency Medicine	180	56,633	792,299	934,467
General/Family Physicians (GP/FPs)	52,153,218	27,138,039	145,744,550	36,757,977
- General/Family Physicians	52,019,640	27,032,635	138,421,803	35,337,883
- Full-Time Emergency Room Physicians	36,764	94,239	1,282,214	1,420,005
- Mental Health Generalists	6,659	6,323	4,365,587	90
- Other General Practice Physicians⁽³⁾	90,155	4,841	1,674,946	
General Surgery	4,044,476	114,593	24,977	44,435,460
- General Surgery designated specialty	3,842,883	113,157	24,977	38,706,916
- Other General Surgery ⁽³⁾	201,593	1,436		5,728,544
Internal Medicine	47,781,110	339,712	356,927	9,308,060
- Internal Medicine designated specialty	31,890,771	160,496	321,242	499,294
- Cardiology	5,755,313	105,487		8,309,407
- Endocrinology/Metabolism	77,138	378		1,317
- Gastroenterology	672,757	1,702	285	15,002
- Infectious Diseases	284,636	379		270
- Other Internal Medicine⁽³⁾	9,100,494	71,270	35,400	482,769
Neurology	1,659,135	15,385	25,346	
Neurosurgery	121		453,886	11,350
Obstetrics-Gynaecology	1,778,793	643,109	12,174	15,435,170
Ophthalmology	7,351	6,158		47,450,114
Orthopaedic Surgery	817,305	42,552	71,824	61,144,291
Otolaryngology	54,137	7,895	1,317	20,226,872
Paediatrics	6,173,567	42,733	2,251,715	331,966
Physical Medicine and Rehabilitation	612,950	666	1,315,522	5,967
Plastic Surgery	20,988	10,158	4,633	25,570,817
Psychiatry designated specialty	2,980	168,464	128,213,403	
Urology	310,865	5,482	26,335	16,719,691
Pathology	44			
Radiology			153,603	6,756,291

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

Continued...

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

(2) A blank cell represents a zero value.

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

Table 2.15
Distribution of Physician Payments by Type of Service and Specialty⁽¹⁾⁽²⁾
for the Service Year April 1, 2019 to March 31, 2020

Physicians by Specialty	Minor Surgery	Surgical Assistance	Anaesthesia	Obstetrical Services
Total: All Physicians	\$30,054,341	\$296	\$51,305,580	\$49,169,896
Subtotal				
All Physicians (except Pathology)	30,054,341	296	51,305,580	49,169,896
All Specialists (except GP/FPs & Pathology)	14,461,351		45,035,724	34,042,656
Physicians by Specialty				
Anaesthesiology	2,253,381		23,492,620	5,986,765
Cardiovascular and Thoracic Surgery	15,263		81,757	49,518
Dermatology	2,262,873		167,145	
Emergency Medicine	832,168		8,462	1,897
General/Family Physicians (GP/FPs)	15,592,990	296	6,269,855	15,127,240
- General/Family Physicians	13,600,866	296	6,262,013	15,123,364
- Full-Time Emergency Room Physicians	1,990,283		7,842	3,877
- Mental Health Generalists	1,742			
- Other General Practice Physicians⁽³⁾	99			
General Surgery	1,624,347		76,927	15,488
- General Surgery designated specialty	1,580,486		71,824	15,488
- Other General Surgery ⁽³⁾	43,861		5,103	
Internal Medicine	458,800		14,477	7,512
- Internal Medicine designated specialty	380,421		8,242	
- Cardiology	856			
- Endocrinology/Metabolism				
- Gastroenterology	49,907		107	120
- Infectious Diseases	13,849			
- Other Internal Medicine⁽³⁾	13,768		6,128	7,391
Neurology			1,390,482	
Neurosurgery			109,880	
Obstetrics-Gynaecology	46,394		174,467	27,855,917
Ophthalmology	468,396		871	
Orthopaedic Surgery	333,876		23,539	13,047
Otolaryngology	4,394,367		133,600	296
Paediatrics	215,152		1,003	103,796
Physical Medicine and Rehabilitation	675		2,328,017	
Plastic Surgery	1,402,709		13,090	37
Psychiatry designated specialty	260			
Urology	25,511		760,733	8,351
Pathology				
Radiology	127,179		16,258,657	31

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

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

(2) A blank cell represents a zero value.

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

Table 2.15
Distribution of Physician Payments by Type of Service and Specialty⁽¹⁾⁽²⁾
for the Service Year April 1, 2019 to March 31, 2020

Physicians by Specialty	Diagnostic & Therapeutic Services - Radiology	Laboratory Services	Other Diagnostic & Therapeutic Services	Special Services	Miscellaneous Services
Total: All Physicians	\$483,868,882	\$49,559,342	\$348,613,710	\$18,470,144	\$116,090,134
Subtotal					
All Physicians (except Pathology)	483,868,882	49,559,342	340,654,481	18,468,985	116,010,770
All Specialists (except GP/FPs & Pathology)	482,623,777	49,542,182	288,697,226	3,325,173	64,686,815
Physicians by Specialty					
Anaesthesiology	2,240,856		14,670,205	89,882	5,224,836
Cardiovascular and Thoracic Surgery	119		778,724		301,925
Dermatology			11,416,544	11,034	925,564
Emergency Medicine			15,998,464	70,615	1,202,577
General/Family Physicians (GP/FPs)	1,245,105	17,160	51,957,256	15,143,813	51,323,955
- General/Family Physicians	1,245,105	17,160	32,590,711	15,057,035	46,592,601
- Full-Time Emergency Room Physicians			19,355,537	82,687	1,855,491
- Mental Health Generalists			1,924		1,387,952
- Other General Practice Physicians⁽³⁾			9,083	4,090	1,487,910
General Surgery	497		14,589,808	7,904	1,407,259
- General Surgery designated specialty	497		13,969,078	7,527	1,291,633
- Other General Surgery ⁽³⁾			620,730	377	115,626
Internal Medicine	24,176,743	8,636,689	114,945,284	44,736	16,821,265
- Internal Medicine designated specialty	1,392,315		22,670,360	16,049	3,814,762
- Cardiology	22,149,385	8,538,833	24,249,346		1,482,779
- Endocrinology/Metabolism	758	97,856	1,305		274,043
- Gastroenterology			15,224,817	2,142	410,801
- Infectious Diseases			47,265	878	50,975
- Other Internal Medicine⁽³⁾	634,285		52,752,190	25,666	10,787,905
Neurology	29,192		3,060,684	108,445	644,114
Neurosurgery			35,855	7,803	385,991
Obstetrics-Gynaecology	15,192,991		7,784,293	2,661,503	760,296
Ophthalmology	23,406,485		54,607,191	18	141,152
Orthopaedic Surgery			744,349	4,042	813,779
Otolaryngology			13,791,278	3,433	949,209
Paediatrics	1,421,824		5,558,045	29,265	1,705,237
Physical Medicine and Rehabilitation	1,816,611		3,589,710	255,643	243,906
Plastic Surgery			275,309	16,743	254,889
Psychiatry designated specialty			1,072,922	49	32,162,410
Urology			5,659,944	1,024	470,509
Pathology			7,959,229	1,158	79,364
Radiology	414,338,458	40,905,493	20,115,885	13,034	271,860

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

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

(2) A blank cell represents a zero value.

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

Table 2.16
Top 50 Health Service Codes based on Physician Fee-for-Service Payments
for the Service Year April 1, 2019 to March 31, 2020

Health Service Code	Health Service Code Description	Payments	Number of Services	Number of Discrete Patients ⁽¹⁾	Average Cost per Discrete Patient	Average Number of Services per Distinct Patient
03.03A	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient - in office.}	\$724,433,513	13,469,420	3,232,130	\$224.14	4.2
03.08A	Consultation, described as comprehensive {Comprehensive consultation - in office}	275,896,750	1,655,926	1,072,889	257.15	1.5
03.04A	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient - in office.}	248,811,693	2,080,713	1,713,050	145.24	1.2
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	168,421,185	0	818,335	205.81	0.0
08.19G	Other psychiatric evaluation and interview {Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or general psychiatric counselling, per 15 minutes or major portion thereof - in office.}	128,739,948	2,699,916	460,665	279.47	5.9
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	95,336,883	1,518,803	130,781	728.98	11.6
03.03F	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit in a regional facility, referred cases only - in office.}	65,322,004	627,278	314,832	207.48	2.0
08.19GA	Other psychiatric evaluation and interview {Direct contact with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof - in office.}	54,047,306	977,203	77,821	694.51	12.6
03.04J	Diagnostic interview and evaluation, described as comprehensive {Development, documentation and administration of a comprehensive annual care plan for a patient with complex needs}	48,778,824	256,502	255,573	190.86	1.0
X107A	Fluoroscopy performed during special diagnostic or therapeutic procedures, including biopsy, endoscopy, intubation, pacemaker insertion and bougienage, etc.	47,723,172	241,869	109,224	436.93	2.2
08.19GB	Other psychiatric evaluation and interview {Direct contact with a complex patient for psychiatric treatment (including medical psychotherapy and	47,716,594	764,873	34,157	1,396.98	22.4

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

Continued...

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

Table 2.16
Top 50 Health Service Codes based on Physician Fee-for-Service Payments
for the Service Year April 1, 2019 to March 31, 2020

Health Service Code	Health Service Code Description	Payments	Number of Services	Number of Discrete Patients ⁽¹⁾	Average Cost per Discrete Patient	Average Number of Services per Distinct Patient
X310	Ultrasound, abdominal, complete or at least two abdominal organs	\$43,353,275	214,096	195,828	\$221.38	1.1
08.19A	Consultation, described as comprehensive {Formal major psychiatric consultation, first full 30 minutes or major portion thereof for the first call when only one call is claimed - in office.}	40,721,645	525,349	64,115	635.13	8.2
13.99H	Other miscellaneous diagnostic & therapeutic procedures NEC {Critical care of severely ill or injured patient in a hospital emergency department requiring major treatment intervention(s), per 15 minutes}	35,925,143	612,956	120,430	298.31	5.1
03.04G	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	28,769,872	249,689	207,641	138.56	1.2
X308	Ultrasound, breast, including axilla	28,335,676	219,534	122,172	231.93	1.8
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	27,522,160	442,749	19,833	1,387.70	22.3
08.19F	Other psychiatric evaluation and interview {Formal, scheduled, professional conference related to the care and treatment of a psychiatric patient with other physician(s), and/or direct therapeutic supervision of, allied health professionals, educational, correctional and other community agencies on behalf of a specific patient, provided by the physician most responsible for the patient's care, per 15 minutes or major portion thereof}	26,314,707	573,496	70,077	375.51	8.2
03.08I	Consultation described as comprehensive {Prolonged cardiology, clinical immunology, endocrinology/metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, physiatry, medical oncology, neurology, respiratory medicine or rheumatology consultation or visit, full 15 minutes or major portion thereof for the first call when only one call is claimed - in office.}	25,698,938	553,979	211,316	121.61	2.6
X 27D	Screening mammography (age 50 to 74 years inclusive)	25,424,354	162,945	162,912	156.06	1.0
X306B	Thorax {Non Complex Complete Echocardiogram} <A study of all the relevant cardiac structures and functions of all the chambers, valves, septae, pericardium and great vessels from multiple views, complemented by Doppler examination of every cardiac valve, the atrial and ventricular septa for antegrade and retrograde flow.>	23,978,926	103,100	99,910	240.01	1.0

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

Continued...

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

Table 2.16
Top 50 Health Service Codes based on Physician Fee-for-Service Payments
for the Service Year April 1, 2019 to March 31, 2020

Health Service Code	Health Service Code Description	Payments	Number of Services	Number of Discrete Patients ⁽¹⁾	Average Cost per Discrete Patient	Average Number of Services per Distinct Patient
03.03NB	Diagnostic interview and evaluation, described as limited {Home visit to patients residing in Assisted Living, Designated Assisted Living (DAL), group homes, seniors lodges or personal care home, second/subsequent patients}	\$23,100,259	257,282	16,747	\$1,379.37	15.4
27.72A	Insertion of intraocular lens prosthesis with cataract extraction, one stage {Phacoemulsification cataract extraction, anterior approach, with or without insertion of intraocular lens}	22,846,759	152,823	28,468	802.54	5.4
X334	Ultrasound, other than shoulder including joints, tendons, ligaments, muscles, single anatomic site	\$22,486,180	197,382	136,400	164.85	1.4
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit - in office.}	22,209,728	459,981	69,471	319.70	6.6
03.04H	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in emergency department, 2200-0700 hours}	20,114,577	175,496	148,791	135.19	1.2
03.04F	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekday, 0700-1700 hours}	18,928,418	163,933	142,121	133.19	1.2
01.22	Other nonoperative colonoscopy {Other nonoperative colonoscopy}	18,912,207	165,067	86,629	218.31	1.9
03.07A	Consultation, described as limited {Minor consultation - in office}	18,389,362	208,635	169,029	108.79	1.2
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	17,566,592	84,445	64,392	272.81	1.3
03.05JA	Other diagnostic interview and evaluation {Formal, scheduled, multiple health discipline team conference, full 15 minutes or major portion thereof for the first call when only one call is claimed} <With para-medical personnel regarding the provision of health care where social and other issues are involved>	15,814,350	360,900	115,856	136.50	3.1
87.98A	Delivery NEC {Vaginal delivery}	15,634,142	31,199	30,291	516.13	1.0
16.91G	Insertion of anaesthetic into spinal canal for analgesia {Epidural analgesia for labour and delivery, monitoring and/or top-up/adjustment, each additional full 5 minutes, per patient}	14,284,895	823,768	18,810	759.43	43.8
X315	Ultrasound, pelvis, female, transvesical scan	13,988,946	109,584	98,228	142.41	1.1
28.79B	Other operations on vitreous {Intravitreal injection for drug delivery}	13,930,231	131,442	18,943	735.38	6.9
03.05JB	Other diagnostic interview and evaluation {Formal, scheduled family conference relating to a specific patient, per 15 minutes or major portion thereof}	13,499,345	259,571	115,410	116.97	2.2

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

Continued...

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

Table 2.16
Top 50 Health Service Codes based on Physician Fee-for-Service Payments
for the Service Year April 1, 2019 to March 31, 2020

Health Service Code	Health Service Code Description	Payments	Number of Services	Number of Discrete Patients ⁽¹⁾	Average Cost per Discrete Patient	Average Number of Services per Distinct Patient
X335	Ultrasound shoulder, dedicated rotator cuff and bicep	\$13,304,753	83,665	71,079	\$187.18	1.2
X314	Ultrasound, pelvis, female, including endo-vaginal (EV) scan	13,221,604	75,070	66,105	200.01	1.1
X128	Bone mineral content determination dual photon absorptiometry with or without vertebral fracture assessment (VFA)	13,034,960	91,912	91,875	141.88	1.0
03.08J	Consultation, described as comprehensive {Prolonged consultation or hospital admission by pediatrics (including subspecialties) and clinical immunology and allergy for patients 18 years of age and under, or by medical genetics (no age restriction), full 15 minutes or portion thereof for the first call when only one call is claimed - in office.}	12,201,534	202,949	68,228	178.83	3.0
08.19J	Other psychiatric evaluation and interview {Formal,	12,088,408	421,348	49,447	244.47	8.5
03.12A	Measurements and manual examination of nervous system and sense organs {Intraocular pressure measurement, unilateral or bilateral}	11,996,036	460,855	182,166	65.85	2.5
03.03FA	Diagnostic interview and evaluation, described as limited {Prolonged repeat office or scheduled outpatient visit in a regional facility, referred cases only, full 15 minutes or portion thereof for the first call when only one call is claimed}	11,973,006	211,572	90,921	131.69	2.3
X321	Obstetrics, Gynecology and Female Pelvis {Ultrasound, obstetrical, second or third trimester, high risk - for example, significant maternal disease (i.e. diabetes), fetal anomaly, fetal markers, Intrauterine Growth Retardation (IUGR), oligohydramnios, growth discordance in twins, suspected fetal anemia, genetics, fetal therapy}	11,785,422	59,253	30,123	391.24	2.0
03.05JR	Other diagnostic interview and evaluation {Physician telephone call directly to patient, to discuss patient management/diagnostic test results}	11,723,960	586,198	399,018	29.38	1.5
09.13E	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, interpretation}	11,398,965	435,075	220,835	51.62	2.0
X 27	Mammography (both breasts)	11,332,160	56,592	56,061	202.14	1.0
03.52A	Other electrocardiogram {Electrocardiogram, technical}	11,309,617	461,617	385,816	29.31	1.2
X171	Thallium myocardial perfusion imaging (rest and exercise)	11,208,960	25,020	24,909	450.00	1.0
X320	Ultrasound, obstetrical, second or third trimester, general fetal assessment	11,183,155	70,952	45,786	244.25	1.5

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

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

Table 2.17
Physician Services and Payments per 1,000 Insured Persons
by Type of Service, and Patient Age and Sex
for the Service Year April 1, 2019 to March 31, 2020⁽¹⁾⁽²⁾

Service Type	Age & Sex	All Age Groups		Under 1		1 - 4	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	1,007	\$101,593	1,468	\$192,198	498	\$53,998
	M	815	84,693	1,651	212,891	631	68,058
Major Assessment	F	597	75,755	2,103	219,662	647	76,297
	M	503	64,235	2,141	226,265	676	80,026
Other Assessment	F	4,537	289,497	4,056	327,529	3,022	216,034
	M	3,188	205,955	4,538	362,531	3,351	244,828
Hospital Care Days	F	388	24,780	796	50,089	119	7,536
	M	349	23,754	863	54,132	133	8,347
Special Calls	F	16	7,161	1	5,534	1	4,679
	M	10	4,830	1	6,538	1	5,367
Psychotherapy/Counselling	F	1,414	66,521	13	803	53	3,217
	M	1,067	51,364	12	848	67	4,202
Major Surgery	F	991	88,321	361	38,148	204	17,032
	M	884	83,840	618	56,106	346	33,077
Minor Surgery	F	102	5,698	81	5,400	79	4,987
	M	115	6,856	108	7,152	111	6,965
Surgical Assistance	F	--	--				
	M	--	--				
Anaesthesiology	F	483	16,410	45	1,169	128	2,719
	M	82	5,154	44	1,174	138	2,923
Obstetrical Services	F	183	20,724	28	3,602		
	M	--	41	29	3,731		
Diagnostic & Therapeutic Services, Radiology	F	1,399	143,088	129	22,411	102	11,151
	M	714	60,049	148	25,678	124	13,417
Laboratory Services	F	53	12,237			--	4
	M	25	8,521			--	6
Other Diagnostic & Therapeutic Services	F	2,158	73,860	805	49,041	743	16,780
	M	1,881	71,917	980	59,747	948	21,624
Special Services ⁽³⁾	F	270	7,118	4	48	24	262
	M	60	669	4	45	24	263
Miscellaneous Services ⁽⁴⁾	F	1,230	53,058	327	14,317	499	24,498
	M	975	45,232	388	15,979	521	25,492
Total	F	14,829	985,822	10,218	929,950	6,119	439,195
	M	10,668	\$717,107	11,526	\$1,032,817	7,072	\$514,595

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

Continued...

(1) A blank cell represents a zero value.

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

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

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

Table 2.17
Physician Services and Payments per 1,000 Insured Persons
by Type of Service, and Patient Age and Sex
for the Service Year April 1, 2019 to March 31, 2020⁽¹⁾⁽²⁾

Age & Sex		5 - 14		15 - 24		25 - 44	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	433	\$43,054	786	\$71,705	957	\$92,697
	M	519	51,818	507	47,205	543	53,546
Major Assessment	F	384	44,979	411	49,240	516	63,981
	M	388	45,500	293	34,519	330	40,852
Other Assessment	F	1,844	119,537	3,169	212,938	4,463	292,806
	M	1,920	129,036	1,697	114,642	2,080	133,647
Hospital Care Days	F	51	3,179	100	6,242	154	9,565
	M	43	2,683	64	4,205	83	6,032
Special Calls	F	1	2,615	1	6,277	1	6,348
	M	1	2,662	1	3,344	1	2,675
Psychotherapy/Counselling	F	346	19,670	1,781	86,726	1,690	77,251
	M	451	25,775	1,216	61,933	1,302	61,318
Major Surgery	F	215	15,783	464	33,256	757	56,944
	M	271	20,883	450	33,305	493	41,605
Minor Surgery	F	102	4,975	78	4,158	85	4,718
	M	108	5,988	93	5,622	95	5,601
Surgical Assistance	F					--	--
	M						
Anaesthesiology	F	83	1,700	431	9,779	1,082	27,003
	M	98	1,984	31	841	37	2,176
Obstetrical Services	F	--	16	155	18,824	526	59,123
	M			--	1	--	1
Diagnostic & Therapeutic Services, Radiology	F	171	14,714	533	56,623	1,291	151,609
	M	162	13,107	244	19,124	414	36,474
Laboratory Services	F	1	277	5	1,433	10	3,255
	M	1	132	3	874	7	2,587
Other Diagnostic & Therapeutic Services	F	966	13,718	1,228	26,976	1,592	45,708
	M	1,145	16,039	788	19,592	1,042	33,002
Special Services ⁽³⁾	F	19	268	187	6,427	395	11,770
	M	19	247	22	255	39	448
Miscellaneous Services ⁽⁴⁾	F	856	43,374	962	50,060	768	31,719
	M	837	42,685	730	39,255	561	25,656
Total	F	5,472	327,859	10,290	640,665	14,288	934,497
	M	5,961	\$358,539	6,139	\$384,716	7,028	\$445,621

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

Continued...

(1) A blank cell represents a zero value.

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

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

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

Table 2.17
Physician Services and Payments per 1,000 Insured Persons
by Type of Service, and Patient Age and Sex
for the Service Year April 1, 2019 to March 31, 2020⁽¹⁾⁽²⁾

Service Type	Age & Sex	45 - 64		65 - 74		75 and Older	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	1,140	\$116,873	1,531	\$162,047	1,886	\$197,157
	M	943	99,673	1,581	171,432	2,182	232,893
Major Assessment	F	629	82,619	806	109,926	1,079	147,595
	M	535	72,038	803	111,905	1,243	167,564
Other Assessment	F	4,652	282,692	6,309	383,748	11,247	706,006
	M	3,620	225,782	5,947	368,981	10,171	660,713
Hospital Care Days	F	266	18,730	775	53,302	2,892	174,648
	M	313	22,752	942	65,958	2,938	188,969
Special Calls	F	7	4,247	19	7,028	202	36,223
	M	6	3,918	21	7,690	121	27,735
Psychotherapy/Counselling	F	1,773	82,922	1,381	65,835	1,343	62,828
	M	1,246	58,581	1,024	48,229	1,166	54,135
Major Surgery	F	1,392	125,373	2,129	219,249	2,271	231,786
	M	1,168	111,925	2,398	243,186	2,733	296,237
Minor Surgery	F	119	6,580	137	7,914	140	9,016
	M	123	7,342	168	10,006	196	12,440
Surgical Assistance	F						
	M					--	1
Anaesthesiology	F	190	14,515	221	19,444	227	21,058
	M	100	8,016	157	13,753	195	17,331
Obstetrical Services	F	4	339	--	15	--	1
	M						
Diagnostic & Therapeutic Services, Radiology	F	1,970	205,869	2,812	257,039	3,012	231,021
	M	991	87,464	1,908	155,927	2,571	189,734
Laboratory Services	F	89	20,861	208	44,099	151	35,442
	M	37	13,356	101	31,682	108	34,852
Other Diagnostic & Therapeutic Services	F	2,698	98,629	4,359	176,703	5,301	233,314
	M	2,338	99,233	4,584	206,968	6,257	288,558
Special Services ⁽³⁾	F	350	8,348	291	5,454	176	2,227
	M	84	946	142	1,575	173	1,827
Miscellaneous Services ⁽⁴⁾	F	1,168	47,277	2,392	109,247	4,224	162,621
	M	906	39,566	2,121	101,128	3,723	159,478
Total	F	16,445	1,115,873	23,370	1,621,050	34,151	2,250,943
	M	12,410	\$850,592	21,899	\$1,538,420	33,778	\$2,332,467

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

(1) A blank cell represents a zero value.

