

ALBERTA HEALTH

ALBERTA HEALTH CARE INSURANCE PLAN
STATISTICAL SUPPLEMENT

2020/2021

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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

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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 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.

The Government of Alberta also provides 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, 2020 to March 31, 2021, 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 2020/2021* 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, 2020 to March 31, 2021. 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 2020/2021* 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, 2020 to March 31, 2021. Explanations of data and coverage may not be applicable for periods after March 31, 2021.

Year at a Glance

	2019/2020	2020/2021
Albertans covered under the Alberta Health Care Insurance Plan	4,783,609	4,825,270
Non-Seniors	4,165,304	4,176,549
Seniors	618,305	648,721
Amount paid to Alberta practitioners (fee-for-service)	\$4,066,617,846	\$3,733,017,799
Physicians	\$3,947,765,122	\$3,625,400,111
Allied Health Practitioners	\$118,852,725	\$107,617,688
Average annual fee-for-service payment		
All Physicians (except Pathology)	\$405,352	\$375,893
All Specialists (except General/Family Physicians and Pathology)	\$524,540	\$504,641
General/Family Physicians	\$310,758	\$273,920
Number of practitioners who submitted fee-for-service claims	10,851	10,730
Physicians (including General Practitioners)	9,734	9,642
General Practitioners	5,418	5,371
Dentists/Dental Specialists/Oral Surgeons	219	182
Optometrists	836	844
Podiatrists	64	64
Number of physicians by gross payment range (fee-for-service)⁽¹⁾⁽²⁾		
Less than \$500,000	7,185	7,401
More than \$500,000	2,549	2,241
More than \$1 million	550	487
More than \$2 million	131	106
Alternative Relationship Plans		
Total Expenditures	\$410,732,858	\$437,420,490
Total Clinical Alternative Relationship Plans	65	69
Total Physicians	2,791	3,571
Primary Care Networks		
Total Payments	\$240,645,151	\$231,387,982
Total Primary Care Networks	41	40
Total Providers ⁽³⁾	4,707	4,826
Total Patients Enrolled	3,862,871	3,860,885
Allied health services provided (fee-for-service)		
Total Number of Services Provided	2,484,963	2,214,634
Average Number of Services per Practitioner	2,221	2,032

(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.

	2019/2020	2020/2021
Percentage of payments to physicians for patients who received services within the zone they reside in		
South Zone	83.31%	82.57%
Calgary Zone	96.80%	96.52%
Central Zone	68.03%	68.21%
Edmonton Zone	96.70%	96.25%
North Zone	63.05%	61.61%
Unknown Zone	5.63%	5.59%
Amount spent on Non-Group Supplementary coverage	\$997,523,541	\$1,032,571,856
Non-seniors	\$290,448,748	\$311,045,157
Seniors	\$705,278,892	\$719,208,225
Palliative Care	\$1,795,901	\$2,318,474
Number of community-based pharmacies in Alberta	1,480	1,519

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, 2021.

Highlights

- A total of 4,825,270 Albertans were registered for basic coverage. This is an increase of 0.87%, compared to 2019/2020. Included in this total are 67,060 individuals who have temporary Canada entry documents (e.g. work permits, study permits) and are registered with the AHCIP, compared to 75,110 individuals in 2019/2020.
- In 2020/2021, there were 194 Albertans who chose to opt out of the AHCIP compared to 214 in 2019/2020.

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, 2017 to March 31, 2021

Population Categories	Number of Registrations ⁽¹⁾					Percentage Change			
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2017/2018	2018/2019	2019/2020	2020/2021
Non-Seniors	2,080,953	2,109,493	2,157,902	2,260,601	2,278,403	1.37	2.29	4.76	0.79
Seniors	398,276	417,970	440,556	462,466	484,411	4.94	5.40	4.97	4.75
Total⁽¹⁾	2,479,227	2,527,462	2,598,454	2,657,277	2,696,977	1.95%	2.81%	2.26%	1.49%

Population Categories	Individual Registrants Covered					Percentage Change			
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2017/2018	2018/2019	2019/2020	2020/2021
Non-Seniors	3,934,785	3,973,354	4,042,409	4,165,304	4,176,549	0.98	1.74	3.04	0.27
Seniors ⁽²⁾	595,057	624,735	658,431	618,305	648,721	4.99	5.39	(6.09)	4.92
Total	4,529,842	4,598,089	4,700,840	4,783,609	4,825,270	1.51%	2.23%	1.76%	0.87%

(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, 2021

Registration Status	Total		Single		Family	
	Registrations ⁽²⁾	Individual Registrants	Registrations ⁽²⁾	Individual Registrants	Registrations ⁽²⁾	Individual Registrants
Non-Seniors	2,278,403	4,176,549	1,325,779	1,325,779	952,624	2,850,770
Seniors	484,411	648,721	255,874	255,874	228,537	392,847
Total⁽¹⁾	2,762,814	4,825,270	1,581,653	1,581,653	1,181,161	3,243,617

(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, 2017 to March 31, 2021

Age Group	Total Male and Female ⁽¹⁾										Male					Female				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Under 1	54,892	52,843	52,011	51,057	48,141	28,248	27,296	26,549	26,148	24,653	26,644	25,547	25,462	24,909	23,488	112,318	112,059	111,970	110,756	106,927
1 - 4	230,084	229,536	229,631	226,663	219,610	117,766	117,477	117,661	115,907	112,683	144,337	144,717	145,817	146,200	147,417	130,162	135,483	141,172	146,541	149,411
5 - 9	296,876	298,023	300,278	301,238	302,664	152,539	153,306	154,461	155,038	155,247	136,626	142,365	148,446	154,115	157,642	124,348	126,026	128,553	131,004	132,824
10 - 14	266,788	277,848	289,618	300,656	307,053	130,859	132,473	135,224	137,978	139,068	145,139	143,398	144,528	144,174	141,344	140,654	138,281	138,646	137,860	135,157
15 - 19	255,207	258,499	263,777	268,982	271,892	181,262	178,025	176,804	172,971	167,786	198,172	197,950	199,914	201,888	200,046	193,636	194,455	197,204	199,727	198,557
20 - 24	285,793	281,679	283,174	282,034	276,501	183,167	189,638	198,243	204,307	208,116	163,952	167,654	173,535	179,306	184,855	154,568	158,149	164,063	170,445	175,785
25 - 29	360,286	354,396	351,992	344,413	333,139	155,712	158,185	160,949	163,533	164,786	154,936	152,242	150,885	150,623	153,140	148,323	144,993	143,580	142,696	144,715
30 - 34	391,808	392,405	397,118	401,615	398,603	153,525	155,505	157,715	157,943	156,193	129,074	134,989	140,629	144,648	147,454	124,719	130,718	135,999	140,423	143,939
35 - 39	359,447	372,903	389,761	402,042	410,138	94,579	98,496	104,642	111,281	117,382	64,975	70,503	75,457	81,215	86,181	94,731	98,589	104,743	111,090	117,446
40 - 44	318,520	325,803	337,598	349,751	360,640	129,074	134,989	140,629	144,648	147,454	129,074	134,989	140,629	144,648	147,454	124,719	130,718	135,999	140,423	143,939
45 - 49	301,613	306,307	311,190	316,092	319,420	154,936	152,242	150,885	150,623	153,140	154,936	152,242	150,885	150,623	153,140	148,323	144,993	143,580	142,696	144,715
50 - 54	303,259	297,235	294,465	293,319	297,855	153,525	155,505	157,715	157,943	156,193	153,525	155,505	157,715	157,943	156,193	147,723	150,594	153,221	154,018	151,376
55 - 59	301,248	306,099	310,936	311,961	307,569	129,074	134,989	140,629	144,648	147,454	129,074	134,989	140,629	144,648	147,454	124,719	130,718	135,999	140,423	143,939
60 - 64	253,793	265,707	276,628	285,071	291,393	94,579	98,496	104,642	111,281	117,382	64,975	70,503	75,457	81,215	86,181	94,731	98,589	104,743	111,090	117,446
65 - 69	189,310	197,085	209,385	222,371	234,828	64,975	70,503	75,457	81,215	86,181	64,975	70,503	75,457	81,215	86,181	68,114	73,894	79,177	84,822	89,876
70 - 74	133,089	144,397	154,634	166,037	176,057	43,135	45,667	48,606	51,450	53,631	43,135	45,667	48,606	51,450	53,631	48,268	50,669	53,654	56,512	59,094
75 - 79	91,403	96,336	102,260	107,962	112,725	29,355	30,255	31,246	32,752	33,875	29,355	30,255	31,246	32,752	33,875	36,092	37,159	38,415	39,669	40,912
80 - 84	65,447	67,414	69,661	72,421	74,787	17,588	18,230	19,065	19,624	20,018	17,588	18,230	19,065	19,624	20,018	25,664	26,220	26,664	27,414	27,759
85 - 89	43,252	44,450	45,729	47,038	47,777	8,639	9,231	10,034	10,912	11,602	8,639	9,231	10,034	10,912	11,602	19,088	19,893	20,957	21,969	22,866
90 & Older	27,727	29,124	30,991	32,881	34,468	2,289,248	2,322,885	2,374,593	2,415,813	2,435,702	2,289,248	2,322,885	2,374,593	2,415,813	2,435,702	2,240,594	2,275,204	2,326,244	2,367,791	2,389,558
Total	4,529,842	4,598,089	4,700,837	4,783,604	4,825,260	2,289,248	2,322,885	2,374,593	2,415,813	2,435,702	2,240,594	2,275,204	2,326,244	2,367,791	2,389,558	2,240,594	2,275,204	2,326,244	2,367,791	2,389,558

(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, 2017 to March 31, 2021

Age Group	Total Male and Female ⁽¹⁾				Male				Female			
	2017/2018	2018/2019	2019/2020	2020/2021	2017/2018	2018/2019	2019/2020	2020/2021	2017/2018	2018/2019	2019/2020	2020/2021
Under 1	(3.73)	(1.57)	(1.83)	(5.71)	(3.37)	(2.74)	(1.51)	(5.72)	(4.12)	(0.33)	(2.17)	(5.70)
1 - 4	(0.24)	0.04	(1.29)	(3.11)	(0.25)	0.16	(1.49)	(2.78)	(0.23)	(0.08)	(1.08)	(3.46)
5 - 9	0.39	0.76	0.32	0.47	0.50	0.75	0.37	0.13	0.26	0.76	0.26	0.83
10 - 14	4.15	4.24	3.81	2.13	4.20	4.27	3.82	2.29	4.09	4.20	3.80	1.96
15 - 19	1.29	2.04	1.97	1.08	1.23	2.08	2.04	0.79	1.35	2.01	1.91	1.39
20 - 24	(1.44)	0.53	(0.40)	(1.96)	(1.20)	0.79	(0.24)	(1.96)	(1.69)	0.26	(0.57)	(1.96)
25 - 29	(1.63)	(0.68)	(2.15)	(3.27)	(1.79)	(0.69)	(2.17)	(3.00)	(1.48)	(0.67)	(2.14)	(3.55)
30 - 34	0.15	1.20	1.13	(0.75)	(0.11)	0.99	0.99	(0.91)	0.42	1.41	1.28	(0.59)
35 - 39	3.74	4.52	3.15	2.01	3.53	4.54	3.06	1.86	3.96	4.50	3.25	2.17
40 - 44	2.29	3.62	3.60	3.11	2.26	3.51	3.33	3.09	2.32	3.74	3.89	3.13
45 - 49	1.56	1.59	1.58	1.05	1.59	1.75	1.61	0.77	1.52	1.43	1.54	1.36
50 - 54	(1.99)	(0.93)	(0.39)	1.55	(1.74)	(0.89)	(0.17)	1.67	(2.25)	(0.97)	(0.62)	1.41
55 - 59	1.61	1.58	0.33	(1.41)	1.29	1.42	0.14	(1.11)	1.94	1.74	0.52	(1.72)
60 - 64	4.69	4.11	3.05	2.22	4.58	4.18	2.86	1.94	4.81	4.04	3.25	2.50
65 - 69	4.11	6.24	6.20	5.60	4.14	6.24	6.34	5.48	4.07	6.24	6.06	5.72
70 - 74	8.50	7.09	7.37	6.03	8.51	7.03	7.63	6.11	8.49	7.15	7.13	5.96
75 - 79	5.40	6.15	5.58	4.41	5.87	6.44	5.85	4.24	4.97	5.89	5.33	4.57
80 - 84	3.01	3.33	3.96	3.27	3.07	3.28	4.82	3.43	2.96	3.38	3.26	3.13
85 - 89	2.77	2.88	2.86	1.57	3.65	4.58	2.93	2.01	2.17	1.69	2.81	1.26
90 & Older	5.04	6.41	6.10	4.83	6.85	8.70	8.75	6.32	4.22	5.35	4.83	4.08
Total	1.51%	2.23%	1.76%	0.87%	1.47%	2.23%	1.74%	0.82%	1.54%	2.24%	1.79%	0.92%

(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, 2021

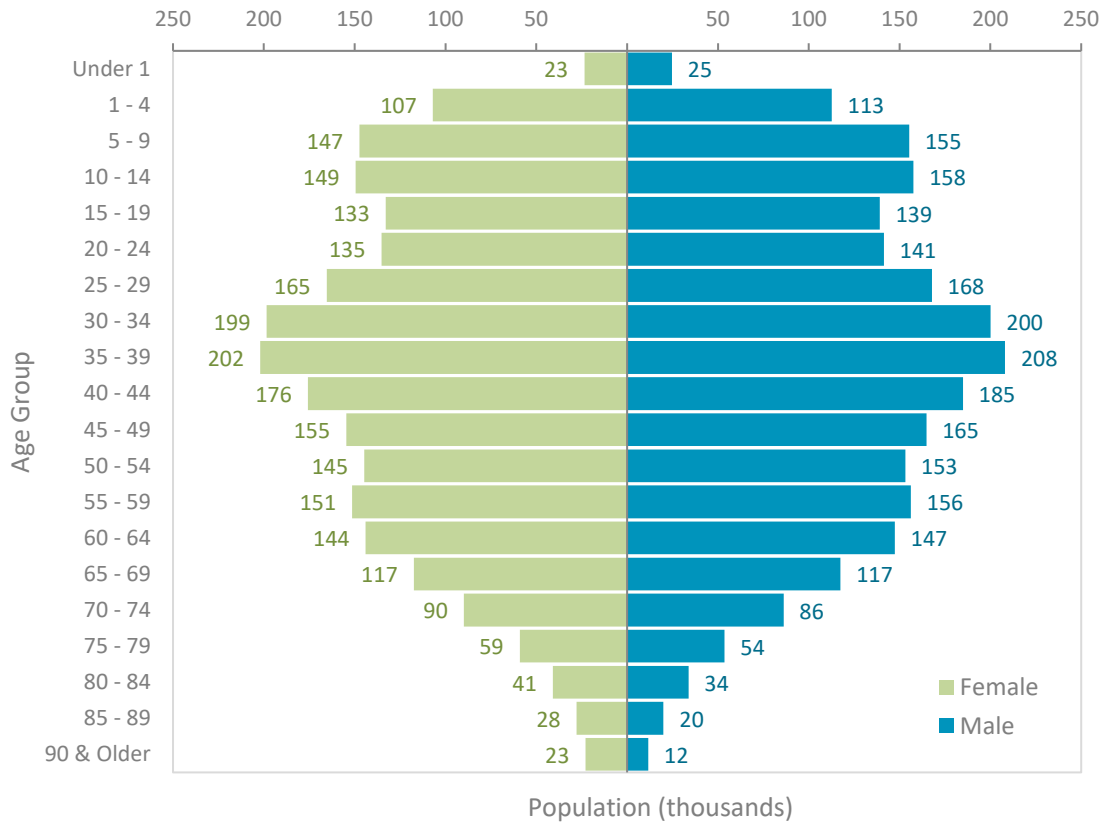


Figure 1.2
Registrants by Sex
as at March 31, 2017 to March 31, 2021

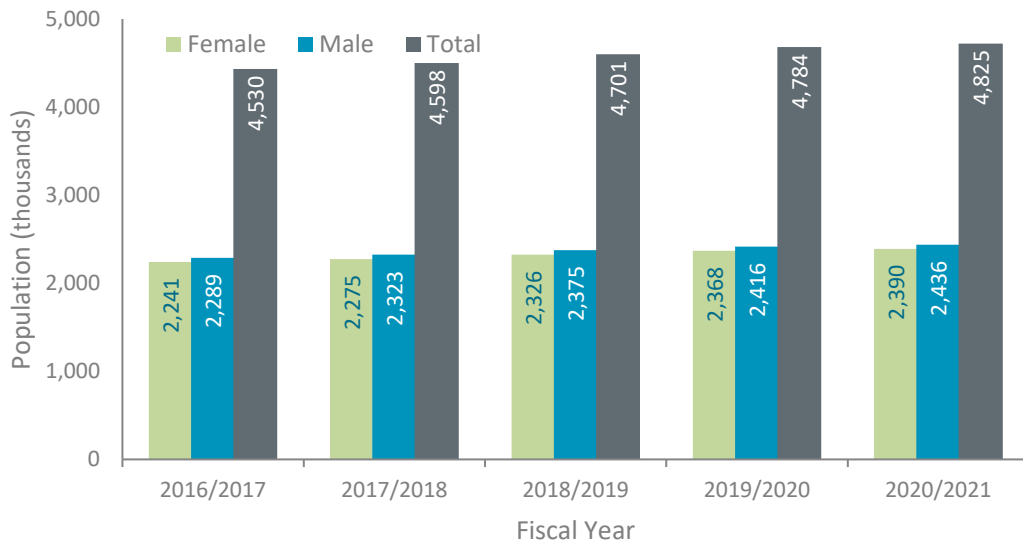


Figure 1.3
Registrants Percentage Change by Sex
as at March 31, 2017 to March 31, 2021

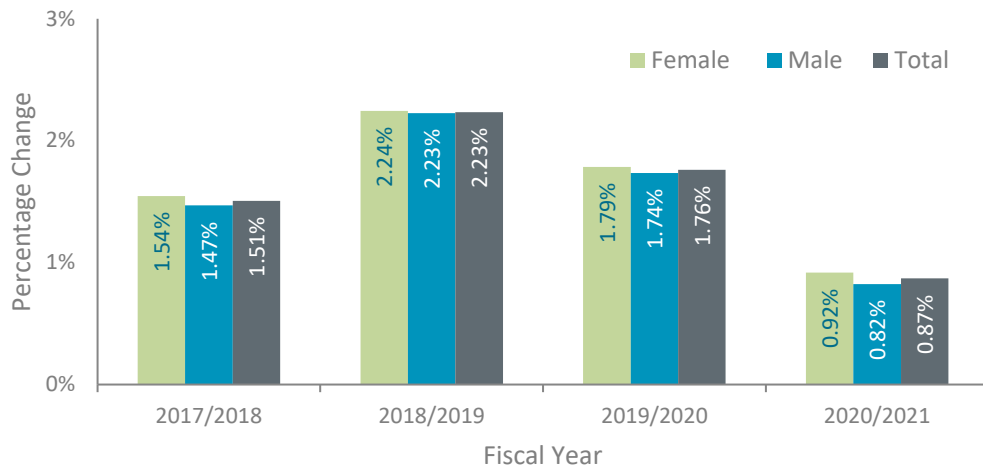


Table 1.4
 Number of Facilities Providing Basic Health Services
 for the Service Year April 1, 2020 to March 31, 2021

Type of Facilities	Number of Facilities
Active Treatment Hospital	110
Ambulatory Care Centre	1
Auxiliary Hospital	91
Community Ambulatory Centre	10
Community Mental Health Clinic	47
Correctional Centre	8
Designated Mental Health	3
Diagnostic	135
Health Canada Nursing Station	17
Nursing Home	107
Practitioners Office	2,907
Regional Contract Practitioner Office	32
Total	3,468

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, 9,642 physicians and 1,090 allied health practitioners received fee-for-service payments from the AHCIP during 2020/2021.
- The physician to registrant ratio for physicians (excluding pathologists) who submitted fee-for-service claims increased to 1.99 per 1,000 persons, down from 2.03 per 1,000 persons in 2019/2020.
- Of the 4,825,270 Albertans registered for coverage with the AHCIP, 71.72% (3,460,496 people) received at least one fee-for-service physician service during 2020/2021.
 - A total of 53.43% of these patients received fee-for-service physician services valued at \$500 or less.
 - 27.37% of these patients received fee-for-service physician services valued at more than \$1,000. Payments for these patients' services accounted for 76.37% of all fee-for-service payments to physicians.
 - Office visits (assessments) and consultations accounted for 42.43% of the fee-for-service payments made to Alberta physicians in 2020/2021. These services accounted for 66.25% of the fee-for-service payments made to general/family physicians.
 - 19.09% of Alberta's population (921,085 people) obtained allied health services (services provided by dental specialists/oral surgeons, optometrists and podiatrists) in 2020/2021.

- Alberta Health spent \$92,273,195 on optometry and podiatry services in 2020/2021. Coverage for these practitioners is not required by the *Canada Health Act*.
- A total of \$24,488,539 was spent on optometry care for Alberta's children in 2020/2021.
- The AHCIP paid fee-for-service totalling \$3,733,017,799 to Alberta physicians and allied health practitioners in 2020/2021. This figure represents a 8.20% decrease compared to 2019/2020.
- In 2020/2021, the average total fee-for-service payment per Alberta physician was \$376,001 (7.29% lower than it was in 2019/2020). This brought the median payment to \$290,639 (a decrease of 8.55% compared to 2019/2020).
- A total of 2,241 physicians each received more than \$500,000 in fee-for-service payments in 2020/2021. This represents a decrease of 308 physicians compared to 2019/2020. Of the 2,241 physicians, 653 were general/family physicians, a decrease of 256 over 2019/2020.
- Of the 2,241 physicians, a total of 487 physicians each received more than \$1 million in fee-for-service payments in 2020/2021. One hundred and six (106) of the 487 physicians received more than \$2 million. In 2019/2020, there were 550 physicians who received more than \$1 million and 131 received more than \$2 million in fee-for-service payments.
- In 2020/2021, a total of 3,571 physicians participated in Alternative Relationship Plans, up from 2,791 in 2019/2020. A total of \$437,420,490 was spent on Alternative Relationship Plan expenditures.
- Forty (40) Primary Care Networks operated in the five health zones as of March 31, 2021. These 40 Primary Care Networks involved a total of 4,826 providers who delivered services to 3,860,885 patients.

Table 2.1
Distribution of Physician and Allied Health Practitioners
Payments and Services per Patient for the Service Year April 1, 2020 to March 31, 2021

Indicators	Physicians	Dentists/ Dental Specialists/ Oral Surgeons	Optometrists	Podiatrists	Total ⁽¹⁾
Number of Practitioners	9,642	182	844	64	10,730
Total Payments	\$3,625,400,111	\$15,344,493	\$82,163,004	\$10,110,190	\$3,733,017,799
Number of Services	56,730,622	49,024	1,914,802	250,808	58,945,256
Average Cost per Service	\$63.91	\$313.00	\$42.91	\$40.31	\$63.33
Number of Discrete Patients	3,460,496	23,876	838,632	92,430	3,605,211
Average Cost per Discrete Patient	\$1,048	\$643	\$98	\$109	\$1,035
Average Services per Patient	16.4	2.1	2.3	2.7	16.4

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, 2020 to March 31, 2021

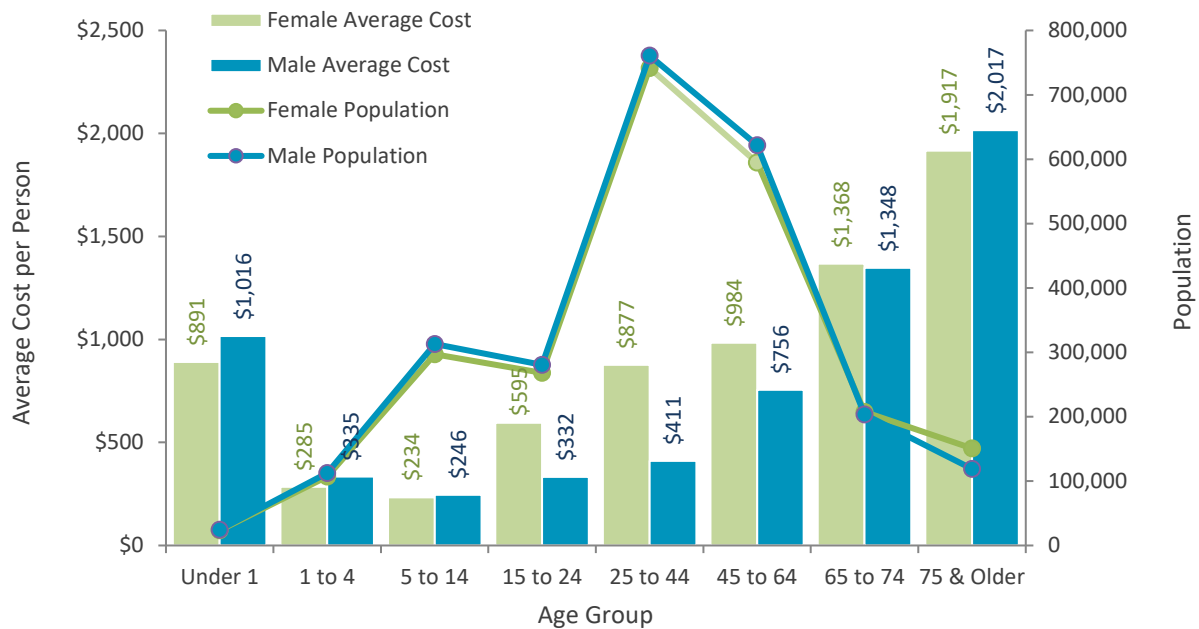


Figure 2.2
 Average Fee-For-Service Cost per Person
 to Allied Practitioners for Basic Health Services by Age and Sex
 for the Service Year April 1, 2020 to March 31, 2021

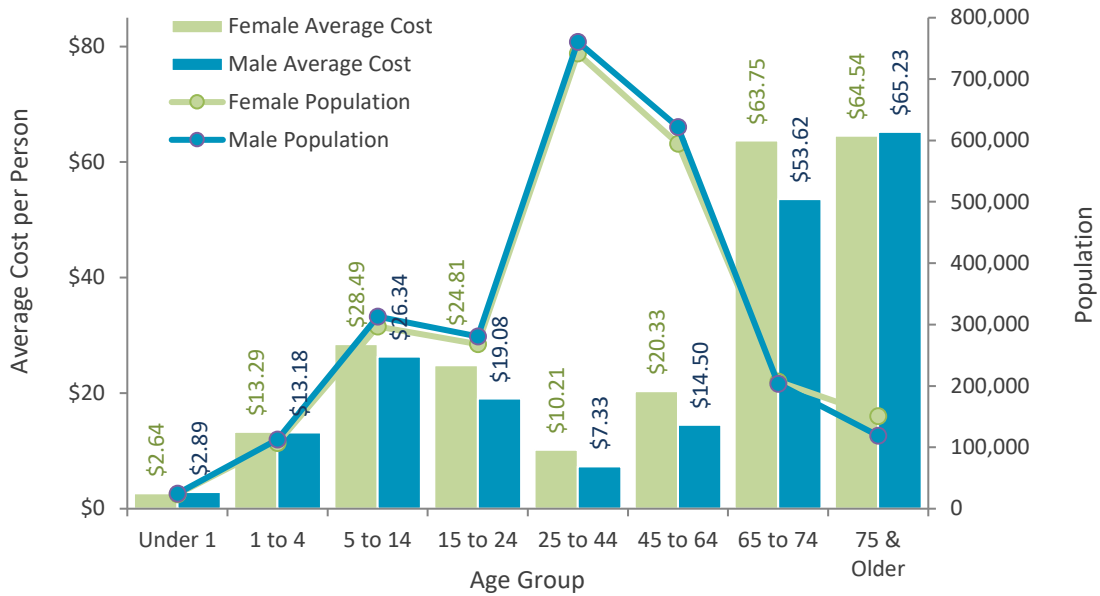
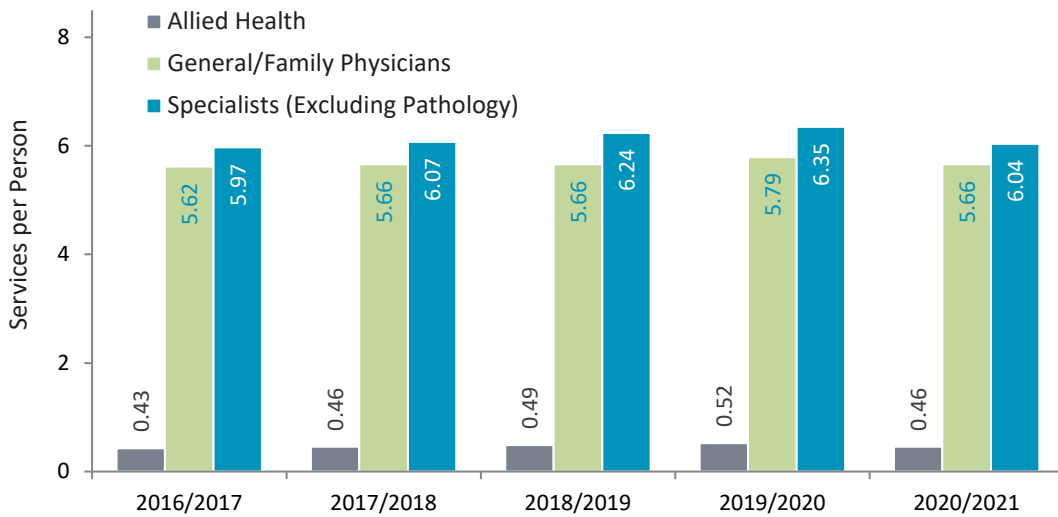


Figure 2.3
 Average Number of Services per Person
 for Basic Health Services
 for the Years Ended March 31, 2017 to March 31, 2021



Expenditure Location

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

Pathology Services

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

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

Payments Do Not Reflect Income

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

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

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

Physician Data

Data in this section include all Alberta physicians who had fee-for-service payments of one dollar or more in 2020/2021. 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, 2016 to March 31, 2021, 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, 2017 to March 31, 2021

Year	Business Cost Program	Rural Remote Northern Program
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
2020/2021	66,308,243	56,197,181

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. 2020/2021 fiscal year with payments up to July 31, 2021.

