

# Alberta Health

## **Alberta Health Care Insurance Plan Statistical Supplement**

2013 / 2014



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

# Alberta Health

## Alberta Health Care Insurance Plan

### Statistical Supplement

2013 / 2014

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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, 2013 to March 31, 2014, coverage was available to all Albertans under the age of 65 and their dependants, subject to the payment of a monthly premium. During the same period, premium-free coverage was provided to seniors and their dependants, and to recipients of the Alberta Widows' Pension and their dependants. In addition, premium-free drug coverage was provided to people diagnosed as being palliative and who received health care in their homes.

## Information included in the Statistical Supplement

The Statistical Supplement is an accompaniment to the *Ministry of Health Annual Report 2013/2014* 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 payments for services provided to Albertans while they are out of the country. The Statistical Supplement also reports data on the non-group supplementary health insurance plans.

## Data reported in the Statistical Supplement

This edition of the Statistical Supplement reports new data for the period April 1, 2013 to March 31, 2014. 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 medical and hospital services Albertans received in other Canadian provinces/territories; and
- Services and costs (e.g. hospital and home care services and costs) provided by Alberta Health Services.

The *Ministry of Health Annual Report 2013/2014* provides a range of financial information pertaining to Alberta Health Services. A copy of the Annual Report can be found on the Health website at [www.health.alberta.ca](http://www.health.alberta.ca).

Note: This document reflects the fiscal year April 1, 2013 to March 31, 2014. Explanations of data and coverage may not be applicable for periods after March 31, 2014.



# Section 1: Registration

## Summary

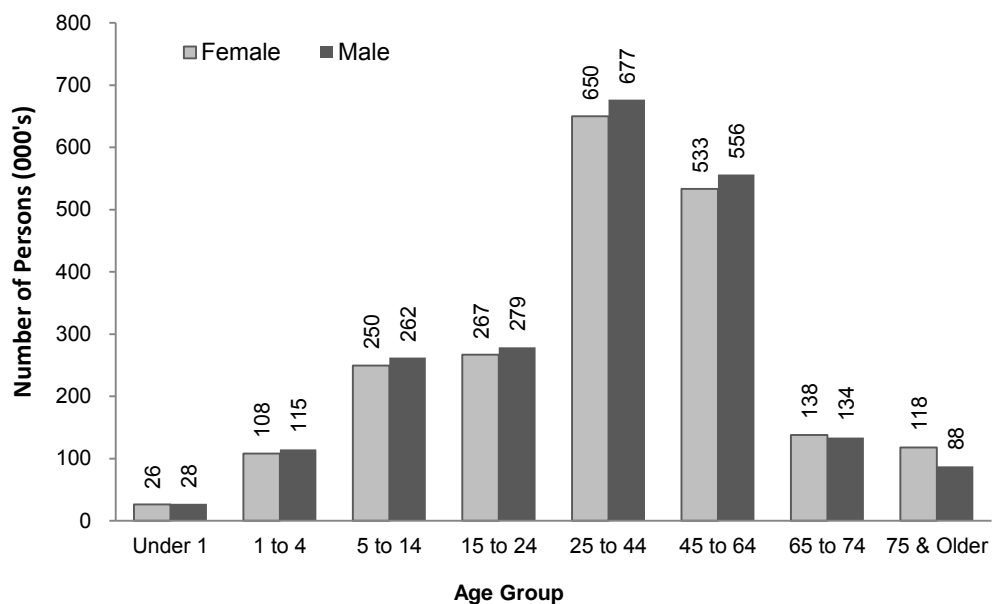
This section provides statistics on the number of Albertans covered under the Alberta Health Care Insurance Plan (AHCIP) for basic health services. The tables provide registration data by age and gender, as at March 31, 2014.

## Highlights

- A total of 4,228,125 Albertans were registered for basic health coverage. This is an increase of 3.93%, compared to 2012/2013. Included in this total are 110,493 individuals who have temporary Canada entry documents (e.g. work permits, study permits) and are registered with the AHCIP, compared to 86,612 individuals in 2012/2013.
- In 2013/2014, there were 298 Albertans who chose to opt out of the AHCIP compared to 229 in 2012/2013.

## Figures and Charts

**Figure 1**  
**Distribution of Population Covered for Basic Health Services**  
**by Age and Gender as at March 31, 2014**



## Explanatory Notes

### 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.

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

- Alberta Health continually updates AHCIP data.
- Persons who are temporarily absent from the province or who have left the province permanently, but retain their coverage for a period of three months (up to March 31), are included in the data.

Members of the Canadian Armed Forces 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 dependants 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 dependants, 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. With no new applicants, the number of Alberta Widows' Pension recipients continues to decline.

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

**Table 1.1**  
**Number of Registrations and Population Covered**  
**as at March 31, 2010, 2011, 2012, 2013 and 2014 <sup>(1)</sup>**

Population Categories	Number of Registrations					Percentage Change			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Non-Seniors <sup>(2)</sup>	1,613,051	1,671,077	1,745,659	1,838,605	1,933,466	3.60	4.46	5.32	5.16
Seniors	295,714	304,858	318,412	333,652	349,078	3.09	4.45	4.79	4.62
Alberta Widows' Pension	419	272	164	68	9	(35.08)	(39.71)	(58.54)	(86.76)
<b>Total</b>	<b>1,909,184</b>	<b>1,976,207</b>	<b>2,064,235</b>	<b>2,172,325</b>	<b>2,282,553</b>	<b>3.51%</b>	<b>4.45%</b>	<b>5.24%</b>	<b>5.07%</b>

Population Categories	Population Covered					Percentage Change			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Non-Seniors <sup>(2)</sup>	3,254,468	3,334,365	3,436,942	3,571,448	3,707,797	2.45	3.08	3.91	3.82
Seniors	437,098	451,592	473,004	496,546	520,319	3.32	4.74	4.98	4.79
Alberta Widows' Pension	435	281	171	68	9	(35.40)	(39.15)	(60.23)	(86.76)
<b>Total</b>	<b>3,692,001</b>	<b>3,786,238</b>	<b>3,910,117</b>	<b>4,068,062</b>	<b>4,228,125</b>	<b>2.55%</b>	<b>3.27%</b>	<b>4.04%</b>	<b>3.93%</b>

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

(2) Non-Seniors include two former categories, as reported in previous statistical supplements, 'individual and group' and 'income support recipients'.

**Table 1.2**  
**Number of Registrations and Population Covered**  
**as at March 31, 2014 <sup>(1) (2) (3)</sup>**

Registration Status	Total		Single		Family	
	Registrations	Population	Registrations	Population	Registrations	Population
Non-Seniors <sup>(4)</sup>	1,933,466	3,707,797	1,092,480	1,092,480	840,986	2,615,317
Seniors	349,078	520,319	184,003	184,003	165,075	336,316
Alberta Widows' Pension	9	9	9	9		
<b>Total</b>	<b>2,282,553</b>	<b>4,228,125</b>	<b>1,276,492</b>	<b>1,276,492</b>	<b>1,006,061</b>	<b>2,951,633</b>

(1) A blank cell represents a zero value.

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

(3) Certain data elements included in previous years are no longer available.

(4) Non-Seniors include two former categories, as reported in previous statistical supplements, 'individual and group' and 'income support recipients'.

**Table 1.3**  
**Distribution of Population by Age and Gender**  
**as at March 31, 2010, 2011, 2012, 2013 and 2014 <sup>(1)</sup>**

Age Group	Total Male and Female					Percentage Change			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Under 1	51,336	50,457	51,133	52,849	53,927	(1.71)	1.34	3.36	2.04
1 - 4	198,201	207,129	213,351	218,800	223,344	4.50	3.00	2.55	2.08
5 - 9	221,855	229,000	240,403	255,257	269,447	3.22	4.98	6.18	5.56
10 - 14	228,067	227,827	230,153	235,851	242,640	(0.11)	1.02	2.48	2.88
15 - 19	246,851	246,893	247,475	248,938	252,050	0.02	0.24	0.59	1.25
20 - 24	270,130	272,714	278,042	285,783	293,326	0.96	1.95	2.78	2.64
25 - 29	297,665	307,873	320,303	334,884	349,345	3.43	4.04	4.55	4.32
30 - 34	278,789	290,276	308,368	332,989	358,518	4.12	6.23	7.98	7.67
35 - 39	268,734	273,742	284,403	300,535	318,813	1.86	3.89	5.67	6.08
40 - 44	263,711	269,491	278,370	289,719	299,879	2.19	3.29	4.08	3.51
45 - 49	293,387	290,863	288,789	287,953	288,633	(0.86)	(0.71)	(0.29)	0.24
50 - 54	278,190	285,770	293,476	302,111	309,174	2.72	2.70	2.94	2.34
55 - 59	223,897	238,172	252,228	266,256	277,994	6.38	5.90	5.56	4.41
60 - 64	174,076	185,094	192,052	201,103	213,530	6.33	3.76	4.71	6.18
65 - 69	121,806	127,355	138,588	150,738	160,935	4.56	8.82	8.77	6.76
70 - 74	92,765	95,734	99,859	105,085	110,994	3.20	4.31	5.23	5.62
75 - 79	75,883	76,812	77,723	79,666	81,803	1.22	1.19	2.50	2.68
80 - 84	55,662	57,673	59,389	60,915	62,165	3.61	2.98	2.57	2.05
85 - 89	33,267	34,246	35,496	36,774	38,319	2.94	3.65	3.60	4.20
90 & Older	17,729	19,117	20,516	21,856	23,289	7.83	7.32	6.53	6.56
<b>Total</b>	<b>3,692,001</b>	<b>3,786,238</b>	<b>3,910,117</b>	<b>4,068,062</b>	<b>4,228,125</b>	<b>2.55%</b>	<b>3.27%</b>	<b>4.04%</b>	<b>3.93%</b>

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

Continued...

**Table 1.3**  
**Distribution of Population by Age and Gender**  
**as at March 31, 2010, 2011, 2012, 2013 and 2014 <sup>(1)</sup>**

Age Group	Male					Percentage Change			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Under 1	26,501	25,978	26,320	27,284	27,636	(1.97)	1.32	3.66	1.29
1 - 4	101,403	106,234	109,605	112,529	115,049	4.76	3.17	2.67	2.24
5 - 9	113,546	117,103	122,989	130,600	138,026	3.13	5.03	6.19	5.69
10 - 14	117,137	117,040	118,042	120,898	124,299	(0.08)	0.86	2.42	2.81
15 - 19	126,538	126,627	127,151	128,123	129,648	0.07	0.41	0.76	1.19
20 - 24	134,897	136,532	139,724	144,028	148,924	1.21	2.34	3.08	3.40
25 - 29	147,827	152,960	159,878	168,141	176,271	3.47	4.52	5.17	4.84
30 - 34	139,930	145,686	154,871	168,060	181,756	4.11	6.30	8.52	8.15
35 - 39	136,604	139,062	144,620	153,743	163,575	1.80	4.00	6.31	6.40
40 - 44	133,366	136,572	142,075	148,662	154,959	2.40	4.03	4.64	4.24
45 - 49	147,330	146,719	146,220	146,973	147,878	(0.41)	(0.34)	0.51	0.62
50 - 54	141,660	145,271	149,161	153,574	157,361	2.55	2.68	2.96	2.47
55 - 59	114,275	121,542	128,843	136,280	142,588	6.36	6.01	5.77	4.63
60 - 64	87,493	93,276	97,087	101,932	108,358	6.61	4.09	4.99	6.30
65 - 69	60,269	63,120	68,747	74,889	79,971	4.73	8.91	8.93	6.79
70 - 74	44,732	46,233	48,280	51,074	54,030	3.36	4.43	5.79	5.79
75 - 79	35,377	35,869	36,350	37,287	38,309	1.39	1.34	2.58	2.74
80 - 84	23,722	24,830	25,863	26,781	27,607	4.67	4.16	3.55	3.08
85 - 89	11,939	12,463	13,258	13,938	14,792	4.39	6.38	5.13	6.13
90 & Older	4,935	5,460	5,887	6,380	6,902	10.64	7.82	8.37	8.18
<b>Total</b>	<b>1,849,481</b>	<b>1,898,577</b>	<b>1,964,971</b>	<b>2,051,176</b>	<b>2,137,939</b>	<b>2.65%</b>	<b>3.50%</b>	<b>4.39%</b>	<b>4.23%</b>

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

Continued...

**Table 1.3**  
**Distribution of Population by Age and Gender**  
**as at March 31, 2010, 2011, 2012, 2013 and 2014 <sup>(1)</sup>**

Age Group	Female					Percentage Change			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Under 1	24,835	24,479	24,813	25,565	26,291	(1.43)	1.36	3.03	2.84
1 - 4	96,798	100,895	103,746	106,271	108,295	4.23	2.83	2.43	1.90
5 - 9	108,309	111,897	117,414	124,657	131,421	3.31	4.93	6.17	5.43
10 - 14	110,930	110,787	112,111	114,953	118,341	(0.13)	1.20	2.53	2.95
15 - 19	120,313	120,266	120,324	120,815	122,402	(0.04)	0.05	0.41	1.31
20 - 24	135,233	136,182	138,318	141,755	144,402	0.70	1.57	2.48	1.87
25 - 29	149,838	154,913	160,425	166,743	173,074	3.39	3.56	3.94	3.80
30 - 34	138,859	144,590	153,497	164,929	176,762	4.13	6.16	7.45	7.17
35 - 39	132,130	134,680	139,783	146,792	155,238	1.93	3.79	5.01	5.75
40 - 44	130,345	132,919	136,295	141,057	144,920	1.97	2.54	3.49	2.74
45 - 49	146,057	144,144	142,569	140,980	140,755	(1.31)	(1.09)	(1.11)	(0.16)
50 - 54	136,530	140,499	144,315	148,537	151,813	2.91	2.72	2.93	2.21
55 - 59	109,622	116,630	123,385	129,976	135,406	6.39	5.79	5.34	4.18
60 - 64	86,583	91,818	94,965	99,171	105,172	6.05	3.43	4.43	6.05
65 - 69	61,537	64,235	69,841	75,849	80,964	4.38	8.73	8.60	6.74
70 - 74	48,033	49,501	51,579	54,011	56,964	3.06	4.20	4.72	5.47
75 - 79	40,506	40,943	41,373	42,379	43,494	1.08	1.05	2.43	2.63
80 - 84	31,940	32,843	33,526	34,134	34,558	2.83	2.08	1.81	1.24
85 - 89	21,328	21,783	22,238	22,836	23,527	2.13	2.09	2.69	3.03
90 & Older	12,794	13,657	14,629	15,476	16,387	6.75	7.12	5.79	5.89
<b>Total</b>	<b>1,842,520</b>	<b>1,887,661</b>	<b>1,945,146</b>	<b>2,016,886</b>	<b>2,090,186</b>	<b>2.45%</b>	<b>3.05%</b>	<b>3.69%</b>	<b>3.63%</b>

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

## Section 2: Basic Health Services (Physicians and Allied Health Practitioners)

### Summary

The Alberta Health Care Insurance Plan (AHCIP) provides Albertans with coverage for basic health services. These include insured services provided by physicians and dental specialists/oral surgeons and some services provided by podiatrists and optometrists. Alberta practitioners receive fee-for-service payments and/or are paid through Alternative Relationship Plans. See Table 2.17 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 gender, and by the percentage of change in schedules of benefits. Individual schedules of benefits provide details about services and fee-for-service rates payable by the AHCIP. Unless otherwise noted, pathology services are included in this fee-for-service data. Alternative Relationship Plan and Primary Care Network data are reported separately in Tables 2.17 and 2.21.

### Highlights

- In Alberta, 7,743 physicians and 914 allied health practitioners received fee-for-service payments from the AHCIP during 2013/2014.
- The physician to population ratio for physicians (excluding pathologists) who submitted fee-for-service claims increased to 1.83 per 1,000 persons, up from 1.81 per 1,000 patients.
- Of the 4,228,125 Albertans registered for coverage with the AHCIP, 79.25% (3,350,612 people) received at least one fee-for-service physician service during 2013/2014.
  - A total of 59.87% of these patients received fee-for-service physician services valued at \$500 or less.
  - 21.50% of these patients received fee-for-service physician services valued at more than \$1,000. Payments for these patients' services accounted for 69.36% of all fee-for-service payments to physicians.
- Office visits (assessments) and consultations accounted for 49.62% of the fee-for-service payments made to Alberta physicians in 2013/2014. These services accounted for 76.73% of the fee-for-service payments made to general/family physicians.
- 17.87% of Alberta's population (755,762 people) obtained allied health services (services provided by dental specialists/oral surgeons, optometrists and podiatrists) in 2013/2014.
- Alberta Health spent \$63,166,726 on optometry and podiatry services in 2013/2014. Coverage for these practitioners is not required by the *Canada Health Act*.
- A total of \$18,784,388 was spent on optometry care for Alberta's children in 2013/2014.



- The AHCIP paid fee-for-service totalling \$2,848,867,477 to Alberta physicians and allied health practitioners in 2013/2014. This figure represents a 7.56% increase compared to 2012/2013.
- In 2013/2014, the average total fee-for-service payment per Alberta physician was \$358,825 (2.46% higher than it was in 2012/2013). This brought the median payment to \$284,604 (a decrease of 1.09% compared to 2012/2013).
- A total of 1,656 physicians each received more than \$500,000 in fee-for-service payments in 2013/2014. This represents an increase of 131 physicians compared to 2012/2013. Of the 1,656 physicians, 521 were general/family physicians, an increase of 68 over 2012/2013.
- Of the 1,656 physicians, a total of 339 physicians each received more than \$1 million in fee-for-service payments in 2013/2014. Sixty-five (65) of the 339 physicians received more than \$2 million. In 2012/2013, there were 299 physicians who received more than \$1 million and 54 received more than \$2 million in fee-for-service payments.
- In 2013/2014, a total of 1,906 physicians participated in Alternative Relationship Plans, up from 1,875 in 2012/2013. A total of \$305,805,558 was spent on Alternative Relationship Plan expenditures.
- Forty one (41) Primary Care Networks operated in the five health zones as of March 31, 2014. These 41 Primary Care Networks involved a total of 3,289 registered providers who delivered services to 3,170,243 patients.

