

ALBERTA HEALTH

ALBERTA HEALTH CARE INSURANCE PLAN
STATISTICAL SUPPLEMENT

2017/2018

Contact Information

For inquiries concerning material in this publication contact:

Alberta Health
Health Standards, Quality and Performance Division
Analytics and Performance Reporting Branch
PO Box 1360 Station Main
Edmonton, Alberta T5J 2N3

Email: Health.InfoRequest@gov.ab.ca

This document is available on the Alberta Health website at www.health.alberta.ca.

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ALBERTA HEALTH

Alberta Health Care Insurance Plan Statistical Supplement 2017/2018

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Introduction

The Alberta Health Care Insurance Plan

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

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

- Basic health coverage for insured services provided by physicians, dentists/dental specialists/oral surgeons and hospitals, and limited coverage for services provided by optometrists and podiatrists. All eligible residents of Alberta are required to register for AHCIP coverage, but residents have the option to opt out.
- Supplementary health insurance through non-group supplementary plans for pharmaceutical and selected health service coverage. The supplementary plans included in this report cover some services beyond those insured by the AHCIP, which are funded by Alberta Health and administered by Alberta Blue Cross. From April 1, 2017 to March 31, 2018, coverage was available to all Albertans under the age of 65 and their dependants, subject to the payment of a monthly premium. During the same period, premium-free coverage was provided to seniors and their dependants. In addition, premium-free drug coverage was provided to people diagnosed as being palliative and who received health care in their homes.

Information included in the Statistical Supplement

The Statistical Supplement is an accompaniment to the *Ministry of Health Annual Report 2017/2018* 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, 2017 to March 31, 2018. Where possible, data reports over a five-year period to facilitate long-term comparisons.

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

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

Information not included in the Statistical Supplement

The following information is not included in the Statistical Supplement:

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

The *Ministry of Health Annual Report 2017/2018* 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, 2017 to March 31, 2018. Explanations of data and coverage may not be applicable for periods after March 31, 2018.

Year at a Glance

	2016/2017	2017/2018
Albertans covered under the Alberta Health Care Insurance Plan	4,529,842	4,598,089
Non-Seniors	3,934,785	3,973,354
Seniors	595,057	624,735
Amount paid to Alberta practitioners (fee-for-service)	\$3,628,436,282	\$3,705,880,145
Physicians	\$3,531,947,298	\$3,602,354,459
Allied Health Practitioners	\$96,488,983	\$103,525,685
Average annual fee-for-service payment		
All Physicians (except Pathology)	\$399,369	\$392,758
All Specialists (except General/Family Physicians and Pathology)	\$518,833	\$509,439
General/Family Physicians	\$306,332	\$302,173
Number of practitioners who submitted fee-for-service claims	9,875	10,248
Physicians (including General Practitioners)	8,836	9,165
General Practitioners	4,959	5,151
Dentists/Dental Specialists/Oral Surgeons	217	232
Optometrists	759	787
Podiatrists	64	65
Number of physicians by gross payment range (fee-for-service) ⁽¹⁾		
Less than \$500,000	7,608	7,923
More than \$500,000	2,267	2,325
More than \$1 million	461	475
More than \$2 million	111	111
Alternative Relationship Plans		
Total Expenditures	\$369,732,924	\$377,673,509
Total Alternative Relationship Plans	55	58
Total Physicians	2,375	2,519
Primary Care Networks		
Total Payments	\$163,520,755	\$221,424,651
Total Primary Care Networks	42	42
Total Providers ⁽²⁾	4,150	4,340
Total Patients Enrolled	3,614,303	3,718,404
Allied health services provided (fee-for-service)		
Total Number of Services Provided	1,950,731	2,103,230
Average Number of Services per Practitioner	1,876	1,940

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

	2016/2017	2017/2018
Percentage of payments to physicians for patients who received services within the zone they reside in		
South Zone	83.80%	83.81%
Calgary Zone	96.54%	96.60%
Central Zone	69.26%	68.76%
Edmonton Zone	96.89%	96.83%
North Zone	63.52%	64.36%
Unknown Zone	4.65%	4.76%
Amount spent on Non-Group Supplementary coverage		
Non-seniors	\$242,611,922	\$260,421,902
Seniors	\$580,257,745	\$622,221,893
Alberta Widows' Pension	\$0	\$0
Palliative Care	\$1,569,409	\$1,621,075
Number of community-based pharmacies in Alberta		
	1,268	1,337

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, 2018.

Highlights

- A total of 4,598,089 Albertans were registered for basic coverage. This is an increase of 1.51%, compared to 2016/2017. Included in this total are 70,179 individuals who have temporary Canada entry documents (e.g. work permits, study permits) and are registered with the AHCIP, compared to 71,473 individuals in 2016/2017.
- In 2017/2018, there were 233 Albertans who chose to opt out of the AHCIP compared to 234 in 2016/2017.

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

Alberta Widows' Pension Category

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

Table 1.1
Number of Registrations and Individual Registrants Covered
as at March 31, 2014 to March 31, 2018 ⁽¹⁾

Population Categories	Number of Registrations ⁽²⁾					Percentage Change			
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2014/2015	2015/2016	2016/2017	2017/2018
Non-Seniors	1,933,466	2,004,711	2,045,999	2,080,953	2,109,493	3.68	2.06	1.71	1.37
Seniors	349,078	364,569	380,680	398,276	417,970	4.44	4.42	4.62	4.94
Alberta Widows' Pension	9								
Total ⁽²⁾	2,282,553	2,369,280	2,426,673	2,479,227	2,527,462	3.80%	2.42%	2.17%	1.95%

Population Categories	Individual Registrants Covered					Percentage Change			
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2014/2015	2015/2016	2016/2017	2017/2018
Non-Seniors	3,707,797	3,810,882	3,881,318	3,934,785	3,973,354	2.78	1.85	1.38	0.98
Seniors	520,319	543,778	568,165	595,057	624,735	4.51	4.48	4.73	4.99
Alberta Widows' Pension	9								
Total	4,228,125	4,354,660	4,449,483	4,529,842	4,598,089	2.99%	2.18%	1.81%	1.51%

(1) A blank cell represents a zero value.

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

Table 1.2
Number of Registrations and Individual Registrants Covered
as at March 31, 2018

Registration Status	Total		Single		Family	
	Registrations ⁽²⁾	Individual Registrants	Registrations ⁽²⁾	Individual Registrants	Registrations ⁽²⁾	Individual Registrants
Non-Seniors	2,109,493	3,973,354	1,230,471	1,230,471	879,022	2,742,883
Seniors	417,970	624,735	218,721	218,721	199,249	406,014
Total ⁽¹⁾	2,527,463	4,598,089	1,449,192	1,449,192	1,078,271	3,148,897

(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, 2014 to March 31, 2018

Age Group	Total Male and Female										Male					Female				
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Under 1	53,927	55,465	56,401	54,892	52,843	27,636	28,438	28,514	28,248	27,296	26,291	26,291	27,027	26,644	25,547	26,291	27,027	27,887	26,644	25,547
1 - 4	223,344	225,392	228,439	230,084	229,536	115,049	115,970	117,484	117,766	117,477	108,295	108,295	109,422	112,318	112,059	108,295	109,422	110,955	112,318	112,059
5 - 9	269,447	282,619	292,038	296,876	298,023	138,026	144,863	149,941	152,539	153,306	131,421	131,421	137,756	144,337	144,717	131,421	137,756	142,097	144,337	144,717
10 - 14	242,640	248,928	256,698	266,788	277,848	124,299	127,541	131,374	136,626	142,365	118,341	118,341	121,387	130,162	135,483	118,341	121,387	125,324	130,162	135,483
15 - 19	252,050	253,428	253,958	255,207	258,499	129,648	130,253	130,436	130,859	132,473	122,402	122,402	123,175	124,348	126,026	122,402	123,175	123,522	124,348	126,026
20 - 24	293,326	295,171	291,476	285,793	281,679	148,924	150,354	148,172	145,139	143,398	144,402	144,402	144,817	140,654	138,281	144,402	144,817	143,304	140,654	138,281
25 - 29	349,345	361,025	363,361	360,286	354,396	176,271	182,693	183,271	181,262	178,025	173,074	173,074	178,332	179,024	176,371	173,074	178,332	180,090	179,024	176,371
30 - 34	358,518	375,209	385,895	391,808	392,405	181,756	190,379	195,653	198,172	197,950	176,762	176,762	184,830	193,636	194,455	176,762	184,830	190,242	193,636	194,455
35 - 39	318,813	334,030	346,159	359,447	372,903	163,575	171,071	177,048	183,167	189,638	155,238	155,238	162,959	176,280	183,265	155,238	162,959	169,111	176,280	183,265
40 - 44	299,879	307,705	312,214	318,520	325,803	154,959	159,238	161,025	163,952	167,654	144,920	144,920	148,467	154,568	158,149	144,920	148,467	151,189	154,568	158,149
45 - 49	288,633	289,933	295,471	301,613	306,307	147,878	149,075	152,022	155,712	158,185	140,755	140,755	140,858	145,901	148,122	140,755	140,858	143,449	145,901	148,122
50 - 54	309,174	311,885	308,277	303,259	297,235	157,361	158,644	157,274	154,936	152,242	151,813	151,813	153,241	148,323	144,993	151,813	153,241	151,003	148,323	144,993
55 - 59	277,994	287,450	294,988	301,248	306,099	142,588	147,370	150,759	153,525	155,505	135,406	135,406	140,080	147,723	150,594	135,406	140,080	144,229	147,723	150,594
60 - 64	213,530	226,114	240,014	253,793	265,707	108,358	115,024	122,088	129,074	134,989	105,172	105,172	111,090	124,719	130,718	105,172	111,090	117,926	124,719	130,718
65 - 69	160,935	171,978	182,500	189,310	197,085	79,971	85,675	91,078	94,579	98,496	80,964	80,964	86,303	94,731	98,589	80,964	86,303	91,422	94,731	98,589
70 - 74	110,994	116,473	122,064	133,089	144,397	54,030	56,792	59,545	64,975	70,503	56,964	56,964	59,681	68,114	73,894	56,964	59,681	62,519	68,114	73,894
75 - 79	81,803	84,302	87,325	91,403	96,336	38,309	39,646	41,169	43,135	45,667	43,494	43,494	44,656	48,268	50,669	43,494	44,656	46,156	48,268	50,669
80 - 84	62,165	63,126	64,285	65,447	67,414	27,607	28,112	28,746	29,355	30,255	34,558	34,558	35,014	36,092	37,159	34,558	35,014	35,539	36,092	37,159
85 - 89	38,319	39,847	41,769	43,252	44,450	14,792	15,691	16,719	17,588	18,230	23,527	23,527	24,156	25,664	26,220	23,527	24,156	25,050	25,664	26,220
90 & Older	23,289	24,580	26,151	27,727	29,124	6,902	7,398	7,985	8,639	9,231	16,387	16,387	17,182	19,088	19,893	16,387	17,182	18,166	19,088	19,893
Total	4,228,125	4,354,660	4,449,483	4,529,842	4,598,089	2,137,939	2,204,227	2,250,303	2,289,248	2,322,885	2,090,186	2,090,186	2,150,433	2,240,594	2,275,204	2,090,186	2,150,433	2,199,180	2,240,594	2,275,204

Table 1.3 B
 Distribution of Registrants Percentage Change by Age and Sex
 as at March 31, 2014 to March 31, 2018

Age Group	Total Male and Female					Male					Female				
	2014/2015	2015/2016	2016/2017	2017/2018	2018	2014/2015	2015/2016	2016/2017	2017/2018	2018	2014/2015	2015/2016	2016/2017	2017/2018	2018
Under 1	2.85	1.69	(2.68)	(3.73)		2.90	0.27	(0.93)	(3.37)		2.80	3.18	(4.46)	(4.12)	
1 - 4	0.92	1.35	0.72	(0.24)		0.80	1.31	0.24	(0.25)		1.04	1.40	1.23	(0.23)	
5 - 9	4.89	3.33	1.66	0.39		4.95	3.51	1.73	0.50		4.82	3.15	1.58	0.26	
10 - 14	2.59	3.12	3.93	4.15		2.61	3.01	4.00	4.20		2.57	3.24	3.86	4.09	
15 - 19	0.55	0.21	0.49	1.29		0.47	0.14	0.32	1.23		0.63	0.28	0.67	1.35	
20 - 24	0.63	(1.25)	(1.95)	(1.44)		0.96	(1.45)	(2.05)	(1.20)		0.29	(1.04)	(1.85)	(1.69)	
25 - 29	3.34	0.65	(0.85)	(1.63)		3.64	0.32	(1.10)	(1.79)		3.04	0.99	(0.59)	(1.48)	
30 - 34	4.66	2.85	1.53	0.15		4.74	2.77	1.29	(0.11)		4.56	2.93	1.78	0.42	
35 - 39	4.77	3.63	3.84	3.74		4.58	3.49	3.46	3.53		4.97	3.78	4.24	3.96	
40 - 44	2.61	1.47	2.02	2.29		2.76	1.12	1.82	2.26		2.45	1.83	2.23	2.32	
45 - 49	0.45	1.91	2.08	1.56		0.81	1.98	2.43	1.59		0.07	1.84	1.71	1.52	
50 - 54	0.88	(1.16)	(1.63)	(1.99)		0.82	(0.86)	(1.49)	(1.74)		0.94	(1.46)	(1.77)	(2.25)	
55 - 59	3.40	2.62	2.12	1.61		3.35	2.30	1.83	1.29		3.45	2.96	2.42	1.94	
60 - 64	5.89	6.15	5.74	4.69		6.15	6.14	5.72	4.58		5.63	6.15	5.76	4.81	
65 - 69	6.86	6.12	3.73	4.11		7.13	6.31	3.84	4.14		6.59	5.93	3.62	4.07	
70 - 74	4.94	4.80	9.03	8.50		5.11	4.85	9.12	8.51		4.77	4.76	8.95	8.49	
75 - 79	3.05	3.59	4.67	5.40		3.49	3.84	4.78	5.87		2.67	3.36	4.58	4.97	
80 - 84	1.55	1.84	1.81	3.01		1.83	2.26	2.12	3.07		1.32	1.50	1.56	2.96	
85 - 89	3.99	4.82	3.55	2.77		6.08	6.55	5.20	3.65		2.67	3.70	2.45	2.17	
90 & Older	5.54	6.39	6.03	5.04		7.19	7.93	8.19	6.85		4.85	5.73	5.08	4.22	
Total	2.99%	2.18%	1.81%	1.51%		3.10%	2.09%	1.73%	1.47%		2.88%	2.27%	1.88%	1.54%	

Figure 1.1
Distribution of Registrants by Age and Sex
as at March 31, 2018

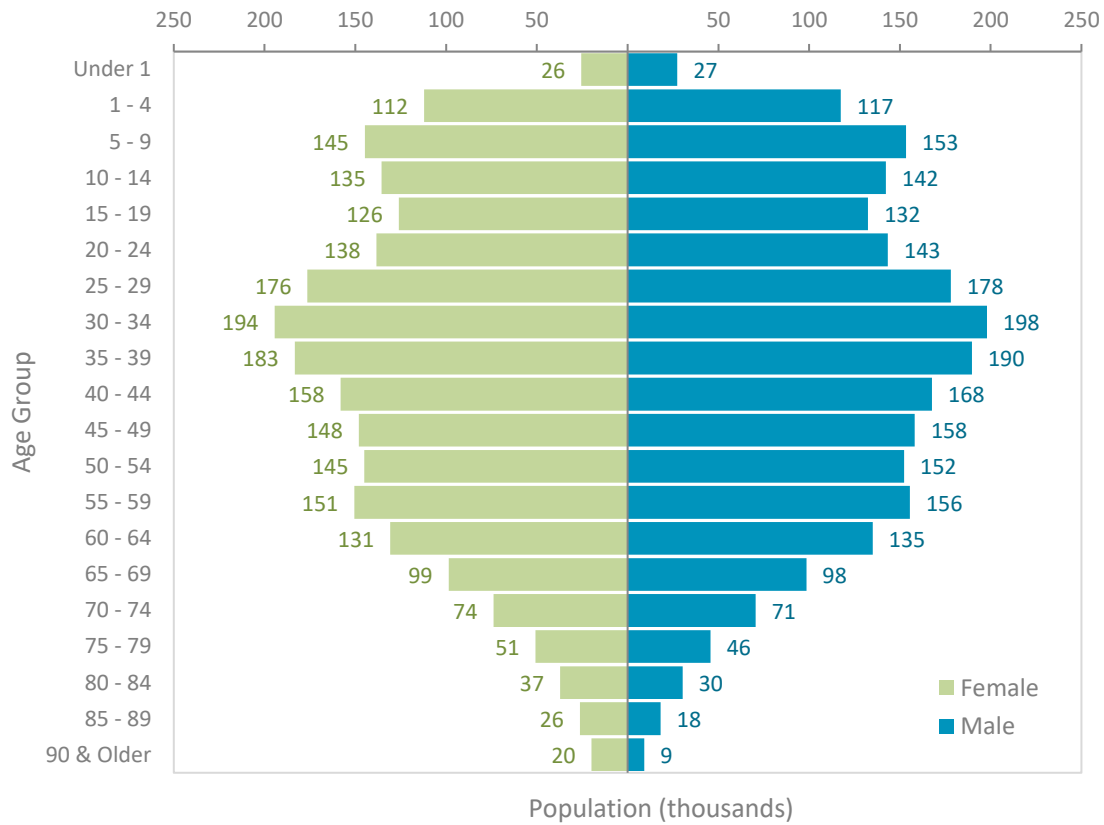


Figure 1.2
Registrants by Sex
as at March 31, 2014 to March 31, 2018

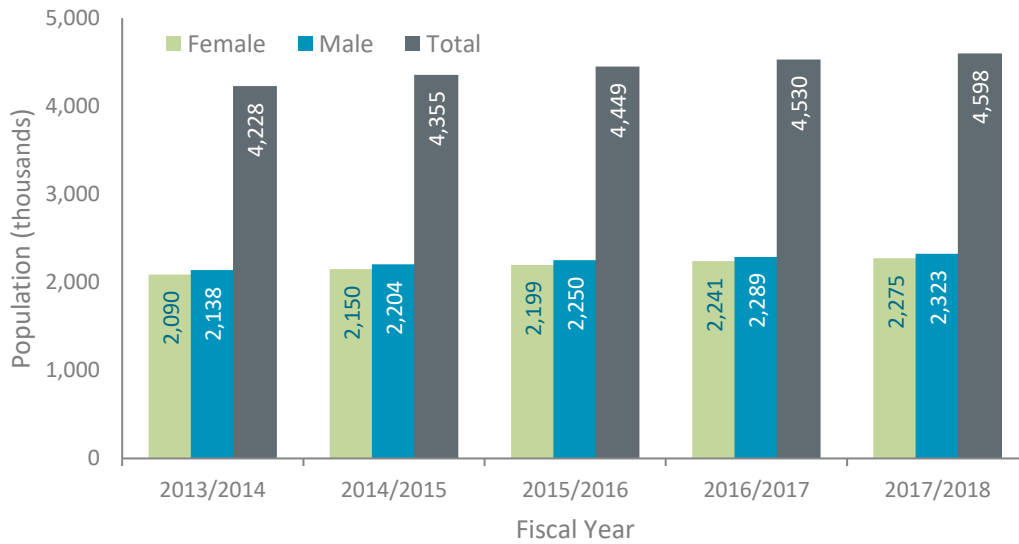


Figure 1.3
Registrants Percentage Change by Sex
as at March 31, 2014 to March 31, 2018

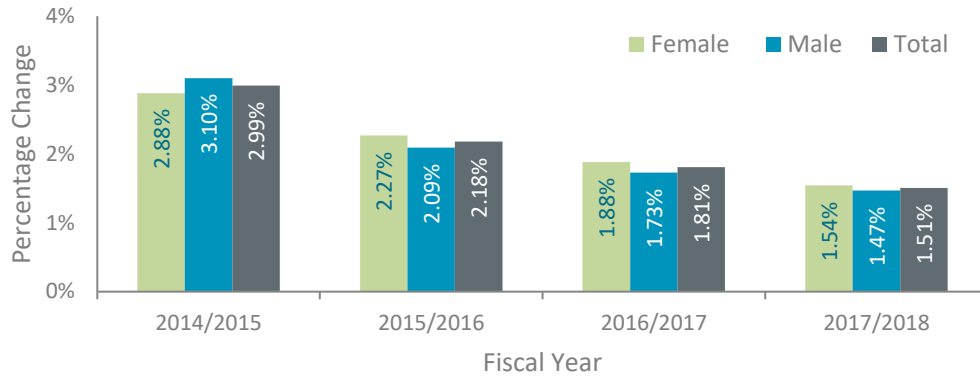


Table 1.4
 Number of Facilities Provided Basic Health Services
 for the Service Year April 1, 2017 to March 31, 2018

Type of Facilities	Number of Facilities
Active Treatment Clinic	1
Active Treatment Hospital	126
Ambulatory Care Centre	1
Auxiliary Hospital	89
Community Ambulatory Centre	9
Community Mental Health Clinic	48
Correctional Centre	8
Designated Mental Health	3
Diagnostic	104
Health Canada Nursing Station	16
Nursing Home	98
Practitioners Office	2,876
Regional Contract Practitioner Office	33
Total	3,412

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 2.29.

Highlights

- In Alberta, 9,165 physicians and 1,084 allied health practitioners received fee-for-service payments from the AHCIP during 2017/2018.
- The physician to registrant ratio for physicians (excluding pathologists) who submitted fee-for-service claims increased to 1.99 per 1,000 persons, up from 1.95 per 1,000 patients in 2016/2017.
- Of the 4,598,089 Albertans registered for coverage with the AHCIP, 79.05% (3,634,710 people) received at least one fee-for-service physician service during 2017/2018.
 - A total of 52.98% of these patients received fee-for-service physician services valued at \$500 or less.
 - 26.62% of these patients received fee-for-service physician services valued at more than \$1,000. Payments for these patients' services accounted for 73.73% of all fee-for-service payments to physicians.
 - Office visits (assessments) and consultations accounted for 50.30% of the fee-for-service payments made to Alberta physicians in 2017/2018. These services accounted for 76.24% of the fee-for-service payments made to general/family physicians.

- 20.84% of Alberta's population (958,462 people) obtained allied health services (services provided by dental specialists/oral surgeons, optometrists and podiatrists) in 2017/2018.
- Alberta Health spent \$92,122,892 on optometry and podiatry services in 2017/2018. Coverage for these practitioners is not required by the *Canada Health Act*.
- A total of \$26,968,998 was spent on optometry care for Alberta's children in 2017/2018.
- The AHCIP paid fee-for-service totalling \$3,705,880,145 to Alberta physicians and allied health practitioners in 2017/2018. This figure represents a 2.13% increase compared to 2016/2017.
- In 2017/2018, the average total fee-for-service payment per Alberta physician was 393,056 (1.67% higher than it was in 2016/2017). This brought the median payment to 311,871 (a decrease of 1.81% compared to 2016/2017).
- A total of 2,317 physicians each received more than \$500,000 in fee-for-service payments in 2017/2018. This represents an increase of 58 physicians compared to 2016/2017. Of the 2,317 physicians, 802 were general/family physicians, an increase of 29 over 2016/2017.
- Of the 2,317 physicians, a total of 475 physicians each received more than \$1 million in fee-for-service payments in 2017/2018. One hundred and eleven (111) of the 475 physicians received more than \$2 million. In 2016/2017, there were 461 physicians who received more than \$1 million and 111 received more than \$2 million in fee-for-service payments.
- In 2017/2018, a total of 2,519 physicians participated in Alternative Relationship Plans, up from 2,375 in 2016/2017. A total of \$377,673,509 was spent on Alternative Relationship Plan expenditures.
- Forty two (42) Primary Care Networks operated in the five health zones as of March 31, 2018. These 42 Primary Care Networks involved a total of 4,340 registered providers who delivered services to 3,718,404 patients.

Table 2.1
 Distribution of Physician and Allied Health Practitioners
 Payments and Services per Patient, for the Service Year April 1, 2017 to March 31, 2018

Indicators	Physicians	Dentists/ Dental Specialists/ Oral Surgeons	Optometrists	Podiatrists	Total
Number of Practitioners	9,165	232	787	65	10,248⁽¹⁾
Total Payments	\$3,602,354,459	\$11,402,793	\$80,788,378	\$11,334,514	\$3,705,880,145
Number of Services	54,264,058	39,647	1,753,608	309,975	56,367,288
Average Cost per Service	\$66.39	\$287.61	\$46.07	\$36.57	\$65.75
Number of Discrete Patients	3,634,710	21,915	868,235	107,048	3,731,869
Average Cost per Discrete Patient	\$991	\$520	\$93	\$106	\$993
Average Services per Patient	14.9	1.8	2.0	2.9	15.1

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

(1) The total number of practioners is a discrete count which may not equal to the sum of numbers of physicians and allied practioners, because there is one GP also practicing as a dentist.

Figure 2.1
 Average Fee-For-Service Cost per Person
 to Physicians for Basic Health Services by Age and Sex
 for the Service Year April 1, 2017 to March 31, 2018

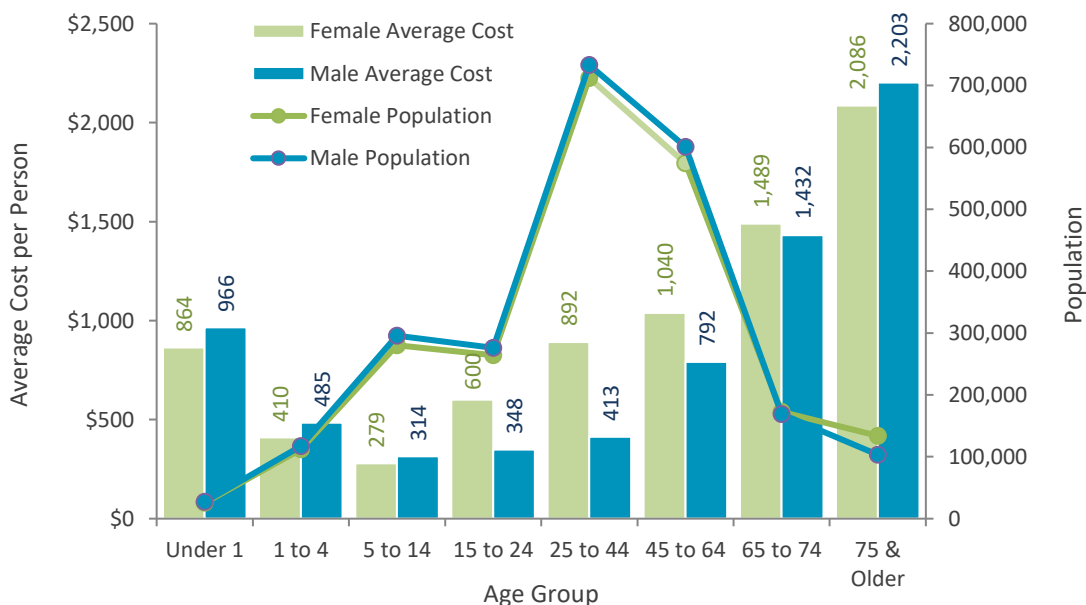


Figure 2.2
Average Fee-For-Service Cost per Person
to Allied Practitioners for Basic Health Services by Age and Sex
for the Service Year April 1, 2017 to March 31, 2018

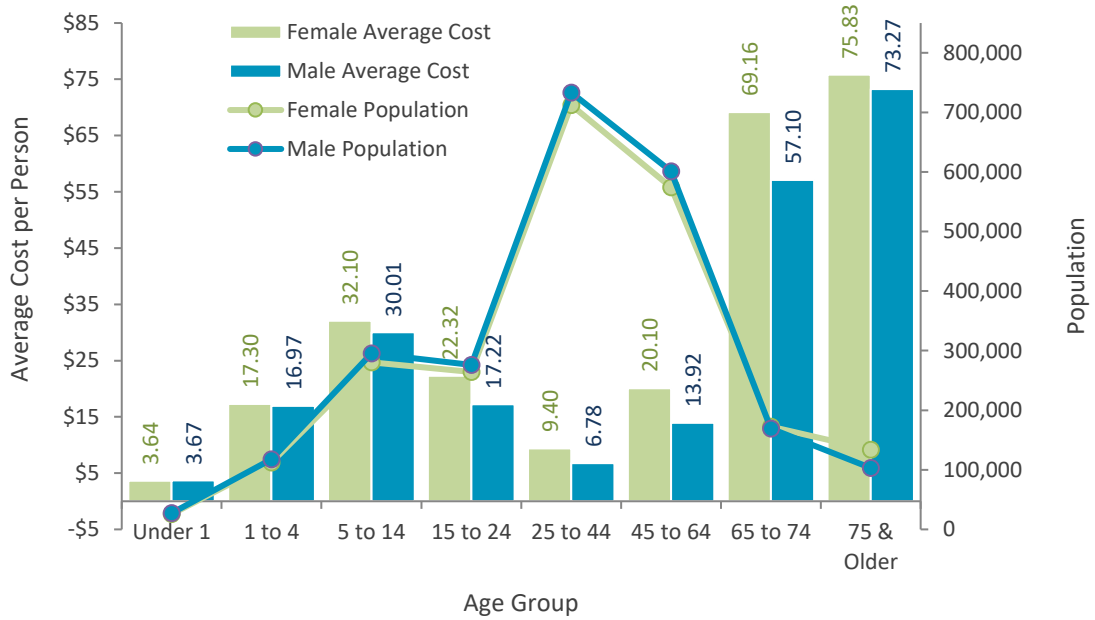
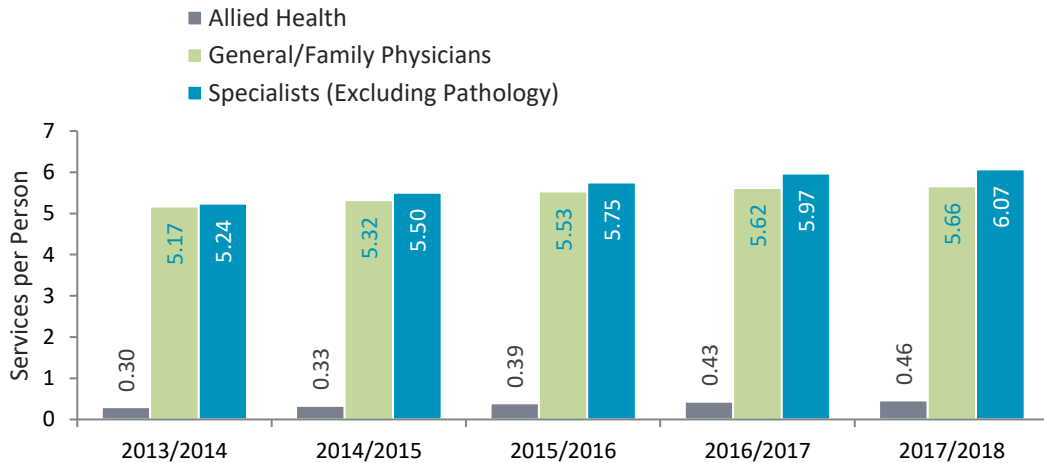


Figure 2.3
Average Number of Services per Person
for Basic Health Services
for the Years Ended March 31, 2014 to March 31, 2018



Expenditure Location

Unless stated otherwise, the tables in Section 2 represent Alberta practitioner data. Hospital and non-hospital surgical facility costs are not reported in this Statistical Supplement, with the exception of select out-of-country hospital services, which are reported in Tables 2.26 to 2.28.

Pathology Services

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

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

Payments Do Not Reflect Income

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

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

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

Physician Data

Data in this section include all Alberta physicians who had fee-for-service payments of one dollar or more in 2017/2018. 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, 2013 to March 31, 2018, are not included in the data.

A manual payment totalling \$38,016,633 for fee-for-service, \$925,156 for the Business Cost Program (BCP) and \$512,188 for the Rural Remote Northern Program (RRNP) was made to Alberta physicians in 2017/2018 as negotiated in the 2017 AMA Agreement.

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, 2014 to March 31, 2018

Year	Business Cost Program	Rural Remote Northern Program
2013/2014	74,973,958	41,927,704
2014/2015	82,269,820	43,453,803
2015/2016	92,553,949	46,480,835
2016/2017	98,349,876	48,372,090
2017/2018	88,229,469	48,870,904

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. 2017/2018 fiscal year with payments up to July 31st, 2018.