Table 2.3
Distribution of Physician Payments by Program and Specialty
for the Service Year April 1, 2020 to March 31, 2021⁽¹⁾⁽²⁾

Physician Specialty	Fee-for-Service (FFS)	Business Cost Program (BCP)	Rural Remote Northern Program (RRNP)	In-Province Medical Reciprocal
Total: All Physicians	\$3,625,400,111	\$65,995,948	\$55,904,460	\$63,047,287
Subtotal:				
All Physicians (except Pathology)	3,617,968,284	65,988,417	55,904,460	56,502,794
All Specialists (except GP/FPs & Pathology)	2,146,743,312	12,257,419	13,720,946	39,172,839
Physicians by Specialty				
Anaesthesiology	178,340,946	234,723	808,015	4,365,137
Cardiovascular and Thoracic Surgery	16,638,424	2,322		2,696,275
Dermatology	54,281,735	938,675	39,945	1,014,591
Emergency Medicine	62,243,844	18,597	159,313	1,048,113
General/Family Physicians (GP/FPs)	1,471,224,972	53,730,998	42,183,514	17,329,955
- General/Family Physicians	1,375,043,101	53,535,522	40,843,796	15,791,609
- Full-Time Emergency Room Physicians	83,896,466	27,376	1,279,036	1,427,768
- Mental Health Generalists	9,133,220	3,100	27,798	60,053
- Other General Practice Physicians⁽³⁾	3,152,185	164,999	32,884	50,525
General Surgery	97,754,976	323,627	1,613,966	2,552,332
- General Surgery designated specialty	87,475,340	302,968	1,609,701	2,178,412
- Other General Surgery ⁽³⁾	10,279,636	20,659	4,265	373,920
Internal Medicine	408,977,324	2,304,481	1,932,916	7,990,101
- Internal Medicine designated specialty	156,513,305	1,269,226	1,503,347	2,574,311
- Cardiology	97,725,616	344,826	45,585	1,717,263
- Endocrinology/Metabolism	7,357,401	100,474	8,496	79,129
- Gastroenterology	29,503,766	61,283	166,894	289,531
- Infectious Diseases	6,159,926	2,162	763	99,305
- Other Internal Medicine⁽³⁾	111,717,310	526,510	207,831	3,230,562
Neurology	33,698,296	503,252	13,975	409,302
Neurosurgery	1,427,509	57,224		30,775
Obstetrics-Gynaecology	117,959,423	1,426,664	1,228,193	1,810,950
Ophthalmology	160,662,312	1,510,043	492,604	2,354,509
Orthopaedic Surgery	89,778,309	351,637	1,279,887	1,661,585
Otolaryngology	50,545,262	442,783	472,658	1,446,730
Paediatrics	102,596,606	1,841,163	694,042	1,716,897
Physical Medicine and Rehabilitation	32,816,719	595,317	11,098	444,757
Plastic Surgery	34,382,680	95,329	18,298	801,886
Psychiatry designated specialty	225,702,612	1,247,826	1,652,131	2,559,536
Urology	36,990,562	88,441	269,928	688,158
Pathology	7,431,826	7,531		6,544,493
Radiology	441,894,636	274,297	3,033,935	5,577,517

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, 2017 to March 31, 2021

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
REGISTRATIONS					
Individual Registrants Covered	4,529,842	4,598,089	4,700,840	4,783,609	4,825,270
Number of Discrete Physician Patients⁽¹⁾	3,585,750	3,634,710	3,670,010	3,732,135	3,460,496
Number of Discrete Patients per Physician	406	397	390	383	359
OVERALL PHYSICIAN SUMMARY					
Number of Physician Services Provided	52,878,448	54,264,058	56,241,529	58,398,511	56,730,622
Number of Physicians	8,836	9,165	9,415	9,734	9,642
Number of Physicians per 1,000 Persons	1.95	1.99	2.00	2.03	2.00
Number of Services per Physician	5,984	5,921	5,974	5,999	5,884
Number of Services per 1,000 Persons	11,673	11,801	11,964	12,208	11,757
Total Physician Payments	\$3,531,947,298	\$3,602,354,459	\$3,779,015,740	\$3,947,765,122	\$3,625,400,111
Physician Payment per 1,000 Persons	\$779,707	\$783,446	\$803,902	\$825,269	\$751,336
Average Payment per Physician	\$399,722	\$393,056	\$401,382	\$405,565	\$376,001
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY					
Number of Physician Services Provided	52,523,998	53,931,498	55,904,613	58,076,550	56,454,238
Number of Physicians	8,821	9,150	9,399	9,718	9,625
Number of Physicians per 1,000 Persons	1.95	1.99	2.00	2.03	1.99
Number of Services per Physician	5,954	5,894	5,948	5,976	5,865
Number of Services per 1,000 Persons	11,595	11,729	11,892	12,141	11,700
Total Physician Payments	\$3,522,836,098	\$3,593,737,706	\$3,770,184,361	\$3,939,208,895	\$3,617,968,285
Physician Payment per 1,000 Persons	777,695	781,572	802,024	823,481	749,796
Average Payment per Physician	399,369	392,758	401,126	405,352	375,893
ALLIED PRACTITIONER SUMMARY					
Number of Allied Services Provided	1,950,731	2,103,230	2,306,361	2,484,963	2,214,634
Number of Allied Practitioners	1,040	1,084	1,099	1,119	1,090
Number of Allied Practitioners per 1,000 Persons	0.23	0.24	0.23	0.23	0.23
Number of Services per Allied Practitioner	1,876	1,940	2,099	2,221	2,032
Number of Discrete Allied Patients ⁽²⁾	928,253	958,462	1,011,287	1,037,578	921,085
Practitioner	893	884	920	927	845
Total Payments to Allied Practitioners	\$96,488,983	\$103,525,685	\$112,325,053	\$118,852,725	\$107,617,688
Allied Practitioner Payment per 1,000 Persons	21,301	22,515	23,895	24,846	22,303
Average Payment per Allied Practitioner	92,778	95,503	102,207	106,213	98,732

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, 2017 to March 31, 2021

	Percentage Change			
	2017/2018	2018/2019	2019/2020	2020/2021
REGISTRATIONS				
Individual Registrants Covered	1.51%	2.23%	1.76%	0.87%
Number of Discrete Physician Patients⁽¹⁾	1.37	0.97	1.69	(7.28)
Number of Discrete Patients per Physician	(2.32)	(1.81)	(1.64)	(6.29)
OVERALL PHYSICIAN SUMMARY				
Number of Physician Services Provided	2.62	3.64	3.84	(2.86)
Number of Physicians	3.72	2.73	3.39	(0.95)
Number of Physicians per 1,000 Persons	2.22	0.64	1.74	(1.57)
Number of Services per Physician	(1.06)	0.89	0.43	(1.92)
Number of Services per 1,000 Persons	1.10	1.38	2.04	(3.69)
Total Physician Payments	1.99	4.90	4.47	(8.17)
Physician Payment per 1,000 Persons	0.48	2.61	2.66	(8.96)
Average Payment per Physician	(1.67)	2.12	1.04	(7.29)
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY				
Number of Physician Services Provided	2.68	3.66	3.89	(2.79)
Number of Physicians	3.73	2.72	3.39	(0.96)
Number of Physicians per 1,000 Persons	2.05	0.47	1.58	(1.74)
Number of Services per Physician	(1.01)	0.92	0.47	(1.85)
Number of Services per 1,000 Persons	1.16	1.39	2.09	(3.63)
Total Physician Payments	2.01	4.91	4.48	(8.15)
Physician Payment per 1,000 Persons	0.50	2.62	2.68	(8.95)
Average Payment per Physician	(1.66)	2.13	1.05	(7.27)
ALLIED PRACTITIONER SUMMARY				
Number of Allied Services Provided	7.82	9.66	7.74	(10.88)
Number of Allied Practitioners	4.23	1.38	1.82	(2.59)
Number of Allied Practitioners per 1,000 Persons	2.50	(2.59)	1.71	(1.79)
Number of Services per Allied Practitioner	3.42	8.18	5.80	(8.52)
Number of Discrete Allied Patients ⁽²⁾	3.25	5.51	2.60	(11.23)
Practitioner	(0.99)	4.09	0.79	(8.84)
Total Payments to Allied Practitioners	7.29	8.50	5.81	(9.45)
Allied Practitioner Payment per 1,000 Persons	5.70	6.13	3.98	(10.24)
Average Payment per Allied Practitioner	2.94	7.02	3.92	(7.04)

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, 2020 to March 31, 2021⁽¹⁾

Practitioner Type	Service Category	Number of Services	Total Payments
Dentists/Dental Specialists/ Oral Surgeons	Procedure	37,945	\$14,448,812
	Visit	11,079	895,681
Optometrists	Visit	1,914,802	82,163,004
Podiatrists	Procedure	44,954	3,274,584
	Test (x-ray)	9,043	127,245
	Visit	196,811	6,708,361
Total		2,214,634	\$107,617,688

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, 2017 to March 31, 2021

Age Group	Number of Physicians					Percentage Change			
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2017/2018	2018/2019	2019/2020	2020/2021
Under 30	188	170	166	156	129	(9.57)	(2.35)	(6.02)	(17.31)
30 - 34	1,086	1,158	1,159	1,181	1,154	6.63	0.09	1.90	(2.29)
35 - 39	1,343	1,397	1,449	1,547	1,517	4.02	3.72	6.76	(1.94)
40 - 44	1,318	1,370	1,430	1,449	1,487	3.95	4.38	1.33	2.62
45 - 49	1,256	1,335	1,358	1,404	1,360	6.29	1.72	3.39	(3.13)
50 - 54	1,016	1,034	1,087	1,168	1,206	1.77	5.13	7.45	3.25
55 - 59	925	890	916	912	934	(3.78)	2.92	(0.44)	2.41
60 - 64	828	891	861	862	812	7.61	(3.37)	0.12	(5.80)
65 & Over ⁽¹⁾	876	920	989	1,055	1,043	5.02	7.50	6.67	(1.14)
Total	8,836	9,165	9,415	9,734	9,642	3.72%	2.73%	3.39%	(0.95%)

Age Group	Average Payments					Percentage Change			
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2017/2018	2018/2019	2019/2020	2020/2021
Under 30	\$213,771	\$201,784	\$203,079	\$221,186	\$178,593	(5.61)	0.64	8.92	(19.26)
30 - 34	296,260	284,929	283,816	292,830	285,894	(3.82)	(0.39)	3.18	(2.37)
35 - 39	414,742	403,584	405,663	392,417	358,722	(2.69)	0.52	(3.27)	(8.59)
40 - 44	453,530	442,276	457,535	465,882	441,180	(2.48)	3.45	1.82	(5.30)
45 - 49	457,001	465,036	480,520	494,995	455,924	1.76	3.33	3.01	(7.89)
50 - 54	440,496	438,655	453,061	465,331	413,075	(0.42)	3.28	2.71	(11.23)
55 - 59	405,615	406,003	422,383	424,148	405,545	0.10	4.03	0.42	(4.39)
60 - 64	421,648	392,836	385,607	381,345	353,676	(6.83)	(1.84)	(1.11)	(7.26)
65 & Over ⁽¹⁾	307,550	307,205	313,797	314,003	276,159	(0.11)	2.15	0.07	(12.05)
Total	\$399,722	\$393,056	\$401,382	\$405,565	\$376,001	(1.67%)	2.12%	1.04%	(7.29%)

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

(1) Providers with missing age were included in this group.

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, 2017 to March 31, 2021

Age Group	Number of Dentists/Dental Specialists/Oral Surgeons					Percentage Change			
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2017/2018	2018/2019	2019/2020	2020/2021
Under 30	8	5	5	5	3	(37.50)	0.00	0.00	(40.00)
30 - 34	20	24	27	26	22	20.00	12.50	(3.70)	(15.38)
35 - 39	31	32	32	30	20	3.23	0.00	(6.25)	(33.33)
40 - 44	38	39	39	39	34	2.63	0.00	0.00	(12.82)
45 - 49	25	26	17	20	25	4.00	(34.62)	17.65	25.00
50 - 54	29	40	39	33	22	37.93	(2.50)	(15.38)	(33.33)
55 - 59	28	22	25	23	21	(21.43)	13.64	(8.00)	(8.70)
60 - 64	21	25	23	25	19	19.05	(8.00)	8.70	(24.00)
65 & Over ⁽¹⁾	17	19	19	18	16	11.76	0.00	(5.26)	(11.11)
Total	217	232	226	219	182	6.91%	(2.59%)	(3.10%)	(16.89%)

Age Group	Average Payments					Percentage Change			
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2017/2018	2018/2019	2019/2020	2020/2021
Under 30	\$5,329	\$1,519	\$379	\$4,300	\$1,208	(71.49)	(75.02)	1034.65	(71.91)
30 - 34	7,678	14,499	7,179	13,588	18,028	88.83	(50.48)	89.27	32.67
35 - 39	53,894	56,635	78,484	43,336	89,467	5.09	38.58	(44.78)	106.45
40 - 44	50,053	44,640	69,580	124,285	137,583	(10.81)	55.87	78.62	10.70
45 - 49	50,940	83,294	105,529	59,646	84,751	63.51	26.69	(43.48)	42.09
50 - 54	50,515	9,149	31,391	71,521	123,616	(81.89)	243.11	127.84	72.84
55 - 59	26,701	92,740	84,244	103,236	111,011	247.33	(9.16)	22.54	7.53
60 - 64	66,011	67,868	64,410	45,622	46,511	2.81	(5.10)	(29.17)	1.95
65 & Over ⁽¹⁾	65,619	64,494	31,030	20,951	26,490	(1.71)	(51.89)	(32.48)	26.44
Total	\$44,962	\$49,150	\$55,824	\$63,777	\$84,310	9.31%	13.58%	14.25%	32.20%

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

(1) Providers with missing age were included in this group.

Table 2.6 C
Number of Optometrists and Average Payments to Optometrists within their Age Group
for the Service Years Ended March 31, 2017 to March 31, 2021

Age Group	Number of Optometrists					Percentage Change			
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2017/2018	2018/2019	2019/2020	2020/2021
Under 30	123	116	105	100	93	(5.69)	(9.48)	(4.76)	(7.00)
30 - 34	192	206	210	203	199	7.29	1.94	(3.33)	(1.97)
35 - 39	126	134	159	180	178	6.35	18.66	13.21	(1.11)
40 - 44	102	97	96	103	116	(4.90)	(1.03)	7.29	12.62
45 - 49	70	82	85	88	90	17.14	3.66	3.53	2.27
50 - 54	37	41	47	56	64	10.81	14.63	19.15	14.29
55 - 59	34	32	29	28	30	(5.88)	(9.38)	(3.45)	7.14
60 - 64	33	36	37	35	32	9.09	2.78	(5.41)	(8.57)
65 & Over ⁽¹⁾	42	43	39	43	42	2.38	(9.30)	10.26	(2.33)
Total	759	787	807	836	844	3.69%	2.54%	3.59%	0.96%

Age Group	Average Payments					Percentage Change			
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2017/2018	2018/2019	2019/2020	2020/2021
Under 30	\$75,132	\$84,425	\$93,707	\$92,246	\$85,919	12.37	10.99	(1.56)	(6.86)
30 - 34	93,673	96,661	101,873	107,011	89,528	3.19	5.39	5.04	(16.34)
35 - 39	116,891	111,665	110,829	112,825	98,988	(4.47)	(0.75)	1.80	(12.26)
40 - 44	105,773	118,242	127,853	130,684	109,606	11.79	8.13	2.21	(16.13)
45 - 49	117,971	117,517	122,270	127,396	116,071	(0.38)	4.04	4.19	(8.89)
50 - 54	109,177	114,252	127,644	128,019	108,496	4.65	11.72	0.29	(15.25)
55 - 59	103,810	106,763	113,508	107,112	98,732	2.84	6.32	(5.63)	(7.82)
60 - 64	104,256	97,276	90,708	88,928	75,581	(6.70)	(6.75)	(1.96)	(15.01)
65 & Over ⁽¹⁾	73,385	79,334	93,413	88,247	77,421	8.11	17.75	(5.53)	(12.27)
Total	\$98,937	\$102,654	\$108,812	\$111,247	\$97,350	3.76%	6.00%	2.24%	(12.49%)

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

(1) Providers with missing age were included in this group.

Table 2.6 D
Number of Podiatrists and Average Payments to Podiatrists within their Age Group
for the Service Years Ended March 31, 2017 to March 31, 2021

Age Group	Number of Podiatrists					Percentage Change			
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2017/2018	2018/2019	2019/2020	2020/2021
Under 35	3	4	3	2	3	33.33	(25.00)	(33.33)	50.00
35 - 39	5	3	5	5	4	(40.00)	66.67	0.00	(20.00)
40 - 44	10	12	10	9	8	20.00	(16.67)	(10.00)	(11.11)
45 - 49	18	14	13	9	10	(22.22)	(7.14)	(30.77)	11.11
50 - 54	12	14	14	17	15	16.67	0.00	21.43	(11.76)
55 & Over	16	18	21	22	24	12.50	16.67	4.76	9.09
Total	64	65	66	64	64	1.56%	1.54%	(3.03%)	0.00%

Age Group	Average Payments					Percentage Change			
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2017/2018	2018/2019	2019/2020	2020/2021
Under 35	\$216,178	\$213,199	\$244,740	\$358,461	\$126,743	(1.38)	14.79	46.47	(64.64)
35 - 39	134,315	170,689	180,080	251,797	259,148	27.08	5.50	39.83	2.92
40 - 44	182,728	169,519	143,314	144,718	177,077	(7.23)	(15.46)	0.98	22.36
45 - 49	204,629	182,197	191,216	215,328	155,124	(10.96)	4.95	12.61	(27.96)
50 - 54	219,305	212,475	237,287	194,605	149,252	(3.11)	11.68	(17.99)	(23.31)
55 & Over	136,037	133,891	143,891	152,648	145,281	(1.58)	7.47	6.09	(4.83)
Total	\$181,859	\$174,377	\$180,262	\$185,670	\$157,972	(4.11%)	3.37%	3.00%	(14.92%)

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, 2017 to March 31, 2021

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							
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
2020/2021	\$24,488,539	469,035	\$52.21	371,545	\$65.91	1.26	1,096,287
RECIPIENT AGE GROUP: 19 to 64⁽²⁾							
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
2020/2021	\$22,889,146	702,574	\$32.58	215,068	\$106.43	3.27	3,048,341
RECIPIENT AGE GROUP: 65 and Older							
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
2020/2021	\$34,785,320	743,193	\$46.81	253,068	\$137.45	2.94	680,642

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, 2017 to March 31, 2021

Practitioner Type	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2017/2018	2018/2019	2019/2020	2020/2021	
	Number of Practitioners					Percentage Change				
Physicians	8,836	9,165	9,415	9,734	9,642	3.72	2.73	3.39	0.95	
Dentists/Dental Specialists/ Oral Surgeons	217	232	226	219	182	6.91	(2.59)	(3.10)	(16.89)	
Optometrists	759	787	807	836	844	3.69	2.54	3.59	0.96	
Podiatrists	64	65	66	64	64	1.56	1.54	(3.03)	0.00	
Total⁽¹⁾	9,875	10,248	10,512	10,851	10,730	3.78%	2.58%	3.22%	(1.12)%	
Practitioner Type	Total Payments					Percentage Change				
Physicians	\$3,531,947,298	\$3,602,354,459	\$3,779,015,740	\$3,947,765,122	\$3,625,400,111	1.99	4.90	4.47	(8.17)	
Dentists/Dental Specialists/ Oral Surgeons	\$9,756,738	\$11,402,793	\$12,616,145	\$13,967,172	\$15,344,493	16.87	10.64	10.71	9.86	
Optometrists	\$75,093,278	\$80,788,378	\$87,811,603	\$93,002,689	\$82,163,004	7.58	8.69	5.91	(11.66)	
Podiatrists	\$11,638,968	\$11,334,514	\$11,897,305	\$11,882,864	\$10,110,190	(2.62)	4.97	(0.12)	(14.92)	
Total	\$3,628,436,282	\$3,705,880,145	\$3,891,340,794	\$4,066,617,846	\$3,733,017,799	2.13%	5.00%	4.50%	(8.20)%	
Practitioner Type	Average Payment					Percentage Change				
Physicians	\$399,722	\$393,056	\$401,382	\$405,565	\$376,001	(1.67)	2.12	1.04	(7.29)	
Dentists/Dental Specialists/ Oral Surgeons	\$44,962	\$49,150	\$55,824	\$63,777	\$84,310	9.31	13.58	14.25	32.19	
Optometrists	\$98,937	\$102,654	\$108,812	\$111,247	\$97,350	3.76	6.00	2.24	(12.49)	
Podiatrists	\$181,859	\$174,377	\$180,262	\$185,670	\$157,972	(4.11)	3.37	3.00	(14.92)	
Total	\$367,437	\$361,620	\$370,181	\$374,769	\$347,905	(1.58%)	2.37%	1.24%	(7.17)%	
Practitioner Type	Number of Services					Percentage Change				
Physicians	52,878,448	54,264,058	56,241,529	58,398,511	56,730,622	2.62	3.64	3.84	(2.86)	
Dentists/Dental Specialists/ Oral Surgeons	34,603	39,647	42,766	46,593	49,024	14.58	7.87	8.95	5.22	
Optometrists	1,600,024	1,753,608	1,950,151	2,126,695	1,914,802	9.60	11.21	9.05	(9.96)	
Podiatrists	316,104	309,975	313,444	311,675	250,808	(1.94)	1.12	(0.56)	(19.53)	
Total	54,829,179	56,367,288	58,547,890	60,883,474	58,945,256	2.81%	3.87%	3.99%	(3.18)%	

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, 2017 to March 31, 2021

Dollar Range	Total					Physicians					Dentists/Dental Specialists/Oral Surgeons				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Less than \$10,000	607	625	640	697	653	404	412	432	489	475	164	178	174	170	139
10,000 - 19,999	186	235	187	192	228	156	193	160	169	183	10	10	7	7	6
20,000 - 39,999	339	346	364	376	388	261	274	296	311	304	7	5	6	5	4
40,000 - 59,999	322	340	317	325	388	223	237	237	247	272	4	4	5	2	2
60,000 - 79,999	358	360	401	380	381	232	246	271	250	253	2	4	2	8	2
80,000 - 99,999	326	336	352	350	394	216	222	232	230	263	5	1	4	2	1
100,000 - 119,999	318	316	360	336	387	225	230	245	226	290	1	1	1	2	2
120,000 - 139,999	312	360	316	347	372	237	272	243	246	284	2	2	2	3	3
140,000 - 159,999	336	335	352	325	367	276	263	276	258	306	2	2	1	2	2
160,000 - 179,999	287	299	300	341	366	244	258	254	285	325	3	1	1	3	1
180,000 - 199,999	314	325	322	316	368	285	290	283	284	345	3	3	1	3	1
200,000 - 299,999	1,473	1,566	1,623	1,656	1,712	1,405	1,495	1,553	1,570	1,653	9	9	6	9	4
300,000 - 399,999	1,368	1,428	1,424	1,494	1,487	1,357	1,412	1,402	1,478	1,470	4	4	4	4	5
400,000 - 499,999	1,062	1,052	1,112	1,154	986	1,056	1,044	1,099	1,142	978	2	3	6	1	1
500,000 - 599,999	704	719	774	787	720	700	714	771	781	717	1	2	1	2	1
600,000 - 699,999	472	491	480	520	444	469	490	474	519	442	2	1	5	1	2
700,000 - 799,999	305	321	330	342	285	305	320	330	341	283	1	1	1	1	2
800,000 - 899,999	200	202	198	210	199	200	202	198	208	199				2	
900,000 - 999,999	124	116	151	151	114	124	116	151	150	113				1	1
1,000,000 - 1,999,999	351	365	388	421	384	350	364	387	419	381	1	1	1	2	3
2,000,000 & Over	111	111	121	131	107	111	111	121	131	106				1	
Total	9,875	10,248	10,512	10,851	10,730	8,836	9,165	9,415	9,734	9,642	217	232	226	219	182

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, 2017 to March 31, 2021

Dollar Range	Optometrists					Podiatrists				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Less than \$10,000	38	35	32	37	38	1		2	1	1
10,000 - 19,999	20	31	19	16	38			1		1
20,000 - 39,999	71	65	61	59	76			2	1	4
40,000 - 59,999	92	95	74	77	110	3	4	1	1	4
60,000 - 79,999	118	103	121	115	122	6	7	7	7	4
80,000 - 99,999	98	110	110	116	121	7	3	6	2	9
100,000 - 119,999	88	79	109	98	89	4	6	5	12	6
120,000 - 139,999	65	77	65	95	77	10	9	6	6	8
140,000 - 159,999	50	62	65	60	54	8	8	11	6	5
160,000 - 179,999	35	33	41	48	36	5	7	4	5	4
180,000 - 199,999	26	31	33	28	19	3	1	5	4	4
200,000 - 299,999	53	55	58	67	48	7	7	6	10	7
300,000 - 399,999	3	9	14	11	11	4	4	5	2	2
400,000 - 499,999	1	1	3	7	4	3	4	4	4	3
500,000 - 599,999	1	1	1	1	1	2	2	1	3	2
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	1					
2,000,000 & Over										
Total	759	787	807	836	844	64	65	66	64	64

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

(1) A blank cell represents a zero value.

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

Table 2.10
Distribution of Physician Payments and Services per Patient
for the Service Years Ended March 31, 2017 to March 31, 2021

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
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
2020/2021	\$3,625,400,111	56,730,622	\$63.91	3,460,496	\$1,047.65	16.39	4,825,270
Percentage Change 2020/2021	(8.17%)	(2.86%)	(5.46%)	(7.28%)	(0.96%)	4.73%	0.87%
Annual Average Percentage	0.66%	1.77%	(1.10%)	(0.88%)	1.55%	2.67%	1.59%

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, 2020 to March 31, 2021

Dollar Range	Distribution of			Percentage Distribution of		
	Discrete Patients ⁽¹⁾	Payments	Services	Discrete Patients ⁽¹⁾	Payments	Services
\$ 0.01 - 50.00	222,380	\$7,491,121	246,609	6.43	0.21	0.43
50.01 - 100.00	275,864	20,358,832	501,506	7.97	0.56	0.88
100.01 - 200.00	511,372	74,742,961	1,360,942	14.78	2.06	2.40
200.01 - 300.00	351,397	86,848,981	1,553,780	10.15	2.40	2.74
300.01 - 400.00	270,272	93,963,412	1,641,600	7.81	2.59	2.89
400.01 - 500.00	217,736	97,597,835	1,699,349	6.29	2.69	3.00
500.01 - 600.00	181,387	99,503,090	1,735,573	5.24	2.74	3.06
600.01 - 700.00	151,966	98,560,436	1,714,842	4.39	2.72	3.02
700.01 - 800.00	128,437	96,155,399	1,659,857	3.71	2.65	2.93
800.01 - 900.00	108,701	92,265,223	1,576,938	3.14	2.54	2.78
900.01 - 1,000.00	93,920	89,096,307	1,513,862	2.71	2.46	2.67
1,000.01 - 2,000.00	491,162	690,130,803	11,403,374	14.19	19.04	20.10
2,000.01 - 3,000.00	188,893	460,441,164	7,159,248	5.46	12.70	12.62
3,000.01 - 4,000.00	96,921	334,525,257	4,960,462	2.80	9.23	8.74
4,000.01 - 5,000.00	56,095	249,994,150	3,613,220	1.62	6.90	6.37
5,000.01 & Over	113,993	1,033,725,139	14,389,460	3.29	28.51	25.36
Total	3,460,496	\$3,625,400,111	56,730,622	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, 2017 to March 31, 2021

Physician Specialty	Number of Physicians				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Total: All Physicians	8,836	9,165	9,415	9,734	9,642
Subtotal:					
All Physicians (except Pathology)	8,821	9,150	9,399	9,718	9,625
All Specialists (except GP/FPs & Pathology)	3,862	3,999	4,131	4,300	4,254
Physicians by Specialty					
Anaesthesiology	443	450	458	473	454
Cardiovascular and Thoracic Surgery	25	26	26	27	27
Dermatology	51	50	58	60	61
Emergency Medicine	162	172	180	193	199
General/Family Physicians (GP/FPs)	4,959	5,151	5,268	5,418	5,371
- General/Family Physicians	4,671	4,855	4,984	5,126	5,081
- Full-Time Emergency Room Physicians	254	264	254	260	253
- Mental Health Generalists	15	13	15	14	23
- Other General Practice Physicians⁽¹⁾	19	19	15	18	14
General Surgery	203	203	211	220	221
- General Surgery designated specialty	182	183	191	199	197
- Other General Surgery ⁽¹⁾	21	20	20	21	24
Internal Medicine	797	841	874	931	906
- Internal Medicine designated specialty	367	400	411	441	430
- Cardiology	112	120	129	139	126
- Endocrinology/Metabolism	12	11	12	16	28
- Gastroenterology	69	58	59	59	55
- Infectious Diseases	24	34	30	25	26
- Other Internal Medicine⁽¹⁾	213	218	233	251	241
Neurology	69	75	80	85	88
Neurosurgery	15	12	9	11	6
Obstetrics-Gynaecology	248	255	253	258	253
Ophthalmology	130	135	136	140	139
Orthopaedic Surgery	188	189	191	189	185
Otolaryngology	69	67	73	76	76
Paediatrics	367	381	387	402	412
Physical Medicine & Rehabilitation	46	50	53	67	69
Plastic Surgery	67	69	73	71	71
Psychiatry	527	549	576	587	589
Urology	59	58	60	63	64
Pathology	15	15	16	16	17
Radiology	396	417	432	441	430

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, 2017 to March 31, 2021

Physician Specialty	Average Payment				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Total: All Physicians	\$399,722	\$393,056	\$401,382	\$405,565	\$376,001
Subtotal:					
All Physicians (except Pathology)	399,369	392,758	401,126	405,352	375,893
All Specialists (except GP/FPs & Pathology)	518,833	509,439	523,018	524,540	504,641
Physicians by Specialty					
Anaesthesiology	389,853	386,185	391,874	383,190	392,821
Cardiovascular and Thoracic Surgery	671,449	616,860	653,713	660,789	616,238
Dermatology	762,716	790,153	730,210	787,392	889,865
Emergency Medicine	314,391	315,253	332,302	331,381	312,783
General/Family Physicians (GP/FPs)	306,332	302,173	305,542	310,758	273,920
- General/Family Physicians	304,812	300,169	303,099	308,392	270,625
- Full-Time Emergency Room Physicians	342,198	344,638	352,523	356,404	331,607
- Mental Health Generalists	419,525	396,281	396,064	450,637	397,097
- Other General Practice Physicians⁽¹⁾	111,211	159,676	231,375	216,612	225,156
General Surgery	492,364	487,870	484,873	467,307	442,330
- General Surgery designated specialty	494,035	486,662	480,281	465,796	444,037
- Other General Surgery ⁽¹⁾	477,877	498,918	528,724	481,633	428,318
Internal Medicine	465,096	450,696	457,542	458,071	451,410
- Internal Medicine designated specialty	397,204	368,371	384,808	382,574	363,984
- Cardiology	767,289	750,085	749,711	737,084	775,600
- Endocrinology/Metabolism	230,046	314,100	327,269	236,235	262,764
- Gastroenterology	484,978	555,631	545,951	551,586	536,432
- Infectious Diseases	115,589	108,742	120,460	140,633	236,920
- Other Internal Medicine⁽¹⁾	469,358	469,253	451,806	459,981	463,557
Neurology	346,291	343,506	363,981	381,740	382,935
Neurosurgery	33,195	52,952	172,184	121,567	237,918
Obstetrics-Gynaecology	463,374	456,206	479,089	477,440	466,243
Ophthalmology	1,174,642	1,135,355	1,217,230	1,218,279	1,155,844
Orthopaedic Surgery	467,084	462,481	468,324	488,501	485,288
Otolaryngology	658,993	705,026	687,517	688,885	665,069
Paediatrics	267,452	272,277	281,501	287,400	249,021
Physical Medicine & Rehabilitation	434,802	439,378	470,114	429,877	475,605
Plastic Surgery	509,478	505,078	488,377	515,436	484,263
Psychiatry	357,349	358,515	365,111	377,974	383,196
Urology	612,641	626,283	625,969	606,080	577,978
Pathology	607,413	574,450	551,961	534,764	437,166
Radiology	1,140,725	1,082,174	1,123,414	1,140,037	1,027,662

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, 2017 to March 31, 2021

Physician Specialty	Percentage Change			
	2017/2018	2018/2019	2019/2020	2020/2021
Total: All Physicians	(1.67%)	2.12%	1.04%	(7.29%)
Subtotal:				
All Physicians (except Pathology)	(1.66)	2.13	1.05	(7.27)
All Specialists (except GP/FPs & Pathology)	(1.81)	2.67	0.29	(3.79)
Physicians by Specialty				
Anaesthesiology	(0.94)	1.47	(2.22)	2.51
Cardiovascular and Thoracic Surgery	(8.13)	5.97	1.08	(6.74)
Dermatology	3.60	(7.59)	7.83	13.01
Emergency Medicine	0.27	5.41	(0.28)	(5.61)
General/Family Physicians (GP/FPs)	(1.36)	1.11	1.71	(11.85)
- General/Family Physicians	(1.52)	0.98	1.75	(12.25)
- Full-Time Emergency Room Physicians	0.71	2.29	1.10	(6.96)
- Mental Health Generalists	(5.54)	(0.05)	13.78	(11.88)
- Other General Practice Physicians⁽¹⁾	43.58	44.90	(6.38)	3.94
General Surgery	(0.91)	(0.61)	(3.62)	(5.34)
- General Surgery designated specialty	(1.49)	(1.31)	(3.02)	(4.67)
- Other General Surgery ⁽¹⁾	4.40	5.97	(8.91)	(11.07)
Internal Medicine	(3.10)	1.52	0.12	(1.45)
- Internal Medicine designated specialty	(7.26)	4.46	(0.58)	(4.86)
- Cardiology	(2.24)	(0.05)	(1.68)	5.23
- Endocrinology/Metabolism	36.54	4.19	(27.82)	11.23
- Gastroenterology	14.57	(1.74)	1.03	(2.75)
- Infectious Diseases	(5.92)	10.78	16.75	68.47
- Other Internal Medicine⁽¹⁾	(0.02)	(3.72)	1.81	0.78
Neurology	(0.80)	5.96	4.88	0.31
Neurosurgery	59.52	225.17	(29.40)	95.71
Obstetrics-Gynaecology	(1.55)	5.02	(0.34)	(2.35)
Ophthalmology	(3.34)	7.21	0.09	(5.12)
Orthopaedic Surgery	(0.99)	1.26	4.31	(0.66)
Otolaryngology	6.99	(2.48)	0.20	(3.46)
Paediatrics	1.80	3.39	2.10	(13.35)
Physical Medicine & Rehabilitation	1.05	7.00	(8.56)	10.64
Plastic Surgery	(0.86)	(3.31)	5.54	(6.05)
Psychiatry	0.33	1.84	3.52	1.38
Urology	2.23	(0.05)	(3.18)	(4.64)
Pathology	(5.43)	(3.91)	(3.12)	(18.25)
Radiology	(5.13)	3.81	1.48	(9.86)

