



Alberta Health Care Insurance Plan statistical supplement

2021-2022

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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.

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Introduction

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 Alberta Health Care Insurance Plan

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

The AHCIP provides basic health coverage for insured services provided by physicians, dentists/dental specialists/oral surgeons and hospitals, and limited coverage for services provided by optometrists and podiatrists. All eligible residents of Alberta are required to register for AHCIP coverage, but residents have the option to opt out.

The Government of Alberta also provides supplementary health insurance through non-group supplementary plans for pharmaceutical and selected health service coverage. The supplementary plans included in this report cover some services beyond those insured by the AHCIP, which are funded by Alberta Health and administered by Alberta Blue Cross.

From April 1, 2021 to March 31, 2022, coverage was available to all Albertans under the age of 65 and their dependants, subject to the payment of a monthly premium.

During the same period, premium-free coverage was provided to seniors. In addition, premium-free drug coverage was provided to people diagnosed as being palliative and who received health care in their homes.

Information included in the Statistical Supplement

The Alberta Health Care Insurance Plan Statistical Supplement is an accompaniment to the Ministry of Health Annual Report 2021-2022.

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

Data reported in the Statistical Supplement

This edition of the Statistical Supplement reports new data for the period April 1, 2021 to March 31, 2022. Where possible, data reports over a five-year period to facilitate long-term comparisons.

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

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

Information not included in the Statistical Supplement

The following information is not included in the Statistical Supplement:

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

Ministry of Health Annual Report 2021-2022 provides a range of financial information pertaining to Alberta Health Services. A copy of the Annual Report can be found on the Alberta Health website at www.health.alberta.ca.

Note: This document reflects the fiscal year April 1, 2021 to March 31, 2022. Explanations of data and coverage may not be applicable for periods after March 31, 2022.

Year at a Glance

	2020-21	2021-22
Albertans covered under the Alberta Health Care Insurance Plan	4,825,270	4,913,180
Non-Seniors	4,176,549	4,231,660
Seniors	648,721	681,520
Amount paid to Alberta practitioners (fee-for-service)	\$3,733,017,799	\$4,165,669,505
Physicians	\$3,625,400,111	\$4,035,008,312
Allied Health Practitioners	\$107,617,688	\$130,661,194
Average annual fee-for-service payment		
All Physicians (except Pathology)	\$375,893	\$412,987
All Specialists (except General/Family Physicians and Pathology)	\$504,641	\$554,347
General/Family Physicians	\$273,920	\$300,368
Number of practitioners who submitted fee-for-service claims	10,730	10,895
Physicians (including General Practitioners)	9,642	9,769
General Practitioners	5,371	5,425
Dentists/Dental Specialists/Oral Surgeons	182	189
Optometrists	844	872
Podiatrists	64	67
Number of physicians by gross payment range (fee-for-service)⁽¹⁾⁽²⁾		
Less than \$500,000	7,401	7,195
More than \$500,000	2,241	2,574
More than \$1 million	487	600
More than \$2 million	106	154
Alternative Relationship Plans		
Total Expenditures	\$437,420,490	\$465,660,438
Total Clinical Alternative Relationship Plans	69	83
Total Physicians	3,571	3,960
Primary Care Networks		
Total Payments	\$231,387,982	\$239,341,456
Total Primary Care Networks	40	40
Total Providers ⁽³⁾	4,826	5,052
Total Patients Enrolled	3,860,885	3,839,719
Allied health services provided (fee-for-service)		
Total Number of Services Provided	2,214,634	2,742,596
Average Number of Services per Practitioner	2,032	2,431
Percentage of payments to physicians for patients who received services within the zone they reside in		
South Zone	82.57%	82.81%
Calgary Zone	96.52%	96.36%
Central Zone	68.21%	67.37%
Edmonton Zone	96.25%	96.21%
North Zone	61.61%	60.90%
Unknown Zone	5.59%	6.77%

	2020-21	2021-22
Amount spent on Non-Group Supplementary coverage	\$1,032,571,856	\$1,074,085,928
Non-seniors	\$311,045,157	\$304,569,704
Seniors	\$719,208,225	\$766,706,995
Palliative Care	\$2,318,474	\$2,809,229
Number of community-based pharmacies in Alberta	1,519	1,588

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

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

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

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 sex, as at March 31, 2022.