Table 2.3
Distribution of Physician Payments by Program and Specialty
for the Service Year April 1, 2017 to March 31, 2018⁽¹⁾⁽²⁾

Physician Specialty	Fee-for-Service (FFS)	Business Cost Program (BCP)	Rural Remote Northern Program (RRNP)	In Province Medical Reciprocal
Total: All Physicians	\$3,602,354,459	\$83,707,118	\$48,497,570	\$79,731,985
Subtotal:				
All Physicians (except Pathology)	3,593,737,706	83,697,179	48,497,386	71,997,081
All Specialists (except GP/FPs & Pathology)	2,037,246,996	14,709,825	10,580,628	49,783,598
Physicians by Specialty				
Anaesthesiology	173,783,223	212,296	791,203	6,405,623
Cardiovascular and Thoracic Surgery	16,038,350	5,609	22	2,943,055
Dermatology	39,507,660	848,596	23,036	761,835
Emergency Medicine	54,223,504	25,760	85,753	1,167,901
General/Family Physicians (GP/FPs)	1,556,490,711	68,987,353	37,916,758	22,213,483
- General/Family Physicians	1,457,320,738	68,790,586	37,121,552	19,988,902
- Full-Time Emergency Room Physicians	90,984,483	42,387	729,902	2,135,137
- Mental Health Generalists	5,151,650	4,211	39,512	41,852
- Other General Practice Physicians⁽³⁾	3,033,840	150,170	25,792	47,592
General Surgery	99,037,574	457,549	1,161,234	3,396,932
- General Surgery designated specialty	89,059,208	389,137	1,157,751	2,985,821
- Other General Surgery ⁽³⁾	9,978,366	68,413	3,483	411,111
Internal Medicine	379,035,053	2,999,450	1,415,574	9,456,712
- Internal Medicine designated specialty	147,348,521	1,663,898	1,104,577	3,168,939
- Cardiology	90,010,174	444,208	87,180	2,518,703
- Endocrinology/Metabolism	3,455,297	93,224	29	50,412
- Gastroenterology	32,226,584	180,173	106,708	386,574
- Infectious Diseases	3,697,219	5,703	914	86,425
- Other Internal Medicine⁽³⁾	102,297,259	612,245	116,167	3,245,660
Neurology	25,762,920	401,299	10,640	457,352
Neurosurgery	635,427	35,925		226,096
Obstetrics-Gynaecology	116,332,504	1,553,700	830,087	1,842,806
Ophthalmology	153,272,874	1,516,350	330,929	2,889,828
Orthopaedic Surgery	87,408,945	454,028	794,505	2,755,615
Otolaryngology	47,236,711	450,495	306,904	1,969,541
Paediatrics	103,737,440	2,329,681	561,283	3,289,957
Physical Medicine and Rehabilitation	21,968,875	487,255	11,598	367,163
Plastic Surgery	34,850,414	103,494	23,407	1,562,817
Psychiatry designated specialty	196,824,590	2,401,617	1,396,256	2,649,201
Urology	36,324,404	221,476	210,409	849,573
Pathology	8,616,753	9,940	184	7,734,905
Radiology	451,266,528	205,247	2,627,790	6,791,590

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, 2014 to March 31, 2018

	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
REGISTRATIONS					
Individual Registrants Covered	4,228,125	4,354,660	4,449,483	4,529,842	4,598,089
Number of Discrete Physician Patients ⁽¹⁾	3,350,612	3,471,055	3,637,326	3,682,864	3,731,869
Number of Discrete Patients per Physician	433	425	413	406	397
OVERALL PHYSICIAN SUMMARY					
Number of Physician Services Provided	44,379,813	47,485,557	50,577,902	52,878,448	54,264,058
Number of Physicians	7,743	8,176	8,585	8,836	9,165
Number of Physicians per 1,000 Persons	1.83	1.88	1.93	1.95	1.99
Number of Services per Physician	5,732	5,808	5,891	5,984	5,921
Number of Services per 1,000 Persons	10,496	10,905	11,367	11,673	11,801
Total Physician Payments	\$2,778,382,882	\$3,033,392,142	\$3,336,009,256	\$3,531,947,298	\$3,602,354,459
Physician Payment per 1,000 Persons	\$657,119	\$696,585	\$749,752	\$779,707	\$783,446
Average Payment per Physician	\$358,825	\$371,012	\$388,586	\$399,722	\$393,056
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY					
Number of Physician Services Provided	44,019,136	47,095,424	50,185,561	52,523,998	53,931,498
Number of Physicians	7,731	8,161	8,569	8,821	9,150
Number of Physicians per 1,000 Persons	1.83	1.87	1.93	1.95	1.99
Number of Services per Physician	5,694	5,771	5,857	5,954	5,894
Number of Services per 1,000 Persons	10,411	10,815	11,279	11,595	11,729
Total Physician Payments	\$2,769,716,656	\$3,023,784,257	\$3,326,125,865	\$3,522,836,098	\$3,593,737,706
Physician Payment per 1,000 Persons	\$655,070	\$694,379	\$747,531	\$777,695	\$781,572
Average Payment per Physician	\$358,261	\$370,516	\$388,158	\$399,369	\$392,758
ALLIED PRACTITIONER SUMMARY					
Number of Allied Services Provided	1,253,175	1,457,870	1,757,384	1,950,731	2,103,230
Number of Allied Practitioners	914	963	997	1,040	1,084
Number of Allied Practitioners per 1,000 Persons	0.22	0.22	0.22	0.23	0.24
Number of Services per Allied Practitioner	1,371	1,514	1,763	1,876	1,940
Number of Discrete Allied Patients ⁽²⁾	755,762	813,197	877,575	928,253	958,462
Number of Discrete Patients per Allied Practitioner	827	844	880	893	884
Total Payments to Allied Practitioners	\$70,484,596	\$78,458,718	\$88,261,224	\$96,488,983	\$103,525,685
Allied Practitioner Payment per 1,000 Persons	\$16,670	\$18,017	\$19,836	\$21,301	\$22,515
Average Payment per Allied Practitioner	\$77,117	\$81,473	\$88,527	\$92,778	\$95,503

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, 2014 to March 31, 2018

	Percentage Change			
	2014/2015	2015/2016	2016/2017	2017/2018
REGISTRATIONS				
Individual Registrants Covered	2.99%	2.18%	1.81%	1.51%
Number of Discrete Physician Patients⁽¹⁾	3.59	4.79	1.25	1.33
Number of Discrete Patients per Physician	(1.43)	(1.89)	(1.89)	(2.32)
OVERALL PHYSICIAN SUMMARY				
Number of Physician Services Provided	7.00	6.51	4.55	2.62
Number of Physicians	5.59	5.00	2.92	3.72
Number of Physicians per 1,000 Persons	2.73	2.63	1.07	2.22
Number of Services per Physician	1.33	1.43	1.59	(1.06)
Number of Services per 1,000 Persons	3.90	4.24	2.70	1.10
Total Physician Payments	9.18	9.98	5.87	1.99
Physician Payment per 1,000 Persons	6.01	7.63	4.00	0.48
Average Payment per Physician	3.40	4.74	2.87	(1.67)
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY				
Number of Physician Services Provided	6.99	6.56	4.66	2.68
Number of Physicians	5.56	5.00	2.94	3.73
Number of Physicians per 1,000 Persons	2.19	2.99	0.90	2.05
Number of Services per Physician	1.35	1.48	1.66	(1.01)
Number of Services per 1,000 Persons	3.88	4.29	2.80	1.16
Total Physician Payments	9.17	10.00	5.91	2.01
Physician Payment per 1,000 Persons	6.00	7.65	4.04	0.50
Average Payment per Physician	3.42	4.76	2.89	(1.66)
ALLIED PRACTITIONER SUMMARY				
Number of Allied Services Provided	16.33	20.54	11.00	7.82
Number of Allied Practitioners	5.36	3.53	4.31	4.23
Number of Allied Practitioners per 1,000 Persons	0.00	1.85	4.36	2.50
Number of Services per Allied Practitioner	10.43	16.45	6.39	3.42
Number of Discrete Allied Patients ⁽²⁾	7.60	7.92	5.77	3.25
Number of Discrete Patients per Allied Practitioner	2.06	4.29	1.43	(0.99)
Total Payments to Allied Practitioners	11.31	12.49	9.32	7.29
Allied Practitioner Payment per 1,000 Persons	8.08	10.10	7.38	5.70
Average Payment per Allied Practitioner	5.65	8.66	4.80	2.94

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, 2017 to March 31, 2018⁽¹⁾

Practitioner Type	Service Category	Number of Services	Total Payments
Dentists/Dental Specialists/ Oral Surgeons	Procedure	28,187	\$10,474,941
	Visit	11,460	927,853
Optometrists	Visit	1,753,608	80,788,378
Podiatrists	Procedure	61,358	3,508,934
	Test (x-ray)	12,865	182,096
	Visit	235,752	7,643,484
Total		2,103,230	\$103,525,685

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 Mar 31, 2014 to March 31, 2018

Age Group	Number of Physicians					Percentage Change			
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2014/2015	2015/2016	2016/2017	2017/2018
Under 30	153	170	177	188	170	11.11	4.12	6.21	(9.57)
30 - 34	816	924	1,011	1,086	1,158	13.24	9.42	7.42	6.63
35 - 39	1,126	1,219	1,324	1,343	1,397	8.26	8.61	1.44	4.02
40 - 44	1,208	1,270	1,279	1,318	1,370	5.13	0.71	3.05	3.95
45 - 49	1,052	1,116	1,203	1,256	1,335	6.08	7.80	4.41	6.29
50 - 54	946	941	988	1,016	1,034	(0.53)	4.99	2.83	1.77
55 - 59	965	969	956	925	890	0.41	(1.34)	(3.24)	(3.78)
60 - 64	729	771	795	828	891	5.76	3.11	4.15	7.61
65 & Over	748	796	852	876	920	6.42	7.04	2.82	5.02
Total	7,743	8,176	8,585	8,836	9,165	5.59%	5.00%	2.92%	3.72%

Age Group	Average Payments					Percentage Change			
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2014/2015	2015/2016	2016/2017	2017/2018
Under 30	\$177,741	\$195,824	\$211,673	\$213,771	\$201,784	10.17	8.09	0.99	(5.61)
30 - 34	279,804	282,899	287,901	296,260	284,929	1.11	1.77	2.90	(3.82)
35 - 39	365,490	370,160	395,157	414,742	403,584	1.28	6.75	4.96	(2.69)
40 - 44	395,695	418,243	446,540	453,530	442,276	5.70	6.77	1.57	(2.48)
45 - 49	389,169	410,793	426,181	457,001	465,036	5.56	3.75	7.23	1.76
50 - 54	391,840	409,388	439,642	440,496	438,655	4.48	7.39	0.19	(0.42)
55 - 59	381,926	386,198	398,431	405,615	406,003	1.12	3.17	1.80	0.10
60 - 64	386,401	400,447	406,027	421,648	392,836	3.64	1.39	3.85	(6.83)
65 & Over	271,384	288,518	307,992	307,550	307,205	6.31	6.75	(0.14)	(0.11)
Total	\$358,825	\$371,012	\$388,586	\$399,722	\$393,056	3.40%	4.74%	2.87%	(1.67%)

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

Table 2.6 B
 Number of Dentists/Dental Specialists/Oral Surgeons
 and Average Payments to Dentists/Dental Specialists/Oral Surgeons
 within their Age Group for the Service Years Ended Mar 31, 2014 to March 31, 2018

Age Group	Number of Dentists/Dental Specialists/Oral Surgeons					Percentage Change			
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2014/2015	2015/2016	2016/2017	2017/2018
Under 30	6	7	9	8	5	16.67	28.57	(11.11)	(37.50)
30 - 34	24	27	17	20	24	12.50	(37.04)	17.65	20.00
35 - 39	29	30	38	31	32	3.45	26.67	(18.42)	3.23
40 - 44	22	22	22	38	39	0.00	0.00	72.73	2.63
45 - 49	43	37	30	25	26	(13.95)	(18.92)	(16.67)	4.00
50 - 54	24	33	31	29	40	37.50	(6.06)	(6.45)	37.93
55 - 59	35	36	33	28	22	2.86	(8.33)	(15.15)	(21.43)
60 - 64	22	14	20	21	25	(36.36)	42.86	5.00	19.05
65 & Over	13	15	15	17	19	15.38	0.00	13.33	11.76
Total	218	221	215	217	232	1.38%	(2.71%)	0.93%	6.91%

Age Group	Average Payments					Percentage Change			
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2014/2015	2015/2016	2016/2017	2017/2018
Under 30	\$3,300	\$665	\$3,550	\$5,329	\$1,519	(79.84)	433.84	50.12	(71.49)
30 - 34	24,133	9,184	20,899	7,678	14,499	(61.94)	127.56	(63.26)	88.83
35 - 39	23,115	53,067	33,494	53,894	56,635	129.58	(36.88)	60.91	5.09
40 - 44	66,307	21,361	60,501	50,053	44,640	(67.78)	183.23	(17.27)	(10.81)
45 - 49	19,442	44,599	50,923	50,940	83,294	129.40	14.18	0.03	63.51
50 - 54	63,710	51,373	54,219	50,515	9,149	(19.36)	5.54	(6.83)	(81.89)
55 - 59	30,027	33,494	18,151	26,701	92,740	11.55	(45.81)	47.10	247.33
60 - 64	51,093	75,271	70,234	66,011	67,868	47.32	(6.69)	(6.01)	2.81
65 & Over	3,828	19,224	65,457	65,619	64,494	402.19	240.50	0.25	(1.71)
Total	\$33,568	\$37,140	\$42,721	\$44,962	\$49,150	10.64%	15.03%	5.25%	9.31%

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

Table 2.6 C
Number of Optometrists and Average Payments to Optometrists within their Age Group
for the Service Years Ended March 31, 2014, to March 31, 2018

Age Group	Number of Optometrists					Percentage Change			
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2014/2015	2015/2016	2016/2017	2017/2018
Under 30	114	110	118	123	116	(3.51)	7.27	4.24	(5.69)
30 - 34	150	172	177	192	206	14.67	2.91	8.47	7.29
35 - 39	105	112	123	126	134	6.67	9.82	2.44	6.35
40 - 44	87	92	98	102	97	5.75	6.52	4.08	(4.90)
45 - 49	48	58	67	70	82	20.83	15.52	4.48	17.14
50 - 54	28	31	30	37	41	10.71	(3.23)	23.33	10.81
55 - 59	39	36	35	34	32	(7.69)	(2.78)	(2.86)	(5.88)
60 - 64	32	31	30	33	36	(3.13)	(3.23)	10.00	9.09
65 & Over	26	33	38	42	43	26.92	15.15	10.53	2.38
Total	629	675	716	759	787	7.31%	6.07%	6.01%	3.69%

Age Group	Average Payments					Percentage Change			
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2014/2015	2015/2016	2016/2017	2017/2018
Under 30	\$70,427	\$68,150	\$67,929	\$75,132	\$84,425	(3.23)	(0.32)	10.60	12.37
30 - 34	78,659	85,425	92,673	93,673	96,661	8.60	8.48	1.08	3.19
35 - 39	90,639	95,299	101,558	116,891	111,665	5.14	6.57	15.10	(4.47)
40 - 44	92,866	100,488	113,758	105,773	118,242	8.21	13.21	(7.02)	11.79
45 - 49	89,648	96,748	106,228	117,971	117,517	7.92	9.80	11.05	(0.38)
50 - 54	97,760	94,382	108,589	109,177	114,252	(3.46)	15.05	0.54	4.65
55 - 59	94,241	100,102	99,507	103,810	106,763	6.22	(0.59)	4.32	2.84
60 - 64	85,925	80,559	101,880	104,256	97,276	(6.24)	26.47	2.33	(6.70)
65 & Over	57,707	73,955	76,150	73,385	79,334	28.16	2.97	(3.63)	8.11
Total	\$83,291	\$87,684	\$94,786	\$98,937	\$102,654	5.27%	8.10%	4.38%	3.76%

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

Table 2.6 D
 Number of Podiatrists and Average Payments to Podiatrists within their Age Group
 for the Service Years Ended March 31, 2014 to March 31, 2018

Age Group	Number of Podiatrists					Percentage Change			
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2014/2015	2015/2016	2016/2017	2017/2018
Under 35	3	4	3	3	4	33.33	(25.00)	0.00	33.33
35 - 39	9	8	6	5	3	(11.11)	(25.00)	(16.67)	(40.00)
40 - 44	15	11	11	10	12	(26.67)	0.00	(9.09)	20.00
45 - 49	16	18	17	18	14	12.50	(5.56)	5.88	(22.22)
50 - 54	10	12	15	12	14	20.00	25.00	(20.00)	16.67
55 & Over	14	14	14	16	18	0.00	0.00	14.29	12.50
Total	67	67	66	64	65	0.00%	(1.49%)	(3.03%)	1.56%

Age Group	Average Payments					Percentage Change			
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2014/2015	2015/2016	2016/2017	2017/2018
Under 35	\$68,871	\$110,181	\$185,818	\$216,178	\$213,199	59.98	68.65	16.34	(1.38)
35 - 39	116,230	117,915	137,087	134,315	170,689	1.45	16.26	(2.02)	27.08
40 - 44	178,085	178,820	171,899	182,728	169,519	0.41	(3.87)	6.30	(7.23)
45 - 49	230,308	199,989	188,920	204,629	182,197	(13.16)	(5.53)	8.32	(10.96)
50 - 54	186,089	209,383	215,605	219,305	212,475	12.52	2.97	1.72	(3.11)
55 & Over	93,368	114,327	106,656	136,037	133,891	22.45	(6.71)	27.55	(1.58)
Total	\$160,850	\$165,135	\$169,845	\$181,859	\$174,377	2.66%	2.85%	7.07%	(4.11%)

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, 2014 to March 31, 2018

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							
2013/2014	\$20,848,306	390,454	\$53.40	333,521	\$62.51	1.17	988,428
2014/2015	22,463,953	422,989	53.11	355,630	63.17	1.19	1,012,484
2015/2016	24,325,397	462,250	52.62	381,041	63.84	1.21	1,034,728
2016/2017	26,287,665	497,223	52.87	403,666	65.12	1.23	1,051,544
2017/2018	26,968,998	508,806	\$53.00	407,916	\$66.11	1.25	1,063,101
RECIPIENT AGE GROUP: 19 to 64⁽²⁾							
2013/2014	\$9,755,659	196,487	\$49.65	135,351	\$72.08	1.45	2,762,192
2014/2015	12,307,393	289,145	42.56	156,320	78.73	1.85	2,841,870
2015/2016	16,005,429	435,635	36.74	183,087	87.42	2.38	2,890,661
2016/2017	18,500,651	519,004	35.65	199,077	92.93	2.61	2,928,070
2017/2018	\$20,975,605	598,357	\$35.06	214,356	\$97.85	2.79	2,956,182
RECIPIENT AGE GROUP: 65 and Older							
2013/2014	\$21,785,828	326,622	\$66.70	195,152	\$111.64	1.67	477,505
2014/2015	24,415,331	402,302	60.69	209,092	116.77	1.92	500,306
2015/2016	27,535,597	514,098	53.56	221,306	124.42	2.32	524,094
2016/2017	30,304,962	583,797	51.91	233,798	129.62	2.50	550,228
2017/2018	\$32,843,775	646,445	\$50.81	247,013	\$132.96	2.62	578,806

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, 2014 to March 31, 2018

Practitioner Type	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2014/2015	2015/2016	2016/2017	2017/2018	
	Number of Practitioners					Percentage Change				
Physicians	7,743	8,176	8,585	8,836	9,165	5.59	5.00	2.92	3.72	
Dentists/Dental Specialists/ Oral Surgeons	218	221	215	217	232	1.38	(2.71)	0.93	6.91	
Optometrists	629	675	716	759	787	7.31	6.07	6.01	3.69	
Podiatrists	67	67	66	64	65	0.00	(1.49)	(3.03)	1.56	
Total	8,657	9,139	9,581⁽¹⁾	9,875⁽¹⁾	10,248⁽¹⁾	5.57%	4.85%	3.07%	3.78%	
Practitioner Type	Total Payments ⁽¹⁾					Percentage Change				
Physicians	\$2,778,382,882	\$3,033,392,142	\$3,336,009,256	\$3,531,947,298	\$3,602,354,459	9.18	9.98	5.87	1.99	
Dentists/Dental Specialists/ Oral Surgeons	\$7,317,869	\$8,208,000	\$9,185,042	\$9,756,738	\$11,402,793	12.16	11.90	6.22	16.87	
Optometrists	\$52,389,793	\$59,186,677	\$67,866,424	\$75,093,278	\$80,788,378	12.97	14.67	10.65	7.58	
Podiatrists	\$10,776,933	\$11,064,041	\$11,209,758	\$11,638,968	\$11,334,514	2.66	1.32	3.83	(2.62)	
Total	\$2,848,867,477	\$3,111,850,860	\$3,424,270,481	\$3,628,436,282	\$3,705,880,145	9.23%	10.04%	5.96%	2.13%	
Practitioner Type	Average Payment					Percentage Change				
Physicians	\$358,825	\$371,012	\$388,586	\$399,722	\$393,056	3.40	4.74	2.87	(1.67)	
Dentists/Dental Specialists/ Oral Surgeons	\$33,568	\$37,140	\$42,721	\$44,962	\$49,150	10.64	15.03	5.25	9.31	
Optometrists	\$83,291	\$87,684	\$94,786	\$98,937	\$102,654	5.27	8.10	4.38	3.76	
Podiatrists	\$160,850	\$165,135	\$169,845	\$181,859	\$174,377	2.66	2.85	7.07	(4.11)	
Total	\$329,083	\$340,502	\$357,402	\$367,437	\$361,620	3.47%	4.96%	2.81%	(1.58%)	
Practitioner Type	Number of Services					Percentage Change				
Physicians	44,379,813	47,485,557	50,577,902	52,878,448	54,264,058	7.00	6.51	4.55	2.62	
Dentists/Dental Specialists/ Oral Surgeons	24,995	28,443	31,309	34,603	39,647	13.79	10.08	10.52	14.58	
Optometrists	913,563	1,114,436	1,411,983	1,600,024	1,753,608	21.99	26.70	13.32	9.60	
Podiatrists	314,617	314,991	314,092	316,104	309,975	0.12	(0.29)	0.64	(1.94)	
Total	45,632,988	48,943,427	52,335,286	54,829,179	56,367,288	7.25%	6.93%	4.77%	2.81%	

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

(1) The discrete count of practitioners is not the sum of the number of practitioners, as there was one GP also practicing as a dentist.

Table 2.9
Distribution of Physicians and Allied Health Practitioners by Gross Payment Range ^{(1) (2)}
for the Service Years Ended March 31, 2014 to March 31, 2018

Dollar Range	Total								Physicians								Dentists/Dental Specialists/Oral Surgeons							
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018				
Less than \$10,000	657	642	643	607	625	447	428	446	404	412	175	182	167	164	178	175	182	167	164	178				
10,000 - 19,999	214	219	201	186	235	179	184	168	156	193	8	7	9	10	10	8	7	9	10	10				
20,000 - 39,999	319	324	368	339	346	243	260	282	261	274	8	2	6	7	5	8	2	6	7	5				
40,000 - 59,999	353	365	344	322	340	241	246	241	223	237	4	3	5	4	4	4	3	5	4	4				
60,000 - 79,999	316	335	332	358	360	211	212	218	232	246		2	1	2	4		2	1	2	4				
80,000 - 99,999	342	370	368	326	336	233	255	262	216	222	5	3	1	5	1	5	3	1	5	1				
100,000 - 119,999	319	309	321	318	316	234	237	232	225	230	1	2	2	1	1	1	2	2	1	1				
120,000 - 139,999	297	293	293	312	360	239	224	220	237	272	2					2								
140,000 - 159,999	291	316	324	336	335	256	268	271	276	263	2	1				2	1							
160,000 - 179,999	268	291	302	287	299	237	263	260	244	258	1	2	3	3	1	1	2	3	3	1				
180,000 - 199,999	267	273	287	314	325	247	253	255	285	290	2	2	1			2	2	1						
200,000 - 299,999	1,327	1,411	1,399	1,473	1,566	1,304	1,372	1,355	1,405	1,495	3	8	9	9	9	3	8	9	9	9				
300,000 - 399,999	1,173	1,185	1,286	1,368	1,428	1,169	1,178	1,274	1,357	1,412	2	2	2	2	4	2	2	2	2	4				
400,000 - 499,999	853	928	966	1,062	1,052	847	925	961	1,056	1,044	2	1	3	2	3	2	1	3	2	3				
500,000 - 599,999	560	593	695	704	719	558	591	691	700	714	1					1								
600,000 - 699,999	344	392	428	472	491	344	389	427	469	490							3	1	2	1				
700,000 - 799,999	202	257	291	305	321	202	257	290	305	320								1						
800,000 - 899,999	126	165	194	200	202	124	165	194	200	202	1					1								
900,000 - 999,999	89	107	125	124	116	89	106	125	124	116														
1,000,000 - 1,999,999	275	276	302	351	365	274	275	301	350	364	1	1	1	1	1	1	1	1	1	1				
2,000,000 & Over	65	88	112	111	111	65	88	112	111	111														
Total	8,657	9,139	9,581	9,875	10,248	7,743	8,176	8,585	8,836	9,165	218	221	215	217	232	218	221	215	217	232				

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, 2014 to March 31, 2018

Dollar Range	Optometrists								Podiatrists							
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	
Less than \$10,000	34	31	29	38	35						1	1			1	
10,000 - 19,999	27	28	24	20	31											
20,000 - 39,999	68	61	78	71	65						1	2				
40,000 - 59,999	103	112	96	92	95						5	4	3	3	4	
60,000 - 79,999	98	115	106	118	103						7	6	7	6	7	
80,000 - 99,999	98	107	102	98	110						6	5	3	7	3	
100,000 - 119,999	75	59	79	88	79						9	11	8	4	6	
120,000 - 139,999	49	63	62	65	77						7	6	8	10	9	
140,000 - 159,999	29	38	43	50	62						4	9	10	8	8	
160,000 - 179,999	19	21	34	35	33						11	5	5	5	7	
180,000 - 199,999	13	16	28	26	31						5	2	3	3	1	
200,000 - 299,999	14	21	28	53	55						6	10	7	7	7	
300,000 - 399,999	1	2	5	3	9						1	3	5	4	4	
400,000 - 499,999			2	1	1						4	2	4	3	4	
500,000 - 599,999											1	2	1	2	2	
600,000 - 699,999																
700,000 - 799,999																
800,000 - 899,999	1															
900,000 - 999,999		1														
1,000,000 - 1,999,999																
2,000,000 & Over																
Total	629	675	716	759	787						67	67	66	64	65	

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, 2014 to March 31, 2018

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
2013/2014	\$2,778,382,882	44,379,813	\$62.60	3,350,612	\$829.22	13.25	4,228,125
2014/2015	3,033,392,142	47,485,557	63.88	3,471,055	873.91	13.68	4,354,660
2015/2016	3,336,009,257	50,577,902	65.96	3,545,109	941.02	14.27	4,449,483
2016/2017	3,531,947,298	52,878,448	66.79	3,585,750	985.00	14.75	4,529,842
2017/2018	\$3,602,354,459	54,264,058	\$66.39	3,634,710	\$991.10	14.93	4,598,089
Percentage Change 2017/2018	1.99%	2.62%	(0.60%)	1.37%	0.62%	1.22%	1.51%
Annual Average Percentage Change for Last 5 Years	6.71%	5.16%	1.48%	2.06%	4.56%	3.03%	2.12%

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, 2017 to March 31, 2018

Dollar Range	Distribution of			Percentage Distribution of		
	Discrete Patients ⁽¹⁾	Payments	Services	Discrete Patients ⁽¹⁾	Payments	Services
\$ 0.01 - 50.00	178,716	\$6,535,402	184,183	4.92	0.18	0.34
50.01 - 100.00	271,608	19,682,664	415,680	7.47	0.55	0.77
100.01 - 200.00	538,511	78,254,692	1,315,142	14.82	2.17	2.42
200.01 - 300.00	388,724	96,188,430	1,595,689	10.69	2.67	2.94
300.01 - 400.00	301,649	105,027,766	1,698,157	8.30	2.92	3.13
400.01 - 500.00	246,401	110,452,754	1,799,470	6.78	3.07	3.32
500.01 - 600.00	204,409	112,096,323	1,826,295	5.62	3.11	3.37
600.01 - 700.00	169,291	109,773,884	1,779,167	4.66	3.05	3.28
700.01 - 800.00	143,608	107,524,909	1,732,215	3.95	2.98	3.19
800.01 - 900.00	120,731	102,439,179	1,639,604	3.32	2.84	3.02
900.01 - 1,000.00	103,510	98,189,616	1,561,726	2.85	2.73	2.88
1,000.01 - 2,000.00	525,960	737,084,528	11,460,950	14.47	20.46	21.12
2,000.01 - 3,000.00	192,716	469,167,752	6,919,926	5.30	13.02	12.75
3,000.01 - 4,000.00	95,296	328,600,614	4,689,310	2.62	9.12	8.64
4,000.01 - 5,000.00	53,192	236,896,503	3,315,552	1.46	6.58	6.11
5,000.01 & Over	100,388	884,439,444	12,330,992	2.76	24.55	22.72
Total	3,634,710	\$3,602,354,459	54,264,058	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, 2014 to March 31, 2018

Physician Specialty	Number of Physicians				
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Total: All Physicians	7,743	8,176	8,585	8,836	9,165
Subtotal:					
All Physicians (except Pathology)	7,731	8,161	8,569	8,821	9,150
All Specialists (except GP/FPs & Pathology)	3,444	3,624	3,774	3,862	3,999
Physicians by Specialty					
Anaesthesiology	400	413	427	443	450
Cardiovascular and Thoracic Surgery	25	23	23	25	26
Dermatology	45	54	54	51	50
Emergency Medicine	131	134	147	162	172
General/Family Physicians (GP/FPs)	4,287	4,537	4,795	4,959	5,151
- General/Family Physicians	4,017	4,224	4,509	4,671	4,855
- Full-Time Emergency Room Physicians	235	281	255	254	264
- Mental Health Generalists	17	15	13	15	13
- Other General Practice Physicians ⁽¹⁾	18	17	18	19	19
General Surgery	193	202	208	203	203
- General Surgery designated specialty	176	184	188	182	183
- Other General Surgery ⁽¹⁾	17	18	20	21	20
Internal Medicine	699	766	813	797	841
- Internal Medicine designated specialty	312	346	349	367	400
- Cardiology	94	96	105	112	120
- Endocrinology/Metabolism	4	6	7	12	11
- Gastroenterology	65	79	78	69	58
- Infectious Diseases	18	26	29	24	34
- Other Internal Medicine ⁽¹⁾	206	213	245	213	218
Neurology	60	74	67	69	75
Neurosurgery	15	18	22	15	12
Obstetrics-Gynaecology	209	219	222	248	255
Ophthalmology	119	128	127	130	135
Orthopaedic Surgery	175	182	184	188	189
Otolaryngology	68	67	70	69	67
Paediatrics	326	322	349	367	381
Physical Medicine & Rehabilitation	44	48	49	46	50
Plastic Surgery	62	63	66	67	69
Psychiatry	473	492	508	527	549
Urology	52	54	56	59	58
Pathology	12	15	16	15	15
Radiology	348	365	382	396	417

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, 2014 to March 31, 2018

Physician Specialty	Average Payment				
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Total: All Physicians	\$358,825	\$371,012	\$388,586	\$399,722	\$393,056
Subtotal:					
All Physicians (except Pathology)	358,261	370,516	388,158	399,369	392,758
All Specialists (except GP/FPs & Pathology)	459,138	476,082	500,385	518,833	509,439
Physicians by Specialty					
Anaesthesiology	368,653	380,984	383,339	389,853	386,185
Cardiovascular and Thoracic Surgery	603,635	719,167	688,620	671,449	616,860
Dermatology	805,226	702,525	736,991	762,716	790,153
Emergency Medicine	280,771	296,787	313,487	314,391	315,253
General/Family Physicians (GP/FPs)	277,221	286,194	299,827	306,332	302,173
- General/Family Physicians	273,991	283,642	297,745	304,812	300,169
- Full-Time Emergency Room Physicians	340,502	329,958	344,551	342,198	344,638
- Mental Health Generalists	388,254	427,947	418,201	419,525	396,281
- Other General Practice Physicians ⁽¹⁾	66,941	71,817	102,293	111,211	159,676
General Surgery	445,411	447,866	457,007	492,364	487,870
- General Surgery designated specialty	443,716	445,988	457,716	494,035	486,662
- Other General Surgery ⁽¹⁾	462,951	467,066	450,346	477,877	498,918
Internal Medicine	420,892	417,293	432,666	465,096	450,696
- Internal Medicine designated specialty	357,855	359,694	380,955	397,204	368,371
- Cardiology	724,437	770,957	779,881	767,289	750,085
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	426,108	377,501	434,950	484,978	555,631
- Infectious Diseases	132,192	88,856	84,886	115,589	108,742
- Other Internal Medicine ⁽¹⁾	406,020	413,367	406,566	469,358	469,253
Neurology	259,531	258,812	325,924	346,291	343,506
Neurosurgery	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	459,509	486,718	512,825	463,374	456,206
Ophthalmology	1,045,113	1,031,946	1,120,250	1,174,642	1,135,355
Orthopaedic Surgery	407,694	430,630	460,161	467,084	462,481
Otolaryngology	539,892	607,869	623,634	658,993	705,026
Paediatrics	228,694	257,737	261,614	267,452	272,277
Physical Medicine & Rehabilitation	356,922	378,196	376,420	434,802	439,378
Plastic Surgery	420,019	466,361	480,325	509,478	505,078
Psychiatry	307,941	325,070	347,474	357,349	358,515
Urology	575,376	576,823	621,909	612,641	626,283
Pathology	722,185	640,526	617,712	607,413	574,450
Radiology	944,668	997,223	1,090,305	1,140,725	1,082,174