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, 2017 to March 31, 2021

Physician Specialty	Median Payment				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Total: All Physicians	\$317,616	\$311,871	\$315,217	\$317,827	\$290,639
Subtotal:					
All Physicians (except Pathology)	317,991	312,118	315,590	318,078	290,919
All Specialists (except GP/FPs & Pathology)	401,768	395,204	402,077	402,462	393,068
Physicians by Specialty					
Anaesthesiology	389,399	386,277	399,395	374,647	390,194
Cardiovascular and Thoracic Surgery	660,824	620,383	630,230	672,019	678,313
Dermatology	698,379	692,816	629,106	579,930	589,559
Emergency Medicine	318,958	320,201	350,067	338,571	310,523
General/Family Physicians (GP/FPs)	276,714	273,477	274,601	278,370	241,440
- General/Family Physicians	272,367	268,957	268,876	273,287	235,609
- Full-Time Emergency Room Physicians	333,123	332,658	335,847	338,278	320,765
- Mental Health Generalists	400,451	370,558	412,977	483,766	425,506
- Other General Practice Physicians⁽¹⁾	28,662	96,188	138,890	167,874	185,090
General Surgery	507,274	507,082	502,020	483,256	465,861
- General Surgery designated specialty	509,174	505,191	481,313	463,551	452,659
- Other General Surgery ⁽¹⁾	497,975	549,780	583,665	531,016	492,207
Internal Medicine	379,569	366,668	364,652	371,778	377,021
- Internal Medicine designated specialty	347,754	326,278	332,207	349,811	331,362
- Cardiology	752,275	781,389	738,788	652,057	697,612
- Endocrinology/Metabolism	183,437	219,573	141,867	133,694	191,605
- Gastroenterology	580,379	588,520	588,741	628,507	534,745
- Infectious Diseases	73,901	81,366	81,546	97,689	174,877
- Other Internal Medicine⁽¹⁾	362,635	381,835	358,452	365,196	401,738
Neurology	315,074	291,494	327,363	346,899	335,633
Neurosurgery	3,908	20,403	58,226	25,425	160,407
Obstetrics-Gynaecology	422,767	403,187	423,300	418,703	407,173
Ophthalmology	903,503	891,155	931,673	889,700	855,521
Orthopaedic Surgery	488,613	494,248	478,239	500,874	493,258
Otolaryngology	645,577	671,389	656,128	613,273	560,598
Paediatrics	242,635	248,089	275,938	266,835	232,501
Physical Medicine & Rehabilitation	453,165	431,529	492,480	416,457	424,744
Plastic Surgery	506,347	511,474	454,585	502,693	461,440
Psychiatry	321,134	315,638	317,307	327,069	315,244
Urology	610,247	641,400	636,675	617,035	584,026
Pathology	11,850	10,297	27,929	28,117	30,870
Radiology	901,729	833,625	890,277	925,451	849,388

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, 2017 to March 31, 2021

Physician Specialty	Percentage Change			
	2017/2018	2018/2019	2019/2020	2020/2021
Total: All Physicians	(1.81%)	1.07%	0.83%	(8.55%)
Subtotal:				
All Physicians (except Pathology)	(1.85)	1.11	0.79	(8.54)
All Specialists (except GP/FPs & Pathology)	(1.63)	1.74	0.10	(2.33)
Physicians by Specialty				
Anaesthesiology	(0.80)	3.40	(6.20)	4.15
Cardiovascular and Thoracic Surgery	(6.12)	1.59	6.63	0.94
Dermatology	(0.80)	(9.20)	(7.82)	1.66
Emergency Medicine	0.39	9.33	(3.28)	(8.28)
General/Family Physicians (GP/FPs)	(1.17)	0.41	1.37	(13.27)
- General/Family Physicians	(1.25)	(0.03)	1.64	(13.79)
- Full-Time Emergency Room Physicians	(0.14)	0.96	0.72	(5.18)
- Mental Health Generalists	(7.46)	11.45	17.14	(12.04)
- Other General Practice Physicians⁽¹⁾	235.59	44.39	20.87	10.26
General Surgery	(0.04)	(1.00)	(3.74)	(3.60)
- General Surgery designated specialty	(0.78)	(4.73)	(3.69)	(2.35)
- Other General Surgery ⁽¹⁾	10.40	6.16	(9.02)	(7.31)
Internal Medicine	(3.40)	(0.55)	1.95	1.41
- Internal Medicine designated specialty	(6.18)	1.82	5.30	(5.27)
- Cardiology	3.87	(5.45)	(11.74)	6.99
- Endocrinology/Metabolism	19.70	(35.39)	(5.76)	43.32
- Gastroenterology	1.40	0.04	6.75	(14.92)
- Infectious Diseases	10.10	0.22	19.80	79.01
- Other Internal Medicine⁽¹⁾	5.29	(6.12)	1.88	10.01
Neurology	(7.48)	12.31	5.97	(3.25)
Neurosurgery	422.08	185.38	(56.33)	530.90
Obstetrics-Gynaecology	(4.63)	4.99	(1.09)	(2.75)
Ophthalmology	(1.37)	4.55	(4.51)	(3.84)
Orthopaedic Surgery	1.15	(3.24)	4.73	(1.52)
Otolaryngology	4.00	(2.27)	(6.53)	(8.59)
Paediatrics	2.25	11.23	(3.30)	(12.87)
Physical Medicine & Rehabilitation	(4.77)	14.12	(15.44)	1.99
Plastic Surgery	1.01	(11.12)	10.58	(8.21)
Psychiatry	(1.71)	0.53	3.08	(3.62)
Urology	5.10	(0.74)	(3.08)	(5.35)
Pathology	(13.11)	171.23	0.67	9.79
Radiology	(7.55)	6.80	3.95	(8.22)

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

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

Table 2.12 D
Distribution of Physician Services by Specialty
for the Service Years Ended March 31, 2017 to March 31, 2021

Physician Specialty	Number of Services				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Total: All Physicians	52,770,299	54,174,046	56,241,529	58,398,511	56,730,622
Subtotal:					
All Physicians (except Pathology)	52,415,849	53,841,486	55,904,613	58,076,550	56,454,238
All Specialists (except GP/FPs & Pathology)	26,990,588	27,866,727	29,319,193	30,369,679	29,125,569
Physicians by Specialty					
Anaesthesiology	4,677,974	4,727,179	4,821,176	4,837,657	4,794,000
Cardiovascular and Thoracic Surgery	68,344	60,864	65,927	77,397	77,986
Dermatology	746,425	759,747	768,227	842,513	1,001,100
Emergency Medicine	506,195	544,218	593,987	633,306	617,027
General/Family Physicians (GP/FPs)	25,425,261	25,974,759	26,585,420	27,706,871	27,328,669
- General/Family Physicians	24,349,482	24,845,119	25,443,814	26,529,078	26,192,662
- Full-Time Emergency Room Physicians	886,508	949,066	933,479	951,724	853,705
- Mental Health Generalists	148,305	122,504	141,390	151,190	219,699
- Other General Practice Physicians ⁽¹⁾	40,966	58,070	66,737	74,879	62,603
General Surgery	617,902	599,502	628,709	638,079	626,414
- General Surgery designated specialty	569,919	550,868	576,567	586,639	574,104
- Other General Surgery ⁽¹⁾	47,983	48,634	52,142	51,440	52,310
Internal Medicine	5,879,894	5,892,903	6,152,386	6,428,837	6,271,699
- Internal Medicine designated specialty	1,909,825	1,955,762	2,109,085	2,146,214	2,141,451
- Cardiology	788,356	843,801	905,946	1,000,933	915,039
- Endocrinology/Metabolism	24,769	36,360	40,157	37,348	78,841
- Gastroenterology	262,513	248,778	250,450	258,209	245,378
- Infectious Diseases	25,255	34,392	34,432	34,011	61,128
- Other Internal Medicine ⁽¹⁾	2,869,176	2,773,810	2,812,316	2,952,122	2,829,862
Neurology	228,769	254,987	293,392	330,188	361,254
Neurosurgery	6,064	8,230	24,744	23,329	25,403
Obstetrics-Gynaecology	1,161,597	1,177,625	1,220,357	1,262,622	1,242,300
Ophthalmology	2,637,846	2,874,054	3,133,971	3,181,175	2,975,717
Orthopaedic Surgery	488,809	485,593	489,221	506,641	501,750
Otolaryngology	552,442	549,974	553,931	593,627	580,620
Paediatrics	1,070,154	1,353,659	1,449,266	1,511,198	1,295,933
Physical Medicine & Rehabilitation	215,969	242,242	278,500	324,073	355,121
Plastic Surgery	177,167	180,115	183,660	189,882	180,487
Psychiatry	3,459,454	3,651,536	3,864,406	4,041,793	3,946,295
Urology	278,214	276,729	282,887	286,336	294,460
Pathology	354,450	332,560	336,916	321,961	276,384
Radiology	4,217,369	4,227,570	4,514,440	4,660,872	3,977,274

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, 2017 to March 31, 2021

Physician Specialty	Percentage Change			
	2017/2018	2018/2019	2019/2020	2020/2021
Total: All Physicians	2.66%	3.82%	3.84%	(2.86)
Subtotal:				
All Physicians (except Pathology)	2.72	3.83	3.89	(2.79)
All Specialists (except GP/FPs & Pathology)	3.25	5.21	3.58	(4.10)
Physicians by Specialty				
Anaesthesiology	1.05	1.99	0.34	(0.90)
Cardiovascular and Thoracic Surgery	(10.94)	8.32	17.40	0.76
Dermatology	1.78	1.12	9.67	18.82
Emergency Medicine	7.51	9.15	6.62	(2.57)
General/Family Physicians (GP/FPs)	2.16	2.35	4.22	(1.37)
- General/Family Physicians	2.04	2.41	4.27	(1.27)
- Full-Time Emergency Room Physicians	7.06	(1.64)	1.95	(10.30)
- Mental Health Generalists	(17.40)	15.42	6.93	45.31
- Other General Practice Physicians⁽¹⁾	41.75	14.93	12.20	(16.39)
General Surgery	(2.98)	4.87	1.49	(1.83)
- General Surgery designated specialty	(3.34)	4.67	1.75	(2.14)
- Other General Surgery ⁽¹⁾	1.36	7.21	(1.35)	1.69
Internal Medicine	0.22	4.40	4.49	(2.44)
- Internal Medicine designated specialty	2.41	7.84	1.76	(0.22)
- Cardiology	7.03	7.36	10.48	(8.58)
- Endocrinology/Metabolism	46.80	10.44	(7.00)	111.10
- Gastroenterology	(5.23)	0.67	3.10	(4.97)
- Infectious Diseases	36.18	0.12	(1.22)	79.73
- Other Internal Medicine⁽¹⁾	(3.32)	1.39	4.97	(4.14)
Neurology	11.46	15.06	12.54	9.41
Neurosurgery	35.72	200.66	(5.72)	8.89
Obstetrics-Gynaecology	1.38	3.63	3.46	(1.61)
Ophthalmology	8.95	9.04	1.51	(6.46)
Orthopaedic Surgery	(0.66)	0.75	3.56	(0.97)
Otolaryngology	(0.45)	0.72	7.17	(2.19)
Paediatrics	26.49	7.06	4.27	(14.24)
Physical Medicine & Rehabilitation	12.17	14.97	16.36	9.58
Plastic Surgery	1.66	1.97	3.39	(4.95)
Psychiatry	5.55	5.83	4.59	(2.36)
Urology	(0.53)	2.23	1.22	2.84
Pathology	(6.18)	1.31	(4.44)	(14.16)
Radiology	0.24	6.79	3.24	(14.67)

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, 2020 to March 31, 2021

Dollar Range	All Physicians		All Physicians (except Pathology)		All Specialities (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	\$1,596,769	475	\$1,581,159	470	\$818,726	260	\$24,118	5		
10,000 - 19,999	2,722,725	183	2,678,820	180	919,346	62	40,093	3		
20,000 - 39,999	9,087,114	304	9,018,801	302	3,026,198	103	329,581	11		
40,000 - 59,999	13,485,195	272	13,437,569	271	5,373,160	107	726,005	14		
60,000 - 79,999	17,834,227	253	17,759,200	252	5,668,228	81	910,433	13	62,132	1
80,000 - 99,999	23,607,216	263	23,607,216	263	6,503,280	72	450,111	5		
100,000 - 119,999	31,965,631	290	31,965,631	290	8,884,569	81	674,248	6		
120,000 - 139,999	37,090,707	284	37,090,707	284	10,939,031	84	1,163,454	9		
140,000 - 159,999	45,841,706	306	45,841,706	306	11,991,651	80	913,273	6		
160,000 - 179,999	55,196,309	325	55,032,801	324	13,346,698	78	1,031,275	6	160,428	1
180,000 - 199,999	65,557,732	345	65,363,326	344	17,680,755	93	1,366,762	7		
200,000 - 299,999	411,722,248	1,653	411,452,002	1,652	130,856,842	522	17,038,826	67	471,429	2
300,000 - 399,999	508,879,916	1,470	508,879,916	1,470	192,905,944	551	31,271,544	89	1,031,273	3
400,000 - 499,999	436,353,944	978	436,353,944	978	221,436,651	494	34,894,794	78	1,306,107	3
500,000 - 599,999	390,944,095	717	390,944,095	717	234,052,359	428	41,664,937	77		
600,000 - 699,999	287,234,519	442	287,234,519	442	186,883,006	287	19,730,259	30	3,343,626	5
700,000 - 799,999	210,527,454	283	210,527,454	283	144,482,410	194	8,839,891	12	4,489,819	6
800,000 - 899,999	168,115,363	199	168,115,363	199	124,129,286	147	5,085,360	6	2,505,848	3
900,000 - 999,999	107,125,696	113	107,125,696	113	77,868,133	82	3,901,331	4	992,166	1
1,000,000 - 1,999,999	512,893,738	381	512,893,738	381	467,912,419	344	8,284,652	6	2,275,595	2
2,000,000 & Over	287,617,806	106	281,064,620	104	281,064,620	104				
Total	\$3,625,400,111	9,642	\$3,617,968,285	9,625	\$2,146,743,312	4,254	\$178,340,946	454	\$16,638,424	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, 2020 to March 31, 2021

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	\$1,078	4	\$8,925	2	\$762,433	210	\$31,433	6	\$207,169	68
10,000 - 19,999	19,274	1			1,759,474	118	14,723	1	379,126	25
20,000 - 39,999	38,164	1	156,459	5	5,992,603	199	237,630	8	916,285	31
40,000 - 59,999			95,226	2	8,064,410	164	451,278	9	1,406,189	28
60,000 - 79,999			295,804	4	12,090,972	171	277,844	4	1,535,463	22
80,000 - 99,999	93,370	1	367,258	4	17,103,936	191	559,827	6	1,450,148	16
100,000 - 119,999	111,622	1	328,556	3	23,081,062	209	655,125	6	1,991,859	18
120,000 - 139,999	385,889	3	1,068,682	8	26,151,676	200	529,408	4	2,447,667	19
140,000 - 159,999			453,879	3	33,850,055	226	293,552	2	2,846,564	19
160,000 - 179,999	176,620	1	1,014,213	6	41,686,103	246	338,058	2	3,219,853	19
180,000 - 199,999	187,560	1	959,148	5	47,682,570	251	941,494	5	3,972,070	21
200,000 - 299,999	298,825	1	12,628,546	49	280,595,161	1,130	4,736,657	19	21,657,291	88
300,000 - 399,999	2,490,872	7	18,484,287	53	315,973,972	919	8,523,065	24	35,531,637	102
400,000 - 499,999	1,359,671	3	16,716,897	38	214,917,294	484	13,224,877	29	46,760,161	104
500,000 - 599,999	5,038,477	9	6,998,983	13	156,891,736	289	20,834,886	38	42,142,522	78
600,000 - 699,999	1,888,793	3	1,939,933	3	100,351,513	155	15,452,278	24	41,246,515	64
700,000 - 799,999	2,220,221	3	727,048	1	66,045,044	89	14,811,898	20	35,172,450	47
800,000 - 899,999					43,986,077	52	1,680,656	2	31,774,938	38
900,000 - 999,999	2,815,045	3			29,257,562	31	3,789,883	4	15,989,444	17
1,000,000 - 1,999,999	17,480,074	12			44,981,319	37	10,370,403	8	105,231,278	77
2,000,000 & Over	19,676,179	7							13,098,695	5
Total	\$54,281,735	61	\$62,243,844	199	\$1,471,224,972	5,371	\$97,754,976	221	\$408,977,324	906

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, 2020 to March 31, 2021

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	\$12,958	9	\$116	1	\$18,274	5	\$43,969	8	\$22,192	6
10,000 - 19,999	14,558	1			66,938	5	31,540	2	23,947	2
20,000 - 39,999	69,003	2			180,546	7	34,147	1	128,552	5
40,000 - 59,999	203,887	4			561,452	11	97,345	2	52,448	1
60,000 - 79,999					268,125	4	129,227	2	200,495	3
80,000 - 99,999	97,269	1			538,370	6	259,982	3	259,210	3
100,000 - 119,999	324,251	3	106,849	1	216,580	2	223,467	2	674,104	6
120,000 - 139,999	122,967	1			635,808	5	133,864	1	376,531	3
140,000 - 159,999	158,788	1	142,914	1	601,279	4	144,259	1	598,520	4
160,000 - 179,999	345,059	2	177,901	1	512,720	3	162,398	1	517,153	3
180,000 - 199,999	768,137	4			959,331	5	194,331	1	765,582	4
200,000 - 299,999	1,900,369	8			7,520,471	30	1,619,918	6	2,570,648	10
300,000 - 399,999	4,366,982	13			12,722,107	36	675,033	2	6,471,086	18
400,000 - 499,999	8,286,332	18	493,504	1	15,220,088	34	2,332,803	5	11,147,846	25
500,000 - 599,999	4,463,201	8	506,226	1	16,659,674	30	6,707,071	12	18,415,543	34
600,000 - 699,999	2,590,102	4			12,938,561	20	5,276,625	8	12,341,627	19
700,000 - 799,999	1,581,716	2			8,943,651	12	5,103,254	7	12,464,275	17
800,000 - 899,999	1,697,195	2			8,299,712	10	9,427,689	11	11,151,534	13
900,000 - 999,999					6,504,334	7	3,803,880	4	900,340	1
1,000,000 - 1,999,999	6,695,524	5			20,221,276	15	45,553,021	32	8,419,899	7
2,000,000 & Over					4,370,122	2	78,708,488	28	2,276,777	1
Total	\$33,698,296	88	\$1,427,509	6	\$117,959,423	253	\$160,662,312	139	\$89,778,309	185

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, 2020 to March 31, 2021

Dollar Range	Otolaryngology		Paediatrics		Pathology		Physical Medicine and Rehabilitation		Plastic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$1,179	2	\$248,551	90	\$15,609	5	\$3,678	1	\$8,633	2
10,000 - 19,999	12,256	1	126,741	8	43,905	3	32,000	2		
20,000 - 39,999	73,388	2	269,091	10	68,313	2	61,451	2	60,699	2
40,000 - 59,999	46,809	1	441,904	9	47,626	1	103,864	2	154,721	3
60,000 - 79,999			689,194	10	75,027	1			147,363	2
80,000 - 99,999	190,262	2	536,289	6					271,366	3
100,000 - 119,999	115,924	1	1,053,031	10						
120,000 - 139,999			1,199,862	9			263,338	2	135,544	1
140,000 - 159,999	148,374	1	1,336,640	9			152,552	1	142,756	1
160,000 - 179,999			1,555,095	9	163,508	1	339,310	2		
180,000 - 199,999			2,082,053	11	194,406	1	383,093	2		
200,000 - 299,999	1,236,762	5	21,340,368	85	270,246	1	1,503,239	6	829,445	3
300,000 - 399,999	3,945,831	11	23,721,329	68			4,357,720	12	2,777,690	8
400,000 - 499,999	2,564,061	6	13,833,197	31			4,839,313	11	6,621,220	15
500,000 - 599,999	6,139,813	11	12,204,381	22			2,756,817	5	4,784,405	9
600,000 - 699,999	5,872,808	9	3,999,704	6			5,919,167	9	5,270,928	8
700,000 - 799,999	2,224,631	3	3,796,951	5			2,280,708	3	3,713,450	5
800,000 - 899,999	2,579,955	3	4,307,431	5			5,079,255	6	2,565,535	3
900,000 - 999,999	1,811,532	2	2,803,345	3			987,137	1	1,932,913	2
1,000,000 - 1,999,999	19,007,967	14	7,051,449	6			1,420,782	1	4,966,013	4
2,000,000 & Over	4,573,710	2			6,553,187	2	2,333,294	1		
Total	\$50,545,262	76	\$102,596,606	412	\$7,431,826	17	\$32,816,719	69	\$34,382,680	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.

Continued...

Table 2.13

Distribution of Gross Payments by Payment Range and Specialty⁽¹⁾⁽²⁾
for the Service Year April 1, 2020 to March 31, 2021

Dollar Range	All Psychiatry		Radiology		Urology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$99,424	22	\$63,006	24	\$11,185	2
10,000 - 19,999	85,135	6	73,014	5		
20,000 - 39,999	227,414	8	205,489	7		
40,000 - 59,999	438,453	9	436,178	9	157,400	3
60,000 - 79,999	865,392	12	212,099	3	74,656	1
80,000 - 99,999	979,457	11	450,361	5		
100,000 - 119,999	1,973,075	18	435,878	4		
120,000 - 139,999	2,344,798	18			131,219	1
140,000 - 159,999	2,719,742	18	898,160	6	440,398	3
160,000 - 179,999	3,109,318	18	687,295	4		
180,000 - 199,999	3,963,416	21	942,654	5	195,124	1
200,000 - 299,999	29,010,568	117	4,709,339	19	1,784,143	7
300,000 - 399,999	30,191,654	87	5,954,299	17	389,535	1
400,000 - 499,999	29,834,595	66	9,444,381	21	2,556,804	6
500,000 - 599,999	25,294,296	46	15,030,579	27	4,410,549	8
600,000 - 699,999	26,561,352	41	15,271,564	23	7,239,165	11
700,000 - 799,999	20,937,761	28	14,145,224	19	3,029,463	4
800,000 - 899,999	11,046,009	13	23,574,788	28	3,353,380	4
900,000 - 999,999	6,607,627	7	22,114,686	23	2,914,471	3
1,000,000 - 1,999,999	24,273,168	21	176,358,247	125	10,303,070	9
2,000,000 & Over	5,139,958	2	150,887,397	56		
Total	\$225,702,612	589	\$441,894,636	430	\$36,990,562	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 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, 2020 to March 31, 2021

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⁾	9,167	8,300.0	34.0	48.4	\$381,772	581
All Specialists (except GP/FPs & Laboratory)	3,796	3,356.4	33.4	49.3	505,753	1,438
Physicians by Specialty						
Anaesthesiology	454	400.1	34.1	47.8	445,762	12,061
Cardiovascular and Thoracic Surgery	27	23.4	37.0	40.7	712,408	206,604
Dermatology	61	58.1	32.8	47.5	933,612	82,992
Emergency Medicine	199	182.1	35.7	45.2	341,848	26,501
General/Family Physicians (GP/FPs)	5,371	4,806.2	34.2	48.0	306,113	1,004
- General/Family Physicians	5,081	4,545.3	34.1	48.1	302,517	1,062
- Full-Time Emergency Room Physicians	253	241.3	37.2	43.9	347,634	19,994
- Mental Health Generalists	23	18.9	30.4	47.8	483,310	255,343
- Other General Practice Physicians ⁽⁴⁾	14	13.8	28.6	42.9	228,920	350,423
General Surgery	221	177.7	31.2	51.6	550,019	27,149
- General Surgery designated specialty	197	159.1	31.5	51.8	549,731	30,324
- Other General Surgery ⁽⁴⁾	24	19.3	33.3	50.0	533,316	250,339
Internal Medicine	878	735.6	31.3	51.8	545,993	6,560
- Internal Medicine designated specialty	430	352.2	30.2	53.5	444,342	13,699
- Cardiology	126	106.6	33.3	48.4	916,792	45,267
- Gastroenterology	55	48.0	32.7	47.3	615,210	100,616
- Infectious Diseases	26	22.8	26.9	53.8	270,335	211,762
- Other Internal Medicine ⁽⁴⁾	241	193.9	31.5	50.2	576,282	24,891
Neurology	88	71.1	30.7	52.3	473,682	67,827
Neurosurgery	6	4.4	16.7	50.0	322,233	1,089,214
Obstetrics-Gynaecology	253	225.5	33.6	47.8	523,196	21,402
Ophthalmology	139	128.3	33.8	48.2	1,252,397	37,614
Orthopaedic Surgery	185	161.7	34.6	46.5	555,222	29,841
Otolaryngology	76	73.5	34.2	46.1	687,913	65,671
Paediatrics	412	311.6	29.9	54.9	329,287	15,487
Physical Medicine and Rehabilitation	69	62.9	34.8	47.8	521,375	76,661
Plastic Surgery	71	64.9	35.2	46.5	529,858	74,360
Psychiatry	589	546.2	34.5	47.4	413,233	8,834
Urology	64	56.0	34.4	43.8	660,165	86,116

Table 2.14
Number of Full-Time Equivalent Physicians by Specialty⁽¹⁾
for the Service Year April 1, 2020 to March 31, 2021

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*
- Since the benchmarks for the calculations of full-time equivalents in past Statistical Supplements are re-calculated based on*

(3) 17 Pathology and 430 Radiology physicians and 28 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, 2020 to March 31, 2021

Physicians by Specialty	Total	Consultations	Assessments	
			Major	Other
Total: All Physicians	\$3,625,400,111	\$360,017,515	\$213,648,140	\$964,751,196
Subtotal				
All Physicians (except Pathology)	3,617,968,285	359,544,192	213,647,732	964,710,688
All Specialists (except GP/FPs & Pathology)	2,146,743,312	269,904,827	30,914,738	262,444,707
Physicians by Specialty				
Anaesthesiology	178,340,946	5,644,636	89,070	17,443,743
Cardiovascular and Thoracic Surgery	16,638,424	1,259,736	4,961	763,968
Dermatology	54,281,735	10,791,661	1,109,610	6,144,585
Emergency Medicine	62,243,844	2,886,675	622,867	37,347,460
General/Family Physicians (GP/FPs)	1,471,224,972	89,639,364	182,732,994	702,265,981
- General/Family Physicians	1,375,043,101	86,580,772	181,566,249	647,929,319
- Full-Time Emergency Room Physicians	83,896,466	2,910,243	960,635	53,628,513
- Mental Health Generalists	9,133,220	45,930	137,656	444,116
- Other General Practice Physicians⁽³⁾	3,152,185	102,420	68,454	264,034
General Surgery	97,754,976	20,380,221	147,737	7,704,136
- General Surgery designated specialty	87,475,340	18,479,107	138,484	6,801,356
- Other General Surgery ⁽³⁾	10,279,636	1,901,115	9,253	902,780
Internal Medicine	408,977,324	95,107,230	7,305,524	64,375,778
- Internal Medicine designated specialty	156,513,305	47,068,451	5,377,768	30,574,089
- Cardiology	97,725,616	15,602,829	232,057	11,214,117
- Endocrinology/Metabolism	7,357,401	2,921,848	159,605	2,192,815
- Gastroenterology	29,503,766	8,121,055	77,867	3,567,815
- Infectious Diseases	6,159,926	2,046,973	78,474	1,670,143
- Other Internal Medicine⁽³⁾	111,717,310	19,346,074	1,379,752	15,156,800
Neurology	33,698,296	15,390,655	459,396	6,870,872
Neurosurgery	1,427,509	206,863	297	78,843
Obstetrics-Gynaecology	117,959,423	15,170,394	1,560,291	27,776,969
Ophthalmology	160,662,312	14,230,694	8,152,286	15,773,357
Orthopaedic Surgery	89,778,309	15,229,668	127,830	7,198,418
Otolaryngology	50,545,262	7,944,275	115,170	2,715,828
Paediatrics	102,596,606	26,024,345	8,442,730	43,204,579
Physical Medicine and Rehabilitation	32,816,719	9,372,816	2,877	8,128,023
Plastic Surgery	34,382,680	4,140,426	351,474	2,719,714
Psychiatry designated specialty	225,702,612	17,862,379	2,239,476	7,732,423
Urology	36,990,562	6,900,813	165,841	3,914,685
Pathology	7,431,826	473,323	408	40,508
Radiology	441,894,636	1,340,602	12,910	2,543,282

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, 2020 to March 31, 2021

Physicians by Specialty	Hospital Care Days	Special Calls	Psychotherapy/ Counselling	Major Surgery
Total: All Physicians	\$113,056,182	\$25,800,977	\$282,513,879	\$408,144,035
Subtotal				
All Physicians (except Pathology)	113,056,110	25,800,977	282,513,879	408,144,035
All Specialists (except GP/FPs & Pathology)	64,172,631	1,321,369	139,231,706	369,952,586
Physicians by Specialty				
Anaesthesiology	195,089	33,889	2,764,294	96,457,718
Cardiovascular and Thoracic Surgery	347,305	8,163	892	12,352,268
Dermatology	1,849	1,799		18,472,278
Emergency Medicine	555	54,878	457,806	982,003
General/Family Physicians (GP/FPs)	48,883,479	24,479,607	143,282,172	38,191,449
- General/Family Physicians	48,624,177	24,370,148	135,947,286	36,784,135
- Full-Time Emergency Room Physicians	165,409	90,596	670,156	1,406,865
- Mental Health Generalists	17,685	12,964	4,968,276	169
- Other General Practice Physicians⁽³⁾	76,208	5,899	1,696,453	280
General Surgery	3,849,010	133,352	61,199	42,833,477
- General Surgery designated specialty	3,613,797	131,269	61,199	36,828,772
- Other General Surgery ⁽³⁾	235,213	2,083		6,004,705
Internal Medicine	48,398,568	351,061	377,099	9,239,645
- Internal Medicine designated specialty	31,989,311	172,629	344,773	520,989
- Cardiology	5,790,166	88,328	85	7,912,548
- Endocrinology/Metabolism	169,255	454		
- Gastroenterology	674,948	794	1,572	32,380
- Infectious Diseases	873,152	1,624	95	21,506
- Other Internal Medicine⁽³⁾	8,901,736	87,233	30,575	752,222
Neurology	1,939,220	19,284	61,309	116
Neurosurgery	6,824		476,180	120,871
Obstetrics-Gynaecology	1,686,091	500,514	5,381	14,845,377
Ophthalmology	3,120	9,809		46,802,106
Orthopaedic Surgery	939,784	57,860	50,563	59,219,310
Otolaryngology	62,082	13,048	1,656	21,755,645
Paediatrics	5,434,953	50,336	1,722,741	364,474
Physical Medicine and Rehabilitation	976,482		2,124,182	11,292
Plastic Surgery	26,453	11,621	2,824	23,803,702
Psychiatry designated specialty	1,040	69,026	130,982,744	
Urology	302,515	6,730	18,018	16,470,389
Pathology	72			
Radiology			123,969	6,221,915