Highlights

- A total of 4,913,180 Albertans were registered for basic coverage. This is an increase of 1.82%, compared to 2020-21. Included in this total are 72,588 individuals who have temporary Canada entry documents (e.g. work permits, study permits) and are registered with the AHCIP, compared to 67,060 individuals in 2020-21.
- In 2021-22, there were 255 Albertans who chose to opt out of the AHCIP compared to 194 in 2020-21.

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.

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

Opting Out

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

Non-Seniors Category

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

Seniors Category

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

TABLE 1.1
NUMBER OF REGISTRATIONS AND INDIVIDUAL REGISTRANTS COVERED
AS AT MARCH 31, 2018 TO MARCH 31, 2022

Population Categories	Number of Registrations ⁽¹⁾					Percentage Change			
	2017-18	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Non-Seniors	2,109,493	2,157,902	2,260,601	2,278,403	2,319,981	2.29	4.76	0.79	1.82
Seniors	417,970	440,556	462,466	484,411	509,291	5.40	4.97	4.75	5.14
Total⁽¹⁾	2,527,462	2,598,454	2,657,277	2,696,977	2,761,644	2.81%	2.26%	1.49%	2.40%

Population Categories	Individual Registrants Covered					Percentage Change			
	2017-18	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Non-Seniors	3,973,354	4,042,409	4,165,304	4,176,549	4,231,660	1.74	3.04	0.27	1.32
Seniors ⁽²⁾	624,735	658,431	618,305	648,721	681,520	5.39	(6.09)	4.92	5.06
Total	4,598,089	4,700,840	4,783,609	4,825,270	4,913,180	2.23%	1.76%	0.87%	1.82%

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

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

TABLE 1.2
NUMBER OF REGISTRATIONS AND INDIVIDUAL REGISTRANTS COVERED
AS AT MARCH 31, 2022

Registration Status	Total		Single		Family	
	Registrations ⁽²⁾	Individual Registrants	Registrations ⁽²⁾	Individual Registrants	Registrations ⁽²⁾	Individual Registrants
Non-Seniors	2,319,981	4,231,660	1,361,066	1,361,066	958,915	2,870,594
Seniors	509,291	681,520	271,106	271,106	238,185	410,414
Total⁽¹⁾	2,829,272	4,913,180	1,632,172	1,632,172	1,197,100	3,281,008