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

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

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

Table 2.18
Percentage Change to Rates in the Schedule of
Medical Benefits by Specialty for the Years Ended March 31, 2016 to March 31, 2020

Physician Specialty	April 1, 2015	April 1, 2016	April 1, 2017	April 1, 2018	November 1, 2018	April 1, 2019
Anaesthesia	0.9	0.6	Nil	Nil	0.95	Nil
Cardiology	2.4	1.0	Nil	Nil	0.76	Nil
Cardiovascular and Thoracic Surgery	1.4	0.5	Nil	Nil	0.65	Nil
Critical Care Medicine	0.8	0.6	Nil	Nil	0.74	Nil
Dermatology	1.5	0.6	Nil	Nil	0.50	Nil
Emergency Medicine	1.3	0.8	Nil	Nil	1.31	Nil
Endocrinology/Metabolism	2.6	1.5	Nil	Nil	1.11	Nil
Gastroenterology	2.1	0.8	Nil	Nil	0.71	Nil
General Practice	3.6	1.5	Nil	Nil	1.32	Nil
General Surgery	2.2	0.9	Nil	Nil	0.89	Nil
Infectious Diseases	1.4	1.6	Nil	Nil	1.40	Nil
Internal Medicine	3.1	1.0	Nil	Nil	0.93	Nil
Mental Health Generalists	2.1	0.8	Nil	Nil	0.87	Nil
Nephrology	1.4	0.7	Nil	Nil	0.67	Nil
Neurology	2.0	1.0	Nil	Nil	0.87	Nil
Neurosurgery	1.8	0.9	Nil	Nil	0.91	Nil
Obstetrics-Gynaecology	2.3	0.8	Nil	Nil	0.97	Nil
Ophthalmology	1.2	0.6	Nil	Nil	0.65	Nil
Orthopaedic Surgery	1.9	1.0	Nil	Nil	0.92	Nil
Otolaryngology	1.7	0.7	Nil	Nil	0.85	Nil
Paediatrics	2.7	1.2	Nil	Nil	1.10	Nil
Pathology	2.6	1.2	Nil	Nil	0.91	Nil
Physical Medicine and Rehabilitation	2.0	0.9	Nil	Nil	0.65	Nil
Plastic Surgery	2.6	1.0	Nil	Nil	0.85	Nil
Psychiatry	1.7	1.1	Nil	Nil	0.95	Nil
Radiology	1.8	0.9	Nil	Nil	0.76	Nil
Respiratory Medicine	1.4	0.7	Nil	Nil	0.58	Nil
Rheumatology	4.2	1.5	Nil	Nil	1.23	Nil
Thoracic Surgery	2.0	1.0	Nil	Nil	0.95	Nil
Urology	2.0	0.8	Nil	Nil	0.76	Nil
Vascular Surgery	2.0	0.8	Nil	Nil	0.80	Nil
All Physicians	2.5%	1.1%	Nil	Nil	1.05%	Nil

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

Table 2.19
Basic Health Services:
Percentage Change to Rates in the Schedules of Benefits
for the Years Ended March 31, 2016 to March 31, 2020

Effective Date \ Type of Practitioner	Medical	Dentists/ Dental Specialists/ Oral Surgeons	Optometrists	Podiatrists ⁽¹⁾
	(%)	(%)	(%)	(%)
April 1, 2015	2.5	Nil	Nil	Nil
October 1, 2015	Nil	Nil	Nil	Nil
April 1, 2016	1.1	Nil	1.0	Nil
October 1, 2016	Nil	Nil	Nil	Nil
April 1, 2017	Nil	Nil	1.0	Nil
October 1, 2017	Nil	Nil	Nil	Nil
April 1, 2018	Nil	Nil	Nil	Nil
November 1, 2018	1.05	Nil	Nil	Nil
April 1, 2019	Nil	Nil	Nil	Nil

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

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

Alternative Relationship Plans

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

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

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

Model Type Definitions

Clinical Alternative Relationship Plans

At present, there are 65 Clinical ARPs that use three working models (and one that is no longer available) for funding physician services, which are:

- Capitation ARP – This model is used in 2 Clinical ARPs for the provision of family medicine or primary health care. Physician payment is based on a pre-determined amount per rostered patient, per annum within a defined basket of insured health service codes. Patients can be rostered based on a formal roster, or based on geographic area.
- Blended Capitation ARP – This model is used in 3 Clinical ARPs for the provision of family medicine or primary health care. Physician payment is based on a combination of patient-based capitation payments and volume-based FFS payments.
- Annualized ARP – This model is used in 43 Clinical ARPs for the delivery of a defined set of clinical services to targeted patient groups. Physician payment is based on a pre-negotiated amount for delivery of insured health services per full-time equivalent physician per annum.
- Sessional ARP – This model is used in 17 Clinical ARPs for physician services delivered part-time. Physician payment is based on an hourly rate for the delivery of defined insured health services to a defined patient group.

Academic Medicine and Health Services Program (AMHSP)

The AMHSP, formerly known as Academic Alternative Relationship Plans, was implemented to ensure that physicians affiliated with Alberta's Faculties of Medicine are compensated in a way that supports the delivery of high quality patient care in a complex care environment

and supports activities related to research, innovation, education, and administration/leadership, while ensuring consistency across the Province.

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

Table 2.20
Alternative Relationship Plans (ARP) Summary by Type for
the Service Year April 1, 2019 to March 31, 2020

	General Practitioners	Specialists	Expenditures ⁽¹⁾
Clinical ARPs	1,516	349	\$186,404,995
AMHSP	93	833	\$224,327,863
Total⁽²⁾	1,609	1,182	\$410,732,858
Total ARP Physicians	2,791		

Notes:

(1) Manual Payments for Alternative Relationship Plans made to Alberta Physicians are not included in the data. Expenditures for the 2019-2020 fiscal year as of September 14, 2020.

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

Table 2.21
 Top 50 Health Service Codes based on Physician Service Events
 Submitted by Alternative Relationship Plans (ARPs)⁽¹⁾
 for the Service Year April 1, 2019 to March 31, 2020

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients ⁽²⁾
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	467,827	45,884
03.03A	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient - in office.}	292,917	113,244
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	217,396	62,494
03.08A	Consultation, described as comprehensive {Comprehensive consultation -	179,741	136,401
03.03F	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit in a regional facility, referred cases only -	153,333	87,507
03.03E	Diagnostic interview and evaluation, described as limited {Periodic chronic care visit to a long term care patient}	87,049	3,825
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	81,403	7,702
03.05JA	Other diagnostic interview and evaluation {Formal, scheduled, multiple health discipline team conference, full 15 minutes or major portion thereof for the first call when only one call is claimed} <With para-medical personnel regarding the provision of health care where social and other issues are involved>	76,600	27,594
03.08I	Consultation described as comprehensive {Prolonged cardiology, clinical immunology, endocrinology/metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, physiatry, medical oncology, neurology, respiratory medicine or rheumatology consultation or visit, full 15 minutes or major portion thereof for the first call when only one call is claimed - in office.}	61,489	51,211
03.04A	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient - in office.}	46,814	41,922
03.05JC	Other diagnostic interview and evaluation {Family conference relating to acute care facility in-patient or registered emergency or out-patient, or auxiliary hospital, nursing home patient, AACC or UCC patient, per 15 minutes or major portion thereof}	46,305	17,351
13.99OA	Other miscellaneous diagnostic and therapeutic procedures NEC {Management of patient on hemodialysis or peritoneal dialysis (per week)}	44,154	2,230
03.03FA	Diagnostic interview and evaluation, described as limited {Prolonged repeat office or scheduled outpatient visit in a regional facility, referred cases only, full 15 minutes or portion thereof for the first call when only one call is claimed}	38,607	25,143

Continued...

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

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

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

Table 2.21
 Top 50 Health Service Codes based on Physician Service Events
 Submitted by Alternative Relationship Plans (ARPs)⁽¹⁾
 for the Service Year April 1, 2019 to March 31, 2020

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients ⁽²⁾
03.01NG	Diagnostic interview and evaluation, unqualified {Patient care advice to paramedic - pre hospital patch, Mobile Integrated Healthcare Unit paramedic, assisted living/designated assisted living and lodge staff, active treatment facility worker for hospital in-patient, long term care worker for patients in a long term care facility, nurse practitioner, hospice worker, home care worker, midwife or public health nurse weekdays 0700 to 1700 hours, provided via telephone or other telecommunication methods, in relation to the care and treatment of a	38,327	11,694
03.05JR	Other diagnostic interview and evaluation {Physician telephone call directly to patient, to discuss patient management/diagnostic test results}	36,271	23,451
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	28,805	23,141
03.05I	Other diagnostic interview and evaluation {Direct care, reassessment, education and/or general counselling of a patient requiring palliative care, per 15 minutes or portion thereof - in office.}	25,987	4,079
03.01LJ	Diagnostic interview and evaluation, unqualified {Physician, nurse practitioner, midwife or podiatric surgeon to physician telephone or telehealth videoconference or secure videoconference consultation, consultant, weekdays 0700 to 1700 hours}	24,697	20,726
08.19G	Other psychiatric evaluation and interview {Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or general psychiatric counselling, per 15 minutes or major portion thereof - in office.}	23,939	9,801
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit - in office.}	20,201	6,281
03.08J	Consultation, described as comprehensive {Prolonged consultation or hospital admission by pediatrics (including subspecialties) and clinical immunology and allergy for patients 18 years of age and under, or by medical genetics (no age restriction), full 15 minutes or portion thereof for the first call when only one call is claimed - in office.}	19,444	15,292
13.62A	Other miscellaneous diagnostic & therapeutic procedures NEC {Ventilatory support, in Intensive Care Unit (ICU)}	19,033	2,019
03.03DG	Diagnostic interview and evaluation, described as limited {Complex pediatric hospital visit per full 15 minutes}	18,979	2,786
03.07B	Consultation, described as limited {Repeat consultation}	14,772	11,601
03.07A	Consultation, described as limited {Minor consultation - in office}	14,290	12,282
03.01LG	Diagnostic interview and evaluation, unqualified {Physician to physician or podiatric surgeon telephone or telehealth videoconference or secure videoconference consultation, referring physician, weekdays 0700 to 1700 hours}	12,970	9,096
03.05JB	Other diagnostic interview and evaluation {Formal, scheduled family conference relating to a specific patient, per 15 minutes or major portion thereof}	12,601	7,607

Continued...

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

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

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

Table 2.21
 Top 50 Health Service Codes based on Physician Service Events
 Submitted by Alternative Relationship Plans (ARPs)⁽¹⁾
 for the Service Year April 1, 2019 to March 31, 2020

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients ⁽²⁾
08.19F	Other psychiatric evaluation and interview {Formal, scheduled, professional conference related to the care and treatment of a psychiatric patient with other physician(s), and/or direct therapeutic supervision of, allied health professionals, educational, correctional and other community agencies on behalf of a specific patient, provided by the physician most responsible for the patient's care, per 15 minutes or major portion thereof}	12,316	4,250
03.05T	Other diagnostic interview and evaluation {Formal, scheduled, professional interview relating to the care and treatment of a palliative care patient with other physicians, family, and/or direct therapeutic supervision of allied health professionals or community agencies, on behalf of a specific patient, full 15 minutes or major portion thereof for the first call when only one call is claimed}	12,097	2,773
03.01NH	Diagnostic interview and evaluation, unqualified {Patient care advice to paramedic - pre hospital patch, Mobile Integrated Healthcare Unit paramedic, assisted living/designated assisted living and lodge staff, active treatment facility worker for hospital in-patient, long term care worker for patients in a long term care facility, nurse practitioner, hospice worker, home care worker, midwife or public health nurse weekdays 1700 to 2200 hours, weekends and statutory holidays, 0700 to 2200 hours, provided via telephone or other telecommunication methods, in relation to the care and treatment of a patient}	10,295	5,413
03.03AO	Diagnostic interview and evaluation, described as limited {Transfer of care of hospital in-patient}	10,122	6,222
08.19GA	Other psychiatric evaluation and interview {Direct contact with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof - in office.}	9,814	3,071
03.01LK	Diagnostic interview and evaluation, unqualified {Physician, nurse practitioner, midwife or podiatric surgeon to physician telephone or telehealth videoconference or secure videoconference consultation, consultant, weekdays 1700 to 2200 hours, weekends and statutory holidays 0700 to 2200 hours}	9,042	7,878
01.14	Other nonoperative gastroscopy <Esophagogastroscopy>	9,037	7,760
03.05JP	Other diagnostic interview and evaluation {Family conference via telephone relating to acute care facility in-patient or registered emergency or out-patient, or auxiliary hospital, nursing home patient, hospice patient, AACC or UCC patient}	8,907	4,704
08.19K	Other psychiatric evaluation and interview {Second and subsequent physician attendance at a formal, scheduled, professional conference related to the care and treatment of multiple psychiatric patients, when discussion occurs on behalf of a specific patient}	7,958	1,566

Continued...

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

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

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

Table 2.21
 Top 50 Health Service Codes based on Physician Service Events
 Submitted by Alternative Relationship Plans (ARPs)⁽¹⁾
 for the Service Year April 1, 2019 to March 31, 2020

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients ⁽²⁾
13.99F	Other miscellaneous diagnostic & therapeutic procedures NEC {Neonatal resuscitation}	7,821	7,796
03.03NB	Diagnostic interview and evaluation, described as limited {Home visit to patients residing in Assisted Living, Designated Assisted Living (DAL), group homes, seniors lodges or personal care home, second/subsequent patients}	7,817	507
01.22	Other nonoperative colonoscopy {Other nonoperative colonoscopy}	7,594	7,331
03.03AI	Other diagnostic interview and evaluation {Transfer of care of intensive care patient}	7,213	3,316
03.05JJ	Other diagnostic interview and evaluation {Professional communication/discussion with allied health professionals, educational or other community agencies on behalf of a specific patient, full 5 minutes or major portion thereof for the first call when only one call is claimed}	7,019	3,767
03.03AR	Diagnostic interview and evaluation, described as limited {Urgent or priority attendance on hospital inpatient or long term care inpatient, at request of facility staff when physician is already on site.}	7,011	4,135
03.05JD	Other diagnostic interview and evaluation {Formal, scheduled, multiple health discipline team conference for purposes to include care planning, care plan review, annual integrated care conference, patient management, related to a patient in a continuing care facility where the facility or program, as outlined in the Continuing Care Health Service Standards, is responsible for patient care, full 5 minutes or major portion thereof for the first call when only one call is claimed, to a maximum of 12 units per hour}	6,809	1,796
13.99BA	Other miscellaneous diagnostic and therapeutic procedures NEC {Periodic Papanicolaou Smear for patients between the ages of 21 and 69}	6,536	6,336
03.05O	Other diagnostic interview and evaluation {Direct management, reassessment, education and/or general counselling of a patient with chronic pain, per 15 minutes or portion thereof}	6,491	2,221
03.01NM	Diagnostic interview and evaluation, unqualified {Patient care advice to a pharmacist provided via telephone or other telecommunication methods in relation to the care and treatment of a patient}	6,403	4,008
03.05JE	Other diagnostic interview and evaluation {Formal, scheduled review of patient medication (multiple patients) for patients in continuing care facilities where the facility or program, as outlined in the Continuing Care Health Service Standards is responsible for medication management, by the physician most responsible for the patient's care}	6,141	2,485
03.08B	Consultation, described as comprehensive {Obstetrical consultation - in office}	6,090	5,681
03.01AD	Diagnostic interview and evaluation, unqualified {Telephone advice to a patient or their agent (agent as defined in the Personal Directives Act), during a viral epidemic}	6,062	5,637
03.01N	Diagnostic interview and evaluation, unqualified {Management of anticoagulant therapy to include ordering necessary blood tests, interpreting results, adjusting the anticoagulant dosage as required}	6,042	705

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

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

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

Table 2.22
Distribution of Alternative Relationship Plan (ARP)⁽¹⁾ Physicians by Specialty
for the Service Years Ended March 31, 2016 to March 31, 2020

Physicians by Specialty	Number of Physicians ⁽³⁾⁽⁴⁾				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Total: All Physicians	1,581	1,675	1,748	1,781	1,897
Subtotal:					
All Physicians (except Pathology)	1,581	1,675	1,748	1,781	1,897
All Specialists (except GP/FPs & Pathology)	977	1,026	1,094	1,107	1,175
Physicians by Specialty					
Anaesthesiology	28	29	48	46	55
Cardiovascular and Thoracic Surgery	13	10	11	11	10
Dermatology	12	12	13	13	14
Emergency Medicine	4	4	5	5	4
General/Family Physicians (GP/FPs)	604	649	654	674	722
- General/Family Physicians	593	635	644	665	713
- Full-Time Emergency Room Physicians	4	7	5	5	4
- Mental Health Generalists					1
- Other General Practice Physicians ⁽²⁾	7	7	5	4	4
General Surgery	7	10	9	9	9
- General Surgery designated specialty	5	6	3	4	4
- Other General Surgery ⁽²⁾	2	4	6	5	5
Internal Medicine	446	457	484	494	512
- Internal Medicine designated specialty	135	140	146	151	176
- Cardiology	52	54	53	53	51
- Endocrinology/Metabolism	16	16	16	17	17
- Gastroenterology	49	51	51	54	50
- Infectious Diseases	30	30	36	30	31
- Other Internal Medicine ⁽²⁾	164	166	182	189	187
Neurology	100	106	110	105	106
Neurosurgery	32	33	35	33	34
Obstetrics-Gynaecology	38	44	45	48	57
Ophthalmology					
Orthopaedic Surgery					
Otolaryngology					
Paediatrics	241	258	266	267	279
Physical Medicine & Rehabilitation	28	29	30	32	30
Plastic Surgery					
Psychiatry	24	29	31	37	59
Urology					
Pathology					
Radiology					

Table 2.22
Distribution of Alternative Relationship Plan (ARP)⁽¹⁾ Physicians by Specialty
for the Service Years Ended March 31, 2016 to March 31, 2020

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

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

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

(3) A blank cell represents a zero value.

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

Table 2.23
Distribution of Alternative Relationship Plan (ARP) Service Events⁽¹⁾ by Specialty
for the Service Years Ended March 31, 2016 to March 31, 2020

Physicians by Specialty	Number of Service Events ⁽³⁾				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Total: All Physicians	2,150,277	2,350,863	2,423,644	2,495,377	2,519,706
Subtotal:					
All Physicians (except Pathology)	2,150,277	2,350,863	2,423,644	2,495,377	2,519,706
All Specialists (except GP/FPs & Pathology)	1,337,253	1,424,906	1,464,702	1,475,954	1,442,481
Physicians by Specialty					
Anaesthesiology	10,501	12,476	13,752	12,998	14,673
Cardiovascular and Thoracic Surgery	8,790	9,065	10,101	19,266	18,175
Dermatology	34,008	35,930	31,458	30,836	33,195
Emergency Medicine	5,511	5,806	6,262	4,926	4,360
General/Family Physicians (GP/FPs)	813,024	925,957	958,942	1,019,423	1,077,225
- General/Family Physicians	808,164	921,885	955,423	1,015,399	1,072,421
- Full-Time Emergency Room Physicians	3,108	1,991	2,068	2,479	2,994
- Mental Health Generalists					54
- Other General Practice Physicians⁽²⁾	1,752	2,081	1,451	1,545	1,756
General Surgery	11,882	10,210	9,199	8,728	9,354
- General Surgery designated specialty	7,932	5,673	3,102	2,532	2,555
- Other General Surgery ⁽²⁾	3,950	4,537	6,097	6,196	6,799
Internal Medicine	736,601	760,951	774,903	785,358	750,900
- Internal Medicine designated specialty	179,745	191,499	187,933	191,544	204,181
- Cardiology	69,566	69,806	67,276	73,083	61,302
- Endocrinology/Metabolism	17,883	19,299	20,400	22,961	17,319
- Gastroenterology	84,518	86,611	86,989	97,235	87,111
- Infectious Diseases	43,293	41,755	45,196	44,194	41,433
- Other Internal Medicine⁽²⁾	341,596	351,981	367,109	356,341	339,554
Neurology	127,600	136,966	134,373	133,544	126,323
Neurosurgery	44,559	48,339	57,799	58,152	60,616
Obstetrics-Gynaecology	37,333	40,429	43,131	43,852	47,177
Ophthalmology					
Orthopaedic Surgery					
Otolaryngology					
Paediatrics	275,139	300,897	315,973	309,749	292,231
Physical Medicine & Rehabilitation	33,346	47,236	47,123	44,619	39,929
Plastic Surgery					
Psychiatry	8,555	11,443	13,544	15,246	38,465
Urology					
Pathology					
Radiology					

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

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

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

(3) A blank cell represents a zero value.