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, 2020 to March 31, 2021

Physicians by Specialty	Minor Surgery	Surgical Assistance	Anaesthesia	Obstetrical Services
Total: All Physicians	\$28,476,171	\$333	\$50,499,784	\$48,442,823
Subtotal				
All Physicians (except Pathology)	28,476,135	333	50,499,784	48,442,823
All Specialists (except GP/FPs & Pathology)	13,712,589		44,122,592	34,404,660
Physicians by Specialty				
Anaesthesiology	1,890,864		23,560,440	5,862,945
Cardiovascular and Thoracic Surgery	15,238		80,394	52,206
Dermatology	2,877,417		152,001	37
Emergency Medicine	775,706		7,505	1,489
General/Family Physicians (GP/FPs)	14,763,546	333	6,377,192	14,038,163
- General/Family Physicians	12,889,092	185	6,368,934	14,031,575
- Full-Time Emergency Room Physicians	1,873,729	148	8,257	6,588
- Mental Health Generalists	201			
- Other General Practice Physicians⁽³⁾	524			
General Surgery	1,327,646		77,957	13,788
- General Surgery designated specialty	1,285,057		72,393	13,788
- Other General Surgery ⁽³⁾	42,589		5,564	
Internal Medicine	459,548		26,198	4,726
- Internal Medicine designated specialty	221,665		9,449	
- Cardiology	993			
- Endocrinology/Metabolism				
- Gastroenterology	46,506		150	
- Infectious Diseases	177,039		104	
- Other Internal Medicine⁽³⁾	13,345		16,495	4,726
Neurology			1,714,823	
Neurosurgery			110,986	
Obstetrics-Gynaecology	49,216		177,783	28,420,036
Ophthalmology	399,236		1,875	
Orthopaedic Surgery	342,260		52,829	7,877
Otolaryngology	3,892,974		137,352	259
Paediatrics	209,231		1,978	39,640
Physical Medicine and Rehabilitation	615		3,092,402	
Plastic Surgery	1,329,384		32,897	
Psychiatry designated specialty	139			
Urology	22,833		695,941	1,458
Pathology	36			
Radiology	120,281		14,199,230	197

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, 2020 to March 31, 2021

Physicians by Specialty	Diagnostic & Therapeutic Services - Radiology	Laboratory Services	Other Diagnostic & Therapeutic Services	Special Services	Miscellaneous Services
Total: All Physicians	\$430,626,557	\$39,941,570	\$329,608,369	\$16,056,040	\$313,816,540
Subtotal					
All Physicians (except Pathology)	430,626,557	39,941,570	322,816,438	16,053,096	313,693,937
All Specialists (except GP/FPs & Pathology)	429,574,125	39,941,002	269,286,595	3,115,672	174,643,513
Physicians by Specialty					
Anaesthesiology	2,174,533		14,334,615	93,538	7,795,572
Cardiovascular and Thoracic Surgery	43		918,119		835,130
Dermatology			12,671,400	9,814	2,049,284
Emergency Medicine			17,611,243	62,754	1,432,903
General/Family Physicians (GP/FPs)	1,052,432	567	53,529,844	12,937,424	139,050,425
- General/Family Physicians	1,052,432	567	33,172,860	12,867,141	132,858,228
- Full-Time Emergency Room Physicians			20,335,158	68,459	1,771,710
- Mental Health Generalists			1,925	261	3,504,038
- Other General Practice Physicians ⁽³⁾			19,901	1,563	916,449
General Surgery	281		13,609,449	4,023	7,612,700
- General Surgery designated specialty	281		13,062,257	3,908	6,983,673
- Other General Surgery ⁽³⁾			547,192	114	629,027
Internal Medicine	21,775,073	7,486,834	102,147,281	47,003	51,875,756
- Internal Medicine designated specialty	1,374,159		20,009,839	20,106	18,830,078
- Cardiology	19,928,257	7,326,010	21,922,811		7,707,415
- Endocrinology/Metabolism	9,981	160,824	8,958		1,733,661
- Gastroenterology			12,640,103	839	4,339,739
- Infectious Diseases			89,097	2,469	1,199,250
- Other Internal Medicine ⁽³⁾	462,676		47,476,474	23,588	18,065,614
Neurology	23,435		2,828,686	130,956	4,259,543
Neurosurgery			42,048	8,363	376,234
Obstetrics-Gynaecology	13,546,036		7,252,976	2,459,620	4,508,738
Ophthalmology	22,291,505		51,638,379		1,359,945
Orthopaedic Surgery			721,915	3,374	5,826,620
Otolaryngology			12,037,056	3,554	1,866,361
Paediatrics	1,464,111		4,670,793	25,926	10,940,770
Physical Medicine and Rehabilitation	2,765,421		3,364,982	241,547	2,736,080
Plastic Surgery			263,710	10,366	1,690,108
Psychiatry designated specialty			964,081		65,851,304
Urology			5,225,881	1,255	3,264,204
Pathology			6,791,931	2,944	122,603
Radiology	365,533,686	32,454,168	18,971,387	13,551	359,456

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, 2020 to March 31, 2021

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.}	\$406,018,153	7,397,924	2,383,153	\$170.37	3.1
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.}	173,631,357	1,448,824	1,281,490	135.49	1.1
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	164,602,698	0	675,246	243.77	0.0
03.03CV	Diagnostic interview and evaluation, described as limited {Assessment of a patient's condition via telephone or secure videoconference.}	147,752,635	3,872,966	1,484,072	99.56	2.6
03.08A	Consultation, described as comprehensive {Comprehensive consultation - in office}	111,778,432	720,116	593,645	188.29	1.2
03.08AZ	Consultation, described as comprehensive {Comprehensive consultation - out of office}	96,364,401	536,252	361,409	266.64	1.5
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	92,210,731	1,398,365	121,556	758.59	11.5
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.}	89,596,657	1,878,246	362,474	247.18	5.2
08.19CW	Other psychiatric evaluation and interview {Telephone or secure videoconference with a patient for scheduled psychiatric treatment (including group therapy) by a general practitioner or pediatrician, or for a palliative care or a chronic pain visit by an eligible physician, per full 15 minutes.}	54,549,331	1,148,654	270,621	201.57	4.2
08.19CV	Other psychiatric evaluation and interview {Telephone or secure videoconference with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, including group and family therapy, per 15 minutes or major portion thereof}	46,789,746	840,744	76,174	614.25	11.0
X107A	Fluoroscopy performed during special diagnostic or therapeutic procedures, including biopsy, endoscopy, intubation, pacemaker insertion and bougienage, etc.	45,060,285	225,528	101,903	442.19	2.2
03.08CV	Consultation, described as comprehensive {Comprehensive consultation via telephone or secure videoconference}	44,987,653	293,977	260,723	172.55	1.1

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

Continued...

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

Table 2.16
Top 50 Health Service Codes based on Physician Fee-for-Service Payments
for the Service Year April 1, 2020 to March 31, 2021

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
03.01AD	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}	\$44,457,966	2,240,245	1,020,944	\$43.55	2.2
08.19GB	Other psychiatric evaluation and interview {Direct contact with a complex patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof}	44,001,894	705,120	28,422	1,548.16	24.8
03.03FV	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit, referred cases only via telephone or secure videoconference.}	41,803,326	503,511	270,878	154.33	1.9
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}	39,177,620	668,448	117,994	332.03	5.7
X310	Ultrasound, abdominal, complete or at least two abdominal organs	38,012,016	187,972	172,064	220.92	1.1
03.03AZ	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 - out of office.}	33,842,843	565,797	312,984	108.13	1.8
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.}	33,599,813	307,063	173,947	193.16	1.8
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	27,123,290	434,971	18,078	1,500.35	24.1
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}	26,573,809	579,678	66,714	398.32	8.7
X308	Ultrasound, breast, including axilla	26,570,949	206,031	114,458	232.15	1.8
X314	Ultrasound, pelvis, female, including endo-vaginal (EV) scan	23,572,347	133,840	117,216	201.10	1.1
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}	23,423,504	198,403	166,134	140.99	1.2

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, 2020 to March 31, 2021

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}	\$23,358,147	261,008	17,438	\$1,339.50	15.0
27.72A	Insertion of intraocular lens prosthesis with cataract extraction, one stage {Phacoemulsification cataract extraction, anterior approach, with or without insertion of intraocular lens}	22,534,977	160,668	28,142	800.76	5.7
08.19AZ	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 - out of office.}	22,419,180	285,212	29,049	771.77	9.8
X 27D	Screening mammography (age 50 to 74 years inclusive)	21,857,141	136,065	136,041	160.67	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.>	21,051,992	90,589	87,795	239.79	1.0
X334	Ultrasound, other than shoulder including joints, tendons, ligaments, muscles, single anatomic site	20,534,812	180,483	120,807	169.98	1.5
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>	19,782,208	457,195	143,368	137.98	3.2
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}	18,714,410	1,075,279	512,951	36.48	2.1
08.19GZ	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 psychiatric counselling, per 15 minutes or major portion thereof - out of office.}	18,549,590	363,769	34,802	533.00	10.5
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	17,963,903	83,624	64,052	280.46	1.3
01.22	Other nonoperative colonoscopy {Other nonoperative colonoscopy}	16,286,848	161,890	72,128	225.80	2.2
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit - in office.}	16,187,326	337,814	62,065	260.81	5.4
03.04F	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekday, 0700-1700 hours}	15,591,941	132,517	115,626	134.85	1.1

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

Continued...

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

Table 2.16
Top 50 Health Service Codes based on Physician Fee-for-Service Payments
for the Service Year April 1, 2020 to March 31, 2021

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
03.04H	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in emergency department, 2200-0700 hours}	\$15,493,404	132,080	111,321	\$139.18	1.2
16.91G	Insertion of anaesthetic into spinal canal for analgesia {Epidural analgesia for labour and delivery, monitoring and/or top-up/adjustment, each additional full 5 minutes, per patient}	15,259,160	883,660	18,677	817.00	47.3
87.98A	Delivery NEC {Vaginal delivery}	14,419,991	28,714	27,957	515.79	1.0
28.79B	Other operations on vitreous {Intravitreal injection for drug delivery}	14,366,622	136,104	19,155	750.02	7.1
13.99J	Other diagnostic interview and evaluation {Medical emergency detention time, per 15 minutes}	13,374,847	193,286	38,985	343.08	5.0
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}	13,114,427	168,727	124,147	105.64	1.4
08.19CX	Consultation, described as comprehensive {Formal major psychiatric consultation via telephone or secure videoconference, first full 30 minutes or major portion thereof for the first call when only one call is claimed}	12,607,901	164,622	27,365	460.73	6.0
03.04AZ	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 - out of office.}	12,092,886	96,543	84,584	142.97	1.1
X335	Ultrasound shoulder, dedicated rotator cuff and bicep	11,931,537	75,048	62,398	191.22	1.2
03.05JB	Other diagnostic interview and evaluation {Formal, scheduled family conference relating to a specific patient, per 15 minutes or major portion thereof}	11,719,698	225,778	103,152	113.62	2.2
03.08I	Consultation described as comprehensive {Prolonged cardiology, clinical immunology, endocrinology/metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, psychiatry, medical oncology, neurology, respiratory medicine or rheumatology consultation or visit, full 15 minutes or major portion thereof for the first call when only one call is claimed - in office.}	11,589,489	248,107	100,286	115.56	2.5
98.11F	Debridement of wound or infected tissue {Functional area, over 64 total square cms}	11,518,972	170,665	7,691	1,497.72	22.2
08.19J	Other psychiatric evaluation and interview {Formal, scheduled, professional conference related to the care and treatment of multiple psychiatric patients with other physician(s), allied health professionals, educational, correctional and other community agencies on behalf of a specific patient, provided by the physician most responsible for the patient's care}	11,517,985	400,869	44,816	257.01	8.9

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

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

Table 2.17
Physician Services and Payments per 1,000 Insured Persons
by Type of Service, and Patient Age and Sex
for the Service Year April 1, 2020 to March 31, 2021⁽¹⁾⁽²⁾

Service Type	Age & Sex	All Age Groups		Under 1		1 - 4	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	1,275	\$83,742	1,269	\$151,896	514	\$40,565
	M	915	65,653	1,487	171,397	596	48,155
Major Assessment	F	402	49,219	1,966	210,326	346	41,001
	M	322	39,429	1,993	213,788	359	42,697
Other Assessment	F	3,787	234,479	4,051	324,490	1,551	118,513
	M	2,607	166,051	4,518	362,209	1,727	133,863
Hospital Care Days	F	349	23,324	760	47,382	88	5,466
	M	330	23,534	899	55,987	96	5,889
Special Calls	F	15	6,354	2	4,938	1	2,388
	M	9	4,359	2	6,117	1	2,890
Psychotherapy/Counselling	F	1,344	67,197	9	671	50	2,903
	M	1,001	50,065	13	903	65	3,800
Major Surgery	F	971	85,679	347	29,037	220	18,553
	M	881	83,516	616	54,192	349	30,879
Minor Surgery	F	101	5,329	80	5,536	66	3,741
	M	117	6,463	114	7,383	91	5,295
Surgical Assistance	F	--	--				
	M	--	--				
Anaesthesiology	F	496	16,234	48	1,249	121	2,540
	M	76	4,807	61	1,568	160	3,390
Obstetrical Services	F	181	20,245	17	2,245	--	2
	M	--	27	20	2,612		
Diagnostic & Therapeutic Services, Radiology	F	1,199	127,054	131	24,225	67	8,840
	M	614	52,151	150	27,235	83	10,551
Laboratory Services	F	41	9,745			--	5
	M	20	6,838			--	5
Other Diagnostic & Therapeutic Services	F	2,010	68,217	823	47,216	630	12,508
	M	1,771	68,403	1,078	63,842	770	15,346
Special Services ⁽³⁾	F	229	6,101	4	44	20	231
	M	54	606	4	38	20	223
Miscellaneous Services ⁽⁴⁾	F	1,920	97,182	542	44,124	700	41,399
	M	1,433	77,674	652	51,870	745	44,940
Total	F	14,319	900,102	10,050	893,380	4,373	298,656
	M	10,153	\$649,575	11,608	\$1,019,139	5,061	\$347,923

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, 2020 to March 31, 2021⁽¹⁾⁽²⁾

Service Type	Age & Sex	5 - 14		15 - 24		25 - 44	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	441	\$33,159	904	\$57,496	1,244	\$79,186
	M	466	36,372	484	33,170	615	42,160
Major Assessment	F	211	25,055	313	37,336	393	47,925
	M	206	24,461	204	23,967	240	28,974
Other Assessment	F	1,119	76,800	2,556	174,892	3,752	245,884
	M	1,155	81,139	1,249	88,021	1,660	109,260
Hospital Care Days	F	45	2,776	106	6,683	148	9,533
	M	35	2,148	66	4,445	88	6,788
Special Calls	F	1	1,823	1	5,653	1	5,833
	M	1	1,763	1	2,953	1	2,577
Psychotherapy/Counselling	F	405	23,421	1,806	94,582	1,599	78,917
	M	383	22,146	1,149	60,615	1,232	61,089
Major Surgery	F	212	15,182	458	33,022	757	57,143
	M	270	19,783	455	33,442	505	42,609
Minor Surgery	F	105	4,567	84	4,260	85	4,573
	M	106	5,290	85	4,954	90	5,215
Surgical Assistance	F						
	M						
Anaesthesiology	F	73	1,506	478	10,596	1,143	27,934
	M	90	1,840	28	796	33	1,968
Obstetrical Services	F	--	16	154	18,536	524	58,191
	M			--	1	--	1
Diagnostic & Therapeutic Services, Radiology	F	118	11,130	456	52,330	1,125	139,261
	M	108	9,676	187	15,591	344	30,826
Laboratory Services	F	1	164	4	1,080	8	2,654
	M	1	102	3	721	6	2,117
Other Diagnostic & Therapeutic Services	F	802	11,526	1,228	26,426	1,601	44,774
	M	981	12,962	802	20,249	1,044	34,323
Special Services ⁽³⁾	F	21	278	166	5,862	344	10,310
	M	21	252	22	245	36	407
Miscellaneous Services ⁽⁴⁾	F	1,007	55,295	1,623	91,588	1,508	76,168
	M	963	54,861	1,069	62,813	960	50,864
Total	F	4,562	262,698	10,338	620,342	14,232	888,286
	M	4,786	\$272,794	5,805	\$351,980	6,855	\$419,178

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, 2020 to March 31, 2021⁽¹⁾⁽²⁾

Service Type	Age & Sex	45 - 64		65 - 74		75 and Older	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	1,479	\$96,773	1,942	\$130,334	2,555	\$156,995
	M	1,103	78,201	1,869	135,152	2,600	179,505
Major Assessment	F	419	51,709	495	61,717	579	78,024
	M	347	43,144	486	61,404	642	85,793
Other Assessment	F	3,952	227,623	5,424	309,501	10,045	587,139
	M	3,099	188,745	5,220	312,150	9,071	557,224
Hospital Care Days	F	243	17,853	660	47,203	2,480	158,988
	M	307	23,243	871	63,931	2,573	174,054
Special Calls	F	5	3,801	17	6,381	177	32,172
	M	5	3,819	18	7,326	105	24,643
Psychotherapy/Counselling	F	1,581	78,193	1,284	63,005	1,386	65,404
	M	1,140	55,731	1,012	48,960	1,159	54,416
Major Surgery	F	1,325	118,841	2,037	207,127	2,197	217,194
	M	1,130	107,521	2,328	241,582	2,683	290,529
Minor Surgery	F	113	6,063	136	7,340	132	7,886
	M	125	7,014	190	9,932	244	13,175
Surgical Assistance	F	--	--				
	M			--	1		
Anaesthesiology	F	176	13,694	195	17,367	192	18,203
	M	86	7,214	151	13,219	167	15,242
Obstetrical Services	F	4	318	--	7	--	5
	M						
Diagnostic & Therapeutic Services, Radiology	F	1,661	179,206	2,387	221,414	2,527	192,510
	M	856	76,161	1,656	135,262	2,229	163,171
Laboratory Services	F	69	16,391	163	35,054	110	26,312
	M	28	10,294	80	25,285	84	27,409
Other Diagnostic & Therapeutic Services	F	2,476	89,530	3,864	156,686	4,571	206,634
	M	2,180	92,989	4,210	190,211	5,566	259,735
Special Services ⁽³⁾	F	286	6,864	228	4,330	139	1,816
	M	75	861	125	1,372	142	1,499
Miscellaneous Services ⁽⁴⁾	F	2,014	99,532	3,263	167,398	5,140	235,109
	M	1,472	78,119	2,887	158,966	4,677	238,876
Total	F	15,801	1,006,393	22,095	1,434,865	32,231	1,984,391
	M	11,955	\$773,055	21,102	\$1,404,753	31,940	\$2,085,271

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, 2017 to March 31, 2021

Physician Specialty	April 1, 2016	April 1, 2017	April 1, 2018	November 1, 2018	April 1, 2019	April 1, 2020
Anaesthesia	0.6	Nil	Nil	0.95	Nil	Nil
Cardiology	1.0	Nil	Nil	0.76	Nil	Nil
Cardiovascular and Thoracic Surgery	0.5	Nil	Nil	0.65	Nil	Nil
Critical Care Medicine	0.6	Nil	Nil	0.74	Nil	Nil
Dermatology	0.6	Nil	Nil	0.50	Nil	Nil
Emergency Medicine	0.8	Nil	Nil	1.31	Nil	Nil
Endocrinology/Metabolism	1.5	Nil	Nil	1.11	Nil	Nil
Gastroenterology	0.8	Nil	Nil	0.71	Nil	Nil
General Practice	1.5	Nil	Nil	1.32	Nil	Nil
General Surgery	0.9	Nil	Nil	0.89	Nil	Nil
Infectious Diseases	1.6	Nil	Nil	1.40	Nil	Nil
Internal Medicine	1.0	Nil	Nil	0.93	Nil	Nil
Mental Health Generalists	0.8	Nil	Nil	0.87	Nil	Nil
Nephrology	0.7	Nil	Nil	0.67	Nil	Nil
Neurology	1.0	Nil	Nil	0.87	Nil	Nil
Neurosurgery	0.9	Nil	Nil	0.91	Nil	Nil
Obstetrics-Gynaecology	0.8	Nil	Nil	0.97	Nil	Nil
Ophthalmology	0.6	Nil	Nil	0.65	Nil	Nil
Orthopaedic Surgery	1.0	Nil	Nil	0.92	Nil	Nil
Otolaryngology	0.7	Nil	Nil	0.85	Nil	Nil
Paediatrics	1.2	Nil	Nil	1.10	Nil	Nil
Pathology	1.2	Nil	Nil	0.91	Nil	Nil
Physical Medicine and Rehabilitation	0.9	Nil	Nil	0.65	Nil	Nil
Plastic Surgery	1.0	Nil	Nil	0.85	Nil	Nil
Psychiatry	1.1	Nil	Nil	0.95	Nil	Nil
Radiology	0.9	Nil	Nil	0.76	Nil	Nil
Respiratory Medicine	0.7	Nil	Nil	0.58	Nil	Nil
Rheumatology	1.5	Nil	Nil	1.23	Nil	Nil
Thoracic Surgery	1.0	Nil	Nil	0.95	Nil	Nil
Urology	0.8	Nil	Nil	0.76	Nil	Nil
Vascular Surgery	0.8	Nil	Nil	0.80	Nil	Nil
All Physicians	1.1%	Nil	Nil	1.05%	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.

Table 2.19
Basic Health Services:
Percentage Change to Rates in the Schedules of Benefits
for the Years Ended March 31, 2017 to March 31, 2021

Effective Date \ Type of Practitioner	Medical	Dentists/ Dental Specialists/ Oral Surgeons	Optometrists	Podiatrists
	(%)	(%)	(%)	(%)
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
April 1, 2020	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.

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:

- recruitment and retention of physicians,
- a 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 69 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 4 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 46 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, 2020 to March 31, 2021

	General Practitioners	Specialists	Expenditures ⁽¹⁾
Clinical ARPs	1,924	742	\$209,462,043
AMHSP	78	827	227,958,447
Total⁽²⁾	2,002	1,569	\$437,420,490
Total ARP Physicians	3,571		

Notes:

(1) Manual payments for Alternative Relationship Plans made to Alberta physicians are not included in the data. Expenditures for the 2020-2021 fiscal year as of September 14, 2021.

(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, 2020 to March 31, 2021

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}	418,604	41,761
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	195,820	53,943
03.03CV	Diagnostic interview and evaluation, described as limited {Assessment of a patient's condition via telephone or secure videoconference.}	145,707	67,703
03.03FV	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit, referred cases only via telephone or secure videoconference.}	124,066	77,584
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.}	116,736	60,843
03.08AZ	Consultation, described as comprehensive {Comprehensive consultation - out of office}	103,810	76,519
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	76,741	8,058
03.05JA	Other diagnostic interview and evaluation {Formal, scheduled, multiple health discipline team conference, full 15 minutes or major portion thereof for the first call when only one call is claimed} <With paramedical personnel regarding the provision of health care where social and other issues are involved>	67,767	24,151
03.01NG	Diagnostic interview and evaluation, unqualified {Patient care advice to paramedic - pre hospital patch, Mobile Integrated Healthcare Unit paramedic, assisted living/designated assisted living and lodge staff, active treatment facility worker for hospital in-patient, long term care worker for patients in a long term care facility, nurse practitioner, hospice worker, home care worker, midwife or public health nurse weekdays 0700 to 1700 hours, provided via telephone or other telecommunication methods, in relation to the care and treatment of a patient}	58,918	12,552
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}	58,302	28,974
03.03FZ	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit in a regional facility, referred cases only - out of office.}	53,129	33,275
13.99OA	Other miscellaneous diagnostic and therapeutic procedures NEC {Management of patient on hemodialysis or peritoneal dialysis (per week)}	52,800	2,262
03.03E	Diagnostic interview and evaluation, described as limited {Periodic chronic care visit to a long term care patient}	52,243	3,642
03.08CV	Consultation, described as comprehensive {Comprehensive consultation via telephone or secure videoconference}	41,218	38,176

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, 2020 to March 31, 2021

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients ⁽²⁾
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}	35,090	11,811
03.08IZ	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 - out of office.}	31,017	25,837
03.03AZ	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 - out of office.}	28,428	17,154
03.05JR	Other diagnostic interview and evaluation {Physician telephone call directly to patient, to discuss patient management/diagnostic test results}	27,999	17,773
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}	27,228	22,458
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	24,833	20,015
08.19CW	Other psychiatric evaluation and interview {Telephone or secure videoconference with a patient for scheduled psychiatric treatment (including group therapy) by a general practitioner or pediatrician, or for a palliative care or a chronic pain visit by an eligible physician, per full 15 minutes.}	21,519	9,300
03.05IZ	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 - out of office.}	19,936	3,197
03.03DG	Diagnostic interview and evaluation, described as limited {Complex pediatric hospital visit per full 15 minutes}	19,196	2,577
13.62A	Other miscellaneous diagnostic & therapeutic procedures NEC {Ventilatory support, in Intensive Care Unit (ICU)}	17,684	1,870
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}	17,671	7,987
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}	16,304	11,423
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}	14,970	10,395

Continued...

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(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, 2020 to March 31, 2021

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients ⁽²⁾
08.19CV	Other psychiatric evaluation and interview {Telephone or secure videoconference with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, including group and family therapy, per 15 minutes or major portion thereof}	14,390	3,395
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}	13,581	2,843
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}	13,533	8,708
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}	12,222	4,028
03.04AZ	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 - out of office.}	11,484	10,037
03.03BZ	Diagnostic interview and evaluation, described as limited {Prenatal visit - out of office.}	11,201	4,075
03.08A	Consultation, described as comprehensive {Comprehensive consultation - in office}	10,735	10,295
03.08JZ	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 - out of office.}	10,493	7,938
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}	10,148	5,382
03.03AO	Diagnostic interview and evaluation, described as limited {Transfer of care of hospital in-patient}	10,111	6,577
03.07AZ	Consultation, described as limited {Minor consultation - out of office}	9,049	7,909

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, 2020 to March 31, 2021

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients ⁽²⁾
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}	8,744	7,615
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}	8,106	1,554
13.99F	Other miscellaneous diagnostic & therapeutic procedures NEC {Neonatal resuscitation}	7,824	7,784
01.14	Other nonoperative gastroscopy <Esophagogastrosopy>	7,791	6,744
08.19GZ	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 psychiatric counselling, per 15 minutes or major portion thereof - out of office.}	7,756	3,015
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}	7,701	4,248
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.}	7,551	4,908
03.05JB	Other diagnostic interview and evaluation {Formal, scheduled family conference relating to a specific patient, per 15 minutes or major portion thereof}	7,481	4,652
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.}	7,373	7,114
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit - in office.}	7,153	2,144
03.03AI	Other diagnostic interview and evaluation {Transfer of care of intensive care patient}	7,084	3,050
13.55A	Chemotherapy for treatment of malignant disease	6,948	879

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, 2017 to March 31, 2021

Physicians by Specialty	Number of Physicians ⁽³⁾⁽⁴⁾				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Total: All Physicians	1,675	1,748	1,781	1,897	1,891
Subtotal:					
All Physicians (except Pathology)	1,675	1,748	1,781	1,897	1,891
All Specialists (except GP/FPs & Pathology)	1,026	1,094	1,107	1,175	1,166
Physicians by Specialty					
Anaesthesiology	29	48	46	55	56
Cardiovascular and Thoracic Surgery	10	11	11	10	11
Dermatology	12	13	13	14	14
Emergency Medicine	4	5	5	4	6
General/Family Physicians (GP/FPs)	649	654	674	722	725
- General/Family Physicians	635	644	665	713	714
- Full-Time Emergency Room Physicians	7	5	5	4	4
- Mental Health Generalists				1	1
- Other General Practice Physicians ⁽²⁾	7	5	4	4	6
General Surgery	10	9	9	9	10
- General Surgery designated specialty	6	3	4	4	4
- Other General Surgery ⁽²⁾	4	6	5	5	6
Internal Medicine	457	484	494	512	517
- Internal Medicine designated specialty	140	146	151	176	182
- Cardiology	54	53	53	51	49
- Endocrinology/Metabolism	16	16	17	17	15
- Gastroenterology	51	51	54	50	47
- Infectious Diseases	30	36	30	31	29
- Other Internal Medicine ⁽²⁾	166	182	189	187	195
Neurology	106	110	105	106	101
Neurosurgery	33	35	33	34	35
Obstetrics-Gynaecology	44	45	48	57	57
Ophthalmology					
Orthopaedic Surgery					
Otolaryngology					
Paediatrics	258	266	267	279	265
Physical Medicine & Rehabilitation	29	30	32	30	31
Plastic Surgery					
Psychiatry	29	31	37	59	57
Urology					
Pathology					
Radiology					

Table 2.22
Distribution of Alternative Relationship Plan (ARP)⁽¹⁾ Physicians by Specialty
for the Service Years Ended March 31, 2017 to March 31, 2021

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, 2017 to March 31, 2021

Physicians by Specialty	Number of Service Events ⁽³⁾				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Total: All Physicians	2,350,863	2,423,644	2,495,377	2,519,706	2,336,926
Subtotal:					
All Physicians (except Pathology)	2,350,863	2,423,644	2,495,377	2,519,706	2,336,926
All Specialists (except GP/FPs & Pathology)	1,424,906	1,464,702	1,475,954	1,442,481	1,330,781
Physicians by Specialty					
Anaesthesiology	12,476	13,752	12,998	14,673	13,022
Cardiovascular and Thoracic Surgery	9,065	10,101	19,266	18,175	19,104
Dermatology	35,930	31,458	30,836	33,195	26,809
Emergency Medicine	5,806	6,262	4,926	4,360	4,174
General/Family Physicians (GP/FPs)	925,957	958,942	1,019,423	1,077,225	1,006,145
- General/Family Physicians	921,885	955,423	1,015,399	1,072,421	1,000,821
- Full-Time Emergency Room Physicians	1,991	2,068	2,479	2,994	3,142
- Mental Health Generalists				54	434
- Other General Practice Physicians ⁽²⁾	2,081	1,451	1,545	1,756	1,748
General Surgery	10,210	9,199	8,728	9,354	8,651
- General Surgery designated specialty	5,673	3,102	2,532	2,555	2,230
- Other General Surgery ⁽²⁾	4,537	6,097	6,196	6,799	6,421
Internal Medicine	760,951	774,903	785,358	750,900	714,548
- Internal Medicine designated specialty	191,499	187,933	191,544	204,181	178,489
- Cardiology	69,806	67,276	73,083	61,302	55,496
- Endocrinology/Metabolism	19,299	20,400	22,961	17,319	19,360
- Gastroenterology	86,611	86,989	97,235	87,111	84,136
- Infectious Diseases	41,755	45,196	44,194	41,433	34,571
- Other Internal Medicine ⁽²⁾	351,981	367,109	356,341	339,554	342,496
Neurology	136,966	134,373	133,544	126,323	105,590
Neurosurgery	48,339	57,799	58,152	60,616	55,592
Obstetrics-Gynaecology	40,429	43,131	43,852	47,177	50,984
Ophthalmology					
Orthopaedic Surgery					
Otolaryngology					
Paediatrics	300,897	315,973	309,749	292,231	241,050
Physical Medicine & Rehabilitation	47,236	47,123	44,619	39,929	34,465
Plastic Surgery					
Psychiatry	11,443	13,544	15,246	38,465	50,865
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, 2017 to March 31, 2021

Physicians by Specialty	Payments				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Total: All Physicians	\$84,048,695	\$84,918,312	\$88,221,654	\$86,211,260	\$67,316,178
Subtotal:					
All Physicians (except Pathology)	76,052,855	77,183,407	80,090,838	78,510,614	60,771,685
All Specialists (except GP/FPs & Pathology)	54,139,798	54,793,554	56,810,522	55,072,422	43,292,483
Physicians by Specialty					
Anaesthesiology	6,105,350	6,414,171	6,735,233	6,270,244	4,369,561
Cardiovascular and Thoracic Surgery	3,442,178	3,093,781	3,030,719	3,058,422	2,741,621
Dermatology	776,895	780,236	910,345	979,391	1,035,236
Emergency Medicine	1,112,590	1,171,324	1,272,591	1,336,332	1,054,600
General/Family Physicians (GP/FPs)	21,913,058	22,389,853	23,280,316	23,438,192	17,479,202
- General/Family Physicians	19,722,052	20,164,619	21,139,674	21,298,230	15,940,575
- Full-Time Emergency Room Physicians	2,069,298	2,135,137	2,044,533	2,057,048	1,427,768
- Mental Health Generalists	75,286	41,852	33,177	20,945	60,053
- Other General Practice Physicians⁽¹⁾	46,422	48,245	62,931	61,969	50,806
General Surgery	3,826,495	3,440,425	3,676,139	3,793,650	2,572,237
- General Surgery designated specialty	3,312,438	3,001,215	3,170,252	3,372,199	2,182,370
- Other General Surgery ⁽¹⁾	514,057	439,210	505,887	421,451	389,867
Internal Medicine	11,493,614	11,799,985	12,361,512	12,098,068	10,572,090
- Internal Medicine designated specialty	3,429,708	3,466,014	3,529,589	3,459,437	2,766,522
- Cardiology	2,766,056	2,921,374	2,837,620	2,536,189	1,984,409
- Endocrinology/Metabolism	73,761	86,639	81,114	67,740	98,167
- Gastroenterology	711,944	690,008	739,249	626,138	545,124
- Infectious Diseases	181,143	210,605	195,148	198,458	192,537
- Other Internal Medicine⁽¹⁾	4,331,002	4,425,345	4,978,793	5,210,106	4,985,331
Neurology	859,527	915,438	949,092	923,844	621,526
Neurosurgery	779,012	848,654	761,326	903,029	526,455
Obstetrics-Gynaecology	1,915,346	1,877,586	1,973,302	2,201,274	1,843,257
Ophthalmology	2,662,877	2,889,828	3,068,366	2,967,463	2,354,509
Orthopaedic Surgery	2,810,581	2,755,615	2,687,577	2,857,674	1,661,585
Otolaryngology	1,785,662	1,969,541	1,960,971	1,968,769	1,446,730
Paediatrics	4,282,972	4,461,127	4,547,673	3,146,098	2,292,054
Physical Medicine & Rehabilitation	418,827	457,863	513,122	522,166	505,639
Plastic Surgery	1,367,317	1,562,817	1,666,611	1,278,812	801,886
Psychiatry	2,361,521	2,649,312	2,551,486	2,746,105	2,590,453
Urology	884,487	849,573	977,013	932,615	688,158
Pathology	7,995,840	7,734,905	8,130,816	7,700,646	6,544,493
Radiology	7,180,859	6,791,590	7,087,955	7,026,544	5,577,517