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, 2014 to March 31, 2018

Physician Specialty	Percentage Change			
	2014/2015	2015/2016	2016/2017	2017/2018
Total: All Physicians	3.40%	4.74%	2.87%	(1.67%)
Subtotal:				
All Physicians (except Pathology)	3.42	4.76	2.89	(1.66)
All Specialists (except GP/FPs & Pathology)	3.69	5.10	3.69	(1.81)
Physicians by Specialty				
Anaesthesiology	3.35	0.62	1.70	(0.94)
Cardiovascular and Thoracic Surgery	19.14	(4.25)	(2.49)	(8.13)
Dermatology	(12.75)	4.91	3.49	3.60
Emergency Medicine	5.70	5.63	0.29	0.27
General/Family Physicians (GP/FPs)	3.24	4.76	2.17	(1.36)
- General/Family Physicians	3.52	4.97	2.37	(1.52)
- Full-Time Emergency Room Physicians	(3.10)	4.42	(0.68)	0.71
- Mental Health Generalists	10.22	(2.28)	0.32	(5.54)
- Other General Practice Physicians ⁽¹⁾	7.28	42.44	8.72	43.58
General Surgery	0.55	2.04	7.74	(0.91)
- General Surgery designated specialty	0.51	2.63	7.93	(1.49)
- Other General Surgery ⁽¹⁾	0.89	(3.58)	6.11	4.40
Internal Medicine	(0.86)	3.68	7.50	(3.10)
- Internal Medicine designated specialty	0.51	5.91	4.27	(7.26)
- Cardiology	6.42	1.16	(1.61)	(2.24)
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	(11.41)	15.22	11.50	14.57
- Infectious Diseases	(32.78)	(4.47)	36.17	(5.92)
- Other Internal Medicine ⁽¹⁾	1.81	(1.65)	15.44	(0.02)
Neurology	(0.28)	25.93	6.25	(0.80)
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	5.92	5.36	(9.64)	(1.55)
Ophthalmology	(1.26)	8.56	4.86	(3.34)
Orthopaedic Surgery	5.63	6.86	1.50	(0.99)
Otolaryngology	12.59	2.59	5.67	6.99
Paediatrics	12.70	1.50	2.23	1.80
Physical Medicine & Rehabilitation	5.96	(0.47)	15.51	1.05
Plastic Surgery	11.03	2.99	6.07	(0.86)
Psychiatry	5.56	6.89	2.84	0.33
Urology	0.25	7.82	(1.49)	2.23
Pathology	(11.31)	(3.56)	(1.67)	(5.43)
Radiology	5.56	9.33	4.62	(5.13)

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, 2014 to March 31, 2018

Physician Specialty	Median Payment				
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Total: All Physicians	\$284,604	\$292,229	\$306,312	\$317,616	\$311,871
Subtotal:					
All Physicians (except Pathology)	285,199	292,384	306,618	317,991	312,118
All Specialists (except GP/FPs & Pathology)	353,761	373,988	387,324	401,768	395,204
Physicians by Specialty					
Anaesthesiology	372,361	389,015	380,753	389,399	386,277
Cardiovascular and Thoracic Surgery	693,964	724,310	770,482	660,824	620,383
Dermatology	688,846	611,443	687,418	698,379	692,816
Emergency Medicine	280,595	297,059	320,229	318,958	320,201
General/Family Physicians (GP/FPs)	246,988	252,172	267,368	276,714	273,477
- General/Family Physicians	242,045	247,509	262,942	272,367	268,957
- Full-Time Emergency Room Physicians	327,164	314,442	342,014	333,123	332,658
- Mental Health Generalists	411,934	423,623	401,543	400,451	370,558
- Other General Practice Physicians ⁽¹⁾	16,961	27,596	22,158	28,662	96,188
General Surgery	442,229	463,442	476,452	507,274	507,082
- General Surgery designated specialty	440,031	464,217	479,974	509,174	505,191
- Other General Surgery ⁽¹⁾	533,880	445,530	451,933	497,975	549,780
Internal Medicine	340,250	322,762	340,351	379,569	366,668
- Internal Medicine designated specialty	309,268	309,316	322,542	347,754	326,278
- Cardiology	698,930	753,839	779,782	752,275	781,389
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	417,286	296,785	425,007	580,379	588,520
- Infectious Diseases	113,364	53,000	45,870	73,901	81,366
- Other Internal Medicine ⁽¹⁾	304,183	328,361	285,031	362,635	381,835
Neurology	244,297	204,520	283,686	315,074	291,494
Neurosurgery	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	375,705	456,410	457,809	422,767	403,187
Ophthalmology	783,833	781,211	847,004	903,503	891,155
Orthopaedic Surgery	441,849	458,506	482,624	488,613	494,248
Otolaryngology	555,012	613,425	621,495	645,577	671,389
Paediatrics	167,043	203,783	226,816	242,635	248,089
Physical Medicine & Rehabilitation	331,405	346,830	330,918	453,165	431,529
Plastic Surgery	412,877	471,545	514,866	506,347	511,474
Psychiatry	281,209	294,854	315,069	321,134	315,638
Urology	571,993	571,968	595,433	610,247	641,400
Pathology	4,610	2,763	4,777	11,850	10,297
Radiology	740,212	779,063	782,593	901,729	833,625

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, 2014 to March 31, 2018

Physician Specialty	Percentage Change			
	2014/2015	2015/2016	2016/2017	2017/2018
Total: All Physicians	2.68%	4.82%	3.69%	(1.81%)
Subtotal:				
All Physicians (except Pathology)	2.52	4.87	3.71	(1.85)
All Specialists (except GP/FPs & Pathology)	5.72	3.57	3.73	(1.63)
Physicians by Specialty				
Anaesthesiology	4.47	(2.12)	2.27	(0.80)
Cardiovascular and Thoracic Surgery	4.37	6.37	(14.23)	(6.12)
Dermatology	(11.24)	12.43	1.59	(0.80)
Emergency Medicine	5.87	7.80	(0.40)	0.39
General/Family Physicians (GP/FPs)	2.10	6.03	3.50	(1.17)
- General/Family Physicians	2.26	6.24	3.58	(1.25)
- Full-Time Emergency Room Physicians	(3.89)	8.77	(2.60)	(0.14)
- Mental Health Generalists	2.84	(5.21)	(0.27)	(7.46)
- Other General Practice Physicians ⁽¹⁾	62.71	(19.71)	29.35	235.59
General Surgery	4.80	2.81	6.47	(0.04)
- General Surgery designated specialty	5.50	3.39	6.08	(0.78)
- Other General Surgery ⁽¹⁾	(16.55)	1.44	10.19	10.40
Internal Medicine	(5.14)	5.45	11.52	(3.40)
- Internal Medicine designated specialty	0.02	4.28	7.82	(6.18)
- Cardiology	7.86	3.44	(3.53)	3.87
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	(28.88)	43.20	36.56	1.40
- Infectious Diseases	(53.25)	(13.45)	61.11	10.10
- Other Internal Medicine ⁽¹⁾	7.95	(13.20)	27.23	5.29
Neurology	(16.28)	38.71	11.06	(7.48)
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	21.48	0.31	(7.65)	(4.63)
Ophthalmology	(0.33)	8.42	6.67	(1.37)
Orthopaedic Surgery	3.77	5.26	1.24	1.15
Otolaryngology	10.52	1.32	3.87	4.00
Paediatrics	21.99	11.30	6.97	2.25
Physical Medicine & Rehabilitation	4.65	(4.59)	36.94	(4.77)
Plastic Surgery	14.21	9.19	(1.65)	1.01
Psychiatry	4.85	6.86	1.92	(1.71)
Urology	0.00	4.10	2.49	5.10
Pathology	(40.06)	72.89	148.06	(13.11)
Radiology	5.25	0.45	15.22	(7.55)

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

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

Table 2.13
Distribution of Gross Payments by Payment Range and Specialty ⁽¹⁾⁽²⁾
for the Service Year April 1, 2017 to March 31, 2018

Dollar Range	All Physicians		All Physicians (except Pathology)		All Specialties (except General/Family Physicians and Pathology)		Anaesthesiology		Cardiovascular and Thoracic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$1,303,634	412	\$1,282,496	405	\$545,180	213	\$18,917	4	\$4,177	1
10,000 - 19,999	2,809,585	193	2,771,826	190	1,147,106	80	114,001	8	13,992	1
20,000 - 39,999	8,137,065	274	8,137,065	274	3,388,318	115	137,090	5		
40,000 - 59,999	11,820,599	237	11,820,599	237	4,789,476	97	480,095	10		
60,000 - 79,999	17,139,166	246	17,078,121	245	6,724,694	97	441,160	6		
80,000 - 99,999	20,070,697	222	20,070,697	222	5,427,834	60	367,965	4		
100,000 - 119,999	25,336,114	230	25,336,114	230	8,162,726	74	1,164,519	11		
120,000 - 139,999	35,486,195	272	35,486,195	272	12,044,287	92	1,833,965	14		
140,000 - 159,999	39,472,620	263	39,472,620	263	12,953,756	86	1,167,179	8	150,689	1
160,000 - 179,999	43,760,751	258	43,760,751	258	14,131,295	83	2,548,032	15		
180,000 - 199,999	55,082,670	290	54,889,152	289	13,157,275	69	1,534,554	8		
200,000 - 299,999	374,895,801	1,495	374,895,801	1,495	114,104,576	452	14,636,466	58	844,937	3
300,000 - 399,999	490,416,587	1,412	490,416,587	1,412	176,312,055	505	29,436,189	84	1,004,565	3
400,000 - 499,999	467,017,893	1,044	466,612,155	1,043	208,139,809	463	46,486,383	104	867,197	2
500,000 - 599,999	390,199,601	714	390,199,601	714	208,224,602	381	33,602,227	62	560,502	1
600,000 - 699,999	317,466,356	490	317,466,356	490	184,381,852	283	14,837,363	23	1,895,403	3
700,000 - 799,999	238,535,288	320	238,535,288	320	151,394,443	203	6,740,127	9		
800,000 - 899,999	170,368,017	202	170,368,017	202	113,240,273	134	6,738,669	8	4,185,698	5
900,000 - 999,999	109,972,326	116	109,972,326	116	76,877,541	81	1,904,861	2	957,910	1
1,000,000 - 1,999,999	474,808,582	364	474,808,582	364	426,488,615	324	6,731,585	6	5,553,280	5
2,000,000 & Over	308,254,911	111	300,357,356	109	295,611,282	107	2,861,877	1		
Total	\$3,602,354,459	9,165	\$3,593,737,706	9,150	\$2,037,246,996	3,999	\$173,783,223	450	\$16,038,350	26

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, 2017 to March 31, 2018

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	\$5,720	5	\$21,983	4	\$737,316	192	\$6,855	2	\$141,851	59
10,000 - 19,999					1,624,720	110	10,749	1	507,819	34
20,000 - 39,999			71,355	3	4,748,747	159	94,530	3	1,131,628	39
40,000 - 59,999			51,987	1	7,031,123	140	175,503	4	1,598,358	32
60,000 - 79,999			276,004	4	10,353,427	148	544,556	8	1,889,427	28
80,000 - 99,999	90,566	1			14,642,864	162	438,216	5	1,725,958	19
100,000 - 119,999			776,324	7	17,173,388	156	534,008	5	2,117,768	19
120,000 - 139,999					23,441,908	180	798,865	6	2,335,609	18
140,000 - 159,999	141,999	1	761,829	5	26,518,863	177	306,327	2	2,411,772	16
160,000 - 179,999			1,543,839	9	29,629,456	175	868,913	5	2,364,864	14
180,000 - 199,999			1,141,604	6	41,731,877	220	194,920	1	3,066,306	16
200,000 - 299,999	957,048	4	9,110,590	35	260,791,225	1,043	2,689,007	11	19,053,129	77
300,000 - 399,999	911,632	3	20,061,922	57	314,104,532	907	8,511,675	24	25,439,559	73
400,000 - 499,999	914,950	2	11,662,069	26	258,472,345	580	9,052,221	20	38,850,508	86
500,000 - 599,999	3,314,249	6	4,866,044	9	181,974,999	333	21,447,444	39	37,945,126	69
600,000 - 699,999	2,709,105	4	3,877,955	6	133,084,504	207	19,014,914	29	29,886,806	46
700,000 - 799,999	792,699	1			87,140,845	117	11,102,128	15	44,713,721	60
800,000 - 899,999	1,751,781	2			57,127,744	68	9,462,764	11	26,236,635	31
900,000 - 999,999	4,657,571	5			33,094,785	35	3,820,658	4	20,845,611	22
1,000,000 - 1,999,999	16,609,118	13			48,319,968	40	9,963,320	8	99,287,499	76
2,000,000 & Over	6,651,222	3			4,746,074	2			17,485,098	7
Total	\$39,507,660	50	\$54,223,504	172	\$1,556,490,711	5,151	\$99,037,574	203	\$379,035,053	841

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, 2017 to March 31, 2018

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	\$11,459	8	\$1,809	5	\$30,704	8	\$31,024	6	\$7,428	5
10,000 - 19,999	75,665	6	14,323	1	42,501	3	17,960	1	72,468	5
20,000 - 39,999	106,083	3	26,482	1	451,222	15	23,213	1	239,736	8
40,000 - 59,999	96,459	2	96,348	2	226,664	4	92,071	2	388,031	8
60,000 - 79,999	61,903	1	69,154	1	416,538	6	212,341	3	227,664	3
80,000 - 99,999	178,124	2			545,617	6	82,834	1	97,156	1
100,000 - 119,999	111,691	1	109,147	1	223,831	2				
120,000 - 139,999	138,924	1			497,857	4	135,056	1	1,201,666	9
140,000 - 159,999	153,060	1			1,358,873	9	315,018	2	447,373	3
160,000 - 179,999	164,526	1			177,457	1	173,888	1	1,194,375	7
180,000 - 199,999					1,314,342	7	192,890	1	379,719	2
200,000 - 299,999	3,631,215	14			6,099,104	24	2,379,736	9	2,079,358	8
300,000 - 399,999	3,227,205	9	318,164	1	13,047,130	37	1,092,403	3	5,084,031	14
400,000 - 499,999	4,052,088	9			15,605,718	35	3,248,368	7	9,888,321	22
500,000 - 599,999	2,263,064	4			17,346,507	32	3,961,105	7	14,238,308	26
600,000 - 699,999	1,302,123	2			12,922,610	20	5,885,430	9	22,001,782	34
700,000 - 799,999	2,936,154	4			9,804,200	13	5,148,813	7	15,214,043	20
800,000 - 899,999	3,345,355	4			2,471,445	3	6,862,635	8	5,152,603	6
900,000 - 999,999	961,360	1			6,725,037	7	5,700,849	6	1,887,936	2
1,000,000 - 1,999,999	2,946,463	2			22,721,101	17	46,679,032	35	5,462,337	5
2,000,000 & Over					4,304,045	2	71,038,211	25	2,144,611	1
Total	\$25,762,920	75	\$635,427	12	\$116,332,504	255	\$153,272,874	135	\$87,408,945	189

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

(1) A blank cell represents a zero value.

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

Continued...

Table 2.13
Distribution of Gross Payments by Payment Range and Specialty ⁽¹⁾⁽²⁾
for the Service Year April 1, 2017 to March 31, 2018

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			\$137,845	67	\$21,137	7	\$11,652	5	\$14,181	4
10,000 - 19,999			97,116	7	37,759	3				
20,000 - 39,999			440,398	15						
40,000 - 59,999	105,832	2	443,422	9			47,653	1		
60,000 - 79,999			987,127	14	61,045	1	155,119	2	200,535	3
80,000 - 99,999			548,885	6			278,413	3	87,091	1
100,000 - 119,999	227,462	2	772,150	7						
120,000 - 139,999	138,510	1	1,199,059	9			133,679	1	132,980	1
140,000 - 159,999			1,243,395	8			159,264	1	144,268	1
160,000 - 179,999			1,884,465	11					174,671	1
180,000 - 199,999	193,992	1	952,612	5	193,518	1	183,671	1		
200,000 - 299,999	1,174,432	5	18,111,899	72			821,402	3	1,760,857	7
300,000 - 399,999	1,418,153	4	22,317,162	64			2,141,471	6	1,406,589	4
400,000 - 499,999	2,338,402	5	12,981,748	29	405,739	1	2,668,006	6	4,967,092	11
500,000 - 599,999	5,516,854	10	11,599,930	21			2,659,973	5	7,201,919	13
600,000 - 699,999	5,373,244	8	10,498,409	16			3,871,001	6	6,612,165	10
700,000 - 799,999	5,270,493	7	7,296,969	10			3,755,770	5	3,583,375	5
800,000 - 899,999	3,330,331	4	3,282,087	4			872,419	1	3,418,796	4
900,000 - 999,999	3,765,422	4	969,613	1			1,929,457	2		
1,000,000 - 1,999,999	16,216,129	13	7,973,150	6			2,279,924	2	5,145,895	4
2,000,000 & Over	2,167,453	1			7,897,555	2				
Total	\$47,236,711	67	\$103,737,440	381	\$8,616,753	15	\$21,968,875	50	\$34,850,414	69

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, 2017 to March 31, 2018

Dollar Range	All Psychiatry		Radiology		Urology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$51,938	11	\$39,965	17	\$7,672	2
10,000 - 19,999	105,184	8	75,328	5		
20,000 - 39,999	390,386	13	254,087	8	22,107	1
40,000 - 59,999	558,176	11	369,109	8	59,768	1
60,000 - 79,999	759,208	11	343,891	5	140,066	2
80,000 - 99,999	808,371	9	95,015	1	83,624	1
100,000 - 119,999	1,671,502	15	347,302	3	107,023	1
120,000 - 139,999	2,463,457	19	901,649	7	133,011	1
140,000 - 159,999	3,311,732	22	731,206	5	149,772	1
160,000 - 179,999	2,508,915	15	350,339	2	177,009	1
180,000 - 199,999	3,228,587	17	774,078	4		
200,000 - 299,999	24,598,899	98	5,094,865	20	1,061,633	4
300,000 - 399,999	31,687,938	93	8,174,976	23	1,031,291	3
400,000 - 499,999	36,831,097	82	7,241,336	16	484,306	1
500,000 - 599,999	26,451,784	49	11,346,201	21	3,903,366	7
600,000 - 699,999	22,517,209	35	13,849,707	21	7,326,627	11
700,000 - 799,999	11,124,614	15	20,212,760	27	3,698,578	5
800,000 - 899,999	8,350,488	10	25,251,806	30	2,526,761	3
900,000 - 999,999	2,820,497	3	17,130,213	18	2,800,545	3
1,000,000 - 1,999,999	14,039,864	12	154,379,219	111	10,500,699	9
2,000,000 & Over	2,544,742	1	184,303,477	65	2,110,545	1
Total	\$196,824,590	549	\$451,266,528	417	\$36,324,404	58

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, 2017 to March 31, 2018

Physicians by Specialty	Number of Physicians	Number of Full-Time Equivalent Physicians ⁽²⁾	Proportion of Full-Time Equivalent Physicians		Average Payment per Full-Time Equivalent Physician	Number of Registered Persons per Full-Time Equivalent Physician
			Above 60th Percentile	Below 40th Percentile		
All Physicians (except Pathology and Radiology) ⁽³⁾	8,722	7,771.1	33.6	48.9	\$403,934	592
All Specialists (except GP/FPs & Laboratory)	3,571	3,100.2	32.6	50.7	510,462	1,483
Physicians by Specialty						
Anaesthesiology	450	398.1	34.2	48.0	436,546	11,550
Cardiovascular and Thoracic Surgery	26	21.5	34.6	46.2	744,619	213,477
Dermatology	50	43.5	34.0	48.0	907,941	105,671
Emergency Medicine	172	155.1	35.5	44.8	349,509	29,638
General/Family Physicians (GP/FPs)	5,151	4,580.3	34.2	48.1	339,822	1,004
- General/Family Physicians	4,855	4,314.5	34.1	48.4	337,769	1,066
- Full-Time Emergency Room Physicians	264	249.2	36.4	43.9	365,035	18,448
- Mental Health Generalists	13	12.3	30.8	38.5	420,079	374,940
- Other General Practice Physicians ⁽⁴⁾	19	15.8	26.3	57.9	191,902	290,846
General Surgery	203	171.7	33.5	48.3	576,880	26,783
- General Surgery designated specialty	183	154.7	33.9	48.6	575,655	29,721
- Other General Surgery ⁽⁴⁾	20	17.3	30.0	45.0	578,029	266,359
Internal Medicine	830	649.6	29.9	54.9	578,173	7,078
- Internal Medicine designated specialty	400	311.0	28.5	56.3	473,747	14,784
- Cardiology	120	96.7	33.3	49.2	931,156	47,567
- Gastroenterology	58	46.3	31.0	50.0	696,228	99,338
- Infectious Diseases	34	21.5	20.6	61.8	171,956	213,855
- Other Internal Medicine ⁽⁴⁾	218	175.6	30.7	53.2	582,540	26,184
Neurology	75	54.9	25.3	60.0	469,306	83,760
Neurosurgery	12	5.0	8.3	83.3	127,682	923,936
Obstetrics-Gynaecology	255	224.1	32.9	49.8	519,216	20,522
Ophthalmology	135	131.4	36.3	43.7	1,166,076	34,982
Orthopaedic Surgery	189	152.4	34.4	48.1	573,420	30,164
Otolaryngology	67	64.9	37.3	43.3	727,773	70,842
Paediatrics	381	290.7	27.8	55.6	356,887	15,819
Physical Medicine and Rehabilitation	50	39.2	30.0	54.0	560,245	117,259
Plastic Surgery	69	61.1	36.2	43.5	570,581	75,281
Psychiatry	549	501.7	35.2	46.1	392,299	9,165
Urology	58	51.1	34.5	44.8	710,629	89,954

Table 2.14
Number of Full-Time Equivalent Physicians by Specialty⁽¹⁾
for the Service Year April 1, 2017 to March 31, 2018

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

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

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

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

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

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

- Count all physicians with payments below the lower benchmark as a fraction of a full-time equivalent equal to the ratio of his/her payments to the lower benchmark.*
- Count all physicians with payments above the upper benchmark using a log-linear relationship, as one full-time equivalent plus the natural logarithm of the ratio of his/her payments to the upper benchmark. The reason for attributing diminishing weight to payments above the upper benchmark is to prevent outliers from seriously biasing the measure. This is not necessary on the lower benchmark because payments less than zero are not recorded and, as such, a natural barrier exists to prevent bias at the lower end.*
- Since the benchmarks for the calculations of full-time equivalents in past Statistical Supplements are re-calculated based on the payments within each given year, and payments over time are not adjusted for fee changes, the full-time equivalents in this table should not be compared with those released in previous versions of the Statistical Supplement.*

(3) 15 Pathology and 417 Radiology physicians and 11 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, 2017 to March 31, 2018

Physicians by Specialty	Total	Consultations	Assessments	
			Major	Other
Total: All Physicians	\$3,602,354,459	\$390,916,624	\$309,972,532	\$1,110,972,287
Subtotal				
All Physicians (except Pathology)	3,593,737,706	390,500,291	309,972,532	1,110,937,681
All Specialists (except GP/FPs & Pathology)	2,037,246,996	347,455,311	37,974,126	239,264,181
Physicians by Specialty				
Anaesthesiology	173,783,223	7,778,720	329,296	15,830,287
Cardiovascular and Thoracic Surgery	16,038,350	1,754,349	11,578	803,117
Dermatology	39,507,660	9,973,448	1,210,287	6,237,734
Emergency Medicine	54,223,504	2,906,997	549,148	34,839,120
General/Family Physicians (GP/FPs)	1,556,490,711	43,044,980	271,998,406	871,673,500
- General/Family Physicians	1,457,320,738	39,090,375	270,725,456	809,530,121
- Full-Time Emergency Room Physicians	90,984,483	3,695,910	1,071,209	61,304,319
- Mental Health Generalists	5,151,650	56,598	68,358	373,309
- Other General Practice Physicians ⁽³⁾	3,033,840	202,096	133,383	465,751
General Surgery	99,037,574	27,472,807	139,285	7,561,266
- General Surgery designated specialty	89,059,208	25,093,896	132,358	6,641,066
- Other General Surgery ⁽³⁾	9,978,366	2,378,911	6,926	920,200
Internal Medicine	379,035,053	121,418,914	7,723,346	50,987,062
- Internal Medicine designated specialty	147,348,521	63,283,831	5,870,953	25,137,318
- Cardiology	90,010,174	19,383,481	424,013	8,492,000
- Endocrinology/Metabolism	3,455,297	1,547,580	48,617	1,212,890
- Gastroenterology	32,226,584	13,150,308	306,648	2,698,137
- Infectious Diseases	3,697,219	2,376,775	22,980	905,133
- Other Internal Medicine ⁽³⁾	102,297,259	21,676,939	1,050,137	12,541,583
Neurology	25,762,920	15,753,371	461,592	3,711,917
Neurosurgery	635,427	268,796	527	27,865
Obstetrics-Gynaecology	116,332,504	18,952,075	2,050,131	25,576,247
Ophthalmology	153,272,874	15,973,682	9,144,481	17,043,254
Orthopaedic Surgery	87,408,945	18,269,444	248,902	8,227,277
Otolaryngology	47,236,711	8,914,908	145,107	2,872,116
Paediatrics	103,737,440	32,488,022	12,019,423	45,154,313
Physical Medicine and Rehabilitation	21,968,875	8,925,693	11,936	5,197,799
Plastic Surgery	34,850,414	4,707,943	732,715	3,199,022
Psychiatry designated specialty	196,824,590	42,214,824	2,763,534	5,917,145
Urology	36,324,404	8,753,600	404,587	3,961,182
Pathology	8,616,753	416,333		34,606
Radiology	451,266,528	927,718	28,250	2,117,460

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, 2017 to March 31, 2018

Physicians by Specialty	Hospital Care Days	Special Calls	Psychotherapy/ Counselling	Major Surgery
Total: All Physicians	\$105,684,994	\$32,331,142	\$249,644,463	\$384,466,787
Subtotal				
All Physicians (except Pathology)	105,684,994	32,331,142	249,644,463	384,466,787
All Specialists (except GP/FPs & Pathology)	55,186,793	1,818,843	125,502,028	349,775,792
Physicians by Specialty				
Anaesthesiology	138,582	15,965	2,466,165	96,047,144
Cardiovascular and Thoracic Surgery	424,569	8,348	294	12,283,943
Dermatology	13,703	5,138	294	9,170,534
Emergency Medicine	9,066	46,591	802,992	702,038
General/Family Physicians (GP/FPs)	50,498,201	30,512,298	124,142,435	34,690,995
- General/Family Physicians	50,343,419	30,404,519	117,648,585	33,271,558
- Full-Time Emergency Room Physicians	72,696	100,224	1,254,453	1,419,438
- Mental Health Generalists	7,225	3,948	4,090,204	
- Other General Practice Physicians ⁽³⁾	74,861	3,606	1,149,193	
General Surgery	3,636,542	88,605	17,342	43,684,243
- General Surgery designated specialty	3,539,036	87,891	17,342	37,831,732
- Other General Surgery ⁽³⁾	97,506	714		5,852,512
Internal Medicine	41,440,716	290,002	161,680	8,858,398
- Internal Medicine designated specialty	28,357,379	140,614	124,036	137,784
- Cardiology	4,813,424	83,745	47	8,031,151
- Endocrinology/Metabolism	116,391	226		
- Gastroenterology	795,202	1,316	1,068	11,636
- Infectious Diseases	290,744	2,462		2,000
- Other Internal Medicine ⁽³⁾	7,067,576	61,639	36,530	675,827
Neurology	1,741,280	9,651	20,719	279
Neurosurgery	928		131,972	2,975
Obstetrics-Gynaecology	1,593,417	1,091,482	69,957	14,746,005
Ophthalmology	2,905	6,790		41,423,427
Orthopaedic Surgery	778,056	17,910	16,785	58,417,161
Otolaryngology	39,391	12,785	378	17,048,158
Paediatrics	4,608,707	39,467	1,946,699	252,740
Physical Medicine and Rehabilitation	372,877	436	800,663	8,546
Plastic Surgery	44,018	12,252	4,412	24,386,798
Psychiatry designated specialty	937	167,030	119,026,014	
Urology	340,265	6,393	35,577	16,063,494
Pathology				
Radiology	834		84	6,679,908

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, 2017 to March 31, 2018

Physicians by Specialty	Minor Surgery	Surgical Assistance	Anaesthesia	Obstetrical Services
Total: All Physicians	\$28,563,347		\$45,021,511	\$48,934,575
Subtotal				
All Physicians (except Pathology)	28,563,347		45,021,511	48,934,575
All Specialists (except GP/FPs & Pathology)	12,962,181		40,165,532	33,263,742
Physicians by Specialty				
Anaesthesiology	2,269,549		22,602,745	5,812,908
Cardiovascular and Thoracic Surgery	12,558		87,270	491
Dermatology	1,746,791		178,882	
Emergency Medicine	786,718		8,055	4,003
General/Family Physicians (GP/FPs)	15,601,167	147	4,855,979	15,670,833
- General/Family Physicians	13,545,287	147	4,803,613	15,658,119
- Full-Time Emergency Room Physicians	2,052,545		52,366	12,714
- Mental Health Generalists	1,152			
- Other General Practice Physicians ⁽³⁾	2,183			
General Surgery	1,507,246		58,002	7,160
- General Surgery designated specialty	1,462,657		54,792	7,160
- Other General Surgery ⁽³⁾	44,590		3,210	
Internal Medicine	394,633		15,292	26,472
- Internal Medicine designated specialty	295,509		420	
- Cardiology	612			
- Endocrinology/Metabolism				
- Gastroenterology	54,090		260	
- Infectious Diseases	33,840			
- Other Internal Medicine ⁽³⁾	10,580		14,612	26,472
Neurology			1,039,854	
Neurosurgery			84,755	
Obstetrics-Gynaecology	48,700		106,729	27,296,555
Ophthalmology	446,300		1,096	
Orthopaedic Surgery	285,708		2,693	810
Otolaryngology	3,933,437		121,932	548
Paediatrics	201,005		491	108,498
Physical Medicine and Rehabilitation	3,815		1,838,606	
Plastic Surgery	1,236,166		5,422	
Psychiatry designated specialty			104	
Urology	26,191		602,307	5,829
Pathology				
Radiology	63,364		13,411,297	468

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, 2017 to March 31, 2018

Physicians by Specialty	Laboratory Services	Other Diagnostic & Therapeutic Services	Special Services	Miscellaneous Services
Total: All Physicians	\$44,102,105	\$319,517,969	\$17,975,661	\$80,230,176
Subtotal				
All Physicians (except Pathology)	44,102,105	311,363,949	17,971,354	80,222,689
All Specialists (except GP/FPs & Pathology)	44,080,850	264,872,113	3,195,608	48,437,251
Physicians by Specialty				
Anaesthesiology		14,059,076	63,297	4,255,941
Cardiovascular and Thoracic Surgery		452,035		198,603
Dermatology		10,329,853	8,208	632,787
Emergency Medicine		12,464,414	59,117	1,045,245
General/Family Physicians (GP/FPs)	21,255	46,491,836	14,775,747	31,785,438
- General/Family Physicians	21,255	28,489,836	14,686,826	28,374,128
- Full-Time Emergency Room Physicians		17,997,390	86,427	1,864,792
- Mental Health Generalists		3,397		547,459
- Other General Practice Physicians ⁽³⁾		1,212	2,494	999,059
General Surgery		13,861,371	4,871	997,838
- General Surgery designated specialty		13,335,658	4,404	850,221
- Other General Surgery ⁽³⁾		525,713	467	147,617
Internal Medicine	7,554,484	107,632,277	37,961	12,191,298
- Internal Medicine designated specialty		20,438,862	14,495	2,436,235
- Cardiology	7,136,237	21,857,996		1,003,180
- Endocrinology/Metabolism	418,198	2,156		109,101
- Gastroenterology		14,988,908	4,102	214,910
- Infectious Diseases		45,099	861	17,325
- Other Internal Medicine ⁽³⁾	49	50,299,257	18,502	8,410,548
Neurology		2,471,158	99,201	427,857
Neurosurgery		5,035		64,273
Obstetrics-Gynaecology		7,723,669	2,672,610	484,812
Ophthalmology		49,272,145		103,081
Orthopaedic Surgery		753,101	5,533	385,568
Otolaryngology		13,630,705	3,572	513,673
Paediatrics		4,910,211	35,917	530,961
Physical Medicine and Rehabilitation		3,018,678	175,004	96,868
Plastic Surgery		386,638	18,120	116,907
Psychiatry designated specialty		1,027,450	491	25,707,060
Urology		5,696,387	1,903	426,689
Pathology		8,154,020	4,307	7,487
Radiology	36,526,367	17,177,908	8,629	257,788

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, 2017 to March 31, 2018

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}	702,277,860	13,712,176	3,195,945	219.74	4.3
03.08A	Consultation, described as comprehensive {Comprehensive consultation}	252,798,004	1,552,146	1,016,827	248.61	1.5
03.04A	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient}	232,300,062	1,984,031	1,637,640	141.85	1.2
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	154,068,678	0	815,655	188.89	0.0
08.19G	Other psychiatric evaluation and interview {Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or general psychiatric counselling, per 15 minutes or major portion thereof}	110,809,655	2,353,986	409,923	270.32	5.7
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	88,542,743	1,506,103	128,714	687.90	11.7
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}	55,677,313	1,015,389	86,747	641.84	11.7
03.03F	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit in a regional facility, referred cases only}	55,387,631	545,439	272,530	203.23	2.0
03.04J	Diagnostic interview and evaluation, described as comprehensive {Development, documentation and administration of a comprehensive annual care plan for a patient with complex needs}	40,673,280	216,376	215,936	188.36	1.0
X107A	Fluoroscopy performed during special diagnostic or therapeutic procedures, including biopsy, endoscopy, intubation, pacemaker insertion and bougienage, etc.	40,214,183	205,628	93,298	431.03	2.2
X310	Ultrasound, abdominal, complete or at least two abdominal organs	39,741,579	197,619	181,649	218.78	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, 2017 to March 31, 2018

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
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}	40,205,016	651,418	29,557	1,360.25	22.0
08.19A	Consultation, described as comprehensive {Formal major psychiatric consultation, first full 30 minutes or major portion thereof for the first call when only one call is claimed}	35,100,416	443,523	59,390	591.02	7.5
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}	29,646,065	505,822	105,862	280.04	4.8
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	26,562,525	427,878	19,929	1,332.86	21.5
03.04G	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	25,978,734	232,720	194,500	133.57	1.2
X308	Ultrasound, breast, including axilla	23,689,695	184,587	105,088	225.43	1.8
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit}	23,293,845	495,417	74,812	311.37	6.6
X 27D	Screening mammography (age 50 to 74 years inclusive)	22,647,058	155,144	155,079	146.04	1.0
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}	21,461,265	470,127	62,997	340.67	7.5
27.72A	Insertion of intraocular lens prosthesis with cataract extraction, one stage {Phacoemulsification cataract extraction, anterior approach, with or without insertion of intraocular lens}	20,044,635	143,848	24,936	803.84	5.8
01.22	Other nonoperative colonoscopy {Other nonoperative colonoscopy}	19,108,544	170,720	87,396	218.64	2.0

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

Continued...