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

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

**TABLE 1.3 A
DISTRIBUTION OF REGISTRANTS BY AGE AND SEX
AS AT MARCH 31, 2018 TO MARCH 31, 2022**

Age Group	Total Male and Female ⁽¹⁾					Male					Female				
	2017-18	2018-19	2019-20	2020-21	2021-22	2017-18	2018-19	2019-20	2020-21	2021-22	2017-18	2018-19	2019-20	2020-21	2021-22
Under 1	52,843	52,011	51,057	48,141	48,769	27,296	26,549	26,148	24,653	25,155	25,547	25,462	24,909	23,488	23,614
1 - 4	229,536	229,631	226,663	219,610	213,778	117,477	117,661	115,907	112,683	109,639	112,059	111,970	110,756	106,927	104,139
5 - 9	298,023	300,278	301,238	302,664	305,055	153,306	154,461	155,038	155,247	156,450	144,717	145,817	146,200	147,417	148,605
10 - 14	277,848	289,618	300,656	307,053	313,244	142,365	148,446	154,115	157,642	160,969	135,483	141,172	146,541	149,411	152,275
15 - 19	258,499	263,777	268,982	271,892	284,020	132,473	135,224	137,978	139,068	145,424	126,026	128,553	131,004	132,824	138,596
20 - 24	281,679	283,174	282,034	276,501	278,268	143,398	144,528	144,174	141,344	142,301	138,281	138,646	137,860	135,157	135,967
25 - 29	354,396	351,992	344,413	333,139	329,362	178,025	176,804	172,971	167,786	166,467	176,371	175,188	171,442	165,353	162,895
30 - 34	392,405	397,118	401,615	398,603	398,750	197,950	199,914	201,888	200,046	199,983	194,455	197,204	199,727	198,557	198,767
35 - 39	372,903	389,761	402,042	410,138	418,103	189,638	198,243	204,307	208,116	211,960	183,265	191,518	197,735	202,022	206,143
40 - 44	325,803	337,598	349,751	360,640	375,745	167,654	173,535	179,306	184,855	191,990	158,149	164,063	170,445	175,785	183,755
45 - 49	306,307	311,190	316,092	319,420	326,299	158,185	160,949	163,533	164,786	168,081	148,122	150,241	152,559	154,634	158,218
50 - 54	297,235	294,465	293,319	297,855	304,150	152,242	150,885	150,623	153,140	156,780	144,993	143,580	142,696	144,715	147,370
55 - 59	306,099	310,936	311,961	307,569	303,124	155,505	157,715	157,943	156,193	154,065	150,594	153,221	154,018	151,376	149,059
60 - 64	265,707	276,628	285,071	291,393	297,757	134,989	140,629	144,648	147,454	150,186	130,718	135,999	140,423	143,939	147,571
65 - 69	197,085	209,385	222,371	234,828	247,735	98,496	104,642	111,281	117,382	123,673	98,589	104,743	111,090	117,446	124,062
70 - 74	144,397	154,634	166,037	176,057	182,524	70,503	75,457	81,215	86,181	89,355	73,894	79,177	84,822	89,876	93,169
75 - 79	96,336	102,260	107,962	112,725	123,340	45,667	48,606	51,450	53,631	58,708	50,669	53,654	56,512	59,094	64,632
80 - 84	67,414	69,661	72,421	74,787	78,363	30,255	31,246	32,752	33,875	35,533	37,159	38,415	39,669	40,912	42,830
85 - 89	44,450	45,729	47,038	47,777	48,688	18,230	19,065	19,624	20,018	20,456	26,220	26,664	27,414	27,759	28,232
90 & Older	29,124	30,991	32,881	34,468	36,094	9,231	10,034	10,912	11,602	12,282	19,893	20,957	21,969	22,866	23,812
Total	4,598,089	4,700,837	4,783,604	4,825,260	4,913,168	2,322,885	2,374,593	2,415,813	2,435,702	2,479,457	2,275,204	2,326,244	2,367,791	2,389,558	2,433,711

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

TABLE 1.3 B
DISTRIBUTION OF REGISTRANTS PERCENTAGE CHANGE BY AGE AND SEX
AS AT MARCH 31, 2018 TO MARCH 31, 2022

Age Group	Total Male and Female ⁽¹⁾				Male				Female			
	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Under 1	(1.57)	(1.83)	(5.71)	1.30	(2.74)	(1.51)	(5.72)	2.04	(0.33)	(2.17)	(5.70)	0.54
1 - 4	0.04	(1.29)	(3.11)	(2.66)	0.16	(1.49)	(2.78)	(2.70)	(0.08)	(1.08)	(3.46)	(2.61)
5 - 9	0.76	0.32	0.47	0.79	0.75	0.37	0.13	0.77	0.76	0.26	0.83	0.81
10 - 14	4.24	3.81	2.13	2.02	4.27	3.82	2.29	2.11	4.20	3.80	1.96	1.92
15 - 19	2.04	1.97	1.08	4.46	2.08	2.04	0.79	4.57	2.01	1.91	1.39	4.35
20 - 24	0.53	(0.40)	(1.96)	0.64	0.79	(0.24)	(1.96)	0.68	0.26	(0.57)	(1.96)	0.60
25 - 29	(0.68)	(2.15)	(3.27)	(1.13)	(0.69)	(2.17)	(3.00)	(0.79)	(0.67)	(2.14)	(3.55)	(1.49)
30 - 34	1.20	1.13	(0.75)	0.04	0.99	0.99	(0.91)	(0.03)	1.41	1.28	(0.59)	0.11
35 - 39	4.52	3.15	2.01	1.94	4.54	3.06	1.86	1.85	4.50	3.25	2.17	2.04
40 - 44	3.62	3.60	3.11	4.19	3.51	3.33	3.09	3.86	3.74	3.89	3.13	4.53
45 - 49	1.59	1.58	1.05	2.15	1.75	1.61	0.77	2.00	1.43	1.54	1.36	2.32
50 - 54	(0.93)	(0.39)	1.55	2.11	(0.89)	(0.17)	1.67	2.38	(0.97)	(0.62)	1.41	1.83
55 - 59	1.58	0.33	(1.41)	(1.45)	1.42	0.14	(1.11)	(1.36)	1.74	0.52	(1.72)	(1.53)
60 - 64	4.11	3.05	2.22	2.18	4.18	2.86	1.94	1.85	4.04	3.25	2.50	2.52
65 - 69	6.24	6.20	5.60	5.50	6.24	6.34	5.48	5.36	6.24	6.06	5.72	5.63
70 - 74	7.09	7.37	6.03	3.67	7.03	7.63	6.11	3.68	7.15	7.13	5.96	3.66
75 - 79	6.15	5.58	4.41	9.42	6.44	5.85	4.24	9.47	5.89	5.33	4.57	9.37
80 - 84	3.33	3.96	3.27	4.78	3.28	4.82	3.43	4.89	3.38	3.26	3.13	4.69
85 - 89	2.88	2.86	1.57	1.91	4.58	2.93	2.01	2.19	1.69	2.81	1.26	1.70
90 & Older	6.41	6.10	4.83	4.72	8.70	8.75	6.32	5.86	5.35	4.83	4.08	4.14
Total	2.23%	1.76%	0.87%	1.82%	2.23%	1.74%	0.82%	1.80%	2.24%	1.79%	0.92%	1.85%