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, 2017 to March 31, 2021

Physicians by Specialty	Number of Services				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Total: All Physicians	1,268,658	1,273,706	1,321,929	1,280,776	1,031,612
Subtotal:					
All Physicians (except Pathology)	938,329	959,770	993,726	966,970	769,354
All Specialists (except GP/FPs & Pathology)	601,174	618,715	640,831	617,370	485,968
Physicians by Specialty					
Anaesthesiology	136,544	144,308	148,137	137,782	89,607
Cardiovascular and Thoracic Surgery	8,021	5,589	5,659	7,113	6,299
Dermatology	11,408	13,049	15,360	19,073	20,561
Emergency Medicine	11,815	12,773	13,782	14,626	11,516
General/Family Physicians (GP/FPs)	337,155	341,055	352,895	349,600	283,386
- General/Family Physicians	311,654	315,063	328,322	325,516	265,444
- Full-Time Emergency Room Physicians	23,145	24,339	22,885	22,669	15,593
- Mental Health Generalists	1,587	810	591	386	1,466
- Other General Practice Physicians ⁽¹⁾	769	843	1,097	1,029	883
General Surgery	22,930	20,555	22,557	23,083	16,151
- General Surgery designated specialty	20,973	18,540	20,532	21,270	14,327
- Other General Surgery ⁽¹⁾	1,957	2,015	2,025	1,813	1,824
Internal Medicine	145,637	147,158	151,293	148,779	129,307
- Internal Medicine designated specialty	38,790	39,182	41,522	38,655	34,879
- Cardiology	19,934	21,443	21,253	20,021	16,388
- Endocrinology/Metabolism	669	864	815	698	992
- Gastroenterology	5,569	5,261	5,718	5,058	4,554
- Infectious Diseases	1,630	1,903	1,761	1,871	1,839
- Other Internal Medicine ⁽¹⁾	79,045	78,505	80,224	82,476	70,655
Neurology	8,464	9,151	9,580	9,357	6,407
Neurosurgery	2,908	2,596	2,699	2,604	1,998
Obstetrics-Gynaecology	18,575	18,471	19,211	21,421	18,576
Ophthalmology	37,140	42,486	44,087	42,494	33,855
Orthopaedic Surgery	15,008	14,194	13,796	14,159	9,441
Otolaryngology	17,048	17,564	17,253	17,716	13,029
Paediatrics	50,070	55,678	57,441	40,210	29,038
Physical Medicine & Rehabilitation	4,062	4,615	5,127	5,292	5,001
Plastic Surgery	6,036	6,691	5,861	5,257	3,259
Psychiatry	33,910	37,678	38,277	38,926	38,081
Urology	5,391	4,945	5,656	5,556	4,570
Pathology	330,329	313,936	328,203	313,806	262,258
Radiology	65,497	60,525	64,073	63,255	48,838

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, 2017 to March 31, 2021

Physicians by Specialty	Number of Discrete Patients ⁽²⁾				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Total: All Physicians	132,041	135,691	135,914	130,997	94,178
Subtotal:					
All Physicians (except Pathology)	128,954	132,590	133,168	128,369	91,710
All Specialists (except GP/FPs & Pathology)	63,083	64,368	66,248	64,793	50,873
Physicians by Specialty					
Anaesthesiology	6,031	6,123	6,271	5,910	3,686
Cardiovascular and Thoracic Surgery	911	871	920	894	769
Dermatology	2,818	2,767	2,913	3,265	2,884
Emergency Medicine	5,936	6,117	6,393	6,297	4,331
General/Family Physicians (GP/FPs)	94,629	97,735	97,468	93,935	62,909
- General/Family Physicians	88,212	91,199	91,553	88,325	59,736
- Full-Time Emergency Room Physicians	11,718	12,043	11,336	10,616	6,397
- Mental Health Generalists	61	67	76	60	131
- Other General Practice Physicians⁽¹⁾	154	136	153	173	173
General Surgery	5,396	5,101	5,298	5,129	3,980
- General Surgery designated specialty	4,855	4,591	4,803	4,719	3,639
- Other General Surgery ⁽¹⁾	598	556	546	490	379
Internal Medicine	17,611	18,942	20,416	18,975	15,934
- Internal Medicine designated specialty	9,509	9,470	10,070	9,241	7,457
- Cardiology	4,621	4,731	4,633	4,661	3,624
- Endocrinology/Metabolism	300	312	345	243	421
- Gastroenterology	1,393	1,350	1,472	1,304	1,131
- Infectious Diseases	410	543	489	494	474
- Other Internal Medicine⁽¹⁾	4,408	5,660	6,557	6,431	5,508
Neurology	2,007	2,094	2,169	2,081	1,688
Neurosurgery	721	699	751	702	497
Obstetrics-Gynaecology	4,004	3,901	3,990	4,197	3,801
Ophthalmology	4,386	4,551	4,714	4,489	3,521
Orthopaedic Surgery	4,834	4,848	4,749	4,843	3,252
Otolaryngology	3,169	3,169	3,233	3,282	2,504
Paediatrics	3,793	3,950	4,061	3,854	2,816
Physical Medicine & Rehabilitation	696	781	897	861	812
Plastic Surgery	1,861	1,861	1,775	1,653	1,012
Psychiatry	2,718	2,803	2,655	2,633	2,517
Urology	1,659	1,794	1,862	1,968	1,494
Pathology	32,381	31,687	30,807	29,830	23,869
Radiology	24,074	23,307	23,683	23,627	17,549

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, 2020 to March 31, 2021

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.}	70,436	35,648	\$3,818,402
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	45,009	16,295	3,757,856
03.03CV	Diagnostic interview and evaluation, described as limited {Assessment of a patient's condition via telephone or secure videoconference.}	37,888	18,607	1,455,549
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	22,610	3,408	2,247,951
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.	16,311	12,016	298,818
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	14,436	921	2,428,891
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.}	14,388	13,583	1,688,429
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}	14,363	8,694	287,260
E 84	Creatinine	13,687	10,596	154,116
E750	Sensitive thyroid stimulating hormone (s-T.S.H)	13,237	11,079	625,581
03.08AZ	Consultation, described as comprehensive {Comprehensive consultation - out of office}	13,079	7,982	2,502,347
E127	Potassium	11,640	9,180	73,448
E137	Sodium	11,499	9,122	72,559
E515	Alanine aminotransferase (ALT)	11,213	9,212	166,289
E524	Chromatography (blood), liquid per specimen, per injection	10,689	9,085	722,683
03.08A	Consultation, described as comprehensive {Comprehensive consultation - in office}	10,274	9,428	1,581,489
03.03AZ	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 - out of office.}	10,111	7,306	633,798
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.}	9,792	4,993	1,034,144
E550D	Ferritin	9,573	8,257	561,265
E142	Triglyceride	8,920	7,861	143,880
E519	Cholesterol, high density lipoprotein (HDL) fraction	8,852	7,827	287,070
E 77	Cholesterol total	7,805	6,897	111,897
E 76	Chloride	7,747	6,225	48,884
E152	Urinalysis without microscopic examination of centrifuged sediment	7,703	5,930	27,577

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, 2020 to March 31, 2021

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
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}	7,595	4,081	\$132,285
E150E	Enzyme, serum otherwise not listed	7,066	5,760	145,772
03.03FV	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit, referred cases only via telephone or secure videoconference.}	6,242	3,968	511,229
E 81	Carbon dioxide (CO2)	6,171	4,836	38,939
08.19CW	Other psychiatric evaluation and interview {Telephone or secure videoconference with a patient for scheduled psychiatric treatment (including group therapy) by a general practitioner or pediatrician, or for a palliative care or a chronic pain visit by an eligible physician, per full 15 minutes.}	6,031	3,361	475,074
03.01NG	Diagnostic interview and evaluation, unqualified {Patient care advice to paramedic - pre hospital patch, Mobile Integrated Healthcare Unit paramedic, assisted living/designated assisted living and lodge staff, active treatment facility worker for hospital in-patient, long term care worker for patients in a long term care facility, nurse practitioner, hospice worker, home care worker, midwife or public health nurse weekdays 0700 to 1700 hours, provided via telephone or other telecommunication methods, in relation to the care and treatment of a patient}	5,476	1,945	95,447
E602	Chlamydia/viral culture e.g. Herpes	5,364	4,680	214,500
E258B	Bacterial culture including, when necessary, identification, sensitivity and quantitation <Only one bacterial culture may be billed per specimen>	5,266	3,928	183,801
03.08CV	Consultation, described as comprehensive {Comprehensive consultation via telephone or secure videoconference}	5,124	4,800	788,414
09.13E	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, interpretation}	5,039	2,438	132,022
E 92D	Glucose - spot	4,912	4,150	50,790
03.52A	Other electrocardiogram {Electrocardiogram, technical}	4,886	4,466	119,707
09.13F	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, technical}	4,596	2,249	94,448
03.52B	Other electrocardiogram {Electrocardiogram, interpretation}	4,519	4,171	44,422
08.19CV	Other psychiatric evaluation and interview {Telephone or secure videoconference with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, including group and family therapy, per 15 minutes or major portion thereof}	4,485	1,118	491,952
E410	C. reactive protein	4,421	3,506	\$44,873
E 68	Calcium	4,415	3,644	75,535
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit - in office.}	4,371	1,202	216,177
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}	4,311	3,253	335,059
E148	Vitamin B 12	4,061	3,770	185,791

Continued...

Note: This table reflects in province medical reciprocal (MEDR) data only. In province medical reciprocal data include services

(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, 2020 to March 31, 2021

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
03.12A	Measurements and manual examination of nervous system and sense organs {Intraocular pressure measurement, unilateral or bilateral}	4,042	1,612	\$105,213
09.01A	Limited eye examination {Biomicroscopy (slit lamp examination)}	3,934	1,716	102,402
E 63	Bilirubin - total - without fractionation	3,826	3,069	36,471
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}	3,800	2,651	126,447
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}	3,685	3,249	429,601
08.19GB	Other psychiatric evaluation and interview {Direct contact with a complex patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof}	3,668	536	617,129

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, 2017 to March 31, 2021⁽¹⁾

Province of Service ⁽²⁾	Payments				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
British Columbia	\$18,444,581	\$17,293,020	\$17,220,077	\$17,572,901	\$16,249,158
Manitoba	1,078,911	1,099,637	1,180,710	1,260,147	978,040
New Brunswick	537,291	467,475	450,028	386,650	360,426
Newfoundland and Labrador	711,483	527,276	445,340	516,247	408,155
Nova Scotia	1,785,847	1,592,681	1,550,746	1,324,783	1,074,133
Northwest Territories	202,201	226,957	186,537	197,749	136,142
Nunavut	162	1,057			
Ontario	6,794,788	6,673,338	6,206,509	6,229,994	4,693,811
Prince Edward Island	166,534	157,992	150,158	139,993	77,874
Saskatchewan	7,120,422	6,825,869	6,427,058	6,182,333	5,188,596
Yukon	175,366	145,634	177,140	162,462	127,946
Total	\$37,017,585	\$35,010,936	\$33,994,303	\$33,973,259	\$29,294,281
Province of Service ⁽²⁾	Number of Services				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
British Columbia	437,853	416,215	380,760	710,465	391,002
Manitoba	24,336	23,938	25,088	26,559	19,543
New Brunswick	7,762	7,893	9,173	6,494	5,504
Newfoundland and Labrador	16,025	11,607	10,161	11,012	7,901
Nova Scotia	27,294	23,600	21,573	18,119	14,283
Northwest Territories	2,878	3,111	2,799	2,830	1,929
Nunavut	4	15			
Ontario	198,993	205,784	191,705	195,616	134,041
Prince Edward Island	2,980	3,056	2,601	2,360	2,355
Saskatchewan	104,732	103,504	95,784	95,678	78,779
Yukon	2,425	2,075	2,275	2,260	1,570
Total	825,282	800,798	741,919	1,071,393	656,907
Province of Service ⁽²⁾	Number of Discrete Patients				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
British Columbia	77,730	73,312	70,131	67,502	54,433
Manitoba	5,332	5,044	5,019	4,787	3,141
New Brunswick	2,573	2,424	2,281	1,992	1,361
Newfoundland and Labrador	4,261	3,127	2,790	2,686	1,609
Nova Scotia	7,238	6,321	5,683	5,101	3,502
Northwest Territories	1,025	1,035	956	891	588
Nunavut	3	13			
Ontario	26,684	25,676	23,905	23,331	14,660
Prince Edward Island	926	819	804	698	341
Saskatchewan	23,495	23,003	22,208	21,913	16,620
Yukon	727	665	643	665	390
Total	149,994	141,439	134,420	129,566	96,645

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, 2020 to March 31, 2021

Province of Service	Payment	Number of Services	Number of Discrete Patients
British Columbia	\$41,347,339	67,885	32,475
Manitoba	2,051,445	2,866	1,397
New Brunswick	1,859,193	4,275	1,652
Newfoundland	1,951,046	3,997	1,527
Northwest Territories	710,955	1,747	777
Nova Scotia	2,421,046	6,233	2,649
Nunavut Territory	58,324	93	50
Ontario	9,557,678	14,422	7,967
Prince Edward Island	416,633	1,437	722
Quebec	2,142,401	2,370	915
Saskatchewan	7,500,425	12,186	7,165
Yukon Territory	324,617	648	324
Total	\$70,341,102	118,159	57,620

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.

Effective April 1, 2020, only the cost of insured emergency physician and/or hospital services received outside of Canada are eligible for reimbursement under the Alberta Health Care Insurance Plan. Emergency services consist of insured services rendered in relation to an illness, disease or condition that is acute and unexpected, arose outside of Canada, and requires treatment without delay outside Canada.

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, 2017 to March 31, 2020

Practitioner Type	Number of Services					Number of Discrete Patients					Payments				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Physician⁽³⁾	31,224	30,653	27,434	19,339	10,480	9,826	8,702	6,001	\$2,474,336	\$2,494,650	\$2,204,584	\$1,653,886			
Dentists/Dental Specialists/Oral Surgeons	9	12	8	4	5	2	3	4	1,883	3,508	2,871	1,542			
Total⁽⁴⁾	31,233	30,665	27,442	19,343	10,480	9,826	8,702	6,002	\$2,476,219	\$2,498,157	\$2,207,455	\$1,655,428			
Practitioner Type	UNITED STATES														
Physicians⁽³⁾	17,313	17,371	16,168	10,649	5,534	5,398	4,814	3,426	\$1,263,826	\$1,301,623	\$1,252,281	\$863,897			
Dentists/Dental Specialists/Oral Surgeons	7	8	8	3	3	2	3	2	1,317	2,871	228				
Total⁽⁴⁾	17,320	17,371	16,176	10,652	5,534	5,398	4,814	3,426	\$1,265,143	\$1,301,623	\$1,255,152	\$864,125			
Practitioner Type	OUT-OF-COUNTRY (EXCEPT UNITED STATES)														
Physicians⁽³⁾	13,911	13,282	11,266	8,690	5,006	4,474	3,930	2,608	\$1,210,510	\$1,193,027	\$952,304	\$789,990			
Dentists/Dental Specialists/Oral Surgeons	2	12	2	1	2	2	1	1	566	3,508	1,313				
Total⁽⁴⁾	13,913	13,294	11,266	8,691	5,006	4,474	3,930	2,609	\$1,211,076	\$1,196,534	\$952,304	\$791,303			

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, 2019 to March 31, 2020

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}	94	51	\$10,538
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.}	75	38	3,199
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	30	28	5,205
E500B	Unlisted procedures (out of Canada referrals)	16	9	3,232
03.07A	Consultation, described as limited {Minor consultation - in office}	15	14	1,636
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.}	14	11	1,852
09.13E	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, interpretation}	12	6	278
28.79B	Other operations on vitreous {Intravitreal injection for drug delivery}	12	6	1,344
09.13F	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, technical}	11	6	190
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	10	5	3,027
03.08A	Consultation, described as comprehensive {Comprehensive consultation - in office}	9	8	1,497
03.05DR	Other diagnostic interview and evaluation {Rotation duty, emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	8	8	359
E 43	Prothrombin time	8	2	117
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.}	7	1	391
E322	Tissue, gross and microscopic examination with report	5	4	592
13.55A	Chemotherapy for treatment of malignant disease	5	1	397
17.71A	Peripheral nerve injection, unqualified {Local block(s) of somatic nerve(s)}	3	3	58
98.12J	Local excision or destruction of lesion or tissue of skin and subcutaneous tissue {Removal or excision, first lesion}	3	1	173
13.59C	Injection or infusion of other therapeutic or prophylactic substance NEC {Initiation of intravenous}	3	3	177
03.52A	Other electrocardiogram {Electrocardiogram, technical}	3	3	74
X 21	Chest - multiple views	3	3	117

Continued...

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

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

Table 2.28 A
 Out-of-Country Basic Health Services:
 Top 50 Health Service Codes for the Services Provided in United States
 for the Service Year April 1, 2019 to March 31, 2020

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
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}	3	3	\$392
18.29E	Other injection into sympathetic nerve or ganglion {Paravertebral block}	2	1	240
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	181
03.52B	Other electrocardiogram {Electrocardiogram, interpretation}	2	2	20
33.01A	Control of epistaxis by anterior nasal packing {Control of epistaxis by anterior nasal packing with or without cautery}	2	1	250
03.41C	Cardiovascular stress test using treadmill {Continuous personal physician monitoring, with or without pulse oximetry}	2	2	122
03.41B	Cardiovascular stress test using treadmill {Interpretation}	2	2	41
19.7 A	Parathyroidectomy {Parathyroidectomy}	2	2	1,000
28.74B	Discission of vitreous strands {Stripping of premacular membrane associated with vitrectomy}	2	1	2,434
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	84
E151	Urinalysis routine examination - including exam of centrifuged sediment	2	2	14
99.09C	Surgical procedures NOS {Unlisted Procedures, Eyes}	1	1	349
98.12Q	Local excision or destruction of lesion or tissue of skin and subcutaneous tissue {Removal of any atypical or neoplastic lesion(s) - any method excluding cryotherapy for actinic keratoses} <<Multiple dysplastic or localized carcinomatous lesions of the skin>>	1	1	141
98.12A	Local excision or destruction of lesion or tissue of skin and subcutaneous tissue {Excisional biopsy, skin}	1	1	81
03.07DA	Consultation described as limited {Limited Consultation}	1	1	48
98.03C	Other incision with drainage of skin and subcutaneous tissue {Aspiration of hematoma}	1	1	19
91.34G	Open reduction of fracture with internal fixation, femur {ORIF femoral shaft fracture}	1	1	879
91.30D	Open reduction of fracture with internal fixation, humerus {Supracondylar}	1	1	659
09.11A	Examination of form and structure of eye {Bilateral specular microscopy for corneal graft patients only - technical}	1	1	16
69.83A	Cystogram and cystourethrogram {Voiding}	1	1	30
59.0 A	Appendectomy {Appendectomy with or without abscess}	1	1	222
1.34	Cystoscopy	1	1	124

Continued...

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

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

Table 2.28 A
 Out-of-Country Basic Health Services:
 Top 50 Health Service Codes for the Services Provided in United States
 for the Service Year April 1, 2019 to March 31, 2020

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
52.31C	Radical neck dissection, unqualified {Functional or selective neck dissection with preservation of all non-lymphatic structures, (e.g., sternocleidomastoid muscle, jugular vein, spinal accessory nerve), unilateral, including removal of three or more nodal levels in the neck}	1	1	\$518
09.01B	Limited eye examination {Gonioscopy}	1	1	26
51.3 A	Suture of vessel {Repair of traumatic injury to major vessels, trunk}	1	1	659
09.05A	Visual field study {Full threshold perimetric examination, technical}	1	1	40
68.99A	Other operations on ureter NEC {Insertion of double "J" stent}	1	1	171
91.09A	Closed reduction of fracture (without internal fixation) unspecified bone {Diaphyseal bone external fixation with possible metaphyseal fixation}	1	1	527
91.31B	Open reduction of fracture with internal fixation, radius and ulna {Radius shaft}	1	1	352

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, 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.}	3,628	2,848	\$136,427
03.05DR	Other diagnostic interview and evaluation {Rotation duty, emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	1,794	1,525	72,373
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	1,601	647	157,595
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}	580	559	75,486
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	564	444	86,614
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.}	338	316	35,887
56.93C	{Sleeve gastrectomy for obesity}	326	112	224,424
E500B	Unlisted procedures (out of Canada referrals)	313	245	28,884
03.07A	Consultation, described as limited {Minor consultation - in office}	292	254	21,468
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	225	49	63,204
13.59A	Injection or infusion of other therapeutic or prophylactic substance nec {Intramuscular or subcutaneous injections}	195	180	2,205
E277	Serologic identification - antibodies, using up to four antigens, e.g. Agglutination, Complement fixation, Enzyme immunoassay	146	143	2,910
93.59A	Other total hip replacement {Total hip arthroplasty}	133	67	101,455
03.08A	Consultation, described as comprehensive {Comprehensive consultation - in office}	123	108	18,197
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}	116	89	34,756
E152	Urinalysis without microscopic examination of centrifuged sediment	112	107	401
13.59C	Injection or infusion of other therapeutic or prophylactic substance NEC {Initiation of intravenous}	101	90	5,136
03.52A	Other electrocardiogram {Electrocardiogram, technical}	94	84	2,336
E 43	Prothrombin time	86	22	1,200
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>	83	80	10,585

Continued...

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

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

Table 2.28 B
Out-of-Country Basic Health Services:
Top 50 Health Service Codes for the Services Provided in Other Countries (Except United States)
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
93.41A	Total knee replacement (geomedic) (polycentric) {Total knee arthroplasty, including hemiarthroplasty}	83	33	\$60,731
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)}	80	79	5,452
13.99B	Other miscellaneous diagnostic & therapeutic procedures NEC {Hemodialysis treatment, stable patient} <For assessment and management of a stable patient with chronic renal failure>	75	7	2,265
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.	70	49	1,208
03.03N	Diagnostic interview and evaluation, described as limited {Home visit - first patient} <<Home Visits>>	62	46	5,059
28.79B	Other operations on vitreous {Intravitreal injection for drug delivery}	58	33	6,073
X 21	Chest - multiple views	54	53	1,948
59.0 A	Appendectomy {Appendectomy with or without abscess}	49	34	20,294
09.13E	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, interpretation}	46	31	1,162
E151	Urinalysis routine examination - including exam of centrifuged sediment	41	40	279
1.14	Other nonoperative gastroscopy <Esophagogastrosocopy>	39	33	4,196
09.13F	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, technical}	39	26	765
56.93F	Gastric partitioning for obesity {Placement of gastric band including port placement}	32	12	19,737
63.14	Laparoscopic cholecystectomy	31	19	12,310
X 20	Chest - single view	27	25	743
1.22	Other nonoperative colonoscopy {Other nonoperative colonoscopy}	26	21	4,249
X 40	Ankle	25	23	888
X 43	Knee	24	23	963
E 92D	Glucose - spot	24	22	241
03.52B	Other electrocardiogram {Electrocardiogram, interpretation}	22	21	216
91.70A	Closed reduction of dislocation of shoulder {Primary}	22	17	2,050
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit - in office.}	21	3	727
27.72A	Insertion of intraocular lens prosthesis with cataract extraction, one stage {Phacoemulsification cataract extraction, anterior approach, with or without insertion of intraocular lens}	21	10	4,462
98.11A	Debridement of wound or infected tissue {Non-functional area, up to 32 total square cms}	20	17	1,704

Continued...

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

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

Table 2.28 B
 Out-of-Country Basic Health Services:
 Top 50 Health Service Codes for the Services Provided in Other Countries (non US)
 for the Service Year April 1, 2019 to March 31, 2020

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
X 31	Wrist or carpal bone (or wrist and hand)	20	19	\$740
91.01F	Closed reduction of fracture (without internal fixation), radius and ulna {Colles}	18	14	2,519
16.49D	Other repair and plastic operation on spinal cord structures {Laminectomy lumbar, for stenosis, 2 levels or less}	18	11	13,030
E258B	Bacterial culture including, when necessary, identification, sensitivity and quantitation <Only one bacterial culture may be billed per specimen>	17	17	822
51.59D	Other repair of blood vessel NEC {Percutaneous transluminal coronary angioplasty with associated diagnostic angiogram}	16	14	15,729
92.31S	Excision or destruction of intervertebral disc {Artificial disc replacement, lumbar disc}	16	8	22,417

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, 2017 to March 31, 2021

Status of Applications	Required services not available in Alberta				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Reviewed	83.0	59.0	67.0	62.0	52.0
Approved	36.5	27.0	30.0	37.0	12.5
Deferred ⁽¹⁾	6.5	5.0	6.0	7.0	0.0
Denied	40.0	27.0	31.0	18.0	2.5

Note: Applications listed as 0.5 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, 2017 to March 31, 2021

Status of Applications	Required services not available in Alberta				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Reviewed	14.0	12.0	14.0	15.0	12.0
Approved	4.0	0.0	1.0	1.0	0.0
Varied ⁽¹⁾	0.0	1.0	0.0	0.0	0.0
Denied	10.0	11.0	13.0	14.0	12.0

Note: Applications listed as 0.5 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, 2017 to March 31, 2021

Amount Paid (\$)	Type of Service				
	Required services not available in Alberta				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Medical Services	\$1,707,087	\$2,028,985	\$1,242,108	\$2,892,627	\$1,178,391
Hospital Services	5,018,579	3,506,352	3,805,464	6,206,606	6,929,644
Total	\$6,725,666	\$5,535,337	\$5,047,572	\$9,099,233	\$8,108,035

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, 2021, there are 40 PCNs operating in the province. Alberta Heartland merged with Sherwood Park-Strathcona County PCN since June 2020.

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, 2020 to March 31, 2021

Primary Care Network	AHS Zone	Number of Primary Care Providers	Number of Patients Enrolled ⁽²⁾	Total Payments to the Primary Care Network ⁽³⁾
Chinook	South Zone	200	175,696	\$11,080,863
Palliser	South Zone	123	106,655	6,475,151
Bow Valley	Calgary Zone	61	26,046	1,254,397
Calgary Foothills	Calgary Zone	562	398,398	24,738,589
Calgary Rural	Calgary Zone	177	113,490	6,861,069
Calgary West Central	Calgary Zone	567	309,007	18,084,232
Highland	Calgary Zone	84	75,165	4,070,275
Mosaic	Calgary Zone	388	356,851	21,254,166
South Calgary	Calgary Zone	302	250,228	14,236,205
Big Country	Central Zone	50	38,488	2,421,075
Camrose	Central Zone	46	31,019	1,824,569
Drayton Valley	Central Zone	20	17,053	984,741
Kalyna Country	Central Zone	38	26,437	1,877,549
Lloydminster	Central Zone	29	19,631	1,124,426
Peaks to Prairies	Central Zone	42	23,595	1,347,374
Provost	Central Zone	6	4,354	253,658
Red Deer	Central Zone	106	120,814	7,455,398
Rocky Mountain House	Central Zone	30	14,181	843,046
Wainwright	Central Zone	15	9,579	528,837
Wetaskiwin	Central Zone	33	22,498	1,273,746
Wolf Creek	Central Zone	90	74,840	4,627,526
Alberta Heartland⁽⁴⁾	Edmonton Zone	32	21,201	1,557,266
Edmonton North	Edmonton Zone	215	214,518	13,263,988
Edmonton Oliver	Edmonton Zone	211	154,492	9,677,885
Edmonton Southside	Edmonton Zone	367	359,055	21,892,987
Edmonton West	Edmonton Zone	239	186,278	11,122,276
Leduc/Beaumont/Devon	Edmonton Zone	67	58,690	3,558,091
Sherwood Park-Strathcona County⁽⁴⁾	Edmonton Zone	120	117,702	6,957,629
St. Albert & Sturgeon	Edmonton Zone	86	83,497	5,009,347
WestView	Edmonton Zone	90	77,191	4,383,921
Aspen	North Zone	63	50,069	3,229,425
Bighorn (formerly Grande Cache)	North Zone	22	13,485	592,235
Bonnyville	North Zone	32	14,788	888,807
Cold Lake	North Zone	25	14,551	954,210
Grande Prairie	North Zone	70	87,555	4,691,671
Lakeland	North Zone	47	38,287	2,397,633
McLeod River	North Zone	43	36,221	2,046,975
Northwest	North Zone	25	23,309	1,126,295
Peace Region	North Zone	30	13,780	784,117
Saddle Hills (formerly West Peace)	North Zone	26	17,096	1,057,744
Wood Buffalo	North Zone	47	65,095	3,578,589
Total		4,826	3,860,885	\$231,387,982

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, 2020 to March 31, 2021

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.

(4) Alberta Heartland merged with Sherwood Park-Strathcona County PCN since June 2020.

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 2020/2021*.

Highlights

- A total of 38.12% of physician fee-for-service expenditures were for services received in Edmonton Zone (Zone 4); 40.36% for services received in Calgary Zone (Zone 2) and the balance, 21.52%, for services received in the other three zones.
- In Alberta, 89.11% 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

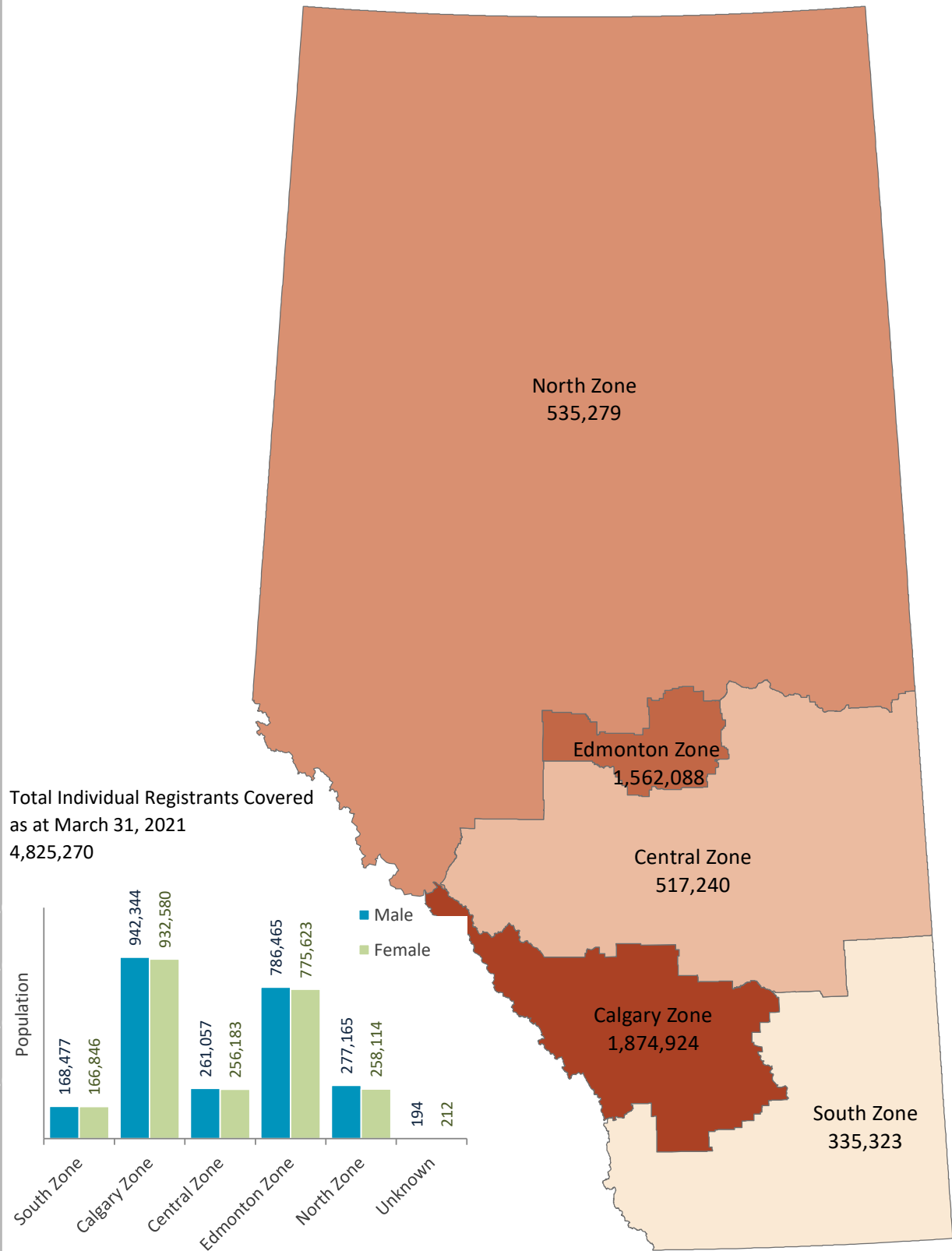
The map on continuum health zones (Map 3.1) shows the current five continuum zones that were put in place on May 15, 2008.