## Figures and Charts

### Number of Fee-For-Service Practitioners, 2013/2014

Practitioner Type	Number of Practitioners	Percentage Change
Physicians	7,743	4.90
Dentists/ Dental Specialists/ Oral Surgeons	218	(2.68)
Optometrists	629	5.01
Podiatrists	67	4.69
<b>Total</b>	<b>8,657</b>	<b>4.70</b>

### Fee-For-Service Payments, 2013/2014

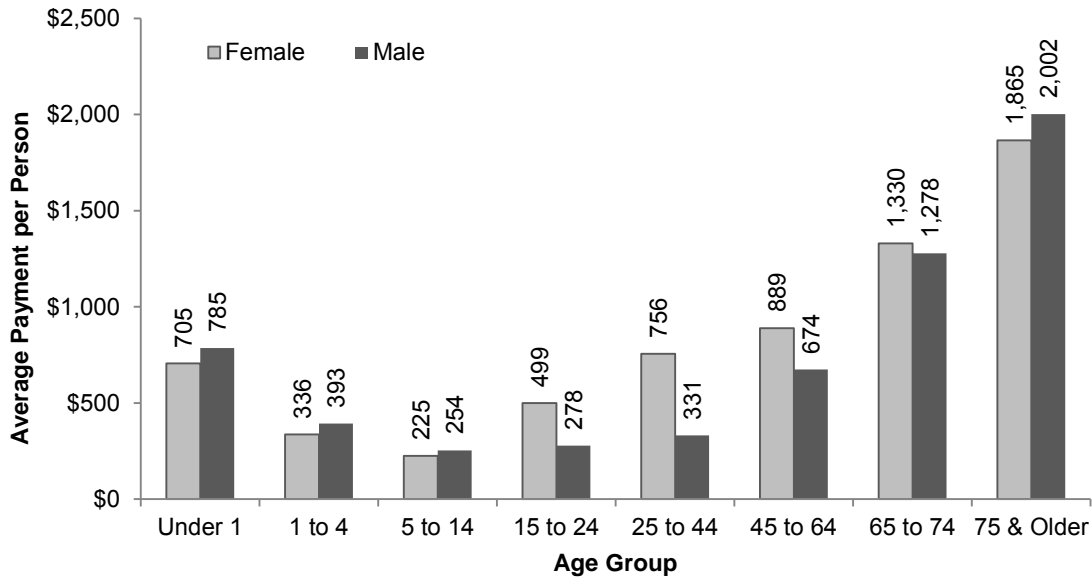
Practitioner Type	Payments	Percentage Change
Physicians	\$2,778,382,882	7.48
Dentists/ Dental Specialists/ Oral Surgeons	7,317,869	3.40
Optometrists	52,389,793	13.10
Podiatrists	10,776,933	5.50
<b>Total</b>	<b>\$2,848,867,477</b>	<b>7.56</b>

*Note: \$8.7 million of the overall payments made by the AHCIP to physicians were for pathology services (see Explanatory Notes).*

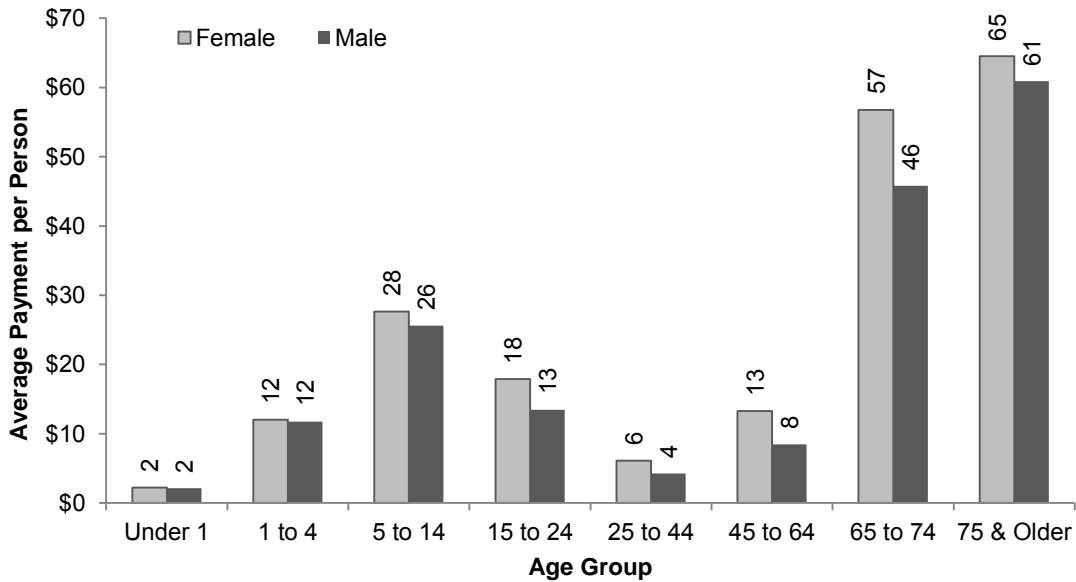
### Fee-For-Service Cost per Discrete Patient, 2013/2014

Practitioner Type	Average Cost per Discrete Patient	Percentage Change
Physicians	\$829	3.94
Dentists/ Dental Specialists/ Oral Surgeons	473	(4.74)
Optometrists	79	4.64
Podiatrists	100	3.05
<b>Total</b>	<b>\$830</b>	<b>3.95</b>

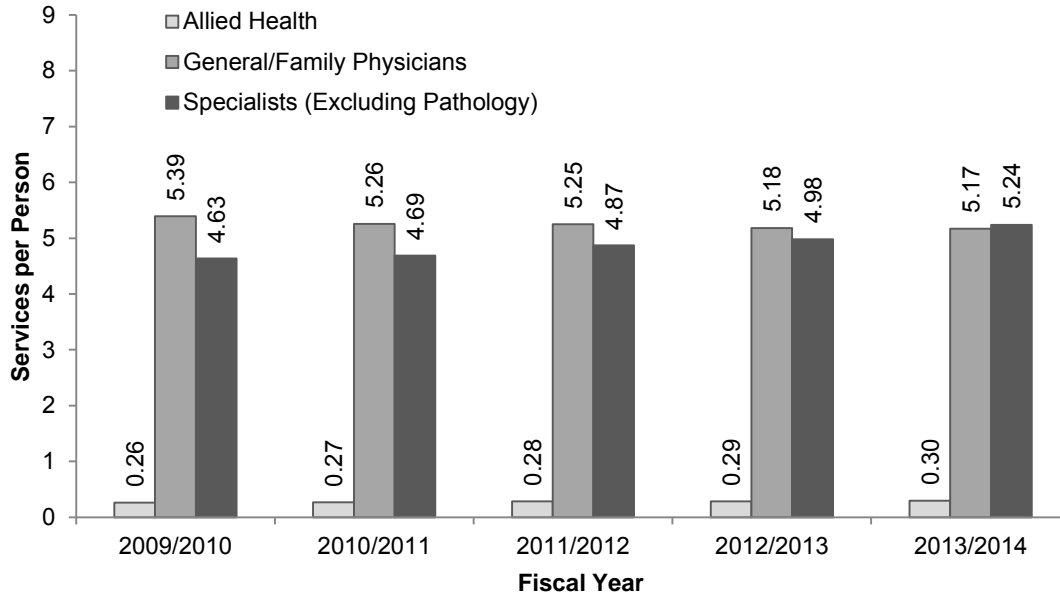
**Figure 2**  
**Average Fee-For-Service Payments per Person**  
**to Physicians for Basic Health Services by Age and Gender**  
**for the Fiscal Year April 1, 2013 to March 31, 2014**



**Figure 3**  
**Average Fee-For-Service Payments per Person**  
**to Allied Practitioners for Basic Health Services by Age and Gender**  
**for the Fiscal Year April 1, 2013 to March 31, 2014**



**Figure 4**  
**Average Number of Services per Person**  
**for Basic Health Services**  
**for the Fiscal Year April 1, 2013 to March 31, 2014**



## Explanatory Notes

### Expenditure Location

Unless stated otherwise, the tables in Section 2 represent Alberta practitioner data. Hospital and non-hospital surgical facility costs are not reported in this Statistical Supplement, with the exception of select out-of-country hospital services, which are reported in Tables 2.18 to 2.20.

### Pathology Services

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

Pathologists often submit fee-for-service claims through organizations rather than as individuals, so data about them is not directly comparable to those of other physicians. These statistics are listed separately whenever possible to allow for year-over-year comparisons.

## Payments Do Not Reflect Income

These statistics cannot be used as an accurate measure of a practitioner's personal income. 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 for services not covered by the AHCIP;
- salaried positions and contractual arrangements with Alberta Health Services or private employers;
- payments for services rendered to non-Albertans;
- 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;
- Performance and Diligence Indicator Fund that compensates family physicians who meet specific performance targets;
- 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 nurses they supervise, and for diagnostic services provided by technicians.

## Physician Data

Data in this section include all Alberta physicians who had fee-for-service payments of one dollar or more in 2013/2014. 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 separately from fee-for-service data (Table 2.17).

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

Manual payments totalling \$2,974,824 made to Alberta physicians for the service period April 1, 2009 to March 31, 2010, are not included in the data. These payments were made as part of the 5.00% fee increase negotiated through the Master Agreement.

A manual payment totalling \$68 million was made to Alberta physicians in 2013/2014 as negotiated in the 2011 AMA Agreement.

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

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

The term Clinical Stabilization Initiative changed after the expiration of the Tri-Lateral Master Agreement ending March 31, 2011 and became the Rural Remote Northern Program (RRNP) and the Business Cost Program (BCP).

Manual Payments for the Business Cost Program and Rural Remote Northern Program made to Alberta Physicians for the service period April 1, 2009 to March 31, 2014, are not included in the data.

**Manual Payments for the Business Cost Program and Rural Remote Northern Program  
Made to Alberta Physicians  
for the Service Years Ended March 31, 2010 to March 31, 2014**

<b>Year</b>	<b>Business Cost Program</b>	<b>Rural Remote Northern Program</b>
2009/2010	\$60,033,450	\$36,457,302
2010/2011	62,511,646	35,277,554
2011/2012	66,161,997	38,329,992
2012/2013	69,991,566	40,501,848
2013/2014	\$74,973,958	\$41,927,704

## Practitioner

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

## Reporting Dates

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

## Number of Services

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

## Types of Service

The types of 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.

## 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.

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

## Podiatry Services

Podiatry services covered by the AHCIP are paid at a set rate per service (as detailed in the Schedule of Podiatry Benefits), with a maximum annual benefit per patient of \$250.

On June 1, 2006, a new Schedule of Podiatric Surgery Benefits was implemented. Services under the new schedule are fully covered by the AHCIP, if the surgeries are provided by a podiatrist who has specific certifications, in a hospital or non-hospital surgical facility under contract to Alberta Health

## Chiropractic Services

As of July 1, 2009, chiropractic services were no longer covered under the AHCIP. Tables 2.1, 2.4, 2.6, 2.7 and Figure 4 have been recalculated to exclude chiropractic data from 2008 to 2010 for ease of year-to-year comparison.

**Table 2.1**  
**Medical and Allied Practitioners: Selected Indicators**  
**for the Service Years Ended March 31, 2010 to March 31, 2014 <sup>(1)</sup>**

Indicators	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
<b>REGISTRATIONS</b>					
Population Covered	3,692,001	3,786,238	3,910,117	4,068,062	4,228,125
Number of Discrete Physician Patients <sup>(2)</sup>	3,037,953	3,068,772	3,145,227	3,240,162	3,350,612
Number of Discrete Patients per Physician	469	455	448	439	433
<b>OVERALL PHYSICIAN SUMMARY</b>					
Number of Physician Services Provided	37,310,962	37,952,270	39,892,223	41,681,645	44,379,813
Number of Physicians	6,482	6,743	7,015	7,381	7,743
Number of Physicians per 1,000 Persons	1.76	1.78	1.79	1.81	1.83
Number of Services per Physician	5,756	5,628	5,687	5,647	5,732
Number of Services per 1,000 Persons	10,106	10,024	10,202	10,246	10,496
Total Physician Payments	\$2,133,199,354	\$2,302,481,210	\$2,450,159,476	\$2,584,944,346	\$2,778,382,882
Physician Payment per 1,000 Persons	\$577,789	\$608,118	\$626,621	\$635,424	\$657,119
Average Payment per Physician	\$329,096	\$341,462	\$349,274	\$350,216	\$358,825
<b>PHYSICIAN SUMMARY EXCLUDING PATHOLOGY</b>					
Number of Physician Services Provided	37,020,673	37,652,774	39,571,619	41,348,035	44,019,136
Number of Physicians	6,463	6,722	6,996	7,369	7,731
Number of Physicians per 1,000 Persons	1.75	1.78	1.79	1.81	1.83
Number of Services per Physician	5,728	5,601	5,656	5,611	5,694
Number of Services per 1,000 Persons	10,027	9,945	10,120	10,164	10,411
Total Physician Payments	\$2,126,247,001	\$2,295,183,380	\$2,442,382,913	\$2,576,913,262	\$2,769,716,656
Physician Payment per 1,000 Persons	\$575,906	\$606,191	\$624,632	\$633,450	\$655,070
Average Payment per Physician	\$328,988	\$341,444	\$349,111	\$349,696	\$358,261
<b>ALLIED PRACTITIONER SUMMARY</b>					
Number of Allied Services Provided	959,086	1,013,407	1,112,167	1,165,174	1,253,175
Number of Allied Practitioners	758	791	837	887	914
Number of Allied Practitioners per 1,000 Persons	0.21	0.21	0.21	0.22	0.22
Number of Services per Allied Practitioner	1,265	1,281	1,329	1,314	1,371
Number of Discrete Allied Patients <sup>(3)</sup>	595,008	623,565	677,314	704,742	755,762
Number of Discrete Patients per Allied Practitioner	785	788	809	795	827
Total Payments to Allied Practitioners	\$47,872,869	\$53,094,539	\$59,387,785	\$63,616,005	\$70,484,596
Allied Practitioner Payment per 1,000 Persons	\$12,967	\$14,023	\$15,188	\$15,638	\$16,670
Average Payment per Allied Practitioner	\$63,157	\$67,123	\$70,953	\$71,720	\$77,117

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

Continued...

(1) Numbers have been recalculated to exclude chiropractors from 2009/2010.

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

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



**Table 2.1**  
**Medical and Allied Practitioners: Selected Indicators**  
**for the Service Years Ended March 31, 2010 to March 31, 2014 <sup>(1)</sup>**

Indicators	Percentage Change			
	2010/2011	2011/2012	2012/2013	2013/2014
<b>REGISTRATIONS</b>				
Population Covered	2.55%	3.27%	4.04%	3.93%
Number of Discrete Physician Patients <sup>(2)</sup>	1.01	2.49	3.02	3.41
Number of Discrete Patients per Physician	(2.99)	(1.54)	(2.01)	(1.43)
<b>OVERALL PHYSICIAN SUMMARY</b>				
Number of Physician Services Provided	1.72	5.11	4.49	6.47
Number of Physicians	4.03	4.03	5.22	4.90
Number of Physicians per 1,000 Persons	1.14	0.56	1.36	0.93
Number of Services per Physician	(2.22)	1.04	(0.70)	1.50
Number of Services per 1,000 Persons	(0.81)	1.78	0.43	2.44
Total Physician Payments	7.94	6.41	5.50	7.48
Physician Payment per 1,000 Persons	5.25	3.04	1.40	3.41
Average Payment per Physician	3.76	2.29	0.27	2.46
<b>PHYSICIAN SUMMARY EXCLUDING PATHOLOGY</b>				
Number of Physician Services Provided	1.71	5.10	4.49	6.46
Number of Physicians	4.01	4.08	5.33	4.91
Number of Physicians per 1,000 Persons	1.71	0.56	1.20	0.94
Number of Services per Physician	(2.21)	0.98	(0.80)	1.48
Number of Services per 1,000 Persons	(0.82)	1.77	0.43	2.43
Total Physician Payments	7.95	6.41	5.51	7.48
Physician Payment per 1,000 Persons	5.26	3.04	1.41	3.41
Average Payment per Physician	3.79	2.25	0.17	2.45
<b>ALLIED PRACTITIONER SUMMARY</b>				
Number of Allied Services Provided	5.66	9.75	4.77	7.55
Number of Allied Practitioners	4.35	5.82	5.97	3.04
Number of Allied Practitioners per 1,000 Persons	0.00	0.00	3.83	(0.86)
Number of Services per Allied Practitioner	1.26	3.71	(1.14)	4.38
Number of Discrete Allied Patients <sup>(3)</sup>	4.80	8.62	4.05	7.24
Number of Discrete Patients per Allied Practitioner	0.43	2.65	(1.82)	4.07
Total Payments to Allied Practitioners	10.91	11.85	7.12	10.80
Allied Practitioner Payment per 1,000 Persons	8.15	8.31	2.96	6.60
Average Payment per Allied Practitioner	6.28	5.71	1.08	7.52

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

(1) Numbers have been recalculated to exclude chiropractors from 2009/2010.

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

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

**Table 2.1A**  
**Number of Services and Total Payments**  
**to Allied Health Practitioners by Service Category Code**  
**for the Service Year April 1, 2013 to March 31, 2014<sup>(1)</sup>**

Practitioner Type	Service Category	Number of Services	Total Payments
Dentists/Dental Specialists/ Oral Surgeons	Procedure	17,654	\$6,700,071
	Visit	7,341	617,798
Optometrists	Visit	913,563	52,389,793
Podiatrists	Procedure	66,357	3,219,111
	Test (x-ray)	12,055	171,056
	Visit	236,205	7,386,766
<b>Total</b>		<b>1,253,175</b>	<b>\$70,484,596</b>

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

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

**Table 2.2**  
**Number of Physicians and Average Payments to Physicians within their Age Group**  
**for the Service Years Ended March 31, 2010 to March 31, 2014**

Age Group	Number of Physicians					Percentage Change			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Under 30	115	128	116	119	153	11.30	(9.38)	2.59	28.57
30 - 34	676	701	738	780	816	3.70	5.28	5.69	4.62
35 - 39	993	980	1,002	1,063	1,126	(1.31)	2.24	6.09	5.93
40 - 44	921	995	1,056	1,154	1,208	8.03	6.13	9.28	4.68
45 - 49	890	931	972	995	1,052	4.61	4.40	2.37	5.73
50 - 54	972	962	957	925	946	(1.03)	(0.52)	(3.34)	2.27
55 - 59	814	847	897	974	965	4.05	5.90	8.58	(0.92)
60 - 64	516	570	618	653	729	10.47	8.42	5.66	11.64
65 & Over	585	629	659	718	748	7.52	4.77	8.95	4.18
<b>Total</b>	<b>6,482</b>	<b>6,743</b>	<b>7,015</b>	<b>7,381</b>	<b>7,743</b>	<b>4.03%</b>	<b>4.03%</b>	<b>5.22%</b>	<b>4.90%</b>

Age Group	Average Payments					Percentage Change			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Under 30	\$184,814	\$204,386	\$221,758	\$197,493	\$177,741	10.59	8.50	(10.94)	(10.00)
30 - 34	243,742	264,015	271,973	275,464	279,804	8.32	3.01	1.28	1.58
35 - 39	322,524	339,908	350,593	348,045	365,490	5.39	3.14	(0.73)	5.01
40 - 44	351,937	359,781	377,262	381,587	395,695	2.23	4.86	1.15	3.70
45 - 49	345,578	358,485	366,857	378,581	389,169	3.73	2.34	3.20	2.80
50 - 54	358,656	366,766	361,904	370,518	391,840	2.26	(1.33)	2.38	5.75
55 - 59	398,120	404,133	414,710	390,127	381,926	1.51	2.62	(5.93)	(2.10)
60 - 64	365,702	384,221	382,606	391,814	386,401	5.06	(0.42)	2.41	(1.38)
65 & Over	228,763	242,079	246,835	252,092	271,384	5.82	1.96	2.13	7.65
<b>Total</b>	<b>\$329,096</b>	<b>\$341,462</b>	<b>\$349,274</b>	<b>\$350,216</b>	<b>\$358,825</b>	<b>3.76%</b>	<b>2.29%</b>	<b>0.27%</b>	<b>2.46%</b>

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

**Table 2.2A**  
**Number of Dentists/Dental Specialists/Oral Surgeons**  
**and Average Payments to Dentists/Dental Specialists/Oral Surgeons**  
**within their Age Group for the Service Years Ended March 31, 2010 to March 31, 2014**

Age Group	Number of Dentists/Dental Specialists/Oral Surgeons					Percentage Change			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Under 30	8	11	10	12	6	37.50	(9.09)	20.00	(50.00)
30 - 34	17	19	19	23	24	11.76	0.00	21.05	4.35
35 - 39	22	21	33	30	29	(4.55)	57.14	(9.09)	(3.33)
40 - 44	44	35	29	26	22	(20.45)	(17.14)	(10.34)	(15.38)
45 - 49	33	32	36	35	43	(3.03)	12.50	(2.78)	22.86
50 - 54	38	36	31	29	24	(5.26)	(13.89)	(6.45)	(17.24)
55 - 59	26	25	30	31	35	(3.85)	20.00	3.33	12.90
60 - 64	17	21	20	25	22	23.53	(4.76)	25.00	(12.00)
65 & Over	7	7	10	13	13	0.00	42.86	30.00	0.00
<b>Total</b>	<b>212</b>	<b>207</b>	<b>218</b>	<b>224</b>	<b>218</b>	<b>-2.36%</b>	<b>5.31%</b>	<b>2.75%</b>	<b>-2.68%</b>

Age Group	Average Payments					Percentage Change			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Under 30	\$834	\$909	\$3,537	\$2,191	\$3,300	8.91	289.26	(38.06)	50.62
30 - 34	16,797	9,337	8,992	20,441	24,133	(44.41)	(3.70)	127.32	18.06
35 - 39	17,763	30,616	25,017	17,109	23,115	72.36	(18.29)	(31.61)	35.10
40 - 44	20,908	38,951	46,382	67,504	66,307	86.30	19.08	45.54	(1.77)
45 - 49	30,490	37,591	35,316	9,952	19,442	23.29	(6.05)	(71.82)	95.36
50 - 54	23,401	11,685	17,006	49,028	63,710	(50.07)	45.54	188.30	29.95
55 - 59	35,870	39,566	32,741	34,064	30,027	10.30	(17.25)	4.04	(11.85)
60 - 64	20,233	42,862	51,972	50,767	51,093	111.84	21.25	(2.32)	0.64
65 & Over	10,355	5,796	9,665	16,710	3,828	(44.03)	66.75	72.89	(77.09)
<b>Total</b>	<b>\$22,865</b>	<b>\$27,763</b>	<b>\$28,870</b>	<b>\$31,595</b>	<b>\$33,568</b>	<b>21.42%</b>	<b>3.99%</b>	<b>9.44%</b>	<b>6.24%</b>