Table 2.24 A
Distribution of In Province Medical Reciprocal Payments
for the Service Years Ended March 31, 2016 to March 31, 2020

Physicians by Specialty	Payments				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Total: All Physicians	\$85,979,492	\$84,048,695	\$84,918,312	\$88,221,654	\$86,211,260
Subtotal:					
All Physicians (except Pathology)	77,673,191	76,052,855	77,183,407	80,090,838	78,510,614
All Specialists (except GP/FPs & Pathology)	54,496,822	54,139,798	54,793,554	56,810,522	55,072,422
Physicians by Specialty					
Anaesthesiology	6,264,080	6,105,350	6,414,171	6,735,233	6,270,244
Cardiovascular and Thoracic Surgery	3,210,932	3,442,178	3,093,781	3,030,719	3,058,422
Dermatology	738,555	776,895	780,236	910,345	979,391
Emergency Medicine	1,233,042	1,112,590	1,171,324	1,272,591	1,336,332
General/Family Physicians (GP/FPs)	23,176,369	21,913,058	22,389,853	23,280,316	23,438,192
- General/Family Physicians	20,452,554	19,722,052	20,164,619	21,139,674	21,298,230
- Full-Time Emergency Room Physicians	2,582,498	2,069,298	2,135,137	2,044,533	2,057,048
- Mental Health Generalists	102,920	75,286	41,852	33,177	20,945
- Other General Practice Physicians⁽¹⁾	38,397	46,422	48,245	62,931	61,969
General Surgery	4,122,508	3,826,495	3,440,425	3,676,139	3,793,650
- General Surgery designated specialty	3,573,695	3,312,438	3,001,215	3,170,252	3,372,199
- Other General Surgery ⁽¹⁾	548,814	514,057	439,210	505,887	421,451
Internal Medicine	11,837,088	11,493,614	11,799,985	12,361,512	12,098,068
- Internal Medicine designated specialty	3,268,111	3,429,708	3,466,014	3,529,589	3,459,437
- Cardiology	2,815,115	2,766,056	2,921,374	2,837,620	2,536,189
- Endocrinology/Metabolism	52,460	73,761	86,639	81,114	67,740
- Gastroenterology	759,916	711,944	690,008	739,249	626,138
- Infectious Diseases	192,069	181,143	210,605	195,148	198,458
- Other Internal Medicine⁽¹⁾	4,749,418	4,331,002	4,425,345	4,978,793	5,210,106
Neurology	806,592	859,527	915,438	949,092	923,844
Neurosurgery	817,728	779,012	848,654	761,326	903,029
Obstetrics-Gynaecology	1,798,319	1,915,346	1,877,586	1,973,302	2,201,274
Ophthalmology	2,488,343	2,662,877	2,889,828	3,068,366	2,967,463
Orthopaedic Surgery	2,862,001	2,810,581	2,755,615	2,687,577	2,857,674
Otolaryngology	1,748,727	1,785,662	1,969,541	1,960,971	1,968,769
Paediatrics	4,106,078	4,282,972	4,461,127	4,547,673	3,146,098
Physical Medicine & Rehabilitation	413,103	418,827	457,863	513,122	522,166
Plastic Surgery	1,656,277	1,367,317	1,562,817	1,666,611	1,278,812
Psychiatry	2,587,103	2,361,521	2,649,312	2,551,486	2,746,105
Urology	882,849	884,487	849,573	977,013	932,615
Pathology	8,306,301	7,995,840	7,734,905	8,130,816	7,700,646
Radiology	6,867,566	7,180,859	6,791,590	7,087,955	7,026,544

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

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

Table 2.24 B
Distribution of In Province Medical Reciprocal Services
for the Service Years Ended March 31, 2016 to March 31, 2020

Physicians by Specialty	Number of Services				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Total: All Physicians	1,322,921	1,268,658	1,273,706	1,321,929	1,280,776
Subtotal:					
All Physicians (except Pathology)	970,797	938,329	959,770	993,726	966,970
All Specialists (except GP/FPs & Pathology)	610,316	601,174	618,715	640,831	617,370
Physicians by Specialty					
Anaesthesiology	148,079	136,544	144,308	148,137	137,782
Cardiovascular and Thoracic Surgery	7,522	8,021	5,589	5,659	7,113
Dermatology	10,748	11,408	13,049	15,360	19,073
Emergency Medicine	13,157	11,815	12,773	13,782	14,626
General/Family Physicians (GP/FPs)	360,481	337,155	341,055	352,895	349,600
- General/Family Physicians	328,603	311,654	315,063	328,322	325,516
- Full-Time Emergency Room Physicians	28,954	23,145	24,339	22,885	22,669
- Mental Health Generalists	2,260	1,587	810	591	386
- Other General Practice Physicians ⁽¹⁾	664	769	843	1,097	1,029
General Surgery	23,739	22,930	20,555	22,557	23,083
- General Surgery designated specialty	21,521	20,973	18,540	20,532	21,270
- Other General Surgery ⁽¹⁾	2,218	1,957	2,015	2,025	1,813
Internal Medicine	146,876	145,637	147,158	151,293	148,779
- Internal Medicine designated specialty	37,867	38,790	39,182	41,522	38,655
- Cardiology	20,785	19,934	21,443	21,253	20,021
- Endocrinology/Metabolism	483	669	864	815	698
- Gastroenterology	5,962	5,569	5,261	5,718	5,058
- Infectious Diseases	1,640	1,630	1,903	1,761	1,871
- Other Internal Medicine ⁽¹⁾	80,139	79,045	78,505	80,224	82,476
Neurology	7,651	8,464	9,151	9,580	9,357
Neurosurgery	3,079	2,908	2,596	2,699	2,604
Obstetrics-Gynaecology	18,337	18,575	18,471	19,211	21,421
Ophthalmology	34,744	37,140	42,486	44,087	42,494
Orthopaedic Surgery	14,353	15,008	14,194	13,796	14,159
Otolaryngology	18,533	17,048	17,564	17,253	17,716
Paediatrics	46,402	50,070	55,678	57,441	40,210
Physical Medicine & Rehabilitation	4,149	4,062	4,615	5,127	5,292
Plastic Surgery	6,971	6,036	6,691	5,861	5,257
Psychiatry	37,465	33,910	37,678	38,277	38,926
Urology	5,337	5,391	4,945	5,656	5,556
Pathology	352,124	330,329	313,936	328,203	313,806
Radiology	62,648	65,497	60,525	64,073	63,255

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

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

Table 2.24 C
Distribution of Discrete Patients for In Province Medical Reciprocal Services
for the Service Years Ended March 31, 2016 to March 31, 2020

Physicians by Specialty	Number of Discrete Patients ⁽²⁾				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Total: All Physicians	143,034	132,041	135,691	135,914	130,997
Subtotal:					
All Physicians (except Pathology)	139,589	128,954	132,590	133,168	128,369
All Specialists (except GP/FPs & Pathology)	65,582	63,083	64,368	66,248	64,793
Physicians by Specialty					
Anaesthesiology	6,165	6,031	6,123	6,271	5,910
Cardiovascular and Thoracic Surgery	890	911	871	920	894
Dermatology	2,858	2,818	2,767	2,913	3,265
Emergency Medicine	6,774	5,936	6,117	6,393	6,297
General/Family Physicians (GP/FPs)	104,612	94,629	97,735	97,468	93,935
- General/Family Physicians	95,975	88,212	91,199	91,553	88,325
- Full-Time Emergency Room Physicians	15,021	11,718	12,043	11,336	10,616
- Mental Health Generalists	59	61	67	76	60
- Other General Practice Physicians ⁽¹⁾	128	154	136	153	173
General Surgery	5,619	5,396	5,101	5,298	5,129
- General Surgery designated specialty	5,086	4,855	4,591	4,803	4,719
- Other General Surgery ⁽¹⁾	613	598	556	546	490
Internal Medicine	18,238	17,611	18,942	20,416	18,975
- Internal Medicine designated specialty	9,609	9,509	9,470	10,070	9,241
- Cardiology	4,542	4,621	4,731	4,633	4,661
- Endocrinology/Metabolism	221	300	312	345	243
- Gastroenterology	1,485	1,393	1,350	1,472	1,304
- Infectious Diseases	500	410	543	489	494
- Other Internal Medicine ⁽¹⁾	5,092	4,408	5,660	6,557	6,431
Neurology	1,890	2,007	2,094	2,169	2,081
Neurosurgery	717	721	699	751	702
Obstetrics-Gynaecology	4,077	4,004	3,901	3,990	4,197
Ophthalmology	4,275	4,386	4,551	4,714	4,489
Orthopaedic Surgery	4,750	4,834	4,848	4,749	4,843
Otolaryngology	3,290	3,169	3,169	3,233	3,282
Paediatrics	3,842	3,793	3,950	4,061	3,854
Physical Medicine & Rehabilitation	697	696	781	897	861
Plastic Surgery	2,095	1,861	1,861	1,775	1,653
Psychiatry	2,948	2,718	2,803	2,655	2,633
Urology	1,773	1,659	1,794	1,862	1,968
Pathology	34,189	32,381	31,687	30,807	29,830
Radiology	24,239	24,074	23,307	23,683	23,627

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

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

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

Table 2.25
Top 50 Health Service Codes for In Province Medical Reciprocal Services
for the Service Year April 1, 2019 to March 31, 2020

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
03.03A	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient - in office.}	159,382	73,615	\$8,502,413
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	58,638	25,009	4,589,563
03.08A	Consultation, described as comprehensive {Comprehensive consultation - in office}	37,129	26,264	6,500,897
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	27,992	4,507	2,735,052
03.04A	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient - in office.}	26,878	24,539	3,149,605
E 1	Complete blood count (hemoglobin, white blood count, differential, platelet count, eosinophil count and either red blood count or hematocrit, with no additional charge for indices) - by any method.	19,882	15,270	364,257
E 84	Creatinine	17,049	13,364	191,972
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15	16,493	1,196	2,899,802
08.19G	Other psychiatric evaluation and interview {Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or general psychiatric counselling, per 15 minutes or major portion thereof - in office.}	16,430	7,800	1,720,107
E750	Sensitive thyroid stimulating hormone (s-T.S.H)	15,756	13,244	744,629
E127	Potassium	14,283	11,462	90,126
E137	Sodium	14,143	11,395	89,242
E515	Alanine aminotransferase (ALT)	13,763	11,395	204,105
E524	Chromatography (blood), liquid per specimen, per injection	11,679	9,927	789,617
E550D	Ferritin	11,112	9,879	651,497
E142	Triglyceride	10,706	9,418	172,688
E519	Cholesterol, high density lipoprotein (HDL) fraction	10,643	9,383	345,152
E 77	Cholesterol total	9,307	8,222	132,811
E152	Urinalysis without microscopic examination of centrifuged sediment	8,591	6,611	30,757
E150E	Enzyme, serum otherwise not listed	8,025	6,686	182,534
E 76	Chloride	7,993	6,711	50,436
03.05JR	Other diagnostic interview and evaluation {Physician telephone call directly to patient, to discuss patient management/diagnostic test results}	7,442	5,603	148,840
03.03F	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit in a regional facility, referred cases only - in office.}	7,221	4,302	783,908
E602	Chlamydia/viral culture e.g. Herpes	6,848	5,894	271,710
E258B	Bacterial culture including, when necessary, identification, sensitivity and quantitation <Only one bacterial culture may be billed per specimen>	6,829	5,720	243,009
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit - in office.}	6,759	1,627	338,038

Continued...

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

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

Table 2.25
Top 50 Health Service Codes for In Province Medical Reciprocal Services
for the Service Year April 1, 2019 to March 31, 2020

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
03.52A	Other electrocardiogram {Electrocardiogram, technical}	6,524	5,919	\$159,985
03.08I	Consultation described as comprehensive {Prolonged cardiology, clinical immunology, endocrinology/metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, physiatry, medical oncology, neurology, respiratory medicine or rheumatology consultation or visit, full 15 minutes or major portion thereof for the first call when only one call is claimed - in office.}	6,262	5,225	600,411
E148	Vitamin B 12	6,236	5,822	285,297
03.05JC	Other diagnostic interview and evaluation {Family conference relating to acute care facility in-patient or registered emergency or out-patient, or auxiliary hospital, nursing home patient, AACC or UCC patient, per 15 minutes or major portion thereof}	6,167	3,832	311,042
03.52B	Other electrocardiogram {Electrocardiogram, interpretation}	6,112	5,606	60,081
E 92D	Glucose - spot	6,039	5,167	62,443
03.04G	Diagnostic interview and evaluation, described as comprehensive	5,961	5,340	683,833
09.13E	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, interpretation}	5,866	2,864	153,689
09.13F	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, technical}	5,662	2,738	116,354
03.12A	Measurements and manual examination of nervous system and sense organs {Intraocular pressure measurement, unilateral or bilateral}	5,580	2,247	145,247
E 68	Calcium	5,460	4,595	93,350
03.01NM	Diagnostic interview and evaluation, unqualified {Patient care advice to a pharmacist provided via telephone or other telecommunication methods in relation to the care and treatment of a patient}	4,853	3,087	\$84,588
09.01A	Limited eye examination {Biomicroscopy (slit lamp examination)}	4,809	2,268	125,178
08.19GA	Other psychiatric evaluation and interview {Direct contact with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof - in office.}	4,693	1,290	\$649,567
03.01LJ	Diagnostic interview and evaluation, unqualified {Physician, nurse practitioner, midwife or podiatric surgeon to physician telephone or telehealth videoconference or secure videoconference consultation, consultant, weekdays 0700 to 1700 hours}	4,601	3,588	357,682
E410	C. reactive protein	4,529	3,743	45,969
03.04H	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in emergency department, 2200-0700 hours}	4,332	3,855	498,177
E 81	Carbon dioxide (CO2)	4,267	3,371	26,931
E210	Protein (quantitative) 24 hour	4,201	3,190	76,897
03.07A	Consultation, described as limited {Minor consultation - in office}	4,136	3,170	371,236
E 63	Bilirubin - total - without fractionation	4,115	3,445	39,242
E103	Iron - serum and iron binding capacity	4,101	3,667	121,554
X107A	Fluoroscopy performed during special diagnostic or therapeutic procedures, including biopsy, endoscopy, intubation, pacemaker insertion and bougienage, etc.	4,081	1,990	805,222
E111	Magnesium	4,080	3,385	68,870

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

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

Table 2.26 A
Out-of-Province Basic Health Services:
Distribution of Payments, Number of Services and Discrete Patients
for the Service Years Ended March 31, 2016 to March 31, 2020⁽¹⁾

Province of Service ⁽²⁾	Payments				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
British Columbia	\$17,533,302	\$18,444,581	\$17,293,020	\$17,220,077	\$17,572,901
Manitoba	1,006,754	1,078,911	1,099,637	1,180,710	1,260,147
New Brunswick	469,863	537,291	467,475	450,028	386,650
Newfoundland and Labrador	562,158	711,483	527,276	445,340	516,247
Nova Scotia	1,241,001	1,785,847	1,592,681	1,550,746	1,324,783
Northwest Territories	182,195	202,201	226,957	186,537	197,749
Nunavut	324	162	1,057		
Ontario	5,846,736	6,794,788	6,673,338	6,206,509	6,229,994
Prince Edward Island	135,332	166,534	157,992	150,158	139,993
Saskatchewan	6,393,799	7,120,422	6,825,869	6,427,058	6,182,333
Yukon	115,638	175,366	145,634	177,140	162,462
Total	\$33,487,101	\$37,017,585	\$35,010,936	\$33,994,303	\$33,973,259
Province of Service ⁽²⁾	Number of Services				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
British Columbia	441,906	437,853	416,215	380,760	710,465
Manitoba	23,513	24,336	23,938	25,088	26,559
New Brunswick	7,517	7,762	7,893	9,173	6,494
Newfoundland and Labrador	13,505	16,025	11,607	10,161	11,012
Nova Scotia	20,837	27,294	23,600	21,573	18,119
Northwest Territories	2,403	2,878	3,111	2,799	2,830
Nunavut	6	4	15		
Ontario	169,322	198,993	205,784	191,705	195,616
Prince Edward Island	2,523	2,980	3,056	2,601	2,360
Saskatchewan	98,911	104,732	103,504	95,784	95,678
Yukon	1,789	2,425	2,075	2,275	2,260
Total	782,232	825,282	800,798	741,919	1,071,393
Province of Service ⁽²⁾	Number of Discrete Patients				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
British Columbia	74,211	77,730	73,312	70,131	67,502
Manitoba	4,865	5,332	5,044	5,019	4,787
New Brunswick	2,361	2,573	2,424	2,281	1,992
Newfoundland and Labrador	3,626	4,261	3,127	2,790	2,686
Nova Scotia	6,051	7,238	6,321	5,683	5,101
Northwest Territories	840	1,025	1,035	956	891
Nunavut	5	3	13		
Ontario	22,541	26,684	25,676	23,905	23,331
Prince Edward Island	847	926	819	804	698
Saskatchewan	22,709	23,495	23,003	22,208	21,913
Yukon	564	727	665	643	665
Total	138,620	149,994	141,439	134,420	129,566

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

(1) A blank cell represents a zero value.

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

Table 2.26 B
 Out-of-Province Hospital Services:
 Distribution of Payments, Number of Services and Discrete Patients
 for the Service Year April 1, 2019 to March 31, 2020

Province of Service	Payment	Number of Services	Number of Discrete Patients
British Columbia	\$45,939,224	71,407	34,418
Manitoba	2,922,888	3,669	1,913
New Brunswick	2,204,126	4,451	1,940
Newfoundland	3,369,481	5,958	2,550
Northwest Territories	844,582	1,491	670
Nova Scotia	4,270,086	7,251	3,138
Nunavut Territory	58,338	177	106
Ontario	16,218,583	19,588	9,923
Prince Edward Island	625,436	1,148	571
Quebec	3,474,358	3,661	1,701
Saskatchewan	10,513,710	14,476	8,033
Yukon Territory	428,224	997	508
Total	\$90,869,036	134,274	65,471

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

Out-of-Country Health Coverage

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

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

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

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

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

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

Table 2.27
 Out-of-Country Basic Health Services:
 Distribution of Payments, Number of Services and Discrete Patients⁽¹⁾⁽²⁾
 for the Service Years Ended March 31, 2016 to March 31, 2019

Practitioner Type	Number of Services					Number of Discrete Patients					Payments					
	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019	2015/2016	2016/2017	2017/2018	2018/2019
Physician⁽³⁾	32,980	31,224	30,653	27,434	10,716	10,480	9,826	8,702	\$2,589,749	\$2,474,336	\$2,494,650	\$2,204,584				
Dentists/Dental Specialists/Oral Surgeons	1	9	12	8	1	5	2	3	48	1,883	3,508	2,871				
Total⁽⁴⁾	32,981	31,233	30,665	27,442	10,717	10,480	9,826	8,702	\$2,589,797	\$2,476,219	\$2,498,157	\$2,207,455				
Practitioner Type	UNITED STATES															
Physicians⁽³⁾	18,331	17,313	17,371	16,168	5,917	5,534	5,398	4,814	\$1,342,356	\$1,263,826	\$1,301,623	\$1,252,281				
Dentists/Dental Specialists/Oral Surgeons		7	8	8	3		3	3		1,317		2,871				
Total⁽⁴⁾	18,331	17,320	17,371	16,176	5,917	5,534	5,398	4,814	\$1,342,356	\$1,265,143	\$1,301,623	\$1,255,152				
Practitioner Type	OUT-OF-COUNTRY (EXCEPT UNITED STATES)															
Physicians⁽³⁾	14,649	13,911	13,282	11,266	4,849	5,006	4,474	3,930	\$1,247,393	\$1,210,510	\$1,193,027	\$952,304				
Dentists/Dental Specialists/Oral Surgeons	1	2	12		1	2	2		48	566	3,508					
Total⁽⁴⁾	14,650	13,913	13,294	11,266	4,850	5,006	4,474	3,930	\$1,247,441	\$1,211,076	\$1,196,534	\$952,304				

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

(1) A blank cell represents a zero value.

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

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

(4) The total number of patients is a discrete overall patient count and not a sum.

Table 2.28 A
Out-of-Country Basic Health Services:
Top 50 Health Service Codes for the Services Provided in United States
for the Service Year April 1, 2018 to March 31, 2019

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	249	150	\$27,243
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	79	24	20,126
03.03A	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient - in office.}	70	62	3,183
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	60	56	10,244
03.07A	Consultation, described as limited {Minor consultation - in office}	34	24	2,888
03.04A	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient - in office.}	32	31	3,287
03.04G	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	24	24	3,055
03.05DR	Other diagnostic interview and evaluation {Rotation duty, emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	24	22	1,063
08.19GA	Other psychiatric evaluation and interview {Direct contact with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof - in office.}	22	1	1,147
09.13E	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, interpretation}	19	9	497
09.13F	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, technical}	18	8	369
03.08A	Consultation, described as comprehensive {Comprehensive consultation - in office}	15	15	2,694
E500B	Unlisted procedures (out of Canada referrals)	14	13	1,588
28.79B	Other operations on vitreous {Intravitreal injection for drug delivery}	13	5	1,875
E 43	Prothrombin time	8	3	117
E322	Tissue, gross and microscopic examination with report	6	6	476
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit - in office.}	5	1	185
09.11A	Examination of form and structure of eye {Bilateral specular microscopy for corneal graft patients only - technical}	5	5	79

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

Continued...

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

Table 2.28 A
Out-of-Country Basic Health Services:
Top 50 Health Service Codes for the Services Provided in United States
for the Service Year April 1, 2018 to March 31, 2019

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
E152	Urinalysis without microscopic examination of centrifuged sediment	5	5	\$18
1.34	Cystoscopy	4	4	364
09.11B	Examination of form and structure of eye {Bilateral specular microscopy for corneal graft patients only - interpretation}	4	4	63
49.96A	Left cardiac catheterization {Left cardiac catheterization with fluoroscopy}	3	3	798
18.29E	Other injection into sympathetic nerve or ganglion {Paravertebral block}	3	1	360
93.59A	Other total hip replacement {Total hip arthroplasty}	3	3	1,292
13.99H	Other miscellaneous diagnostic & therapeutic procedures NEC {Critical care of severely ill or injured patient in a hospital emergency department requiring major treatment intervention(s), per 15 minutes}	3	3	879
98.03A	Other incision with drainage of skin and subcutaneous tissue {Incision and drainage of abscess or hematoma, subcutaneous or submucous}	3	3	81
03.03DA	Diagnostic interview and evaluation, described as limited {Repeat follow-up office visits after major surgery}	3	1	136
13.59A	Injection or infusion of other therapeutic or prophylactic substance nec {Intramuscular or subcutaneous injections}	3	3	35
28.4 A	Other operations for repair of retina {Light coagulation or cryopexy - posterior segment (repair of retinal tears)}	3	3	1,272
69.83A	Cystogram and cystourethrogram {Voiding}	3	3	110
50.94D	Central venous pressure monitoring {Introduction of central venous catheter, with or without ultrasound guidance}	3	3	201
E151	Urinalysis routine examination - including exam of centrifuged	2	2	14
13.99B	Other miscellaneous diagnostic & therapeutic procedures NEC {Hemodialysis treatment, stable patient} <For assessment and management of a stable patient with chronic renal failure>	2	1	94
03.52A	Other electrocardiogram {Electrocardiogram, technical}	2	2	49
50.99A	Other puncture of vein {Obtaining laboratory specimen (blood)}	2	1	33
24.89A	Other invasive diagnostic procedures or conjunctiva {Conjunctival test, per test}	2	1	16
27.72A	Insertion of intraocular lens prosthesis with cataract extraction, one stage {Phacoemulsification cataract extraction, anterior approach, with or without insertion of intraocular lens}	2	1	817
98.22B	Suture of skin and subcutaneous tissue of other sites {Laceration, face, over 2.5 cms (1 unit) and/or body, over 5 cms (1 unit)} <For each layer or unit, refer to Price List>	2	2	219
09.05A	Visual field study {Full threshold perimetric examination, technical}	2	1	79
49.95A	Right cardiac catheterization {Right cardiac catheterization with fluoroscopy}	2	2	403

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

Continued...

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

Table 2.28 A
 Out-of-Country Basic Health Services:
 Top 50 Health Service Codes for the Services Provided in United States
 for the Service Year April 1, 2018 to March 31, 2019

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
E487	Cortisol	2	2	\$122
03.07DA	Consultation described as limited {Limited Consultation}	2	2	96
09.05B	Visual field study {Full threshold perimetric examination, interpretation}	2	1	68
X 21	Chest - multiple views	2	2	77
1.03	Direct laryngoscopy	2	1	120
E538	Needle aspiration cytopathology (processing, examination and interpretation)	1	1	72
28.4 B	Other operations for repair of retina {Light coagulation or cryopexy with drainage of subretinal fluids}	1	1	855
E323	Urine cytopathology (processing, examination and interpretation)	1	1	33
E258B	Bacterial culture including, when necessary, identification, sensitivity and quantitation <Only one bacterial culture may be billed per specimen>	1	1	35
09.01B	Limited eye examination {Gonioscopy}	1	1	26

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

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

Table 2.28 B
Out-of-Country Basic Health Services:
Top 50 Health Service Codes for the Services Provided in Other Countries (Except United States)
for the Service Year April 1, 2018 to March 31, 2019

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
03.03A	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient - in office.}	5,339	4,162	\$199,373
03.05DR	Other diagnostic interview and evaluation {Rotation duty, emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	2,352	2,103	97,004
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	1,678	902	169,187
03.04G	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	902	871	116,870
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	685	605	108,056
03.07A	Consultation, described as limited {Minor consultation - in office}	534	455	40,657
E500B	Unlisted procedures (out of Canada referrals)	503	382	44,765
03.04A	Diagnostic interview and evaluation, described as	457	446	47,432
13.59A	Injection or infusion of other therapeutic or prophylactic substance nec {Intramuscular or subcutaneous injections}	360	323	3,924
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	290	97	83,433
E152	Urinalysis without microscopic examination of centrifuged sediment	175	167	621
E277	Serologic identification - antibodies, using up to four antigens, e.g. Agglutination, Complement fixation, Enzyme immunoassay	162	159	3,357
98.22A	Suture of skin and subcutaneous tissue of other sites {Laceration, face, up to 2.5 cms (1 unit) or body, up to 5 cms (1 unit)}	152	152	10,137
03.08A	Consultation, described as comprehensive {Comprehensive consultation - in office}	152	144	23,965
13.99H	Other miscellaneous diagnostic & therapeutic procedures NEC {Critical care of severely ill or injured patient in a hospital emergency department requiring major treatment intervention(s), per 15 minutes}	150	126	45,313
98.22B	Suture of skin and subcutaneous tissue of other sites {Laceration, face, over 2.5 cms (1 unit) and/or body, over 5 cms (1 unit)} <For each layer or unit, refer to Price List>	145	142	14,551
93.59A	Other total hip replacement {Total hip arthroplasty}	130	61	98,193
03.52A	Other electrocardiogram {Electrocardiogram, technical}	124	120	3,147
13.59C	Injection or infusion of other therapeutic or prophylactic substance NEC {Initiation of intravenous}	120	104	6,173
E 43	Prothrombin time	118	33	1,686

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

Continued...