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

Table 2.16
Top 50 Health Service Codes based on Physician Fee-for-Service Payments
for the Service Year April 1, 2017 to March 31, 2018

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
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.>	20,590,727	88,708	86,097	239.16	1.0
03.08I	Consultation described as comprehensive {Prolonged endocrinology/ metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, physiatry, neurology, respiratory medicine or rheumatology consultation or visit, full 15 minutes or major portion thereof for the first call when only one call is claimed}	18,654,111	396,779	161,006	115.86	2.5
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}	18,626,723	194,773	13,708	1,358.82	14.2
03.04H	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in emergency department, 2200-0700 hours}	17,956,180	162,134	138,255	129.88	1.2
03.07A	Consultation, described as limited {Minor consultation}	17,639,052	199,295	164,544	107.20	1.2
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	17,609,483	86,344	65,762	267.78	1.3
03.04F	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekday, 0700-1700 hours}	17,507,630	156,308	135,232	129.46	1.2
87.98A	Delivery NEC {Vaginal delivery}	16,370,385	32,976	31,790	514.95	1.0
X334	Ultrasound, other than shoulder including joints, tendons, ligaments, muscles, single anatomic site	16,345,114	144,305	103,243	158.32	1.4
X315	Ultrasound, pelvis, female, transvesical scan	16,281,476	128,600	103,643	157.09	1.2
X314	Ultrasound, pelvis, female, including endo-vaginal (EV) scan	14,015,149	80,177	70,413	199.04	1.1
16.91G	Insertion of anaesthetic into spinal canal for analgesia {Epidural analgesia for labour and delivery, monitoring and/or top-up/adjustment, each additional full 5 minutes, per patient}	13,048,312	755,701	18,586	702.05	40.7
03.05JB	Other diagnostic interview and evaluation {Formal, scheduled family conference relating to a specific patient, per 15 minutes or major portion thereof}	12,322,945	239,673	107,313	114.83	2.2
X320	Ultrasound, obstetrical, second or third trimester, general fetal assessment	12,317,354	79,643	50,336	244.70	1.6

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, 2017 to March 31, 2018

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
X128	Bone mineral content determination dual photon absorptiometry with or without vertebral fracture assessment (VFA)	11,774,437	83,649	83,618	140.81	1.0
28.79B	Other operations on vitreous {Intravitreal injection for drug delivery}	11,700,719	110,640	16,070	728.11	6.9
X335	Ultrasound shoulder, dedicated rotator cuff and bicep	11,196,475	70,888	60,128	186.21	1.2
03.12A	Measurements and manual examination of nervous system and sense organs {Intraocular pressure measurement, unilateral or bilateral}	11,083,786	427,285	172,990	64.07	2.5
03.52A	Other electrocardiogram {Electrocardiogram, technical}	11,079,838	456,336	386,904	28.64	1.2
03.03E	Diagnostic interview and evaluation, described as limited {Periodic chronic care visit to a long term care patient}	11,027,243	391,037	16,531	667.06	23.7
86.9 D	Cesarean section of unspecified type {Cesarean section of unspecified type following trial of labour for any reason}	10,761,583	92,658	9,517	1,130.77	9.7
09.01A	Limited eye examination {Biomicroscopy (slit lamp examination)}	10,715,243	413,076	176,979	60.55	2.3
08.19J	Other psychiatric evaluation and interview {Formal, scheduled, professional conference related to the care and treatment of multiple psychiatric patients with other physician(s), allied health professionals, educational, correctional and other community agencies on behalf of a specific patient, provided by the physician most responsible for the patient's care}	10,606,426	373,612	51,279	206.84	7.3
03.08J	Consultation, described as comprehensive {Prolonged consultation or hospital admission by pediatrics (including subspecialties) and clinical immunology and allergy for patients 18 years of age and under, or by medical genetics (no age restriction), full 15 minutes or portion thereof for the first call when only one call is claimed}	10,509,480	174,892	60,478	173.77	2.9
X311	Ultrasound, kidneys, ureters and bladder	10,402,135	59,086	56,066	185.53	1.1
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>	10,370,111	239,370	79,574	130.32	3.0
X157	Bone scan	10,319,796	24,912	24,201	426.42	1.0
01.01A	Rhinoscopy {Sinus endoscopy}	10,294,037	89,628	60,341	170.60	1.5

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

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

Table 2.17
Physician Services and Payments per 1,000 Insured Persons
by Type of Service, and Patient Age and Sex
for the Service Year April 1, 2017 to March 31, 2018⁽¹⁾⁽²⁾

Service Type	Age & Sex	All Age Groups		Under 1		1 - 4	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	855	\$92,568	1,236	\$169,819	442	\$49,826
	M	700	77,622	1,462	195,938	562	62,538
Major Assessment	F	593	73,449	2,155	221,815	629	73,321
	M	493	61,502	2,178	226,102	656	76,750
Other Assessment	F	4,660	283,070	4,154	317,569	3,207	216,458
	M	3,265	201,014	4,632	354,060	3,538	243,213
Hospital Care Days	F	396	23,538	624	36,102	119	6,517
	M	354	22,442	758	43,202	151	8,434
Special Calls	F	19	8,379	1	5,661	2	5,565
	M	12	5,711	1	6,930	2	6,768
Psychotherapy/Counselling	F	1,353	62,408	16	912	43	2,539
	M	981	46,345	16	977	67	3,935
Major Surgery	F	999	85,679	342	29,800	205	16,807
	M	890	81,602	541	42,868	378	35,137
Minor Surgery	F	96	5,544	78	5,181	76	4,706
	M	112	6,867	107	7,297	112	7,077
Surgical Assistance	F	--	--				
	M						
Anaesthesiology	F	466	15,078	28	721	142	2,932
	M	83	4,613	51	1,344	168	3,511
Obstetrical Services	F	178	21,448	37	4,828		
	M	--	59	39	4,989		
Diagnostic & Therapeutic Services, Radiology	F	1,330	135,201	124	21,459	99	10,499
	M	658	54,419	149	25,564	117	12,408
Laboratory Services	F	50	11,469			--	4
	M	24	7,752			--	5
Other Diagnostic & Therapeutic Services	F	2,075	70,205	760	45,065	743	16,214
	M	1,812	68,791	842	50,777	924	20,224
Special Services ⁽³⁾	F	285	7,203	3	33	18	210
	M	63	683	5	58	19	220
Miscellaneous Services ⁽⁴⁾	F	978	43,091	208	8,877	429	21,318
	M	779	36,888	237	9,779	443	21,846
Total	F	14,333	938,331	9,766	867,842	6,155	426,915
	M	10,227	\$676,308	11,018	\$969,886	7,137	\$502,066

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, 2017 to March 31, 2018⁽¹⁾⁽²⁾

Service Type	Age & Sex	5 - 14		15 - 24		25 - 44	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	379	\$39,182	666	\$64,223	812	\$84,368
	M	471	48,423	436	42,509	448	47,671
Major Assessment	F	366	42,234	416	48,900	521	63,216
	M	371	43,007	284	32,789	327	39,549
Other Assessment	F	1,926	116,975	3,376	214,150	4,627	287,403
	M	1,990	126,115	1,767	113,006	2,171	131,933
Hospital Care Days	F	39	2,106	95	5,571	153	9,067
	M	38	2,094	62	3,840	88	5,912
Special Calls	F	2	3,196	2	7,802	3	7,868
	M	2	3,359	2	4,045	4	3,560
Psychotherapy/Counselling	F	324	16,941	1,636	78,553	1,595	71,798
	M	457	23,925	1,126	56,316	1,153	53,455
Major Surgery	F	211	15,562	435	31,790	774	56,687
	M	282	21,296	456	34,245	509	42,096
Minor Surgery	F	89	4,969	78	4,375	82	4,681
	M	109	6,493	97	6,030	95	5,766
Surgical Assistance	F					--	--
	M						
Anaesthesiology	F	83	1,673	458	10,314	1,013	25,067
	M	113	2,226	30	805	38	2,005
Obstetrical Services	F	--	17	177	22,652	499	59,655
	M						
Diagnostic & Therapeutic Services, Radiology	F	163	14,121	551	59,077	1,282	151,116
	M	151	12,172	231	17,700	396	34,309
Laboratory Services	F	1	313	5	1,520	10	3,142
	M	1	155	3	898	7	2,469
Other Diagnostic & Therapeutic Services	F	991	13,817	1,188	25,410	1,554	43,573
	M	1,173	16,283	762	19,736	1,023	32,133
Special Services ⁽³⁾	F	19	266	213	6,712	409	11,845
	M	19	246	24	262	41	449
Miscellaneous Services ⁽⁴⁾	F	775	39,466	807	42,052	559	23,163
	M	762	38,740	625	33,768	422	19,500
Total	F	5,369	310,839	10,103	623,102	13,893	902,651
	M	5,940	\$344,533	5,905	\$365,947	6,722	\$420,806

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, 2017 to March 31, 2018⁽¹⁾⁽²⁾

Age & Sex		45 - 64		65 - 74		75 and Older	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	964	\$107,234	1,337	\$152,990	1,634	\$184,101
	M	810	92,564	1,429	165,080	1,972	223,336
Major Assessment	F	623	79,743	800	106,594	1,073	143,729
	M	528	69,250	799	108,575	1,243	163,952
Other Assessment	F	4,772	277,005	6,527	381,021	11,520	692,511
	M	3,728	221,999	6,118	365,513	10,654	660,783
Hospital Care Days	F	265	17,251	812	51,637	3,235	183,403
	M	310	21,150	993	65,019	3,269	195,868
Special Calls	F	9	5,089	23	8,185	233	40,310
	M	11	5,141	21	8,287	129	29,732
Psychotherapy/Counselling	F	1,766	80,957	1,356	63,323	1,230	56,825
	M	1,154	53,617	993	46,213	1,131	51,536
Major Surgery	F	1,426	123,413	2,252	220,621	2,304	225,553
	M	1,201	109,781	2,452	242,746	2,796	296,455
Minor Surgery	F	112	6,377	127	7,382	130	8,465
	M	117	7,137	156	9,622	182	11,551
Surgical Assistance	F						
	M						
Anaesthesiology	F	188	12,753	231	17,985	220	18,538
	M	95	7,111	150	12,350	183	15,046
Obstetrical Services	F	4	332	--	21	--	1
	M						
Diagnostic & Therapeutic Services, Radiology	F	1,861	190,414	2,653	236,872	2,838	212,391
	M	934	80,848	1,778	141,437	2,427	175,355
Laboratory Services	F	91	20,638	200	41,948	139	31,929
	M	36	12,394	100	29,931	106	32,857
Other Diagnostic & Therapeutic Services	F	2,608	96,138	4,263	173,557	5,135	223,836
	M	2,279	96,290	4,574	209,152	6,083	280,520
Special Services ⁽³⁾	F	367	8,339	318	5,549	207	2,480
	M	90	965	157	1,678	206	2,146
Miscellaneous Services ⁽⁴⁾	F	902	37,139	1,996	94,861	3,589	142,299
	M	691	30,664	1,760	87,451	3,197	141,021
Total	F	15,958	1,062,821	22,893	1,562,546	33,487	2,166,372
	M	11,985	\$808,910	21,480	\$1,493,054	33,579	\$2,280,159

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, 2014 to March 31, 2018

Physician Specialty	April 1, 2013	April 1, 2014	April 1, 2015	April 1, 2016	April 1, 2017
Anaesthesia	Nil	1.4	0.9	0.6	Nil
Cardiology	Nil	1.6	2.4	1.0	Nil
Cardiovascular and Thoracic Surgery	Nil	1.3	1.4	0.5	Nil
Critical Care Medicine	Nil	1.1	0.8	0.6	Nil
Dermatology	Nil	1.5	1.5	0.6	Nil
Emergency Medicine	Nil	1.5	1.3	0.8	Nil
Endocrinology/Metabolism	Nil	2.6	2.6	1.5	Nil
Gastroenterology	Nil	1.7	2.1	0.8	Nil
General Practice	Nil	3.7	3.6	1.5	Nil
General Surgery	Nil	1.5	2.2	0.9	Nil
Infectious Diseases	Nil	3.4	1.4	1.6	Nil
Internal Medicine	Nil	2.4	3.1	1.0	Nil
Mental Health Generalists	Nil	1.9	2.1	0.8	Nil
Nephrology	Nil	1.9	1.4	0.7	Nil
Neurology	Nil	2.4	2.0	1.0	Nil
Neurosurgery	Nil	2.0	1.8	0.9	Nil
Obstetrics-Gynaecology	Nil	1.7	2.3	0.8	Nil
Ophthalmology	Nil	1.2	1.2	0.6	Nil
Orthopaedic Surgery	Nil	1.6	1.9	1.0	Nil
Otolaryngology	Nil	1.2	1.7	0.7	Nil
Paediatrics	Nil	2.6	2.7	1.2	Nil
Pathology	Nil	2.2	2.6	1.2	Nil
Physical Medicine and Rehabilitation	Nil	2.2	2.0	0.9	Nil
Plastic Surgery	Nil	2.2	2.6	1.0	Nil
Psychiatry	Nil	2.5	1.7	1.1	Nil
Radiology	Nil	1.5	1.8	0.9	Nil
Respiratory Medicine	Nil	1.0	1.4	0.7	Nil
Rheumatology	Nil	5.0	4.2	1.5	Nil
Thoracic Surgery	Nil	1.9	2.0	1.0	Nil
Urology	Nil	1.5	2.0	0.8	Nil
Vascular Surgery	Nil	1.7	2.0	0.8	Nil
All Physicians	Nil	2.5%	2.5%	1.1%	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, 2014 to March 31, 2018

Effective Date	Type of Practitioner	Medical	Dentists/ Dental Specialists/ Oral Surgeons	Optometrists	Podiatrists ⁽¹⁾
		(%)	(%)	(%)	(%)
April 1, 2010		4.5	Nil	4.5	Nil
October 1, 2010		Nil	10.2	Nil	9.7
April 1, 2011		Nil	Nil	Nil	Nil
April 1, 2012		Nil	Nil	Nil	Nil
April 1, 2013		Nil	Nil	3.0	Nil
April 1, 2014		2.5	Nil	Nil	Nil
October 1, 2014		Nil	2.2	Nil	1.6
April 1, 2015		2.5	Nil	Nil	Nil
October 1, 2015		Nil	Nil	Nil	Nil
April 1, 2016		1.1	Nil	1.0	Nil
October 1, 2016		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

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

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

Alternative Relationship Plans

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

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

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

Model Type Definitions

Clinical Alternative Relationship Plans

At present, there are 58 Clinical ARPs that use three working models for funding physician services, which are:

- **Capitation ARP** – This model is used in 3 Clinical ARPs for the provision of family medicine or primary health care. Physician payment is based on a pre-determined amount per rostered patient, per annum within a defined basket of insured health service codes. Patients can be rostered based on a formal roster, or based on geographic area.
- **Annualized ARP** – This model is used in 37 Clinical ARPs for the delivery of a defined set of clinical services to targeted patient groups. Physician payment is based on a pre-negotiated amount for delivery of insured health services per full-time equivalent physician per annum.
- **Sessional ARP** – This model is used in 18 Clinical ARPs for physician services delivered part-time. Physician payment is based on an hourly rate for the delivery of defined insured health services to a defined patient group.

Academic 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, ten Arrangements have been implemented through two Master Agreements.

Table 2.20
Alternative Relationship Plans (ARP) Summary by Type
for the Service Year April 1, 2017 to March 31, 2018

	General Practitioners	Specialists	Expenditures ⁽¹⁾
Clinical ARPs	1,350	313	\$168,221,578
AMHSP	100	756	\$209,451,932
Total ⁽²⁾	1,450	1,069	\$377,673,509
Total ARP Physicians	2,519		

Notes:

(1) Manual Payments for Alternative Relationship Plans made to Alberta Physicians are not included in the data. Expenditures for the 2017-2018 fiscal year as of September 2018.

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

Table 2.21
 Top 50 Health Service Codes
 Physician Service Events Submitted by Alternative Relationship Plans (ARPs) ⁽¹⁾
 for the Service Year April 1, 2017 to March 31, 2018

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}	429,025	43,788
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}	287,389	108,386
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	223,960	61,915
03.08A	Consultation, described as comprehensive {Comprehensive consultation}	194,506	146,019
03.03F	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit in a regional facility, referred cases only}	160,232	87,705
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	100,025	8,842
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>	69,737	23,143
03.08I	Consultation described as comprehensive {Prolonged endocrinology/ metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, physiatry, neurology, respiratory medicine or rheumatology consultation or visit, full 15 minutes or major portion thereof for the first call when only one call is claimed}	67,065	55,363
03.03E	Diagnostic interview and evaluation, described as limited {Periodic chronic care visit to a long term care patient}	62,524	2,849
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}	49,722	43,755
13.99OA	Other miscellaneous diagnostic and therapeutic procedures NEC {Management of patient on hemodialysis or peritoneal dialysis (per week)}	41,546	1,962
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}	37,703	16,546
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}	36,300	22,934

Continued...

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

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

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

Table 2.21
 Top 50 Health Service Codes
 Physician Service Events Submitted by Alternative Relationship Plans (ARPs) ⁽¹⁾
 for the Service Year April 1, 2017 to March 31, 2018

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients ⁽²⁾
03.01NG	Diagnostic interview and evaluation, unqualified {Patient care advice to paramedic - pre hospital patch, assisted living/designated assisted living and lodge staff, active treatment facility worker for hospital in-patient, long term care worker for patients in a long term care facility, nurse practitioner, hospice worker, home care worker or public health nurse weekdays 0700 to 1700 hours, provided via telephone or other telecommunication methods, in relation to the care and treatment of a patient}	33,567	10,276
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	27,078	21,752
03.05I	Other diagnostic interview and evaluation {Direct care, reassessment, education and/or general counselling of a patient requiring palliative care, per 15 minutes or portion thereof}	26,391	3,888
03.05JR	Other diagnostic interview and evaluation {Physician telephone call directly to patient, to discuss patient management/diagnostic test results}	23,584	14,990
08.19G	Other psychiatric evaluation and interview {Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or general psychiatric counselling, per 15 minutes or major portion thereof}	23,360	9,773
03.01LJ	Diagnostic interview and evaluation, unqualified {Physician or podiatric surgeon to physician telephone or telehealth videoconference or secure videoconference consultation, consultant, weekdays 0700 to 1700 hours}	23,029	19,133
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit}	19,882	5,939
13.62A	Other miscellaneous diagnostic & therapeutic procedures NEC {Ventilatory support, in Intensive Care Unit (ICU)}	19,546	2,247
03.08J	Consultation, described as comprehensive {Prolonged consultation or hospital admission by pediatrics (including subspecialties) and clinical immunology and allergy for patients 18 years of age and under, or by medical genetics (no age restriction), full 15 minutes or portion thereof for the first call when only one call is claimed}	18,955	14,452
03.05JB	Other diagnostic interview and evaluation {Formal, scheduled family conference relating to a specific patient, per 15 minutes or major portion thereof}	15,546	8,099
03.07B	Consultation, described as limited {Repeat consultation}	15,036	11,578
03.07A	Consultation, described as limited {Minor consultation}	14,869	12,746
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}	13,522	2,931

Continued...

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

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

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

Table 2.21
 Top 50 Health Service Codes
 Physician Service Events Submitted by Alternative Relationship Plans (ARPs) ⁽¹⁾
 for the Service Year April 1, 2017 to March 31, 2018

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients ⁽²⁾
03.01NH	Diagnostic interview and evaluation, unqualified {Patient care advice to paramedic - pre hospital patch, assisted living/designated assisted living and lodge staff, active treatment facility worker for hospital in-patient, long term care worker for patients in a long term care facility, nurse practitioner, hospice worker, home care worker or public health nurse weekdays 1700 to 2200 hours, weekends and statutory holidays, 0700 to 2200 hours, provided via telephone or other telecommunication methods, in relation to the care and treatment of a patient}	10,884	5,325
03.01N	Diagnostic interview and evaluation, unqualified {Management of anticoagulant therapy to include ordering necessary blood tests, interpreting results, adjusting the anticoagulant dosage as required}	10,524	1,335
03.03AO	Diagnostic interview and evaluation, described as limited {Transfer of care of hospital in-patient}	10,116	5,990
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}	10,102	6,867
03.03DG	Diagnostic interview and evaluation, described as limited {Complex pediatric hospital visit per full 15 minutes}	9,226	2,066
03.03AI	Other diagnostic interview and evaluation {Transfer of care of intensive care patient}	9,211	3,703
01.14	Other nonoperative gastroscopy <Esophagogastrosocopy>	9,149	7,854
03.01LK	Diagnostic interview and evaluation, unqualified {Physician or podiatric surgeon to physician telephone or telehealth videoconference or secure videoconference consultation, consultant, weekdays 1700 to 2200 hours, weekends and statutory holidays 0700 to 2200 hours}	9,071	7,924
01.22	Other nonoperative colonoscopy {Other nonoperative colonoscopy}	8,647	8,236
13.55A	Chemotherapy<That for treatment of malignant disease>	6,915	857
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}	6,861	776
03.03AR	Diagnostic interview and evaluation, described as limited {Urgent or priority attendance on hospital inpatient or long term care inpatient, at request of facility staff when physician is already on site.}	6,670	4,406
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}	6,090	1,910
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}	6,454	3,559

Continued...

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

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

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

Table 2.21
 Top 50 Health Service Codes
 Physician Service Events Submitted by Alternative Relationship Plans (ARPs) ⁽¹⁾
 for the Service Year April 1, 2017 to March 31, 2018

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients ⁽²⁾
03.05JJ	Other diagnostic interview and evaluation {Professional communication/discussion with allied health professionals, educational or other community agencies on behalf of a specific patient, full 5 minutes or major portion thereof for the first call when only one call is claimed}	6,082	2,961
13.99BA	Other miscellaneous diagnostic and therapeutic procedures NEC {Periodic Papanicolaou Smear for patients between the ages of 21 and 69}	5,933	5,761
03.08B	Consultation, described as comprehensive {Obstetrical consultation}	5,859	5,379
13.99F	Other miscellaneous diagnostic & therapeutic procedures NEC {Neonatal resuscitation}	5,772	5,756
03.05JD	Other diagnostic interview and evaluation {Formal, scheduled, multiple health discipline team conference for purposes to include care planning, care plan review, annual integrated care conference, patient management, related to a patient in a continuing care facility where the facility or program, as outlined in the Continuing Care Health Service Standards, is responsible for patient care, full 5 minutes or major portion thereof for the first call when only one call is claimed, to a maximum of 12 units per hour}	5,729	1,707
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}	5,675	5,527
98.12L	Local excision or destruction of lesion or tissue of skin and subcutaneous tissue {Non-surgical treatment (cryotherapy, chemotherapy), warts or keratoses}	5,622	3,493
03.04F	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekday, 0700-1700 hours}	5,155	4,951
07.09B	Other diagnostic physical medicine procedures {Conduction studies and electromyography, one limb, interpretation}	5,024	4,761
13.59A	Injection or infusion of other therapeutic or prophylactic substance nec {Intramuscular or subcutaneous injections}	4,853	2,877

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, 2014 to March 31, 2018

Physicians by Specialty	Number of Physicians ^{(3) (4)}				
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Total: All Physicians	1,429	1,468	1,581	1,675	1,748
Subtotal:					
All Physicians (except Pathology)	1,429	1,468	1,581	1,675	1,748
All Specialists (except GP/FPs & Pathology)	890	902	977	1,026	1,094
Physicians by Specialty					
Anaesthesiology	25	25	28	29	48
Cardiovascular and Thoracic Surgery	11	12	13	10	11
Dermatology	10	10	12	12	13
Emergency Medicine	10	5	4	4	5
General/Family Physicians (GP/FPs)	539	566	604	649	654
- General/Family Physicians	529	559	593	635	644
- Full-Time Emergency Room Physicians	5	1	4	7	5
- Mental Health Generalists					
- Other General Practice Physicians ⁽²⁾	5	6	7	7	5
General Surgery	5	6	7	10	9
- General Surgery designated specialty	3	4	5	6	3
- Other General Surgery ⁽²⁾	2	2	2	4	6
Internal Medicine	424	431	446	457	484
- Internal Medicine designated specialty	124	128	135	140	146
- Cardiology	55	54	52	54	53
- Endocrinology/Metabolism	16	16	16	16	16
- Gastroenterology	54	50	49	51	51
- Infectious Diseases	32	32	30	30	36
- Other Internal Medicine ⁽²⁾	143	151	164	166	182
Neurology	93	92	100	106	110
Neurosurgery	29	30	32	33	35
Obstetrics-Gynaecology	36	39	38	44	45
Ophthalmology					
Orthopaedic Surgery					
Otolaryngology					
Paediatrics	206	215	241	258	266
Physical Medicine & Rehabilitation	20	19	28	29	30
Plastic Surgery					
Psychiatry	21	18	24	29	31
Urology					
Pathology					
Radiology					

Table 2.22
Distribution of Physicians by Specialty
Distribution of Alternative Relationship Plan (ARP)⁽¹⁾ Physicians by Specialty
for the Service Years Ended March 31, 2014 to March 31, 2018

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

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

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

(3) A blank cell represents a zero value.