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

**Table 2.2B**  
**Number of Optometrists and Average Payments to Optometrists within their Age Group**  
**for the Service Years Ended March 31, 2010 to March 31, 2014**

Age Group	Number of Optometrists					Percentage Change			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Under 30	81	87	103	124	114	7.41	18.39	20.39	(8.06)
30 - 34	102	113	121	127	150	10.78	7.08	4.96	18.11
35 - 39	93	100	102	100	105	7.53	2.00	(1.96)	5.00
40 - 44	58	68	70	84	87	17.24	2.94	20.00	3.57
45 - 49	29	29	36	41	48	0.00	24.14	13.89	17.07
50 - 54	36	35	33	30	28	(2.78)	(5.71)	(9.09)	(6.67)
55 - 59	35	37	38	39	39	5.71	2.70	2.63	0.00
60 - 64	26	27	25	28	32	3.85	(7.41)	12.00	14.29
65 & Over	26	28	29	26	26	7.69	3.57	(10.34)	0.00
<b>Total</b>	<b>486</b>	<b>524</b>	<b>557</b>	<b>599</b>	<b>629</b>	<b>7.82%</b>	<b>6.30%</b>	<b>7.54%</b>	<b>5.01%</b>

Age Group	Average Payments					Percentage Change			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Under 30	\$56,896	\$56,382	\$58,207	\$61,490	\$70,427	(0.90)	3.24	5.64	14.54
30 - 34	71,394	70,060	78,731	75,364	78,659	(1.87)	12.38	(4.28)	4.37
35 - 39	73,326	78,398	83,739	86,394	90,639	6.92	6.81	3.17	4.91
40 - 44	76,253	80,916	86,077	85,575	92,866	6.12	6.38	(0.58)	8.52
45 - 49	74,680	82,139	84,919	84,419	89,648	9.99	3.38	(0.59)	6.19
50 - 54	82,441	86,946	88,651	88,142	97,760	5.47	1.96	(0.57)	10.91
55 - 59	75,207	85,051	99,290	92,910	94,241	13.09	16.74	(6.43)	1.43
60 - 64	73,309	74,397	79,468	72,137	85,925	1.48	6.82	(9.22)	19.11
65 & Over	44,628	49,521	50,925	59,656	57,707	10.97	2.83	17.15	(3.27)
<b>Total</b>	<b>\$70,627</b>	<b>\$72,770</b>	<b>\$77,752</b>	<b>\$77,335</b>	<b>\$83,291</b>	<b>3.03%</b>	<b>6.85%</b>	<b>-0.54%</b>	<b>7.70%</b>

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

**Table 2.2C**  
**Number of Podiatrists and Average Payments to Podiatrists within their Age Group**  
**for the Service Years Ended March 31, 2010 to March 31, 2014**

Age Group	Number of Podiatrists					Percentage Change			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Under 35	7	4	2	2	3	(42.86)	(50.00)	0.00	50.00
35 - 39	7	8	11	12	9	14.29	37.50	9.09	(25.00)
40 - 44	18	17	19	15	15	(5.56)	11.76	(21.05)	0.00
45 - 49	12	15	12	15	16	25.00	(20.00)	25.00	6.67
50 - 54	8	7	8	8	10	(12.50)	14.29	0.00	25.00
55 & Over	8	9	10	12	14	12.50	11.11	20.00	16.67
<b>Total</b>	60	60	62	64	67	0.00%	3.33%	3.23%	4.69%

Age Group	Average Payments					Percentage Change			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Under 35	\$92,420	\$114,002	\$109,461	\$108,609	\$68,871	23.35	(3.98)	(0.78)	(36.59)
35 - 39	132,762	122,736	110,605	137,078	116,230	(7.55)	(9.88)	23.93	(15.21)
40 - 44	182,676	190,930	183,270	162,543	178,085	4.52	(4.01)	(11.31)	9.56
45 - 49	171,505	186,997	194,801	208,162	230,308	9.03	4.17	6.86	10.64
50 - 54	112,137	120,715	180,760	194,948	186,089	7.65	49.74	7.85	(4.54)
55 & Over	110,109	98,040	108,498	102,744	93,368	(10.96)	10.67	(5.30)	(9.13)
<b>Total</b>	\$145,008	\$153,600	\$157,845	\$159,613	\$160,850	5.93%	2.76%	1.12%	0.77%

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

**Table 2.3**  
**Distribution of Physician and Allied Health Practitioner Payments and Services per Patient**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1)</sup>**

Practitioner Type	Total Payments	Number of Services	Average Cost per Service	Number of Discrete Patients <sup>(2)</sup>	Average Cost Per Discrete Patient	Average Number of Services Per Discrete Patient
Physicians	\$2,778,382,882	44,379,813	\$62.60	3,350,612	\$829.22	13.2
Dentists/ Dental Specialists/ Oral Surgeons	7,317,869	24,995	292.77	15,472	472.98	1.6
Optometrists	52,389,793	913,563	57.35	663,333	78.98	1.4
Podiatrists	10,776,933	314,617	34.25	108,173	99.63	2.9
<b>Total</b>	<b>\$2,848,867,477</b>	<b>45,632,988</b>	<b>\$62.43</b>	<b>3,434,133</b>	<b>\$829.57</b>	<b>13.3</b>

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

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

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

**Table 2.4**  
**Total Number of Services Provided by Physicians and Allied Health Practitioners**  
**for the Service Years Ended March 31, 2010 to March 31, 2014 <sup>(1)</sup>**

Practitioner Type	Number of Services					Percentage Change			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Physicians	37,310,962	37,952,270	39,892,223	41,681,645	44,379,813	1.72%	5.11%	4.49%	6.47%
Dentists/ Dental Specialists/ Oral Surgeons	18,963	21,052	20,784	23,014	24,995	11.02	(1.27)	10.73	8.61
Optometrists	646,171	690,974	782,911	832,665	913,563	6.93	13.31	6.36	9.72
Podiatrists	293,952	301,381	308,472	309,495	314,617	2.53	2.35	0.33	1.65
<b>Total</b>	<b>38,270,048</b>	<b>38,965,677</b>	<b>41,004,390</b>	<b>42,846,819</b>	<b>45,632,988</b>	<b>1.82%</b>	<b>5.23%</b>	<b>4.49%</b>	<b>6.50%</b>

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

(1) Numbers have been recalculated to exclude chiropractors from 2009/2010.

**Table 2.5A**  
**Distribution of Optometry Payments and Services per Patient for Recipients**  
**0 to 18 Years of Age for the Service Years Ended March 31, 2010 to March 31, 2014**

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients <sup>(1)</sup>	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2009/2010	\$15,762,021	320,429	\$49.19	283,634	\$55.57	1.13	894,837
2010/2011	17,007,831	331,343	51.33	291,939	58.26	1.13	909,719
2011/2012	18,215,775	353,626	51.51	308,471	59.05	1.15	930,958
2012/2013	18,784,388	362,617	51.80	313,473	59.92	1.16	959,794
2013/2014	\$20,848,306	390,454	\$53.40	333,521	\$62.51	1.17	988,428

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

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

**Table 2.5B**  
**Distribution of Optometry Payments and Services per Patient for Recipients**  
**19 to 64 Years of Age for the Service Years Ended March 31, 2010 to March 31, 2014**

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients <sup>(1)</sup>	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2009/2010	\$4,578,680	101,222	\$45.23	71,420	\$64.11	1.42	2,400,052
2010/2011	5,769,500	122,189	47.22	84,406	68.35	1.45	2,465,582
2011/2012	7,389,420	155,391	47.55	106,344	69.49	1.46	2,547,588
2012/2013	8,335,025	173,533	48.03	120,199	69.34	1.44	2,653,234
2013/2014	\$9,755,659	196,487	\$49.65	135,351	\$72.08	1.45	2,762,192

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

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

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

**Table 2.5C**  
**Distribution of Optometry Payments and Services per Patient for Recipients**  
**65 Years of Age and Older for the Service Years Ended March 31, 2010 to March 31, 2014**

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients <sup>(1)</sup>	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2009/2010	\$13,984,233	224,520	\$62.29	153,674	\$91.00	1.46	397,112
2010/2011	15,354,154	237,442	64.66	159,677	96.16	1.49	410,937
2011/2012	17,702,469	273,894	64.63	174,174	101.64	1.57	431,571
2012/2013	19,204,024	296,515	64.77	180,639	106.31	1.64	455,034
2013/2014	\$21,785,828	326,622	\$66.70	195,152	\$111.64	1.67	477,505

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

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

Table 2.6

**Total and Average Gross Payments to Physicians and Allied Health Practitioners by Practitioner Type  
for the Service Years Ended March 31, 2010 to March 31, 2014 <sup>(1) (2)</sup>**

Practitioner Type	Number of Practitioners					Percentage Change			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Physicians	6,482	6,743	7,015	7,381	7,743	4.03	4.03	5.22	4.90
Dentists/ Dental Specialists/ Oral Surgeons	212	207	218	224	218	(2.36)	5.31	2.75	(2.68)
Optometrists	486	524	557	599	629	7.82	6.30	7.54	5.01
Podiatrists	60	60	62	64	67	0.00	3.33	3.23	4.69
<b>Total</b>	<b>7,240</b>	<b>7,534</b>	<b>7,852</b>	<b>8,268</b>	<b>8,657</b>	<b>4.06%</b>	<b>4.22%</b>	<b>5.30%</b>	<b>4.70%</b>

Practitioner Type	Total Payments					Percentage Change			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Physicians	\$2,133,199,354	\$2,302,481,210	\$2,450,159,476	\$2,584,944,346	\$2,778,382,882	7.94	6.41	5.50	7.48
Dentists/ Dental Specialists/ Oral Surgeons	4,847,467	5,747,026	6,293,750	7,077,327	7,317,869	18.56	9.51	12.45	3.40
Optometrists	34,324,934	38,131,485	43,307,665	46,323,436	52,389,793	11.09	13.57	6.96	13.10
Podiatrists	8,700,467	9,216,028	9,786,370	10,215,243	10,776,933	5.93	6.19	4.38	5.50
<b>Total</b>	<b>\$2,181,072,223</b>	<b>\$2,355,575,748</b>	<b>\$2,509,547,261</b>	<b>\$2,648,560,351</b>	<b>\$2,848,867,477</b>	<b>8.00%</b>	<b>6.54%</b>	<b>5.54%</b>	<b>7.56%</b>

Practitioner Type	Average Payment					Percentage Change			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Physicians	\$329,096	\$341,462	\$349,274	\$350,216	\$358,825	3.76	2.29	0.27	2.46
Dentists/ Dental Specialists/ Oral Surgeons	22,865	27,763	28,870	31,595	33,568	21.42	3.99	9.44	6.24
Optometrists	70,627	72,770	77,752	77,335	83,291	3.03	6.85	(0.54)	7.70
Podiatrists	145,008	153,600	157,845	159,613	160,850	5.93	2.76	1.12	0.77
<b>Total</b>	<b>\$301,253</b>	<b>\$312,659</b>	<b>\$319,606</b>	<b>\$320,339</b>	<b>\$329,083</b>	<b>3.79%</b>	<b>2.22%</b>	<b>0.23%</b>	<b>2.73%</b>

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

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

(2) Numbers have been recalculated to exclude chiropractors from 2009/2010.



**Table 2.7**  
**Distribution of Physicians and Allied Health Practitioners by Gross Payment Range**  
**for the Service Years Ended March 31, 2010 to March 31, 2014** <sup>(1) (2) (3)</sup>

Dollar Range	Total					Physicians					Dentists/Dental Specialists/Oral Surgeons				
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
Less than \$10,000	590	592	602	660	657	388	395	402	443	447	173	174	179	187	175
10,000 - 19,999	172	167	195	193	214	137	134	147	155	179	10	1	10	4	8
20,000 - 39,999	312	329	303	343	319	229	236	223	259	243	7	8	6	5	8
40,000 - 59,999	297	322	317	348	353	216	222	222	233	241	2	2		5	4
60,000 - 79,999	312	302	335	305	316	206	207	238	205	211		1	1	2	
80,000 - 99,999	294	282	303	299	342	201	198	202	194	233	3	2	3	3	5
100,000 - 119,999	238	250	255	301	319	186	190	189	229	234	4	3	3	1	1
120,000 - 139,999	246	274	251	273	297	211	225	204	224	239	3	4	2	1	2
140,000 - 159,999	224	219	247	278	291	194	196	210	242	256	2		3	3	2
160,000 - 179,999	241	243	238	251	268	228	223	218	229	237	1	3	2	1	1
180,000 - 199,999	229	228	254	261	267	221	221	240	246	247	2			1	2
200,000 - 299,999	1,174	1,197	1,248	1,268	1,327	1,164	1,179	1,228	1,248	1,304		4	3	5	3
300,000 - 399,999	1,017	1,039	1,041	1,121	1,173	1,011	1,034	1,038	1,116	1,169	3	1	1	1	2
400,000 - 499,999	711	785	836	837	853	708	779	831	833	847	1	3	3	1	2
500,000 - 599,999	433	450	494	539	560	433	450	491	538	558			1	1	1
600,000 - 699,999	223	247	283	290	344	223	247	283	287	344				2	
700,000 - 799,999	166	191	189	202	202	165	191	189	202	202	1				
800,000 - 899,999	97	112	114	126	126	97	112	114	126	124					1
900,000 - 999,999	63	62	74	73	89	63	61	74	73	89		1			
1,000,000 -1,999,999	168	201	223	246	275	168	201	222	245	274			1	1	1
2,000,000 & Over	33	42	50	54	65	33	42	50	54	65					
<b>Total</b>	<b>7,240</b>	<b>7,534</b>	<b>7,852</b>	<b>8,268</b>	<b>8,657</b>	<b>6,482</b>	<b>6,743</b>	<b>7,015</b>	<b>7,381</b>	<b>7,743</b>	<b>212</b>	<b>207</b>	<b>218</b>	<b>224</b>	<b>218</b>

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

Continued...

(1) A blank cell represents a zero value.

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

(3) Numbers have been recalculated to exclude chiropractors from 2009/2010.

**Table 2.7**  
**Distribution of Physicians and Allied Health Practitioners by Gross Payment Range**  
**for the Service Years Ended March 31, 2010 to March 31, 2014** <sup>(1) (2) (3)</sup>

Dollar Range	Optometrists					Podiatrists				
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
Less than \$10,000	29	23	20	30	34			1		1
10,000 - 19,999	25	32	38	34	27					
20,000 - 39,999	74	84	73	78	68	2	1	1	1	
40,000 - 59,999	77	94	92	105	103	2	4	3	5	5
60,000 - 79,999	97	90	90	95	98	9	4	6	3	7
80,000 - 99,999	86	78	94	95	98	4	4	4	7	6
100,000 - 119,999	41	49	54	62	75	7	8	9	9	9
120,000 - 139,999	24	32	38	42	49	8	13	7	6	7
140,000 - 159,999	17	16	28	26	29	11	7	6	7	4
160,000 - 179,999	8	11	10	13	19	4	6	8	8	11
180,000 - 199,999	2	7	11	7	13	4	0	3	7	5
200,000 - 299,999	5	6	7	9	14	5	8	10	6	6
300,000 - 399,999	1	1	1	2	1	2	3	1	2	1
400,000 - 499,999		1				2	2	2	3	4
500,000 - 599,999			1					1		1
600,000 - 699,999				1						
700,000 - 799,999										
800,000 - 899,999					1					
900,000 - 999,999										
1,000,000 -1,999,999										
2,000,000 & Over										
<b>Total</b>	486	524	557	599	629	60	60	62	64	67

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

(1) A blank cell represents a zero value.

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

(3) Numbers have been recalculated to exclude chiropractors from 2009/2010.

**Table 2.8**  
**Distribution of Physician Payments and Services per Patient**  
**for the Service Years Ended March 31, 2010 to March 31, 2014**

Year	Total Physician Payments	Number of Services	Average Cost per Service	Number of Discrete Patients <sup>(1)</sup>	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2009/2010	\$2,133,199,354	37,310,962	\$57.17	3,037,953	\$702.18	12.28	3,692,001
2010/2011	2,302,481,210	37,952,270	60.67	3,068,772	750.29	12.37	3,786,238
2011/2012	2,450,159,476	39,892,223	61.42	3,145,227	779.01	12.68	3,910,117
2012/2013	2,584,944,346	41,681,645	62.02	3,240,162	797.78	12.86	4,068,062
2013/2014	\$2,778,382,882	44,379,813	\$62.60	3,350,612	\$829.22	13.25	4,228,125
Percentage Change 2013/2014	7.48%	6.47%	0.95%	3.41%	3.94%	2.96%	3.93%
Annual Average Percentage Change for Last 5 Years	6.83%	4.43%	2.29%	2.48%	4.24%	1.91%	3.45%

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

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

**Table 2.9**  
**Distribution of Discrete Patients by Payment Range**  
**for Services Provided by Physicians**  
**for the Service Year April 1, 2013 to March 31, 2014**

Dollar Range	Distribution of		
	Discrete Patients <sup>(1)</sup>	Payments	Services
\$ 0.01 - 50.00	231,098	\$8,270,826	236,379
50.01 - 100.00	333,132	\$24,503,504	516,573
100.01 - 200.00	548,150	\$80,263,568	1,558,889
200.01 - 300.00	379,457	\$93,944,728	1,717,211
300.01 - 400.00	286,925	\$99,828,601	1,776,830
400.01 - 500.00	227,159	\$101,791,451	1,802,304
500.01 - 600.00	180,382	\$98,887,700	1,736,934
600.01 - 700.00	145,743	\$94,495,022	1,641,688
700.01 - 800.00	118,240	\$88,503,332	1,520,503
800.01 - 900.00	98,245	\$83,362,183	1,415,618
900.01 - 1,000.00	81,702	\$77,500,377	1,302,738
1,000.01 - 2,000.00	398,834	\$556,866,493	9,034,884
2,000.01 - 3,000.00	143,878	\$349,975,693	5,274,053
3,000.01 - 4,000.00	69,416	\$239,241,120	3,480,901
4,000.01 - 5,000.00	38,365	\$170,890,299	2,467,073
5,000.01 & Over	69,886	\$610,057,987	8,897,235
<b>Total</b>	<b>3,350,612</b>	<b>\$2,778,382,882</b>	<b>44,379,813</b>

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 2.9 A**  
**Percentage Distribution of Discrete Patients by Payment Range**  
**for Services Provided by Physicians**  
**for the Service Year April 1, 2013 to March 31, 2014**

Dollar Range	Percentage Distribution of		
	Discrete Patients <sup>(1)</sup>	Payments	Services
\$ 0.01 - 50.00	6.90	0.30	0.53
50.01 - 100.00	9.94	0.88	1.16
100.01 - 200.00	16.36	2.89	3.51
200.01 - 300.00	11.33	3.38	3.87
300.01 - 400.00	8.56	3.59	4.00
400.01 - 500.00	6.78	3.66	4.06
500.01 - 600.00	5.38	3.56	3.91
600.01 - 700.00	4.35	3.40	3.70
700.01 - 800.00	3.53	3.19	3.43
800.01 - 900.00	2.93	3.00	3.19
900.01 - 1,000.00	2.44	2.79	2.94
1,000.01 - 2,000.00	11.90	20.04	20.36
2,000.01 - 3,000.00	4.29	12.60	11.88
3,000.01 - 4,000.00	2.07	8.61	7.84
4,000.01 - 5,000.00	1.15	6.15	5.56
5,000.01 & Over	2.09	21.96	20.05
<b>Total</b>	100.00%	100.00%	100.00%

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

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

**Table 2.10**  
**Distribution of Physicians by Specialty**  
**for the Service Years Ended March 31, 2010 to March 31, 2014**