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

Table 2.28 B
Out-of-Country Basic Health Services:
Top 50 Health Service Codes for the Services Provided in Other Countries (Except United States)
for the Service Year April 1, 2018 to March 31, 2019

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
56.93C	{Sleeve gastrectomy for obesity}	116	40	\$76,776
56.93F	Gastric partitioning for obesity {Placement of gastric band including port placement}	99	35	60,751
03.03N	Diagnostic interview and evaluation, described as limited {Home visit - first patient} <<Home Visits>>	85	84	6,999
13.99B	Other miscellaneous diagnostic & therapeutic procedures NEC {Hemodialysis treatment, stable patient} <For assessment and management of a stable patient with chronic renal failure>	85	7	3,673
93.41A	Total knee replacement (geomedic) (polycentric) {Total knee arthroplasty, including hemiarthroplasty}	73	36	45,125
X 21	Chest - multiple views	71	68	2,643
28.79B	Other operations on vitreous {Intravitreal injection for drug	66	28	7,415
09.13E	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, interpretation}	63	37	1,586
09.13F	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, technical}	62	37	1,221
X 43	Knee	54	52	2,176
63.14	Laparoscopic cholecystectomy	49	26	19,100
X 40	Ankle	49	38	1,678
E151	Urinalysis routine examination - including exam of centrifuged sediment	47	41	306
59.0 A	Appendectomy {Appendectomy with or without abscess}	46	27	17,345
E 1	Complete blood count (hemoglobin, white blood count, differential, platelet count, eosinophil count and either red blood count or hematocrit, with no additional charge for indices) - by any method.	46	45	748
E258B	Bacterial culture including, when necessary, identification, sensitivity and quantitation <Only one bacterial culture may be billed per specimen>	45	43	1,726
1.14	Other nonoperative gastroscopy <Esophagogastroscopy>	40	31	4,225
X 39	Foot	37	29	1,194
X 20	Chest - single view	35	34	989
1.22	Other nonoperative colonoscopy {Other nonoperative colonoscopy}	34	25	5,385
98.11A	Debridement of wound or infected tissue {Non-functional area, up to 32 total square cms}	33	26	3,682
X 31	Wrist or carpal bone (or wrist and hand)	31	20	\$1,105
91.70A	Closed reduction of dislocation of shoulder {Primary}	29	25	2,501
03.52B	Other electrocardiogram {Electrocardiogram, interpretation}	27	25	265
X 36	Shoulder girdle	27	26	1,405
49.96A	Left cardiac catheterization {Left cardiac catheterization with fluoroscopy}	27	27	7,011

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

Continued...

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

Table 2.28 B
 Out-of-Country Basic Health Services:
 Top 50 Health Service Codes for the Services Provided in Other Countries (non US)
 for the Service Year April 1, 2018 to March 31, 2019

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
91.01F	Closed reduction of fracture (without internal fixation), radius and ulna {Colles}	26	23	\$3,526
08.19GA	Other psychiatric evaluation and interview {Direct contact with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof - in office.}	25	2	1,655
16.49D	Other repair and plastic operation on spinal cord structures {Laminectomy lumbar, for stenosis, 2 levels or less}	24	14	16,393
27.72A	Insertion of intraocular lens prosthesis with cataract extraction, one stage {Phacoemulsification cataract extraction, anterior approach, with or without insertion of intraocular lens}	19	12	4,526

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

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

Table 2.29 A
Out-of-Country Health Services Program:
Applications Reviewed by Out-of-Country Health Services Committee (OOCHSC)
for the Service Years Ended March 31, 2016 to March 31, 2020

Status of Applications	Required services not available in Alberta				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Reviewed	96.0	83.0	59.0	67.0	62.0
Approved	45.0	36.5	27.0	30.0	37.0
Deferred ⁽¹⁾	2.5	6.5	5.0	6.0	7.0
Denied	48.5	40.0	27.0	31.0	18.0

Note: Applications listed as .5 are where a portion of the application is approved and a portion is denied.

(1) Effective April 1, 2011, a category was added to reflect applications for which the Out-of-Country Health Services Committee requires further medical information from the applicant.

Table 2.29 B
Out-of-Country Health Services Program:
Applications Reviewed by Appeal Panel
for the Service Years Ended March 31, 2016 to March 31, 2020

Status of Applications	Required services not available in Alberta				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Reviewed	19.0	14.0	12.0	14.0	15.0
Approved	3.0	4.0	0.0	1.0	1.0
Varied ⁽¹⁾	0.0	0.0	1.0	0.0	0.0
Denied	16.0	10.0	11.0	13.0	14.0

Note: Applications listed as .5 are where a portion of the application is approved and a portion is denied.

(1) The Appeal Panel has the ability to modify an OCHSC decision where the application was previously approved by the OCHSC.

Table 2.30
Out-of-Country Health Services Program:
Payments Made for Approved Applications by
Out-of-Country Health Services Committee/Appeal Panel
for the Service Years Ended March 31, 2016 to March 31, 2020

Amount Paid (\$)	Type of Service				
	Required services not available in Alberta				
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Medical Services	\$2,667,188	\$1,707,087	\$2,028,985	\$1,242,108	\$2,892,627
Hospital Services	4,587,501	5,018,579	3,506,352	3,805,464	6,206,606
Total	\$7,254,689	\$6,725,666	\$5,535,337	\$5,047,572	\$9,099,233

Primary Care Networks

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

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

The goals of Primary Care Networks are to:

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

The first Primary Care Network to launch in Alberta was Edmonton Southside PCN on May 1, 2005. As of March 31, 2020, there are 41 PCNs operating in the province.

Table 2.31
 Primary Care Networks:
 Distribution of Primary Care Providers, Number of Patients, and Total Payments
 by Alberta Health Services Geographic Zone
 for the Service Year April 1, 2019 to March 31, 2020

Primary Care Network	AHS Zone	Number of Primary Care Providers ⁽¹⁾	Number of Patients Enrolled ⁽²⁾	Total Payments to the Primary Care Network ⁽³⁾
Chinook	South Zone	203	176,501	\$11,324,861
Palliser	South Zone	124	107,304	6,678,799
Bow Valley	Calgary Zone	57	26,299	1,604,281
Calgary Foothills	Calgary Zone	537	392,230	23,963,930
Calgary Rural	Calgary Zone	174	119,128	7,461,766
Calgary West Central	Calgary Zone	549	319,754	20,116,985
Highland	Calgary Zone	84	75,387	4,612,707
Mosaic	Calgary Zone	386	349,153	21,405,841
South Calgary	Calgary Zone	291	247,142	15,165,851
Big Country	Central Zone	51	38,582	2,405,696
Camrose	Central Zone	51	31,892	2,077,397
Drayton Valley	Central Zone	19	15,640	976,562
Kalyna Country	Central Zone	36	26,224	1,720,735
Lloydminster	Central Zone	28	19,870	1,222,826
Peaks to Prairies	Central Zone	41	23,438	1,443,980
Provost	Central Zone	7	4,519	281,759
Red Deer	Central Zone	101	122,635	7,819,797
Rocky Mountain House	Central Zone	27	14,706	932,635
Wainwright	Central Zone	16	8,381	518,010
Wetaskiwin	Central Zone	33	21,443	1,370,200
Wolf Creek	Central Zone	73	73,061	4,507,865
Alberta Heartland	Edmonton Zone	32	33,391	2,291,080
Edmonton North	Edmonton Zone	222	222,036	13,737,774
Edmonton Oliver	Edmonton Zone	200	153,860	9,529,565
Edmonton Southside	Edmonton Zone	364	350,386	21,933,757
Edmonton West	Edmonton Zone	228	184,544	11,640,220
Leduc/Beaumont/Devon	Edmonton Zone	67	60,015	3,759,900
Sherwood Park-Strathcona County	Edmonton Zone	111	104,972	6,332,091
St. Albert & Sturgeon	Edmonton Zone	82	83,192	5,156,602
WestView	Edmonton Zone	91	78,683	5,106,549
Aspen	North Zone	59	42,107	2,410,750
Bighorn (formerly Grande Cache)	North Zone	23	13,673	852,314
Bonnyville	North Zone	31	15,055	925,939
Cold Lake	North Zone	24	14,517	1,117,611
Grande Prairie	North Zone	57	79,285	5,040,701
Lakeland	North Zone	47	39,062	2,392,641
McLeod River	North Zone	45	37,256	2,318,521
Northwest	North Zone	24	23,792	1,473,585
Peace Region	North Zone	44	31,499	1,966,268
Saddle Hills (formerly West Peace)	North Zone	21	16,069	1,012,150
Wood Buffalo	North Zone	47	66,188	4,034,650
Total		4,707	3,862,871	\$240,645,151

Table 2.31
Primary Care Networks:
Distribution of Primary Care Providers, Number of Patients, and Total Payments
by Alberta Health Services Geographic Zone
for the Service Year April 1, 2019 to March 31, 2020

Notes:

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

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

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

Section 3

Regional Data

Summary

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

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

Alberta Health Services is responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. Alberta Health Services works with communities to deliver health services, including mental health services, to local residents. Information about services and costs for Alberta Health Services is in the *Ministry of Health Annual Report 2019/2020*.

Highlights

- A total of 38.81% of physician fee-for-service expenditures were for services received in Edmonton Zone (Zone 4); 39.90% for services received in Calgary Zone (Zone 2) and the balance, 21.30%, for services received in the other three zones.
- In Alberta, 89.56% of fee-for-service payments were provided in the health zone where the patient resides.

Number of Practitioners

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

Number of Services

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

Health Zones

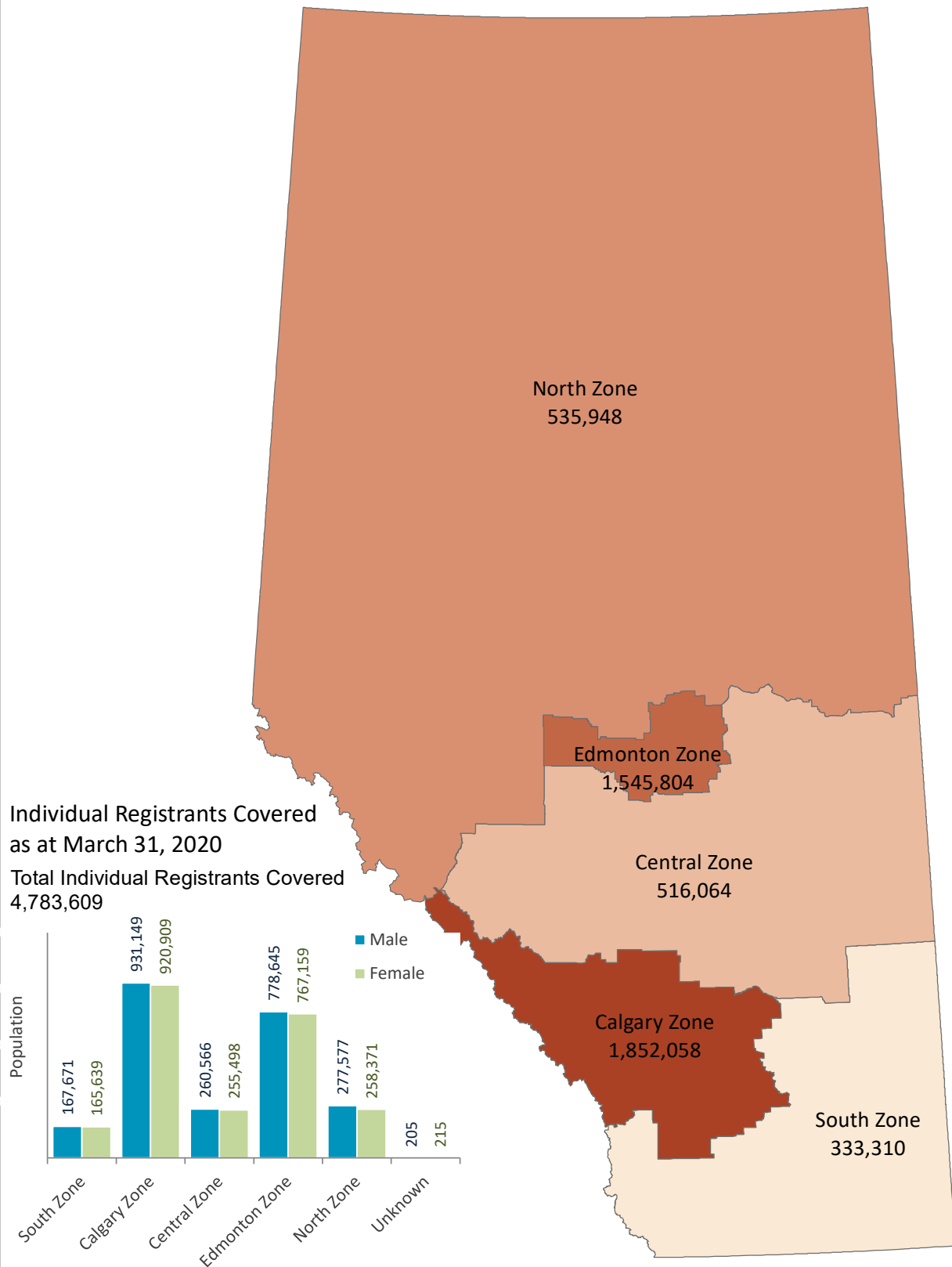
The map on continuum health zones (Map 3.1) shows the current five continuum zones that were put in place on May 15, 2008.

Service Location and Recipient Location

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

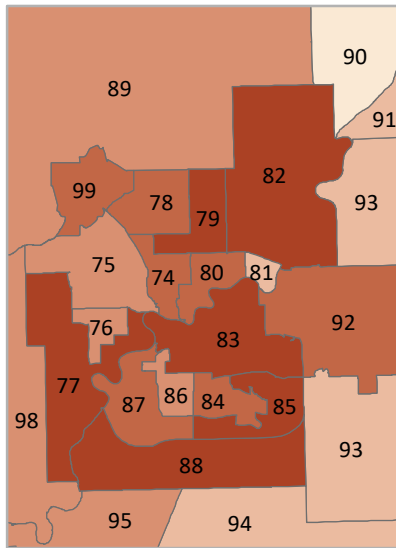
Map 3.1

Distribution of Individual Registrants Covered by Alberta Health Services Geographic Zone

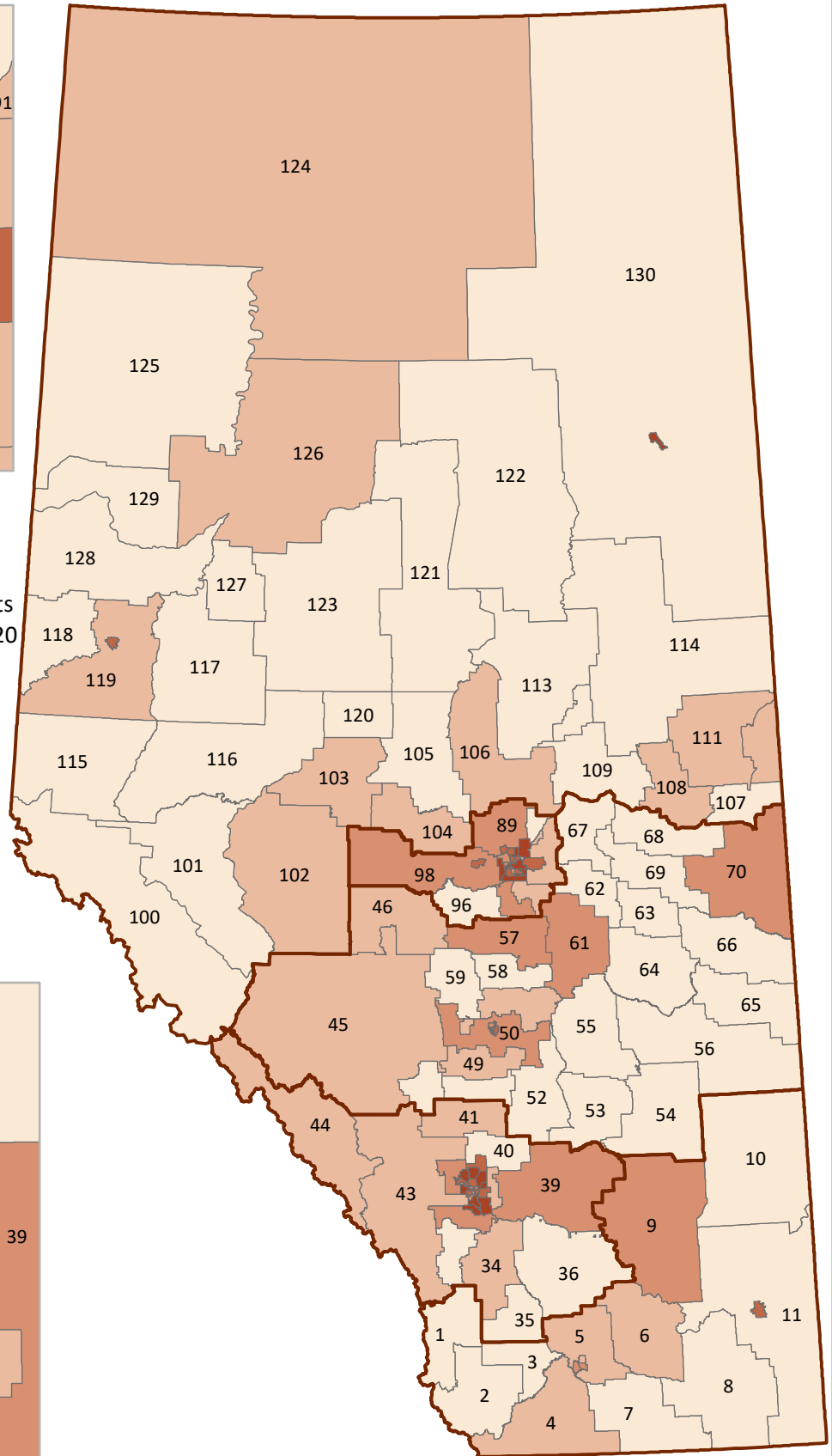


Map 3.2

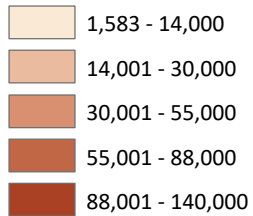
Edmonton Area



Distribution of Individual Registrants Covered by Local Geographic Area



Alberta Individual Registrants Covered as at March 31, 2020



Calgary Area

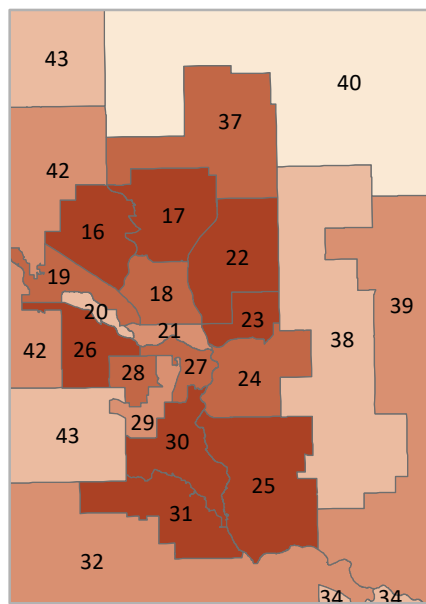


Table 3.1
Distribution of Individual Registrants Covered
by Local Geographic Area (LGA)
as at March 31, 2020

LGA ID	LGA Code	LGA Name	Individual Registrants Covered
SOUTH ZONE			
1	Z1.1.A.01	Crowsnest Pass	6,625
2	Z1.1.A.02	Pincher Creek	9,093
3	Z1.1.A.03	Fort Macleod	7,281
4	Z1.1.B.04	Cardston-Kainai	18,626
5	Z1.2.A.01	County Of Lethbridge	27,533
6	Z1.2.B.02	Taber Md	21,000
7	Z1.2.C.03	County Of Warner	11,908
8	Z1.2.C.04	County Of Forty Mile	7,194
9	Z1.3.A.01	Newell	30,661
10	Z1.3.B.02	Oyen	3,739
11	Z1.3.B.03	Cypress County	12,269
12	Z1.4.A.01	Medicine Hat	73,598
13	Z1.5.A.01	Lethbridge - West	38,419
14	Z1.5.B.02	Lethbridge - North	29,184
15	Z1.5.C.03	Lethbridge - South	36,180

Continued...

Table 3.1
Distribution of Individual Registrants Covered
by Local Geographic Area (LGA)
as at March 31, 2020

LGA ID	LGA Code	LGA Name	Individual Registrants Covered
CALGARY ZONE			
16	Z2.1.A.01	Calgary - Upper Nw	134,837
17	Z2.1.B.02	Calgary - North	126,442
18	Z2.1.C.03	Calgary - Nose Hill	86,481
19	Z2.1.D.04	Calgary - Lower Nw	69,483
20	Z2.1.E.05	Calgary - West Bow	22,902
21	Z2.1.F.06	Calgary - Centre North	48,291
22	Z2.2.A.01	Calgary - Upper Ne	129,173
23	Z2.2.B.02	Calgary - Lower Ne	108,895
24	Z2.3.A.01	Calgary - East	81,190
25	Z2.3.B.02	Calgary - Se	139,657
26	Z2.4.A.01	Calgary - West	99,988
27	Z2.4.B.02	Calgary - Centre	77,816
28	Z2.4.C.03	Calgary - Centre West	71,266
29	Z2.4.D.04	Calgary - Elbow	44,121
30	Z2.4.E.05	Calgary - Fish Creek	124,397
31	Z2.4.F.06	Calgary - Sw	125,538
32	Z2.5.A.01	Okotoks-Priddis	48,123
33	Z2.5.B.02	Black Diamond	9,312
34	Z2.5.B.03	High River	25,304
35	Z2.5.C.04	Claresholm	6,781
36	Z2.5.C.05	Vulcan	7,232
37	Z2.6.A.01	Airdrie	75,228
38	Z2.6.B.02	Chestermere	25,862
39	Z2.6.C.03	Strathmore	38,493
40	Z2.6.C.04	Crossfield	9,634
41	Z2.6.C.05	Didsbury	17,771
42	Z2.7.A.01	Cochrane-Springbank	51,574
43	Z2.7.B.02	Canmore	29,733
44	Z2.7.B.03	Banff	16,539

Continued...