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

Table 2.23
 Distribution of Alternative Relationship Plan (ARP) Service Events ⁽¹⁾ by Specialty
 for the Service Years Ended March 31, 2014 to March 31, 2018

Physicians by Specialty	Number of Service Events ⁽³⁾				
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Total: All Physicians	1,745,551	1,840,631	2,150,277	2,350,863	2,423,644
Subtotal:					
All Physicians (except Pathology)	1,745,551	1,840,631	2,150,277	2,350,863	2,423,644
All Specialists (except GP/FPs & Pathology)	1,130,775	1,182,058	1,337,253	1,424,906	1,464,702
Physicians by Specialty					
Anaesthesiology	6,525	9,142	10,501	12,476	13,752
Cardiovascular and Thoracic Surgery	8,770	8,933	8,790	9,065	10,101
Dermatology	30,985	32,016	34,008	35,930	31,458
Emergency Medicine	9,499	8,620	5,511	5,806	6,262
General/Family Physicians (GP/FPs)	614,776	658,573	813,024	925,957	958,942
- General/Family Physicians	613,519	654,754	808,164	921,885	955,423
- Full-Time Emergency Room Physicians	758	1,804	3,108	1,991	2,068
- Mental Health Generalists					
- Other General Practice Physicians ⁽²⁾	499	2,015	1,752	2,081	1,451
General Surgery	10,459	11,658	11,882	10,210	9,199
- General Surgery designated specialty	6,138	6,823	7,932	5,673	3,102
- Other General Surgery ⁽²⁾	4,321	4,835	3,950	4,537	6,097
Internal Medicine	655,496	677,019	736,601	760,951	774,903
- Internal Medicine designated specialty	168,076	173,723	179,745	191,499	187,933
- Cardiology	75,445	72,080	69,566	69,806	67,276
- Endocrinology/Metabolism	18,647	19,179	17,883	19,299	20,400
- Gastroenterology	96,752	91,116	84,518	86,611	86,989
- Infectious Diseases	42,540	43,647	43,293	41,755	45,196
- Other Internal Medicine ⁽²⁾	254,036	277,274	341,596	351,981	367,109
Neurology	112,757	112,138	127,600	136,966	134,373
Neurosurgery	43,768	42,605	44,559	48,339	57,799
Obstetrics-Gynaecology	25,303	25,742	37,333	40,429	43,131
Ophthalmology					
Orthopaedic Surgery					
Otolaryngology					
Paediatrics	197,087	222,206	275,139	300,897	315,973
Physical Medicine & Rehabilitation	23,452	25,902	33,346	47,236	47,123
Plastic Surgery					
Psychiatry	6,674	6,077	8,555	11,443	13,544
Urology					
Pathology					
Radiology					

Note: This table reflects service event reporting data only. Service event reporting

(1) The information displayed in this table must be interpreted with caution as the

(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, 2014 to March 31, 2018

Physicians by Specialty	Payments				
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Total: All Physicians	\$78,974,860	\$82,692,527	\$85,979,492	\$84,048,695	\$84,918,312
Subtotal:					
All Physicians (except Pathology)	71,262,845	74,443,091	77,673,191	76,052,855	77,183,407
All Specialists (except GP/FPs & Pathology)	48,230,027	50,080,267	54,496,822	54,139,798	54,793,554
Physicians by Specialty					
Anaesthesiology	5,976,973	5,938,186	6,264,080	6,105,350	6,414,171
Cardiovascular and Thoracic Surgery	2,553,831	2,590,693	3,210,932	3,442,178	3,093,781
Dermatology	571,148	665,591	738,555	776,895	780,236
Emergency Medicine	1,147,409	1,199,375	1,233,042	1,112,590	1,171,324
General/Family Physicians (GP/FPs)	23,032,818	24,362,824	23,176,369	21,913,058	22,389,853
- General/Family Physicians	19,821,045	20,809,010	20,452,554	19,722,052	20,164,619
- Full-Time Emergency Room Physicians	3,059,672	3,325,434	2,582,498	2,069,298	2,135,137
- Mental Health Generalists	102,933	169,618	102,920	75,286	41,852
- Other General Practice Physicians ⁽¹⁾	49,169	58,762	38,397	46,422	48,245
General Surgery	3,766,081	3,767,932	4,122,508	3,826,495	3,440,425
- General Surgery designated specialty	3,249,569	3,230,545	3,573,695	3,312,438	3,001,215
- Other General Surgery ⁽¹⁾	516,512	537,387	548,814	514,057	439,210
Internal Medicine	11,681,673	11,359,208	11,837,088	11,493,614	11,799,985
- Internal Medicine designated specialty	3,219,765	3,272,177	3,268,111	3,429,708	3,466,014
- Cardiology	2,988,740	2,712,645	2,815,115	2,766,056	2,921,374
- Endocrinology/Metabolism	69,973	81,690	52,460	73,761	86,639
- Gastroenterology	791,449	734,862	759,916	711,944	690,008
- Infectious Diseases	248,907	215,959	192,069	181,143	210,605
- Other Internal Medicine ⁽¹⁾	4,362,838	4,341,875	4,749,418	4,331,002	4,425,345
Neurology	788,467	761,423	806,592	859,527	915,438
Neurosurgery	833,744	813,871	817,728	779,012	848,654
Obstetrics-Gynaecology	1,789,342	1,875,965	1,798,319	1,915,346	1,877,586
Ophthalmology	2,308,301	2,493,934	2,488,343	2,662,877	2,889,828
Orthopaedic Surgery	2,724,734	2,911,537	2,862,001	2,810,581	2,755,615
Otolaryngology	1,506,856	1,672,192	1,748,727	1,785,662	1,969,541
Paediatrics	2,438,103	2,768,812	4,106,078	4,282,972	4,461,127
Physical Medicine & Rehabilitation	380,536	410,305	413,103	418,827	457,863
Plastic Surgery	1,250,242	1,358,897	1,656,277	1,367,317	1,562,817
Psychiatry	1,989,012	2,332,399	2,587,103	2,361,521	2,649,312
Urology	845,024	825,192	882,849	884,487	849,573
Pathology	7,712,015	8,249,436	8,306,301	7,995,840	7,734,905
Radiology	5,678,552	6,334,756	6,867,566	7,180,859	6,791,590

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, 2014 to March 31, 2018

Physicians by Specialty	Number of Services				
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Total: All Physicians	1,295,525	1,328,543	1,322,921	1,268,658	1,273,706
Subtotal:					
All Physicians (except Pathology)	947,115	965,150	970,797	938,329	959,770
All Specialists (except GP/FPs & Pathology)	554,899	572,701	610,316	601,174	618,715
Physicians by Specialty					
Anaesthesiology	152,123	151,115	148,079	136,544	144,308
Cardiovascular and Thoracic Surgery	6,125	5,236	7,522	8,021	5,589
Dermatology	8,651	9,413	10,748	11,408	13,049
Emergency Medicine	12,819	13,221	13,157	11,815	12,773
General/Family Physicians (GP/FPs)	392,216	392,449	360,481	337,155	341,055
- General/Family Physicians	352,454	349,415	328,603	311,654	315,063
- Full-Time Emergency Room Physicians	36,555	38,263	28,954	23,145	24,339
- Mental Health Generalists	2,129	3,727	2,260	1,587	810
- Other General Practice Physicians⁽¹⁾	1,078	1,044	664	769	843
General Surgery	21,897	22,379	23,739	22,930	20,555
- General Surgery designated specialty	19,393	20,075	21,521	20,973	18,540
- Other General Surgery ⁽¹⁾	2,504	2,304	2,218	1,957	2,015
Internal Medicine	142,991	139,606	146,876	145,637	147,158
- Internal Medicine designated specialty	38,258	39,612	37,867	38,790	39,182
- Cardiology	21,546	19,011	20,785	19,934	21,443
- Endocrinology/Metabolism	627	757	483	669	864
- Gastroenterology	6,593	5,842	5,962	5,569	5,261
- Infectious Diseases	2,106	1,851	1,640	1,630	1,903
- Other Internal Medicine⁽¹⁾	73,861	72,533	80,139	79,045	78,505
Neurology	7,753	7,237	7,651	8,464	9,151
Neurosurgery	3,677	3,310	3,079	2,908	2,596
Obstetrics-Gynaecology	17,625	18,573	18,337	18,575	18,471
Ophthalmology	30,896	32,656	34,744	37,140	42,486
Orthopaedic Surgery	13,405	15,399	14,353	15,008	14,194
Otolaryngology	11,975	14,864	18,533	17,048	17,564
Paediatrics	26,580	30,326	46,402	50,070	55,678
Physical Medicine & Rehabilitation	4,202	4,378	4,149	4,062	4,615
Plastic Surgery	5,733	6,248	6,971	6,036	6,691
Psychiatry	30,031	34,592	37,465	33,910	37,678
Urology	4,990	4,986	5,337	5,391	4,945
Pathology	348,410	363,393	352,124	330,329	313,936
Radiology	53,426	59,162	62,648	65,497	60,525

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, 2014 to March 31, 2018

Physicians by Specialty	Number of Discrete Patients ⁽²⁾				
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Total: All Physicians	157,325	158,794	143,034	132,041	135,691
Subtotal:					
All Physicians (except Pathology)	153,636	154,830	139,589	128,954	132,590
All Specialists (except GP/FPs & Pathology)	64,587	66,041	65,582	63,083	64,368
Physicians by Specialty					
Anaesthesiology	6,482	6,266	6,165	6,031	6,123
Cardiovascular and Thoracic Surgery	787	799	890	911	871
Dermatology	2,806	2,836	2,858	2,818	2,767
Emergency Medicine	7,009	7,072	6,774	5,936	6,117
General/Family Physicians (GP/FPs)	120,662	121,426	104,612	94,629	97,735
- General/Family Physicians	109,100	109,428	95,975	88,212	91,199
- Full-Time Emergency Room Physicians	19,376	20,175	15,021	11,718	12,043
- Mental Health Generalists	79	59	59	61	67
- Other General Practice Physicians ⁽¹⁾	170	148	128	154	136
General Surgery	5,449	5,738	5,619	5,396	5,101
- General Surgery designated specialty	4,897	5,189	5,086	4,855	4,591
- Other General Surgery ⁽¹⁾	622	618	613	598	556
Internal Medicine	18,849	18,591	18,238	17,611	18,942
- Internal Medicine designated specialty	10,497	10,178	9,609	9,509	9,470
- Cardiology	4,237	4,744	4,542	4,621	4,731
- Endocrinology/Metabolism	302	307	221	300	312
- Gastroenterology	1,501	1,426	1,485	1,393	1,350
- Infectious Diseases	617	568	500	410	543
- Other Internal Medicine ⁽¹⁾	5,049	4,717	5,092	4,408	5,660
Neurology	1,988	1,930	1,890	2,007	2,094
Neurosurgery	785	734	717	721	699
Obstetrics-Gynaecology	4,242	4,223	4,077	4,004	3,901
Ophthalmology	4,248	4,279	4,275	4,386	4,551
Orthopaedic Surgery	4,771	4,896	4,750	4,834	4,848
Otolaryngology	3,124	3,084	3,290	3,169	3,169
Paediatrics	3,895	4,018	3,842	3,793	3,950
Physical Medicine & Rehabilitation	604	633	697	696	781
Plastic Surgery	1,876	2,001	2,095	1,861	1,861
Psychiatry	2,297	2,660	2,948	2,718	2,803
Urology	1,689	1,744	1,773	1,659	1,794
Pathology	34,734	37,029	34,189	32,381	31,687
Radiology	22,857	24,362	24,239	24,074	23,307

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, 2017 to March 31, 2018

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}	167,547	77,960	8,524,643
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	61,380	25,862	4,559,014
03.08A	Consultation, described as comprehensive {Comprehensive consultation}	37,142	26,459	6,424,475
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	27,031	4,702	2,765,650
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}	26,493	24,329	3,048,717
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	19,844	1,239	3,832,012
E 1	Complete blood count (hemoglobin, white blood count, differential, platelet count, eosinophil count and either red blood count or hematocrit, with no additional charge for indices) - by any method.	19,674	15,115	357,078
E 84	Creatinine	16,538	12,905	184,575
E750	Sensitive thyroid stimulating hormone (s-T.S.H)	16,116	13,346	754,759
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}	14,647	6,980	1,505,818
E515	Alanine aminotransferase (ALT)	13,820	11,351	203,154
E127	Potassium	13,569	10,786	84,806
E137	Sodium	13,272	10,648	82,950
E550D	Ferritin	11,079	9,875	643,690
E524	Chromatography (blood), liquid per specimen, per injection	10,250	8,703	686,817
E142	Triglyceride	10,035	8,830	160,359
E519	Cholesterol, high density lipoprotein (HDL) fraction	10,003	8,812	321,496
E258B	Bacterial culture including, when necessary, identification, sensitivity and quantitation <Only one bacterial culture may be billed per specimen>	9,130	7,367	316,765
E152	Urinalysis without microscopic examination of centrifuged sediment	9,016	6,912	32,006
E148	Vitamin B 12	7,895	7,294	358,186
E150E	Enzyme, serum otherwise not listed	7,704	6,387	165,278
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit}	7,052	1,716	323,620
E 77	Cholesterol total	7,001	6,287	96,023
03.52A	Other electrocardiogram {Electrocardiogram, technical}	6,971	6,295	169,256
03.03F	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit in a regional facility, referred cases only}	6,961	4,179	740,694
E602	Chlamydia/viral culture e.g. Herpes	6,929	6,071	271,583.55
03.52B	Other electrocardiogram {Electrocardiogram, interpretation}	6,710	6,127	65,959.30
E 76	Chloride	6,420	5,227	40,125.00

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, 2017 to March 31, 2018

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}	5,720	2,375	148,376.80
09.13E	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, interpretation}	5,687	2,873	148,487.57
E 92D	Glucose - spot	5,664	4,761	58,056.00
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}	5,470	4,972	605,106.59
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}	5,415	3,429	267,308.36
E 68	Calcium	5,392	4,394	90,443.80
09.13F	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, technical}	5,363	2,662	109,834.24
03.08I	Consultation described as comprehensive {Prolonged endocrinology/ metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, physiatry, neurology, respiratory medicine or rheumatology consultation or visit, full 15 minutes or major portion thereof for the first call when only one call is claimed}	5,292	4,520	516,686.39
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}	5,062	1,511	678,266.95
09.01A	Limited eye examination {Biomicroscopy (slit lamp examination)}	5,029	2,424	130,452.26
03.05JR	Other diagnostic interview and evaluation {Physician telephone call directly to patient, to discuss patient management/diagnostic test results}	4,633	3,600	73,572.04
E123	Phosphatase alkaline	4,500	3,714	62,199.33
E 92	Glucose - fasting	4,371	3,961	40,425.53
13.62A	Other miscellaneous diagnostic & therapeutic procedures NEC {Ventilatory support, in Intensive Care Unit (ICU)}	4,287	633	414,124.20
03.01LJ	Diagnostic interview and evaluation, unqualified {Physician or podiatric surgeon to physician telephone or telehealth videoconference or secure videoconference consultation, consultant, weekdays 0700 to 1700 hours}	4,261	3,399	329,588.35
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}	4,163	571	653,461.98
E311	Cervical cytopathology (processing, examination and interpretation)	4,010	3,849	88,781.40
E 63	Bilirubin - total - without fractionation	3,998	3,312	37,324.93
E210	Protein (quantitative) 24 hour	3,920	2,942	71,105.86
E111	Magnesium	3,919	3,233	65,564.87
03.04F	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekday, 0700-1700 hours}	3,734	3,377	409,367.14
E103	Iron - serum and iron binding capacity	3,702	3,250	108,727.74

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, 2014 to March 31, 2018

Province of Service ⁽¹⁾	Payments				
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
British Columbia	\$15,238,965	\$15,922,501	\$17,533,302	\$18,444,581	\$17,293,020
Manitoba	1,029,373	1,047,162	1,006,754	1,078,911	1,099,637
New Brunswick	384,514	421,155	469,863	537,291	467,475
Newfoundland and Labrador	615,777	593,963	562,158	711,483	527,276
Nova Scotia	1,033,930	1,178,793	1,241,001	1,785,847	1,592,681
Northwest Territories	127,244	164,715	182,195	202,201	226,957
Nunavut	2,067	757	324	162	1,057
Ontario	4,503,950	4,919,077	5,846,736	6,794,788	6,673,338
Prince Edward Island	96,823	125,818	135,332	166,534	157,992
Saskatchewan	6,019,533	6,396,328	6,393,799	7,120,422	6,825,869
Yukon	89,372	85,968	115,638	175,366	145,634
Total	\$29,141,548	\$30,856,237	\$33,487,101	\$37,017,585	\$35,010,936
Province of Service ⁽¹⁾	Number of Services				
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
British Columbia	360,242	365,669	441,906	437,853	416,215
Manitoba	22,286	22,316	23,513	24,336	23,938
New Brunswick	5,727	6,140	7,517	7,762	7,893
Newfoundland and Labrador	14,741	13,417	13,505	16,025	11,607
Nova Scotia	17,572	18,375	20,837	27,294	23,600
Northwest Territories	1,858	2,126	2,403	2,878	3,111
Nunavut	52	21	6	4	15
Ontario	127,697	146,536	169,322	198,993	205,784
Prince Edward Island	1,955	2,178	2,523	2,980	3,056
Saskatchewan	95,820	101,225	98,911	104,732	103,504
Yukon	1,271	1,466	1,789	2,425	2,075
Total	649,221	679,469	782,232	825,282	800,798
Province of Service ⁽¹⁾	Number of Discrete Patients				
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
British Columbia	66,919	70,315	74,211	77,730	73,312
Manitoba	4,822	4,660	4,865	5,332	5,044
New Brunswick	1,934	2,047	2,361	2,573	2,424
Newfoundland and Labrador	3,934	3,626	3,626	4,261	3,127
Nova Scotia	5,287	5,544	6,051	7,238	6,321
Northwest Territories	659	755	840	1,025	1,035
Nunavut	24	16	5	3	13
Ontario	18,206	19,554	22,541	26,684	25,676
Prince Edward Island	718	737	847	926	819
Saskatchewan	21,360	22,579	22,709	23,495	23,003
Yukon	453	475	564	727	665
Total ⁽²⁾	122,672	128,515	138,620	149,994	141,439

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

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

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

Table 2.26 B
 Out-of-Province Hospital Services:
 Distribution of Payments, Number of Services and Discrete Patients
 for the Service Year April 1, 2017 to March 31, 2018

Province of Service	Number of Services	Number of Discrete Patients	Payment
British Columbia	75,684	36,559	\$44,309,126
Manitoba	3,632	2,103	2,883,927
New Brunswick	5,712	2,251	2,587,009
Newfoundland and Labrador	7,011	2,988	3,404,255
Nova Scotia	8,863	3,821	4,388,713
Northwest Territories	1,725	748	1,171,802
Nunavut	163	98	55,706
Ontario	21,689	11,082	17,150,424
Prince Edward Island	1,280	606	683,060
Saskatchewan	3,420	1,730	2,263,219
Yukon	15,837	8,917	12,421,415
Total	146,025	71,443	\$91,803,050

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.

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

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

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

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

Table 2.27

Out-of-Country Basic Health Services:
 Distribution of Payments, Number of Services and Discrete Patients^{(1) (2) (3)}
 for the Service Years Ended March 31, 2014 to March 31, 2017

Practitioner Type	Number of Services					Number of Discrete Patients					Payments					
	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017	2013/2014	2014/2015	2015/2016	2016/2017
Physicians⁽⁴⁾	33,804	36,290	32,980	31,224	11,434	12,233	10,716	10,480	\$2,189,233	\$2,580,363	\$2,589,749	\$2,474,336				
Dentists/Dental Specialists/Oral Surgeons	6	2	1	9	5	2	1	5	1,297	231	48	1,883				
Total	33,810	36,292	32,981	31,233	11,435	12,234	10,717	10,480	\$2,190,530	\$2,580,594	\$2,589,797	\$2,476,219				
Practitioner Type	UNITED STATES															
Physicians⁽⁴⁾	22,416	22,898	18,331	17,313	6,904	7,380	5,917	5,534	\$1,445,409	\$1,569,367	\$1,342,356	\$1,263,826				
Dentists/Dental Specialists/Oral Surgeons	3	1		7	3	1		3	332	98		1,317				
Total	22,419	22,899	18,331	17,320	6,905	7,380	5,917	5,534	\$1,445,741	\$1,569,465	\$1,342,356	\$1,265,143				
Practitioner Type	OUT-OF-COUNTRY (EXCEPT UNITED STATES)															
Physicians⁽⁴⁾	11,388	13,392	14,649	13,911	4,581	4,920	4,849	5,006	\$743,824	\$1,010,996	\$1,247,393	\$1,210,510				
Dentists/Dental Specialists/Oral Surgeons	3	1	1	2	2	1	1	2	965	133	48	566				
Total	11,391	13,393	14,650	13,913	4,581	4,921	4,850	5,006	\$744,789	\$1,011,129	\$1,247,441	\$1,211,076				

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

(1) A blank cell represents a zero value.

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

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

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

Table 2.28 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, 2016 to March 31, 2017

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}	248	137	28,383
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}	70	52	3,301
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	66	65	11,175
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	40	20	12,000
03.07A	Consultation, described as limited {Minor consultation}	39	38	3,972
13.99B	Other miscellaneous diagnostic & therapeutic procedures NEC {Hemodialysis treatment, stable patient} <For assessment and management of a stable patient with chronic renal failure>	30	4	1,025
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}	23	23	2,426
03.08A	Consultation, described as comprehensive {Comprehensive consultation}	22	20	3,679
03.05DR	Other diagnostic interview and evaluation {Rotation duty, emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	15	15	672
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}	13	13	1,666
E500B	Unlisted procedures (out of Canada referrals)	10	10	1,946
28.79B	Other operations on vitreous {Intravitreal injection for drug delivery}	10	5	1,314
09.13E	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, interpretation}	9	7	235
09.13F	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, technical}	8	6	164
E322	Tissue, gross and microscopic examination with report	7	6	653
E 43	Prothrombin time	7	2	101
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>	5	5	472
X 21	Chest - multiple views	4	4	155
68.99A	Other operations on ureter NEC {Insertion of double "J" stent}	4	4	806

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

Continued...

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

Table 2.28 A
 Out-of-Country Basic Health Services:
 Top 50 Health Service Codes for the Services Provided in United States
 for the Service Year April 1, 2016 to March 31, 2017

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
98.12A	Local excision or destruction of lesion or tissue of skin and subcutaneous tissue {Excisional biopsy, skin}	4	4	321
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}	4	4	1,084
13.62A	Other miscellaneous diagnostic & therapeutic procedures NEC {Ventilatory support, in Intensive Care Unit (ICU)}	3	1	290
63.14	Laparoscopic cholecystectomy	3	3	1,302
1.14	Other nonoperative gastroscopy <Esophagogastrosopy>	3	3	360
49.96A	Left cardiac catheterization {Left cardiac catheterization with fluoroscopy}	3	3	798
93.59A	Other total hip replacement {Total hip arthroplasty}	3	3	3,164
98.12J	Local excision or destruction of lesion or tissue of skin and subcutaneous tissue {Removal or excision, first lesion}	2	2	109
46.91	Other operations on thorax {Thoracentesis}	2	2	130
13.59A	Injection or infusion of other therapeutic or prophylactic substance nec {Intramuscular or subcutaneous injections}	2	2	28
16.95A	Spinal blood patch {Epidural blood patch}	2	1	223
14.21B	Incision of cerebral meninges {Evacuation of subdural hematoma, abscess or fluid collection}	2	1	2,089
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}	2	2	277
09.11A	Examination of form and structure of eye {Bilateral specular microscopy for corneal graft patients only - technical}	2	2	31
28.4 A	Other operations for repair of retina {Light coagulation or cryopexy - posterior segment (repair of retinal tears)}	2	1	740
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>>	2	1	55
07.09A	Other diagnostic physical medical procedures {Nerve conduction studies and electromyography, technical}	2	2	186
17.71A	Peripheral nerve injection, unqualified {Local block(s) of somatic nerve(s)}	2	1	52
98.03A	Other incision with drainage of skin and subcutaneous tissue {Incision and drainage of abscess or hematoma, subcutaneous or submucous}	2	1	38
98.49G	Other free skin graft to other sites {Functional split thickness skin graft over 64 total square cms}	2	2	644
03.21A	Urinary manometry {Upper urinary tract flow studies}	2	2	408

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

Continued...

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

Table 2.28 A
 Out-of-Country Basic Health Services:
 Top 50 Health Service Codes for the Services Provided in United States
 for the Service Year April 1, 2016 to March 31, 2017

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
E258B	Bacterial culture including, when necessary, identification, sensitivity and quantitation <Only one bacterial culture may be billed per specimen>	2	2	67
E152	Urinalysis without microscopic examination of centrifuged sediment	2	2	7
X 39	Foot	2	2	46
X 30	Hand	2	2	80
09.11B	Examination of form and structure of eye {Bilateral specular microscopy for corneal graft patients only - interpretation}	2	2	31
03.08D	Consultation, described as comprehensive {Comprehensive consultation}	2	2	196
X 56	One area - with obliques	2	2	165
01.01A	Rhinoscapy {Sinus endoscopy}	2	1	206
E 97A	Hemoglobin electrophoresis, together with quantitation of abnormal hemoglobin by scanning or elution	1	1	63
33.61B	Reduction (closed) of nasal fracture {Reduction (closed) of nasal fracture}	1	1	62

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, 2016 to March 31, 2017

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}	7,006	5,544	258,932
03.05DR	Other diagnostic interview and evaluation {Rotation duty, emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	2,624	2,423	111,169
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	1,639	874	190,710
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}	980	952	125,077
56.93	Gastric partitioning <That for obesity>	814	306	512,272
03.07A	Consultation, described as limited {Minor consultation}	670	548	48,815
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	655	586	100,818
E500B	Unlisted procedures (out of Canada referrals)	544	440	40,532
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}	434	423	44,543
13.59A	Injection or infusion of other therapeutic or prophylactic substance nec {Intramuscular or subcutaneous injections}	368	324	3,893
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	298	102	87,495
E152	Urinalysis without microscopic examination of centrifuged sediment	181	168	637
03.08A	Consultation, described as comprehensive {Comprehensive consultation}	173	163	26,978
03.52A	Other electrocardiogram {Electrocardiogram, technical}	171	158	4,103
E277	Serologic identification - antibodies, using up to four antigens, e.g. Agglutination, Complement fixation, Enzyme immunoassay	158	158	3,160
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)}	150	148	10,358
03.03N	Diagnostic interview and evaluation, described as limited {Home visit - first patient} <<Home Visits>>	148	138	12,004
E 43	Prothrombin time	145	43	1,925
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>	134	130	14,534
13.59C	Injection or infusion of other therapeutic or prophylactic substance NEC {Initiation of intravenous}	122	112	5,998

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

Continued...

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

Table 2.28 B
Out-of-Country Basic Health Services:
Top 50 Health Service Codes for the Services Provided in Other Countries (Except United States)
for the Service Year April 1, 2016 to March 31, 2017

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
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}	108	105	31,983
13.99B	Other miscellaneous diagnostic & therapeutic procedures NEC {Hemodialysis treatment, stable patient} <For assessment and management of a stable patient with chronic renal failure>	89	8	3,772
X 21	Chest - multiple views	86	84	3,062
93.59A	Other total hip replacement {Total hip arthroplasty}	80	38	57,269
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.	74	55	1,175
59.0 A	Appendectomy {Appendectomy with or without abscess}	63	38	22,758
1.14	Other nonoperative gastroscopy <Esophagogastrosocopy>	51	40	5,711
63.14	Laparoscopic cholecystectomy	50	28	20,139
28.79B	Other operations on vitreous {Intravitreal injection for drug delivery}	50	21	7,180
X 43	Knee	46	44	1,791
X 20	Chest - single view	46	46	1,256
E151	Urinalysis routine examination - including exam of centrifuged sediment	41	38	273
09.13E	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, interpretation}	41	27	1,056
98.11A	Debridement of wound or infected tissue {Non-functional area, up to 32 total square cms}	41	31	3,828
E258B	Bacterial culture including, when necessary, identification, sensitivity and quantitation <Only one bacterial culture may be billed per specimen>	40	39	1,533
X 31	Wrist or carpal bone (or wrist and hand)	37	31	1,320
16.49D	Other repair and plastic operation on spinal cord structures {Laminectomy lumbar, for stenosis, 2 levels or less}	36	17	23,396
1.22	Other nonoperative colonoscopy {Other nonoperative colonoscopy}	34	26	5,444
X 40	Ankle	33	31	1,186
09.13F	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, technical}	33	23	669
93.41A	Total knee replacement (geomedic) (polycentric) {Total knee arthroplasty, including hemiarthroplasty}	32	17	22,206
51.59D	Other repair of blood vessel NEC {Percutaneous transluminal coronary angioplasty with associated diagnostic angiogram}	29	24	26,546
98.03A	Other incision with drainage of skin and subcutaneous tissue {Incision and drainage of abscess or hematoma, subcutaneous or submucous}	29	24	1,445

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

Continued...

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

Table 2.28 B
 Out-of-Country Basic Health Services:
 Top 50 Health Service Codes for the Services Provided in Other Countries (non US)
 for the Service Year April 1, 2016 to March 31, 2017

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
49.96A	Left cardiac catheterization {Left cardiac catheterization with fluoroscopy}	28	28	7,448
X 36	Shoulder girdle	26	26	1,200
E322	Tissue, gross and microscopic examination with report	26	23	1,830
98.12A	Local excision or destruction of lesion or tissue of skin and subcutaneous tissue {Excisional biopsy, skin}	24	21	1,936
13.99A	Other miscellaneous diagnostic & therapeutic procedures NEC {Hemodialysis treatment, unstable patient} <For assessment and management of an unstable patient undergoing hemodialysis treatment where the physician attends and assesses or changes the treatment at the time of the visit>	23	4	1,345
X 39	Foot	23	23	752
03.07B	Consultation, described as limited {Repeat consultation}	22	10	1,195

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, 2014 to March 31, 2018

Status of Applications	Required services not available in Alberta				
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Reviewed	102.0	82.0	96.0	83.0	59.0
Approved	55.0	52.5	45.0	36.5	27.0
Deferred ⁽¹⁾	2.5	6.5	2.5	6.5	5.0
Denied	44.5	23.0	48.5	40.0	27.0

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

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

Table 2.29 B
 Out-of-Country Health Services Program:
 Applications Reviewed by Appeal Panel
 for the Service Years Ended March 31, 2014 to March 31, 2018

Status of Applications	Required services not available in Alberta				
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Reviewed	23.0	11.0	19.0	14.0	12.0
Approved	7.0	2.0	3.0	4.0	0.0
Varied ⁽¹⁾	0.0	0.0	0.0	0.0	1.0
Denied	16.0	9.0	16.0	10.0	11.0

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

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

Table 2.30
 Out-of-Country Health Services Program:
 Payments Made for Approved Applications by
 Out-of-Country Health Services Committee/Appeal Panel
 for the Service Years Ended March 31, 2014 to March 31, 2018

Amount Paid (\$)	Type of Service				
	Required services not available in Alberta				
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Medical Services	\$1,730,834	\$2,215,183	\$2,667,188	\$1,707,087	\$2,028,985
Hospital Services	4,014,045	4,479,294	4,587,501	5,018,579	3,506,352
Total	\$5,744,879	\$6,694,477	\$7,254,689	\$6,725,666	\$5,535,337

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, 2018, there are 42 PCNs operating in the province.

Table 2.31
 Primary Care Networks:
 Distribution of Primary Care Providers, Number of Patients, and Total Payments
 by Alberta Health Services Geographic Zone
 for the Service Year April 1, 2017 to March 31, 2018

Primary Care Network	AHS Zone	Number of Primary Care Providers ⁽¹⁾	Number of Patients Enrolled ⁽²⁾	Total Payments to the Primary Care Network ⁽³⁾
Chinook	South Zone	175	170,704	\$10,360,882
Palliser	South Zone	109	105,686	6,368,280
Bow Valley	Calgary Zone	52	24,668	1,376,222
Calgary Foothills	Calgary Zone	489	378,491	22,834,810
Calgary Rural	Calgary Zone	168	112,381	6,695,524
Calgary West Central	Calgary Zone	500	327,631	19,160,831
Highland	Calgary Zone	76	70,190	4,238,113
Mosaic	Calgary Zone	337	321,409	18,392,574
South Calgary	Calgary Zone	287	227,667	13,376,126
Big Country	Central Zone	47	36,833	2,203,617
Camrose	Central Zone	50	32,902	1,906,158
Drayton Valley	Central Zone	20	15,986	934,626
Kalyna Country	Central Zone	31	24,744	1,499,377
Lloydminster	Central Zone	25	19,887	1,159,079
Peaks to Prairies	Central Zone	34	22,569	1,328,762
Provost	Central Zone	5	4,527	283,774
Red Deer	Central Zone	92	126,585	7,733,506
Rocky Mountain House	Central Zone	22	15,276	953,126
Wainwright	Central Zone	13	9,036	500,454
Wetaskiwin	Central Zone	30	23,665	1,460,990
Wolf Creek	Central Zone	71	72,737	4,453,925
Alberta Heartland	Edmonton Zone	34	40,146	2,305,226
Edmonton North	Edmonton Zone	219	209,519	12,785,714
Edmonton Oliver	Edmonton Zone	193	141,621	8,657,928
Edmonton Southside	Edmonton Zone	337	326,784	19,769,909
Edmonton West	Edmonton Zone	228	176,709	10,009,684
Leduc/Beaumont/Devon	Edmonton Zone	69	60,384	3,589,351
Sherwood Park-Strathcona County	Edmonton Zone	89	95,165	5,860,684
St. Albert & Sturgeon	Edmonton Zone	75	81,178	4,961,408
WestView	Edmonton Zone	89	77,908	4,808,519
Aspen	North Zone	40	30,209	1,817,127
Bighorn (formerly Grande Cache)	North Zone	16	13,035	820,880
Bonnyville	North Zone	25	14,283	852,359
Cold Lake	North Zone	20	14,705	750,481
Grande Prairie	North Zone	63	79,073	4,743,797
Lakeland	North Zone	43	38,554	2,218,135
McLeod River	North Zone	46	37,587	2,167,551
Northwest	North Zone	21	23,606	1,270,775
Peace Region	North Zone	44	31,958	1,865,356
Sexsmith/Spirit River	North Zone	7	8,919	519,640
West Peace	North Zone	10	8,290	456,039
Wood Buffalo	North Zone	39	65,197	3,973,332
Total		4,340	3,718,404	\$221,424,651

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, 2017 to March 31, 2018

Notes:

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

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

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

Section 3

Regional Data

Summary

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

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

Alberta Health Services is responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. Alberta Health Services works with communities to deliver health services, including mental health services, to local residents. Information about services and costs for Alberta Health Services is in the *Ministry of Health Annual Report 2017/2018*.

Highlights

- A total of 38.78% of physician fee-for-service expenditures were for services received in Edmonton Zone (Zone 4); 39.43% for services received in Calgary Zone (Zone 2) and the balance, 21.79%, for services received in the other three zones.
- In Alberta, 89.60% of fee-for-service payments were provided in the health zone where the patient resides.

Number of Practitioners

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

Number of Services

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

Health Zones

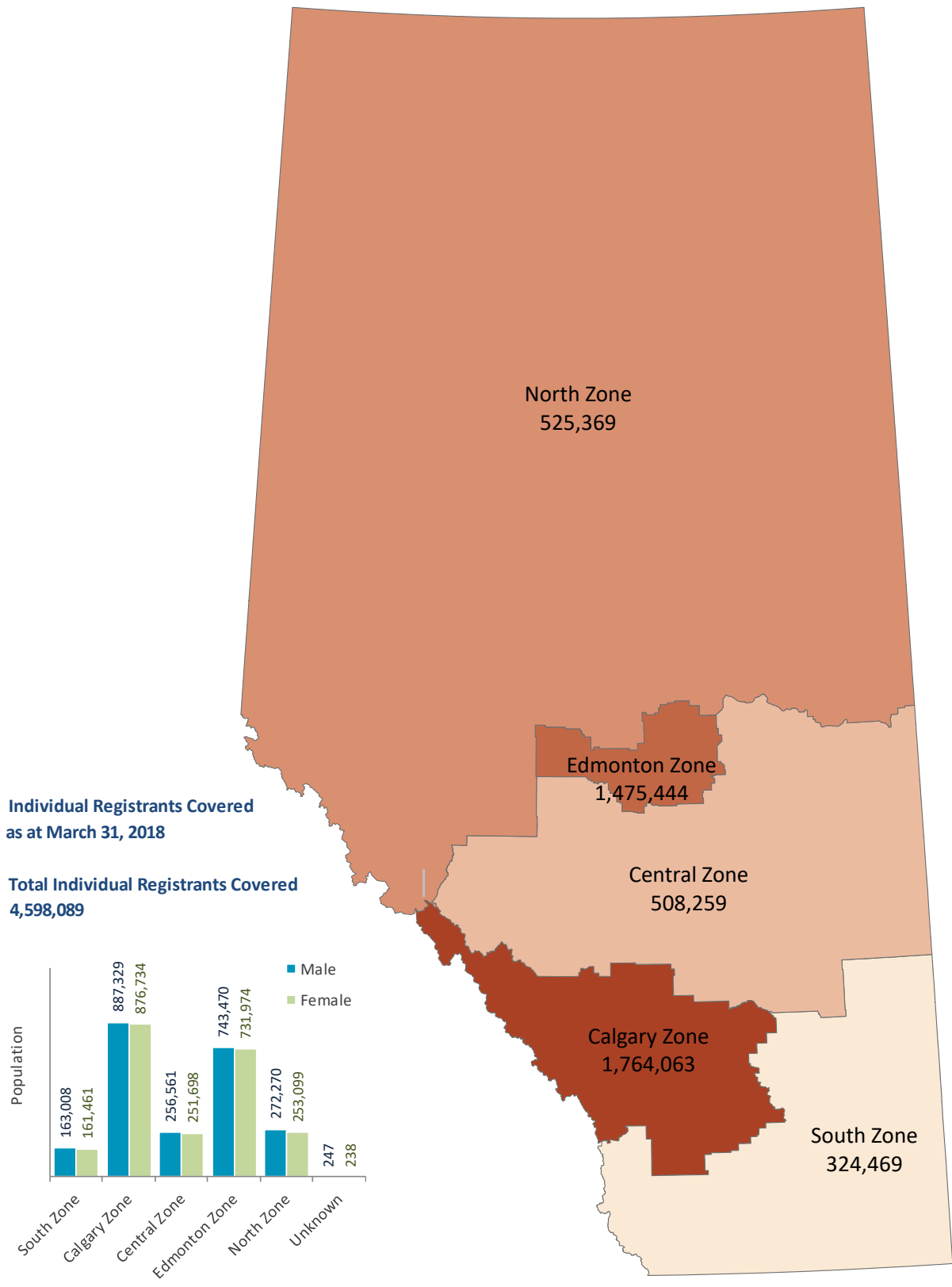
The map on continuum health zones (Map 3.1) shows the current five continuum zones that were put in place on May 15, 2008.