Physicians by Specialty	Number of Physicians				
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
<b>Total: All Physicians</b>	6,482	6,743	7,015	7,381	7,743
<b>Subtotal:</b>					
All Physicians (except Pathology)	6,463	6,722	6,996	7,369	7,731
All Specialists (except GP/FPs & Pathology)	2,845	2,952	3,089	3,268	3,444
<b>Physicians by Specialty</b>					
Anaesthesiology	345	360	385	396	400
Cardiovascular and Thoracic Surgery	23	22	22	25	25
Dermatology	39	44	45	47	45
Emergency Medicine	92	101	108	118	131
General/Family Physicians (GP/FPs)	3,618	3,770	3,907	4,101	4,287
- General/Family Physicians	3,394	3,537	3,667	3,842	4,017
- Full-Time Emergency Room Physicians	195	200	209	226	235
- Mental Health Generalists	15	17	16	18	17
- Other General Practice Physicians <sup>(1)</sup>	14	16	15	15	18
General Surgery	180	184	193	195	193
- General Surgery designated specialty	165	168	175	177	176
- Other General Surgery	15	16	18	18	17
Internal Medicine	565	571	597	645	699
- Internal Medicine designated specialty	243	253	278	308	312
- Cardiology	74	77	74	81	94
- Endocrinology/Metabolism	2	2	3	3	4
- Gastroenterology	50	51	46	59	65
- Infectious Diseases	16	16	18	20	18
- Other Internal Medicine	180	172	178	174	206
Neurology	42	50	47	52	60
Neurosurgery	12	11	16	21	15
Obstetrics-Gynaecology	184	188	196	193	209
Ophthalmology	106	110	113	116	119
Orthopaedic Surgery	138	146	147	164	175
Otolaryngology	54	57	63	63	68
Paediatrics	247	256	268	303	326
Physical Medicine & Rehabilitation	30	32	34	41	44
Plastic Surgery	51	53	55	54	62
Psychiatry	396	407	423	450	473
Urology	47	46	48	47	52
Laboratory Specialists	313	335	348	350	360
- Pathology	19	21	19	12	12
- Radiology	294	314	329	338	348

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

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

**Table 2.10A**  
**Distribution of Average Gross Payments**  
**for the Service Years Ended March 31, 2010 to March 31, 2014 <sup>(1)</sup>**

Physicians by Specialty	Average Payment				
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
<b>Total: All Physicians</b>	\$329,096	\$341,462	\$349,274	\$350,216	\$358,825
<b>Subtotal:</b>					
All Physicians (except Pathology)	328,988	341,444	349,111	349,696	358,261
All Specialists (except GP/FPs & Pathology)	411,328	432,414	443,323	443,711	459,138
<b>Physicians by Specialty</b>					
Anaesthesiology	330,478	345,311	344,431	351,140	368,653
Cardiovascular and Thoracic Surgery	584,110	595,545	642,949	591,802	603,635
Dermatology	726,838	698,525	733,252	744,914	805,226
Emergency Medicine	258,072	256,949	271,454	272,883	280,771
General/Family Physicians (GP/FPs)	264,240	270,211	274,624	274,778	277,221
- General/Family Physicians	263,135	269,068	272,596	272,375	273,991
- Full-Time Emergency Room Physicians	294,572	305,242	319,825	322,533	340,502
- Mental Health Generalists	283,483	284,211	331,156	350,899	388,254
- Other General Practice Physicians <sup>(2)</sup>	88,973	70,140	80,536	79,366	66,941
General Surgery	414,878	434,080	437,777	439,316	445,411
- General Surgery designated specialty	415,714	434,554	440,385	439,877	443,716
- Other General Surgery	405,680	429,104	412,424	433,793	462,951
Internal Medicine	360,242	391,641	402,655	407,421	420,892
- Internal Medicine designated specialty	311,275	331,938	333,082	336,758	357,855
- Cardiology	628,161	662,653	758,117	722,607	724,437
- Endocrinology/Metabolism				171,285	184,730
- Gastroenterology	374,530	391,377	445,780	434,092	426,108
- Infectious Diseases	83,434	111,520	91,166	104,420	132,192
- Other Internal Medicine	337,727	386,159	388,407	415,633	406,020
Neurology	266,795	232,845	260,971	259,296	259,531
Neurosurgery				43,762	58,631
Obstetrics-Gynaecology	440,808	455,566	449,182	471,021	459,509
Ophthalmology	761,752	876,508	956,283	984,186	1,045,113
Orthopaedic Surgery	401,436	415,023	439,891	407,587	407,694
Otolaryngology	498,270	517,784	510,312	548,998	539,892
Paediatrics	207,409	220,857	228,703	220,355	228,694
Physical Medicine & Rehabilitation	249,562	288,638	299,788	328,849	356,922
Plastic Surgery	409,521	414,089	433,523	442,216	420,019
Psychiatry	289,402	300,836	301,440	295,344	307,941
Urology	493,619	528,645	564,097	608,251	575,376
Laboratory Specialists	786,935	798,845	825,993	862,971	937,252
- Pathology	365,913	347,516	409,293	669,257	722,185
- Radiology	814,144	829,030	850,058	869,849	944,668

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

Continued...

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

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

**Table 2.10A**  
**Distribution of Average Gross Payments Percentage Change**  
**for the Service Years Ended March 31, 2010 to March 31, 2014 <sup>(1)</sup>**

Physicians by Specialty	Percentage Change			
	2010/2011	2011/2012	2012/2013	2013/2014
<b>Total: All Physicians</b>	3.76%	2.29%	0.27%	2.46%
<b>Subtotal:</b>				
All Physicians (except Pathology)	3.79	2.25	0.17	2.45
All Specialists (except GP/FPs & Pathology)	5.13	2.52	0.09	3.48
<b>Physicians by Specialty</b>				
Anaesthesiology	4.49	(0.25)	1.95	4.99
Cardiovascular and Thoracic Surgery	1.96	7.96	(7.96)	2.00
Dermatology	(3.90)	4.97	1.59	8.10
Emergency Medicine	(0.43)	5.64	0.53	2.89
General/Family Physicians (GP/FPs)	2.26	1.63	0.06	0.89
- General/Family Physicians	2.25	1.31	(0.08)	0.59
- Full-Time Emergency Room Physicians	3.62	4.78	0.85	5.57
- Mental Health Generalists	0.26	16.52	5.96	10.65
- Other General Practice Physicians <sup>(2)</sup>	(21.17)	14.82	(1.45)	(15.65)
General Surgery	4.63	0.85	0.35	1.39
- General Surgery designated specialty	4.53	1.34	(0.12)	0.87
- Other General Surgery	5.77	(3.89)	5.18	6.72
Internal Medicine	8.72	2.81	1.18	3.31
- Internal Medicine designated specialty	6.64	0.34	1.10	6.26
- Cardiology	5.49	14.41	(4.68)	0.25
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	4.50	13.90	(2.62)	(1.84)
- Infectious Diseases	33.66	(18.25)	14.54	26.60
- Other Internal Medicine	14.34	0.58	7.01	(2.31)
Neurology	(12.72)	12.08	(0.64)	0.09
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	3.35	(1.40)	4.86	(2.44)
Ophthalmology	15.06	9.10	2.92	6.19
Orthopaedic Surgery	3.38	5.99	(7.34)	0.03
Otolaryngology	3.92	(1.44)	7.58	(1.66)
Paediatrics	6.48	3.55	(3.65)	3.78
Physical Medicine & Rehabilitation	15.66	3.86	9.69	8.54
Plastic Surgery	1.12	4.69	2.00	(5.02)
Psychiatry	3.95	0.20	(2.02)	4.27
Urology	7.10	6.71	7.83	(5.40)
Laboratory Specialists	1.51	3.40	4.48	8.61
- Pathology	(5.03)	17.78	63.52	7.91
- Radiology	1.83	2.54	2.33	8.60

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

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

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

**Table 2.10B**  
**Distribution of Median Gross Payments**  
**for the Service Years Ended March 31, 2010 to March 31, 2014 <sup>(1)</sup>**

Physicians by Specialty	Median Payment				
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
<b>Total: All Physicians</b>	\$271,762	\$279,360	\$282,214	\$281,546	\$284,604
<b>Subtotal:</b>					
All Physicians (except Pathology)	272,314	279,713	282,744	281,908	285,199
All Specialists (except GP/FPs & Pathology)	335,865	348,726	355,076	349,081	353,761
<b>Physicians by Specialty</b>					
Anaesthesiology	339,985	351,985	349,260	348,581	372,361
Cardiovascular and Thoracic Surgery	576,054	612,913	638,480	620,407	693,964
Dermatology	632,953	546,269	628,701	648,029	688,846
Emergency Medicine	245,450	257,156	269,863	271,116	280,595
General/Family Physicians (GP/FPs)	243,612	248,886	250,540	249,160	246,988
- General/Family Physicians	241,921	245,518	247,108	243,077	242,045
- Full-Time Emergency Room Physicians	283,583	293,306	301,251	307,339	327,164
- Mental Health Generalists	288,780	282,730	368,126	365,580	411,934
- Other General Practice Physicians <sup>(2)</sup>	30,620	15,309	23,416	30,333	16,961
General Surgery	417,476	453,766	457,597	458,904	442,229
- General Surgery designated specialty	418,591	453,766	456,016	454,401	440,031
- Other General Surgery	398,701	465,709	498,157	471,902	533,880
Internal Medicine	287,535	312,188	334,956	340,975	340,250
- Internal Medicine designated specialty	272,641	290,544	287,781	258,497	309,268
- Cardiology	557,781	599,140	694,939	694,280	698,930
- Endocrinology/Metabolism				94	146,883
- Gastroenterology	325,366	298,298	469,210	466,193	417,286
- Infectious Diseases	68,576	84,324	68,643	69,631	113,364
- Other Internal Medicine	214,700	284,044	304,843	338,265	304,183
Neurology	258,163	125,198	287,452	242,163	244,297
Neurosurgery				7,208	13,455
Obstetrics-Gynaecology	373,412	386,851	376,841	408,082	375,705
Ophthalmology	651,924	741,625	834,273	787,018	783,833
Orthopaedic Surgery	438,377	445,463	476,919	457,840	441,849
Otolaryngology	459,689	544,899	560,535	566,072	555,012
Paediatrics	138,493	155,873	160,250	167,328	167,043
Physical Medicine & Rehabilitation	210,268	225,811	226,356	296,260	331,405
Plastic Surgery	438,120	400,702	443,899	443,461	412,877
Psychiatry	265,201	277,779	274,895	266,840	281,209
Urology	514,515	519,623	553,707	583,421	571,993
Laboratory Specialists	641,984	668,406	628,067	646,349	723,441
- Pathology	5,357	2,535	1,331	2,417	4,610
- Radiology	684,173	710,966	679,816	674,999	740,212

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

Continued...

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

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



**Table 2.10B**  
**Distribution of Median Gross Payments Percentage Change**  
**for the Service Years Ended March 31, 2010 to March 31, 2014 <sup>(1)</sup>**

Physicians by Specialty	Percentage Change			
	2010/2011	2011/2012	2012/2013	2013/2014
<b>Total: All Physicians</b>	2.80%	1.02%	-0.24%	1.09%
<b>Subtotal:</b>				
All Physicians (except Pathology)	2.72	1.08	(0.30)	1.17
All Specialists (except GP/FPs & Pathology)	3.83	1.82	(1.69)	1.34
<b>Physicians by Specialty</b>				
Anaesthesiology	3.53	(0.77)	(0.19)	6.82
Cardiovascular and Thoracic Surgery	6.40	4.17	(2.83)	11.86
Dermatology	(13.70)	15.09	3.07	6.30
Emergency Medicine	4.77	4.94	0.46	3.50
General/Family Physicians (GP/FPs)	2.16	0.66	(0.55)	(0.87)
- General/Family Physicians	1.49	0.65	(1.63)	(0.42)
- Full-Time Emergency Room Physicians	3.43	2.71	2.02	6.45
- Mental Health Generalists	(2.10)	30.20	(0.69)	12.68
- Other General Practice Physicians <sup>(2)</sup>	(50.00)	52.96	29.54	(44.09)
General Surgery	8.69	0.84	0.29	(3.63)
- General Surgery designated specialty	8.40	0.50	(0.35)	(3.16)
- Other General Surgery	16.81	6.97	(5.27)	13.13
Internal Medicine	8.57	7.29	1.80	(0.21)
- Internal Medicine designated specialty	6.57	(0.95)	(10.18)	19.64
- Cardiology	7.41	15.99	(0.09)	0.67
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	(8.32)	57.30	(0.64)	(10.49)
- Infectious Diseases	22.97	(18.60)	1.44	62.81
- Other Internal Medicine	32.30	7.32	10.96	(10.08)
Neurology	(51.50)	129.60	(15.76)	0.88
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	3.60	(2.59)	8.29	(7.93)
Ophthalmology	13.76	12.49	(5.66)	(0.40)
Orthopaedic Surgery	1.62	7.06	(4.00)	(3.49)
Otolaryngology	18.54	2.87	0.99	(1.95)
Paediatrics	12.55	2.81	4.42	(0.17)
Physical Medicine & Rehabilitation	7.39	0.24	30.88	11.86
Plastic Surgery	(8.54)	10.78	(0.10)	(6.90)
Psychiatry	4.74	(1.04)	(2.93)	5.38
Urology	0.99	6.56	5.37	(1.96)
Laboratory Specialists	4.12	(6.04)	2.91	11.93
- Pathology	(52.67)	(47.48)	81.52	90.75
- Radiology	3.92	(4.38)	(0.71)	9.66

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

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

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

**Table 2.11**  
**Distribution of Gross Payments by Payment Range and Specialty**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1) (2)</sup>**

Dollar Range	All Physicians		All Physicians (except Pathology)		All Specialties (except General/Family Physicians and Pathology)		Anaesthesiology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$1,357,561	447	\$1,339,982	440	\$622,098	258	\$23,396	3
10,000 - 19,999	2,592,889	179	2,592,889	179	1,033,210	72	71,730	5
20,000 - 39,999	7,365,735	243	7,365,735	243	2,309,356	78	269,049	9
40,000 - 59,999	11,943,181	241	11,943,181	241	4,937,609	100	279,257	6
60,000 - 79,999	14,808,403	211	14,808,403	211	5,357,935	76	559,849	8
80,000 - 99,999	20,894,522	233	20,894,522	233	7,879,757	88	630,527	7
100,000 - 119,999	25,765,145	234	25,765,145	234	8,959,011	81	749,051	7
120,000 - 139,999	31,176,905	239	30,916,603	237	8,402,846	65	650,734	5
140,000 - 159,999	38,572,949	256	38,572,949	256	12,061,281	80	733,499	5
160,000 - 179,999	40,306,615	237	40,306,615	237	12,575,684	74	1,715,834	10
180,000 - 199,999	46,997,727	247	46,997,727	247	14,871,486	78	1,712,163	9
200,000 - 299,999	326,543,510	1,304	326,543,510	1,304	105,799,734	419	18,681,979	73
300,000 - 399,999	406,905,325	1,169	406,905,325	1,169	148,239,830	426	28,593,143	81
400,000 - 499,999	378,599,933	847	378,190,939	846	186,034,356	416	40,304,734	90
500,000 - 599,999	303,558,384	558	303,558,384	558	170,963,383	313	27,927,365	51
600,000 - 699,999	221,847,922	344	221,847,922	344	144,275,296	224	9,688,509	15
700,000 - 799,999	150,507,972	202	150,507,972	202	105,963,506	142	3,742,497	5
800,000 - 899,999	105,482,041	124	105,482,041	124	73,337,044	86	6,812,052	8
900,000 - 999,999	84,269,895	89	84,269,895	89	69,233,382	73		
1,000,000 - 1,999,999	374,210,984	274	374,210,984	274	324,865,621	233	4,315,780	3
2,000,000 & Over	184,675,284	65	176,695,934	63	173,549,605	62		
<b>Total</b>	<b>\$2,778,382,882</b>	<b>7,743</b>	<b>\$2,769,716,656</b>	<b>7,731</b>	<b>\$1,581,272,028</b>	<b>3,444</b>	<b>\$147,461,146</b>	<b>400</b>

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

Continued...

(1) A blank cell represents a zero value.

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

**Table 2.11**  
**Distribution of Gross Payments by Payment Range and Specialty**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1) (2)</sup>**

Dollar Range	Cardiovascular and Thoracic Surgery		Dermatology		Emergency Medicine		All General/Family Physicians	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$3,879	1	\$48	1	\$19,349	4	\$717,884	182
10,000 - 19,999					34,933	2	1,559,680	107
20,000 - 39,999					158,717	5	5,056,379	165
40,000 - 59,999							7,005,572	141
60,000 - 79,999	76,975	1	70,262	1	71,290	1	9,450,469	135
80,000 - 99,999			81,787	1	538,811	6	13,014,766	145
100,000 - 119,999	115,183	1	238,978	2	331,111	3	16,806,134	153
120,000 - 139,999					120,486	1	22,513,757	172
140,000 - 159,999					761,771	5	26,511,668	176
160,000 - 179,999	178,443	1			1,216,052	7	27,730,932	163
180,000 - 199,999			189,788	1	1,140,778	6	32,126,241	169
200,000 - 299,999	545,428	2	293,181	1	7,512,504	30	220,743,776	885
300,000 - 399,999	681,106	2	1,101,577	3	12,257,985	35	258,665,496	743
400,000 - 499,999	1,277,124	3	1,793,550	4	8,639,058	20	192,156,583	430
500,000 - 599,999			2,827,318	5	1,131,397	2	132,595,000	245
600,000 - 699,999	1,378,628	2	2,576,627	4	1,225,717	2	77,572,626	120
700,000 - 799,999	4,523,724	6	2,224,488	3	779,226	1	44,544,466	60
800,000 - 899,999	861,208	1	4,339,997	5	841,782	1	32,144,997	38
900,000 - 999,999	1,851,253	2	2,802,048	3			15,036,513	16
1,000,000 - 1,999,999	3,597,923	3	9,349,881	7			49,345,362	41
2,000,000 & Over			8,345,662	4			3,146,329	1
<b>Total</b>	<b>\$15,090,874</b>	<b>25</b>	<b>\$36,235,192</b>	<b>45</b>	<b>\$36,780,968</b>	<b>131</b>	<b>\$1,188,444,628</b>	<b>4,287</b>

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

Continued...

(1) A blank cell represents a zero value.

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

**Table 2.11**  
**Distribution of Gross Payments by Payment Range and Specialty**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1) (2)</sup>**

Dollar Range	All General Surgery		All Internal Medicine		Neurology		Neurosurgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$19,809	5	\$156,644	85	\$14,888	17	\$6,531	6
10,000 - 19,999	98,750	7	363,557	26	15,538	1	24,241	2
20,000 - 39,999	69,819	2	602,123	19	24,271	1	25,010	1
40,000 - 59,999	360,625	7	1,341,330	27	97,956	2	99,431	2
60,000 - 79,999	290,554	4	1,261,088	18				
80,000 - 99,999	366,281	4	2,202,207	25	186,566	2		
100,000 - 119,999	337,046	3	1,866,211	17	227,978	2	100,612	1
120,000 - 139,999	380,354	3	1,704,262	13	122,506	1		
140,000 - 159,999	463,578	3	1,647,132	11				
160,000 - 179,999	166,550	1	1,858,340	11			337,142	2
180,000 - 199,999	195,844	1	2,703,799	14	184,378	1		
200,000 - 299,999	5,303,811	21	16,164,106	65	1,728,112	7	286,497	1
300,000 - 399,999	7,081,679	20	19,316,354	55	2,293,804	7		
400,000 - 499,999	11,065,234	25	33,972,895	76	3,679,978	8		
500,000 - 599,999	18,002,487	33	32,149,180	59	2,171,914	4		
600,000 - 699,999	16,548,701	26	28,346,747	44	2,522,126	4		
700,000 - 799,999	7,411,518	10	24,650,403	33	1,462,425	2		
800,000 - 899,999	5,891,940	7	14,485,772	17	839,426	1		
900,000 - 999,999	5,658,203	6	21,837,220	23				
1,000,000 - 1,999,999	6,251,475	5	76,566,779	57				
2,000,000 & Over			11,007,182	4				
<b>Total</b>	<b>\$85,964,257</b>	<b>193</b>	<b>\$294,203,329</b>	<b>699</b>	<b>\$15,571,864</b>	<b>60</b>	<b>\$879,463</b>	<b>15</b>

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

Continued...

(1) A blank cell represents a zero value.