Table 3.1
Distribution of Individual Registrants Covered
by Local Geographic Area (LGA)
as at March 31, 2020

LGA ID	LGA Code	LGA Name	Individual Registrants Covered
CENTRAL ZONE			
45	Z3.1.A.01	Rocky Mountain House	22,398
46	Z3.1.B.02	Drayton Valley	19,632
47	Z3.2.A.01	Sundre	7,349
48	Z3.2.A.02	Olds	13,243
49	Z3.2.B.03	Innisfail	16,904
50	Z3.2.C.04	Red Deer County	31,005
51	Z3.2.C.05	Sylvan Lake	19,409
52	Z3.3.A.01	Three Hills/Highway 21	11,921
53	Z3.3.A.02	Starland County/Drumheller	12,575
54	Z3.3.A.04	Planning & Special Area 2	3,957
55	Z3.3.B.03	Stettler & County	13,281
56	Z3.3.B.05	Castor/Coronation/Consort	6,649
57	Z3.4.A.01	Wetaskiwin County	36,863
58	Z3.4.B.02	Ponoka	12,961
59	Z3.4.B.03	Rimbey	10,639
60	Z3.4.B.04	Lacombe	25,267
61	Z3.5.A.01	Camrose & County	32,282
62	Z3.5.B.02	Tofield	8,191
63	Z3.5.B.03	Viking	2,536
64	Z3.5.B.04	Flagstaff County	9,217
65	Z3.5.C.05	Md Of Provost	5,349
66	Z3.5.C.06	Md Of Wainwright	12,725
67	Z3.6.A.01	Lamont County	6,815
68	Z3.6.A.02	Two Hills County	6,232
69	Z3.6.A.03	Vegreville/Minburn County	11,327
70	Z3.6.B.04	Vermilion River County	40,767
71	Z3.7.A.01	Red Deer - North	39,930
72	Z3.7.B.02	Red Deer - Sw	17,552
73	Z3.7.C.03	Red Deer - East	59,088

Continued...

Table 3.1
Distribution of Individual Registrants Covered
by Local Geographic Area (LGA)
as at March 31, 2020

LGA ID	LGA Code	LGA Name	Individual Registrants Covered
EDMONTON ZONE			
74	Z4.1.A.01	Edmonton - Woodcroft East	66,933
75	Z4.1.B.02	Edmonton - Woodcroft West	35,894
76	Z4.1.C.03	Edmonton - Jasper Place	50,506
77	Z4.1.D.04	Edmonton - West Jasper Place	111,093
78	Z4.2.A.01	Edmonton - Castle Downs	75,993
79	Z4.2.B.02	Edmonton - Northgate	89,500
80	Z4.2.C.03	Edmonton - Eastwood	81,244
81	Z4.2.D.04	Edmonton - Abbottsfield	16,316
82	Z4.2.E.05	Edmonton - Ne	96,070
83	Z4.3.A.01	Edmonton - Bonnie Doon	104,899
84	Z4.3.B.02	Edmonton - Mill Woods West	57,067
85	Z4.3.C.03	Edmonton - Mill Woods South & East	91,934
86	Z4.4.A.01	Edmonton - Duggan	45,188
87	Z4.4.B.02	Edmonton - Twin Brooks	83,053
88	Z4.4.C.03	Edmonton - Rutherford	111,419
89	Z4.5.A.01	Sturgeon County West	32,317
90	Z4.5.B.02	Sturgeon County East	6,320
91	Z4.5.B.03	Fort Saskatchewan	27,451
92	Z4.6.A.01	Sherwood Park	87,144
93	Z4.6.B.02	Strathcona County Excluding Sherwood Park	19,289
94	Z4.7.A.01	Beaumont	26,294
95	Z4.7.A.02	Leduc & Devon	44,295
96	Z4.7.A.03	Thorsby	9,916
97	Z4.8.A.01	Stony Plain & Spruce Grove	61,651
98	Z4.8.B.02	Westview Excluding Stony Plain & Spruce Grove	39,540
99	Z4.9.A.01	St. Albert	74,478

Continued...

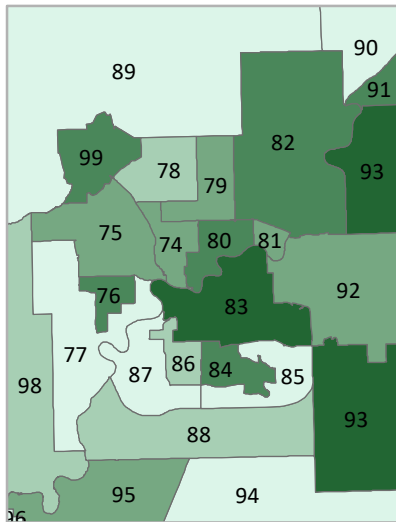
Table 3.1
 Distribution of Individual Registrants Covered
 by Local Geographic Area (LGA)
 as at March 31, 2020

LGA ID	LGA Code	LGA Name	Individual Registrants Covered
NORTH ZONE			
100	Z5.1.A.01	Jasper	6,536
101	Z5.1.A.02	Hinton	13,801
102	Z5.1.A.03	Edson	17,849
103	Z5.1.B.04	Whitecourt	15,911
104	Z5.1.B.05	Mayerthorpe	17,815
105	Z5.1.C.06	Barrhead	11,686
106	Z5.1.C.07	Westlock	20,740
107	Z5.2.A.01	Frog Lake	5,276
108	Z5.2.A.04	St. Paul	17,365
109	Z5.2.A.05	Smoky Lake	5,196
110	Z5.2.B.02	Cold Lake	23,226
111	Z5.2.B.03	Bonnyville	17,819
112	Z5.2.C.06	Boyle	3,989
113	Z5.2.C.07	Athabasca	11,691
114	Z5.2.C.08	Lac La Biche	11,315
115	Z5.3.A.01	Grande Cache	4,798
116	Z5.3.A.02	Fox Creek	2,525
117	Z5.3.A.03	Valleyview	8,041
118	Z5.3.A.05	Beaverlodge	13,607
119	Z5.3.B.04	Grande Prairie County	21,545
120	Z5.4.A.01	Swan Hills	1,583
121	Z5.4.A.02	Slave Lake	13,012
122	Z5.4.A.03	Wabasca	4,893
123	Z5.4.A.07	High Prairie	13,319
124	Z5.4.B.04	High Level	28,097
125	Z5.4.B.05	Manning	3,669
126	Z5.4.C.06	Peace River	20,198
127	Z5.4.D.08	Falher	4,978
128	Z5.4.D.09	Spirit River	7,179
129	Z5.4.D.10	Fairview	9,103
130	Z5.5.A.01	Wood Buffalo	4,756
131	Z5.6.A.01	Fort McMurray	91,816
132	Z5.7.A.01	City Of Grande Prairie	82,614
Unknown			420

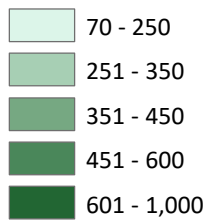
Map 3.3

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

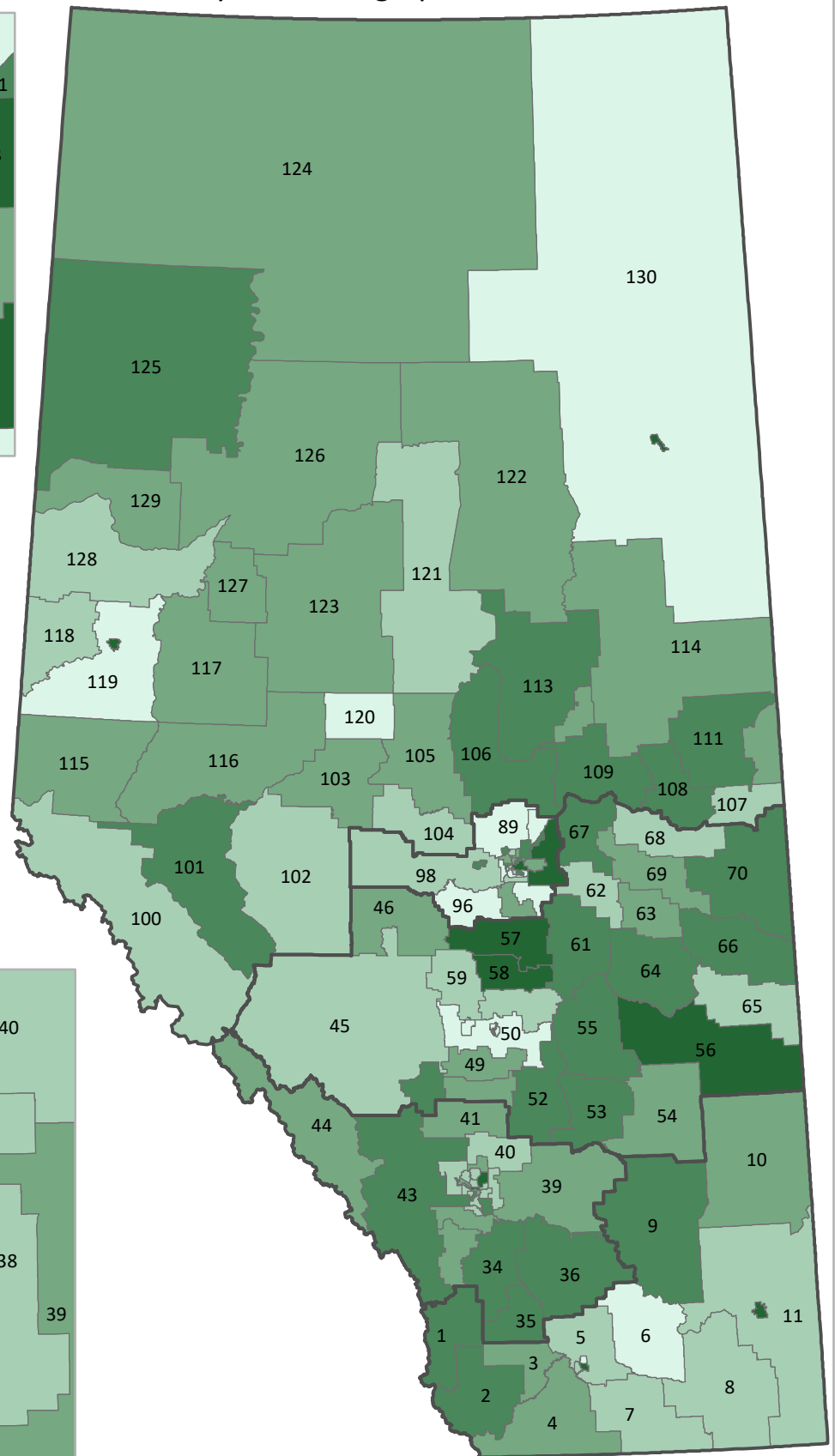
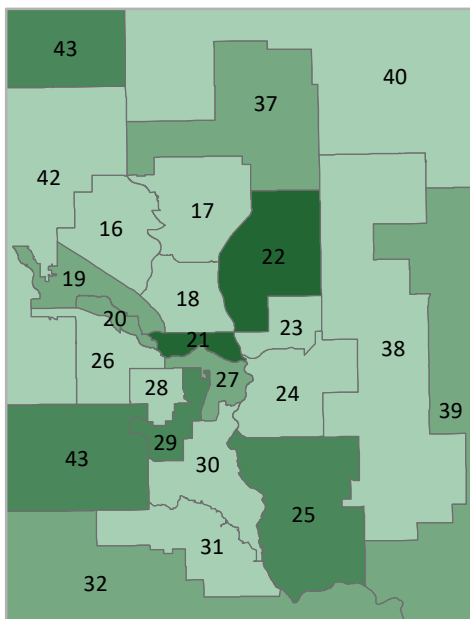
Edmonton Area



Fee-for-Service Payments per Discrete Patient 2019/2020



Calgary Area



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

Table 3.2
Distribution of Payments per Discrete Patient by Local Geographic Area (LGA)⁽¹⁾
for the Service Year April 1, 2019 to March 31, 2020

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
SOUTH ZONE			
1	Z1.1.A.01	Crowsnest Pass	\$529.37
2	Z1.1.A.02	Pincher Creek	453.49
3	Z1.1.A.03	Fort Macleod	378.38
4	Z1.1.B.04	Cardston-Kainai	427.97
5	Z1.2.A.01	County Of Lethbridge	283.07
6	Z1.2.B.02	Taber Md	228.51
7	Z1.2.C.03	County Of Warner	330.49
8	Z1.2.C.04	County Of Forty Mile	294.94
9	Z1.3.A.01	Newell	563.44
10	Z1.3.B.02	Oyen	387.39
11	Z1.3.B.03	Cypress County	250.19
12	Z1.4.A.01	Medicine Hat	913.11
13	Z1.5.A.01	Lethbridge - West	272.35
14	Z1.5.B.02	Lethbridge - North	178.34
15	Z1.5.C.03	Lethbridge - South	\$800.10

Continued...

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

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

Table 3.2
Distribution of Payments per Discrete Patient by Local Geographic Area (LGA)⁽¹⁾
for the Service Year April 1, 2019 to March 31, 2020

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
CALGARY ZONE			
16	Z2.1.A.01	Calgary - Upper Nw	\$283.88
17	Z2.1.B.02	Calgary - North	294.75
18	Z2.1.C.03	Calgary - Nose Hill	273.92
19	Z2.1.D.04	Calgary - Lower Nw	393.34
20	Z2.1.E.05	Calgary - West Bow	351.09
21	Z2.1.F.06	Calgary - Centre North	675.09
22	Z2.2.A.01	Calgary - Upper Ne	638.20
23	Z2.2.B.02	Calgary - Lower Ne	319.28
24	Z2.3.A.01	Calgary - East	318.45
25	Z2.3.B.02	Calgary - Se	550.71
26	Z2.4.A.01	Calgary - West	257.61
27	Z2.4.B.02	Calgary - Centre	395.87
28	Z2.4.C.03	Calgary - Centre West	328.78
29	Z2.4.D.04	Calgary - Elbow	555.02
30	Z2.4.E.05	Calgary - Fish Creek	348.20
31	Z2.4.F.06	Calgary - Sw	317.04
32	Z2.5.A.01	Okotoks-Priddis	398.19
33	Z2.5.B.02	Black Diamond	385.82
34	Z2.5.B.03	High River	486.69
35	Z2.5.C.04	Claresholm	591.85
36	Z2.5.C.05	Vulcan	450.50
37	Z2.6.A.01	Airdrie	359.41
38	Z2.6.B.02	Chestermere	255.21
39	Z2.6.C.03	Strathmore	373.51
40	Z2.6.C.04	Crossfield	337.03
41	Z2.6.C.05	Didsbury	420.71
42	Z2.7.A.01	Cochrane-Springbank	317.29
43	Z2.7.B.02	Canmore	558.68
44	Z2.7.B.03	Banff	\$429.01

Continued...

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

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

Table 3.2
Distribution of Payments per Discrete Patient by Local Geographic Area (LGA)⁽¹⁾
for the Service Year April 1, 2019 to March 31, 2020

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
CENTRAL ZONE			
45	Z3.1.A.01	Rocky Mountain House	\$263.01
46	Z3.1.B.02	Drayton Valley	436.30
47	Z3.2.A.01	Sundre	461.87
48	Z3.2.A.02	Olds	438.67
49	Z3.2.B.03	Innisfail	358.56
50	Z3.2.C.04	Red Deer County	133.58
51	Z3.2.C.05	Sylvan Lake	222.13
52	Z3.3.A.01	Three Hills/Highway 21	507.26
53	Z3.3.A.02	Starland County/Drumheller	584.80
54	Z3.3.A.04	Planning & Special Area 2	392.63
55	Z3.3.B.03	Stettler & County	464.03
56	Z3.3.B.05	Castor/Coronation/Consort	659.23
57	Z3.4.A.01	Wetaskiwin County	615.53
58	Z3.4.B.02	Ponoka	993.39
59	Z3.4.B.03	Rimbey	318.75
60	Z3.4.B.04	Lacombe	298.90
61	Z3.5.A.01	Camrose & County	528.54
62	Z3.5.B.02	Tofield	330.51
63	Z3.5.B.03	Viking	406.88
64	Z3.5.B.04	Flagstaff County	511.39
65	Z3.5.C.05	Md Of Provost	340.36
66	Z3.5.C.06	Md Of Wainwright	479.19
67	Z3.6.A.01	Lamont County	532.63
68	Z3.6.A.02	Two Hills County	330.73
69	Z3.6.A.03	Vegreville/Minburn County	368.22
70	Z3.6.B.04	Vermilion River County	461.14
71	Z3.7.A.01	Red Deer - North	184.64
72	Z3.7.B.02	Red Deer - Sw	747.04
73	Z3.7.C.03	Red Deer - East	\$184.43

Continued...

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

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

Table 3.2
 Distribution of Payments per Discrete Patient by Local Geographic Area (LGA)⁽¹⁾
 for the Service Year April 1, 2019 to March 31, 2020

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
EDMONTON ZONE			
74	Z4.1.A.01	Edmonton - Woodcroft East	\$411.81
75	Z4.1.B.02	Edmonton - Woodcroft West	350.61
76	Z4.1.C.03	Edmonton - Jasper Place	569.07
77	Z4.1.D.04	Edmonton - West Jasper Place	235.91
78	Z4.2.A.01	Edmonton - Castle Downs	290.64
79	Z4.2.B.02	Edmonton - Northgate	373.04
80	Z4.2.C.03	Edmonton - Eastwood	572.72
81	Z4.2.D.04	Edmonton - Abbottsfield	394.17
82	Z4.2.E.05	Edmonton - Ne	450.91
83	Z4.3.A.01	Edmonton - Bonnie Doon	647.25
84	Z4.3.B.02	Edmonton - Mill Woods West	574.64
85	Z4.3.C.03	Edmonton - Mill Woods South & East	206.85
86	Z4.4.A.01	Edmonton - Duggan	285.19
87	Z4.4.B.02	Edmonton - Twin Brooks	241.14
88	Z4.4.C.03	Edmonton - Rutherford	349.63
89	Z4.5.A.01	Sturgeon County West	214.93
90	Z4.5.B.02	Sturgeon County East	235.36
91	Z4.5.B.03	Fort Saskatchewan	477.63
92	Z4.6.A.01	Sherwood Park	408.62
93	Z4.6.B.02	Strathcona County Excluding Sherwood Park	691.98
94	Z4.7.A.01	Beaumont	230.19
95	Z4.7.A.02	Leduc & Devon	437.45
96	Z4.7.A.03	Thorsby	163.64
97	Z4.8.A.01	Stony Plain & Spruce Grove	452.90
98	Z4.8.B.02	Westview Excluding Stony Plain & Spruce Grove	326.77
99	Z4.9.A.01	St. Albert	\$546.16

Continued...

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

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

Table 3.2
Distribution of Payments per Discrete Patient by Local Geographic Area (LGA)⁽¹⁾
for the Service Year April 1, 2019 to March 31, 2020

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
NORTH ZONE			
100	Z5.1.A.01	Jasper	\$325.06
101	Z5.1.A.02	Hinton	456.97
102	Z5.1.A.03	Edson	336.99
103	Z5.1.B.04	Whitecourt	403.84
104	Z5.1.B.05	Mayerthorpe	336.82
105	Z5.1.C.06	Barrhead	439.24
106	Z5.1.C.07	Westlock	505.24
107	Z5.2.A.01	Frog Lake	345.38
108	Z5.2.A.04	St. Paul	513.62
109	Z5.2.A.05	Smoky Lake	459.67
110	Z5.2.B.02	Cold Lake	426.82
111	Z5.2.B.03	Bonnyville	555.31
112	Z5.2.C.06	Boyle	397.96
113	Z5.2.C.07	Athabasca	465.85
114	Z5.2.C.08	Lac La Biche	353.21
115	Z5.3.A.01	Grande Cache	407.85
116	Z5.3.A.02	Fox Creek	361.84
117	Z5.3.A.03	Valleyview	384.62
118	Z5.3.A.05	Beaverlodge	317.52
119	Z5.3.B.04	Grande Prairie County	195.72
120	Z5.4.A.01	Swan Hills	70.50
121	Z5.4.A.02	Slave Lake	344.19
122	Z5.4.A.03	Wabasca	394.78
123	Z5.4.A.07	High Prairie	449.94
124	Z5.4.B.04	High Level	390.48
125	Z5.4.B.05	Manning	505.20
126	Z5.4.C.06	Peace River	438.41
127	Z5.4.D.08	Falher	427.46
128	Z5.4.D.09	Spirit River	331.94
129	Z5.4.D.10	Fairview	412.46
130	Z5.5.A.01	Wood Buffalo	225.94
131	Z5.6.A.01	Fort McMurray	693.68
132	Z5.7.A.01	City Of Grande Prairie	\$663.35

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

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

Table 3.3
Distribution of Services, Discrete Patients, and Physicians
by Local Geographic Area (LGA)
for the Service Year April 1, 2019 to March 31, 2020

Local Geographic Area		General/Family Physicians			Specialists		
LGA Code	LGA Name	Number of Services	Number of Discrete Patients	Number of Discrete Physicians	Number of Services	Number of Discrete Patients	Number of Discrete Physicians
Z2.6.A.01	Airdrie	374,455	75,968	256	110,128	38,868	162
Z5.2.C.07	Athabasca	56,953	9,266	63	6,624	3,157	34
Z2.7.B.03	Banff	81,405	14,231	76	13,090	4,989	32
Z5.1.C.06	Barrhead	99,349	13,750	54	4,140	1,531	27
Z4.7.A.01	Beaumont	66,871	14,478	81	131	75	44
Z5.3.A.05	Beaverlodge	49,461	10,745	48	113	97	25
Z2.5.B.02	Black Diamond	58,845	11,375	75	19	13	11
Z5.2.B.03	Bonnyville	142,477	20,252	77	25,009	8,314	95
Z5.2.C.06	Boyle	26,316	4,185	31	17	13	12
Z2.4.B.02	Calgary - Centre	624,832	144,706	561	1,613,937	174,666	541
Z2.1.F.06	Calgary - Centre North	739,565	144,246	548	2,347,840	233,020	965
Z2.4.C.03	Calgary - Centre West	425,595	88,760	359	399,238	74,463	224
Z2.3.A.01	Calgary - East	255,988	49,861	250	60,562	15,364	101
Z2.4.D.04	Calgary - Elbow	592,582	126,770	478	1,832,638	213,171	798
Z2.4.E.05	Calgary - Fish Creek	738,479	148,021	485	694,536	142,046	336
Z2.2.B.02	Calgary - Lower NE	666,610	138,130	364	242,892	72,046	135
Z2.1.D.04	Calgary - Lower NW	296,506	68,506	321	1,052,268	227,183	633
Z2.1.B.02	Calgary - North	409,470	95,006	338	206,002	74,395	243
Z2.1.C.03	Calgary - Nose Hill	377,040	82,909	323	284,617	36,505	123
Z2.3.B.02	Calgary - SE	655,845	144,481	477	1,135,362	161,580	688
Z2.4.F.06	Calgary - SW	649,654	140,228	383	301,301	62,634	185
Z2.2.A.01	Calgary - Upper NE	944,684	184,107	447	1,866,302	224,892	768
Z2.1.A.01	Calgary - Upper NW	490,520	117,774	477	328,434	63,711	205
Z2.4.A.01	Calgary - West	446,319	104,050	398	231,163	98,875	207
Z2.1.E.05	Calgary - West Bow	181,791	38,704	237	318,899	40,820	181
Z3.5.A.01	Camrose & County	206,828	29,696	165	74,702	17,256	103
Z2.7.B.02	Canmore	171,674	26,057	158	86,450	11,255	112
Z1.1.B.04	Cardston-Kainai	101,617	15,149	66	2,231	958	60
Z3.3.B.05	Castor/Coronation/Consort	42,750	5,176	52	21	18	16
Z2.6.B.02	Chestermere	78,148	17,499	75	1,754	209	30
Z5.7.A.01	City of Grande Prairie	524,505	83,053	160	523,335	59,669	143
Z2.5.C.04	Claresholm	44,784	7,186	71	52,780	1,073	29
Z2.7.A.01	Cochrane-Springbank	186,764	39,243	211	102,763	4,160	55
Z5.2.B.02	Cold Lake	92,848	16,556	61	15,291	6,498	42

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

Continued...