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

FIGURE 1.1
DISTRIBUTION OF REGISTRANTS BY AGE AND SEX
AS AT MARCH 31, 2022

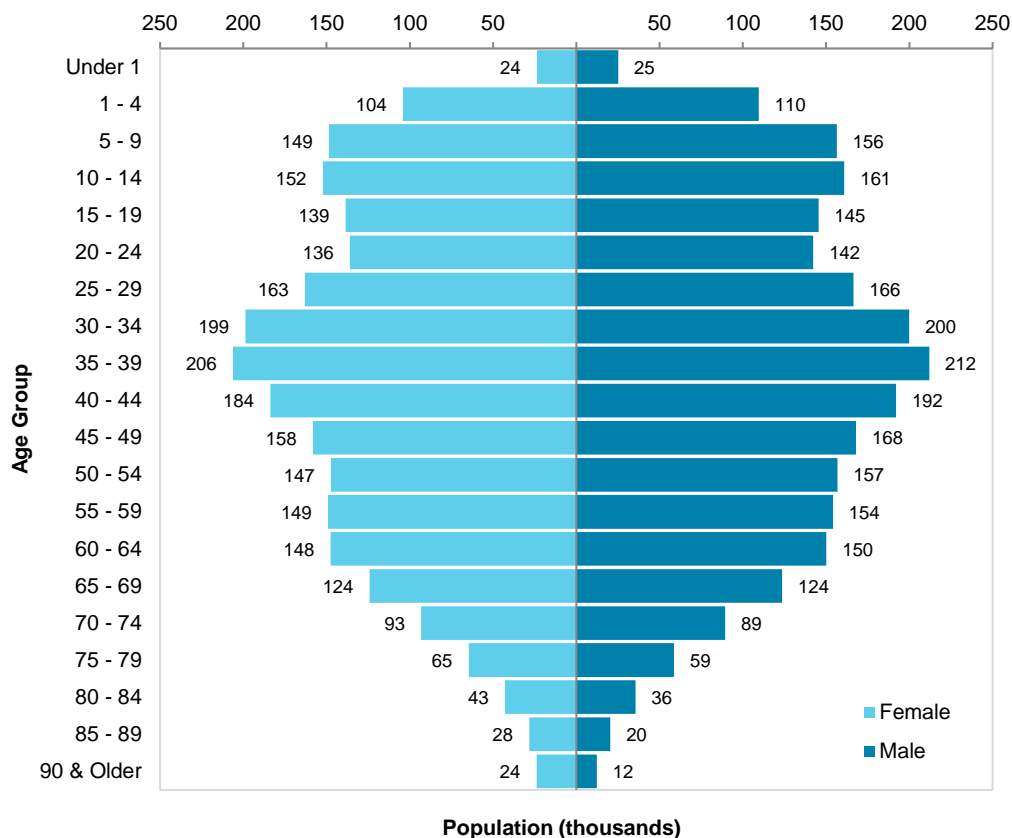


FIGURE 1.2
DISTRIBUTION OF REGISTRANTS BY SEX
AS AT MARCH 31, 2018 TO MARCH 31, 2022

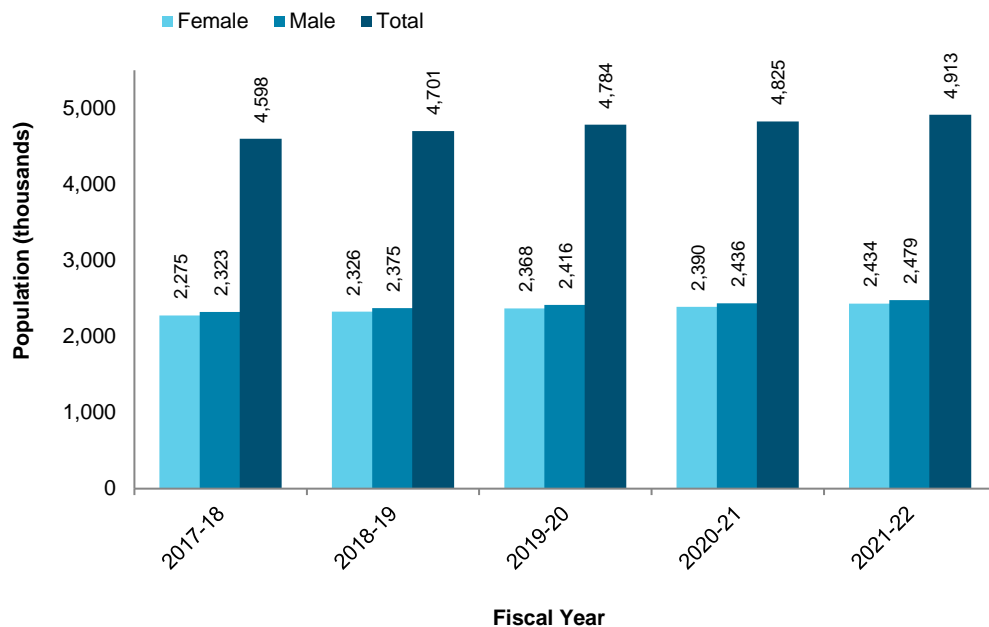


FIGURE 1.3
REGISTRANTS PERCENTAGE CHANGE BY SEX
AS AT MARCH 31, 2018 TO MARCH 31, 2022

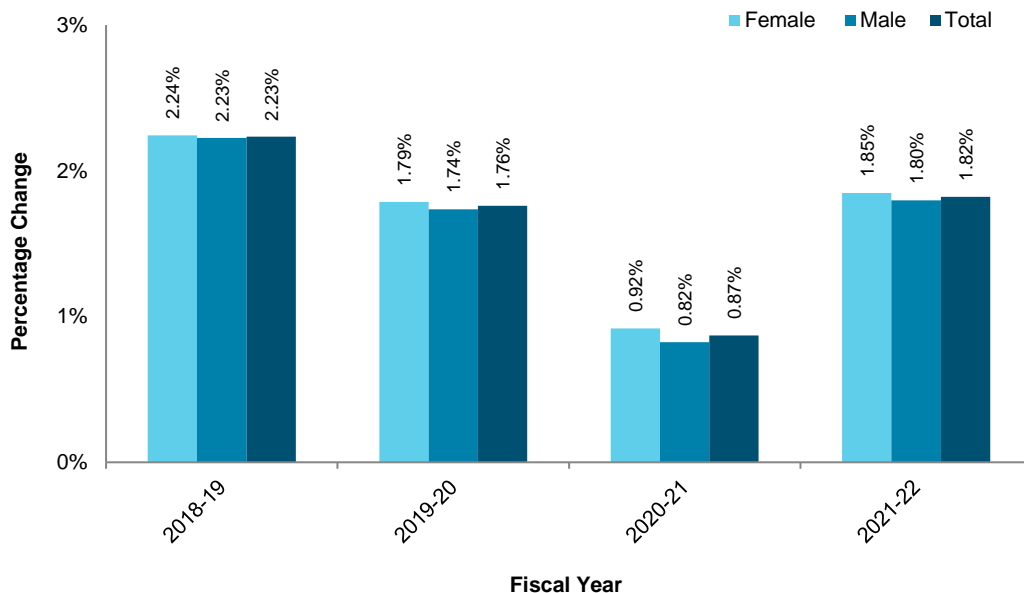


TABLE 1.4
NUMBER OF FACILITIES PROVIDING BASIC HEALTH SERVICES
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Type of Facilities	Number of Facilities
Active Treatment Hospital	110
Ambulatory Care Centre	1
Auxiliary Hospital	88
Community Ambulatory Centre	11
Community Mental Health Clinic	45
Correctional Centre	8
Designated Mental Health	3
Diagnostic	151
Health Canada Nursing Station	18
Nursing Home	110
Practitioners Office	2,972
Regional Contract Practitioner Office	34
Total	3,551