Service Location and Recipient Location

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

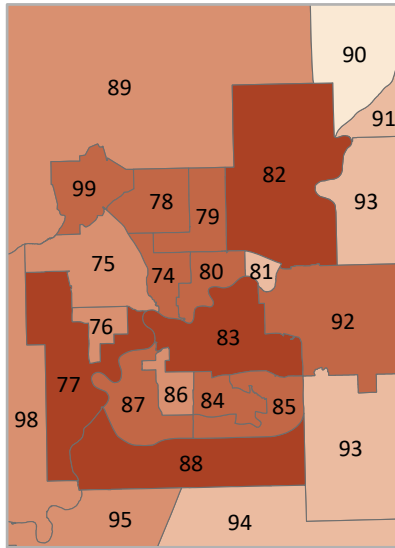
Map 3.1

Distribution of Individual Registrants Covered by Alberta Health Services Geographic Zone

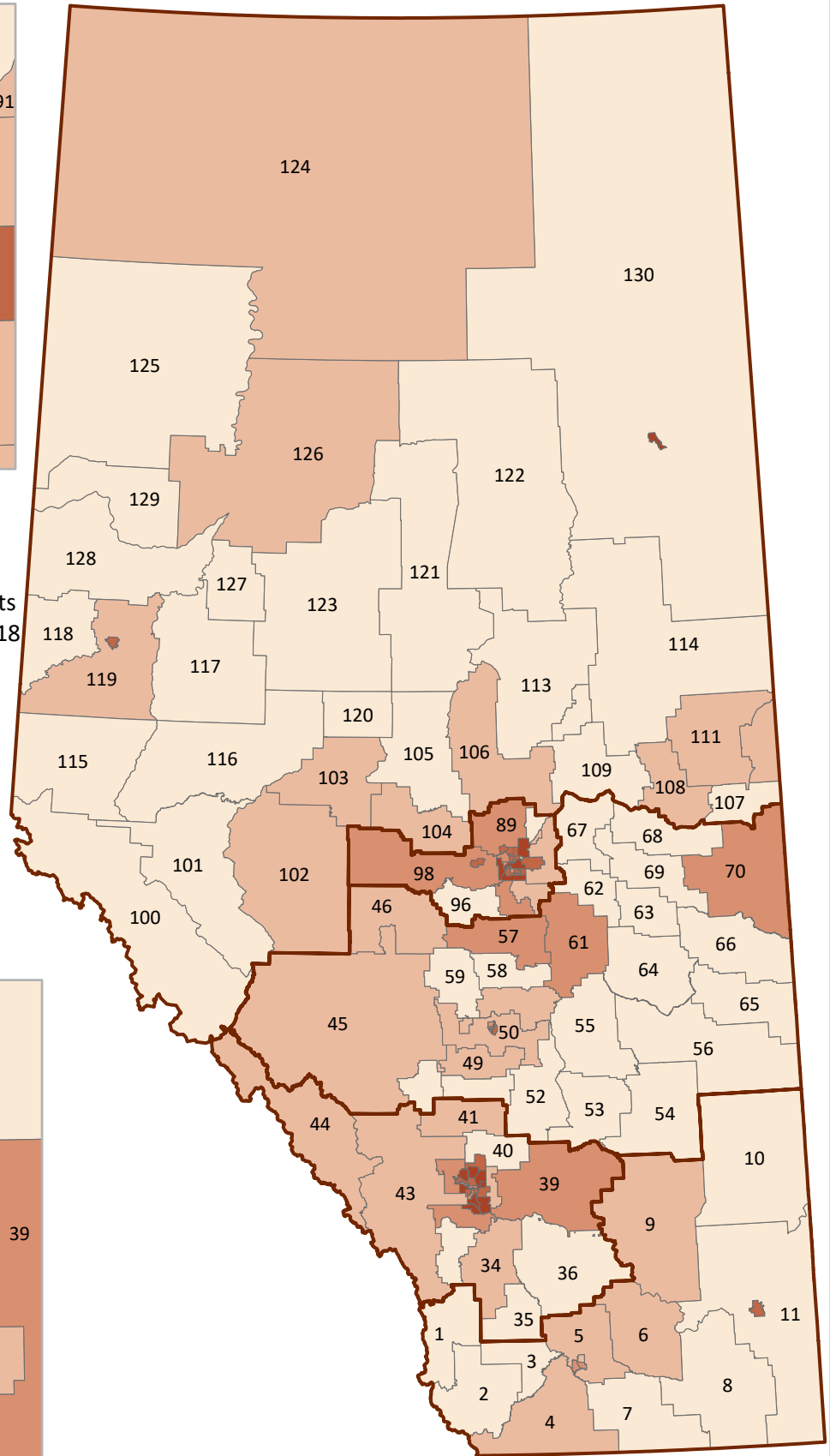


Map 3.2

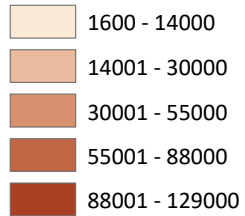
Edmonton Area



Distribution of Individual Registrants Covered by Local Geographic Area



Alberta Individual Registrants Covered as at March 31, 2018



Calgary Area

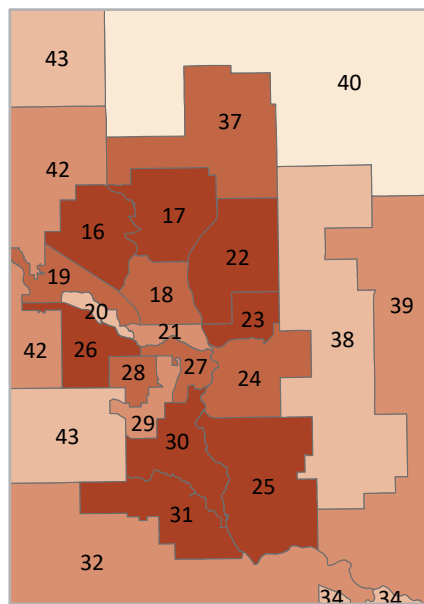


Table 3.1
 Distribution of Individual Registrants Covered by Local Geographic Area (LGA)
 as at March 31, 2018

LGA ID	LGA Code	LGA Name	Population
SOUTH ZONE			
1	Z1.1.A.01	Crowsnest Pass	6,657
2	Z1.1.A.02	Pincher Creek	9,026
3	Z1.1.A.03	Fort Macleod	7,109
4	Z1.1.B.04	Cardston-Kainai	18,733
5	Z1.2.A.01	County Of Lethbridge	26,558
6	Z1.2.B.02	Taber Md	20,575
7	Z1.2.C.03	County Of Warner	11,736
8	Z1.2.C.04	County Of Forty Mile	7,131
9	Z1.3.A.01	Newell	29,904
10	Z1.3.B.02	Oyen	3,738
11	Z1.3.B.03	Cypress County	12,231
12	Z1.4.A.01	Medicine Hat	72,312
13	Z1.5.A.01	Lethbridge - West	35,552
14	Z1.5.B.02	Lethbridge - North	28,400
15	Z1.5.C.03	Lethbridge - South	34,807

Continued...

Table 3.1
 Distribution of Individual Registrants Covered by Local Geographic Area (LGA)
 as at March 31, 2018

LGA ID	LGA Code	LGA Name	Population
CALGARY ZONE			
16	Z2.1.A.01	Calgary - Upper Nw	128,059
17	Z2.1.B.02	Calgary - North	119,352
18	Z2.1.C.03	Calgary - Nose Hill	84,225
19	Z2.1.D.04	Calgary - Lower Nw	67,895
20	Z2.1.E.05	Calgary - West Bow	22,351
21	Z2.1.F.06	Calgary - Centre North	46,952
22	Z2.2.A.01	Calgary - Upper Ne	114,503
23	Z2.2.B.02	Calgary - Lower Ne	106,593
24	Z2.3.A.01	Calgary - East	81,579
25	Z2.3.B.02	Calgary - Se	128,444
26	Z2.4.A.01	Calgary - West	96,795
27	Z2.4.B.02	Calgary - Centre	71,858
28	Z2.4.C.03	Calgary - Centre West	69,063
29	Z2.4.D.04	Calgary - Elbow	43,262
30	Z2.4.E.05	Calgary - Fish Creek	123,234
31	Z2.4.F.06	Calgary - Sw	118,602
32	Z2.5.A.01	Okotoks-Priddis	46,046
33	Z2.5.B.02	Black Diamond	9,267
34	Z2.5.B.03	High River	24,840
35	Z2.5.C.04	Claresholm	6,741
36	Z2.5.C.05	Vulcan	7,262
37	Z2.6.A.01	Airdrie	69,812
38	Z2.6.B.02	Chestermere	24,140
39	Z2.6.C.03	Strathmore	36,000
40	Z2.6.C.04	Crossfield	8,724
41	Z2.6.C.05	Didsbury	17,179
42	Z2.7.A.01	Cochrane-Springbank	47,477
43	Z2.7.B.02	Canmore	27,931
44	Z2.7.B.03	Banff	15,877

Continued...

Table 3.1
 Distribution of Individual Registrants Covered by Local Geographic Area (LGA)
 as at March 31, 2018

LGA ID	LGA Code	LGA Name	Population
CENTRAL ZONE			
45	Z3.1.A.01	Rocky Mountain House	22,493
46	Z3.1.B.02	Drayton Valley	19,537
47	Z3.2.A.01	Sundre	7,256
48	Z3.2.A.02	Olds	13,003
49	Z3.2.B.03	Innisfail	17,161
50	Z3.2.C.04	Red Deer County	29,505
51	Z3.2.C.05	Sylvan Lake	18,420
52	Z3.3.A.01	Three Hills/Highway 21	11,772
53	Z3.3.A.02	Starland County/Drumheller	12,579
54	Z3.3.A.04	Planning & Special Area 2	3,983
55	Z3.3.B.03	Stettler & County	13,245
56	Z3.3.B.05	Castor/Coronation/Consort	6,642
57	Z3.4.A.01	Wetaskiwin County	36,629
58	Z3.4.B.02	Ponoka	12,878
59	Z3.4.B.03	Rimbey	10,408
60	Z3.4.B.04	Lacombe	24,315
61	Z3.5.A.01	Camrose & County	31,630
62	Z3.5.B.02	Tofield	8,221
63	Z3.5.B.03	Viking	2,544
64	Z3.5.B.04	Flagstaff County	9,380
65	Z3.5.C.05	Md Of Provost	5,278
66	Z3.5.C.06	Md Of Wainwright	12,564
67	Z3.6.A.01	Lamont County	6,824
68	Z3.6.A.02	Two Hills County	6,236
69	Z3.6.A.03	Vegreville/Minburn County	11,326
70	Z3.6.B.04	Vermilion River County	40,051
71	Z3.7.A.01	Red Deer - North	39,508
72	Z3.7.B.02	Red Deer - Sw	17,224
73	Z3.7.C.03	Red Deer - East	57,647

Continued...

Table 3.1
Distribution of Individual Registrants Covered by Local Geographic Area (LGA)
as at March 31, 2018

LGA ID	LGA Code	LGA Name	Population
EDMONTON ZONE			
74	Z4.1.A.01	Edmonton - Woodcroft East	64,955
75	Z4.1.B.02	Edmonton - Woodcroft West	34,585
76	Z4.1.C.03	Edmonton - Jasper Place	49,872
77	Z4.1.D.04	Edmonton - West Jasper Place	104,297
78	Z4.2.A.01	Edmonton - Castle Downs	72,202
79	Z4.2.B.02	Edmonton - Northgate	86,642
80	Z4.2.C.03	Edmonton - Eastwood	79,995
81	Z4.2.D.04	Edmonton - Abbottsfield	16,150
82	Z4.2.E.05	Edmonton - Ne	90,550
83	Z4.3.A.01	Edmonton - Bonnie Doon	103,247
84	Z4.3.B.02	Edmonton - Mill Woods West	56,707
85	Z4.3.C.03	Edmonton - Mill Woods South & East	84,804
86	Z4.4.A.01	Edmonton - Duggan	44,975
87	Z4.4.B.02	Edmonton - Twin Brooks	81,286
88	Z4.4.C.03	Edmonton - Rutherford	90,388
89	Z4.5.A.01	Sturgeon County West	31,598
90	Z4.5.B.02	Sturgeon County East	6,253
91	Z4.5.B.03	Fort Saskatchewan	25,927
92	Z4.6.A.01	Sherwood Park	85,897
93	Z4.6.B.02	Strathcona County Excluding Sherwood Park	18,324
94	Z4.7.A.01	Beaumont	24,237
95	Z4.7.A.02	Leduc & Devon	42,355
96	Z4.7.A.03	Thorsby	9,880
97	Z4.8.A.01	Stony Plain & Spruce Grove	59,293
98	Z4.8.B.02	Westview Excluding Stony Plain & Spruce Grove	38,649
99	Z4.9.A.01	St. Albert	72,376

Continued...

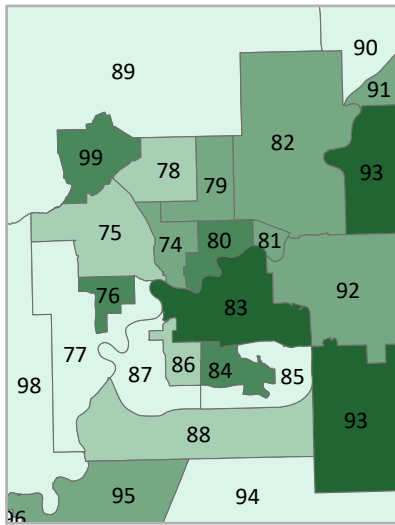
Table 3.1
Distribution of Individual Registrants Covered by Local Geographic Area (LGA)
as at March 31, 2018

LGA ID	LGA Code	LGA Name	Population
NORTH ZONE			
100	Z5.1.A.01	Jasper	6,362
101	Z5.1.A.02	Hinton	13,266
102	Z5.1.A.03	Edson	17,715
103	Z5.1.B.04	Whitcourt	15,986
104	Z5.1.B.05	Mayerthorpe	17,900
105	Z5.1.C.06	Barrhead	11,630
106	Z5.1.C.07	Westlock	20,852
107	Z5.2.A.01	Frog Lake	5,407
108	Z5.2.A.04	St. Paul	17,602
109	Z5.2.A.05	Smoky Lake	5,234
110	Z5.2.B.02	Cold Lake	22,770
111	Z5.2.B.03	Bonnyville	17,637
112	Z5.2.C.06	Boyle	3,959
113	Z5.2.C.07	Athabasca	11,712
114	Z5.2.C.08	Lac La Biche	11,352
115	Z5.3.A.01	Grande Cache	4,682
116	Z5.3.A.02	Fox Creek	2,565
117	Z5.3.A.03	Valleyview	8,043
118	Z5.3.A.05	Beaverlodge	13,273
119	Z5.3.B.04	Grande Prairie County	19,565
120	Z5.4.A.01	Swan Hills	1,674
121	Z5.4.A.02	Slave Lake	12,778
122	Z5.4.A.03	Wabasca	4,882
123	Z5.4.A.07	High Prairie	13,197
124	Z5.4.B.04	High Level	27,217
125	Z5.4.B.05	Manning	3,671
126	Z5.4.C.06	Peace River	19,828
127	Z5.4.D.08	Falher	4,892
128	Z5.4.D.09	Spirit River	7,221
129	Z5.4.D.10	Fairview	8,998
130	Z5.5.A.01	Wood Buffalo	4,726
131	Z5.6.A.01	Fort McMurray	88,519
132	Z5.7.A.01	City Of Grande Prairie	80,254
Unknown			485

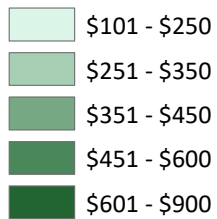
Map 3.3

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

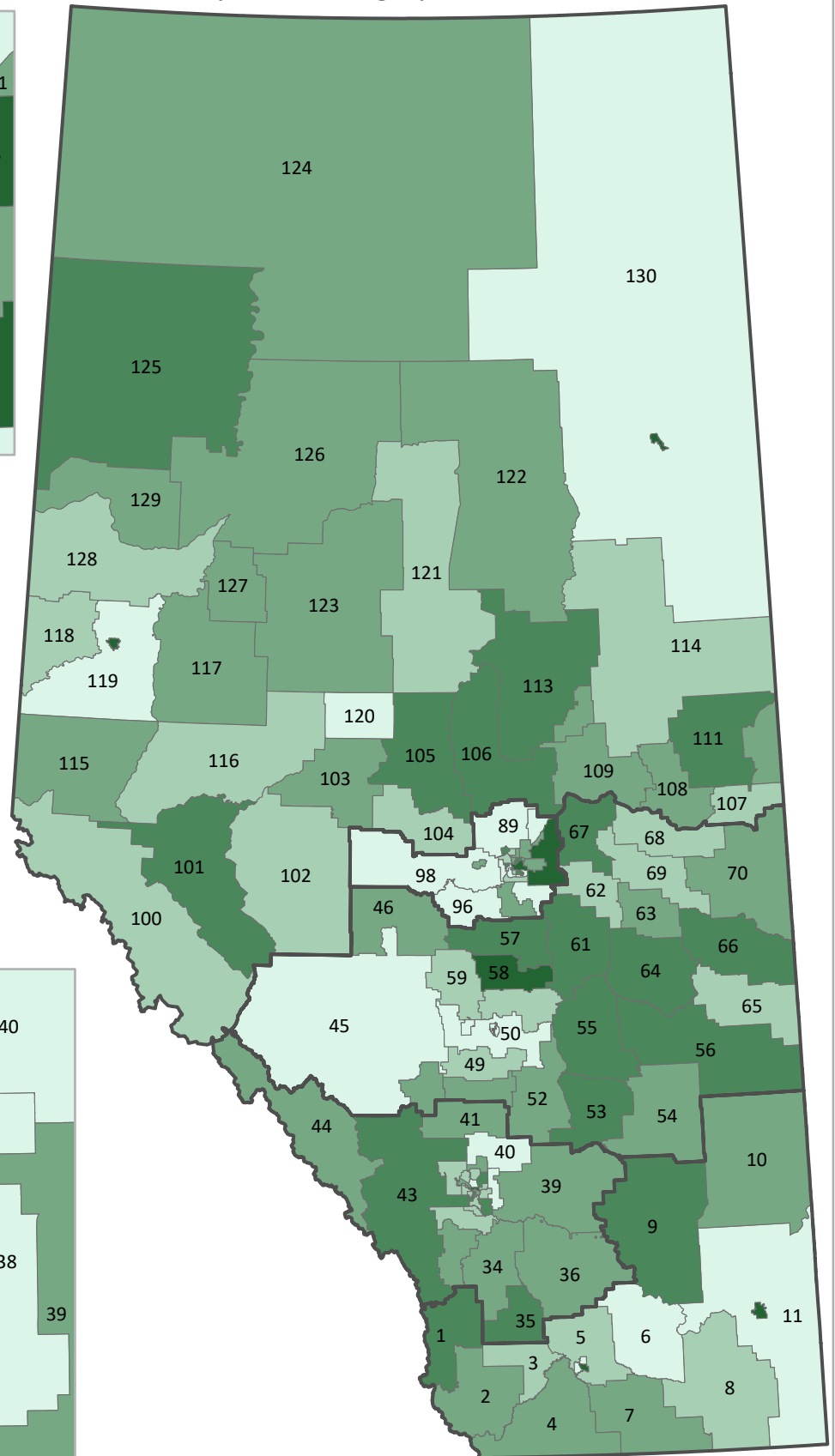
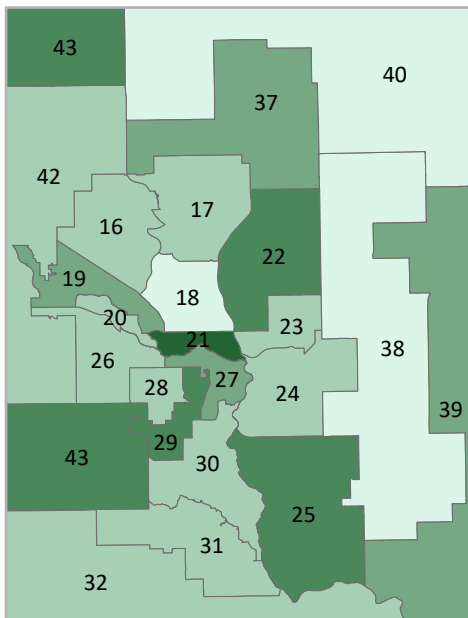
Edmonton Area



Fee-for-Service Payments per Discrete Patient 2017/2018



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, 2017 to March 31, 2018

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
SOUTH ZONE			
1	Z1.1.A.01	Crowsnest Pass	\$504.40
2	Z1.1.A.02	Pincher Creek	426.29
3	Z1.1.A.03	Fort Macleod	344.62
4	Z1.1.B.04	Cardston-Kainai	371.63
5	Z1.2.A.01	County Of Lethbridge	280.89
6	Z1.2.B.02	Taber Md	214.34
7	Z1.2.C.03	County Of Warner	378.49
8	Z1.2.C.04	County Of Forty Mile	256.78
9	Z1.3.A.01	Newell	534.95
10	Z1.3.B.02	Oyen	434.03
11	Z1.3.B.03	Cypress County	227.98
12	Z1.4.A.01	Medicine Hat	892.53
13	Z1.5.A.01	Lethbridge - West	219.09
14	Z1.5.B.02	Lethbridge - North	172.26
15	Z1.5.C.03	Lethbridge - South	\$764.45

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, 2017 to March 31, 2018

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
CALGARY ZONE			
16	Z2.1.A.01	Calgary - Upper Nw	\$267.02
17	Z2.1.B.02	Calgary - North	284.56
18	Z2.1.C.03	Calgary - Nose Hill	249.65
19	Z2.1.D.04	Calgary - Lower Nw	376.68
20	Z2.1.E.05	Calgary - West Bow	312.43
21	Z2.1.F.06	Calgary - Centre North	645.25
22	Z2.2.A.01	Calgary - Upper Ne	599.82
23	Z2.2.B.02	Calgary - Lower Ne	313.02
24	Z2.3.A.01	Calgary - East	286.91
25	Z2.3.B.02	Calgary - Se	532.96
26	Z2.4.A.01	Calgary - West	257.29
27	Z2.4.B.02	Calgary - Centre	375.76
28	Z2.4.C.03	Calgary - Centre West	309.68
29	Z2.4.D.04	Calgary - Elbow	516.74
30	Z2.4.E.05	Calgary - Fish Creek	337.27
31	Z2.4.F.06	Calgary - Sw	303.75
32	Z2.5.A.01	Okotoks-Priddis	349.98
33	Z2.5.B.02	Black Diamond	380.33
34	Z2.5.B.03	High River	431.02
35	Z2.5.C.04	Claresholm	583.43
36	Z2.5.C.05	Vulcan	379.17
37	Z2.6.A.01	Airdrie	357.17
38	Z2.6.B.02	Chestermere	224.06
39	Z2.6.C.03	Strathmore	372.82
40	Z2.6.C.04	Crossfield	223.12
41	Z2.6.C.05	Didsbury	414.29
42	Z2.7.A.01	Cochrane-Springbank	291.75
43	Z2.7.B.02	Canmore	505.85
44	Z2.7.B.03	Banff	\$445.36

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, 2017 to March 31, 2018

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
CENTRAL ZONE			
45	Z3.1.A.01	Rocky Mountain House	\$246.29
46	Z3.1.B.02	Drayton Valley	417.45
47	Z3.2.A.01	Sundre	432.64
48	Z3.2.A.02	Olds	414.89
49	Z3.2.B.03	Innisfail	348.62
50	Z3.2.C.04	Red Deer County	123.28
51	Z3.2.C.05	Sylvan Lake	192.16
52	Z3.3.A.01	Three Hills/Highway 21	430.72
53	Z3.3.A.02	Starland County/Drumheller	525.15
54	Z3.3.A.04	Planning & Special Area 2	401.56
55	Z3.3.B.03	Stettler & County	473.11
56	Z3.3.B.05	Castor/Coronation/Consort	544.76
57	Z3.4.A.01	Wetaskiwin County	532.38
58	Z3.4.B.02	Ponoka	865.13
59	Z3.4.B.03	Rimbey	294.70
60	Z3.4.B.04	Lacombe	282.13
61	Z3.5.A.01	Camrose & County	526.76
62	Z3.5.B.02	Tofield	301.75
63	Z3.5.B.03	Viking	394.66
64	Z3.5.B.04	Flagstaff County	455.54
65	Z3.5.C.05	Md Of Provost	319.03
66	Z3.5.C.06	Md Of Wainwright	476.61
67	Z3.6.A.01	Lamont County	477.22
68	Z3.6.A.02	Two Hills County	329.97
69	Z3.6.A.03	Vegreville/Minburn County	329.70
70	Z3.6.B.04	Vermilion River County	445.12
71	Z3.7.A.01	Red Deer - North	189.37
72	Z3.7.B.02	Red Deer - Sw	709.82
73	Z3.7.C.03	Red Deer - East	\$176.20

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, 2017 to March 31, 2018

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
EDMONTON ZONE			
74	Z4.1.A.01	Edmonton - Woodcroft East	\$386.65
75	Z4.1.B.02	Edmonton - Woodcroft West	312.85
76	Z4.1.C.03	Edmonton - Jasper Place	561.23
77	Z4.1.D.04	Edmonton - West Jasper Place	223.45
78	Z4.2.A.01	Edmonton - Castle Downs	284.75
79	Z4.2.B.02	Edmonton - Northgate	388.60
80	Z4.2.C.03	Edmonton - Eastwood	531.24
81	Z4.2.D.04	Edmonton - Abbottsfield	374.20
82	Z4.2.E.05	Edmonton - Ne	408.61
83	Z4.3.A.01	Edmonton - Bonnie Doon	600.05
84	Z4.3.B.02	Edmonton - Mill Woods West	552.16
85	Z4.3.C.03	Edmonton - Mill Woods South & East	201.38
86	Z4.4.A.01	Edmonton - Duggan	264.21
87	Z4.4.B.02	Edmonton - Twin Brooks	229.36
88	Z4.4.C.03	Edmonton - Rutherford	288.00
89	Z4.5.A.01	Sturgeon County West	201.43
90	Z4.5.B.02	Sturgeon County East	226.98
91	Z4.5.B.03	Fort Saskatchewan	446.67
92	Z4.6.A.01	Sherwood Park	403.43
93	Z4.6.B.02	Strathcona County Excluding Sherwood Park	709.19
94	Z4.7.A.01	Beaumont	222.43
95	Z4.7.A.02	Leduc & Devon	411.24
96	Z4.7.A.03	Thorsby	177.70
97	Z4.8.A.01	Stony Plain & Spruce Grove	414.17
98	Z4.8.B.02	Westview Excluding Stony Plain & Spruce Grove	248.91
99	Z4.9.A.01	St. Albert	\$547.91

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, 2017 to March 31, 2018

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
NORTH ZONE			
100	Z5.1.A.01	Jasper	\$316.54
101	Z5.1.A.02	Hinton	450.38
102	Z5.1.A.03	Edson	336.69
103	Z5.1.B.04	Whitecourt	384.78
104	Z5.1.B.05	Mayerthorpe	336.42
105	Z5.1.C.06	Barrhead	451.13
106	Z5.1.C.07	Westlock	483.67
107	Z5.2.A.01	Frog Lake	283.63
108	Z5.2.A.04	St. Paul	434.81
109	Z5.2.A.05	Smoky Lake	447.98
110	Z5.2.B.02	Cold Lake	370.53
111	Z5.2.B.03	Bonnyville	516.61
112	Z5.2.C.06	Boyle	408.13
113	Z5.2.C.07	Athabasca	456.09
114	Z5.2.C.08	Lac La Biche	316.80
115	Z5.3.A.01	Grande Cache	389.29
116	Z5.3.A.02	Fox Creek	336.39
117	Z5.3.A.03	Valleyview	385.90
118	Z5.3.A.05	Beaverlodge	293.49
119	Z5.3.B.04	Grande Prairie County	233.70
120	Z5.4.A.01	Swan Hills	119.28
121	Z5.4.A.02	Slave Lake	345.95
122	Z5.4.A.03	Wabasca	441.78
123	Z5.4.A.07	High Prairie	425.05
124	Z5.4.B.04	High Level	375.49
125	Z5.4.B.05	Manning	491.50
126	Z5.4.C.06	Peace River	424.69
127	Z5.4.D.08	Falher	410.42
128	Z5.4.D.09	Spirit River	323.49
129	Z5.4.D.10	Fairview	437.78
130	Z5.5.A.01	Wood Buffalo	212.40
131	Z5.6.A.01	Fort McMurray	692.98
132	Z5.7.A.01	City Of Grande Prairie	\$659.75

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

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

Table 3.3
Distribution of Services, Discrete Patients, and Physicians
by Local Geographic Area
for the Service Year April 1, 2017 to March 31, 2018

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	345,307	73,454	223	112,749	36,423	140
Z5.2.C.07	Athabasca	54,220	9,065	49	13,173	4,073	71
Z2.7.B.03	Banff	78,612	13,703	57	13,752	5,288	31
Z5.1.C.06	Barrhead	115,000	15,734	40	8,814	2,891	39
Z4.7.A.01	Beaumont	64,017	14,742	67	145	57	33
Z5.3.A.05	Beaverlodge	46,795	10,321	56	49	47	22
Z2.5.B.02	Black Diamond	57,785	11,343	64	70	26	14
Z5.2.B.03	Bonnyville	126,810	19,614	56	25,525	8,370	95
Z5.2.C.06	Boyle	30,047	4,646	30	33	20	14
Z2.4.B.02	Calgary - Centre	537,864	127,276	508	1,461,434	156,933	492
Z2.1.F.06	Calgary - Centre North	758,460	152,351	549	2,093,030	227,001	907
Z2.4.C.03	Calgary - Centre West	390,438	87,832	339	443,246	76,434	191
Z2.3.A.01	Calgary - East	224,137	49,013	234	58,747	15,712	84
Z2.4.D.04	Calgary - Elbow	578,708	134,992	461	1,918,616	214,685	727
Z2.4.E.05	Calgary - Fish Creek	668,601	138,945	466	600,859	133,268	296
Z2.2.B.02	Calgary - Lower NE	635,754	135,284	325	263,464	70,996	98
Z2.1.D.04	Calgary - Lower NW	295,049	66,181	311	980,692	217,882	599
Z2.1.B.02	Calgary - North	367,839	86,880	295	189,421	71,292	186
Z2.1.C.03	Calgary - Nose Hill	338,700	83,186	293	279,778	34,803	99
Z2.3.B.02	Calgary - SE	577,248	132,155	422	988,111	131,837	606
Z2.4.F.06	Calgary - SW	568,072	130,875	355	264,875	61,872	172
Z2.2.A.01	Calgary - Upper NE	872,491	172,134	447	1,555,635	202,436	714
Z2.1.A.01	Calgary - Upper NW	441,783	111,623	448	323,852	58,784	175
Z2.4.A.01	Calgary - West	424,682	103,733	410	225,170	91,643	164
Z2.1.E.05	Calgary - West Bow	176,065	36,124	214	249,191	35,055	172
Z3.5.A.01	Camrose & County	216,824	32,457	140	74,934	18,230	82
Z2.7.B.02	Canmore	167,463	26,638	140	73,679	8,263	77
Z1.1.B.04	Cardston-Kainai	98,592	15,614	79	2,042	1,049	66
Z3.3.B.05	Castor/Coronation/Consort	40,168	5,258	53	143	45	22
Z2.6.B.02	Chestermere	65,714	16,510	85	1,159	193	17
Z5.7.A.01	City of Grande Prairie	446,843	77,919	157	542,147	59,025	135
Z2.5.C.04	Claresholm	47,550	7,551	55	53,820	1,090	28
Z2.7.A.01	Cochrane-Springbank	164,620	37,574	193	87,632	2,618	31
Z5.2.B.02	Cold Lake	81,929	16,279	48	17,283	6,954	40

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

Continued...