Table 3.3
Distribution of Services, Discrete Patients, and Physicians
by Local Geographic Area (LGA)
for the Service Year April 1, 2019 to March 31, 2020

Local Geographic Area		General/Family Physicians			Specialists		
LGA Code	LGA Name	Number of Services	Number of Discrete Patients	Number of Discrete Physicians	Number of Services	Number of Discrete Patients	Number of Discrete Physicians
Z1.2.C.04	County of Forty Mile	23,574	4,837	45	423	88	20
Z1.2.A.01	County of Lethbridge excluding the City of Lethbridge	89,058	16,555	92	4,675	1,554	39
Z1.2.C.03	County of Warner	74,621	14,206	77	420	178	24
Z2.6.C.04	Crossfield	19,134	3,510	73	15	10	7
Z1.1.A.01	Crowsnest Pass	58,536	6,996	67	2,831	907	28
Z1.3.B.03	Cypress County excluding Medicine Hat	7,823	1,722	53	202	79	21
Z2.6.C.05	Didsbury	67,533	12,369	130	4,267	1,460	36
Z3.1.B.02	Drayton Valley	116,676	18,107	83	2,174	700	42
Z4.2.D.04	Edmonton - Abbottsfield	140,014	23,521	110	17,426	5,791	57
Z4.3.A.01	Edmonton - Bonnie Doon	764,219	142,092	510	2,606,279	274,774	1,084
Z4.2.A.01	Edmonton - Castle Downs	354,885	69,782	253	96,908	37,666	139
Z4.4.A.01	Edmonton - Duggan	328,924	71,192	247	213,183	65,571	198
Z4.2.C.03	Edmonton - Eastwood	754,243	117,410	568	2,877,583	394,642	916
Z4.1.C.03	Edmonton - Jasper Place	742,110	128,424	439	1,529,356	229,473	576
Z4.3.C.03	Edmonton - Mill Woods South & East	200,932	54,077	209	6,189	2,059	81
Z4.3.B.02	Edmonton - Mill Woods West	800,696	145,568	385	1,641,900	171,626	531
Z4.2.E.05	Edmonton - NE	336,346	85,670	290	473,153	52,296	271
Z4.2.B.02	Edmonton - Northgate	532,807	101,825	295	374,726	92,470	348
Z4.4.C.03	Edmonton - Rutherford	500,592	132,476	326	414,954	89,600	296
Z4.4.B.02	Edmonton - Twin Brooks	363,046	85,458	325	36,575	5,973	100
Z4.1.D.04	Edmonton - West Jasper Place	228,370	50,644	271	21,287	5,051	107
Z4.1.A.01	Edmonton - Woodcroft East	747,649	132,435	376	1,120,012	161,579	475
Z4.1.B.02	Edmonton - Woodcroft West	194,387	39,842	183	104,955	22,036	132
Z5.1.A.03	Edson	79,523	13,874	58	2,040	891	31
Z5.4.D.10	Fairview	34,448	5,706	47	67	53	28
Z5.4.D.08	Falher	25,392	4,278	47	1,239	456	25
Z3.5.B.04	Flagstaff County	66,973	10,087	81	449	93	20
Z1.1.A.03	Fort Macleod	22,006	5,222	53	136	94	20
Z5.6.A.01	Fort McMurray	524,093	67,743	141	217,942	31,768	150
Z4.5.B.03	Fort Saskatchewan	263,622	41,839	148	103,059	31,297	214
Z5.3.A.02	Fox Creek	12,520	2,538	16	4	4	4
Z5.2.A.01	Frog Lake	31,884	6,603	28	36	28	11
Z5.3.A.01	Grande Cache	18,539	3,403	30	14	14	11

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

Continued...

Table 3.3
Distribution of Services, Discrete Patients, and Physicians
by Local Geographic Area (LGA)
for the Service Year April 1, 2019 to March 31, 2020

Local Geographic Area		General/Family Physicians			Specialists		
LGA Code	LGA Name	Number of Services	Number of Discrete Patients	Number of Discrete Physicians	Number of Services	Number of Discrete Patients	Number of Discrete Physicians
Z5.3.B.04	Grande Prairie County excluding the City of Grande Prairie	18,476	4,749	46	166	123	26
Z5.4.B.04	High Level	123,959	19,723	58	2,930	1,375	49
Z5.4.A.07	High Prairie	79,181	11,609	53	132	100	44
Z2.5.B.03	High River	132,175	20,524	174	29,214	6,775	71
Z5.1.A.02	Hinton	73,182	11,822	48	15,156	4,962	71
Z3.2.B.03	Innisfail	78,533	15,383	113	7,620	2,245	53
Z5.1.A.01	Jasper	23,385	5,170	30	628	323	12
Z5.2.C.08	Lac La Biche	65,021	10,678	43	38	35	19
Z3.4.B.04	Lacombe	115,735	25,599	104	7,150	1,385	46
Z3.6.A.01	Lamont County	50,287	7,729	52	6,905	2,419	30
Z4.7.A.02	Leduc & Devon	321,903	63,195	197	133,574	33,206	179
Z1.5.B.02	Lethbridge - North	32,738	9,791	120	1,175	259	45
Z1.5.C.03	Lethbridge - South	638,953	92,407	282	940,582	87,903	194
Z1.5.A.01	Lethbridge - West	124,688	28,484	135	70,288	20,640	74
Z3.5.C.05	MD of Provost	24,658	4,279	32	20	13	12
Z3.5.C.06	MD of Wainwright	67,169	10,194	43	6,045	2,743	73
Z5.4.B.05	Manning	19,059	2,807	35	34	28	11
Z5.1.B.05	Mayerthorpe	36,552	8,205	74	1,739	299	42
Z1.4.A.01	Medicine Hat	595,769	75,070	221	636,517	59,052	145
Z1.3.A.01	Newell	158,186	22,850	93	18,741	4,902	50
Z2.5.A.01	Okotoks-Priddis	262,420	49,762	193	79,764	22,866	87
Z3.2.A.02	Olds	133,835	18,527	98	12,592	2,451	46
Z1.3.B.02	Oyen	16,881	2,555	44	61	39	10
Z5.4.C.06	Peace River	114,247	18,357	94	4,778	1,323	44
Z1.1.A.02	Pincher Creek	74,584	10,170	60	3,690	2,229	47
Z3.3.A.04	Planning & Special Area 2	22,607	3,835	41	1,372	304	12
Z3.4.B.02	Ponoka	309,345	20,253	87	131,745	3,249	47
Z3.7.C.03	Red Deer - East	142,013	32,997	168	16,867	7,550	84
Z3.7.A.01	Red Deer - North	171,003	50,869	154	37,007	5,562	72
Z3.7.B.02	Red Deer - SW	434,444	90,377	228	1,147,839	123,815	291
Z3.2.C.04	Red Deer County excluding the City of Red Deer	19,081	8,728	113	20,446	3,858	46
Z3.4.B.03	Rimbey	47,793	7,782	64	508	108	23
Z3.1.A.01	Rocky Mountain House	75,635	14,574	113	5,027	1,345	45
Z4.6.A.01	Sherwood Park	538,748	107,931	300	386,598	76,704	319

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

Continued...

Table 3.3
Distribution of Services, Discrete Patients, and Physicians
by Local Geographic Area (LGA)
for the Service Year April 1, 2019 to March 31, 2020

Local Geographic Area		General/Family Physicians			Specialists		
LGA Code	LGA Name	Number of Services	Number of Discrete Patients	Number of Discrete Physicians	Number of Services	Number of Discrete Patients	Number of Discrete Physicians
Z5.4.A.02	Slave Lake	43,289	9,666	52	41,601	12,313	39
Z5.2.A.05	Smoky Lake	28,828	4,261	37	33	25	17
Z5.4.D.09	Spirit River	23,250	4,718	47	34	29	15
Z4.9.A.01	St. Albert	680,201	119,182	330	540,000	84,684	366
Z5.2.A.04	St. Paul	89,558	13,989	86	30,142	1,481	34
Z3.3.A.02	Starland County/Drumheller	96,877	11,894	72	14,389	2,713	30
Z3.3.B.03	Stettler & County	94,929	13,012	62	2,137	489	53
Z4.8.A.01	Stony Plain & Spruce Grove	459,048	81,833	246	144,635	39,430	155
Z4.6.B.02	Strathcona County excluding Sherwood Park	2,613	174	69	171	57	37
Z2.6.C.03	Strathmore	137,246	24,682	139	5,566	1,196	64
Z4.5.B.02	Sturgeon County East	20,181	4,494	35	34	21	16
Z4.5.A.01	Sturgeon County West	38,785	9,868	107	1,035	254	56
Z3.2.A.01	Sundre	52,345	8,733	80	154	79	22
Z5.4.A.01	Swan Hills				13	8	6
Z3.2.C.05	Sylvan Lake	97,825	24,973	121	11,842	5,838	57
Z1.2.B.02	Taber MD	35,182	6,935	84	4,283	2,681	53
Z4.7.A.03	Thorsby	9,066	2,778	40	31	25	18
Z3.3.A.01	Three Hills/Highway 21	49,513	7,169	98	666	181	26
Z3.5.B.02	Tofield	27,391	4,493	41	36	15	15
Z3.6.A.02	Two Hills County	25,185	4,619	43	22	17	12
Z5.3.A.03	Valleyview	32,576	6,224	42	58	49	25
Z3.6.A.03	Vegreville/Minburn County	50,958	8,113	71	4,726	916	25
Z3.6.B.04	Vermilion River County	134,877	23,470	99	91,096	19,902	115
Z3.5.B.03	Viking	28,552	4,332	43	557	167	9
Z2.5.C.05	Vulcan	31,319	4,818	66	843	102	18
Z5.4.A.03	Wabasca	18,695	3,884	36	218	57	14
Z5.1.C.07	Westlock	160,096	22,690	113	8,092	3,294	45
Z4.8.B.02	Westview excluding Stony Plain and Spruce Grove	7,530	1,191	122	230	113	53
Z3.4.A.01	Wetaskiwin County	233,397	27,941	145	50,007	7,783	93
Z5.1.B.04	Whitecourt	89,713	15,031	53	363	244	23
Z5.5.A.01	Wood Buffalo excluding Fort McMurray	1,980	377	16	21	15	12
Unknown		336,797	79,356	1,293	202,589	71,465	783
Total		27,706,871	3,572,787	5,418	30,691,640	2,344,766	4,316

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

Table 3.4 A
Distribution of Payments by Practitioner Type and
Alberta Health Services Geographic Zone Service Location and Recipient Location
for the Service Year April 1, 2019 to March 31, 2020

Payments ⁽¹⁾							
Zone Service Location	Zone Recipient Location						
	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
ALL PHYSICIANS							
South Zone	\$247,575,501	\$233,202,243	\$8,873,947	\$2,097,752	\$1,710,419	\$1,455,679	\$235,461
Calgary Zone	1,574,989,066	38,022,286	1,480,841,432	33,696,703	13,243,272	8,309,784	875,589
Central Zone	314,509,107	2,068,552	11,521,459	280,273,296	13,501,538	6,851,923	292,340
Edmonton Zone	1,532,026,132	4,613,612	20,097,936	80,754,942	1,307,450,242	117,582,491	1,526,908
North Zone	251,149,025	681,401	2,219,247	3,432,356	10,893,120	233,666,187	256,714
Unknown	27,516,290	1,345,225	6,246,991	11,730,232	5,250,143	2,753,518	190,181
Total	\$3,947,765,122	\$279,933,319	\$1,529,801,013	\$411,985,281	\$1,352,048,733	\$370,619,582	\$3,377,193
GENERAL/FAMILY PHYSICIANS							
South Zone	\$124,957,550	\$117,885,039	\$4,160,634	\$1,027,136	\$915,048	\$846,647	\$123,045
Calgary Zone	619,782,029	5,644,312	597,354,121	6,889,481	5,883,357	3,701,276	309,482
Central Zone	177,113,997	1,320,190	6,755,008	156,214,114	8,866,124	3,820,591	137,969
Edmonton Zone	569,383,099	1,838,198	8,955,132	14,778,558	521,502,201	21,774,711	534,299
North Zone	176,424,981	460,310	1,593,215	2,351,135	6,632,613	165,220,428	167,280
Unknown	16,026,193	863,453	4,358,692	7,087,234	2,245,636	1,323,746	147,433
Total	\$1,683,687,849	\$128,011,503	\$623,176,803	\$188,347,657	\$546,044,979	\$196,687,398	\$1,419,509
SPECIALISTS (includes Pathology)							
South Zone	\$122,617,952	\$115,317,204	\$4,713,313	\$1,070,616	\$795,371	\$609,032	\$112,416
Calgary Zone	955,207,038	32,377,974	883,487,311	26,807,221	7,359,915	4,608,509	566,107
Central Zone	137,395,110	748,361	4,766,451	124,059,182	4,635,414	3,031,331	154,370
Edmonton Zone	962,643,033	2,775,414	11,142,804	65,976,384	785,948,041	95,807,781	992,610
North Zone	74,724,044	221,091	626,033	1,081,222	4,260,507	68,445,759	89,433
Unknown	11,490,096	481,772	1,888,298	4,642,998	3,004,507	1,429,772	42,748
Total	\$2,264,077,272	\$151,921,816	\$906,624,210	\$223,637,624	\$806,003,754	\$173,932,184	\$1,957,684

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

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

Table 3.4 B
 Number of Services by Practitioner Type and
 Alberta Health Services Geographic Zone Service Location and Recipient Location
 for the Service Year April 1, 2019 to March 31, 2020

Services							
Zone Service Location	Zone Recipient Location						
	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
ALL PHYSICIANS							
South Zone	3,740,471	3,530,322	127,984	30,655	26,453	21,449	3,608
Calgary Zone	23,544,049	523,949	22,198,968	478,771	201,162	127,862	13,337
Central Zone	4,671,325	32,772	174,570	4,135,740	215,505	108,297	4,441
Edmonton Zone	22,273,010	63,219	285,655	1,065,474	19,289,847	1,546,026	22,789
North Zone	3,630,359	8,538	29,611	45,205	142,626	3,400,413	3,966
Unknown	539,297	40,855	141,845	171,746	132,043	49,780	3,028
Total	58,398,511	4,199,655	22,958,633	5,927,591	20,007,636	5,253,827	51,169
GENERAL/FAMILY PHYSICIANS							
South Zone	2,054,216	1,942,786	65,395	16,213	14,218	13,542	2,062
Calgary Zone	10,141,405	90,924	9,778,848	110,745	94,056	61,639	5,193
Central Zone	3,017,204	23,056	112,356	2,648,591	160,473	70,222	2,506
Edmonton Zone	9,428,935	31,895	143,524	232,919	8,665,627	345,621	9,349
North Zone	2,728,327	6,256	22,518	33,889	96,490	2,566,551	2,623
Unknown	336,784	30,684	86,739	128,043	58,780	30,040	2,498
Total	27,706,871	2,125,601	10,209,380	3,170,400	9,089,644	3,087,615	24,231
SPECIALISTS (includes Pathology)							
South Zone	1,686,255	1,587,536	62,589	14,442	12,235	7,907	1,546
Calgary Zone	13,402,644	433,025	12,420,120	368,026	107,106	66,223	8,144
Central Zone	1,654,121	9,716	62,214	1,487,149	55,032	38,075	1,935
Edmonton Zone	12,844,075	31,324	142,131	832,555	10,624,220	1,200,405	13,440
North Zone	902,032	2,282	7,093	11,316	46,136	833,862	1,343
Unknown	202,513	10,171	55,106	43,703	73,263	19,740	530
Total	30,691,640	2,074,054	12,749,253	2,757,191	10,917,992	2,166,212	26,938

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

Table 3.4 C
Number of Discrete Patients by Practitioner Type and
Alberta Health Services Geographic Zone Service Location and Recipient Location
for the Service Year April 1, 2019 to March 31, 2020

Discrete Patients							
Zone Service Location	Zone Recipient Location						
	All Zones ⁽¹⁾	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
ALL PHYSICIANS							
South Zone	277,349	249,375	18,694	4,304	3,754	2,937	375
Calgary Zone	1,549,909	47,308	1,422,309	43,571	28,199	13,761	1,481
Central Zone	421,732	3,742	22,640	362,071	22,904	13,541	638
Edmonton Zone	1,465,897	5,469	35,740	96,725	1,201,774	134,039	2,086
North Zone	401,019	1,983	6,998	9,427	31,853	353,409	664
Unknown	141,079	14,208	52,476	29,182	27,633	17,739	322
Total⁽²⁾	3,732,135	262,828	1,453,346	407,830	1,228,816	401,091	4,960
GENERAL/FAMILY PHYSICIANS							
South Zone	262,516	239,481	14,757	3,607	3,383	2,750	339
Calgary Zone	1,427,741	15,771	1,360,236	22,310	22,618	11,035	1,159
Central Zone	402,660	3,411	19,080	351,806	20,767	10,408	550
Edmonton Zone	1,249,165	4,148	27,660	40,594	1,124,063	58,342	1,617
North Zone	384,751	1,861	6,619	8,238	23,415	347,106	609
Unknown	79,344	10,613	20,503	23,239	14,001	11,118	232
Total⁽²⁾	3,572,787	252,174	1,397,532	397,054	1,155,298	389,660	4,197
SPECIALISTS (includes Pathology)							
South Zone	155,629	144,002	8,125	1,852	1,248	918	161
Calgary Zone	1,001,424	39,090	912,852	31,347	13,056	7,097	791
Central Zone	181,592	1,147	7,935	160,735	6,887	5,645	255
Edmonton Zone	1,026,679	3,127	15,926	79,868	820,407	110,925	1,241
North Zone	132,826	388	1,407	2,383	11,431	117,485	176
Unknown	71,431	4,441	33,223	10,337	15,536	7,878	116
Total⁽²⁾	2,344,766	159,874	931,217	225,879	834,392	201,495	2,537

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

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

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

Figure 3.1
 Fee-for-Services Physician Payments, Services, and Discrete Patients
 by Alberta Health Services Geographic Zone
 for the Service Years Ended March 31, 2016 to March 31, 2020

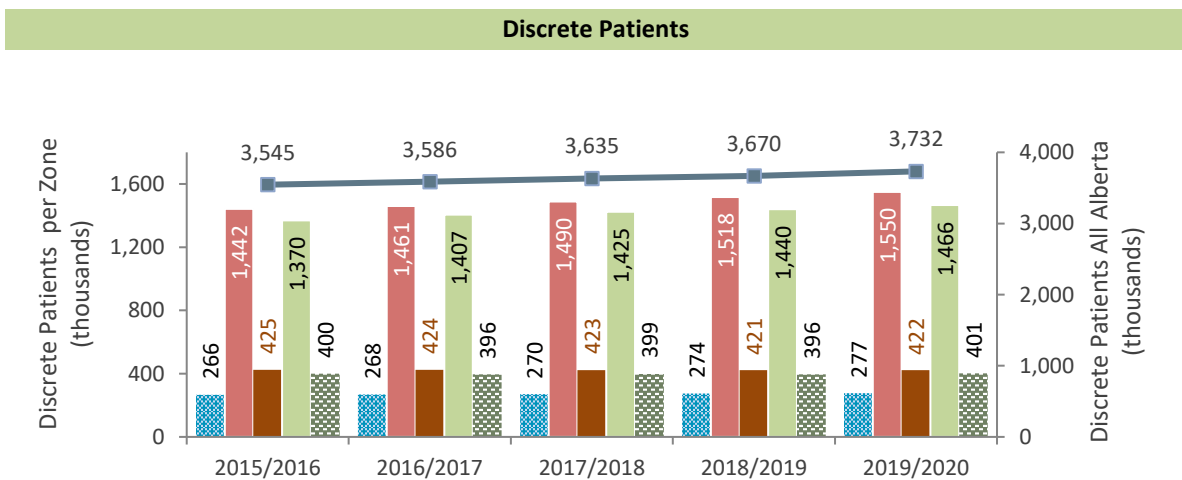
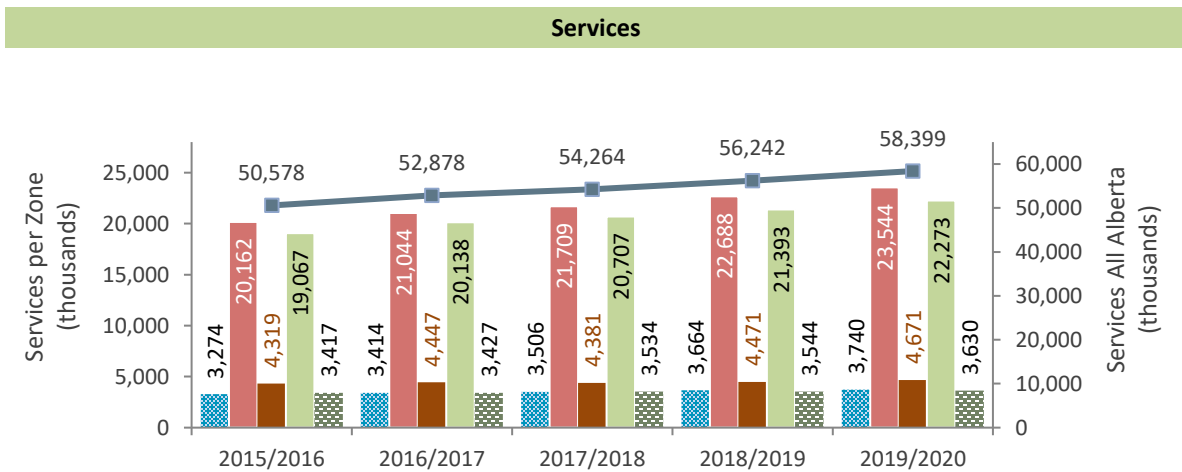
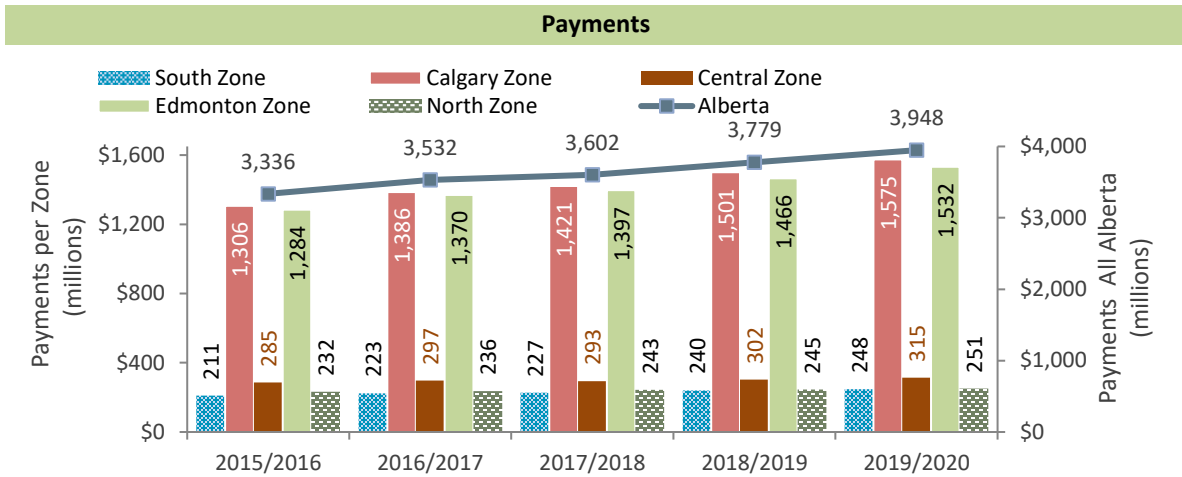


Table 3.5

Distribution of Payments⁽¹⁾ by Diagnostic Chapter (ICD9) and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2019 to March 31, 2020

Zone Service Location Diagnostic Chapter (ICD9)	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
Infectious and Parasitic Diseases	\$62,620,617	\$3,496,657	\$25,253,709	\$5,353,017	\$23,636,524	\$4,339,906	\$540,805
Neoplasms	145,704,302	9,193,594	63,461,555	9,374,441	57,031,975	6,046,039	596,697
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	126,314,966	8,912,547	47,240,380	10,106,516	49,129,496	9,947,348	978,678
Diseases of Blood and Blood Forming Organs	16,191,964	1,596,730	5,798,159	1,634,347	5,646,032	1,318,715	197,982
Mental Disorders	474,408,583	27,771,423	180,066,126	43,100,438	189,616,555	25,252,399	8,601,642
Diseases of the Nervous System and Sense Organs	273,288,471	18,671,541	128,828,114	15,721,106	99,108,017	10,252,549	707,143
Diseases of the Circulatory System	257,619,027	17,969,020	88,869,419	20,604,177	112,606,804	15,676,603	1,893,004
Diseases of the Respiratory System	202,319,387	13,820,780	72,452,876	18,729,600	77,138,422	18,473,565	1,704,145
Diseases of the Digestive System	128,296,993	9,325,884	44,294,448	14,068,403	46,426,734	12,768,234	1,413,289
Diseases of the Genitourinary System	150,852,633	11,008,003	59,997,827	16,334,340	52,402,718	10,209,119	900,625
Complications of Pregnancy, Childbirth and the Puerperium	86,416,812	4,389,070	36,315,281	7,521,641	29,340,560	8,239,858	610,403
Diseases of the Skin and Subcutaneous Tissue	92,992,810	5,959,896	37,275,285	8,628,723	33,362,908	7,125,658	640,340
Diseases of the Musculoskeletal System and Connective Tissue	242,047,630	18,103,876	99,780,982	20,616,845	87,091,410	15,110,833	1,343,684
Congenital Anomalies	12,485,755	371,181	5,917,976	410,809	5,359,930	370,560	55,300
Certain Conditions Originating in the Perinatal Period	12,400,355	1,848,049	3,637,929	1,846,322	3,084,757	1,750,491	232,808
Symptoms, Signs and Ill-Defined Conditions	437,419,796	26,773,057	160,708,877	35,759,389	179,644,564	31,349,054	3,184,854
Injury and Poisoning	194,502,587	13,931,652	70,418,138	17,721,308	74,014,963	16,894,363	1,522,162
Non-Standard Diagnostic Codes⁽²⁾	358,378,755	19,824,670	147,657,817	26,643,480	132,267,332	29,801,353	2,184,103
Unknown Diagnostic Chapter ⁽³⁾	673,503,679	34,607,869	297,014,166	40,334,208	275,116,432	26,222,379	208,625
Total	\$3,947,765,122	\$247,575,501	\$1,574,989,066	\$314,509,107	\$1,532,026,132	\$251,149,025	\$27,516,290

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

(1) Payment totals have been rounded.