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

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

Summary

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

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

Highlights

- In Alberta, 9,769 physicians and 1,128 allied health practitioners received fee-for-service payments from the AHCIP during 2021-22.
- The physician to registrant ratio for physicians (excluding pathologists) who submitted fee-for-service claims was 1.98 per 1,000 persons, similar to 1.99 per 1,000 persons in 2020-21.
- Of the 4,913,180 Albertans registered for coverage with the AHCIP, 74.12% (3,641,730 people) received at least one fee-for-service physician service during 2021-22.
- A total of 50.56% of these patients received fee-for-service physician services valued at \$500 or less.
- 29.34% of these patients received fee-for-service physician services valued at more than \$1,000. Payments for these patients' services accounted for 77.20% of all fee-for-service payments to physicians.
- Office visits (assessments) and consultations accounted for 46.82% of the fee-for-service payments made to Alberta physicians in 2021-22. These services accounted for 71.74% of the fee-for-service payments made to general/family physicians.
- 21.49% of Alberta's population (1,055,747 people) obtained allied health services (services provided by dental specialists/oral surgeons, optometrists and podiatrists) in 2021-22.
- Alberta Health spent \$111,708,827 on optometry and podiatry services in 2021-22. Coverage for these practitioners is not required by the *Canada Health Act*.
- A total of \$27,072,329 was spent on optometry care for Alberta's children in 2021-22.
- The AHCIP paid fee-for-service totalling \$4,165,669,505 to Alberta physicians and allied health practitioners in 2021-22. This figure represents a 11.59% increase compared to 2020-21.
- In 2021-22, the average total fee-for-service payment per Alberta physician was \$413,042 (9.85% higher than it was in 2020-21). This brought the median payment to \$316,111 (an increase of 8.76% compared to 2020-21).
- A total of 2,574 physicians each received more than \$500,000 in fee-for-service payments in 2021-22. This represents an increase of 333 physicians compared to 2020-21. Of the 2,574 physicians, 855 were general/family physicians, an increase of 202 over 2020-21.
- Of the 2,574 physicians, a total of 600 physicians each received more than \$1 million in fee-for-service payments in 2021-22. One hundred and fifty four (154) of the 600 physicians received more than \$2 million. In 2020-21, there were 487 physicians who received more than \$1 million and 106 received more than \$2 million in fee-for-service payments.
- In 2021-22, a total of 3,960 physicians participated in Alternative Relationship Plans, up from 3,571 in 2020-21. A total of \$465,660,438 was spent on Alternative Relationship Plan expenditures.
- Forty (40) Primary Care Networks operated in the five health zones as of March 31, 2022. These 40 Primary Care Networks involved a total of 5,052 providers who delivered services to 3,839,719 patients.

TABLE 2.1

DISTRIBUTION OF PHYSICIAN AND ALLIED HEALTH PRACTITIONERS PAYMENTS AND SERVICES PER PATIENT FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Indicators	Physicians	Dentists/ Dental Specialists/ Oral Surgeons	Optometrists	Podiatrists	Total ⁽¹⁾
Number of Practitioners	9,769	189	872	67	10,895
Total Payments	\$4,035,008,312	\$18,952,367	\$99,846,800	\$11,862,027	\$4,165,669,505
Number of Services	61,562,164	60,568	2,381,055	300,973	64,304,760
Average Cost per Service	\$65.54	\$312.91	\$41.93	\$39.41	\$64.78
Number of Discrete Patients	3,641,730	28,030	962,682	109,671	3,776,444
Average Cost per Discrete Patient	\$1,108	\$676	\$104	\$108	\$1,103
Average Services per Patient	16.9	2.2	2.5	2.7	17.0

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

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

FIGURE 2.1
AVERAGE FEE-FOR-SERVICE COST PER PERSON TO PHYSICIANS FOR BASIC HEALTH SERVICES BY AGE AND SEX FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