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

**Table 2.11**  
**Distribution of Gross Payments by Payment Range and Specialty**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1) (2)</sup>**

Dollar Range	Obstetrics-Gynaecology		Ophthalmology		Orthopaedic Surgery		Otolaryngology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$36,973	16	\$4,831	2	\$25,978	6		
10,000 - 19,999	76,786	5	26,192	2	58,530	4	11,284	1
20,000 - 39,999	57,685	2			160,248	5		
40,000 - 59,999	161,713	3	150,675	3	392,990	8	145,242	3
60,000 - 79,999	546,020	8	76,769	1	217,810	3		
80,000 - 99,999	350,689	4	92,978	1	351,382	4	265,456	3
100,000 - 119,999	102,804	1	219,503	2	890,743	8	212,082	2
120,000 - 139,999	396,722	3			384,264	3		
140,000 - 159,999	747,654	5	745,857	5	785,777	5	143,275	1
160,000 - 179,999	492,560	3	493,871	3	337,254	2	515,579	3
180,000 - 199,999	954,356	5	188,265	1	788,691	4	760,687	4
200,000 - 299,999	6,909,998	27	1,135,728	5	2,827,666	11	803,176	3
300,000 - 399,999	9,681,040	28	2,774,010	8	4,427,619	13	1,388,704	4
400,000 - 499,999	8,530,252	19	2,142,081	5	12,680,793	28	1,814,569	4
500,000 - 599,999	13,725,950	25	4,770,807	9	14,723,173	27	4,875,607	9
600,000 - 699,999	11,457,757	18	4,584,797	7	15,451,320	24	4,541,777	7
700,000 - 799,999	7,534,471	10	5,288,209	7	9,646,358	13	6,572,306	9
800,000 - 899,999	5,156,025	6	5,894,763	7	2,517,080	3	5,930,049	7
900,000 - 999,999	4,684,997	5	3,735,627	4	1,892,184	2	3,848,581	4
1,000,000 - 1,999,999	19,908,660	14	42,555,438	30	2,786,584	2	4,884,282	4
2,000,000 & Over	4,524,306	2	49,488,072	17				
<b>Total</b>	<b>\$96,037,417</b>	<b>209</b>	<b>\$124,368,472</b>	<b>119</b>	<b>\$71,346,444</b>	<b>175</b>	<b>\$36,712,657</b>	<b>68</b>

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

Continued...

(1) A blank cell represents a zero value.

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

**Table 2.11**  
**Distribution of Gross Payments by Payment Range and Specialty**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1) (2)</sup>**

Dollar Range	Paediatrics		Physical Medicine and Rehabilitation		Plastic Surgery		All Psychiatry	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$193,422	78	\$2,656	2	\$14,313	2	\$25,405	8
10,000 - 19,999	93,509	7			12,232	1	93,829	6
20,000 - 39,999	317,642	11			25,154	1	228,811	9
40,000 - 59,999	565,191	12	151,560	3	100,537	2	697,164	14
60,000 - 79,999	556,163	8	122,491	2			933,044	13
80,000 - 99,999	804,179	9	365,284	4			1,362,768	15
100,000 - 119,999	1,434,881	13			211,318	2	1,690,001	15
120,000 - 139,999	1,156,600	9			272,529	2	2,328,202	18
140,000 - 159,999	1,838,306	12	142,374	1			3,453,487	23
160,000 - 179,999	1,862,002	11			340,454	2	2,892,142	17
180,000 - 199,999	1,705,404	9	182,557	1			3,396,653	18
200,000 - 299,999	10,620,513	41	1,675,084	7	2,048,210	8	24,024,362	96
300,000 - 399,999	13,229,727	39	2,402,377	7	3,406,152	10	29,585,343	85
400,000 - 499,999	10,315,990	23	1,429,145	3	5,836,754	13	29,143,498	65
500,000 - 599,999	11,068,686	20	4,281,464	8	2,160,919	4	18,884,510	35
600,000 - 699,999	10,479,918	16	1,285,085	2	5,296,250	8	11,431,574	18
700,000 - 799,999	1,476,170	2	1,535,254	2	1,458,815	2	7,267,287	10
800,000 - 899,999	887,254	1			1,720,557	2	1,649,632	2
900,000 - 999,999	922,539	1	981,368	1	906,853	1	1,928,583	2
1,000,000 - 1,999,999	5,026,211	4	1,147,877	1	2,230,133	2	4,639,623	4
2,000,000 & Over								
<b>Total</b>	<b>\$74,554,309</b>	<b>326</b>	<b>\$15,704,577</b>	<b>44</b>	<b>\$26,041,179</b>	<b>62</b>	<b>\$145,655,918</b>	<b>473</b>

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

Continued...

(1) A blank cell represents a zero value.

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

**Table 2.11**  
**Distribution of Gross Payments by Payment Range and Specialty**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1) (2)</sup>**

Dollar Range	Urology		Pathology		Radiology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$9,707	2	\$17,579	7	\$64,270	20
10,000 - 19,999					52,099	3
20,000 - 39,999	28,564	1			342,264	12
40,000 - 59,999					393,940	8
60,000 - 79,999	74,649	1			500,969	7
80,000 - 99,999					280,841	3
100,000 - 119,999					231,511	2
120,000 - 139,999	124,461	1	260,302	2	761,726	6
140,000 - 159,999	143,632	1			454,938	3
160,000 - 179,999					169,460	1
180,000 - 199,999	198,975	1			569,149	3
200,000 - 299,999	809,456	3			4,429,923	18
300,000 - 399,999	1,840,382	5			8,178,828	24
400,000 - 499,999	3,656,676	8	408,995	1	9,752,024	22
500,000 - 599,999	3,394,765	6			8,867,843	16
600,000 - 699,999	5,068,400	8			12,391,362	19
700,000 - 799,999	3,799,393	5			16,590,963	22
800,000 - 899,999	2,565,614	3			12,943,893	15
900,000 - 999,999	3,934,675	4			14,249,251	15
1,000,000 - 1,999,999	4,270,197	3			137,334,779	94
2,000,000 & Over			7,979,350	2	100,184,382	35
<b>Total</b>	<b>\$29,919,547</b>	<b>52</b>	<b>\$8,666,226</b>	<b>12</b>	<b>\$328,744,415</b>	<b>348</b>

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 2.12**  
**Number of Full-Time Equivalent Physicians by Specialty**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1)</sup>**

Physicians by Specialty	Number of Physicians	Number of Full-Time Equivalent Physicians <sup>(2)</sup>	Proportion of Full-Time Equivalent Physicians		Average Payment per Full-Time Equivalent Physician	Number of Registered Persons per Full-Time Equivalent Physician
			Above 60th Percentile	Below 40th Percentile		
All Physicians (except Laboratory) <sup>(3)</sup>	7,379	6,454.6	33.1	49.6	\$378,059	655
All Specialists (except GP/FPs & Laboratory)	3,092	2,625.5	32.0	51.1	476,776	1,610
<b>Physicians by Specialty</b>						
Anaesthesiology	400	355.4	34.3	47.8	414,938	11,897
Cardiovascular and Thoracic Surgery	25	19.7	28.0	52.0	765,187	214,388
Dermatology	45	43.2	35.6	42.2	837,822	97,762
Emergency Medicine	131	113.4	31.3	47.3	324,321	37,282
General/Family Physicians (GP/FPs)	4,287	3,746.2	33.7	48.8	317,241	1,129
- General/Family Physicians	4,017	3,510.5	33.6	48.9	313,522	1,204
- Full-Time Emergency Room Physicians	235	225.1	35.7	45.1	355,430	18,781
- Mental Health Generalists	17	14.7	35.3	47.1	447,975	286,970
- Other General Practice Physicians <sup>(4)</sup>	18	16.5	27.8	61.1	72,906	255,827
General Surgery	193	163.2	33.7	48.2	526,784	25,910
- General Surgery designated specialty	176	147.8	33.5	48.9	528,436	28,610
- Other General Surgery	17	15.4	35.3	41.2	512,049	275,090
Internal Medicine	695	528.2	28.6	56.3	555,626	8,005
- Internal Medicine designated specialty	312	232.1	27.9	57.4	481,133	18,220
- Cardiology	94	75.6	31.9	50.0	900,172	55,891
- Gastroenterology	65	40.0	23.1	63.1	691,981	105,635
- Infectious Diseases	18	13.5	27.8	55.6	176,044	312,816
- Other Internal Medicine	206	156.9	29.1	54.9	533,058	26,947
Neurology	60	36.3	23.3	65.0	429,278	116,559
Neurosurgery	15	10.0	26.7	66.7	87,819	422,198
Obstetrics-Gynaecology	209	176.2	30.6	53.1	545,062	23,997
Ophthalmology	119	115.1	35.3	45.4	1,080,295	36,727
Orthopaedic Surgery	175	137.6	33.1	49.1	518,542	30,730
Otolaryngology	68	55.2	32.4	51.5	664,739	76,557
Paediatrics	326	228.8	27.0	57.7	325,880	18,481
Physical Medicine and Rehabilitation	44	35.6	34.1	47.7	441,545	118,877
Plastic Surgery	62	56.2	33.9	45.2	463,064	75,185
Psychiatry	473	438.9	36.4	43.6	331,883	9,634
Urology	52	47.3	34.6	48.1	632,215	89,342



**Table 2.12**  
**Number of Full-Time Equivalent Physicians by Specialty**  
**for the Service Year April 1, 2013 to March 31, 2014**

*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) *Laboratory physicians (12 Pathology and 348 Radiology physicians) and 4 Endocrinology/Methabolism physicians are excluded.*
- (4) *Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.*

**Table 2.13**  
**Distribution of Physician Payments by Type of Service and Specialty**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1) (2)</sup>**

Physicians by Specialty	Total	Consultations	Assessments	
			Major	Other
<b>Total: All Physicians</b>	\$2,778,382,882	\$291,432,233	\$243,236,594	\$844,094,406
<b>Subtotal</b>				
All Physicians (except Pathology)	2,769,716,656	291,110,526	243,236,594	844,075,176
All Specialists (except GP/FPs & Pathology)	1,581,272,028	262,783,933	44,264,145	159,495,678
Anaesthesiology	147,461,146	6,026,348	42,675	12,967,942
Cardiovascular and Thoracic Surgery	15,090,874	1,408,458	9,664	651,840
Dermatology	36,235,192	8,693,560	2,635,858	4,792,884
Emergency Medicine	36,780,968	2,205,156	283,097	23,962,681
General/Family Physicians (GP/FPs)	1,188,444,628	28,326,593	198,972,450	684,579,498
- General/Family Physicians	1,100,621,319	24,508,591	198,163,119	629,206,736
- Full-Time Emergency Room Physicians	80,018,045	3,552,701	598,529	54,383,477
- Mental Health Generalists	6,600,322	205,073	175,553	465,999
- Other General Practice Physicians <sup>(3)</sup>	1,204,942	60,227	35,249	523,285
General Surgery	85,964,257	24,858,100	106,072	6,285,834
- General Surgery designated specialty	78,094,089	22,948,549	101,489	5,516,500
- Other General Surgery	7,870,168	1,909,551	4,583	769,334
Internal Medicine	294,203,329	93,594,797	5,876,654	31,899,458
- Internal Medicine designated specialty	111,650,777	48,779,333	3,393,409	17,160,292
- Cardiology	68,097,113	15,098,265	583,950	3,217,248
- Endocrinology/Metabolism	738,918	240,947	9,812	32,697
- Gastroenterology	27,697,032	11,430,048	327,515	1,880,463
- Infectious Diseases	2,379,459	1,574,779	48,697	587,432
- Other Internal Medicine	83,640,030	16,471,424	1,513,272	9,021,326
Neurology	15,571,864	10,232,678	310,645	1,517,917
Neurosurgery	879,463	142,846	517	56,107
Obstetrics-Gynaecology	96,037,417	16,243,836	2,521,502	19,469,162
Ophthalmology	124,368,472	11,045,693	13,121,317	8,751,679
Orthopaedic Surgery	71,346,443	14,546,245	440,036	5,950,326
Otolaryngology	36,712,657	7,673,270	297,986	2,166,850
Paediatrics	74,554,309	22,240,945	14,528,697	28,751,850
Physical Medicine and Rehabilitation	15,704,577	5,752,737	44,544	3,104,770
Plastic Surgery	26,041,179	3,287,936	748,348	2,129,832
Psychiatry designated specialty	145,655,918	25,537,413	2,812,745	3,204,113
Urology	29,919,547	7,592,053	449,703	2,830,517
Laboratory Specialists	337,410,641	2,023,568	34,084	1,021,147
- Pathology	8,666,226	321,707		19,230
- Radiology	328,744,415	1,701,861	34,084	1,001,917

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

Continued...

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

(2) A blank cell represents a zero value.

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

**Table 2.13**  
**Distribution of Physician Payments by Type of Service and Specialty**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1) (2)</sup>**

Physicians by Specialty	Hospital Care Days	Special Calls	Psychotherapy/ Counselling	Major Surgery
<b>Total: All Physicians</b>	\$74,131,422	\$38,873,545	\$167,723,906	\$327,696,684
<b>Subtotal</b>				
All Physicians (except Pathology)	74,131,422	38,873,545	167,723,906	327,696,684
All Specialists (except GP/FPs & Pathology)	37,182,723	1,938,763	98,968,930	299,831,168
Anaesthesiology	96,275	8,276	919,915	83,876,567
Cardiovascular and Thoracic Surgery	526,981	258	323	11,838,027
Dermatology	829	837	378	8,331,758
Emergency Medicine	411	37,206	495,776	541,269
General/Family Physicians (GP/FPs)	36,948,699	36,934,782	68,754,976	27,865,517
- General/Family Physicians	36,918,365	36,781,646	61,953,433	26,450,886
- Full-Time Emergency Room Physicians	11,717	145,644	1,017,381	1,414,457
- Mental Health Generalists	18,545	1,826	5,223,596	
- Other General Practice Physicians <sup>(3)</sup>	72	5,666	560,566	173
General Surgery	1,955,362	80,800	28,699	38,367,627
- General Surgery designated specialty	1,847,808	79,075	28,699	33,902,531
- Other General Surgery	107,554	1,725		4,465,096
Internal Medicine	27,865,337	312,921	120,579	8,472,899
- Internal Medicine designated specialty	20,001,311	203,548	46,785	121,432
- Cardiology	2,514,884	60,385	223	7,030,643
- Endocrinology/Metabolism	51			
- Gastroenterology	599,698	3,592	979	23,579
- Infectious Diseases	122,457	3,735	54	
- Other Internal Medicine	4,626,936	41,661	72,537	1,297,246
Neurology	691,647	15,283	9,317	28,563
Neurosurgery	1,897	94	7,499	501,613
Obstetrics-Gynaecology	1,134,743	1,183,669	50,574	12,497,884
Ophthalmology	4,417	189,028		38,511,632
Orthopaedic Surgery	448,942	16,323	34,974	48,797,675
Otolaryngology	28,377	15,095	92	11,352,602
Paediatrics	3,190,105	51,615	1,261,924	199,272
Physical Medicine and Rehabilitation	1,050,958	187	993,717	7,458
Plastic Surgery	9,994	5,144	2,122	18,653,095
Psychiatry designated specialty	1,914	4,047	95,017,213	
Urology	174,264	17,980	25,828	13,266,004
Laboratory Specialists	271			4,587,222
- Pathology				
- Radiology	271			4,587,222

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

Continued...

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

(2) A blank cell represents a zero value.

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

**Table 2.13**  
**Distribution of Physician Payments by Type of Service and Specialty**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1) (2) (4)</sup>**

Physicians by Specialty	Minor Surgery	Anaesthesia	Obstetrical Services	Diagnostic & Therapeutic Services - Radiology
<b>Total: All Physicians</b>	\$25,361,179	\$32,147,427	\$47,655,947	\$313,867,940
<b>Subtotal</b>				
All Physicians (except Pathology)	25,361,179	32,147,427	47,655,947	313,867,940
All Specialists (except GP/FPs & Pathology)	11,004,307	26,607,884	30,696,457	313,329,305
Anaesthesiology	2,139,938	18,988,236	5,566,663	2,114,928
Cardiovascular and Thoracic Surgery	15,400	69,268		
Dermatology	1,852,941	111,977		
Emergency Medicine	694,064	3,923	1,727	
General/Family Physicians (GP/FPs)	14,356,872	5,539,544	16,959,489	538,635
- General/Family Physicians	12,072,485	5,495,090	16,947,382	538,635
- Full-Time Emergency Room Physicians	2,280,745	44,454	12,108	
- Mental Health Generalists	500			
- Other General Practice Physicians <sup>(3)</sup>	3,142			
General Surgery	1,233,420	35,456	29,879	268
- General Surgery designated specialty	1,209,105	32,336	29,879	227
- Other General Surgery	24,316	3,120		41
Internal Medicine	328,510	31,926	50,604	15,535,190
- Internal Medicine designated specialty	250,074	288		632,005
- Cardiology	110			14,869,476
- Endocrinology/Metabolism				590
- Gastroenterology	43,060			
- Infectious Diseases	3,326			
- Other Internal Medicine	31,940	31,638	50,604	33,120
Neurology	2,157	300,691		
Neurosurgery	97	47,034		104,456
Obstetrics-Gynaecology	33,468	47,068	24,963,331	9,535,091
Ophthalmology	382,617	141		17,483,389
Orthopaedic Surgery	203,437	40,172	3,837	
Otolaryngology	2,920,865	94,792	3,272	
Paediatrics	188,112	446	75,721	991,770
Physical Medicine and Rehabilitation	1,258	1,195,565		1,328,310
Plastic Surgery	933,616	3,248		
Psychiatry designated specialty				
Urology	21,618	321,298	872	
Laboratory Specialists	52,787	5,316,645	552	266,235,903
- Pathology				
- Radiology	52,787	5,316,645	552	266,235,903

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

Continued...

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

(2) A blank cell represents a zero value.

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

(4) No data to report for Surgical Assistance for this reporting period, column removed.

**Table 2.13**  
**Distribution of Physician Payments by Type of Service and Specialty**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1) (2)</sup>**

Physicians by Specialty	Laboratory Services	Other Diagnostic & Therapeutic Services	Special Services	Miscellaneous Services
<b>Total: All Physicians</b>	\$46,399,434	\$259,844,410	\$14,868,042	\$51,049,711
<b>Subtotal</b>				
All Physicians (except Pathology)	46,399,434	251,523,314	14,863,850	51,049,711
All Specialists (except GP/FPs & Pathology)	46,385,166	212,928,186	2,202,254	33,653,130
Anaesthesiology		11,780,456	37,272	2,895,656
Cardiovascular and Thoracic Surgery		462,909		107,744
Dermatology		9,392,231	5,755	416,184
Emergency Medicine		7,592,672	178	962,810
General/Family Physicians (GP/FPs)	14,268	38,595,128	12,661,596	17,396,582
- General/Family Physicians	14,268	23,794,525	12,646,817	15,129,341
- Full-Time Emergency Room Physicians		14,797,606	4,023	1,755,202
- Mental Health Generalists		497	423	508,311
- Other General Practice Physicians <sup>(3)</sup>		2,500	10,333	3,728
General Surgery		12,196,982	7,611	778,149
- General Surgery designated specialty		11,668,866	6,956	722,070
- Other General Surgery		528,116	655	56,079
Internal Medicine	7,133,547	94,865,702	23,328	8,091,875
- Internal Medicine designated specialty		19,216,632	13,445	1,832,223
- Cardiology	6,688,930	17,149,203	361	883,435
- Endocrinology/Metabolism	444,488	26	10	10,296
- Gastroenterology		13,195,630	432	192,037
- Infectious Diseases		31,063	5,114	2,803
- Other Internal Medicine	129	45,273,148	3,966	5,171,082
Neurology		2,329,025	53,004	80,937
Neurosurgery		14,866		2,437
Obstetrics-Gynaecology		6,475,973	1,806,435	74,684
Ophthalmology		34,773,487	72	105,001
Orthopaedic Surgery		603,044	18,937	242,494
Otolaryngology		12,036,568	2,225	120,665
Paediatrics		2,373,873	47,672	652,307
Physical Medicine and Rehabilitation		1,942,376	185,667	97,030
Plastic Surgery		199,071	6,723	62,050
Psychiatry designated specialty		707,877	587	18,370,008
Urology		4,750,600	101	468,707
Laboratory Specialists	39,251,619	18,751,571	10,880	124,392
- Pathology		8,321,096	4,192	
- Radiology	39,251,619	10,430,475	6,688	124,392

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

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

(2) A blank cell represents a zero value.