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

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

Table 3.6
 Distribution of Physicians with Total Payments of \$10,000 and Over, and Average Payments
 by Alberta Health Services Geographic Zone
 for the Service Year April 1, 2019 to March 31, 2020⁽¹⁾

Zone Service Location	Total			General/Family Physicians			Specialists ⁽⁴⁾		
	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments
South Zone	666	\$224,079,768	\$336,456	419	\$124,546,295	\$297,247	247	\$99,533,473	\$402,970
Calgary Zone	3,834	1,347,717,063	351,517	2,233	619,000,288	277,206	1,601	728,716,775	455,164
Central Zone	953	284,061,249	298,071	655	176,523,239	269,501	298	107,538,010	360,866
Edmonton Zone	3,230	1,317,348,154	407,848	1,692	568,624,590	336,067	1,538	748,723,564	486,816
North Zone	763	231,499,828	303,407	574	176,010,952	306,639	189	55,488,876	293,592
Unknown	319	24,759,360	77,616	167	14,476,553	86,686	152	10,282,807	67,650
Total⁽²⁾⁽³⁾	8,811	\$3,435,197,967	\$389,876	5,215	\$1,682,962,308	\$322,716	3,596	\$1,752,235,659	\$487,274

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

- (1) This report reflects discrete physician counts of physicians within each zone that were paid \$10,000 or more for services provided in the respective zone.
 (2) The number of physicians in the Alberta total is the actual number of physicians in the province who were paid \$10,000 or more for services provided in Alberta. Physicians included in multiple zones are only counted once in the Alberta totals.
 (3) The total amount paid may not match the sum of amounts paid for each zone since physicians may make less than \$10,000 within a zone but more than \$10,000 in Alberta. Therefore, the payments would not be included in the zone payments but they would be included in the Alberta payments.
 (4) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

Table 3.7 A
 Number of General/Family Physicians by Payment Range and
 Alberta Health Services Geographic Zone Service Location
 for the Service Year April 1, 2019 to March 31, 2020⁽¹⁾⁽³⁾

Zone Service Location Payment Range	All Zones ⁽²⁾	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
Less than \$10,000	203	241	451	363	475	271	1,124
10,000 - 19,999	98	28	71	35	54	27	58
20,000 - 39,999	180	27	111	47	53	43	35
40,000 - 59,999	159	8	91	35	57	30	11
60,000 - 79,999	162	14	89	19	53	20	7
80,000 - 99,999	156	10	90	29	41	20	11
100,000 - 119,999	147	15	72	22	45	7	9
120,000 - 139,999	177	13	90	21	50	15	3
140,000 - 159,999	184	5	97	14	73	26	1
160,000 - 179,999	201	11	96	21	64	20	2
180,000 - 199,999	209	16	109	22	54	16	6
200,000 - 299,999	1,085	86	469	103	353	85	12
300,000 - 399,999	929	70	345	128	286	90	9
400,000 - 499,999	619	47	222	84	172	68	2
500,000 - 599,999	361	32	113	38	116	43	
600,000 - 699,999	230	18	76	24	73	33	1
700,000 - 799,999	133	5	54	7	50	15	
800,000 - 899,999	76	7	17	5	40	5	
900,000 - 999,999	44	6	9		21	2	
1,000,000 & over	65	1	12	1	37	9	
Total	5,418	660	2,684	1,018	2,167	845	1,291

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

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

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

(3) A blank cell represents a zero value.

Table 3.7 B
 Number of Specialists by Payment Range and
 Alberta Health Services Geographic Zone Service Location
 for the Service Year April 1, 2019 to March 31, 2020⁽¹⁾⁽³⁾

Zone Service Location Payment Range	All Zones ⁽²⁾	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
Less than \$10,000	286	110	263	229	269	241	631
10,000 - 19,999	71	26	33	32	51	33	61
20,000 - 39,999	131	22	68	40	67	33	37
40,000 - 59,999	89	14	41	24	43	18	14
60,000 - 79,999	88	6	54	25	36	16	12
80,000 - 99,999	74	5	41	26	36	15	6
100,000 - 119,999	79	6	36	11	37	8	3
120,000 - 139,999	69	4	35	6	29	6	
140,000 - 159,999	74	6	45	9	22	12	3
160,000 - 179,999	84	4	40	7	37	9	1
180,000 - 199,999	75	4	39	8	27	6	2
200,000 - 299,999	485	24	242	30	208	20	7
300,000 - 399,999	548	27	270	32	211	12	2
400,000 - 499,999	523	26	226	19	234	26	2
500,000 - 599,999	420	29	163	28	188	11	
600,000 - 699,999	289	16	106	18	122	15	
700,000 - 799,999	208	19	76	16	79	7	1
800,000 - 899,999	132	7	46	16	54	9	
900,000 - 999,999	106	7	37	8	51	4	
1,000,000 & over	485	25	208	24	203	7	1
Total	4,316	387	2,069	608	2,004	508	783

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

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

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

(3) A blank cell represents a zero value.

Table 3.8
 Number of Physicians by Specialty
 Within Alberta Health Services Geographic Zones
 for the Service Year April 1, 2019 to March 31, 2020⁽¹⁾⁽⁴⁾

Physicians by Specialty	Number of Physicians			
	All Zones ⁽²⁾	Calgary Zone	Edmonton Zone	All Other Zones
Anaesthesiology	473	205	215	84
Cardiovascular and Thoracic Surgery	27	7	20	
Dermatology	60	38	19	8
Emergency Medicine	193	115	76	18
General/Family Physicians (GP/FPs)	5,418	2,684	2,167	1,917
General Surgery	220	83	102	91
Internal Medicine	931	440	480	281
Neurology	85	34	45	30
Neurosurgery	11	2	9	
Obstetrics-Gynaecology	258	119	115	78
Ophthalmology	140	63	62	30
Orthopaedic Surgery	189	99	68	67
Otolaryngology	76	30	34	19
Paediatrics	402	235	136	76
Physical Medicine and Rehabilitation	67	25	40	6
Plastic Surgery	71	41	24	14
Psychiatry	587	286	305	142
Urology	63	25	27	21
All Specialists (except GP/FPs, Pathologists and Radiologists) ⁽³⁾	3,859	1,849	1,781	965
Total: All Physicians (except Pathologists and Radiologists)⁽³⁾	9,277	4,533	3,948	2,882

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

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

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

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

(4) A blank cell represents a zero value.

Table 3.9
Distribution of Alternative Relationship Plan (ARP) Service Events⁽¹⁾
and Discrete Patients by Alberta Health Services Geographic Zones
for the Service Years Ended March 31, 2016 to March 31, 2020

	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Zone Service Location	Number of Service Events				
South Zone	71,860	73,348	62,511	61,222	62,668
Calgary Zone	1,271,547	1,389,995	1,410,776	1,486,422	1,532,297
Central Zone	3,433	16,294	47,985	69,057	72,485
Edmonton Zone	726,750	782,114	812,498	786,876	771,099
North Zone	16,098	16,961	19,924	16,873	16,084
Unknown	60,589	72,151	69,950	74,927	65,073
Zone Service Location	Number of Discrete Patients				
South Zone	16,713	16,884	13,681	13,755	14,172
Calgary Zone	199,242	209,370	209,531	213,284	216,589
Central Zone	1,779	2,788	5,029	5,590	6,583
Edmonton Zone	143,020	147,633	150,962	152,590	151,241
North Zone	4,915	5,214	5,668	5,107	4,718
Unknown	12,615	13,948	16,522	20,419	20,821

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

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

Table 3.10
Distribution of Allied Practitioner Services and Payments
by Alberta Health Services Geographic Zone
for the Service Year April 1, 2019 to March 31, 2020⁽¹⁾⁽²⁾

Zone Service Location	Total		Optometrists		Dentists/Dental Specialists/ Oral Surgeons		Podiatrists	
	Services	Payments	Services	Payments	Services	Payments	Services	Payments
South	174,458	\$8,329,450	141,925	\$6,535,131	2,059	\$381,024	30,474	\$1,413,295
Calgary	954,124	45,877,997	781,106	34,297,352	18,192	5,024,568	154,826	6,556,077
Central	264,270	12,297,372	245,471	10,823,206	2,502	742,624	16,297	731,542
Edmonton	887,000	43,352,360	763,318	32,864,256	23,326	7,581,500	100,356	2,906,604
North	197,434	8,673,717	188,144	8,179,951	514	237,456	8,776	256,310
Unknown	7,677	321,828	6,731	19,034			946	19,034
Total	2,484,963	\$118,852,725	2,126,695	\$93,002,689	46,593	\$13,967,172	311,675	\$11,882,864

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

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

(2) A blank cell represents a zero value.

Figure 3.2
 Dentists/Dental Specialists/Oral Surgeons Payments, Services, and Discrete Patients
 by Alberta Health Services Geographic Zone
 for the Service Years Ended March 31, 2016 to March 31, 2020

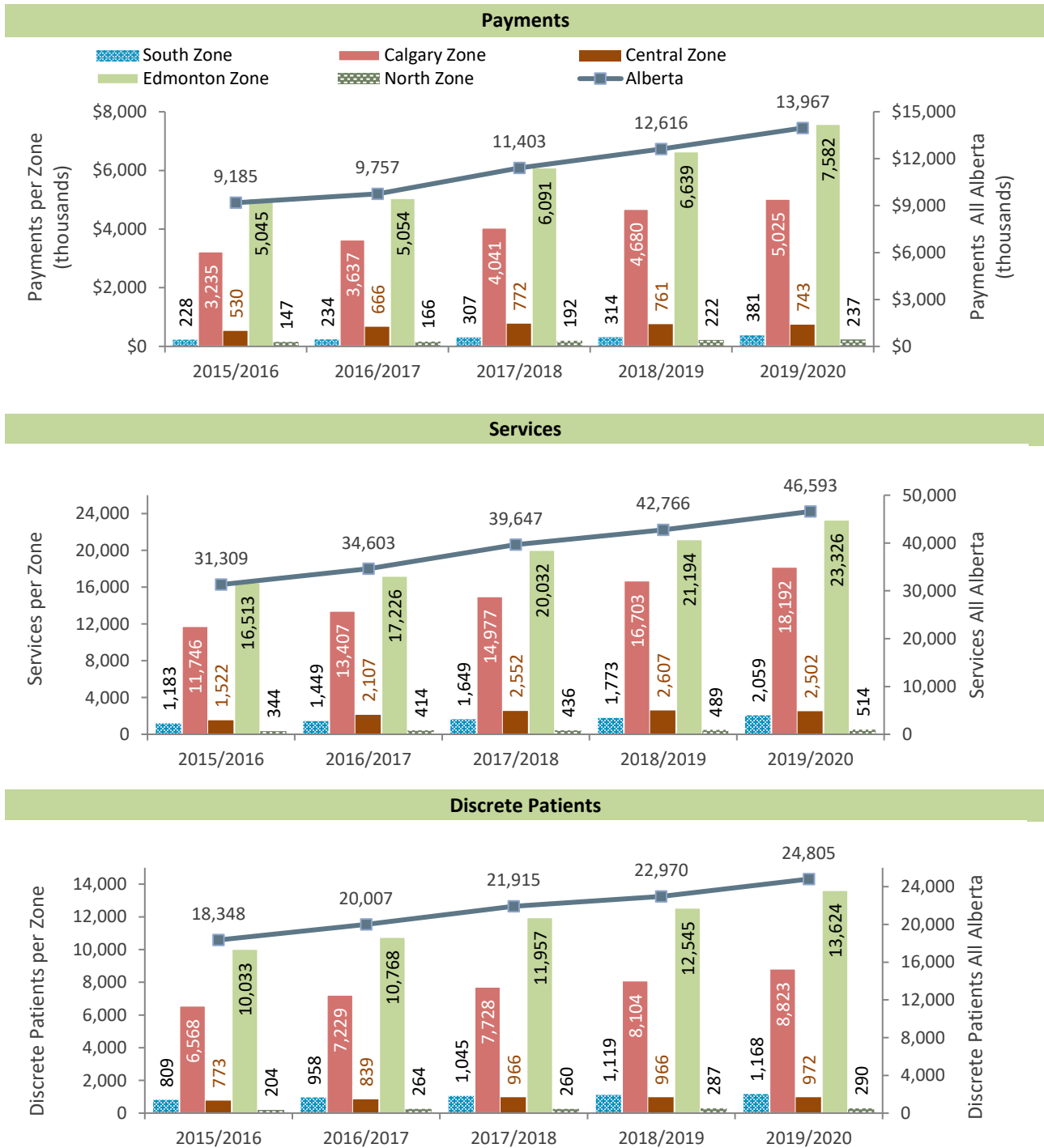


Figure 3.3
 Optometrists Payments, Services, and Discrete Patients
 by Alberta Health Services Geographic Zone
 for the Service Years Ended March 31, 2016 to March 31, 2020

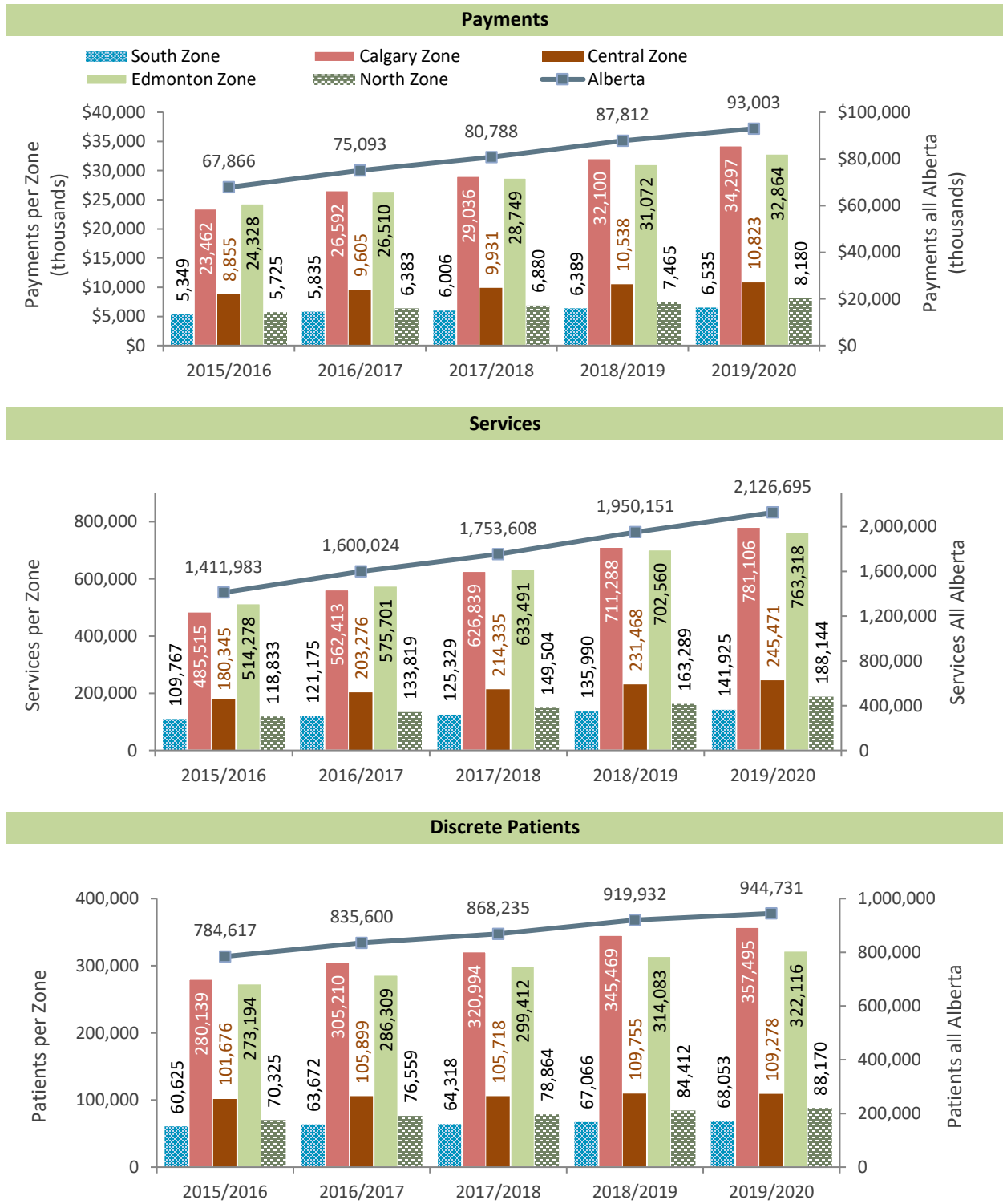
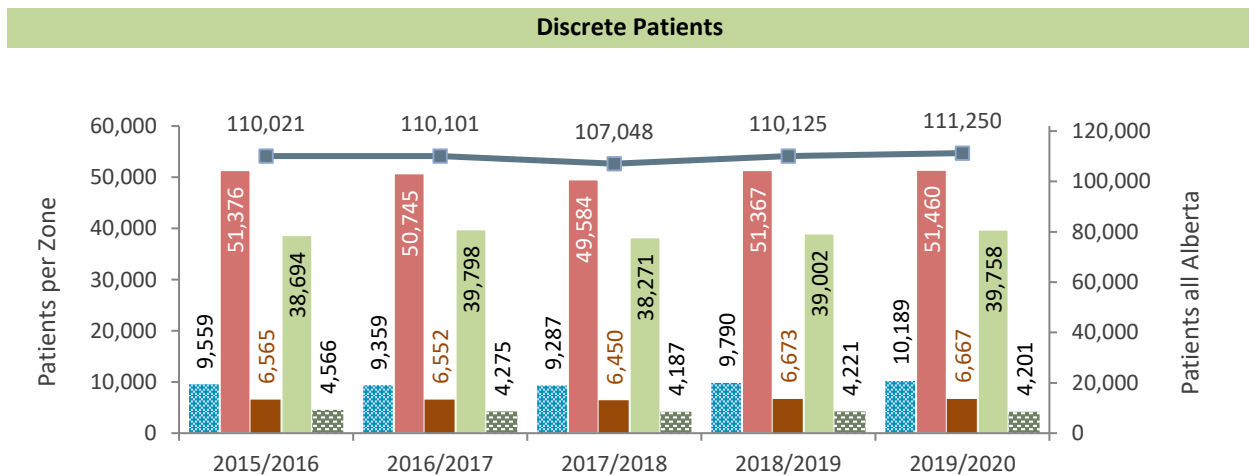
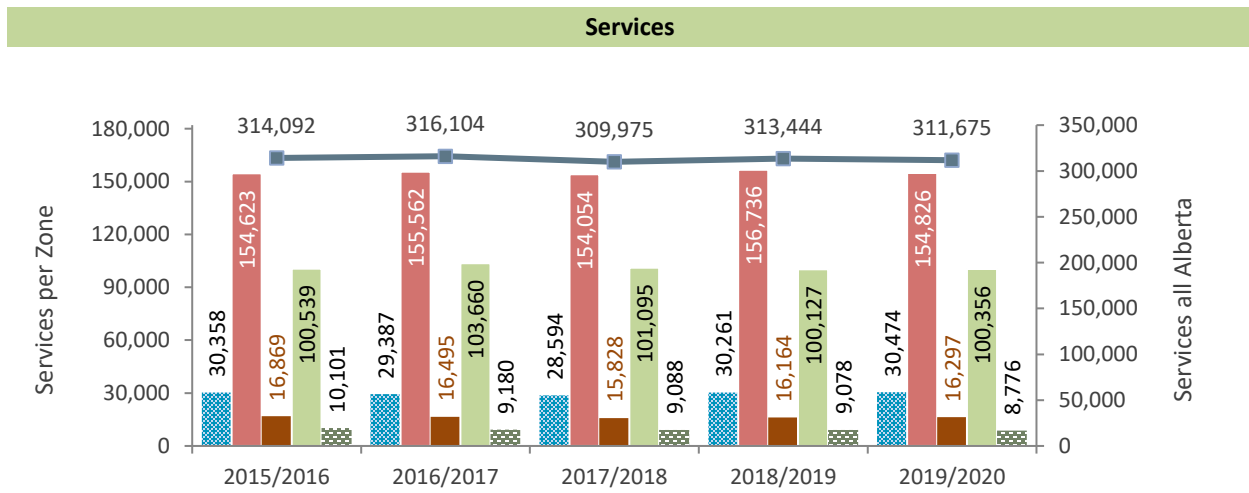
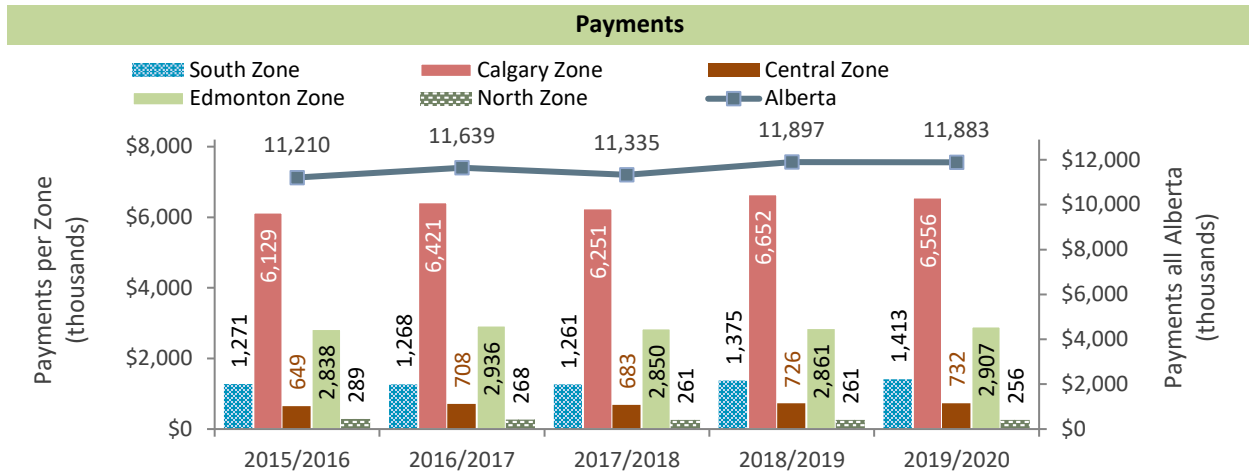


Figure 3.4
Podiatrists Payments, Services, and Discrete Patients
by Alberta Health Services Geographic Zone
for the Service Years Ended March 31, 2016 to March 31, 2020



Section 4

Non-Group Supplementary Plans

Summary

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

Albertans under the age of 65 can purchase Non-Group coverage. A reduced premium rate is available to Albertans with lower incomes; premium-free coverage is offered to seniors. 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 2019/2020, the number of Albertans who were covered under Non-Group supplementary plans decreased to 698,743, a decrease of 4.45% compared to 2018/2019.
- The number of persons covered through full premium rates was 76,660 (10.97% of the total Non-Group membership).
- A total of 3,778 people (0.54% of the total Non-Group membership) received non-group coverage at reduced premium rates.
- A total of 618,305 people (88.49% of total Non-Group membership) received their coverage premium-free.
- More than \$997 million was paid for benefits under the Non-Group supplementary plans in 2019/2020, an increase of 8.82% compared to 2018/2019.