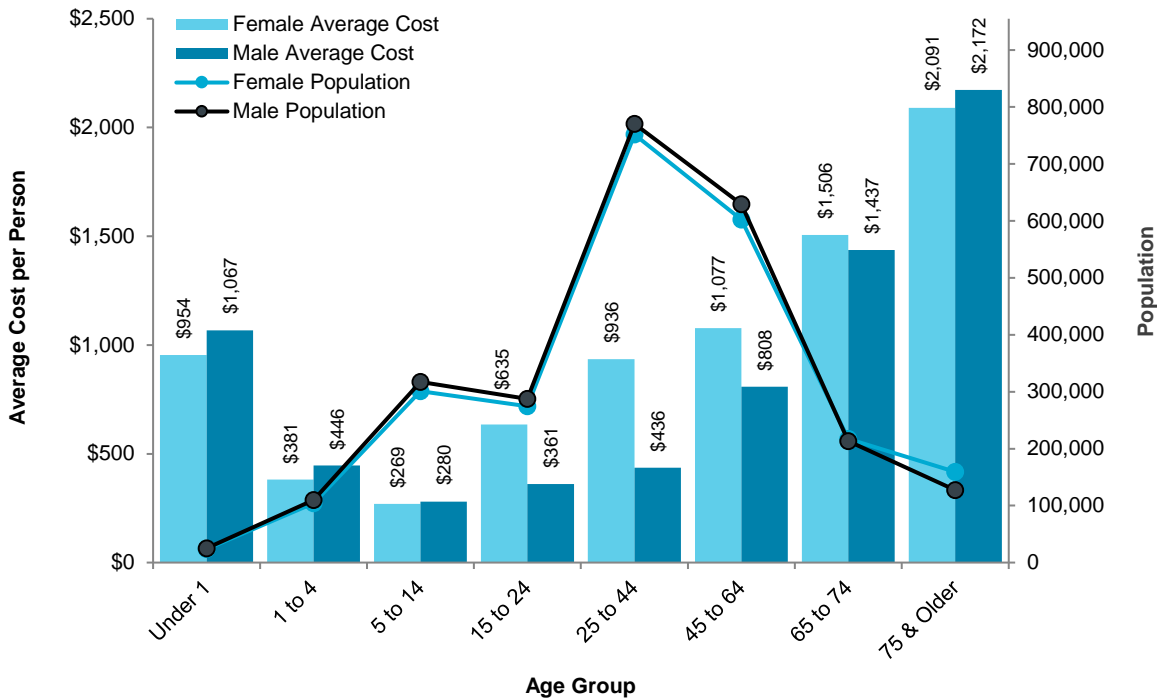


FIGURE 2.2
AVERAGE FEE-FOR-SERVICE COST PER PERSON
TO ALLIED PRACTITIONERS FOR BASIC HEALTH SERVICES BY AGE AND SEX
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