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

**Table 2.14**  
**Physician Services and Payments per 1,000 Insured Persons**  
**by Type of Service, and Age and Gender of Recipient,**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1) (2) (5)</sup>**

Age & Gender		All Age Groups		Under 1		1 - 4	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	698	\$74,996	1,024	\$144,453	354	\$39,694
	M	567	62,994	1,185	163,195	447	49,498
Major Assessment	F	592	64,701	1,728	184,157	639	66,222
	M	452	50,516	1,747	187,187	667	69,441
Other Assessment	F	4,429	236,665	3,620	243,462	2,974	171,068
	M	3,014	163,438	3,978	268,824	3,243	190,138
Hospital Care Days	F	381	18,382	513	30,590	67	4,375
	M	326	16,703	569	33,767	82	5,636
Special Calls	F	40	11,380	2	6,546	3	6,786
	M	20	7,057	2	7,717	3	7,804
Psychotherapy/Counselling	F	1,051	45,724	16	621	26	1,330
	M	769	33,749	11	400	37	1,910
Major Surgery	F	963	79,438	319	33,743	207	15,307
	M	870	75,614	570	49,323	345	28,712
Minor Surgery	F	91	5,287	60	3,763	77	4,967
	M	112	6,693	94	5,629	115	7,356
Anaesthesiology	F	432	12,349	57	1,450	210	4,236
	M	67	2,963	52	1,334	219	4,443
Obstetrical Services	F	179	22,800	72	7,598		
	M						
Diagnostic & Therapeutic Services, Radiology	F	1,116	107,246	105	15,334	80	7,446
	M	514	41,958	119	18,141	94	9,006
Laboratory Services	F	66	14,115			--	7
	M	26	7,903			--	7
Other Diagnostic & Therapeutic Services	F	1,782	62,336	561	32,419	586	11,741
	M	1,561	60,596	673	39,989	767	15,335
Special Services <sup>(3)</sup>	F	318	6,298	2	18	15	230
	M	73	797	2	25	18	264
Miscellaneous Services <sup>(4)</sup>	F	279	12,388	113	4,908	62	2,761
	M	247	11,767	130	5,671	82	3,639
<b>Total</b>	F	12,417	\$774,104	8,191	\$709,062	5,301	\$336,170
	M	8,619	\$542,747	9,133	\$781,202	6,119	\$393,189

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.

(5) No data to report for Surgical Assistance for this reporting period, column removed.

**Table 2.14**  
**Physician Services and Payments per 1,000 Insured Persons**  
**by Type of Service, and Age and Gender of Recipient,**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1) (2)</sup>**

Age & Gender		5 - 14		15 - 24		25 - 44	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	289	\$29,048	480	\$46,142	657	\$67,147
	M	369	37,040	310	30,287	341	36,282
Major Assessment	F	325	33,132	385	39,644	519	54,726
	M	340	34,914	217	22,012	261	27,916
Other Assessment	F	1,839	96,454	3,369	189,406	4,530	250,205
	M	1,880	102,640	1,685	95,897	2,076	111,749
Hospital Care Days	F	25	1,600	89	4,245	148	6,795
	M	24	1,562	53	2,787	77	4,107
Special Calls	F	2	3,841	3	9,390	4	9,107
	M	2	3,966	2	5,024	3	3,821
Psychotherapy/Counselling	F	274	12,128	1,017	45,680	1,126	48,155
	M	402	17,959	846	38,395	823	35,757
Major Surgery	F	212	14,401	421	28,507	720	50,549
	M	267	17,479	469	32,523	505	39,682
Minor Surgery	F	95	5,236	75	4,273	78	4,445
	M	109	6,491	110	6,680	98	5,792
Anaesthesiology	F	103	2,038	531	12,404	937	23,302
	M	122	2,375	31	831	23	1,290
Obstetrical Services	F	--	20	212	28,742	482	60,990
	M						
Diagnostic & Therapeutic Services, Radiology	F	132	10,193	494	49,990	1,120	121,725
	M	127	9,265	202	13,774	329	26,602
Laboratory Services	F	1	267	7	1,787	14	3,761
	M	1	175	4	1,008	9	2,758
Other Diagnostic & Therapeutic Services	F	844	11,697	980	22,685	1,358	39,386
	M	1,021	13,696	651	17,454	868	27,757
Special Services <sup>(3)</sup>	F	19	266	220	5,138	424	9,613
	M	21	283	24	271	42	468
Miscellaneous Services <sup>(4)</sup>	F	109	4,939	248	11,893	174	8,095
	M	133	6,023	231	11,075	175	8,324
<b>Total</b>	F	4,270	\$225,262	8,533	\$499,927	12,290	\$758,000
	M	4,817	\$253,869	4,835	\$278,018	5,629	\$332,305

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

Continued...

(1) A blank cell represents a zero value.

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

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

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

**Table 2.14**  
**Physician Services and Payments per 1,000 Insured Persons**  
**by Type of Service, and Age and Gender of Recipient,**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1) (2)</sup>**

Age & Gender		45 - 64		65 - 74		75 and Older	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	807	\$88,914	1,173	\$132,821	1,484	\$167,198
	M	690	78,558	1,271	146,931	1,827	209,905
Major Assessment	F	639	71,464	888	103,551	1,177	139,162
	M	501	58,780	868	104,496	1,375	159,398
Other Assessment	F	4,499	231,689	6,270	322,122	10,799	547,082
	M	3,452	183,628	5,834	306,923	10,183	543,467
Hospital Care Days	F	274	14,169	849	42,646	3,282	150,534
	M	315	16,867	993	51,451	3,314	158,521
Special Calls	F	12	5,810	49	11,667	552	74,500
	M	12	5,426	39	11,450	318	50,208
Psychotherapy/Counselling	F	1,541	66,718	1,210	53,520	1,135	50,360
	M	966	41,984	851	37,422	1,035	45,179
Major Surgery	F	1,386	115,356	2,313	218,795	2,466	235,288
	M	1,189	103,694	2,485	240,706	3,065	303,290
Minor Surgery	F	106	6,011	112	6,918	122	7,785
	M	115	6,739	143	8,610	168	10,540
Anaesthesiology	F	118	6,957	160	10,658	142	9,925
	M	62	4,171	113	7,564	121	8,296
Obstetrical Services	F	3	257	--	8	--	8
	M						
Diagnostic & Therapeutic Services, Radiology	F	1,594	149,707	2,230	194,300	2,293	180,870
	M	743	63,018	1,418	116,604	1,927	150,962
Laboratory Services	F	129	27,102	259	53,530	180	39,688
	M	41	13,104	115	32,883	119	34,339
Other Diagnostic & Therapeutic Services	F	2,327	88,172	3,829	158,531	4,435	209,566
	M	2,054	88,598	4,158	193,179	5,650	277,170
Special Services <sup>(3)</sup>	F	433	7,864	415	6,141	305	3,499
	M	104	1,122	206	2,213	313	3,276
Miscellaneous Services <sup>(4)</sup>	F	262	12,313	428	20,205	1,430	54,638
	M	234	11,879	445	22,451	1,240	53,289
<b>Total</b>	F	14,130	\$892,504	20,183	\$1,335,414	29,803	\$1,870,102
	M	10,477	\$677,567	18,939	\$1,282,881	30,655	\$2,007,841

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

(1) A blank cell represents a zero value.

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

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

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



**Table 2.15**  
**Percentage Changes to Rates in the Schedule of**  
**Medical Benefits by Specialty for April 1, 2009 to March 31, 2014**

Specialty	April 1, 2009	April 1, 2010	April 1, 2011	April 1, 2012	April 1, 2013
Anaesthesia	4.5	4.1	Nil	Nil	Nil
Cardiology	2.0	2.4	Nil	Nil	Nil
Cardiovascular and Thoracic Surgery	2.1	2.1	Nil	Nil	Nil
Critical Care Medicine	4.2	3.5	Nil	Nil	Nil
Dermatology	2.0	2.4	Nil	Nil	Nil
Radiology	2.0	2.5	Nil	Nil	Nil
Emergency Medicine	4.6	4.8	Nil	Nil	Nil
Endocrinology/Metabolism	4.2	6.2	Nil	Nil	Nil
Gastroenterology	2.6	3.2	Nil	Nil	Nil
General Practice	7.0	5.6	Nil	Nil	Nil
General Surgery	4.2	3.4	Nil	Nil	Nil
Mental Health Generalists	7.4	4.6	Nil	Nil	Nil
Infectious Diseases	4.8	8.4	Nil	Nil	Nil
Internal Medicine	6.5	4.6	Nil	Nil	Nil
Nephrology	2.0	2.3	Nil	Nil	Nil
Neurology	4.4	5.3	Nil	Nil	Nil
Neurosurgery	2.3	4.8	Nil	Nil	Nil
Obstetrics-Gynaecology	2.4	3.5	Nil	Nil	Nil
Ophthalmology	2.0	2.5	Nil	Nil	Nil
Orthopaedic Surgery	2.9	3.6	Nil	Nil	Nil
Otolaryngology	2.0	2.9	Nil	Nil	Nil
Paediatrics	7.3	6.2	Nil	Nil	Nil
Pathology	3.6	2.0	Nil	Nil	Nil
Physical Medicine and Rehabilitation	4.8	8.5	Nil	Nil	Nil
Plastic Surgery	2.6	4.4	Nil	Nil	Nil
Psychiatry	5.0	4.9	Nil	Nil	Nil
Respiratory Medicine	2.4	3.4	Nil	Nil	Nil
Rheumatology	3.9	7.3	Nil	Nil	Nil
Urology	2.1	3.2	Nil	Nil	Nil
Vascular Surgery	3.7	3.3	Nil	Nil	Nil
All Physicians	5.0%	4.5%	Nil	Nil	Nil

**Table 2.16**  
**Basic Health Services:**  
**Percentage Changes to Rates in the Schedules of Benefits**  
**for April 1, 2009 to March 31, 2014**

Type of Practitioner Effective Date	Medical	Dentists/ Dental Specialists/ Oral Surgeons	Optometrists	Podiatrists
	(%)	(%)	(%)	(%)
April 1, 2009	5.0	Nil	5.0	Nil
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

### 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, 2018. 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 46 Clinical ARPs that use three working models for funding physician services, which are:

- Capitation ARP – This model is used in two 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 30 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 14 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 Alternative Relationship Plans

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

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

Ten Academic ARPs have been implemented in Alberta. Academic ARPs involve the following: the Universities of Alberta and Calgary, the Faculties of Medicine, the participating physicians, Alberta Health, Alberta Health Services, the Alberta Medical Association, other funding bodies, and related ministries such as Innovation and Advanced Education.

**Table 2.17**  
**Alternative Relationship Plans (ARP) Summary by Type**  
**For the Service Year April 1, 2013 to March 31, 2014**

	General Practitioners	Specialists	Expenditures <sup>(1)</sup>
Clinical ARPs	857	208	\$130,634,522
Academic ARPs	86	755	175,171,036
<b>Total <sup>(2)</sup></b>	<b>943</b>	<b>963</b>	<b>\$305,805,558</b>
<b>Total ARP Physicians</b>	<b>1,906</b>		

(1) Expenditures for the 2013/2014 Fiscal Year as of August 31, 2014.

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

## 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 2.18**  
**Out-of-Country Basic Health Services:**  
**Distribution of Payments, Number of Services and Discrete Patients**  
**for the Service Years Ended March 31, 2011, 2012 and 2013 <sup>(1) (2)</sup>**

Practitioner Type	Total Out-of-Country								
	Number of Services			Number of Discrete Patients			Payments		
	2010/2011	2011/2012	2012/2013	2010/2011	2011/2012	2012/2013	2010/2011	2011/2012	2012/2013
Physicians <sup>(3)</sup>	39,574	42,643	39,317	13,749	14,488	13,441	\$2,354,094	\$2,573,169	\$2,435,305
Dentists/Dental Specialists/Oral Surgeons	19	6	12	9	4	3	4,221	5,950	1,744
<b>Total</b>	<b>39,593</b>	<b>42,649</b>	<b>39,329</b>	<b>13,753</b>	<b>14,488</b>	<b>13,441</b>	<b>\$2,358,315</b>	<b>\$2,579,119</b>	<b>\$2,437,050</b>

Practitioner Type	United States								
	Number of Services			Number of Discrete Patients			Payments		
	2010/2011	2011/2012	2012/2013	2010/2011	2011/2012	2012/2013	2010/2011	2011/2012	2012/2013
Physicians <sup>(3)</sup>	25,860	28,734	26,914	8,156	8,852	8,279	\$1,645,800	\$1,819,371	\$1,710,465
Dentists/Dental Specialists/Oral Surgeons	8	6	12	5	4	3	1,493	5,950	1,744
<b>Total</b>	<b>25,868</b>	<b>28,740</b>	<b>26,926</b>	<b>8,158</b>	<b>8,852</b>	<b>8,279</b>	<b>\$1,647,293</b>	<b>\$1,825,321</b>	<b>\$1,712,209</b>

Practitioner Type	Out-of-Country (except United States)								
	Number of Services			Number of Discrete Patients			Payments		
	2010/2011	2011/2012	2012/2013	2010/2011	2011/2012	2012/2013	2010/2011	2011/2012	2012/2013
Physicians <sup>(3)</sup>	13,714	13,909	12,403	5,653	5,714	5,227	\$708,294	\$753,798	\$724,840
Dentists/Dental Specialists/Oral Surgeons	11			4			2,728		
<b>Total</b>	<b>13,725</b>	<b>13,909</b>	<b>12,403</b>	<b>5,655</b>	<b>5,714</b>	<b>5,227</b>	<b>\$711,021</b>	<b>\$753,798</b>	<b>\$724,840</b>

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

**Table 2.19**  
**Out-of-Country Health Services Program:**  
**Applications Reviewed by Out-of-Country Health Services Committee/Appeal Panel**  
**for the Service Years Ended March 31, 2010 to March 31, 2014**

Status of Applications	Type of Service				
	Required services not available in Alberta				
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
Reviewed	94	125	123	81	102
Approved	43	78	67.5	37	55
Approved on Appeal	4	8.5	9	8.5	7
Deferred <sup>(1)</sup>			1.5	1.5	2.5
Denied	47	38.5	45	34	37.5

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

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

**Table 2.20**  
**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, 2010 to March 31, 2014**

Amount Paid (\$)	Type of Service				
	Required services not available in Alberta				
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
Medical Services	\$785,605	\$867,574	\$1,559,566	\$1,215,554	\$1,730,834
Hospital Services	2,945,522	2,716,470	2,783,198	2,698,065	4,014,045
<b>Total</b>	<b>\$3,731,127</b>	<b>\$3,584,044</b>	<b>\$4,342,764</b>	<b>\$3,913,619</b>	<b>\$5,744,879</b>

## 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, 2014, there are 41 PCNs operating in the province.

**Table 2.21**  
**Primary Care Networks:**  
**Distribution by Health Zone, Number of Primary Care Physicians, Number of Patients, and**  
**Total Payments for the Service Year April 1, 2013 to March 31, 2014**

Primary Care Network	AHS Zone	Number of Primary Care Providers <sup>(1)</sup>	Number of Patients Enrolled <sup>(2)</sup>	Total Payments to the Primary Care Network <sup>(3)</sup>
Chinook	South Zone	137	156,720	\$9,699,714
Palliser	South Zone	82	97,358	5,972,646
Bow Valley	Calgary Zone	46	26,515	1,635,188
Calgary Foothills	Calgary Zone	375	359,387	22,281,994
Calgary Rural	Calgary Zone	138	103,809	6,465,794
Calgary West Central	Calgary Zone	380	302,705	18,773,786
Highland	Calgary Zone	52	56,770	3,479,099
Mosaic	Calgary Zone	193	240,435	14,422,068
South Calgary	Calgary Zone	177	160,009	9,575,187
Big Country	Central Zone	42	36,848	2,263,992
Camrose	Central Zone	34	28,303	1,760,304
Kalyna Country	Central Zone	27	19,189	1,167,336
Lloydminster	Central Zone	18	17,911	1,115,938
Peaks to Prairies	Central Zone	25	20,701	1,281,199
Provost	Central Zone	4	4,412	277,326
Red Deer	Central Zone	92	118,075	7,283,109
Rocky Mountain House	Central Zone	18	14,966	926,435
Wainwright	Central Zone	10	9,228	571,175
Wetaskiwin	Central Zone	29	26,145	2,563,514
Wolf Creek	Central Zone	49	56,182	3,708,530
Alberta Heartland	Edmonton Zone	36	45,937	2,842,576
Edmonton North	Edmonton Zone	194	178,000	10,699,650
Edmonton Oliver	Edmonton Zone	132	103,851	6,291,543
Edmonton Southside	Edmonton Zone	201	196,428	12,001,712
Edmonton West	Edmonton Zone	164	154,178	9,162,949
Leduc/Beaumont/Devon	Edmonton Zone	57	58,882	3,632,797
Sherwood Park-Strathcona County	Edmonton Zone	84	87,705	5,423,481
St. Albert & Sturgeon	Edmonton Zone	75	78,596	4,888,421
WestView	Edmonton Zone	91	76,608	3,169,533
Aspen	North Zone	26	22,990	1,429,720
Bonnyville	North Zone	24	13,997	857,274
Cold Lake	North Zone	14	16,137	991,535
Grande Cache <sup>(4)</sup>	North Zone	6	4,159	191,565
Grande Prairie	North Zone	48	64,291	3,932,164
Lakeland	North Zone	38	39,920	2,462,361
McLeod River	North Zone	46	34,807	2,134,722
Northwest	North Zone	35	24,528	1,507,096
Peace Region	North Zone	37	30,307	1,814,151
Sexsmith/Spirit River	North Zone	8	10,229	617,489
West Peace	North Zone	9	9,606	600,439
Wood Buffalo	North Zone	36	63,419	3,913,316
<b>Total</b>		<b>3,289</b>	<b>3,170,243</b>	<b>\$193,788,828</b>



**Table 2.21**  
**Primary Care Networks:**  
**Distribution by Health Zone, Number of Primary Care Physicians, Number of Patients, and**  
**Total Payments for the Service Year April 1, 2013 to March 31, 2014**

*Notes:*

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

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

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

*(4) Grande Cache became operational July 1, 2013.*

## Section 3: Regional Data

### Summary

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

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

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

Alberta Health Services is responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. Alberta Health Services works with communities to deliver health services, including mental health services, to local residents. Information about services and costs for Alberta Health Services is in the Ministry of Health Annual Report 2013/2014.

### Highlights

- A total of 39.11% of physician fee-for-service expenditures were for services received in Edmonton Zone (Zone 4); 38.07% for services received in Calgary Zone (Zone 2) and the balance, 22.82%, for services received in the other three zones.
- In Alberta, 89.38% of payments for services received by patients were provided in the health zone where the patient resides.

## Figures and Charts



## **Explanatory Notes**

### **Number of Practitioners**

The figures shown for the number of practitioners in a 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 Boundary Changes**

Health boundaries are subject to change; therefore, year-over-year comparisons by zones should be interpreted with caution. The map on continuum health zones 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.

**Table 3.1**  
**Distribution of Population Covered by Alberta Health Services Geographic Zone**  
**Service Location as at March 31, 2014 <sup>(1)</sup>**

Zone Service Location	Registered Population		
	Total	Male	Female
South (Zone 1)	308,113	154,685	153,428
Calgary (Zone 2)	1,597,750	804,043	793,707
Central (Zone 3)	487,459	246,015	241,444
Edmonton (Zone 4)	1,336,411	674,669	661,742
North (Zone 5)	498,172	258,408	239,764
Unknown	220	119	101
<b>Total</b>	<b>4,228,125</b>	<b>2,137,939</b>	<b>2,090,186</b>

(1) The population figures are as at March 31, 2014, calculated in July 2014.