Table 3.3
Distribution of Services, Discrete Patients, and Physicians
by Local Geographic Area
for the Service Year April 1, 2017 to March 31, 2018

Local Geographic Area		General/Family Physicians			Specialists		
LGA Code	LGA Name	Number of Services	Number of Discrete Patients	Number of Discrete Physicians	Number of Services	Number of Discrete Patients	Number of Discrete Physicians
Z1.2.C.04	County of Forty Mile	17,186	4,455	59	105	44	19
Z1.2.A.01	County of Lethbridge excluding the City of Lethbridge	92,309	17,243	84	4,328	1,460	33
Z1.2.C.03	County of Warner	91,199	14,086	58	684	189	28
Z2.6.C.04	Crossfield	7,806	1,907	74	10	8	6
Z1.1.A.01	Crowsnest Pass	53,246	6,756	46	2,182	837	38
Z1.3.B.03	Cypress County excluding Medicine Hat	11,188	2,437	45	162	67	11
Z2.6.C.05	Didsbury	74,763	13,083	116	644	114	23
Z3.1.B.02	Drayton Valley	112,080	17,780	64	1,971	714	28
Z4.2.D.04	Edmonton - Abbottsfield	111,686	18,857	80	12,208	5,012	43
Z4.3.A.01	Edmonton - Bonnie Doon	726,822	149,509	502	2,231,918	250,976	998
Z4.2.A.01	Edmonton - Castle Downs	327,406	71,953	228	94,726	36,127	130
Z4.4.A.01	Edmonton - Duggan	304,080	70,201	241	194,724	65,215	198
Z4.2.C.03	Edmonton - Eastwood	629,824	108,535	558	2,903,735	394,342	858
Z4.1.C.03	Edmonton - Jasper Place	809,970	132,186	420	1,420,353	220,908	519
Z4.3.C.03	Edmonton - Mill Woods South & East	146,157	42,216	165	8,480	2,237	75
Z4.3.B.02	Edmonton - Mill Woods West	805,225	150,245	364	1,549,110	168,168	495
Z4.2.E.05	Edmonton - NE	337,585	92,511	255	451,981	48,874	249
Z4.2.B.02	Edmonton - Northgate	547,938	95,832	247	368,618	90,016	328
Z4.4.C.03	Edmonton - Rutherford	495,044	128,172	279	196,577	58,765	229
Z4.4.B.02	Edmonton - Twin Brooks	365,005	87,399	333	29,360	5,118	89
Z4.1.D.04	Edmonton - West Jasper Place	163,621	36,039	238	27,457	7,248	95
Z4.1.A.01	Edmonton - Woodcroft East	710,569	131,014	379	1,054,108	165,717	478
Z4.1.B.02	Edmonton - Woodcroft West	161,470	36,093	195	69,846	16,596	118
Z5.1.A.03	Edson	80,646	13,979	48	1,969	858	32
Z5.4.D.10	Fairview	37,969	5,965	48	138	80	37
Z5.4.D.08	Falher	27,437	4,627	33	1,104	456	22
Z3.5.B.04	Flagstaff County	66,333	10,502	73	117	84	25
Z1.1.A.03	Fort Macleod	18,715	4,790	76	186	103	28
Z5.6.A.01	Fort McMurray	500,109	67,003	117	206,714	29,897	141
Z4.5.B.03	Fort Saskatchewan	235,072	40,027	112	94,194	30,369	184
Z5.3.A.02	Fox Creek	14,696	3,107	22	11	10	7
Z5.2.A.01	Frog Lake	29,538	6,681	25	37	32	17
Z5.3.A.01	Grande Cache	16,804	3,266	38	29	26	21

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

Continued...

Table 3.3
Distribution of Services, Discrete Patients, and Physicians
by Local Geographic Area
for the Service Year April 1, 2017 to March 31, 2018

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	39,419	9,767	57	8,647	1,726	26
Z5.4.B.04	High Level	125,135	19,729	52	2,658	1,254	50
Z5.4.A.07	High Prairie	67,649	10,571	53	104	69	43
Z2.5.B.03	High River	118,267	19,889	144	15,025	5,709	56
Z5.1.A.02	Hinton	71,637	11,967	51	12,346	4,361	47
Z3.2.B.03	Innisfail	78,705	15,533	89	6,702	2,124	46
Z5.1.A.01	Jasper	26,317	5,597	14	630	375	26
Z5.2.C.08	Lac La Biche	60,687	10,842	45	29	26	21
Z3.4.B.04	Lacombe	111,457	25,630	89	9,200	1,804	42
Z3.6.A.01	Lamont County	49,894	7,913	43	5,746	2,130	22
Z4.7.A.02	Leduc & Devon	297,946	60,656	194	114,089	30,712	181
Z1.5.B.02	Lethbridge - North	33,112	10,661	111	5,572	552	50
Z1.5.C.03	Lethbridge - South	573,849	88,056	244	909,874	88,613	173
Z1.5.A.01	Lethbridge - West	106,980	25,539	108	32,011	7,728	64
Z3.5.C.05	MD of Provost	25,403	4,589	29	19	16	12
Z3.5.C.06	MD of Wainwright	61,859	9,528	47	6,080	2,730	81
Z5.4.B.05	Manning	20,631	2,854	31	28	26	16
Z5.1.B.05	Mayerthorpe	38,280	8,451	63	1,421	308	50
Z1.4.A.01	Medicine Hat	568,323	70,989	192	591,112	57,372	140
Z1.3.A.01	Newell	161,254	23,067	86	12,397	4,447	51
Z2.5.A.01	Okotoks-Priddis	224,054	46,759	193	62,644	18,314	51
Z3.2.A.02	Olds	132,403	18,368	83	10,702	2,556	51
Z1.3.B.02	Oyen	17,706	2,599	31	269	69	15
Z5.4.C.06	Peace River	117,808	19,170	65	3,067	1,101	47
Z1.1.A.02	Pincher Creek	67,656	10,081	71	2,401	1,282	44
Z3.3.A.04	Planning & Special Area 2	23,392	3,988	33	2,238	404	16
Z3.4.B.02	Ponoka	246,058	18,307	73	92,196	2,684	55
Z3.7.C.03	Red Deer - East	150,747	33,200	155	5,683	1,631	57
Z3.7.A.01	Red Deer - North	154,758	42,997	130	19,629	4,263	64
Z3.7.B.02	Red Deer - SW	454,484	92,333	199	1,069,380	121,304	279
Z3.2.C.04	Red Deer County excluding the City of Red Deer	18,574	9,729	107	20,555	3,555	44
Z3.4.B.03	Rimbey	47,176	8,776	71	1,152	178	28
Z3.1.A.01	Rocky Mountain House	75,054	15,264	87	2,664	570	42
Z4.6.A.01	Sherwood Park	509,261	102,881	286	348,192	72,179	312

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

Continued...

Table 3.3
Distribution of Services, Discrete Patients, and Physicians
by Local Geographic Area
for the Service Year April 1, 2017 to March 31, 2018

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	42,055	9,416	52	28,263	8,544	31
Z5.2.A.05	Smoky Lake	35,355	4,808	32	53	36	17
Z5.4.D.09	Spirit River	22,850	4,743	45	33	26	20
Z4.9.A.01	St. Albert	589,229	111,129	294	519,656	75,148	295
Z5.2.A.04	St. Paul	97,203	14,395	62	7,387	887	48
Z3.3.A.02	Starland County/Drumheller	80,242	11,607	57	13,471	2,477	43
Z3.3.B.03	Stettler & County	98,023	12,911	69	2,677	717	50
Z4.8.A.01	Stony Plain & Spruce Grove	447,837	81,639	243	112,119	32,556	146
Z4.6.B.02	Strathcona County excluding Sherwood Park	1,580	120	60	259	60	38
Z2.6.C.03	Strathmore	155,108	27,090	116	4,349	998	90
Z4.5.B.02	Sturgeon County East	19,387	4,398	22	22	14	14
Z4.5.A.01	Sturgeon County West	45,506	12,384	85	2,224	255	46
Z3.2.A.01	Sundre	47,629	8,447	78	148	77	18
Z5.4.A.01	Swan Hills				7	6	6
Z3.2.C.05	Sylvan Lake	89,703	23,548	98	10,050	4,989	52
Z1.2.B.02	Taber MD	28,230	6,053	68	3,369	2,284	50
Z4.7.A.03	Thorsby	8,257	2,521	34	19	15	14
Z3.3.A.01	Three Hills/Highway 21	45,738	7,537	74	536	142	24
Z3.5.B.02	Tofield	21,741	4,104	41	36	17	16
Z3.6.A.02	Two Hills County	23,995	4,425	36	20	15	16
Z5.3.A.03	Valleyview	36,908	6,638	46	47	44	23
Z3.6.A.03	Vegreville/Minburn County	50,623	8,685	66	5,561	1,126	31
Z3.6.B.04	Vermilion River County	130,816	22,660	83	83,705	18,513	119
Z3.5.B.03	Viking	28,729	4,481	30	175	111	8
Z2.5.C.05	Vulcan	23,924	4,336	52	614	95	14
Z5.4.A.03	Wabasca	23,188	4,318	45	311	59	19
Z5.1.C.07	Westlock	153,240	22,761	105	14,338	3,199	46
Z4.8.B.02	Westview excluding Stony Plain and Spruce Grove	7,647	1,678	91	370	139	59
Z3.4.A.01	Wetaskiwin County	206,533	28,157	109	46,216	8,523	86
Z5.1.B.04	Whitecourt	84,323	14,639	42	261	192	34
Z5.5.A.01	Wood Buffalo excluding Fort McMurray	1,390	384	11	17	13	10
Unknown		260,829	68,044	1,164	164,789	55,681	695
Total		26,017,438	3,481,261	5,151	28,246,620	2,252,931	4,014

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, 2017 to March 31, 2018

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	\$226,951,613	\$214,038,335	\$7,999,813	\$2,045,761	\$1,444,835	\$1,121,813	\$301,056
Calgary Zone	1,420,531,477	34,016,063	1,335,387,504	30,852,518	12,014,516	7,271,935	988,942
Central Zone	293,136,816	1,814,221	12,964,645	259,849,291	11,888,987	6,325,177	294,494
Edmonton Zone	1,396,982,828	4,104,076	19,684,585	71,864,954	1,191,232,955	108,693,612	1,402,644
North Zone	243,330,610	655,610	2,213,172	3,069,378	9,927,227	227,152,551	312,673
Unknown	21,421,117	747,395	4,192,689	10,232,540	3,710,800	2,372,861	164,833
Total	\$3,602,354,459	\$255,375,700	\$1,382,442,408	\$377,914,442	\$1,230,219,319	\$352,937,949	\$3,464,642
GENERAL PRACTITIONERS							
South Zone	\$115,073,656	\$108,915,601	\$3,595,916	\$1,003,664	\$809,904	\$609,878	\$138,693
Calgary Zone	563,673,565	4,628,804	543,953,044	6,542,262	5,185,113	3,007,418	356,925
Central Zone	166,789,082	1,144,246	7,912,491	146,464,283	7,548,793	3,545,915	173,354
Edmonton Zone	529,291,390	1,662,591	9,584,427	13,245,326	483,469,497	20,754,966	574,583
North Zone	169,369,306	485,201	1,638,378	2,320,729	6,496,075	158,224,448	204,474
Unknown	12,293,711	469,987	2,691,105	5,889,766	1,785,137	1,326,342	131,375
Total	\$1,556,490,711	\$117,306,429	\$569,375,363	\$175,466,030	\$505,294,517	\$187,468,967	\$1,579,406
SPECIALISTS (includes Pathology)							
South Zone	\$111,877,957	\$105,122,734	\$4,403,896	\$1,042,097	\$634,931	\$511,935	\$162,363
Calgary Zone	856,857,912	29,387,259	791,434,459	24,310,256	6,829,404	4,264,517	632,017
Central Zone	126,347,734	669,975	5,052,154	113,385,008	4,340,194	2,779,262	121,140
Edmonton Zone	867,691,437	2,441,485	10,100,158	58,619,629	707,763,458	87,938,646	828,061
North Zone	73,961,304	170,409	574,794	748,648	3,431,152	68,928,102	108,199
Unknown	9,127,406	277,408	1,501,584	4,342,774	1,925,663	1,046,519	33,458
Total	\$2,045,863,749	\$138,069,271	\$813,067,046	\$202,448,412	\$724,924,802	\$165,468,982	\$1,885,237

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, 2017 to March 31, 2018

Services							
Zone Service Location	Zone Recipient Location						
	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
ALL PHYSICIANS							
South Zone	3,506,239	3,313,973	119,616	29,992	21,425	16,780	4,453
Calgary Zone	21,709,139	476,112	20,480,971	442,745	184,661	108,843	15,807
Central Zone	4,380,834	27,994	178,421	3,887,262	183,466	99,055	4,636
Edmonton Zone	20,706,792	58,098	284,750	967,399	17,921,698	1,452,419	22,428
North Zone	3,534,374	9,052	30,728	42,330	130,337	3,317,624	4,303
Unknown	426,680	23,599	97,303	150,603	106,194	46,457	2,524
Total	54,264,058	3,908,828	21,191,789	5,520,331	18,547,781	5,041,178	54,151
GENERAL PRACTITIONERS							
South Zone	1,939,545	1,839,922	58,734	15,878	12,800	9,977	2,234
Calgary Zone	9,386,871	74,530	9,070,652	104,857	82,333	47,900	6,599
Central Zone	2,889,128	19,514	116,070	2,552,813	134,127	63,400	3,204
Edmonton Zone	8,902,519	28,786	152,216	212,032	8,165,342	333,670	10,473
North Zone	2,637,710	6,879	23,975	34,455	93,742	2,475,520	3,139
Unknown	261,665	17,438	52,411	106,998	50,405	32,277	2,136
Total	26,017,438	1,987,069	9,474,058	3,027,033	8,538,749	2,962,744	27,785
SPECIALISTS (includes Pathology)							
South Zone	1,566,694	1,474,051	60,882	14,114	8,625	6,803	2,219
Calgary Zone	12,322,268	401,582	11,410,319	337,888	102,328	60,943	9,208
Central Zone	1,491,706	8,480	62,351	1,334,449	49,339	35,655	1,432
Edmonton Zone	11,804,273	29,312	132,534	755,367	9,756,356	1,118,749	11,955
North Zone	896,664	2,173	6,753	7,875	36,595	842,104	1,164
Unknown	165,015	6,161	44,892	43,605	55,789	14,180	388
Total	28,246,620	1,921,759	11,717,731	2,493,298	10,009,032	2,078,434	26,366

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, 2017 to March 31, 2018

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	270,235	244,974	16,720	4,324	3,412	2,409	484
Calgary Zone	1,489,601	41,838	1,371,691	42,739	24,643	13,892	1,680
Central Zone	423,108	3,868	25,017	361,302	23,200	13,059	776
Edmonton Zone	1,424,908	5,530	40,033	93,565	1,164,382	129,820	2,266
North Zone	398,583	2,058	8,623	9,243	30,971	350,704	899
Unknown	116,742	9,456	39,912	27,501	22,976	17,120	323
Total ⁽²⁾	3,634,710	258,014	1,403,043	407,096	1,190,950	398,812	5,782
GENERAL PRACTITIONERS							
South Zone	255,167	234,577	12,907	3,700	3,129	2,233	421
Calgary Zone	1,375,412	14,504	1,311,771	22,920	19,384	11,048	1,293
Central Zone	404,556	3,514	21,674	351,216	20,651	10,439	684
Edmonton Zone	1,219,954	4,212	32,314	40,036	1,090,714	58,878	1,793
North Zone	386,157	1,956	8,364	8,724	25,218	344,707	837
Unknown	68,646	7,001	13,696	23,093	13,430	11,608	254
Total ⁽²⁾	3,481,261	246,843	1,348,329	397,094	1,121,074	388,236	4,927
SPECIALISTS (includes Pathology)							
South Zone	150,107	138,733	7,862	1,877	1,170	877	225
Calgary Zone	953,857	34,311	872,017	30,052	12,207	7,175	904
Central Zone	177,542	1,185	7,888	157,006	7,044	5,201	261
Edmonton Zone	986,897	3,162	15,618	76,437	789,234	106,154	1,314
North Zone	127,640	389	1,238	1,660	8,766	115,908	209
Unknown	55,755	3,003	26,863	8,403	10,800	6,675	94
Total ⁽²⁾	2,252,931	153,429	890,125	218,916	802,274	196,385	2,804

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

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

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

Figure 3.1
 Fee-for-Service Physician Payments, Services, and Discrete Patients
 by Alberta Health Services Geographic Zone
 for the Service Years Ended March 31, 2014 to March 31, 2018

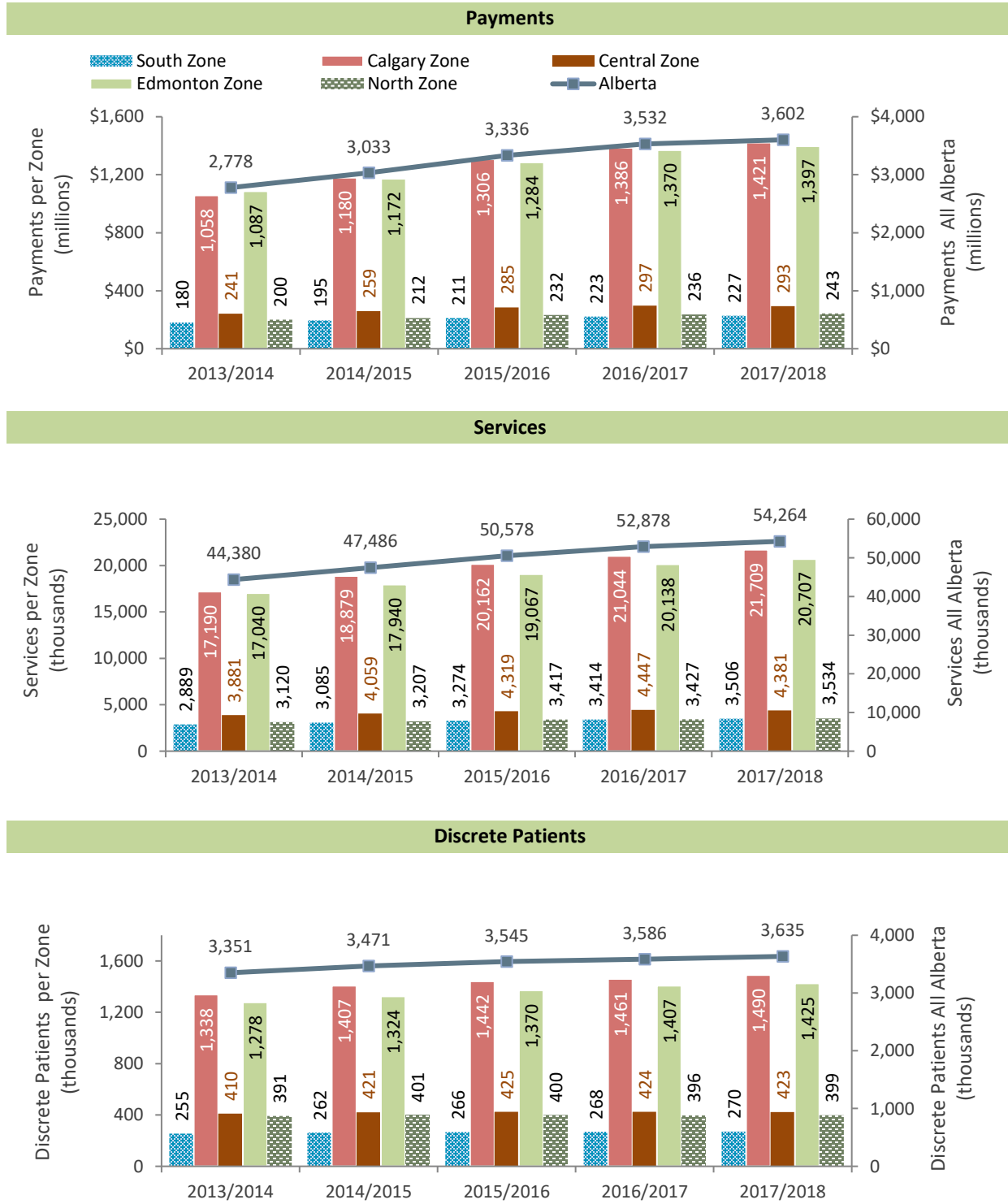


Table 3.5

Distribution of Payments⁽¹⁾ by Diagnostic Chapter (ICD9) and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2017 to March 31, 2018

Diagnostic Chapter (ICD9)	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
Infectious and Parasitic Diseases	\$55,510,694	\$3,128,392	\$23,382,599	\$4,672,245	\$19,749,431	\$4,186,536	\$391,490
Neoplasms	128,137,106	8,111,537	55,123,936	8,471,667	50,482,738	5,502,578	444,650
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	113,624,803	8,172,233	41,301,536	9,266,263	45,127,140	9,041,982	715,648
Diseases of Blood and Blood Forming Organs	15,166,126	1,419,538	5,520,370	1,444,651	5,403,611	1,243,184	134,772
Mental Disorders	414,368,015	25,519,437	157,303,043	36,787,587	167,381,362	21,399,183	5,977,403
Diseases of the Nervous System and Sense Organs	242,647,816	17,034,884	109,744,951	14,470,496	89,520,078	11,278,510	598,897
Diseases of the Circulatory System	232,035,915	15,955,983	78,764,648	19,625,032	102,058,080	14,238,056	1,394,117
Diseases of the Respiratory System	192,472,383	12,696,180	68,467,175	17,911,108	73,988,675	18,152,794	1,256,451
Diseases of the Digestive System	122,378,914	9,095,127	41,359,517	13,394,475	44,199,623	13,100,068	1,230,104
Diseases of the Genitourinary System	142,586,450	10,314,869	56,021,219	15,002,943	50,023,375	10,293,257	930,787
Complications of Pregnancy, Childbirth and the Puerperium	84,330,736	4,476,210	35,035,138	9,023,816	27,334,319	7,887,461	573,793
Diseases of the Skin and Subcutaneous Tissue	83,585,168	5,473,813	32,535,754	8,256,562	30,027,764	6,783,300	507,976
Diseases of the Musculoskeletal System and Connective Tissue	220,431,699	16,595,033	88,689,671	18,961,690	80,145,735	15,044,069	995,502
Congenital Anomalies	11,816,766	392,766	5,869,277	344,966	4,800,287	362,746	46,724
Certain Conditions Originating in the Perinatal Period	11,703,423	1,743,578	3,633,986	1,746,217	2,785,604	1,628,242	165,795
Symptoms, Signs and Ill-Defined Conditions	400,073,862	24,022,616	144,645,489	35,004,361	163,927,252	29,738,455	2,735,689
Injury and Poisoning	180,640,799	13,233,956	64,705,974	17,267,321	67,529,539	16,621,550	1,282,457
Non-Standard Diagnostic Codes⁽²⁾	337,580,049	18,603,584	138,466,509	25,108,308	122,994,157	30,441,177	1,966,314
Unknown Diagnostic Chapter ⁽³⁾	613,263,738	30,961,878	269,960,686	36,377,109	249,504,057	26,387,460	72,549
Total	\$3,602,354,459	\$226,951,613	\$1,420,531,477	\$293,136,816	\$1,396,982,828	\$243,330,610	\$21,421,117

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

(1) Payment totals have been rounded.

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

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

Table 3.6
 Distribution of Physicians with Total Payments of \$10,000 and Over, and Average Payments
 by Alberta Health Services Geographic Zone
 for the Service Year April 1, 2017 to March 31, 2018 ⁽¹⁾

Zone Service Location	Total			General/Family Physicians			Specialists ⁽⁴⁾		
	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments
South Zone	649	\$206,812,732	\$318,664	408	\$114,739,272	\$281,224	241	\$92,073,460	\$382,048
Calgary Zone	3,586	1,212,802,043	338,205	2,091	562,857,862	269,181	1,495	649,944,181	434,745
Central Zone	904	265,796,247	294,022	612	166,212,829	271,590	292	99,583,418	341,039
Edmonton Zone	3,080	1,207,003,334	391,884	1,646	528,667,182	321,183	1,434	678,336,152	473,038
North Zone	737	224,698,190	304,882	544	168,993,177	310,649	193	55,705,013	288,627
Unknown	269	18,973,369	70,533	156	10,846,153	69,527	113	8,127,216	71,922
Total ⁽²⁾⁽³⁾	8,345	\$3,141,228,647	\$376,420	4,959	\$1,555,753,395	\$313,723	3,386	\$1,585,475,252	\$468,244

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

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

Table 3.7 A
 Number of General/Family Physicians by Payment Range and
 Alberta Health Services Geographic Zone Service Location
 for the Service Year April 1, 2017 to March 31, 2018 ⁽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	192	194	412	299	421	228	1,014
10,000 - 19,999	110	23	67	37	48	33	54
20,000 - 39,999	159	26	101	27	67	25	40
40,000 - 59,999	141	19	69	22	58	34	9
60,000 - 79,999	148	16	84	24	45	18	9
80,000 - 99,999	162	13	95	29	45	13	5
100,000 - 119,999	156	16	81	20	58	17	7
120,000 - 139,999	180	10	89	22	57	12	5
140,000 - 159,999	177	10	87	23	60	15	4
160,000 - 179,999	175	13	86	16	56	17	4
180,000 - 199,999	220	16	104	18	71	19	4
200,000 - 299,999	1,043	69	463	105	334	82	12
300,000 - 399,999	906	69	332	133	274	79	2
400,000 - 499,999	580	46	194	67	179	75	1
500,000 - 599,999	333	31	108	37	113	43	
600,000 - 699,999	207	14	70	22	59	24	
700,000 - 799,999	117	10	29	6	48	23	
800,000 - 899,999	68	5	19	2	28	6	
900,000 - 999,999	35	2	5	1	21	4	
1,000,000 & over	42		8	1	25	5	
Total	5,151	602	2,503	911	2,067	772	1,170

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, 2017 to March 31, 2018 ⁽¹⁾

Zone Service Location Payment Range	All Zones ⁽²⁾	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
Less than \$10,000	220	96	256	205	208	222	583
10,000 - 19,999	83	31	38	29	45	42	39
20,000 - 39,999	115	18	65	55	66	42	37
40,000 - 59,999	97	12	43	35	45	19	11
60,000 - 79,999	98	12	51	27	38	12	5
80,000 - 99,999	60	7	32	19	29	12	3
100,000 - 119,999	74	1	42	9	30	10	
120,000 - 139,999	92	7	34	7	44	8	4
140,000 - 159,999	86	5	43	9	34	4	2
160,000 - 179,999	83	4	37	6	39	9	2
180,000 - 199,999	70	1	34	6	27	10	2
200,000 - 299,999	452	26	231	32	163	23	3
300,000 - 399,999	505	19	238	22	205	21	1
400,000 - 499,999	464	32	198	28	201	14	2
500,000 - 599,999	381	22	149	22	178	17	
600,000 - 699,999	283	18	108	19	107	12	
700,000 - 799,999	203	14	73	15	84	15	1
800,000 - 899,999	134	6	43	11	64	6	
900,000 - 999,999	81	6	34	7	34	2	
1,000,000 & over	433	23	183	22	185	5	1
Total	4,014	360	1,932	585	1,826	505	696

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, 2017 to March 31, 2018 ⁽¹⁾

Physicians by Specialty	Number of Physicians			
	All Zones ⁽²⁾	Calgary Zone	Edmonton Zone	All Other Zones
Anaesthesiology	450	201	198	87
Cardiovascular and Thoracic Surgery	26	7	19	2
Dermatology	50	30	19	8
Emergency Medicine	172	101	68	13
General/Family Physicians (GP/FPs)	5,151	2,503	2,067	1,811
General Surgery	203	75	86	85
Internal Medicine	841	394	448	255
Neurology	75	33	40	29
Neurosurgery	12	2	10	
Obstetrics-Gynaecology	255	125	106	74
Ophthalmology	135	65	61	35
Orthopaedic Surgery	189	95	68	67
Otolaryngology	67	26	30	17
Paediatrics	381	219	121	89
Physical Medicine and Rehabilitation	50	19	27	7
Plastic Surgery	69	40	24	11
Psychiatry	549	275	274	144
Urology	58	24	23	20
All Specialists (except GP/FPs, Pathologists and Radiologists) ⁽³⁾	3,582	1,731	1,622	943
Total: All Physicians (except Pathologists and Radiologists) ⁽³⁾	8,733	4,234	3,689	2,754

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

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

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

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

Table 3.9
 Distribution of Alternative Relationship Plan (ARP) Service Events ⁽¹⁾
 and Discrete Patients by Alberta Health Services Geographic Zones
 for the Service Year April 1, 2017 to March 31, 2018

	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
Zone Service Location	Number of Service Events				
South Zone	65,644	66,355	71,860	73,348	62,511
Calgary Zone	1,067,354	1,097,739	1,271,547	1,389,995	1,410,776
Central Zone	2,648	3,277	3,433	16,294	47,985
Edmonton Zone	558,134	621,946	726,750	782,114	812,498
North Zone	7,764	6,023	16,098	16,961	19,924
Unknown	44,007	45,291	60,589	72,151	69,950
Zone Service Location	Number of Discrete Patients				
South Zone	15,619	15,931	16,713	16,884	13,681
Calgary Zone	188,405	192,302	199,242	209,370	209,531
Central Zone	1,351	1,771	1,779	2,788	5,029
Edmonton Zone	135,339	137,881	143,020	147,633	150,962
North Zone	2,560	2,406	4,915	5,214	5,668
Unknown	8,273	9,158	12,615	13,948	16,522

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, 2017 to March 31, 2018 ^{(1) (2)}

Zone Service Location	Total		Optometrists		Dentists/Dental Specialists/ Oral Surgeons		Podiatrists	
	Services	Payments	Services	Payments	Services	Payments	Services	Payments
South	155,572	\$7,574,802	6,006,444	\$6,006,444	1,649	\$307,020	28,594	\$1,261,337
Calgary	795,870	39,328,065	626,839	29,036,040	14,977	4,040,762	154,054	6,251,263
Central	232,715	11,385,544	214,335	9,930,953	2,552	CENTRAL	15,828	682,640
Edmonton	754,618	37,689,582	633,491	28,748,854	20,032	6,090,778	101,095	2,849,950
North	159,028	7,332,926	149,504	6,879,622	436	192,146	9,088	261,158
Unknown	5,427	214,766	4,110	186,465	1	136	1,316	28,165
Total	2,103,230	\$103,525,685	1,753,608	\$80,788,378	39,647	\$11,402,793	309,975	\$11,334,514