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 3.4, 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

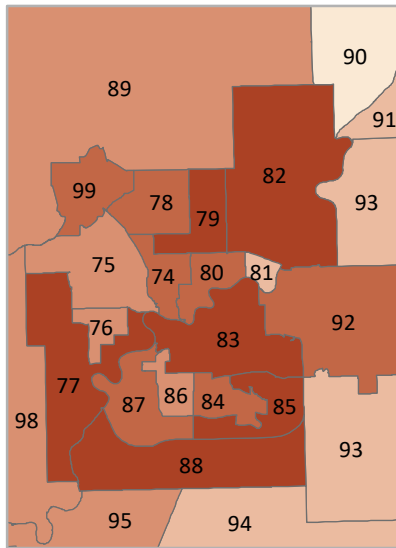
Distribution of Individual Registrants Covered by Alberta Health Services Geographic Zone



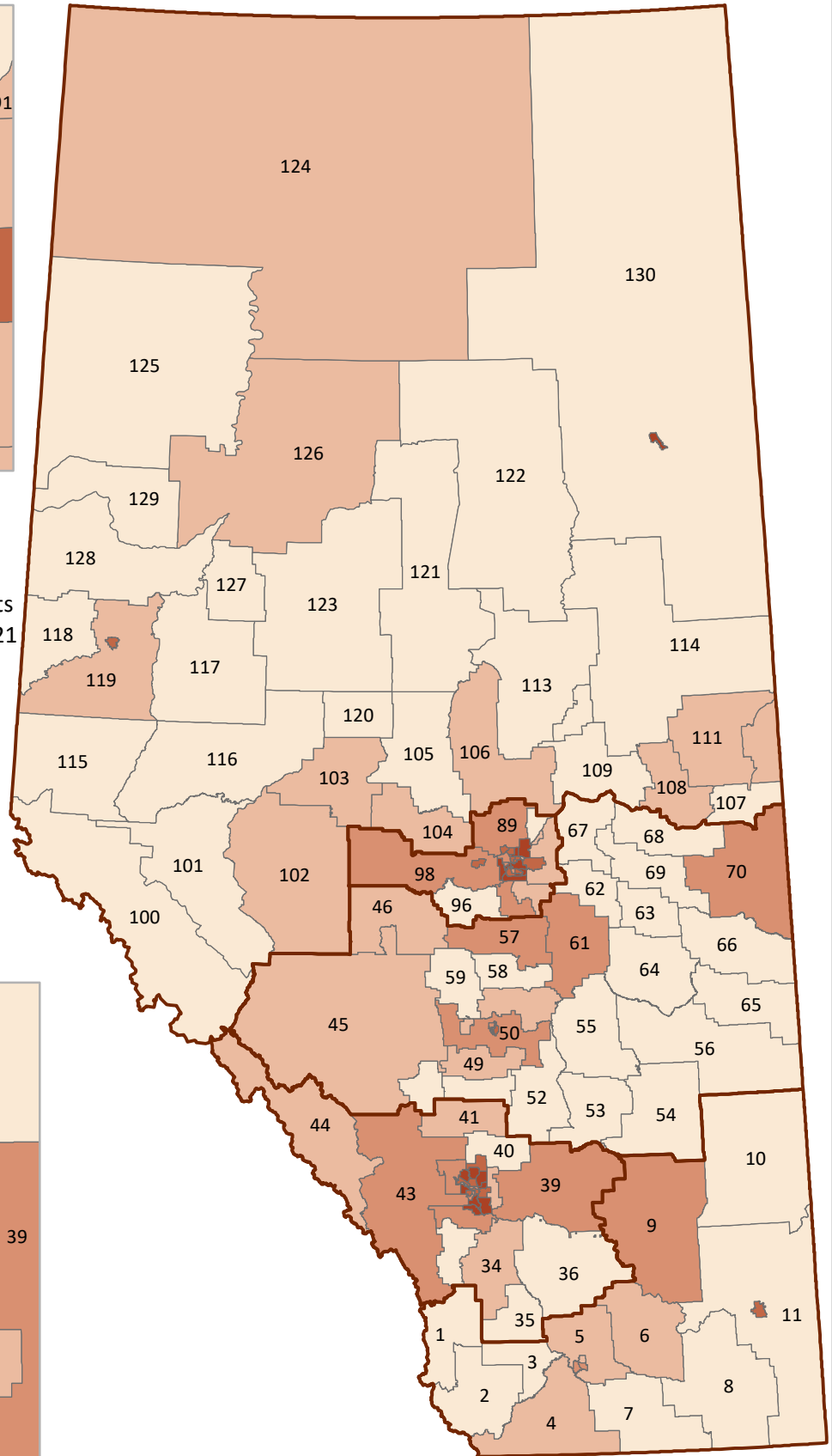
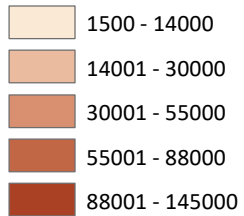
Map 3.2

Edmonton Area

Distribution of Individual Registrants Covered by Local Geographic Area



Alberta Individual Registrants Covered as at March 31, 2021



Calgary Area

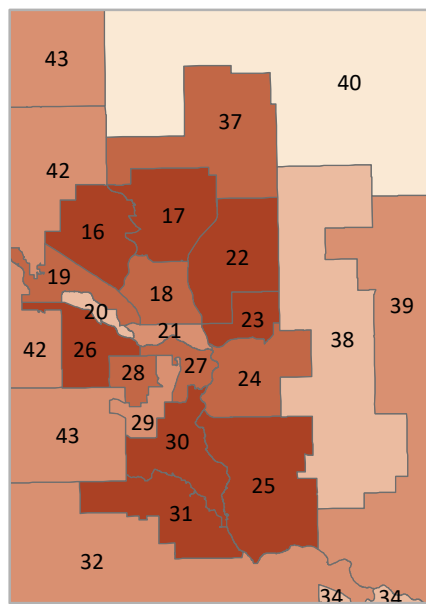


Table 3.1
Distribution of Individual Registrants Covered
by Local Geographic Area (LGA)
as at March 31, 2021

LGA ID	LGA Code	LGA Name	Individual Registrants Covered
SOUTH ZONE			
1	Z1.1.A.01	Crowsnest Pass	6,712
2	Z1.1.A.02	Pincher Creek	9,039
3	Z1.1.A.03	Fort Macleod	7,321
4	Z1.1.B.04	Cardston-Kainai	18,489
5	Z1.2.A.01	County Of Lethbridge	27,859
6	Z1.2.B.02	Taber Md	21,169
7	Z1.2.C.03	County Of Warner	11,971
8	Z1.2.C.04	County Of Forty Mile	7,185
9	Z1.3.A.01	Newell	30,637
10	Z1.3.B.02	Oyen	3,732
11	Z1.3.B.03	Cypress County	12,148
12	Z1.4.A.01	Medicine Hat	73,892
13	Z1.5.A.01	Lethbridge - West	39,605
14	Z1.5.B.02	Lethbridge - North	29,568
15	Z1.5.C.03	Lethbridge - South	35,997

Continued...

Table 3.1
Distribution of Individual Registrants Covered
by Local Geographic Area (LGA)
as at March 31, 2021

LGA ID	LGA Code	LGA Name	Individual Registrants Covered
CALGARY ZONE			
16	Z2.1.A.01	Calgary - Upper Nw	136,826
17	Z2.1.B.02	Calgary - North	128,970
18	Z2.1.C.03	Calgary - Nose Hill	87,411
19	Z2.1.D.04	Calgary - Lower Nw	69,219
20	Z2.1.E.05	Calgary - West Bow	23,108
21	Z2.1.F.06	Calgary - Centre North	48,287
22	Z2.2.A.01	Calgary - Upper Ne	133,950
23	Z2.2.B.02	Calgary - Lower Ne	108,966
24	Z2.3.A.01	Calgary - East	80,917
25	Z2.3.B.02	Calgary - Se	143,612
26	Z2.4.A.01	Calgary - West	101,237
27	Z2.4.B.02	Calgary - Centre	77,783
28	Z2.4.C.03	Calgary - Centre West	71,731
29	Z2.4.D.04	Calgary - Elbow	44,156
30	Z2.4.E.05	Calgary - Fish Creek	124,062
31	Z2.4.F.06	Calgary - Sw	127,947
32	Z2.5.A.01	Okotoks-Priddis	48,974
33	Z2.5.B.02	Black Diamond	9,340
34	Z2.5.B.03	High River	25,478
35	Z2.5.C.04	Claresholm	6,790
36	Z2.5.C.05	Vulcan	7,299
37	Z2.6.A.01	Airdrie	77,459
38	Z2.6.B.02	Chestermere	26,681
39	Z2.6.C.03	Strathmore	38,725
40	Z2.6.C.04	Crossfield	9,803
41	Z2.6.C.05	Didsbury	17,972
42	Z2.7.A.01	Cochrane-Springbank	52,758
43	Z2.7.B.02	Canmore	30,731
44	Z2.7.B.03	Banff	14,739

Continued...

Table 3.1
Distribution of Individual Registrants Covered
by Local Geographic Area (LGA)
as at March 31, 2021

LGA ID	LGA Code	LGA Name	Individual Registrants Covered
CENTRAL ZONE			
45	Z3.1.A.01	Rocky Mountain House	22,393
46	Z3.1.B.02	Drayton Valley	19,683
47	Z3.2.A.01	Sundre	7,280
48	Z3.2.A.02	Olds	13,274
49	Z3.2.B.03	Innisfail	16,934
50	Z3.2.C.04	Red Deer County	31,366
51	Z3.2.C.05	Sylvan Lake	19,690
52	Z3.3.A.01	Three Hills/Highway 21	11,913
53	Z3.3.A.02	Starland County/Drumheller	12,504
54	Z3.3.A.04	Planning & Special Area 2	3,887
55	Z3.3.B.03	Stettler & County	13,279
56	Z3.3.B.05	Castor/Coronation/Consort	6,638
57	Z3.4.A.01	Wetaskiwin County	36,818
58	Z3.4.B.02	Ponoka	13,140
59	Z3.4.B.03	Rimbey	10,820
60	Z3.4.B.04	Lacombe	25,490
61	Z3.5.A.01	Camrose & County	32,269
62	Z3.5.B.02	Tofield	8,234
63	Z3.5.B.03	Viking	2,512
64	Z3.5.B.04	Flagstaff County	9,164
65	Z3.5.C.05	Md Of Provost	5,333
66	Z3.5.C.06	Md Of Wainwright	12,752
67	Z3.6.A.01	Lamont County	6,829
68	Z3.6.A.02	Two Hills County	6,248
69	Z3.6.A.03	Vegreville/Minburn County	11,306
70	Z3.6.B.04	Vermilion River County	40,768
71	Z3.7.A.01	Red Deer - North	39,680
72	Z3.7.B.02	Red Deer - Sw	17,645
73	Z3.7.C.03	Red Deer - East	59,391

Continued...

Table 3.1
Distribution of Individual Registrants Covered
by Local Geographic Area (LGA)
as at March 31, 2021

LGA ID	LGA Code	LGA Name	Individual Registrants Covered
EDMONTON ZONE			
74	Z4.1.A.01	Edmonton - Woodcroft East	66,480
75	Z4.1.B.02	Edmonton - Woodcroft West	36,356
76	Z4.1.C.03	Edmonton - Jasper Place	50,124
77	Z4.1.D.04	Edmonton - West Jasper Place	114,334
78	Z4.2.A.01	Edmonton - Castle Downs	76,712
79	Z4.2.B.02	Edmonton - Northgate	89,648
80	Z4.2.C.03	Edmonton - Eastwood	79,830
81	Z4.2.D.04	Edmonton - Abbottsfield	16,288
82	Z4.2.E.05	Edmonton - Ne	97,983
83	Z4.3.A.01	Edmonton - Bonnie Doon	103,842
84	Z4.3.B.02	Edmonton - Mill Woods West	56,878
85	Z4.3.C.03	Edmonton - Mill Woods South & East	93,435
86	Z4.4.A.01	Edmonton - Duggan	44,302
87	Z4.4.B.02	Edmonton - Twin Brooks	82,868
88	Z4.4.C.03	Edmonton - Rutherford	119,858
89	Z4.5.A.01	Sturgeon County West	32,429
90	Z4.5.B.02	Sturgeon County East	6,383
91	Z4.5.B.03	Fort Saskatchewan	27,867
92	Z4.6.A.01	Sherwood Park	87,620
93	Z4.6.B.02	Strathcona County Excluding Sherwood Park	19,182
94	Z4.7.A.01	Beaumont	27,058
95	Z4.7.A.02	Leduc & Devon	45,146
96	Z4.7.A.03	Thorsby	9,890
97	Z4.8.A.01	Stony Plain & Spruce Grove	62,526
98	Z4.8.B.02	Westview Excluding Stony Plain & Spruce Grove	40,110
99	Z4.9.A.01	St. Albert	74,941

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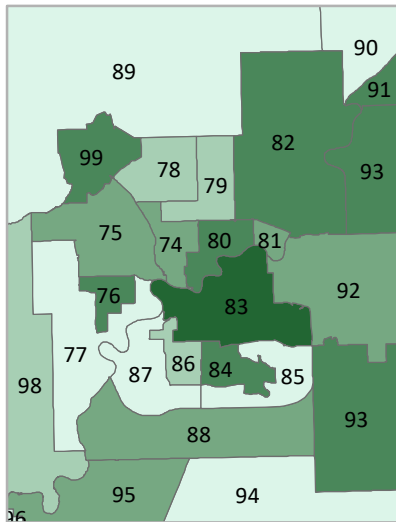
Table 3.1
Distribution of Individual Registrants Covered
by Local Geographic Area (LGA)
as at March 31, 2021

LGA ID	LGA Code	LGA Name	Individual Registrants Covered
NORTH ZONE			
100	Z5.1.A.01	Jasper	6,405
101	Z5.1.A.02	Hinton	13,688
102	Z5.1.A.03	Edson	17,676
103	Z5.1.B.04	Whitecourt	15,857
104	Z5.1.B.05	Mayerthorpe	17,782
105	Z5.1.C.06	Barrhead	11,672
106	Z5.1.C.07	Westlock	20,633
107	Z5.2.A.01	Frog Lake	5,222
108	Z5.2.A.04	St. Paul	17,222
109	Z5.2.A.05	Smoky Lake	5,166
110	Z5.2.B.02	Cold Lake	23,226
111	Z5.2.B.03	Bonnyville	17,870
112	Z5.2.C.06	Boyle	3,990
113	Z5.2.C.07	Athabasca	11,641
114	Z5.2.C.08	Lac La Biche	11,341
115	Z5.3.A.01	Grande Cache	4,708
116	Z5.3.A.02	Fox Creek	2,479
117	Z5.3.A.03	Valleyview	7,982
118	Z5.3.A.05	Beaverlodge	13,592
119	Z5.3.B.04	Grande Prairie County	21,916
120	Z5.4.A.01	Swan Hills	1,558
121	Z5.4.A.02	Slave Lake	12,987
122	Z5.4.A.03	Wabasca	4,834
123	Z5.4.A.07	High Prairie	13,342
124	Z5.4.B.04	High Level	28,432
125	Z5.4.B.05	Manning	3,654
126	Z5.4.C.06	Peace River	20,271
127	Z5.4.D.08	Falher	4,902
128	Z5.4.D.09	Spirit River	7,171
129	Z5.4.D.10	Fairview	9,090
130	Z5.5.A.01	Wood Buffalo	4,663
131	Z5.6.A.01	Fort McMurray	91,464
132	Z5.7.A.01	City Of Grande Prairie	82,843
Unknown			406

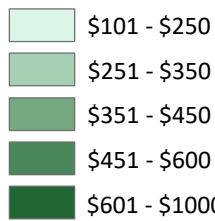
Map 3.3

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

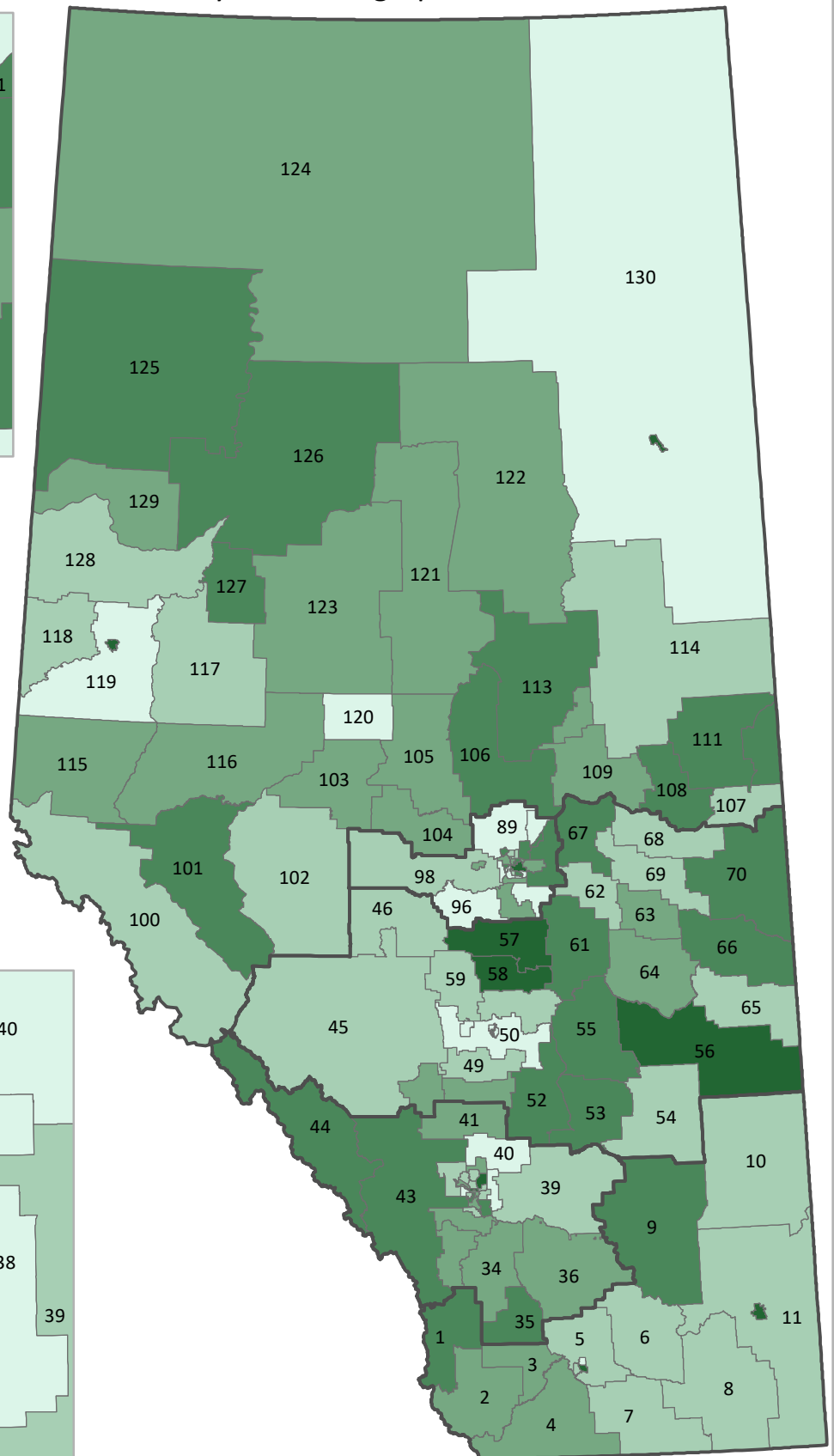
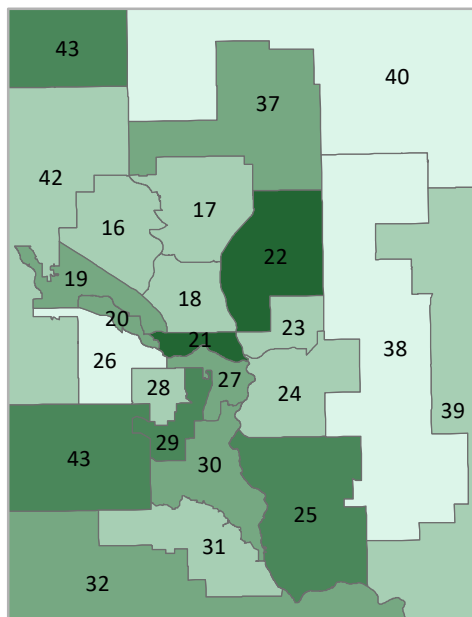
Edmonton Area



Fee-for-Service Payments per Discrete Patient 2020/2021



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, 2020 to March 31, 2021

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
SOUTH ZONE			
1	Z1.1.A.01	Crowsnest Pass	\$507.47
2	Z1.1.A.02	Pincher Creek	392.76
3	Z1.1.A.03	Fort Macleod	373.30
4	Z1.1.B.04	Cardston-Kainai	423.91
5	Z1.2.A.01	County Of Lethbridge	265.55
6	Z1.2.B.02	Taber Md	253.51
7	Z1.2.C.03	County Of Warner	326.78
8	Z1.2.C.04	County Of Forty Mile	287.14
9	Z1.3.A.01	Newell	543.80
10	Z1.3.B.02	Oyen	339.92
11	Z1.3.B.03	Cypress County	291.38
12	Z1.4.A.01	Medicine Hat	889.48
13	Z1.5.A.01	Lethbridge - West	282.09
14	Z1.5.B.02	Lethbridge - North	234.73
15	Z1.5.C.03	Lethbridge - South	800.26

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, 2020 to March 31, 2021

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
CALGARY ZONE			
16	Z2.1.A.01	Calgary - Upper Nw	\$286.92
17	Z2.1.B.02	Calgary - North	298.77
18	Z2.1.C.03	Calgary - Nose Hill	268.33
19	Z2.1.D.04	Calgary - Lower Nw	388.75
20	Z2.1.E.05	Calgary - West Bow	405.22
21	Z2.1.F.06	Calgary - Centre North	722.89
22	Z2.2.A.01	Calgary - Upper Ne	654.67
23	Z2.2.B.02	Calgary - Lower Ne	328.20
24	Z2.3.A.01	Calgary - East	305.64
25	Z2.3.B.02	Calgary - Se	574.71
26	Z2.4.A.01	Calgary - West	248.63
27	Z2.4.B.02	Calgary - Centre	412.66
28	Z2.4.C.03	Calgary - Centre West	330.52
29	Z2.4.D.04	Calgary - Elbow	585.78
30	Z2.4.E.05	Calgary - Fish Creek	363.06
31	Z2.4.F.06	Calgary - Sw	309.30
32	Z2.5.A.01	Okotoks-Priddis	375.56
33	Z2.5.B.02	Black Diamond	354.03
34	Z2.5.B.03	High River	354.17
35	Z2.5.C.04	Claresholm	520.64
36	Z2.5.C.05	Vulcan	380.25
37	Z2.6.A.01	Airdrie	351.06
38	Z2.6.B.02	Chestermere	237.77
39	Z2.6.C.03	Strathmore	346.01
40	Z2.6.C.04	Crossfield	187.34
41	Z2.6.C.05	Didsbury	433.78
42	Z2.7.A.01	Cochrane-Springbank	325.43
43	Z2.7.B.02	Canmore	543.96
44	Z2.7.B.03	Banff	469.34

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, 2020 to March 31, 2021

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
CENTRAL ZONE			
45	Z3.1.A.01	Rocky Mountain House	\$283.08
46	Z3.1.B.02	Drayton Valley	318.73
47	Z3.2.A.01	Sundre	430.35
48	Z3.2.A.02	Olds	444.40
49	Z3.2.B.03	Innisfail	349.36
50	Z3.2.C.04	Red Deer County	140.96
51	Z3.2.C.05	Sylvan Lake	220.97
52	Z3.3.A.01	Three Hills/Highway 21	502.92
53	Z3.3.A.02	Starland County/Drumheller	576.13
54	Z3.3.A.04	Planning & Special Area 2	326.03
55	Z3.3.B.03	Stettler & County	471.84
56	Z3.3.B.05	Castor/Coronation/Consort	617.33
57	Z3.4.A.01	Wetaskiwin County	610.66
58	Z3.4.B.02	Ponoka	985.04
59	Z3.4.B.03	Rimbey	349.68
60	Z3.4.B.04	Lacombe	288.84
61	Z3.5.A.01	Camrose & County	530.66
62	Z3.5.B.02	Tofield	341.25
63	Z3.5.B.03	Viking	417.67
64	Z3.5.B.04	Flagstaff County	421.47
65	Z3.5.C.05	Md Of Provost	328.77
66	Z3.5.C.06	Md Of Wainwright	474.85
67	Z3.6.A.01	Lamont County	492.10
68	Z3.6.A.02	Two Hills County	345.69
69	Z3.6.A.03	Vegreville/Minburn County	322.27
70	Z3.6.B.04	Vermilion River County	460.90
71	Z3.7.A.01	Red Deer - North	197.81
72	Z3.7.B.02	Red Deer - Sw	780.97
73	Z3.7.C.03	Red Deer - East	219.61

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, 2020 to March 31, 2021

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
EDMONTON ZONE			
74	Z4.1.A.01	Edmonton - Woodcroft East	\$429.61
75	Z4.1.B.02	Edmonton - Woodcroft West	380.50
76	Z4.1.C.03	Edmonton - Jasper Place	548.35
77	Z4.1.D.04	Edmonton - West Jasper Place	230.71
78	Z4.2.A.01	Edmonton - Castle Downs	293.01
79	Z4.2.B.02	Edmonton - Northgate	345.27
80	Z4.2.C.03	Edmonton - Eastwood	589.59
81	Z4.2.D.04	Edmonton - Abbottsfield	390.47
82	Z4.2.E.05	Edmonton - Ne	487.99
83	Z4.3.A.01	Edmonton - Bonnie Doon	698.05
84	Z4.3.B.02	Edmonton - Mill Woods West	575.75
85	Z4.3.C.03	Edmonton - Mill Woods South & East	217.49
86	Z4.4.A.01	Edmonton - Duggan	273.34
87	Z4.4.B.02	Edmonton - Twin Brooks	235.92
88	Z4.4.C.03	Edmonton - Rutherford	387.77
89	Z4.5.A.01	Sturgeon County West	206.16
90	Z4.5.B.02	Sturgeon County East	219.34
91	Z4.5.B.03	Fort Saskatchewan	472.21
92	Z4.6.A.01	Sherwood Park	396.33
93	Z4.6.B.02	Strathcona County Excluding Sherwood Park	486.78
94	Z4.7.A.01	Beaumont	201.93
95	Z4.7.A.02	Leduc & Devon	421.42
96	Z4.7.A.03	Thorsby	198.21
97	Z4.8.A.01	Stony Plain & Spruce Grove	426.54
98	Z4.8.B.02	Westview Excluding Stony Plain & Spruce Grove	287.36
99	Z4.9.A.01	St. Albert	516.13

Continued...

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

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

Table 3.2
Distribution of Payments per Discrete Patient by Local Geographic Area (LGA)⁽¹⁾
for the Service Year April 1, 2020 to March 31, 2021

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
NORTH ZONE			
100	Z5.1.A.01	Jasper	\$316.67
101	Z5.1.A.02	Hinton	451.05
102	Z5.1.A.03	Edson	307.79
103	Z5.1.B.04	Whitecourt	409.40
104	Z5.1.B.05	Mayerthorpe	350.25
105	Z5.1.C.06	Barrhead	439.10
106	Z5.1.C.07	Westlock	508.57
107	Z5.2.A.01	Frog Lake	330.21
108	Z5.2.A.04	St. Paul	583.66
109	Z5.2.A.05	Smoky Lake	435.77
110	Z5.2.B.02	Cold Lake	478.55
111	Z5.2.B.03	Bonnyville	556.50
112	Z5.2.C.06	Boyle	389.26
113	Z5.2.C.07	Athabasca	451.99
114	Z5.2.C.08	Lac La Biche	342.36
115	Z5.3.A.01	Grande Cache	378.36
116	Z5.3.A.02	Fox Creek	389.41
117	Z5.3.A.03	Valleyview	342.37
118	Z5.3.A.05	Beaverlodge	263.92
119	Z5.3.B.04	Grande Prairie County	200.25
120	Z5.4.A.01	Swan Hills	168.74
121	Z5.4.A.02	Slave Lake	371.47
122	Z5.4.A.03	Wabasca	426.36
123	Z5.4.A.07	High Prairie	440.03
124	Z5.4.B.04	High Level	430.96
125	Z5.4.B.05	Manning	480.59
126	Z5.4.C.06	Peace River	464.09
127	Z5.4.D.08	Falher	451.05
128	Z5.4.D.09	Spirit River	307.62
129	Z5.4.D.10	Fairview	392.50
130	Z5.5.A.01	Wood Buffalo	178.13
131	Z5.6.A.01	Fort McMurray	673.64
132	Z5.7.A.01	City Of Grande Prairie	664.52

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, 2020 to March 31, 2021

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	398,600	68,996	277	104,366	35,289	211
Z5.2.C.07	Athabasca	50,894	8,292	67	5,250	2,531	49
Z2.7.B.03	Banff	79,329	12,914	70	14,195	4,381	42
Z5.1.C.06	Barrhead	90,614	12,599	57	5,846	1,961	45
Z4.7.A.01	Beaumont	63,956	12,837	115	615	219	63
Z5.3.A.05	Beaverlodge	44,571	10,342	54	124	85	33
Z2.5.B.02	Black Diamond	56,466	10,268	70	377	99	47
Z5.2.B.03	Bonnyville	142,138	17,174	80	21,287	7,210	116
Z5.2.C.06	Boyle	26,673	3,648	42	48	37	24
Z2.4.B.02	Calgary - Centre	606,534	118,718	584	1,481,280	161,655	566
Z2.1.F.06	Calgary - Centre North	768,098	127,820	556	2,356,248	211,140	988
Z2.4.C.03	Calgary - Centre West	417,221	72,015	373	465,010	74,769	266
Z2.3.A.01	Calgary - East	264,543	44,513	265	56,081	13,882	156
Z2.4.D.04	Calgary - Elbow	609,047	116,685	477	1,709,523	187,295	807
Z2.4.E.05	Calgary - Fish Creek	819,847	136,082	516	800,456	142,694	384
Z2.2.B.02	Calgary - Lower NE	629,305	112,061	348	218,249	58,874	175
Z2.1.D.04	Calgary - Lower NW	286,107	59,850	337	759,183	137,341	652
Z2.1.B.02	Calgary - North	405,821	77,172	383	183,471	63,984	260
Z2.1.C.03	Calgary - Nose Hill	356,574	67,976	351	228,615	31,379	159
Z2.3.B.02	Calgary - SE	662,210	125,584	468	1,071,451	145,507	713
Z2.4.F.06	Calgary - SW	639,745	122,072	374	288,596	53,921	222
Z2.2.A.01	Calgary - Upper NE	986,151	172,669	460	1,833,668	206,877	826
Z2.1.A.01	Calgary - Upper NW	538,689	107,141	475	264,914	56,329	258
Z2.4.A.01	Calgary - West	462,502	89,849	425	244,604	92,323	256
Z2.1.E.05	Calgary - West Bow	257,928	35,482	258	489,021	89,528	288
Z3.5.A.01	Camrose & County	199,254	25,718	173	72,767	16,445	128
Z2.7.B.02	Canmore	177,204	24,266	140	81,998	9,940	147
Z1.1.B.04	Cardston-Kainai	93,826	13,409	71	1,539	775	74
Z3.3.B.05	Castor/Coronation/Consort	41,473	4,573	55	67	36	29
Z2.6.B.02	Chestermere	69,865	14,212	97	2,494	399	65
Z5.7.A.01	City of Grande Prairie	473,015	71,806	171	495,348	55,410	164
Z2.5.C.04	Claresholm	43,640	6,831	73	35,631	1,439	46
Z2.7.A.01	Cochrane-Springbank	188,446	34,505	241	77,722	6,066	148
Z5.2.B.02	Cold Lake	97,228	14,774	73	15,483	6,098	60

Continued...