**Table 3.2**  
**Distribution of Payments to Physicians by Alberta Health Services Geographic Zone**  
**Service Location and Recipient Location**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1)</sup>**

Zone Service Location	Zone Recipient Location						
	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
South	\$180,198,663	<b>\$170,057,521</b>	\$6,549,027	\$1,526,916	\$1,073,270	\$738,290	\$253,637
Calgary	1,057,609,212	26,442,540	<b>993,247,309</b>	23,300,599	8,413,746	5,302,579	902,438
Central	241,212,439	1,692,332	9,679,489	<b>215,068,681</b>	9,763,555	4,773,022	235,361
Edmonton	1,086,704,286	3,578,999	14,139,716	60,778,310	<b>919,603,637</b>	87,602,019	1,001,604
North	199,705,354	743,815	2,527,619	2,873,957	8,063,993	<b>185,273,074</b>	222,897
Unknown	12,952,929	533,112	1,846,140	7,630,754	1,668,637	1,162,449	<b>111,837</b>
<b>Total</b>	<b>\$2,778,382,882</b>	<b>\$203,048,318</b>	<b>\$1,027,989,302</b>	<b>\$311,179,217</b>	<b>\$948,586,838</b>	<b>\$284,851,432</b>	<b>\$2,727,774</b>

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

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

**Table 3.3**  
**Distribution of Payments by Diagnostic Chapter (ICD9) and**  
**Alberta Health Services Geographic Zone Service Location**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1)</sup>**

<b>Zone Service Location</b>	<b>All Zones</b>	<b>South Zone</b>	<b>Calgary Zone</b>	<b>Central Zone</b>	<b>Edmonton Zone</b>	<b>North Zone</b>	<b>Unknown</b>
<b>Diagnostic Chapter (ICD9)</b>							
Infectious and Parasitic Diseases	\$44,028,848	\$2,763,241	\$17,645,654	\$4,204,571	\$15,186,822	\$3,963,902	\$264,659
Neoplasms	98,449,399	6,392,496	41,051,997	6,603,450	39,325,103	4,667,650	408,704
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	87,104,744	7,196,953	28,900,261	7,678,475	35,285,967	7,621,296	421,791
Diseases of Blood and Blood Forming Organs	12,797,433	1,372,836	4,188,888	1,405,920	4,574,919	1,122,982	131,888
Mental Disorders	277,357,861	15,993,635	99,116,466	27,395,312	118,410,704	13,734,028	2,707,716
Diseases of the Nervous System and Sense Organs	191,299,263	12,738,075	83,122,098	12,923,231	71,507,258	10,636,208	372,391
Diseases of the Circulatory System	187,086,953	13,103,791	60,717,487	14,962,885	85,204,055	12,154,287	944,449
Diseases of the Respiratory System	156,676,848	10,585,663	55,156,724	15,404,573	59,605,485	15,043,068	881,335
Diseases of the Digestive System	99,258,237	8,269,899	30,882,066	12,031,789	35,902,511	11,240,454	931,517
Diseases of the Genitourinary System	115,114,392	8,139,530	43,011,846	13,454,959	40,842,646	8,870,204	795,207
Complications of Pregnancy, Childbirth and the Puerperium	77,861,201	4,315,407	32,720,096	8,063,611	23,877,916	8,384,012	500,160
Diseases of the Skin and Subcutaneous Tissue	68,497,484	4,250,449	26,162,275	6,665,163	24,904,726	6,174,523	340,347
Diseases of the Musculoskeletal System and Connective Tissue	149,066,103	12,204,133	53,464,920	14,009,944	55,722,038	13,077,626	587,442
Congenital Anomalies	9,105,926	297,719	3,791,802	222,386	4,419,816	359,264	14,939
Certain Conditions Originating in the Perinatal Period	9,642,410	1,491,806	2,405,957	1,587,851	2,460,509	1,629,223	67,063
Symptoms, Signs and Ill-Defined Conditions	313,233,072	18,415,986	111,729,542	29,987,267	126,308,139	25,313,284	1,478,854
Injury and Poisoning	141,295,015	10,026,111	47,925,666	15,015,674	53,432,665	14,129,711	765,188
Non-Standard Diagnostic Codes <sup>(2)</sup>	255,218,307	15,509,947	99,798,258	21,646,256	91,703,762	25,483,870	1,076,213
Unknown Diagnostic Chapter <sup>(3)</sup>	485,289,386	27,130,985	215,817,209	27,949,121	198,029,245	16,099,760	263,065
<b>Total</b>	<b>\$2,778,382,882</b>	<b>\$180,198,663</b>	<b>\$1,057,609,212</b>	<b>\$241,212,439</b>	<b>\$1,086,704,286</b>	<b>\$199,705,354</b>	<b>\$12,952,929</b>

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

(1) Payment totals have been rounded.

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

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

**Table 3.4**  
**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, 2013 to March 31, 2014 <sup>(1)</sup>**

Zone Service Location	Total			General/Family Physicians			Specialists <sup>(4)</sup>		
	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments
South Zone	530	\$163,816,975	\$309,089	324	\$91,267,784	\$281,691	206	\$72,549,190	\$352,181
Calgary Zone	2,900	901,689,994	310,928	1,693	406,479,153	240,094	1,207	495,210,841	410,282
Central Zone	761	221,120,381	290,566	521	145,155,709	278,610	240	75,964,673	316,519
Edmonton Zone	2,611	948,058,379	363,102	1,362	394,223,213	289,444	1,249	553,835,166	443,423
North Zone	663	189,925,955	286,464	478	141,711,552	296,468	185	48,214,404	260,618
Unknown	175	11,430,200	65,315	103	6,566,177	63,749	72	4,864,023	67,556
<b>Alberta <sup>(2) (3)</sup></b>	<b>6,963</b>	<b>\$2,436,041,884</b>	<b>\$349,855</b>	<b>4,105</b>	<b>\$1,187,726,744</b>	<b>\$289,337</b>	<b>2,858</b>	<b>\$1,251,969,785</b>	<b>\$438,058</b>

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 3.5**  
**Number of General/Family Physicians by Payment Range and**  
**Alberta Health Services Geographic Zone Service Location**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1) (2)</sup>**

Zone Service Location Payment Range	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
Less than \$10,000	182	160	393	251	339	202	683
10,000 - 19,999	107	22	69	29	57	26	36
20,000 - 39,999	165	18	107	25	57	31	26
40,000 - 59,999	141	18	81	19	54	18	8
60,000 - 79,999	135	11	75	14	38	18	3
80,000 - 99,999	145	8	86	22	38	20	5
100,000 - 119,999	153	6	86	21	45	15	2
120,000 - 139,999	172	9	88	12	53	14	7
140,000 - 159,999	176	8	77	17	66	15	5
160,000 - 179,999	163	6	81	8	62	16	2
180,000 - 199,999	169	9	74	26	61	17	3
200,000 - 299,999	885	63	339	99	299	64	6
300,000 - 399,999	743	68	255	100	229	93	
400,000 - 499,999	430	39	130	71	133	52	
500,000 - 599,999	245	18	73	32	69	33	
600,000 - 699,999	120	12	35	17	30	25	
700,000 - 799,999	60	3	19	6	22	9	
800,000 - 899,999	38	5	11	1	14	4	
900,000 - 999,999	16		1	1	11	3	
1,000,000 & over	42	1	6	1	24	5	
<b>Total</b>	<b>4,287</b>	<b>484</b>	<b>2,086</b>	<b>772</b>	<b>1,701</b>	<b>680</b>	<b>786</b>

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

(1) This report reflects discrete physician counts of physicians within each zone, where the physician payment was greater than zero within the zone. The number of physicians reported in the total is not the actual number of physicians in Alberta since physicians may provide health services in multiple zones and will be double counted.

(2) A blank cell represents a zero value.



**Table 3.6**  
**Number of Physicians by Specialty Within Alberta Health Services Geographic Zones**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1)(2)</sup>**

Physicians by Specialty	Number of Physicians <sup>(3)</sup>			
	All Zones	Calgary Zone	Edmonton Zone	All Other Zones
Anaesthesiology	400	181	168	80
Cardiovascular and Thoracic Surgery	25	4	20	1
Dermatology	45	23	18	5
Emergency Medicine	131	80	56	16
General/Family Physicians (GP/FPs)	4,287	2,086	1,701	1,518
General Surgery	193	78	75	87
Internal Medicine	699	299	390	214
Neurology	60	23	34	24
Neurosurgery	15	6	11	
Obstetrics-Gynaecology	209	100	84	60
Ophthalmology	119	61	53	29
Orthopaedic Surgery	175	77	67	66
Otolaryngology	68	29	30	16
Paediatrics	326	199	95	61
Physical Medicine and Rehabilitation	44	10	31	10
Plastic Surgery	62	36	22	13
Psychiatry	473	225	229	116
Urology	52	20	24	20
All Specialists (except GP/FPs & laboratory specialists)	3,096	1,451	1,407	818
Total: All Physicians (except laboratory specialists)	7,383	3,537	3,108	2,336

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

(1) This report reflects discrete physician counts of physicians within each zone, where the physician payment was greater than zero within the zone. The number of physicians reported in the total is not the actual number of physicians in Alberta since physicians may provide health services in multiple zones and will be double counted.

(2) A blank cell represents a zero value.

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

**Table 3.7**  
**Allied Health Services:**  
**Distribution of Services and Payments**  
**by Alberta Health Services Geographic Zone Service Location**  
**for the Service Year April 1, 2013 to March 31, 2014 <sup>(1) (2)</sup>**

Zone Service Location	Total		Optometrists		Dentists/Dental Specialists/ Oral Surgeons		Podiatrists	
	Services	Payments	Services	Payments	Services	Payments	Services	Payments
South	104,181	\$5,453,927	73,958	\$4,282,810	321	\$43,379	29,902	\$1,127,739
Calgary	481,326	26,201,700	320,953	18,125,815	8,563	2,302,100	151,810	5,773,785
Central	144,874	8,834,220	125,568	7,321,699	3,063	905,169	16,243	607,351
Edmonton	431,244	25,093,678	313,379	18,090,046	13,023	4,060,960	104,842	2,942,672
North	88,814	4,787,680	78,285	4,486,860	25	6,262	10,504	294,558
Unknown	2,736	113,391	1,420	82,563			1,316	30,828
<b>Total</b>	<b>1,253,175</b>	<b>\$70,484,596</b>	<b>913,563</b>	<b>\$52,389,793</b>	<b>24,995</b>	<b>\$7,317,869</b>	<b>314,617</b>	<b>\$10,776,933</b>

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.

# 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, and to recipients of the Alberta Widows' Pension Program and their dependants. Premium-free drug coverage is also provided to people who have been diagnosed as being palliative and receive their health care at home rather than at a hospital.

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

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

## Highlights

- In 2013/2014, the number of Albertans who were covered under Non-Group supplementary plans increased to 607,823, an increase of 3.16% compared to 2012/2013.
- The number of persons covered through full premium rates was 78,815 (12.97% of the total Non-Group membership).
- A total of 8,680 people (1.43% of the total Non-Group membership) received non-group coverage at reduced premium rates.
- A total of 520,328 people (85.61% of total Non-Group membership) received their coverage premium-free.
- More than \$743 million was paid for benefits under the Non-Group supplementary plans in 2013/2014, an increase of 2% compared to 2012/2013.
- More than \$556 million was paid for benefits for seniors and their dependants in 2013/2014. These payments accounted for 74.77% of the total amount spent on the Non-Group supplementary plans.
- Drugs accounted for more than \$710 million or 95.60% of total Non-Group benefit expenditures. Ambulance services accounted for over \$25 million or 3.42% 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.
- The \$3 per prescription Transition Allowance paid to pharmacies that was introduced in April 2010 to allow the industry time to adjust to lower generic drug pricing, was decreased to \$2 in April 2011, to \$1 in April 2012 and \$0 in April 2013. In conjunction with further generic price reductions, a one year \$1 per prescription allowance was reinstated effective April 15, 2013.
- In 2013/2014, the 10 highest expenditure drugs were used to treat common chronic conditions including:
  - Neovascular (wet) Age Related Macular Degeneration
  - Rheumatoid Arthritis / Crohn's Disease
  - Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis
  - Chronic Obstructive Pulmonary Disease
  - Multiple Sclerosis
  - Asthma
  - Asthma/Chronic Obstructive Pulmonary Disease
  - Cholesterol Lowering Agent
  - Blood Glucose Monitoring

## Premium Subsidy Program

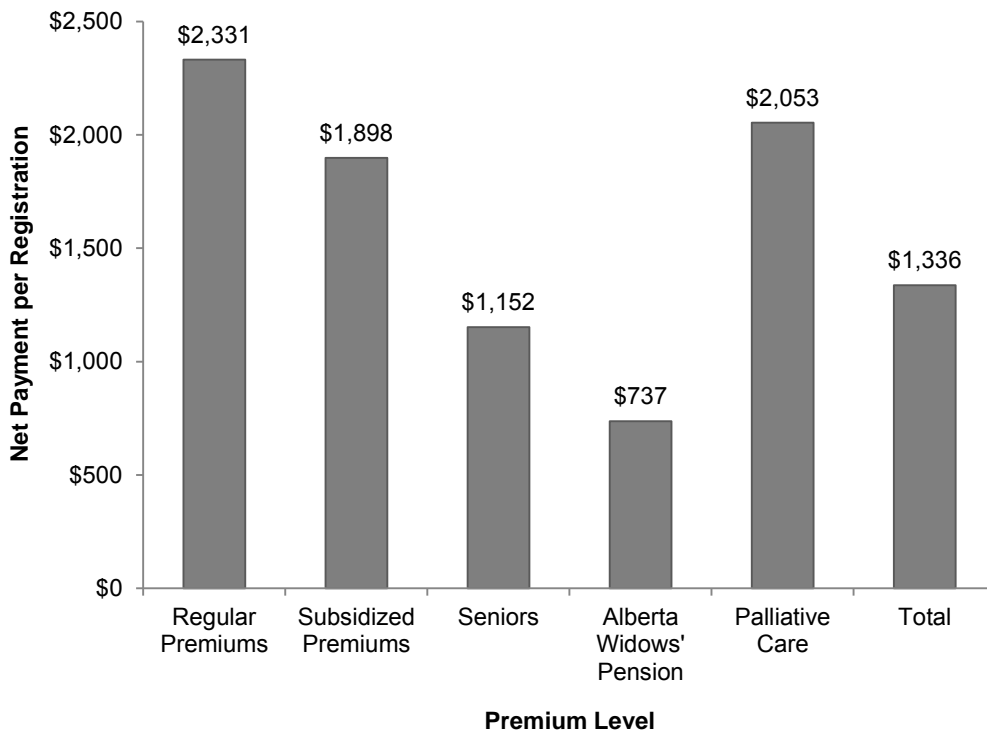
Eligibility for the Premium Subsidy Program is based on the applicant's family category and the taxable income of the applicant and his/her spouse or partner (if applicable) for the year which precedes the subsidy period. A subsidy period runs from April 1 of one year to March 31 of the following year.

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.

## Figures and Charts

<b>2013/2014 Premium Subsidy Tresholds</b>	
<b>Family Category</b>	<b>Full Premiums</b>
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 6**  
**Non-Group Supplementary Coverage: Average Net Payment for Drugs per Recipient**  
**by Coverage Category for the Service Year April 1, 2013 to March 31, 2014**



## Explanatory Notes

### Data

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

### Non-Group Supplementary Coverage Parameters

Non-Group coverage includes drugs and selected health services such as: some ambulance services; clinical psychological services; some home nursing care; prosthetic and orthotic benefits; and mastectomy prostheses. Coverage for private or semi-private hospital accommodation is included in the plan offered to Albertans under the age of 65 and their eligible dependants. The Alberta 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, 2010, 2011, 2012, 2013 and 2014 <sup>(1)</sup>**

Registration Status		Number of Registrations & Persons Covered					Percentage Change			
		2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Regular Premiums	Registrations	51,823	45,684	43,153	41,904	40,665	(11.85)	(5.54)	(2.89)	(2.96)
	Persons	104,293	90,600	84,893	81,766	78,815	(13.13)	(6.30)	(3.68)	(3.61)
Reduced Premiums	Registrations	12,791	9,850	7,920	6,263	5,162	(22.99)	(19.59)	(20.92)	(17.58)
	Persons	24,251	18,145	14,138	10,841	8,680	(25.18)	(22.08)	(23.32)	(19.93)
No Premiums <sup>(2)</sup>	Registrations	296,133	305,130	318,576	333,720	349,087	3.04	4.41	4.75	4.60
	Persons	437,533	451,873	473,175	496,614	520,328	3.28	4.71	4.95	4.78
<b>Total</b>	Registrations	360,747	360,664	369,649	381,887	394,914	-0.02%	2.49%	3.31%	3.41%
	Persons	566,077	560,618	572,206	589,221	607,823	-0.96%	2.07%	2.97%	3.16%

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

(2) 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, 2010, 2011, 2012, 2013 and 2014 <sup>(1) (2) (3)</sup>**

Registration Status		Total					Regular Premium				
		2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
One Person	Registrations	188,779	188,856	193,005	198,983	205,631	21,726	19,404	18,570	18,430	18,239
	Persons	188,779	188,856	193,005	198,983	205,631	21,726	19,404	18,570	18,430	18,239
Two Persons	Registrations	153,518	155,899	161,776	168,604	175,275	18,178	16,337	15,444	14,718	14,021
	Persons	307,036	311,798	323,552	337,208	350,550	36,356	32,674	30,888	29,436	28,042
Three or More Persons	Registrations	18,450	15,909	14,868	14,300	14,008	11,919	9,943	9,139	8,756	8,405
	Persons	70,262	59,964	55,649	53,030	51,642	46,211	38,522	35,435	33,900	32,534
<b>Total</b>	Registrations	360,747	360,664	369,649	381,887	394,914	51,823	45,684	43,153	41,904	40,665
	Persons	566,077	560,618	572,206	589,221	607,823	104,293	90,600	84,893	81,766	78,815

Note: As at March 31, 2014, 1,376 people were covered by the Palliative Care Drug Program. Of these, 426 are not included in this table as they were covered only under the Palliative Care Drug Program and had no other Non-Group supplementary coverage.

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

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

**Table 4.2**  
**Non-Group Supplementary Coverage:**  
**Number of Registrations and Persons Covered by Coverage Category and**  
**Level of Premium Payment as at March 31, 2010, 2011, 2012, 2013 and 2014 <sup>(1) (2) (3)</sup>**

Registration Status		Subsidized Premium					Seniors				
		2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
One Person	Registrations	7,286	5,762	4,810	3,935	3,378	159,361	163,426	169,464	176,550	184,005
	Persons	7,286	5,762	4,810	3,935	3,378	159,361	163,426	169,464	176,550	184,005
Two Persons	Registrations	2,804	2,168	1,685	1,269	974	132,526	137,387	144,645	152,617	160,280
	Persons	5,608	4,336	3,370	2,538	1,948	265,052	274,774	289,290	305,234	320,560
Three or More Persons	Registrations	2,701	1,920	1,425	1,059	810	3,827	4,045	4,303	4,485	4,793
	Persons	11,357	8,047	5,958	4,368	3,354	12,685	13,392	14,250	14,762	15,754
<b>Total</b>	Registrations	12,791	9,850	7,920	6,263	5,162	295,714	304,858	318,412	333,652	349,078
	Persons	24,251	18,145	14,138	10,841	8,680	437,098	451,592	473,004	496,546	520,319

Registration Status		Alberta Widows' Pension				
		2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
One Person	Registrations	406	264	161	68	9
	Persons	406	264	161	68	9
Two Persons	Registrations	10	7	2		
	Persons	20	14	4		
Three or More Persons	Registrations	3	1	1		
	Persons	9	3	6		
<b>Total</b>	Registrations	419	272	164	68	9
	Persons	435	281	171	68	9

Note: As at March 31, 2014, 1,376 people were covered by the Palliative Care Drug Program. Of these, 426 are not included in this table as they were covered only under the Palliative Care Drug Program and had no other Non-Group supplementary coverage.

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

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

(3) A blank cell represents a zero value.