- More than \$705 million was paid for benefits for seniors in 2019/2020. These payments accounted for 70.70% of the total amount spent on the Non-Group supplementary plans.
- Drugs accounted for more than \$956 million or 95.88% of total Non-Group benefit expenditures. Ambulance services accounted for over \$31 million or 3.12% of the total.
- Over the past five years significant savings have been realized through generic price reductions. The savings resulted from a lowering of the price threshold for listing and patent expiry for key molecules. These generic savings have slowed the growth in total program expenditures.

In 2019/2020, the 10 highest expenditure drugs were used to treat common chronic conditions including:

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

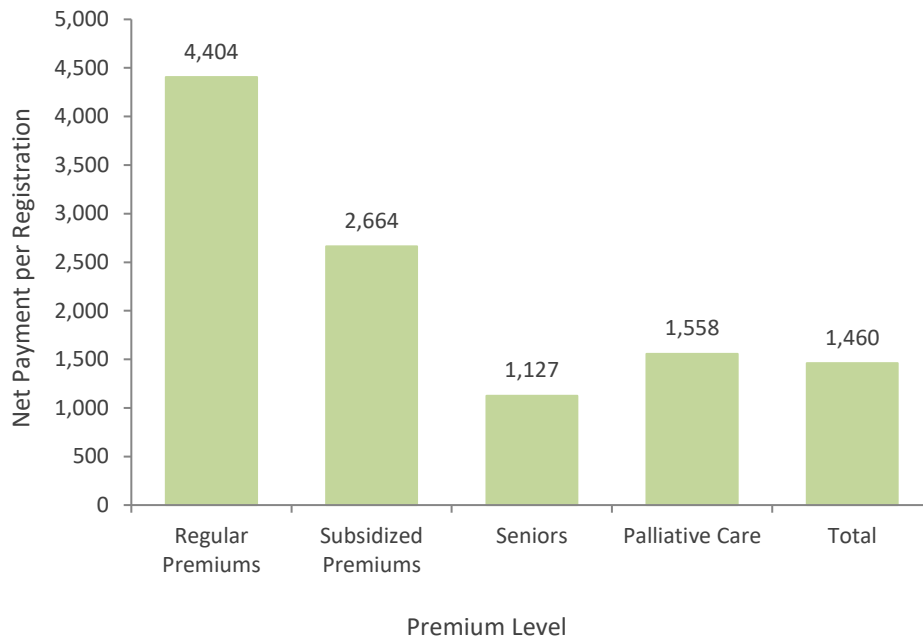
Premium Subsidy Program

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.

2019/2020 Premium Subsidy Tresholds	
Family Category	Full Premiums
Single	the same or greater than \$20,970
Family - no children	the same or greater than \$33,240
Family - with children	the same or greater than \$39,250

Figure 4.1
 Non-Group Supplementary Coverage: Average Net Payment for Drugs per Recipient
 by Coverage Category for the Year April 1, 2019 to March 31, 2020



Explanatory Notes

Data

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

Non-Group Supplementary Coverage Parameters

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

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

Table 4.1
Non-Group Supplementary Coverage:
Number of Registrations and Persons Covered by Level of Premium Payment
as at March 31, 2016 to March 31, 2020

Registration Status	Number of Registrations & Persons Covered										Percentage Change		
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2016/2017	2017/2018	2018/2019	2019/2020	2017/2018	2018/2019	2019/2020	
Regular Premiums	39,718	38,792	37,370	36,088	44,098	(2.33)	(3.67)	(3.43)	22.20	(3.67)	(3.43)	22.20	
Persons	76,036	74,227	71,425	68,964	76,660	(2.38)	(3.77)	(3.45)	11.16	(3.77)	(3.45)	11.16	
Reduced Premiums	3,616	3,171	2,863	2,574	2,617	(12.31)	(9.71)	(10.09)	1.67	(9.71)	(10.09)	1.67	
Persons	5,884	4,998	4,381	3,898	3,778	(15.06)	(12.34)	(11.02)	(3.08)	(12.34)	(11.02)	(3.08)	
No Premiums⁽¹⁾	380,680	398,276	417,970	440,556	462,466	4.62	4.94	5.40	4.97	4.94	5.40	4.97	
Persons	568,165	595,057	624,735	658,431	618,305	4.73	4.99	5.39	(6.09)	4.99	5.39	(6.09)	
Total	424,014	440,239	458,203	479,218	509,181	3.83%	4.08%	4.59%	6.25%	4.08%	4.59%	6.25%	
Persons	650,085	674,282	700,541	731,293	698,743	3.72%	3.89%	4.39%	(4.45%)	3.89%	4.39%	(4.45%)	

(1) Persons covered under the Seniors program receive premium-free coverage. Effective March 1, 2020, seniors' family members younger than 65 years of age are no longer eligible for the Coverage for Seniors program.

Table 4.3
Non-Group Supplementary Coverage:
Persons Covered by Age and Sex as at March 31, 2016 to March 31, 2020

Age Group	Total					Percentage Change Total			
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2016/2017	2017/2018	2018/2019	2019/2020
Under 1	393	415	380	392	279	5.60	(8.43)	3.16	(28.83)
1 - 4	1,962	1,962	1,942	1,938	1,744	0.00	(1.02)	(0.21)	(10.01)
5 - 14	8,934	8,955	8,893	8,890	7,074	0.24	(0.69)	(0.03)	(20.43)
15 - 24	13,906	13,573	13,488	13,547	8,256	(2.39)	(0.63)	0.44	(39.06)
25 - 44	15,202	15,333	15,183	15,370	13,763	0.86	(0.98)	1.23	(10.46)
45 - 64	100,026	100,140	99,774	99,177	48,023	0.11	(0.37)	(0.60)	(51.58)
65 - 74	290,305	306,326	323,889	343,870	360,771	5.52	5.73	6.17	4.91
75 & Older	219,357	227,578	236,992	248,109	258,833	3.75	4.14	4.69	4.32
Total	650,085	674,282	700,541	731,293	698,743	3.72%	3.89%	4.39%	(4.45%)

Age Group	Male					Percentage Change Male			
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2016/2017	2017/2018	2018/2019	2019/2020
Under 1	199	218	218	201	127	9.55	0.00	(7.80)	(36.82)
1 - 4	980	976	997	1,008	917	(0.41)	2.15	1.10	(9.03)
5 - 14	4,582	4,621	4,650	4,619	3,707	0.85	0.63	(0.67)	(19.74)
15 - 24	6,942	6,776	6,709	6,726	4,085	(2.39)	(0.99)	0.25	(39.27)
25 - 44	7,021	7,074	6,971	7,091	6,401	0.75	(1.46)	1.72	(9.73)
45 - 64	31,174	30,950	30,395	29,726	20,486	(0.72)	(1.79)	(2.20)	(31.08)
65 - 74	141,390	149,273	157,801	167,483	176,384	5.58	5.71	6.14	5.31
75 & Older	94,507	98,571	103,182	108,630	113,938	4.30	4.68	5.28	4.89
Total	286,795	298,459	310,923	325,484	326,045	4.07%	4.18%	4.68%	0.17%

Age Group	Female					Percentage Change Female			
	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2016/2017	2017/2018	2018/2019	2019/2020
Under 1	194	197	162	191	152	1.55	(17.77)	17.90	(20.42)
1 - 4	982	986	945	930	827	0.41	(4.16)	(1.59)	(11.08)
5 - 14	4,352	4,334	4,243	4,271	3,367	(0.41)	(2.10)	0.66	(21.17)
15 - 24	6,964	6,797	6,779	6,821	4,171	(2.40)	(0.26)	0.62	(38.85)
25 - 44	8,181	8,259	8,212	8,279	7,361	0.95	(0.57)	0.82	(11.09)
45 - 64	68,852	69,190	69,379	69,451	27,537	0.49	0.27	0.10	(60.35)
65 - 74	148,915	157,053	166,088	176,387	184,387	5.46	5.75	6.20	4.54
75 & Older	124,850	129,007	133,810	139,479	144,895	3.33	3.72	4.24	3.88
Total	363,290	375,823	389,618	405,809	372,697	3.45%	3.67%	4.16%	(8.16%)

Table 4.4
 Non-Group Supplementary Coverage:
 Number of Discrete Recipients and Net Payment by
 Coverage Category, Level of Premium Payment and Type of Service
 for the Year April 1, 2019 to March 31, 2020⁽¹⁾

Coverage Category and Type of Service	Discrete Recipients	Net Payment ⁽²⁾	Net Payment per Recipient
REGULAR PREMIUM			
Ambulance	1,404	\$414,744	\$295
Drugs	63,745	280,757,758	4,404
Hospital Accommodation	68	20,826	306
Chiropractor			
Other ⁽³⁾	1,167	167,414	143
Subtotal	63,985	\$281,360,743	\$4,397
SUBSIDIZED PREMIUM			
Ambulance	130	\$38,197	\$294
Drugs	3,392	9,037,857	2,664
Hospital Accommodation	3	861	287
Chiropractor			
Other	67	11,090	166
Subtotal	3,403	\$9,088,005	\$2,671
SENIORS			
Ambulance	74,817	\$30,507,807	\$408
Drugs	590,234	664,926,403	1,127
Hospital Accommodation			
Chiropractor	72,639	9,390,542	129
Other	2,688	454,140	169
Subtotal	598,521	\$705,278,892	\$1,178
PALLIATIVE CARE			
Ambulance	323	\$124,099	\$384
Drugs	1,073	1,671,802	1,558
Hospital Accommodation			
Chiropractor			
Other			
Subtotal	1,171	\$1,795,901	\$1,534
TOTAL			
Ambulance	76,653	\$31,084,847	\$406
Drugs	655,241	956,393,821	1,460
Hospital Accommodation	71	21,687	305
Chiropractor	72,639	9,390,542	129
Other	3,910	632,644	162
Total	663,846	\$997,523,541	\$1,503

(1) A blank cell represents a zero value.

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

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

Table 4.5
Non-Group Supplementary Coverage:
Number of Drug Prescriptions and Net Payment by Prescription Type and Coverage Category
for the Year April 1, 2019 to March 31, 2020⁽¹⁾

Coverage Category and Prescription Type	Number of Prescriptions ⁽²⁾	Net Payment ⁽³⁾
PRESCRIPTION DRUGS⁽⁴⁾		
Regular Premium	1,408,783	\$274,145,748
Subsidized Premium	93,748	8,681,214
Seniors	18,253,751	620,634,657
Palliative Care	35,056	1,590,988
Subtotal	19,791,338	\$905,052,607
OVER-THE-COUNTER⁽⁵⁾		
Regular Premium	73,266	\$6,613,673
Subsidized Premium	3,946	356,643
Seniors	616,419	44,470,021
Palliative Care	3,594	80,814
Subtotal	697,225	\$51,521,151
ADJUSTMENTS⁽⁶⁾		
Regular Premium	4	(\$1,662)
Subsidized Premium		
Seniors	5	(178,275)
Palliative Care		
Subtotal	9	(\$179,938)
ALL PRESCRIPTIONS		
Regular Premium	1,482,053	\$280,757,758
Subsidized Premium	97,694	9,037,857
Seniors	18,870,175	664,926,403
Palliative Care	38,650	1,671,802
Total	20,488,572	\$956,393,821

(1) A blank cell represents a zero value.

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

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

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

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

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

Table 4.6
Number and Percentage Change of Licensed Community Pharmacies in Alberta
as of March 31, 2016 to March 31, 2020⁽¹⁾

Year	Number of Pharmacies	Percentage Change from the Prior Year
2015/2016	1,164	5.15
2016/2017	1,268	8.93
2017/2018	1,337	5.44
2018/2019	1,474	10.25
2019/2020	1,480	0.41
Annual Average Percentage Change for Last 5 Years		6.19

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

Table 4.7
 Non-Group Supplementary Coverage:
 Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category
 for the Year April 1, 2019 to March 31, 2020⁽¹⁾

Coverage Category and Drug Name	Strength	Major Uses	Number of Prescriptions ⁽²⁾	Discrete Recipients	Net Payment
REGULAR AND SUBSIDIZED PREMIUM					
Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	18,191	1,987	\$69,232,353
Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	26,832	2,492	33,481,411
Epclusa	400 mg/100 mg	Chronic Hepatitis C	2,942	265	12,390,006
Tecfidera	120 mg cap	Multiple Sclerosis	4,960	497	8,679,594
Gilenya	0.5 mg cap	Multiple Sclerosis	4,224	379	8,580,168
Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	5,152	505	7,076,693
Copaxone	20 mg/ml syringe	Multiple Sclerosis	4,145	501	6,201,434
Soliris	300 mg/vial	Paroxysmal Nocturnal Hemoglobinuria	800	11	5,271,162
Stelara	0.5ml/vial or syringe	Plaque Psoriasis	1,412	313	5,203,745
Simponi	50 mg/0.5ml auto injector	Rheumatoid Arthritis / Psoriatic arthritis / Ulcerative Colitis	3,977	428	5,069,843
SENIORS					
Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis	12,827	1,110	\$18,265,047
Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	4,411	517	17,076,958
Eliquis	5 mg	Prevention / Treatment of Blood Clots	86,329	14,423	12,690,819
Xarelto	20 mg	Prevention / Treatment of Blood Clots	72,335	13,696	11,285,918
Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis	6,873	597	10,604,297
Symbicort Turbuhaler	200 mcg/6 mcg	Asthma/Chronic Obstructive Pulmonary Disease	67,739	19,150	10,234,354
Lantus Pen	100 unit/ml	Diabetes Mellitus	65,910	15,599	10,025,086
Epclusa	400 mg/100 mg	Chronic Hepatitis C	2,416	204	9,762,686
Blood Glucose Test Strips	N/A	Blood Glucose Monitoring	97,356	25,034	8,077,999
Lucentis	2.3 mg/vial	Neovascular (wet) Age Related Macular Degeneration	4,427	857	7,547,962

(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.

Table 4.7
 Non-Group Supplementary Coverage:
 Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category
 for the Year April 1, 2019 to March 31, 2020⁽¹⁾

Coverage Category and Drug Name	Strength	Major Uses	Number of Prescriptions ⁽²⁾	Discrete Recipients	Net Payment
PALLIATIVE CARE					
Sandostatin Lar	30 mg/vial	Rare Endocrine Tumor / Acromegaly / Diarrhea	69	8	\$139,072
Fentanyl Citrate	50 mcg/ml inj	Analgesic	828	175	106,721
Innohep	0.7 ml syringe	Prevention / Treatment of Blood Clots	121	31	59,541
Midazolam	5 mg/ml inj	Sedation / Anesthesia / Anxiolysis	577	216	42,778
Innohep	0.5 ml syringe	Prevention / Treatment of Blood Clots	102	29	39,040
Innohep	0.8 ml syringe	Prevention / Treatment of Blood Clots	96	24	36,340
Innohep	0.9 ml syringe	Prevention / Treatment of Blood Clots	46	16	36,191
Hydromorphone HP	10 mg/ml inj	Opiate Agonists	445	85	34,341
Metoclopramide Hydrochloride	5 mg/ml inj	Prokinetic Agents	368	124	33,350
Innohep	0.6 ml syringe	Prevention / Treatment of Blood Clots	67	22	31,064
ALL GROUPS					
Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	22,602	2,504	\$86,309,311
Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis	39,659	3,602	51,746,458
Epclusa	400 mg/100 mg	Chronic Hepatitis C	5,358	469	22,152,692
Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriasis Arthritis / Plaque Psoriasis	12,025	1,102	17,680,990
Eliquis	5 mg	Prevention / Treatment of Blood Clots	87,935	14,786	12,957,532
Xarelto	20 mg	Prevention / Treatment of Blood Clots	75,251	14,356	11,716,260
Lantus Pen	100 unit/ml	Diabetes Mellitus	74,427	17,592	11,445,274
Symbicort Turbuhaler	200 mcg/6 mcg	Asthma / Chronic Obstructive Pulmonary Disease	75,172	21,214	11,170,909
Gilenya	0.5 mg cap	Multiple Sclerosis	4,471	406	9,337,731
Tecfidera	120 mg delayed-release cap	Miscellaneous Central Nervous System Agents	5,216	526	9,287,594

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

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

Table 4.8
Non-Group Supplementary Coverage:
Cost of Prescription by Broad Drug Category
for the Year April 1, 2019 to March 31, 2020⁽¹⁾

Broad Drug Category	Number of Prescriptions ⁽²⁾	Net Payment	Co-Payment ⁽³⁾	Coordination of Benefits ⁽⁴⁾	Average Gross Cost per Prescription ⁽⁵⁾
Antihistamines	2,513	\$115,948	\$19,436	\$3,551	\$55.29
Antineoplastic Agents	69,329	9,342,255	915,235	167,679	150.37
Antitussives, Expectorants, Mucolytics	42,061	21,711,905	584,673	206,798	535.02
Anti-Infective Agents	903,629	55,191,690	6,159,732	464,109	68.41
Autonomic Drugs	749,622	54,895,294	9,108,642	552,153	86.12
Blood Formation and Coagulation	668,589	70,687,563	8,438,410	598,108	119.24
Cardiovascular Drugs	6,601,603	108,910,733	42,097,736	590,167	22.96
Central Nervous System Drugs	4,182,734	99,595,346	29,325,299	2,282,202	31.37
Devices⁽⁶⁾	10,952	205,981	88,759	2,673	27.16
Dental Agents	6	62	27		14.87
Diabetic Supplies⁽⁷⁾	232,481	13,502,510	588,501	307,278	61.93
Electrolytic, Caloric, Water Balance	553,070	6,441,308	2,445,328	38,727	16.14
Enzymes	756	5,666,918	7,858	50	7,506.38
Eye, Ear, Nose and Throat Preparations	546,625	27,234,112	5,066,143	94,374	59.26
Gastrointestinal Drugs	1,397,870	33,723,140	9,740,455	516,936	31.46
Gold Compounds	46	19,514	933		444.50
Heavy Metal Antagonists	1,443	1,581,321	19,647	59,919	1,151.00
Hormones & Synthetic Substitutes	2,710,693	121,966,777	23,788,252	1,566,409	54.35
Local Anaesthetics	3	12	5		5.72
Out of Country & Special Access	3,469	127,536	25,966	4,303	45.49
Serums, Toxoids, and Vaccines	4,016	234,563	36,255	3,982	68.43
Skin & Mucous Membrane Preparations	442,767	11,558,905	3,577,195	144,528	34.51
Smooth Muscle Relaxants	151,121	5,752,120	1,622,661	38,692	49.06
Unclassified Therapeutic Agents	1,061,245	306,717,741	10,335,848	13,438,318	311.42
Undetermined⁽⁸⁾	9	(179,938)			(19,993.06)
Vitamins	151,920	1,390,504	572,865	17,240	13.04
Total⁽⁹⁾	20,488,572	\$956,393,821	\$154,565,862	\$21,098,195	\$55.25

(1) A blank cell represents a zero value.

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

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

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

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

(6) Only those devices used with prescription drugs.

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

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

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

Table 4.9
 Non-Group Supplementary Coverage:
 Number of Prescriptions and Prescription Cost Components
 by Coverage Category (Direct Bill Claims Only)
 for the Year April 1, 2019 to March 31, 2020⁽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	1,569,934	\$294,607,551	\$14,692,667	\$11,235,857	(\$10,350)	\$320,525,725	\$14,537,311	\$17,511,658	\$288,476,756
Seniors	18,828,419	588,724,099	181,394,494	34,664,600	(180,207)	804,602,986	139,110,668	2,904,597	662,587,721
Palliative Care	38,080	1,717,473	304,113	109,523		2,131,109	212,091	271,062	1,647,956
Average Cost per Prescription		43.31	9.61	2.25		55.16			46.62
Total⁽¹⁰⁾	20,436,433	\$885,049,124	\$196,391,274	\$46,009,980	(\$190,557)	\$1,127,259,821	\$153,860,071	\$20,687,316	\$952,712,434

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

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

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

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

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

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

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

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

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

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

Glossary/Definitions

Alberta Health Care Insurance Plan (AHCIP)

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

Allied Health Services

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

Alternative Relationship Plan

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

Basic Health Services

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

Blank Cell

Represents a zero value.

Bracketed Data

Bracketed data () indicates negative figures.

Chiropractic Services

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

Clinical Stabilization Initiative

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

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

Discrete Count

The discrete items are only counted once.

Discrete Patients

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

Discrete Service Providers

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

Double Dash (--)

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

FP

Family Physician.

FTE

Full-time equivalent.

Fee-for-Service

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

Fiscal Year

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

GP

General Practitioner.

Health Zones

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

Insured Services

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

Local Geographic Area

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

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

Medical Assessments

Primarily office visits and consultations.

Medical Reciprocal Program

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

Medical Services

Services provided by a physician.

N/A

Not available.

n.a.

Not applicable.

Net Payment

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

Nil

No change.

Non-Group Supplementary Plans

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

Number of Services

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

Optometry Services

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

Other Physician Specialty Categories

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

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

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

Podiatry Services

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

Practitioner

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

Practitioner Payments

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

Primary Care Network

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

Recipient Location

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

Registration

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

Registered/Insured Persons

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

Reporting Dates

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

Service Event

The reporting of a service provided by a practitioner.

Schedules of Benefits

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

Service Location

The health zone where a health service was provided.

Types of Services

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