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

Table 3.3
Distribution of Services, Discrete Patients, and Physicians
by Local Geographic Area (LGA)
for the Service Year April 1, 2020 to March 31, 2021

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	20,357	3,927	59	262	76	22
Z1.2.A.01	County of Lethbridge excluding the City of Lethbridge	84,233	14,914	107	4,746	1,550	42
Z1.2.C.03	County of Warner	81,435	12,953	75	676	223	31
Z2.6.C.04	Crossfield	8,601	2,513	93	245	110	41
Z1.1.A.01	Crowsnest Pass	58,326	6,592	65	3,788	1,416	61
Z1.3.B.03	Cypress County excluding Medicine Hat	9,919	1,451	51	302	107	27
Z2.6.C.05	Didsbury	70,622	10,770	124	3,395	1,297	57
Z3.1.B.02	Drayton Valley	139,492	26,515	94	2,223	684	59
Z4.2.D.04	Edmonton - Abbottsfield	141,662	21,564	139	16,891	4,694	79
Z4.3.A.01	Edmonton - Bonnie Doon	754,649	116,964	482	2,666,031	256,175	1,034
Z4.2.A.01	Edmonton - Castle Downs	344,479	56,106	245	81,490	31,794	178
Z4.4.A.01	Edmonton - Duggan	339,239	64,523	248	179,658	56,259	219
Z4.2.C.03	Edmonton - Eastwood	692,011	100,081	591	2,747,089	357,172	913
Z4.1.C.03	Edmonton - Jasper Place	672,132	97,669	430	1,274,405	190,430	556
Z4.3.C.03	Edmonton - Mill Woods South & East	179,477	40,516	201	7,599	2,634	106
Z4.3.B.02	Edmonton - Mill Woods West	732,157	123,229	413	1,538,219	155,998	547
Z4.2.E.05	Edmonton - NE	284,974	63,844	330	425,883	44,735	299
Z4.2.B.02	Edmonton - Northgate	453,109	80,232	315	325,104	82,033	361
Z4.4.C.03	Edmonton - Rutherford	523,726	118,436	348	516,530	91,741	341
Z4.4.B.02	Edmonton - Twin Brooks	364,773	73,318	339	30,509	4,843	137
Z4.1.D.04	Edmonton - West Jasper Place	237,771	45,174	292	24,609	6,616	149
Z4.1.A.01	Edmonton - Woodcroft East	771,617	114,233	392	1,034,020	137,661	520
Z4.1.B.02	Edmonton - Woodcroft West	195,854	35,419	223	116,054	22,860	163
Z5.1.A.03	Edson	74,320	12,328	60	1,012	452	46
Z5.4.D.10	Fairview	30,041	4,714	53	74	42	22
Z5.4.D.08	Falher	21,549	3,389	56	1,292	464	23
Z3.5.B.04	Flagstaff County	60,030	9,572	71	422	232	41
Z1.1.A.03	Fort Macleod	21,816	4,625	59	282	122	35
Z5.6.A.01	Fort McMurray	465,251	56,157	169	178,590	21,266	181
Z4.5.B.03	Fort Saskatchewan	238,215	34,607	176	92,714	27,909	249
Z5.3.A.02	Fox Creek	9,940	1,916	27	41	22	11
Z5.2.A.01	Frog Lake	29,498	5,702	48	65	39	23
Z5.3.A.01	Grande Cache	17,405	2,997	26	38	15	14

Continued...

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

Table 3.3
Distribution of Services, Discrete Patients, and Physicians
by Local Geographic Area (LGA)
for the Service Year April 1, 2020 to March 31, 2021

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	15,496	3,723	55	172	99	41
Z5.4.B.04	High Level	113,444	16,929	53	5,233	2,628	106
Z5.4.A.07	High Prairie	69,048	9,791	59	136	107	47
Z2.5.B.03	High River	176,686	35,869	165	30,461	6,681	107
Z5.1.A.02	Hinton	74,670	10,765	69	14,428	4,331	77
Z3.2.B.03	Innisfail	81,070	14,109	101	6,867	2,039	72
Z5.1.A.01	Jasper	22,424	4,605	21	358	174	31
Z5.2.C.08	Lac La Biche	60,378	9,391	50	164	80	42
Z3.4.B.04	Lacombe	110,976	22,206	103	5,445	1,083	69
Z3.6.A.01	Lamont County	45,320	6,347	76	5,537	2,014	43
Z4.7.A.02	Leduc & Devon	296,789	53,568	209	129,851	29,337	216
Z1.5.B.02	Lethbridge - North	24,162	5,422	104	1,149	492	65
Z1.5.C.03	Lethbridge - South	636,780	85,729	258	878,996	81,063	186
Z1.5.A.01	Lethbridge - West	119,877	23,472	134	77,234	21,343	86
Z3.5.C.05	MD of Provost	23,714	3,894	29	52	21	18
Z3.5.C.06	MD of Wainwright	62,831	9,256	60	5,957	2,774	96
Z5.4.B.05	Manning	14,795	2,336	35	34	24	12
Z5.1.B.05	Mayerthorpe	35,866	7,099	97	1,792	370	68
Z1.4.A.01	Medicine Hat	567,650	71,375	237	613,911	54,060	181
Z1.3.A.01	Newell	150,229	20,912	101	17,343	4,529	74
Z2.5.A.01	Okotoks-Priddis	270,611	46,615	215	75,187	21,361	125
Z3.2.A.02	Olds	119,741	16,190	93	12,738	2,264	67
Z1.3.B.02	Oyen	17,239	2,441	49	102	32	14
Z5.4.C.06	Peace River	111,397	15,797	101	3,031	1,126	57
Z1.1.A.02	Pincher Creek	69,780	9,406	70	3,577	2,053	45
Z3.3.A.04	Planning & Special Area 2	20,901	3,484	34	137	82	28
Z3.4.B.02	Ponoka	305,282	18,043	93	117,584	3,388	64
Z3.7.C.03	Red Deer - East	164,455	37,313	160	48,675	15,851	109
Z3.7.A.01	Red Deer - North	124,468	33,293	130	31,438	4,306	77
Z3.7.B.02	Red Deer - SW	436,094	83,518	217	1,100,672	116,321	313
Z3.2.C.04	Red Deer County excluding the City of Red Deer	14,117	5,944	137	20,878	3,627	73
Z3.4.B.03	Rimbey	48,895	6,797	63	697	156	41
Z3.1.A.01	Rocky Mountain House	74,283	13,492	131	5,189	1,643	72
Z4.6.A.01	Sherwood Park	545,063	97,428	318	342,031	68,861	344

Continued...

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

Table 3.3
Distribution of Services, Discrete Patients, and Physicians
by Local Geographic Area (LGA)
for the Service Year April 1, 2020 to March 31, 2021

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	51,345	8,962	51	23,816	8,291	59
Z5.2.A.05	Smoky Lake	28,533	3,921	42	71	40	30
Z5.4.D.09	Spirit River	18,754	3,945	48	72	44	23
Z4.9.A.01	St. Albert	673,034	106,377	355	519,522	79,021	360
Z5.2.A.04	St. Paul	78,710	11,331	101	47,626	1,929	57
Z3.3.A.02	Starland County/Drumheller	103,375	10,890	86	12,637	2,345	69
Z3.3.B.03	Stettler & County	94,026	12,116	68	3,369	1,114	70
Z4.8.A.01	Stony Plain & Spruce Grove	431,189	72,666	247	145,742	35,214	204
Z4.6.B.02	Strathcona County excluding Sherwood Park	2,974	268	99	428	158	58
Z2.6.C.03	Strathmore	133,948	20,967	142	7,627	2,233	136
Z4.5.B.02	Sturgeon County East	17,807	3,490	49	218	139	29
Z4.5.A.01	Sturgeon County West	44,441	8,488	131	1,879	844	80
Z3.2.A.01	Sundre	55,055	8,405	90	175	96	33
Z5.4.A.01	Swan Hills				15	10	9
Z3.2.C.05	Sylvan Lake	96,841	23,012	110	11,215	5,787	86
Z1.2.B.02	Taber MD	36,251	7,257	77	4,827	2,657	72
Z4.7.A.03	Thorsby	11,667	2,907	50	249	83	39
Z3.3.A.01	Three Hills/Highway 21	48,730	6,073	99	1,137	306	48
Z3.5.B.02	Tofield	29,057	4,409	57	206	72	44
Z3.6.A.02	Two Hills County	21,188	3,484	39	95	30	15
Z5.3.A.03	Valleyview	24,437	5,288	29	92	61	36
Z3.6.A.03	Vegreville/Minburn County	41,690	6,835	76	3,973	715	59
Z3.6.B.04	Vermilion River County	138,818	21,023	91	88,679	17,550	150
Z3.5.B.03	Viking	31,409	4,210	37	440	139	15
Z2.5.C.05	Vulcan	28,812	4,759	69	1,246	134	44
Z5.4.A.03	Wabasca	18,140	3,278	43	119	68	25
Z5.1.C.07	Westlock	157,735	20,456	117	7,046	3,029	64
Z4.8.B.02	Westview excluding Stony Plain and Spruce Grove	7,064	1,160	144	743	293	92
Z3.4.A.01	Wetaskiwin County	218,665	24,867	170	47,656	7,774	115
Z5.1.B.04	Whitcourt	84,614	13,511	64	1,054	756	48
Z5.5.A.01	Wood Buffalo excluding Fort McMurray	1,410	335	17	51	18	14
Unknown		398,211	92,090	1,325	253,087	90,102	852
Total		27,328,669	3,264,315	5,371	29,401,953	2,138,237	4,271

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, 2020 to March 31, 2021

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	\$230,937,728	\$216,921,809	\$9,054,568	\$1,951,687	\$1,476,982	\$1,308,962	\$223,719
Calgary Zone	1,463,281,639	36,805,134	1,370,714,632	32,693,130	14,007,286	8,167,595	893,861
Central Zone	295,689,341	1,879,240	11,896,702	261,933,606	13,144,922	6,487,934	346,937
Edmonton Zone	1,381,920,533	4,374,930	17,446,790	73,858,739	1,175,628,814	108,873,290	1,737,969
North Zone	221,607,707	597,819	1,998,270	3,182,202	10,090,512	205,421,265	317,639
Unknown	31,963,162	2,131,271	9,007,797	10,363,426	7,076,641	3,175,771	208,256
Total	\$3,625,400,111	\$262,710,204	\$1,420,118,760	\$383,982,791	\$1,221,425,157	\$333,434,817	\$3,728,381
GENERAL/FAMILY PHYSICIANS							
South Zone	\$110,597,125	\$103,516,955	\$4,404,441	\$917,198	\$820,924	\$830,200	\$107,407
Calgary Zone	550,325,959	5,721,037	527,785,893	6,728,114	6,196,072	3,544,715	350,128
Central Zone	158,811,570	1,204,218	7,040,616	138,496,763	8,512,290	3,373,945	183,738
Edmonton Zone	481,118,064	1,662,010	6,776,264	12,493,820	441,131,068	18,439,970	614,931
North Zone	153,457,471	430,408	1,393,994	2,106,144	6,505,670	142,822,549	198,706
Unknown	16,914,783	1,213,757	4,935,802	5,935,523	3,017,358	1,639,435	172,908
Total	\$1,471,224,972	\$113,748,385	\$552,337,010	\$166,677,562	\$466,183,382	\$170,650,814	\$1,627,819
SPECIALISTS (includes Pathology)							
South Zone	\$120,340,603	\$113,404,854	\$4,650,127	\$1,034,489	\$656,059	\$478,762	\$116,312
Calgary Zone	912,955,680	31,084,098	842,928,739	25,965,016	7,811,214	4,622,881	543,733
Central Zone	136,877,771	675,022	4,856,085	123,436,844	4,632,632	3,113,989	163,199
Edmonton Zone	900,802,469	2,712,920	10,670,526	61,364,919	734,497,746	90,433,320	1,123,038
North Zone	68,150,235	167,411	604,276	1,076,058	3,584,841	62,598,716	118,933
Unknown	15,048,379	917,514	4,071,995	4,427,904	4,059,283	1,536,336	35,347
Total	\$2,154,175,138	\$148,961,819	\$867,781,749	\$217,305,229	\$755,241,776	\$162,784,004	\$2,100,561

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, 2020 to March 31, 2021

Services							
Zone Service Location	Zone Recipient Location						
	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
ALL PHYSICIANS							
South Zone	3,600,614	3,384,026	140,453	29,392	22,457	20,693	3,593
Calgary Zone	23,298,467	519,848	21,924,208	481,429	226,075	132,495	14,412
Central Zone	4,558,175	30,497	193,250	4,009,451	214,812	104,768	5,397
Edmonton Zone	21,262,128	63,729	265,329	1,008,708	18,414,702	1,482,583	27,077
North Zone	3,359,934	8,267	27,394	44,125	134,251	3,141,017	4,880
Unknown	651,304	58,574	212,525	157,056	162,197	57,211	3,741
Total	56,730,622	4,064,941	22,763,159	5,730,161	19,174,494	4,938,767	59,100
GENERAL/FAMILY PHYSICIANS							
South Zone	1,991,880	1,865,943	79,083	16,296	14,040	14,549	1,969
Calgary Zone	10,413,154	101,747	10,001,380	123,116	113,412	66,521	6,978
Central Zone	2,951,248	22,395	129,934	2,567,582	162,378	65,568	3,391
Edmonton Zone	9,043,969	31,643	127,194	222,179	8,323,120	327,975	11,858
North Zone	2,530,207	6,271	20,247	32,733	97,005	2,370,708	3,243
Unknown	398,211	42,482	121,734	114,356	81,652	34,799	3,188
Total	27,328,669	2,070,481	10,479,572	3,076,262	8,791,607	2,880,120	30,627
SPECIALISTS (includes Pathology)							
South Zone	1,608,734	1,518,083	61,370	13,096	8,417	6,144	1,624
Calgary Zone	12,885,313	418,101	11,922,828	358,313	112,663	65,974	7,434
Central Zone	1,606,927	8,102	63,316	1,441,869	52,434	39,200	2,006
Edmonton Zone	12,218,159	32,086	138,135	786,529	10,091,582	1,154,608	15,219
North Zone	829,727	1,996	7,147	11,392	37,246	770,309	1,637
Unknown	253,093	16,092	90,791	42,700	80,545	22,412	553
Total	29,401,953	1,994,460	12,283,587	2,653,899	10,382,887	2,058,647	28,473

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, 2020 to March 31, 2021

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	262,017	232,910	20,776	3,783	3,444	2,571	322
Calgary Zone	1,448,103	43,484	1,327,652	40,712	27,988	12,661	1,576
Central Zone	394,927	3,522	27,381	332,557	22,165	11,891	695
Edmonton Zone	1,350,429	4,584	31,454	87,609	1,111,680	121,497	2,075
North Zone	352,624	1,431	5,378	7,410	26,254	313,975	616
Unknown	170,527	18,130	64,014	28,642	38,353	21,438	450
Total⁽²⁾	3,460,496	246,015	1,357,752	375,817	1,138,271	359,841	5,030
GENERAL/FAMILY PHYSICIANS							
South Zone	245,993	221,901	16,649	3,134	3,113	2,422	287
Calgary Zone	1,320,963	15,232	1,256,522	20,237	22,420	10,043	1,321
Central Zone	375,081	3,256	24,364	320,858	20,138	8,756	602
Edmonton Zone	1,120,553	3,416	23,783	34,549	1,014,059	49,173	1,651
North Zone	337,174	1,352	4,993	6,506	19,874	306,116	558
Unknown	92,090	12,949	26,700	21,309	17,588	13,553	334
Total⁽²⁾	3,264,315	234,141	1,291,963	362,425	1,044,797	345,550	4,392
SPECIALISTS (includes Pathology)							
South Zone	143,892	132,870	7,911	1,666	1,118	800	146
Calgary Zone	913,076	35,636	830,182	29,857	12,641	6,386	773
Central Zone	170,978	1,030	7,315	151,609	6,370	5,269	300
Edmonton Zone	931,840	2,741	14,262	73,288	742,506	102,189	1,276
North Zone	113,443	305	1,215	2,055	9,484	100,554	225
Unknown	90,105	6,337	39,945	11,290	23,047	9,469	148
Total⁽²⁾	2,138,237	148,105	848,155	211,422	756,894	180,407	2,622

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, 2017 to March 31, 2021

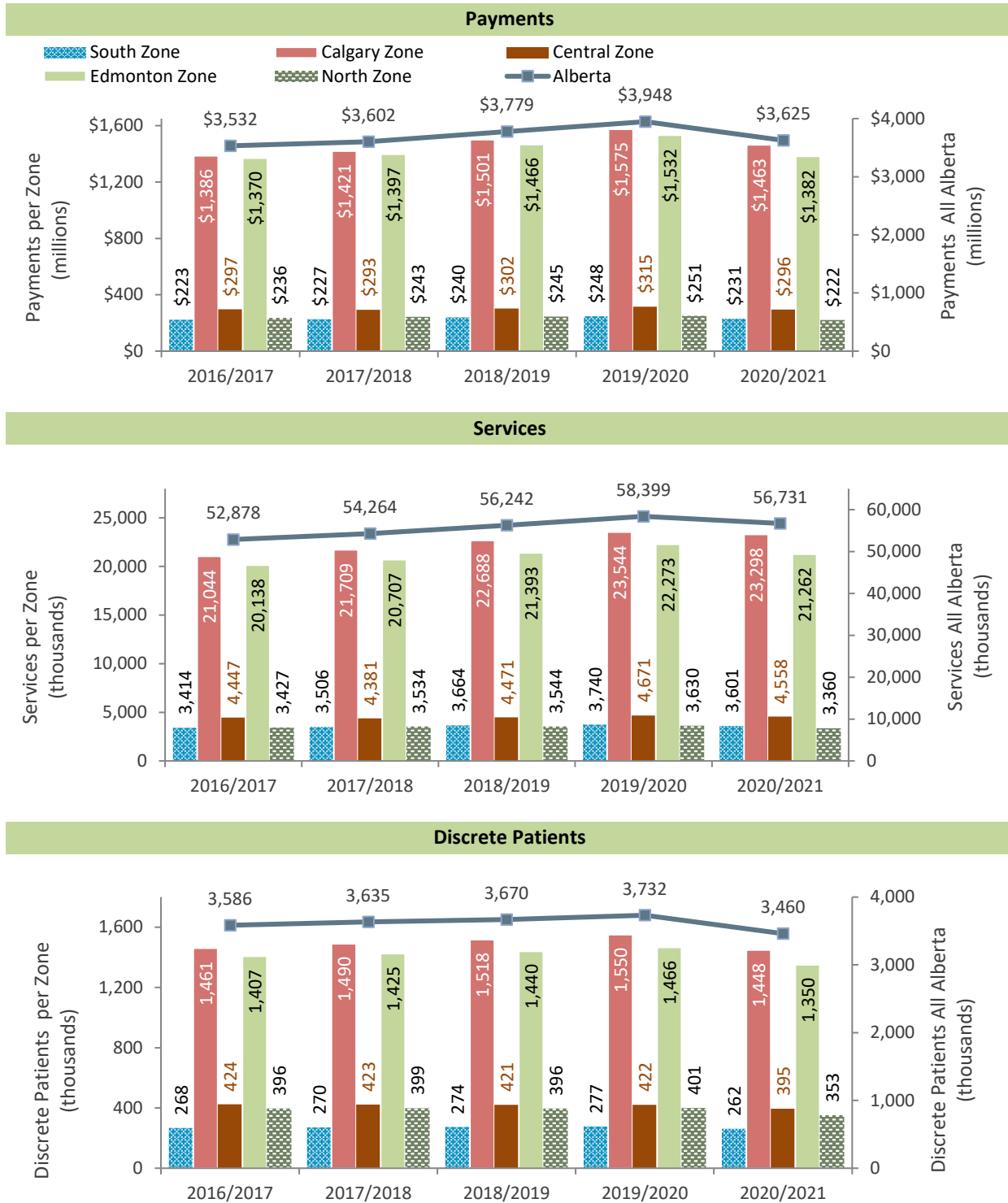


Table 3.5

Distribution of Payments⁽¹⁾ by Diagnostic Chapter (ICD9) and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2020 to March 31, 2021

Diagnostic Chapter (ICD9)	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
Infectious and Parasitic Diseases	\$100,820,724	\$6,541,829	\$42,390,618	\$7,793,995	\$37,169,702	\$5,308,064	\$1,616,515
Neoplasms	144,020,834	8,544,552	62,534,120	9,628,589	56,650,478	5,825,383	837,711
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	108,292,699	7,392,171	42,057,296	9,102,725	40,318,192	8,512,163	910,152
Diseases of Blood and Blood Forming Organs	14,947,706	1,377,608	5,217,089	1,558,173	5,297,005	1,278,697	219,135
Mental Disorders	486,177,296	26,535,785	190,533,344	43,367,208	189,481,592	25,098,689	11,160,678
Diseases of the Nervous System and Sense Organs	252,756,811	18,239,338	119,859,337	14,324,161	91,385,974	8,276,524	671,478
Diseases of the Circulatory System	219,401,861	16,299,437	77,247,551	18,004,501	93,387,249	12,338,304	2,124,819
Diseases of the Respiratory System	111,638,861	7,513,129	38,737,053	10,409,280	45,578,192	8,448,825	952,382
Diseases of the Digestive System	126,175,268	9,279,887	43,431,713	14,500,761	45,088,818	12,345,560	1,528,529
Diseases of the Genitourinary System	142,352,264	10,500,076	56,725,428	15,480,284	48,563,924	10,081,710	1,000,843
Complications of Pregnancy, Childbirth and the Puerperium	83,694,891	4,470,861	35,573,628	6,760,259	28,146,171	8,024,895	719,076
Diseases of the Skin and Subcutaneous Tissue	89,978,408	5,861,772	36,760,332	8,286,655	31,793,527	6,627,956	648,167
Diseases of the Musculoskeletal System and Connective Tissue	227,999,293	17,276,570	97,280,738	19,250,785	78,367,692	14,116,402	1,707,105
Congenital Anomalies	12,210,579	373,782	5,714,960	356,274	5,327,089	370,465	68,010
Certain Conditions Originating in the Perinatal Period	12,331,902	1,905,611	3,585,668	2,117,123	2,839,043	1,653,422	231,035
Symptoms, Signs and Ill-Defined Conditions	388,310,954	24,775,002	141,555,994	33,586,707	156,450,494	28,201,829	3,740,928
Injury and Poisoning	192,711,129	13,760,605	69,885,565	18,267,449	71,859,592	17,321,870	1,616,049
Non-Standard Diagnostic Codes⁽²⁾	301,056,967	17,534,673	123,734,581	22,259,533	109,296,338	26,286,573	1,945,270
Unknown Diagnostic Chapter ⁽³⁾	610,521,662	32,755,041	270,456,624	40,634,878	244,919,463	21,490,376	265,280
Total	\$3,625,400,111	\$230,937,728	\$1,463,281,639	\$295,689,341	\$1,381,920,533	\$221,607,707	\$31,963,162

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

(1) Payment totals have been rounded.

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

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

Table 3.6
 Distribution of Physicians with Total Payments of \$10,000 and Over, and Average Payments
 by Alberta Health Services Geographic Zone
 for the Service Year April 1, 2020 to March 31, 2021⁽¹⁾

Zone Service Location	Total ⁽²⁾			General/Family Physicians			Specialists ⁽²⁾		
	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments
South Zone	613	\$207,286,005	\$338,150	391	\$110,225,351	\$281,906	222	\$97,060,655	\$437,210
Calgary Zone	3,882	1,265,354,732	325,954	2,253	549,483,558	243,890	1,629	715,871,174	439,454
Central Zone	923	265,551,157	287,704	628	158,142,471	251,819	295	107,408,686	364,097
Edmonton Zone	3,188	1,194,276,536	374,616	1,658	480,278,408	289,673	1,530	713,998,128	466,665
North Zone	713	206,742,978	289,962	533	153,023,221	287,098	180	53,719,756	298,443
Unknown	440	29,118,372	66,178	213	15,283,838	71,755	227	13,834,534	60,945
Total⁽³⁾⁽⁴⁾	8,749	\$3,174,555,495	\$362,848	5,161	\$1,470,462,539	\$284,918	3,588	\$1,704,092,956	\$474,942

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) This excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing.

(3) 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.

(4) 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.

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, 2020 to March 31, 2021⁽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	210	249	461	411	540	320	1,112
10,000 - 19,999	118	23	87	34	52	26	59
20,000 - 39,999	200	21	125	37	59	38	58
40,000 - 59,999	164	8	101	34	53	21	21
60,000 - 79,999	171	12	99	24	66	18	14
80,000 - 99,999	191	14	99	19	58	17	9
100,000 - 119,999	209	10	96	28	62	19	8
120,000 - 139,999	200	11	111	27	56	17	10
140,000 - 159,999	226	17	118	19	72	15	7
160,000 - 179,999	246	15	106	29	84	25	5
180,000 - 199,999	251	10	120	14	92	20	5
200,000 - 299,999	1,130	86	485	126	357	81	12
300,000 - 399,999	918	73	340	118	272	101	2
400,000 - 499,999	484	37	169	60	151	55	1
500,000 - 599,999	289	28	90	37	81	41	1
600,000 - 699,999	155	13	51	16	51	16	1
700,000 - 799,999	89	4	30	5	35	11	
800,000 - 899,999	52	8	13		26	5	
900,000 - 999,999	31	1	5	1	12	3	
1,000,000 & over	37		8		19	4	
Total	5,371	640	2,714	1,039	2,198	853	1,325

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, 2020 to March 31, 2021⁽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	265	157	310	312	250	320	626
10,000 - 19,999	65	16	38	38	44	45	86
20,000 - 39,999	105	20	60	42	59	40	60
40,000 - 59,999	108	9	51	34	59	25	20
60,000 - 79,999	82	4	53	26	26	17	13
80,000 - 99,999	72	5	37	12	37	8	6
100,000 - 119,999	81	6	46	8	37	5	11
120,000 - 139,999	84	3	44	7	32	6	10
140,000 - 159,999	80	4	40	10	32	7	1
160,000 - 179,999	79	6	41	4	36	3	3
180,000 - 199,999	94	1	43	11	48	5	6
200,000 - 299,999	523	25	272	34	202	9	5
300,000 - 399,999	551	22	255	26	236	9	2
400,000 - 499,999	494	28	216	27	213	19	1
500,000 - 599,999	428	27	188	23	178	19	1
600,000 - 699,999	287	20	101	21	124	12	1
700,000 - 799,999	194	16	65	19	76	16	
800,000 - 899,999	147	8	52	18	53	6	1
900,000 - 999,999	82	8	32	3	35	5	
1,000,000 & over	450	24	192	24	187	4	
Total	4,271	409	2,136	699	1,964	580	853

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, 2020 to March 31, 2021⁽¹⁾⁽⁴⁾

Physicians by Specialty	Number of Physicians			
	All Zones ⁽²⁾	Calgary Zone	Edmonton Zone	All Other Zones
Anaesthesiology	454	215	195	70
Cardiovascular and Thoracic Surgery	27	7	20	
Dermatology	61	37	25	10
Emergency Medicine	199	120	81	21
General/Family Physicians (GP/FPs)	5,371	2,714	2,198	1,902
General Surgery	221	86	95	96
Internal Medicine	906	438	474	319
Neurology	88	42	44	30
Neurosurgery	6	2	4	
Obstetrics-Gynaecology	253	121	108	74
Ophthalmology	139	67	59	35
Orthopaedic Surgery	185	98	76	69
Otolaryngology	76	32	35	17
Paediatrics	412	254	132	74
Physical Medicine and Rehabilitation	69	27	42	6
Plastic Surgery	71	40	28	15
Psychiatry	589	300	302	174
Urology	64	26	29	37
All Specialists (except GP/FPs, Pathologists and Radiologists) ⁽³⁾	3,824	1,913	1,752	1,050
Total: All Physicians (except Pathologists and Radiologists)⁽³⁾	9,195	4,627	3,950	2,952

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, 2017 to March 31, 2021

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Zone Service Location	Number of Service Events				
South Zone	73,348	62,511	61,222	62,668	52,889
Calgary Zone	1,389,995	1,410,776	1,486,422	1,532,297	1,394,330
Central Zone	16,294	47,985	69,057	72,485	65,482
Edmonton Zone	782,114	812,498	786,876	771,099	734,734
North Zone	16,961	19,924	16,873	16,084	17,134
Unknown	72,151	69,950	74,927	65,073	72,357
Zone Service Location	Number of Discrete Patients				
South Zone	16,884	13,681	13,755	14,172	12,277
Calgary Zone	209,370	209,531	213,284	216,589	193,192
Central Zone	2,788	5,029	5,590	6,583	5,600
Edmonton Zone	147,633	150,962	152,590	151,241	139,497
North Zone	5,214	5,668	5,107	4,718	3,713
Unknown	13,948	16,522	20,419	20,821	31,703

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, 2020 to March 31, 2021⁽¹⁾⁽²⁾

Zone Service Location	Total		Optometrists		Dentists/Dental Specialists/ Oral Surgeons		Podiatrists	
	Services	Payments	Services	Payments	Services	Payments	Services	Payments
South	162,759	\$7,645,378	136,558	\$6,150,860	1,437	\$284,769	24,764	\$1,209,748
Calgary	832,621	41,032,860	686,626	29,758,922	19,372	5,557,039	126,623	5,716,899
Central	234,441	10,804,069	218,101	9,407,994	2,521	734,716	13,819	661,359
Edmonton	794,355	40,083,983	691,982	29,330,159	24,999	8,473,817	77,374	2,280,006
North	178,834	7,597,914	170,203	7,067,404	695	294,152	7,936	236,358
Unknown	11,624	453,485	11,332	5,820			292	5,820
Total	2,214,634	\$107,617,688	1,914,802	\$82,163,004	49,024	\$15,344,493	250,808	\$10,110,190