**Table 4.3**  
**Non-Group Supplementary Coverage:**  
**Persons Covered by Age and Gender as at March 31, 2010, 2011, 2012, 2013 and 2014 <sup>(1)</sup>**

Age Group	Total					Percentage Change Total			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Under 1	733	498	451	451	400	(32.06)	(9.44)	0.00	(11.31)
1 - 4	3,511	2,674	2,337	2,162	2,112	(23.84)	(12.60)	(7.49)	(2.31)
5 - 14	13,589	10,994	9,932	9,395	9,095	(19.10)	(9.66)	(5.41)	(3.19)
15 - 24	20,618	17,400	16,094	15,112	14,515	(15.61)	(7.51)	(6.10)	(3.95)
25 - 44	22,770	18,139	16,630	15,797	15,433	(20.34)	(8.32)	(5.01)	(2.30)
45 - 64	113,469	106,916	103,522	101,390	100,144	(5.78)	(3.17)	(2.06)	(1.23)
65 - 74	209,063	216,371	230,307	245,933	260,748	3.50	6.44	6.78	6.02
75 & Older	182,324	187,626	192,933	198,981	205,376	2.91	2.83	3.13	3.21
<b>Total</b>	<b>566,077</b>	<b>560,618</b>	<b>572,206</b>	<b>589,221</b>	<b>607,823</b>	<b>-0.96%</b>	<b>2.07%</b>	<b>2.97%</b>	<b>3.16%</b>

Age Group	Male					Percentage Change Male			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Under 1	379	261	227	234	205	(31.13)	(13.03)	3.08	(12.39)
1 - 4	1,758	1,338	1,193	1,108	1,076	(23.89)	(10.84)	(7.12)	(2.89)
5 - 14	6,855	5,499	4,950	4,712	4,584	(19.78)	(9.98)	(4.81)	(2.72)
15 - 24	10,463	8,821	8,167	7,635	7,279	(15.69)	(7.41)	(6.51)	(4.66)
25 - 44	10,150	8,200	7,596	7,214	7,088	(19.21)	(7.37)	(5.03)	(1.75)
45 - 64	39,948	36,480	34,583	33,121	32,125	(8.68)	(5.20)	(4.23)	(3.01)
65 - 74	101,248	104,881	111,616	119,488	126,640	3.59	6.42	7.05	5.99
75 & Older	75,828	78,488	81,254	84,261	87,497	3.51	3.52	3.70	3.84
<b>Total</b>	<b>246,629</b>	<b>243,968</b>	<b>249,586</b>	<b>257,773</b>	<b>266,494</b>	<b>-1.08%</b>	<b>2.30%</b>	<b>3.28%</b>	<b>3.38%</b>

Age Group	Female					Percentage Change Female			
	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014	2010/2011	2011/2012	2012/2013	2013/2014
Under 1	354	237	224	217	195	(33.05)	(5.49)	(3.13)	(10.14)
1 - 4	1,753	1,336	1,144	1,054	1,036	(23.79)	(14.37)	(7.87)	(1.71)
5 - 14	6,734	5,495	4,982	4,683	4,511	(18.40)	(9.34)	(6.00)	(3.67)
15 - 24	10,155	8,579	7,927	7,477	7,236	(15.52)	(7.60)	(5.68)	(3.22)
25 - 44	12,620	9,939	9,034	8,583	8,345	(21.24)	(9.11)	(4.99)	(2.77)
45 - 64	73,521	70,436	68,939	68,269	68,019	(4.20)	(2.13)	(0.97)	(0.37)
65 - 74	107,815	111,490	118,691	126,445	134,108	3.41	6.46	6.53	6.06
75 & Older	106,496	109,138	111,679	114,720	117,879	2.48	2.33	2.72	2.75
<b>Total</b>	<b>319,448</b>	<b>316,650</b>	<b>322,620</b>	<b>331,448</b>	<b>341,329</b>	<b>-0.88%</b>	<b>1.89%</b>	<b>2.74%</b>	<b>2.98%</b>

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



**Table 4.4**  
**Non-Group Supplementary Coverage:**  
**Number of Discrete Recipients and Net Payment by**  
**Coverage Category, Level of Premium Payment and Type of Service**  
**for the Year Ending March 31, 2014 <sup>(1)</sup>**

Coverage Category and Type of Service	Discrete Recipients	Net Payment <sup>(2)</sup>	Net Payment per Recipient
<u>Regular Premium</u>			
Ambulance	2,340	\$611,707	\$261
Drugs	72,976	170,099,095	2,331
Hospital Accommodation	231	34,804	151
Chiropractor			
Other (3)	579	88,643	153
<b>Subtotal</b>	<b>73,208</b>	<b>\$170,834,249</b>	<b>\$2,334</b>
<u>Subsidized Premium</u>			
Ambulance	334	\$95,207	\$285
Drugs	7,916	15,021,690	1,898
Hospital Accommodation	17	2,312	136
Chiropractor			
Other	55	8,609	157
<b>Subtotal</b>	<b>7,944</b>	<b>\$15,127,818</b>	<b>\$1,904</b>
<u>Seniors</u>			
Ambulance	60,663	\$24,747,055	\$408
Drugs	454,878	524,173,930	1,152
Hospital Accommodation			
Chiropractor	51,274	6,932,773	135
Other	1,365	211,986	155
<b>Subtotal</b>	<b>461,088</b>	<b>\$556,065,744</b>	<b>\$1,206</b>
<u>Alberta Widows' Pension</u>			
Ambulance	<5	\$968	\$968
Drugs	49	36,102	737
Hospital Accommodation			
Chiropractor	<5	190	63
Other			
<b>Subtotal</b>	<b>51</b>	<b>\$37,260</b>	<b>\$731</b>
<u>Palliative Care</u>			
Ambulance			
Drugs	802	\$1,646,623	\$2,053
Hospital Accommodation			
Chiropractor			
Other			
<b>Subtotal</b>	<b>802</b>	<b>\$1,646,623</b>	<b>\$2,053</b>
<u>Total</u>			
Ambulance	63,312	\$25,454,937	\$402
Drugs	532,321	710,977,440	1,336
Hospital Accommodation	248	37,116	150
Chiropractor	51,275	6,932,963	135
Other	1,995	309,238	155
<b>Total</b>	<b>538,752</b>	<b>\$743,711,694</b>	<b>\$1,380</b>

(1) A blank cell represents a zero value.

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

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

**Table 4.5**  
**Non-Group Supplementary Coverage:**  
**Number of Drug Prescriptions and Net Payment by Prescription Type and Coverage Category**  
**for the Year Ending March 31, 2014 <sup>(1)</sup>**

<b>Prescription Type and Coverage Category</b>	<b>Number of Prescriptions <sup>(2)</sup></b>	<b>Net Payment <sup>(3)</sup></b>
<b>Prescription Drugs <sup>(4)</sup></b>		
Regular Premium	1,475,113	\$164,070,541
Subsidized Premium	183,853	14,401,690
Seniors	13,553,880	495,683,251
Alberta Widows' Pension	475	36,088
Palliative Care	24,033	1,592,968
<b>Subtotal</b>	<b>15,237,354</b>	<b>\$675,784,539</b>
<b>Over-The-Counter <sup>(5)</sup></b>		
Regular Premium	79,414	\$6,032,434
Subsidized Premium	8,502	620,000
Seniors	509,864	28,499,677
Alberta Widows' Pension	<5	14
Palliative Care	2,561	53,655
<b>Subtotal</b>	<b>600,342</b>	<b>\$35,205,780</b>
<b>Adjustments <sup>(6)</sup></b>		
Regular Premium	<5	(\$3,881)
Subsidized Premium		
Seniors	6	(8,999)
Alberta Widows' Pension		
Palliative Care		
<b>Subtotal</b>	<b>9</b>	<b>(\$12,879)</b>
<b>All Prescriptions</b>		
Regular Premium	1,554,530	\$170,099,095
Subsidized Premium	192,355	15,021,690
Seniors	14,063,750	524,173,930
Alberta Widows' Pension	476	36,102
Palliative Care	26,594	1,646,623
<b>Total</b>	<b>15,837,705</b>	<b>\$710,977,440</b>

- (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, 2010, 2011, 2012, 2013 and 2014 <sup>(1)</sup>**

<b>Year</b>	<b>Number of Pharmacies</b>	<b>Percentage Change from the Prior Year</b>
2009/2010	969	2.00
2010/2011	990	2.17
2011/2012	1,015	2.53
2012/2013	1,036	2.07
2013/2014	1,089	5.12
<b>Annual Average Percentage Change for Last 5 Years</b>		<b>2.96</b>

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

**Table 4.7**  
**Non-Group Supplementary Coverage:**  
**Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category**  
**for the Year Ending March 31, 2014 <sup>(1)</sup>**

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions <sup>(2)</sup>	Discrete Recipients	Net Payment
<u>Regular and Subsidized Premium</u>						
	Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	11,562	1,472	\$38,295,787
	Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	14,785	1,386	18,011,469
	Copaxone	20 mg/ml syringe	Multiple Sclerosis	7,462	1,006	10,896,797
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	7,284	698	9,390,189
	Gilenya	0.5 mg cap	Multiple Sclerosis	1,851	185	3,298,605
	Cerezyme	400 units	Gaucher's Disease	479	9	2,953,735
	Avonex PS/PEN	30 mcg/0.5 ml syringe	Multiple Sclerosis	1,667	194	2,682,274
	Incivek	375 mg cap	Hepatitis C	729	105	2,443,326
	Stelara	0.5 ml vial	Plaque Psoriasis	837	167	2,319,913
	Rebif	0.5 ml syringe	Multiple Sclerosis	1,149	155	2,225,952
<u>Seniors <sup>(3)</sup></u>						
	Lucentis	2.3 mg/vial	Neovascular (wet) Age Related Macular Degeneration	31,694	5,846	\$58,665,506
	Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	92,740	25,287	13,668,356
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis	6,079	536	8,990,591
	Symbicort Turbuhaler	200 mcg/6 mcg	Asthma	64,979	20,817	8,868,202
	Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	2,528	330	8,202,329
	Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis	5,460	483	7,855,481
	Advair	500 mcg/dose	Asthma/Chronic Obstructive Pulmonary Disease	26,355	7,690	7,381,373
	Ezetrol	10 mg	Cholesterol Lowering Agent	48,740	10,592	6,342,575
	Blood Glucose Test Strips	N/A	Blood Glucose Monitoring	74,666	16,859	5,805,143
	Advair	500 mcg/dose	Asthma/Chronic Obstructive Pulmonary Disease	29,178	9,323	5,440,523

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

Continued...

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

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

**Table 4.7**  
**Non-Group Supplementary Coverage:**  
**Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category**  
**for the Year Ending March 31, 2014 <sup>(1)</sup>**

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions <sup>(2)</sup>	Discrete Recipients	Net Payment
<u>Alberta Widows' Pension <sup>(4)</sup></u>						
	Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	6	<5	\$18,815
	Advair	250 mcg/dose	Asthma / Chronic Obstructive Pulmonary Disease	5	<5	1,976
	Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	6	<5	1,282
	Celebrex	200 mg	Osteoarthritis / Adult Rheumatoid Arthritis	5	<5	1,182
	Advair	500 mcg/dose	Obstructive Airways Diseases	<5	<5	457
	Detrol LA	4 mg cap	Control Symptoms of Overactive Bladder	<5	<5	394
	Coversyl	8 mg tap	High Blood Pressure	<5	<5	394
	Fragmin	0.2 ml syringe	Prevention of Blood Clots	<5	<5	389
	Apo-Pantoprazole	40 mg/0.8 ml syringe	Ulcer Treatment	<5	<5	383
	Apo-Atorvastatin	10 mg tab	Cholesterol Lowering Agent	11	<5	300
<u>Palliative Care</u>						
	Sandostatin Lar	30 mg/vial	Rare Endocrine Tumor / Acromegaly / Diarrhea	72	6	\$164,347
	Sandostatin Lar	20 mg/vial	Rare Endocrine Tumor / Acromegaly / Diarrhea	60	7	138,118
	Innohep	0.7 ml syringe	Prevention / Treatment of Blood Clots	129	29	69,023
	Innohep	0.9 ml syringe	Prevention / Treatment of Blood Clots	109	22	68,857
	Fragmin	0.72 ml syringe	Prevention of Blood Clots	78	13	65,605
	Fentanyl Citrate	0.05 mg/ml syringe	Analgesic	533	121	50,934
	Teva-Fentanyl	100 mcg patch	Analgesic	127	19	35,208
	Innohep	0.5 ml syringe	Prevention / Treatment of Blood Clots	115	26	34,922
	Fragmin	0.6 ml syringe	Prevention of Blood Clots	67	14	34,097
	Metoclopramide Hydrochloride	5 mg/ml	Nausea and Vomiting	281	96	22,876

(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.

(4) Alberta Widows' Pension refers to the registration status of account holders who belong to the Alberta Widows' Pension Program and their dependants.

**Table 4.7**  
**Non-Group Supplementary Coverage:**  
**Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category**  
**for the Year Ending March 31, 2014 <sup>(1)</sup>**

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions <sup>(2)</sup>	Discrete Recipients	Net Payment
<u>All Groups</u>						
	Lucentis	2.3 mg/vial	Neovascular (wet) Age Related Macular Degeneration	32,132	5,948	\$59,385,754
	Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	14,096	1,803	46,516,930
	Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis	20,245	1,869	25,866,950
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriasis Arthritis / Plaque Psoriasis	13,363	1,234	18,380,780
	Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	97,909	26,747	14,309,938
	Copaxone	20 mg/ml syringe	Multiple Sclerosis	7,859	1,065	11,631,630
	Symbicort Turbuhaler	200 mcg/6 mcg	Asthma	75,150	24,350	10,006,166
	Advair	500 mcg/dose	Asthma/Chronic Obstructive Pulmonary Disease	29,453	8,590	8,080,870
	Ezetrol	10 mg	Cholesterol Lowering Agent	54,413	11,970	7,061,570
	Blood Glucose Test Strips	N/A	Blood Glucose Monitoring	88,453	20,186	6,839,852

(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 Ending March 31, 2014**

Broad Drug Category	Number of Prescriptions <sup>(1)</sup>	Net Payment	Co-Payment <sup>(2)</sup>	Coordination of Benefits <sup>(3)</sup>	Average Gross Cost per Prescription <sup>(4)</sup>
Antihistamines	2,201	\$96,160	\$15,056	\$1,112	\$51.03
Antineoplastic Agents	44,648	3,901,166	599,939	119,998	103.50
Antitussives, Expectorants, Mucolytics	22,077	2,082,185	305,951	69,904	111.34
Anti-Infective Agents	743,943	28,189,376	5,582,661	1,355,038	47.22
Autonomic Drugs	629,089	60,334,551	9,027,015	681,932	111.34
Blood Formation and Coagulation	569,003	\$41,273,416	\$5,066,336	\$666,592	\$82.61
Cardiovascular Drugs	4,997,107	119,015,309	44,301,377	1,198,719	32.92
Central Nervous System Drugs	3,321,124	94,498,524	26,976,370	2,183,963	37.23
Compound Drugs					
Devices <sup>(5)</sup>	6,337	122,423	52,917	1,383	27.89
Dental Agents	21	337	144		22.93
Diabetic Supplies <sup>(6)</sup>	170,759	9,526,245	438,661	287,196	60.04
Diagnostic Agents					
Electrolytic, Caloric, Water Balance	565,813	\$6,134,712	\$2,489,674	\$61,246	\$15.35
Enzymes	609	3,920,230	5,250	80	6,445.91
Eye, Ear, Nose and Throat Preparations	408,754	69,030,974	4,256,349	118,343	179.58
Gastrointestinal Drugs	1,087,026	37,780,096	11,904,670	710,063	46.36
Gold Compounds	626	57,835	8,771	1,569	108.91
Heavy Metal Antagonists	1,230	\$1,740,196	\$21,673	\$38,685	\$1,463.86
Hormones & Synthetic Substitutes	1,974,951	59,477,861	16,051,918	1,149,299	38.83
Local Anaesthetics	120	9,613	372		83.21
Out of Country & Special Access	1,779	51,140	12,302	2,055	36.82
Serums, Toxoids, and Vaccines	2,523	173,275	31,716	2,526	82.25
Skin & Mucous Membrane Preparations	351,028	\$7,144,111	\$2,678,451	\$159,133	\$28.44
Smooth Muscle Relaxants	85,991	4,369,525	952,261	51,424	62.49
Unclassified Therapeutic Agents	745,878	160,909,235	7,599,458	13,657,380	244.23
Undetermined <sup>(7)</sup>	9	(12,879)			
Vitamins	105,059	1,151,826	407,521	23,401	15.07
<b>Total <sup>(8)</sup></b>	<b>15,837,705</b>	<b>\$710,977,440</b>	<b>\$138,786,815</b>	<b>\$22,541,042</b>	<b>\$55.08</b>

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

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

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

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

(5) Only those devices used with prescription drugs.

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

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

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

**Table 4.9**  
**Non-Group Supplementary Coverage:**  
**Number of Prescriptions and Prescription Cost Components**  
**by Coverage Category (Direct Bill Claims Only)**  
**for the Year Ending March 31, 2014 <sup>(1)</sup>**

Coverage Category	Number of Prescriptions <sup>(2)</sup>	Drug Material Cost [A]	Dispensing Fee <sup>(3)</sup> [B]	Additional Inventory Allowance <sup>(4)</sup> [C]	Adjustments <sup>(5)</sup> [D]	Gross Cost <sup>(6)</sup> [E]	Co-Payment <sup>(7)</sup> [F]	Coordination of Benefits <sup>(8)</sup> [G]	Net Payment <sup>(9)</sup> [H]
Regular and Subsidized Premiums	1,728,731	\$196,422,160	\$20,081,434	\$2,417,570	(\$6,446)	\$218,914,719	\$17,379,129	\$18,023,123	\$183,512,467
Seniors	14,021,270	489,438,482	136,347,404	20,653,969	(10,616)	646,429,239	120,508,866	3,473,740	522,446,634
Alberta Widows' Pension	475	35,733	4,703	711		41,146	5,082	13	36,052
Palliative Care	26,071	1,565,156	353,148	29,311		1,947,616	174,096	164,648	1,608,872
Average Cost per Prescription		43.57	9.94	1.46		54.98	8.75	1.37	44.85
<b>Total <sup>(10)</sup></b>	<b>15,776,547</b>	<b>\$687,461,532</b>	<b>\$156,786,689</b>	<b>\$23,101,561</b>	<b>(\$17,062)</b>	<b>\$867,332,720</b>	<b>\$138,067,172</b>	<b>\$21,661,524</b>	<b>\$707,604,024</b>

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

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

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

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

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

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

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

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

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

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

# Glossary/Definitions

## **Alberta Health Care Insurance Plan (AHCIP)**

A non-profit, publicly funded plan administered and operated by Alberta Health 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.

## **Clinical Stabilization Initiative**

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

**Medical Assessments**

Primarily office visits and consultations.

**Medical Services**

Services provided by a physician.

**N/A**

Not available.

**n.a.**

Not applicable.

**Net Payment**

The total amount paid by Alberta Health 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.

**Practitioner**

Licensed health care provider who is registered with the AHCIP and provides basic health services.

**Practitioner Payments**

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

**Primary Care Network**

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

**Recipient Location**

The health 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.

**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.

# Year at a Glance

	<b>2012/2013</b>	<b>2013/2014</b>
Total Albertans covered under the Alberta Health Care Insurance Plan	4,068,062	4,228,125
Non-Seniors	3,571,516	3,707,806
Seniors	496,546	520,319
Amount paid to Alberta practitioners (fee-for-service)	\$2,648,560,351	\$2,848,867,477
Physicians	\$2,584,944,346	\$2,778,382,882
Allied Health Practitioners	\$63,616,005	\$70,484,596
Average annual fee-for-service payment		
All Physicians (except Pathology)	\$349,696	\$358,261
All Specialists (except General/Family Physicians and Pathology)	\$443,711	\$459,138
General/Family Physicians	\$274,778	\$277,221
Number of practitioners who submitted fee-for-service claims	8,268	8,657
Physicians (including General Practitioners) <sup>(1)</sup>	7,381	7,743
General Practitioners	4,101	4,287
Dentists/Dental Specialists/Oral Surgeons	224	218
Optometrists	599	629
Podiatrists	64	67
Number of physicians by gross payment range (fee-for-service) <sup>(2)</sup>		
Less than \$500,000	5,856	6,087
More than \$500,000	1,525	1,656
More than \$1 million	299	339
More than \$2 million	54	65
Alternative Relationship Plans		
Total Expenditures	\$286,282,615	\$305,805,558
Total Alternative Relationship Plans	57	56
Total Physicians <sup>(1)</sup>	1,875	1,906
Primary Care Networks		
Total Payments	\$182,577,693	\$193,788,828
Total Primary Care Networks	40	41
Total Physicians <sup>(1)</sup>	2,995	3,289
Total Patients Enrolled	2,993,282	3,170,243
Allied health services provided (fee-for-service)		
Total Number of Services Provided	1,165,174	1,253,175
Average Number of Services per Practitioner	1,314	1,371

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

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

	2012/2013	2013/2014
Percentage of payments to physicians for patients who received services within the zone they reside in		
South Zone	83.89%	83.75%
Calgary Zone	96.88%	96.62%
Central Zone	69.27%	69.11%
Edmonton Zone	97.00%	96.94%
North Zone	65.31%	65.04%
Unknown Zone	3.19%	4.10%
Amount spent on Non-Group Supplementary coverage	\$729,152,633	\$743,711,694
Non-seniors	\$170,551,210	\$185,962,067
Seniors	\$556,849,337	\$556,065,744
Alberta Widows' Pension	\$99,043	\$37,260
Palliative Care	\$1,653,043	\$1,646,623
Number of community-based pharmacies in Alberta	1,036	1,089