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, 2014 to March 31, 2018

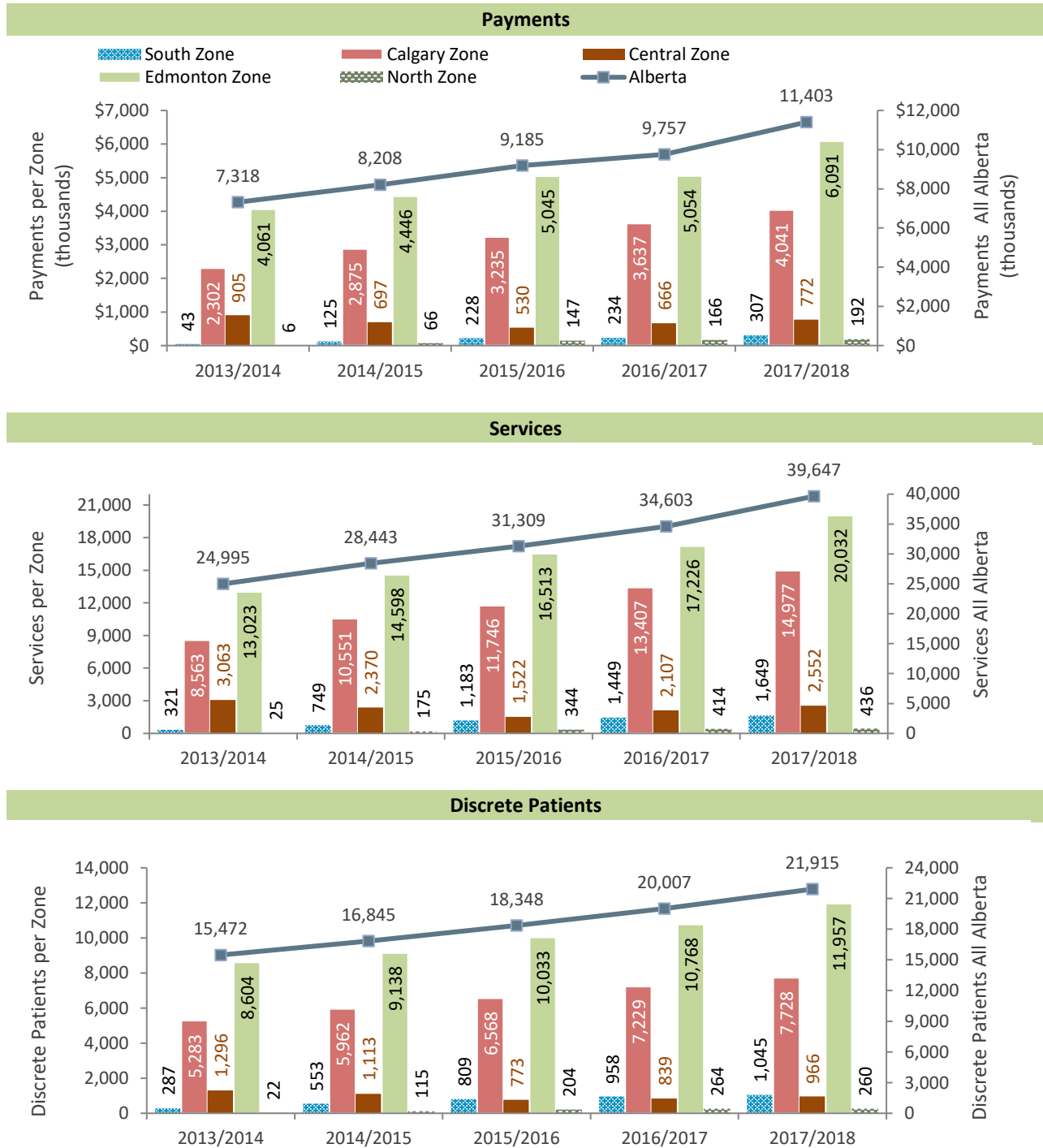


Figure 3.3
Optometrists Payments, Services, and Discrete Patients
by Alberta Health Services Geographic Zone
for the Service Years Ended March 31, 2014 to March 31, 2018

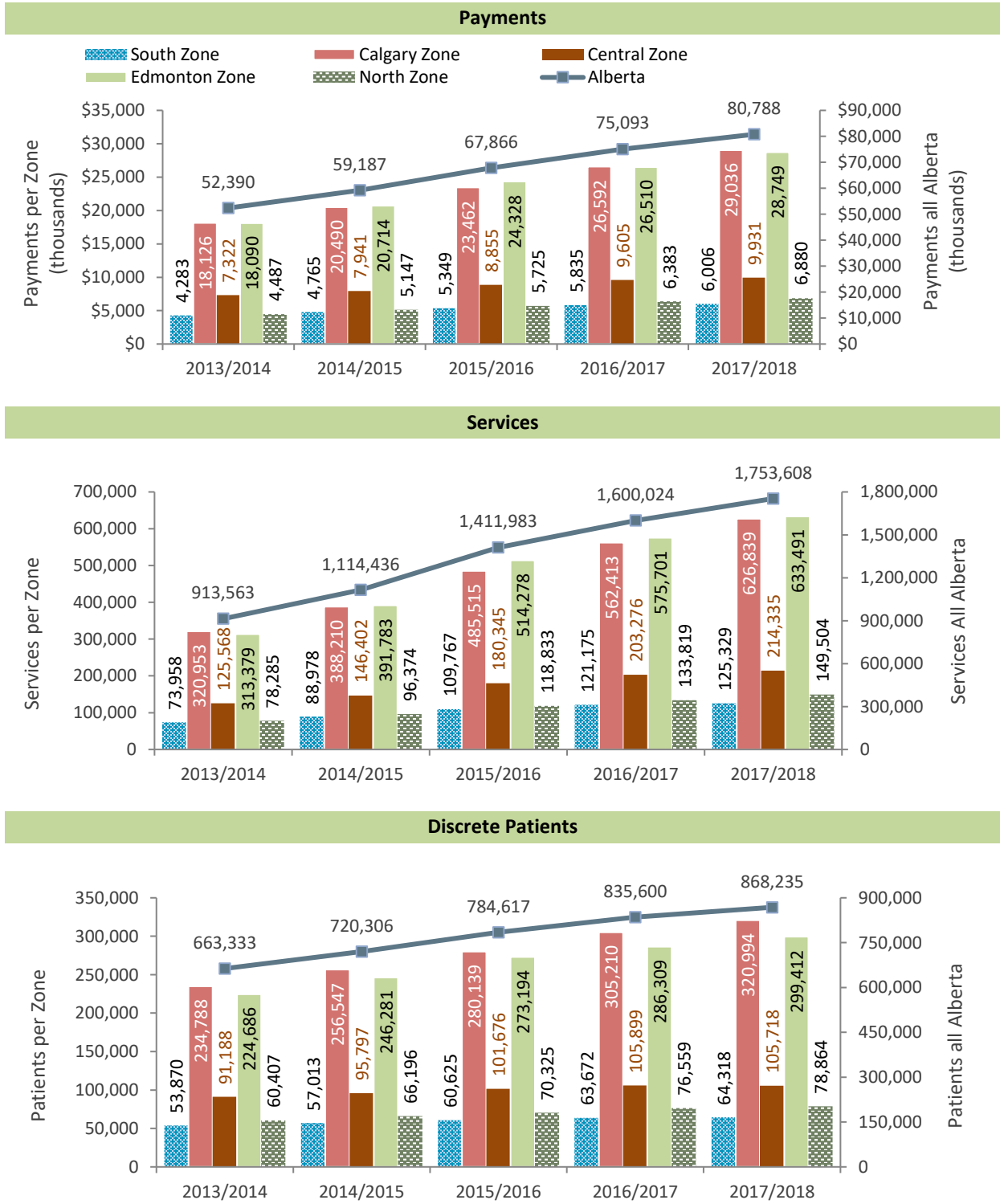
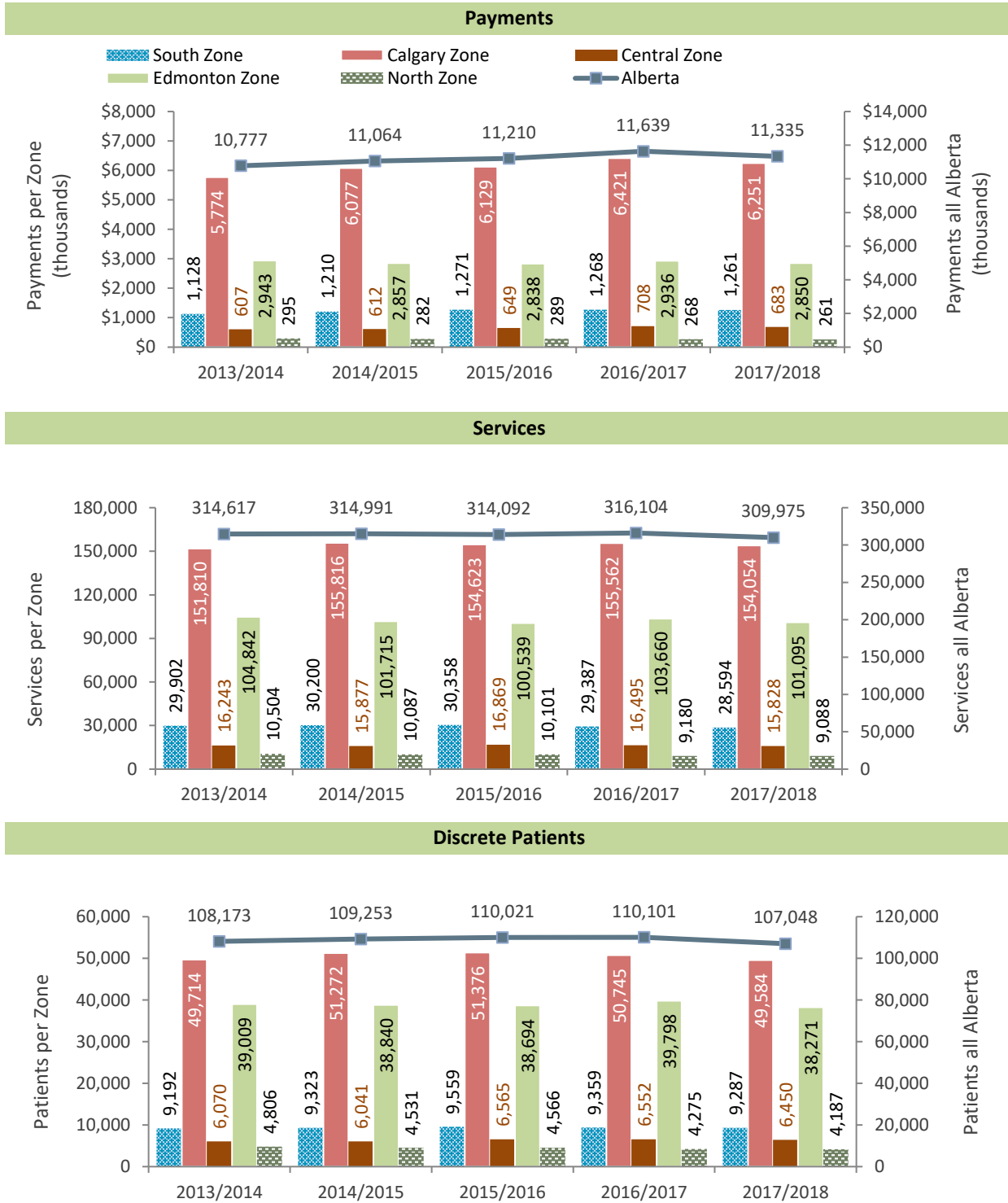


Figure 3.4
Podiatrists Payments, Services, and Discrete Patients
by Alberta Health Services Geographic Zone
for the Service Years Ended March 31, 2014 to March 31, 2018



Section 4

Non-Group Supplementary Plans

Summary

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

Albertans under the age of 65 can purchase Non-Group coverage. A reduced premium rate is available to Albertans with lower incomes; premium-free coverage is offered to seniors and their dependants. Premium-free drug coverage is also provided to people who have been diagnosed as being palliative and receive their health care at home rather than at a hospital.

The government-sponsored Non-Group supplementary health plans are collectively referred to as “non-group” plans to distinguish them from the “group” or employer-sponsored and individual supplementary benefit plans available through Alberta Blue Cross and other insurers.

The data in this section include the number of persons covered by level of premium payment, by age and gender, and by types of services (ambulance, drugs, hospital accommodation or other). Information is also provided about the number, types and costs of drug prescriptions, and the top 10 drug expenditures.

Highlights

- In 2017/2018, the number of Albertans who were covered under Non-Group supplementary plans increased to 700,541, an increase of 3.89% compared to 2016/2017.
- The number of persons covered through full premium rates was 71,425 (10.20% of the total Non-Group membership).
- A total of 4,381 people (0.63% of the total Non-Group membership) received non-group coverage at reduced premium rates.
- A total of 624,735 people (89.18% of total Non-Group membership) received their coverage premium-free.
- More than \$884 million was paid for benefits under the Non-Group supplementary plans in 2017/2018, an increase of 7.26% compared to 2016/2017.

- More than \$622 million was paid for benefits for seniors and their dependants in 2017/2018. These payments accounted for 70.37% of the total amount spent on the Non-Group supplementary plans.
- Drugs accounted for more than \$850 million or 96.17% of total Non-Group benefit expenditures. Ambulance services accounted for over \$28 million or 2.79% 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 2017/2018, the 10 highest expenditure drugs were used to treat common chronic conditions including:

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

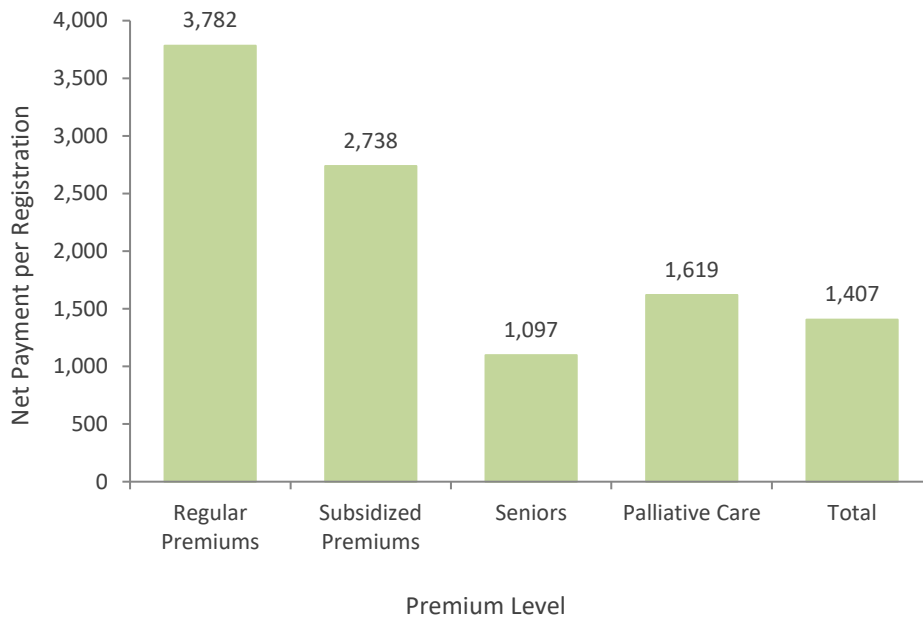
Premium Subsidy Program

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

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

2017/2018 Premium Subsidy Tresholds	
Family Category	Full Premiums
Single	the same or greater than \$20,970
Family - no children	the same or greater than \$33,240
Family - with children	the same or greater than \$39,250

Figure 4.1
 Non-Group Supplementary Coverage: Average Net Payment for Drugs per Recipient
 by Coverage Category for the Year April 1, 2017 to March 31, 2018



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, 2014 to March 31, 2018

Registration Status	Number of Registrations & Persons Covered										Percentage Change	
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2014/2015	2015/2016	2016/2017	2017/2018	2015/2016	2016/2017	2017/2018
Regular Premiums	40,665	39,756	39,718	38,792	37,370	(2.24)	(2.24)	(0.10)	(3.67)	(0.10)	(2.33)	(3.67)
Persons	78,815	76,271	76,036	74,227	71,425	(3.23)	(3.23)	(0.31)	(3.77)	(0.31)	(2.38)	(3.77)
Reduced Premiums	5,162	4,261	3,616	3,171	2,863	(17.45)	(17.45)	(15.14)	(9.71)	(15.14)	(12.31)	(9.71)
Persons	8,680	7,112	5,884	4,998	4,381	(18.06)	(18.06)	(17.27)	(12.34)	(17.27)	(15.06)	(12.34)
No Premiums ⁽¹⁾	349,087	364,569	380,680	398,276	417,970	4.43	4.43	4.42	4.94	4.42	4.62	4.94
Persons	520,328	543,778	568,165	595,057	624,735	4.51	4.51	4.48	4.99	4.48	4.73	4.99
Total	394,914	408,586	424,014	440,239	458,203	3.46%	3.46%	3.78%	4.08%	3.78%	3.83%	4.08%
Persons	607,823	627,161	650,085	674,282	700,541	3.18%	3.18%	3.66%	3.89%	3.66%	3.72%	3.89%

(1) Persons covered under the Seniors, Alberta Widows' Pension, or Palliative Care coverage categories receive premium-free coverage.

Table 4.2
Non-Group Supplementary Coverage:
Number of Registrations and Persons Covered by Coverage Category and
Level of Premium Payment as at March 31, 2014 to March 31, 2018 ⁽¹⁾

Registration Status	Total										Regular Premium		
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2015/2016	2016/2017	2017/2018
One Person	205,631	212,823	220,752	228,901	238,446	18,239	18,260	18,408	18,119	17,694	18,408	18,119	17,694
Persons	205,631	212,823	220,752	228,901	238,446	18,239	18,260	18,408	18,119	17,694	18,408	18,119	17,694
Two Persons	175,275	182,095	189,478	197,526	205,924	14,021	13,450	13,247	12,772	11,976	13,247	12,772	11,976
Persons	350,550	364,190	378,956	395,052	411,848	28,042	26,900	26,494	25,544	23,952	26,494	25,544	23,952
Three or More Persons	14,008	13,668	13,784	13,812	13,833	8,405	8,046	8,063	7,901	7,700	8,063	7,901	7,700
Persons	51,642	50,148	50,377	50,329	50,247	32,534	31,111	31,134	30,564	29,779	31,134	30,564	29,779
Total	394,914	408,586	424,014	440,239	458,203	40,665	39,756	39,718	38,792	37,370	39,718	38,792	37,370
Persons	607,823	627,161	650,085	674,282	700,541	78,815	76,271	76,036	74,227	71,425	76,036	74,227	71,425

Note: As at March 31, 2018, 1,784 people were covered by the Palliative Care Drug Program. Of these, 541 are not included in this table as they were covered only under the Palliative Care Drug Program and had no other Non-Group supplementary coverage.

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

Continued ...

Table 4.2
 Non-Group Supplementary Coverage:
 Number of Registrations and Persons Covered by Coverage Category and
 Level of Premium Payment as at March 31, 2014 to March 31, 2018 ^{(1) (2)}

Registration Status	Subsidized Premium										Seniors		
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2015/2016	2016/2017	2017/2018
One Person													
Registrations	3,378	2,804	2,431	2,180	2,030	184,005	191,759	199,913	208,602	218,722	199,913	208,602	218,722
Persons	3,378	2,804	2,431	2,180	2,030	184,005	191,759	199,913	208,602	218,722	199,913	208,602	218,722
Two Persons													
Registrations	974	797	658	574	486	160,280	167,848	175,573	184,180	193,462	175,573	184,180	193,462
Persons	1,948	1,594	1,316	1,148	972	320,560	335,696	351,146	368,360	386,924	351,146	368,360	386,924
Three or More Persons													
Registrations	810	660	527	417	347	4,793	4,962	5,194	5,494	5,786	5,194	5,494	5,786
Persons	3,354	2,714	2,137	1,670	1,379	15,754	16,323	17,106	18,095	19,089	17,106	18,095	19,089
Total													
Registrations	5,162	4,261	3,616	3,171	2,863	349,078	364,569	380,680	398,276	417,970	380,680	398,276	417,970
Persons	8,680	7,112	5,884	4,998	4,381	520,319	543,778	568,165	595,057	624,735	568,165	595,057	624,735

Registration Status	Alberta Widows' Pension				
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018
One Person					
Registrations	9				
Persons	9				
Two Persons					
Registrations					
Persons					
Three or More Persons					
Registrations					
Persons					
Total					
Registrations	9				
Persons	9				

Note: As at March 31, 2018, 1,784 people were covered by the Palliative Care Drug Program. Of these, 541 are not included in this table as they were covered only under the Palliative Care Drug Program and had no other Non-Group supplementary coverage.

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

(2) A blank cell represents a zero value.

Table 4.3
Non-Group Supplementary Coverage:
Persons Covered by Age and Sex as at March 31, 2014 to March 31, 2018

Age Group	Total					Percentage Change Total			
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2014/2015	2015/2016	2016/2017	2017/2018
Under 1	400	378	393	415	380	(5.50)	3.97	5.60	(8.43)
1 - 4	2,112	1,990	1,962	1,962	1,942	(5.78)	(1.41)	0.00	(1.02)
5 - 14	9,095	8,832	8,934	8,955	8,893	(2.89)	1.15	0.24	(0.69)
15 - 24	14,515	14,078	13,906	13,573	13,488	(3.01)	(1.22)	(2.39)	(0.63)
25 - 44	15,433	15,004	15,202	15,333	15,183	(2.78)	1.32	0.86	(0.98)
45 - 64	100,144	99,419	100,026	100,140	99,774	(0.72)	0.61	0.11	(0.37)
65 - 74	260,748	275,747	290,305	306,326	323,889	5.75	5.28	5.52	5.73
75 & Older	205,376	211,713	219,357	227,578	236,992	3.09	3.61	3.75	4.14
Total	607,823	627,161	650,085	674,282	700,541	3.18%	3.66%	3.72%	3.89%

Age Group	Male					Percentage Change Male			
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2014/2015	2015/2016	2016/2017	2017/2018
Under 1	205	186	199	218	218	(9.27)	6.99	9.55	0.00
1 - 4	1,076	998	980	976	997	(7.25)	(1.80)	(0.41)	2.15
5 - 14	4,584	4,513	4,582	4,621	4,650	(1.55)	1.53	0.85	0.63
15 - 24	7,279	7,085	6,942	6,776	6,709	(2.67)	(2.02)	(2.39)	(0.99)
25 - 44	7,088	6,932	7,021	7,074	6,971	(2.20)	1.28	0.75	(1.46)
45 - 64	32,125	31,306	31,174	30,950	30,395	(2.55)	(0.42)	(0.72)	(1.79)
65 - 74	126,640	134,168	141,390	149,273	157,801	5.94	5.38	5.58	5.71
75 & Older	87,497	90,758	94,507	98,571	103,182	3.73	4.13	4.30	4.68
Total	266,494	275,946	286,795	298,459	310,923	3.55%	3.93%	4.07%	4.18%

Age Group	Female					Percentage Change Female			
	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2014/2015	2015/2016	2016/2017	2017/2018
Under 1	195	192	194	197	162	(1.54)	1.04	1.55	(17.77)
1 - 4	1,036	992	982	986	945	(4.25)	(1.01)	0.41	(4.16)
5 - 14	4,511	4,319	4,352	4,334	4,243	(4.26)	0.76	(0.41)	(2.10)
15 - 24	7,236	6,993	6,964	6,797	6,779	(3.36)	(0.41)	(2.40)	(0.26)
25 - 44	8,345	8,072	8,181	8,259	8,212	(3.27)	1.35	0.95	(0.57)
45 - 64	68,019	68,113	68,852	69,190	69,379	0.14	1.08	0.49	0.27
65 - 74	134,108	141,579	148,915	157,053	166,088	5.57	5.18	5.46	5.75
75 & Older	117,879	120,955	124,850	129,007	133,810	2.61	3.22	3.33	3.72
Total	341,329	351,215	363,290	375,823	389,618	2.90%	3.44%	3.45%	3.67%

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, 2017 to March 31, 2018 ⁽¹⁾

Coverage Category and Type of Service	Discrete Recipients	Net Payment ⁽²⁾	Net Payment per Recipient
REGULAR PREMIUM			
Ambulance	1,589	\$441,717	\$278
Drugs	65,682	\$248,381,709	\$3,782
Hospital Accommodation	94	\$49,181	\$523
Chiropractor			
Other ⁽³⁾	911	\$129,068	\$142
Subtotal	65,893	\$249,001,676	\$3,779
SUBSIDIZED PREMIUM			
Ambulance	166	\$49,388	\$298
Drugs	4,149	\$11,361,981	\$2,738
Hospital Accommodation	4	\$1,873	\$468
Chiropractor			
Other	38	\$6,985	\$184
Subtotal	4,164	\$11,420,226	\$2,743
SENIORS			
Ambulance	63,939	\$24,089,909	\$377
Drugs	537,002	589,078,100	1,097
Hospital Accommodation			
Chiropractor	65,945	8,736,540	132
Other	1,948	317,344	163
Subtotal	543,786	\$622,221,893	\$1,144
PALLIATIVE CARE			
Ambulance	227	\$78,002	\$344
Drugs	953	1,543,073	1,619
Hospital Accommodation			
Chiropractor			
Other			
Subtotal	1,013	1,621,075	1,600
TOTAL			
Ambulance	65,906	\$24,659,017	\$374
Drugs	604,272	850,364,863	1,407
Hospital Accommodation	98	51,054	521
Chiropractor	65,945	8,736,540	132
Other	2,892	453,396	157
Total	611,321	\$884,264,870	\$1,446

(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, 2017 to March 31, 2018 ⁽¹⁾

Coverage Category and Prescription Type	Number of Prescriptions ⁽²⁾	Net Payment ⁽³⁾
PRESCRIPTION DRUGS ⁽⁴⁾		
Regular Premium	1,464,785	\$241,724,428
Subsidized Premium	119,961	10,954,862
Seniors	17,062,105	550,909,988
Palliative Care	31,669	1,469,111
Subtotal	18,678,520	\$805,058,389
OVER-THE-COUNTER ⁽⁵⁾		
Regular Premium	78,009	\$6,657,494
Subsidized Premium	5,079	407,057
Seniors	585,535	38,246,690
Palliative Care	2,903	73,962
Subtotal	671,526	\$45,385,204
ADJUSTMENTS ⁽⁶⁾		
Regular Premium	5	(\$213)
Subsidized Premium	1	62
Seniors	2	(\$78,577)
Palliative Care		
Subtotal	8	(\$78,729)
ALL PRESCRIPTIONS		
Regular Premium	152,799	\$248,381,709
Subsidized Premium	125,041	11,361,981
Seniors	17,647,642	589,078,100
Palliative Care	34,572	1,543,073
Total	17,960,054	\$850,364,863

(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, 2014 to March 31, 2018 ⁽¹⁾

Year	Number of Pharmacies	Percentage Change from the Prior Year
2013/2014	1,089	5.12
2014/2015	1,107	1.65
2015/2016	1,164	5.15
2016/2017	1,268	8.93
2017/2018	1,337	5.44
Annual Average Percentage Change for Last 5 Years		5.26

(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, 2017 to March 31, 2018 ⁽¹⁾

Coverage Category and Drug Name	Strength	Major Uses	Number of Prescriptions ⁽²⁾	Discrete Recipients	Net Payment
REGULAR AND SUBSIDIZED PREMIUM					
Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	17,923	2,063	\$65,896,894
Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	22,721	2,121	27,498,049
Epclusa	400 mg/100 mg	Chronic Hepatitis C	2,988	227	12,312,195
Gilenya	0.5 mg cap	Multiple Sclerosis	4,549	425	9,603,883
Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	6,109	624	8,528,622
Copaxone	20 mg/ml syringe	Multiple Sclerosis	5,649	703	7,833,921
Tecfidera	120 mg cap	Multiple Sclerosis	4,773	450	7,420,406
Harvoni	90 mg/400 mg	Chronic Hepatitis C	1,116	92	5,160,252
Stelara	0.5ml/vial or syringe	Plaque Psoriasis	1,455	300	4,636,286
Soliris	300 mg/vial	Paroxysmal Nocturnal Hemoglobinuria	655	10	4,344,021
SENIORS ⁽³⁾					
Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	3,894	472	\$4,361,368
Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque	9,856	898	14,072,087
Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque	7,230	637	10,914,963
Lucentis	2.3 mg/vial	Neovascular (wet) Age Related Macular	6,418	1,164	10,903,944
Symbicort Turbuhaler	200 mcg/6 mcg	Asthma/Chronic Obstructive Pulmonary Disease	66,433	19,138	9,682,651
Epclusa	400 mg/100 mg	Chronic Hepatitis C	2,253	165	9,327,988
Lantus Pen	100 unit/ml	Diabetes Mellitus	60,701	13,759	9,079,044
Xarelto	20 mg	Prevention / Treatment of Blood Clots	59,147	10,695	8,418,833
Blood Glucose Test Strips	N/A	Blood Glucose Monitoring	92,684	22,881	7,496,209
Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	68,507	19,647	7,425,281

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

Continued...

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

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

Table 4.7
 Non-Group Supplementary Coverage:
 Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category
 for the Year April 1, 2017 to March 31, 2018 ⁽¹⁾

Drug Name	Strength	Major Uses	Number of Prescriptions ⁽²⁾	Discrete Recipients	Net Payment
PALLIATIVE CARE					
Sandostatin Lar	30 mg/vial	Rare Endocrine Tumor / Acromegaly / Diarrhea	86	7	\$131,094
Fentanyl Citrate	0.05 mg/ml syringe	Analgesic	855	188	80,186
Fragmin	0.6 ml syringe	Prevention / Treatment of Blood Clots	108	16	\$53,585
Innohep	0.6 ml syringe	Prevention / Treatment of Blood Clots	88	20	45,741
Innohep	0.7 ml syringe	Prevention / Treatment of Blood Clots	80	26	44,979
Innohep	0.8 ml syringe	Prevention / Treatment of Blood Clots	62	14	39,600
Midazolam	5 mg/ml inj	Sedation / Anesthesia / Anxiolysis	516	194	30,113
Fragmin	0.72 ml syringe	Prevention / Treatment of Blood Clots	45	9	27,539
Sandostatin Lar	20 mg/vial	Rare Endocrine Tumor / Acromegaly / Diarrhea	10	2	27,137
Fragmin	0.5 ml syringe	Prevention / Treatment of Blood Clots	67	11	26,697
ALL GROUPS					
Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	21,817	2,535	\$80,258,262
Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque	32,577	3,019	41,570,135
Epclusa	400 mg/100 mg	Chronic Hepatitis C	5,241	392	21,640,183
Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriasis Arthritis / Plaque	13,339	1,261	19,443,585
Lucentis	2.3 mg/vial	Neovascular (wet) Age Related Macular Degeneration	6,499	1,180	11,033,010
Lantus Pen	100 unit/ml	Diabetes Mellitus	70,504	15,910	10,691,052
Symbicort Turbuhaler	200 mcg/6 mcg	Asthma/Chronic Obstructive Pulmonary Disease	73,750	21,319	10,580,631
Gilenya	0.5 mg cap	Multiple Sclerosis	4,727	445	10,158,901
Harvoni	90 mg/400 mg	Chronic Hepatitis C	1,899	159	9,154,664
Copaxone	20 mg/ml syringe	Multiple Sclerosis	6,262	789	8,941,779

(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, 2017 to March 31, 2018 ⁽¹⁾

Broad Drug Category	Number of Prescriptions ⁽²⁾	Net Payment	Co-Payment ⁽³⁾	Coordination of Benefits ⁽⁴⁾	Average Gross Cost per Prescription ⁽⁵⁾
Antihistamines	2,660	\$117,729	\$19,980	\$5,967	\$54.01
Antineoplastic Agents	63,933	8,196,172	710,762	131,468	141.37
Antitussives, Expectorants, Mucolytics	37,848	13,296,472	619,108	69,397	369.50
Anti-Infective Agents	853,577	59,069,948	6,296,844	688,922	77.39
Autonomic Drugs	737,122	52,971,587	9,161,108	635,238	85.15
Blood Formation and Coagulation	666,467	59,020,820	7,386,569	709,197	100.71
Cardiovascular Drugs	6,057,296	125,113,259	48,275,941	1,028,653	28.79
Central Nervous System Drugs	4,164,309	100,022,972	30,801,378	2,709,390	32.07
Devices ⁽⁶⁾	10,149	195,702	84,613	2,200	27.84
Dental Agents	10	94	40		13.39
Diabetic Supplies ⁽⁷⁾	214,463	12,472,665	580,908	345,633	62.48
Electrolytic, Caloric, Water Balance	566,255	6,106,403	2,439,237	51,542	15.18
Enzymes	824	5,166,540	6,750		6,278.26
Eye, Ear, Nose and Throat Preparations	430,140	23,780,811	4,203,782	92,525	65.27
Gastrointestinal Drugs	1,414,175	30,673,291	9,456,943	605,165	28.81
Gold Compounds	335	33,193	5,464	675	117.41
Heavy Metal Antagonists	1,709	1,607,443	23,304	40,313	977.80
Hormones & Synthetic Substitutes	2,487,226	90,790,935	20,731,454	1,484,914	45.44
Local Anaesthetics	52	5,308	471		111.14
Out of Country & Special Access	4,058	155,162	32,336	6,760	47.87
Serums, Toxoids, and Vaccines	3,492	172,684	34,590	1,983	59.92
Skin & Mucous Membrane Preparations	402,784	8,511,540	3,112,841	128,135	29.18
Smooth Muscle Relaxants	129,376	4,342,852	1,275,440	43,109	43.76
Unclassified Therapeutic Agents	975,250	247,327,699	9,603,033	13,332,428	277.12
Undetermined ⁽⁸⁾	8	(78,729)	50	35	(9,830.47)
Vitamins	126,536	1,292,310	522,824	22,148	14.52
Total ⁽⁹⁾	19,350,054	\$850,364,863	\$155,385,768	\$22,135,796	\$53.12

(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, 2017 to March 31, 2018⁽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	1,656,050	\$265,045,348	\$16,055,059	\$10,483,128	\$10,846	\$291,594,382	\$15,947,022	\$17,517,798	\$258,129,562
Seniors	17,606,659	519,292,876	179,324,922	30,926,226	(78786)	729,465,237	138,550,140	3,786,945	587,128,153
Palliative Care	34,007	1,526,928	305,552	95,485		1,927,964	203,258	206,442	1,518,264
Average Cost per Prescription		40.73	10.14	2.15		53.01			43.88
Total⁽¹⁰⁾	19,296,716	\$785,865,152	\$195,685,533	\$41,504,839	(\$67,941)	\$1,022,987,583	\$154,700,419	\$21,511,185	\$846,775,979

(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.