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, 2017 to March 31, 2021

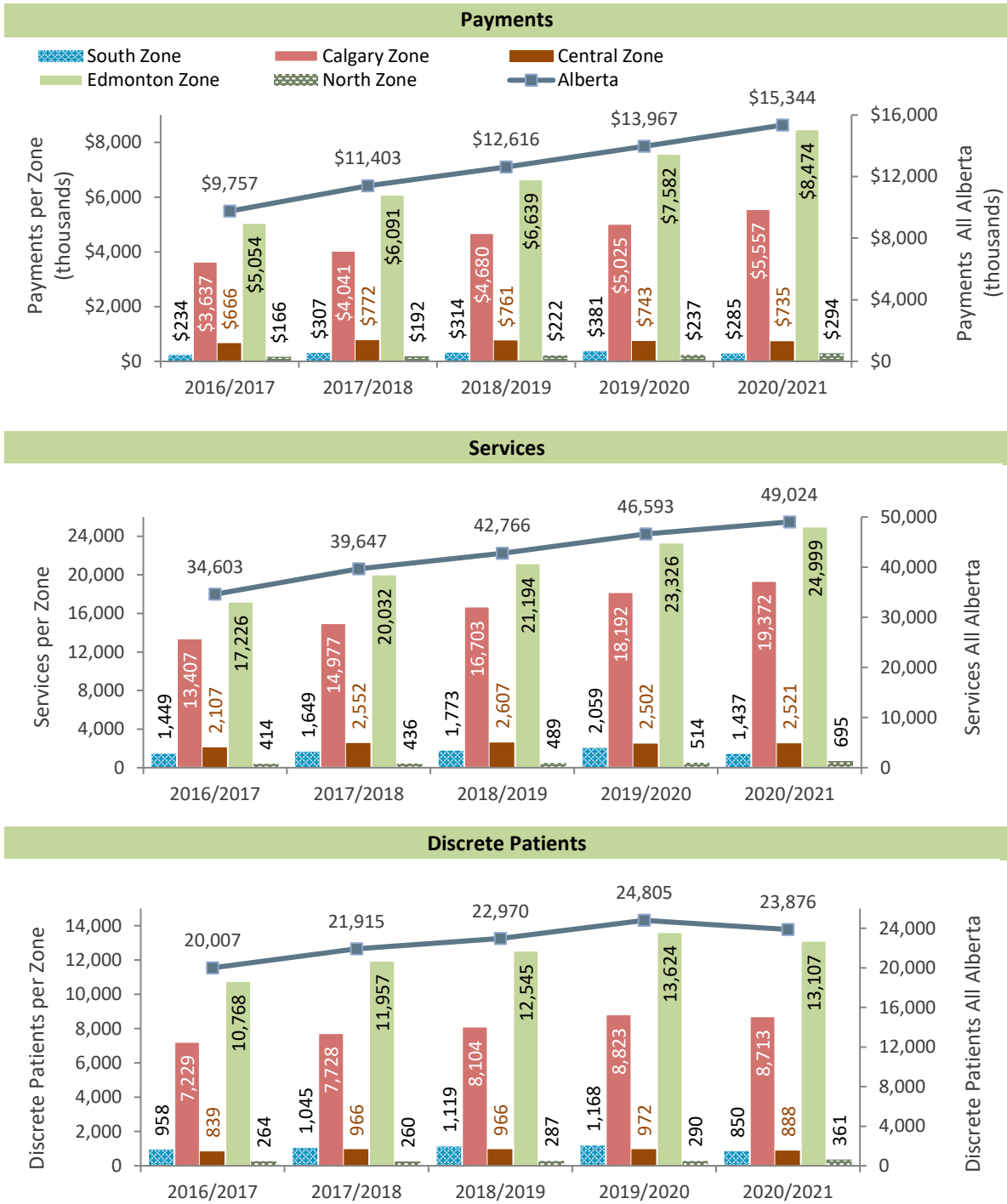


Figure 3.3
 Optometrists Payments, Services, and Discrete Patients
 by Alberta Health Services Geographic Zone
 for the Service Years Ended March 31, 2017 to March 31, 2021

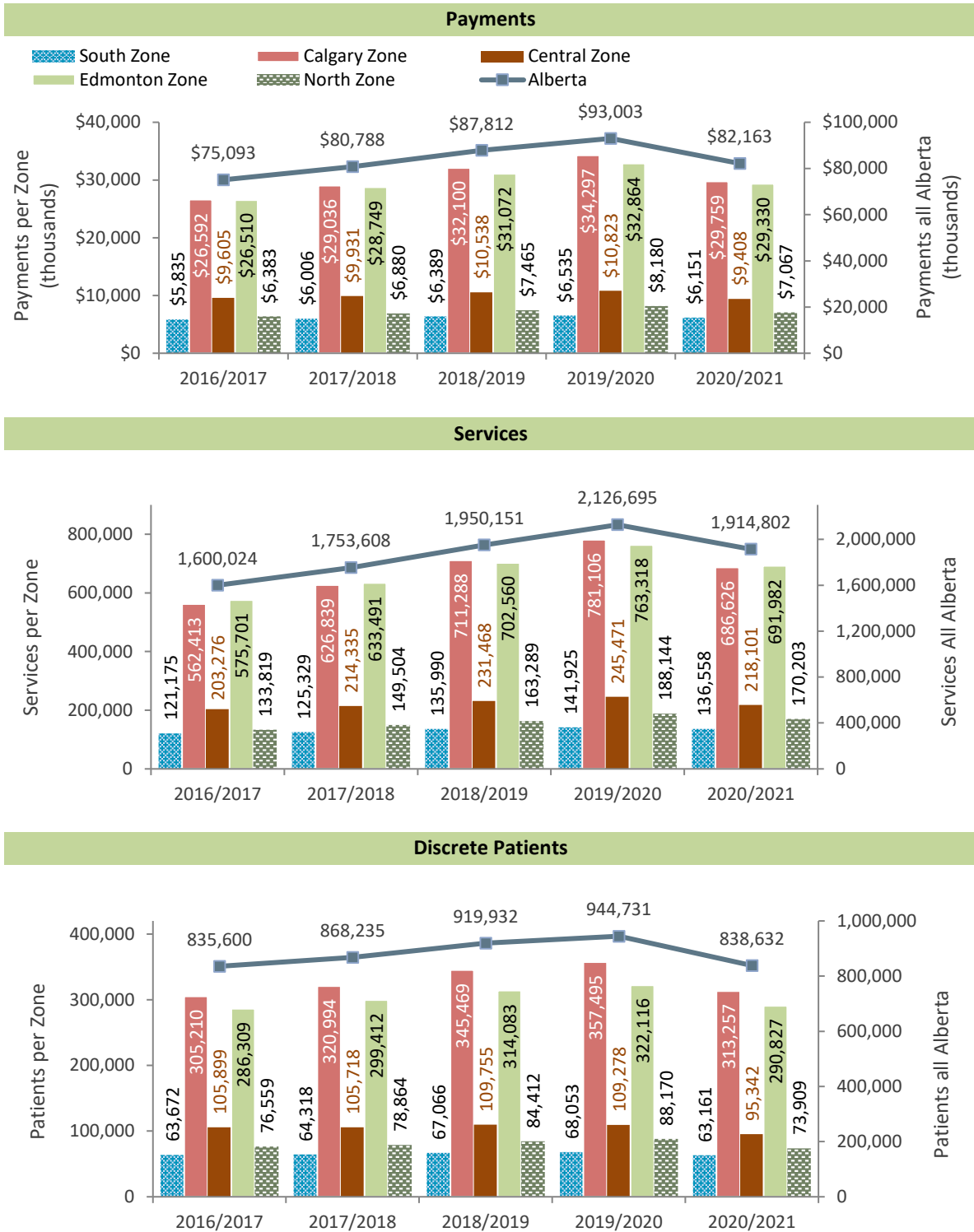
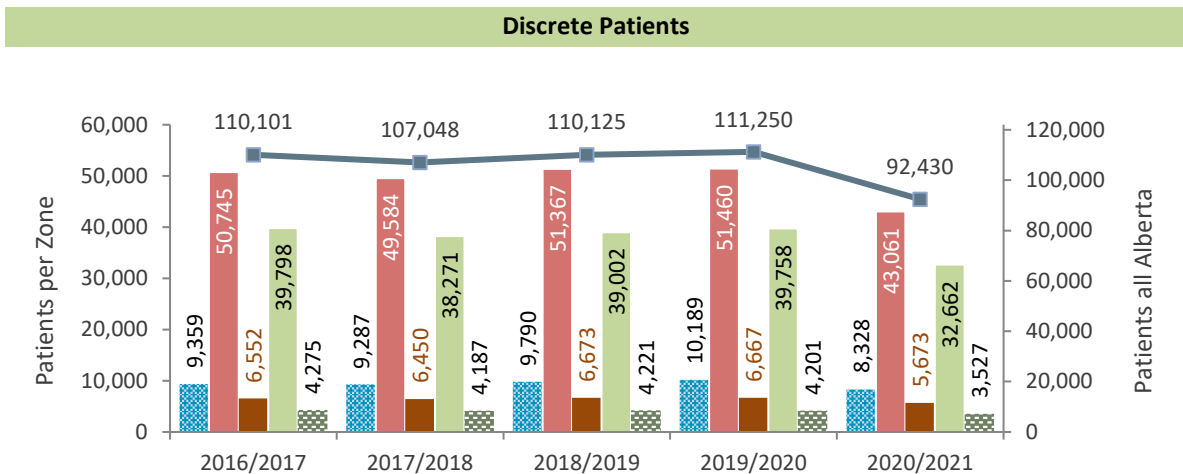
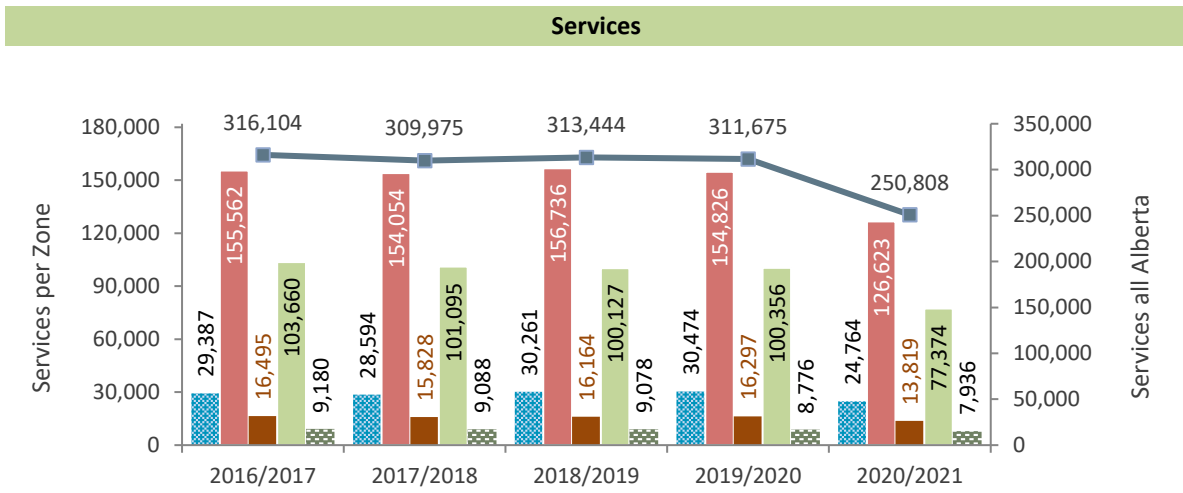
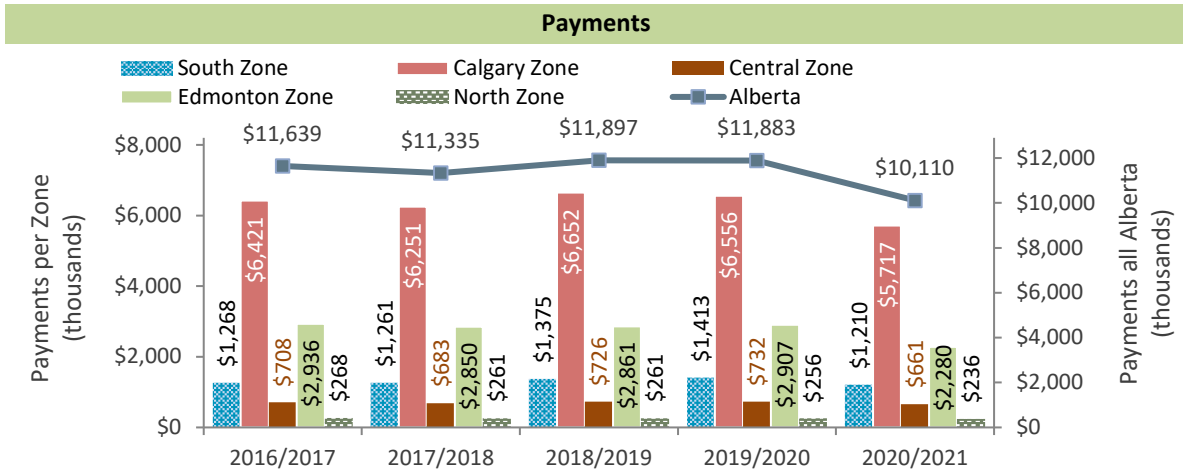


Figure 3.4
Podiatrists Payments, Services, and Discrete Patients
by Alberta Health Services Geographic Zone
for the Service Years Ended March 31, 2017 to March 31, 2021



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 2020/2021, the number of Albertans who were covered under Non-Group supplementary plans increased to 727,383, an increase of 4.10% compared to 2019/2020.
- The number of persons covered through full premium rates was 74,887 (10.30% of the total Non-Group membership).
- A total of 3,775 people (0.52% of the total Non-Group membership) received non-group coverage at reduced premium rates.
- A total of 648,721 people (89.19% of total Non-Group membership) received their coverage premium-free.
- More than \$1 billion was paid for benefits under the Non-Group supplementary plans in 2020/2021, an increase of 3.47% compared to 2019/2020.

- More than \$719 million was paid for benefits for seniors in 2020/2021. These payments accounted for 69.65% of the total amount spent on the Non-Group supplementary plans.
- Drugs accounted for more than \$995 million or 96.42% of total Non-Group benefit expenditures. Ambulance services accounted for over \$28 million or 2.76% 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 2020/2021, the 10 highest expenditure drugs were used to treat common chronic conditions including:

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

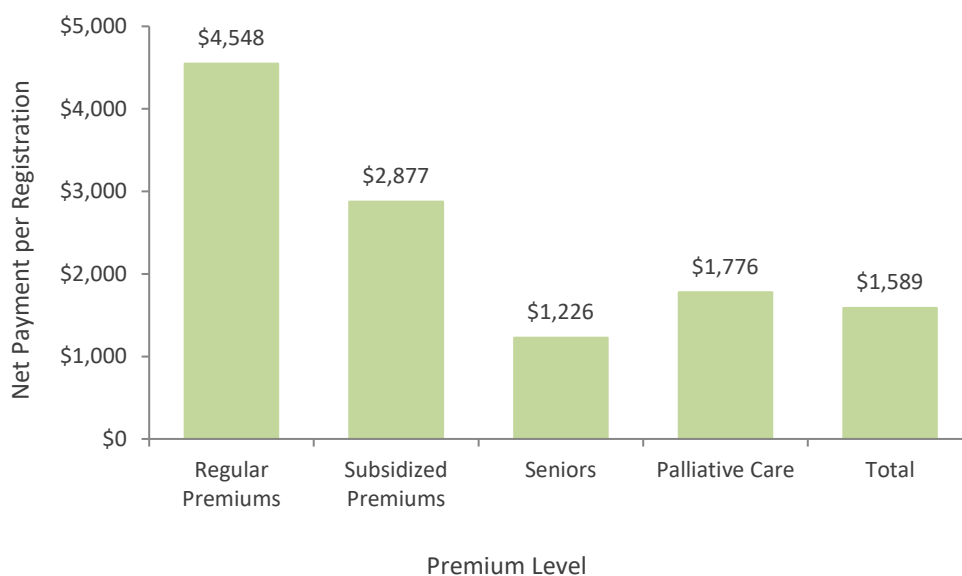
Premium Subsidy Program

If you are enrolled in Non-Group Coverage, the Premium Subsidy Program may help lower-income Albertans reduce their premiums. You can apply for a premium subsidy for the current benefit year plus two previous benefit years. The benefit year starts April 1 of one year and ends March 30 of the next year.

Eligibility for this program is based on taxable income of the registrant and their spouse/partner (if applicable).

Tax Income Levels for Non-Group Premium Subsidies for Singles and Families	
Category	Income
Single	less than \$20,970
Family - no children	less than \$33,240
Family - with children	less 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, 2020 to March 31, 2021



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, 2017 to March 31, 2021

Registration Status	Number of Registrations & Persons Covered						Percentage Change			
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021		2017/2018	2018/2019	2019/2020	2020/2021
Regular Premiums	38,792	37,370	36,088	44,098	42,435		(3.67)	(3.43)	22.20	(3.77)
Persons	74,227	71,425	68,964	76,660	74,887		(3.77)	(3.45)	11.16	(2.31)
Reduced Premiums	3,171	2,863	2,574	2,617	2,644		(9.71)	(10.09)	1.67	1.03
Persons	4,998	4,381	3,898	3,778	3,775		(12.34)	(11.02)	(3.08)	(0.08)
No Premiums⁽¹⁾	398,276	417,970	440,556	462,466	484,411		4.94	5.40	4.97	4.75
Persons	595,057	624,735	658,431	618,305	648,721		4.99	5.39	(6.09)	4.92
Total	440,239	458,203	479,218	509,181	529,490		4.08%	4.59%	6.25%	3.99%
Persons	674,282	700,541	731,293	698,743	727,383		3.89%	4.39%	(4.45%)	4.10%

(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 4.2

Non-Group Supplementary Coverage:

Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2017 to March 31, 2021⁽¹⁾

Registration Status	Total									
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
One Person	228,901	238,446	249,808	334,178	346,378	18,119	17,694	17,329	25,585	24,259
Persons	228,901	238,446	249,808	334,178	346,378	18,119	17,694	17,329	25,585	24,259
Two Persons	197,526	205,924	215,416	167,135	175,086	12,772	11,976	11,180	10,912	10,411
Persons	395,052	411,848	430,832	334,270	350,172	25,544	23,952	22,360	21,824	20,822
Three or More Persons	13,812	13,833	13,994	7,868	8,026	7,901	7,700	7,579	7,601	7,765
Persons	50,329	50,247	50,653	30,295	30,833	30,564	29,779	29,275	29,251	29,806
Total	440,239	458,203	479,218	509,181	529,490	38,792	37,370	36,088	44,098	42,435
Persons	674,282	700,541	731,293	698,743	727,383	74,227	71,425	68,964	76,660	74,887

Registration Status	Subsidized Premium										Seniors ⁽²⁾				
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
One Person	2,180	2,030	1,831	1,962	2,014	208,602	218,722	230,648	306,631	320,105					
Persons	2,180	2,030	1,831	1,962	2,014	208,602	218,722	230,648	306,631	320,105					
Two Persons	574	486	440	392	373	184,180	193,462	203,796	155,831	164,302					
Persons	1,148	972	880	784	746	368,360	386,924	407,592	311,662	328,604					
Three or More Persons	417	347	303	263	257	5,494	5,786	6,112	4	4					
Persons	1,670	1,379	1,187	1,032	1,015	18,095	19,089	20,191	12	12					
Total	3,171	2,863	2,574	2,617	2,644	398,276	417,970	440,556	462,466	484,411					
Persons	4,998	4,381	3,898	3,778	3,775	595,057	624,735	658,431	618,305	648,721					

Note: As at March 31, 2021, 2,752 people were covered by the Palliative Care Drug Program. Of these, 911 are not included in this table as they were covered only under the Palliative Care Drug Program and had no other Non-Group supplementary coverage.

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

(2) 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, 2017 to March 31, 2021

Age Group	Total					Percentage Change Total			
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2017/2018	2018/2019	2019/2020	2020/2021
Under 1	415	380	392	279	304	(8.43)	3.16	(28.83)	8.96
1 - 4	1,962	1,942	1,938	1,744	1,660	(1.02)	(0.21)	(10.01)	(4.82)
5 - 14	8,955	8,893	8,890	7,074	7,315	(0.69)	(0.03)	(20.43)	3.41
15 - 24	13,573	13,488	13,547	8,256	8,212	(0.63)	0.44	(39.06)	(0.53)
25 - 44	15,333	15,183	15,370	13,763	14,275	(0.98)	1.23	(10.46)	3.72
45 - 64	100,140	99,774	99,177	48,023	45,391	(0.37)	(0.60)	(51.58)	(5.48)
65 - 74	306,326	323,889	343,870	360,771	381,683	5.73	6.17	4.91	5.80
75 & Older	227,578	236,992	248,109	258,833	268,543	4.14	4.69	4.32	3.75
Total	674,282	700,541	731,293	698,743	727,383	3.89%	4.39%	(4.45%)	4.10%

Age Group	Male					Percentage Change Male			
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2017/2018	2018/2019	2019/2020	2020/2021
Under 1	218	218	201	127	157	0.00	(7.80)	(36.82)	23.62
1 - 4	976	997	1,008	917	859	2.15	1.10	(9.03)	(6.32)
5 - 14	4,621	4,650	4,619	3,707	3,838	0.63	(0.67)	(19.74)	3.53
15 - 24	6,776	6,709	6,726	4,085	4,090	(0.99)	0.25	(39.27)	0.12
25 - 44	7,074	6,971	7,091	6,401	6,604	(1.46)	1.72	(9.73)	3.17
45 - 64	30,950	30,395	29,726	20,486	19,733	(1.79)	(2.20)	(31.08)	(3.68)
65 - 74	149,273	157,801	167,483	176,384	186,168	5.71	6.14	5.31	5.55
75 & Older	98,571	103,182	108,630	113,938	118,405	4.68	5.28	4.89	3.92
Total	298,459	310,923	325,484	326,045	339,854	4.18%	4.68%	0.17%	4.24%

Age Group	Female					Percentage Change Female			
	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2017/2018	2018/2019	2019/2020	2020/2021
Under 1	197	162	191	152	147	(17.77)	17.90	(20.42)	(3.29)
1 - 4	986	945	930	827	801	(4.16)	(1.59)	(11.08)	(3.14)
5 - 14	4,334	4,243	4,271	3,367	3,477	(2.10)	0.66	(21.17)	3.27
15 - 24	6,797	6,779	6,821	4,171	4,122	(0.26)	0.62	(38.85)	(1.17)
25 - 44	8,259	8,212	8,279	7,361	7,670	(0.57)	0.82	(11.09)	4.20
45 - 64	69,190	69,379	69,451	27,537	25,658	0.27	0.10	(60.35)	(6.82)
65 - 74	157,053	166,088	176,387	184,387	195,515	5.75	6.20	4.54	6.04
75 & Older	129,007	133,810	139,479	144,895	150,138	3.72	4.24	3.88	3.62
Total	375,823	389,618	405,809	372,697	387,528	3.67%	4.16%	(8.16%)	3.98%

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, 2020 to March 31, 2021⁽¹⁾

Coverage Category and Type of Service	Discrete Recipients	Net Payment ⁽²⁾	Net Payment per Recipient
REGULAR PREMIUM			
Ambulance	1,447	\$406,519	\$281
Drugs	66,106	300,640,203	4,548
Hospital Accommodation	21	8,994	428
Chiropractor			
Other ⁽³⁾	1,358	230,270	170
Subtotal	66,402	\$281,360,743	\$4,237
SUBSIDIZED PREMIUM			
Ambulance	117	\$34,297	\$293
Drugs	3,377	9,715,869	2,877
Hospital Accommodation	2	225	113
Chiropractor			
Other	58	8,780	151
Subtotal	3,388	\$9,759,171	\$2,881
SENIORS			
Ambulance	71,001	\$27,969,776	\$394
Drugs	557,270	683,068,975	1,226
Hospital Accommodation			
Chiropractor	60,813	7,803,817	128
Other	2,268	365,657	161
Subtotal	564,845	\$719,208,225	\$1,273
PALLIATIVE CARE			
Ambulance	300	\$122,797	\$409
Drugs	1,236	2,195,677	1,776
Hospital Accommodation			
Chiropractor			
Other			
Subtotal	1,322	\$2,318,474	\$1,754
TOTAL			
Ambulance	72,857	\$28,533,389	\$392
Drugs	626,419	995,620,724	1,589
Hospital Accommodation	23	9,219	401
Chiropractor	60,813	7,803,817	128
Other	3,680	604,708	164
Total	634,363	\$1,032,571,856	\$1,628

(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, 2020 to March 31, 2021⁽¹⁾

Coverage Category and Prescription Type	Number of Prescriptions ⁽²⁾	Net Payment ⁽³⁾
PRESCRIPTION DRUGS⁽⁴⁾		
Regular Premium	1,757,170	\$293,099,266
Subsidized Premium	112,014	9,324,840
Seniors	20,008,852	641,255,624
Palliative Care	38,114	2,070,465
Subtotal	21,916,150	\$945,750,194
OVER-THE-COUNTER⁽⁵⁾		
Regular Premium	84,945	\$7,552,965
Subsidized Premium	4,502	391,029
Seniors	614,807	41,834,564
Palliative Care	3,721	125,475
Subtotal	707,975	\$49,904,033
ADJUSTMENTS⁽⁶⁾		
Regular Premium	4	(\$12,028)
Subsidized Premium		
Seniors	2	(21,213)
Palliative Care	1	(264)
Subtotal	7	(\$33,504)
ALL PRESCRIPTIONS		
Regular Premium	1,842,119	\$300,640,203
Subsidized Premium	116,516	9,715,869
Seniors	20,623,661	683,068,975
Palliative Care	41,836	2,195,677
Total	22,624,132	\$995,620,724

(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, 2017 to March 31, 2021⁽¹⁾

Year	Number of Pharmacies	Percentage Change from the Prior Year
2016/2017	1,268	8.93
2017/2018	1,337	5.44
2018/2019	1,474	10.25
2019/2020	1,480	0.41
2020/2021	1,519	2.64
Annual Average Percentage Change for Last 5 Years		4.62

(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, 2020 to March 31, 2021⁽¹⁾

Coverage Category and Drug Name	Strength	Major Uses	Number of Prescriptions ⁽²⁾	Discrete Recipients	Net Payment
REGULAR AND SUBSIDIZED PREMIUM					
Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis	29,031	2,578	\$37,431,493
Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	10,093	1,424	36,889,613
Inflectra	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	5,903	1,198	14,670,861
Ocrevus	300 mg/10 mL vial	Multiple Sclerosis	3,883	529	13,213,132
Tecfidera	120 mg cap	Multiple Sclerosis	4,832	475	9,142,663
Eplusa	400 mg/100 mg	Chronic Hepatitis C	1,910	166	8,688,827
Spinraza	12 mg/5 mL vial	Spinal Muscular Atrophy	922	20	7,541,070
Entyvio	300 mg/20mL vial	Ulcerative Colitis / Crohn's Disease	2,307	430	6,958,552
Simponi	50 mg/0.5ml auto injector	Rheumatoid Arthritis / Psoriatic arthritis / Ulcerative Colitis	5,141	479	6,662,347
Stelara	0.5ml/vial or syringe	Plaque Psoriasis	1,603	314	5,450,790
SENIORS					
Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis	12,292	1,063	\$18,163,747
Eliquis	5 mg	Prevention / Treatment of Blood Clots	121,419	18,013	16,142,984
Xarelto	20 mg	Prevention / Treatment of Blood Clots	90,310	14,343	11,971,593
Symbicort Turbuhaler	200 mcg/6 mcg	Asthma/Chronic Obstructive Pulmonary Disease	78,204	18,256	10,341,582
Eylea	40 mg/mL	Neovascular (Wet) Age-Related Macular Degeneration	5,025	845	8,209,615
Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	2,234	360	7,977,123
Eliquis	2.5 mg	Prevention / Treatment of Blood Clots	73,795	9,227	7,865,632
Ozempic	1 mg dose	Type 2 Diabetes	26,869	4,526	7,664,640
Blood Glucose Test Strips	N/A	Blood Glucose Monitoring	90,598	23,876	7,404,469
Eplusa	400 mg/100 mg	Chronic Hepatitis C	1,788	144	7,370,392

Continued...

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

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

Table 4.7
 Non-Group Supplementary Coverage:
 Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category
 for the Year April 1, 2020 to March 31, 2021⁽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	73	7	\$130,388
Fentanyl Citrate	50 mcg/ml inj	Analgesic	746	171	106,994
Innohep	0.7 ml syringe	Prevention / Treatment of Blood Clots	125	35	74,517
Innohep	0.8 ml syringe	Prevention / Treatment of Blood Clots	129	32	72,923
Hydromorphone HP	10 mg/ml inj	Opiate Agonists	563	109	57,419
Innohep	0.5 ml syringe	Prevention / Treatment of Blood Clots	133	30	51,288
Innohep	0.9 ml syringe	Prevention / Treatment of Blood Clots	67	19	49,103
Midazolam	5 mg/ml inj	Sedation / Anesthesia / Anxiolysis	493	207	43,574
Innohep	0.6 ml syringe	Prevention / Treatment of Blood Clots	87	29	42,433
Epclusa	400 mg/100 mg	Chronic Hepatitis C	10	1	42,049
ALL GROUPS					
Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis	41,323	3,641	\$55,595,240
Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	12,327	1,784	44,866,737
Inflectra	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	7,591	1,541	18,510,488
Eliquis	5 mg	Prevention / Treatment of Blood Clots	124,609	18,621	16,578,913
Epclusa	400 mg/100 mg	Chronic Hepatitis C	3,708	311	16,101,267
Ocrevus	300 mg/10 mL vial	Multiple Sclerosis	3,999	543	13,584,580
Xarelto	20 mg	Prevention / Treatment of Blood Clots	94,627	15,129	12,547,908
Entyvio	300 mg/20mL vial	Ulcerative Colitis / Crohn's Disease	4,139	736	12,498,599
Symbicort Turbuhaler	200 mcg/6 mcg	Asthma / Chronic Obstructive Pulmonary Disease	88,209	20,663	11,477,117
Simponi	50 mg/0.5ml auto injector	Rheumatoid Arthritis / Psoriatic arthritis / Ulcerative Colitis	7,461	707	9,923,926

(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, 2020 to March 31, 2021⁽¹⁾

Broad Drug Category	Number of Prescriptions ⁽²⁾	Net Payment	Co-Payment ⁽³⁾	Coordination of Benefits ⁽⁴⁾	Average Gross Cost per Prescription ⁽⁵⁾
Antihistamines	2,112	\$120,202	\$16,440	\$3,375	\$66.30
Antineoplastic Agents	91,606	8,071,200	757,268	199,507	98.55
Antitussives, Expectorants, Mucolytics	50,487	30,218,691	591,072	191,404	614.04
Anti-Infective Agents	753,755	43,795,970	4,744,131	420,936	64.96
Autonomic Drugs	818,977	51,393,937	8,186,609	461,494	73.31
Blood Formation and Coagulation	741,145	74,484,588	8,425,093	615,258	112.70
Cardiovascular Drugs	7,719,848	113,548,506	42,860,642	562,328	20.33
Cellular and Gene Therapy	1	2,695,350			2,695,350
Central Nervous System Drugs	4,484,544	107,001,828	28,495,037	2,148,709	30.69
Devices⁽⁶⁾	7,167	140,992	49,419	1,312	26.75
Dental Agents	1	16	7		23.45
Diabetic Supplies⁽⁷⁾	223,802	12,889,477	505,185	260,997	61.02
Electrolytic, Caloric, Water Balance	604,644	7,063,979	2,593,526	39,893	16.04
Enzymes	806	5,524,742	4,227	188,002	7093.02
Eye, Ear, Nose and Throat Preparations	539,979	28,555,968	4,235,262	162,358	61.03
Gastrointestinal Drugs	1,524,649	47,011,746	9,497,077	661,275	37.50
Gold Compounds	31	10,567	592		359.96
Heavy Metal Antagonists	1,535	1,639,680	19,457	39,523	1106.62
Hormones & Synthetic Substitutes	3,104,765	142,461,228	24,245,630	1,691,643	54.24
Local Anaesthetics	47	2,272			48.33
Out of Country & Special Access	2,209	102,043	15,718	756	53.65
Serums, Toxoids, and Vaccines	796	197,291	11,601	3,951	267.39
Skin & Mucous Membrane Preparations	434,030	13,280,207	3,248,413	180,004	38.50
Smooth Muscle Relaxants	171,797	6,198,669	1,696,533	40,414	46.19
Unclassified Therapeutic Agents	1,181,296	297,834,736	9,836,539	11,048,556	269.81
Undetermined⁽⁸⁾	7	(33,504)			(4786.29)
Vitamins	164,096	1,410,342	583,768	16,325	12.25
Total⁽⁹⁾	22,624,132	\$995,620,724	\$150,619,248	\$18,938,020	\$51.50

(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, 2020 to March 31, 2021⁽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	1,945,834	\$307,500,629	\$18,108,690	\$12,298,914	(\$8,208)	\$337,900,026	\$15,542,556	\$15,907,905	\$306,449,565
Seniors	20,589,753	585,040,628	198,351,529	34,832,618	(21,428)	818,203,347	134,560,625	2,337,939	681,304,784
Palliative Care	41,142	1,977,519	340,525	126,512	(264)	2,444,291	102	278,499	2,165,690
Average Cost per Prescription		39.62	9.60	2.09		51.32			43.85
Total⁽¹⁰⁾	22,576,729	\$894,518,776	\$216,800,744	\$47,258,044	(\$29,899)	\$1,158,547,665	\$150,103,282	\$18,524,343	\$989,920,039

(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.