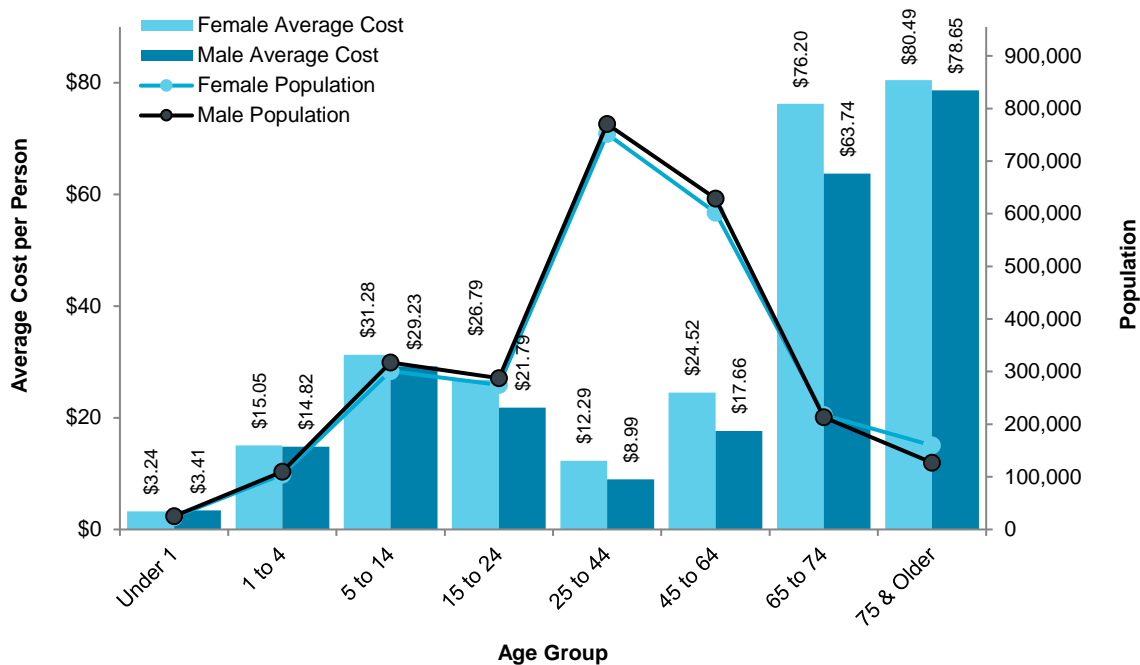
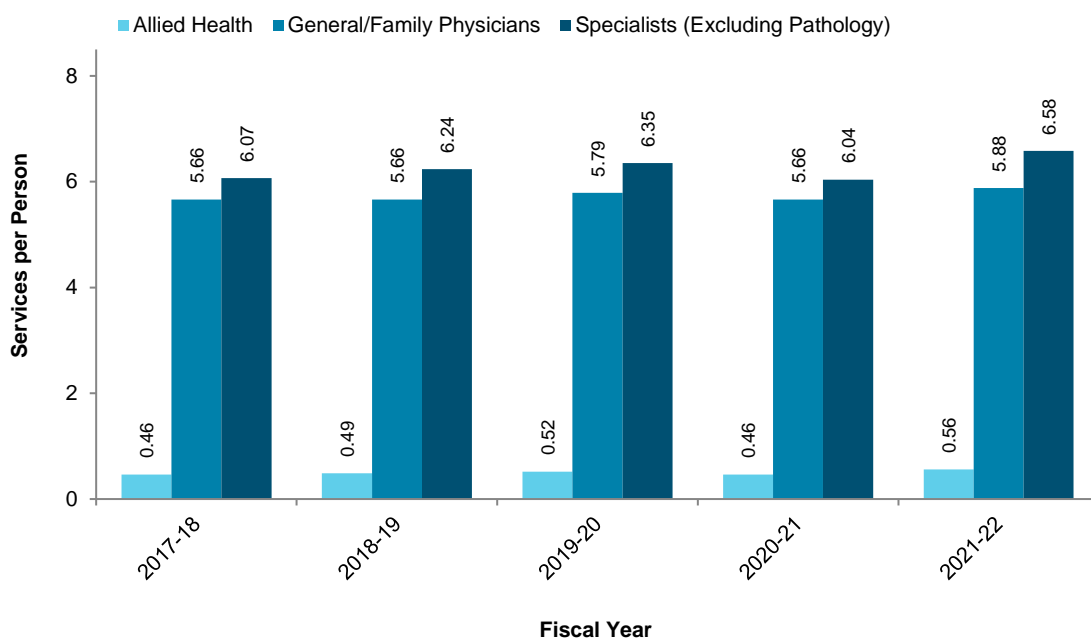


FIGURE 2.3
AVERAGE NUMBER OF SERVICES PER PERSON
FOR BASIC HEALTH SERVICES
FOR THE SERVICE YEAR APRIL 1, 2018 TO MARCH 31, 2022



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 2.27 to 2.30.

Pathology Services

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

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

Payments Do Not Reflect Income

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

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

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

Physician Data

Data in this section include all Alberta physicians who had fee-for-service payments of one dollar or more in 2021-22. When physicians have multiple specialties, they have been counted in the specialty where they received the highest fee-for-service payments.

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

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

Manual Payments made to Alberta Physicians for the service period April 1, 2017 to March 31, 2022, are not included in the data.

TABLE 2.2
MANUAL PAYMENTS FOR THE BUSINESS COST PROGRAM AND
RURAL REMOTE NORTHERN PROGRAM MADE TO ALBERTA PHYSICIANS
FOR THE SERVICE YEAR APRIL 1, 2018 TO MARCH 31, 2022

Year	Business Cost Program	Rural Remote Northern Program
2017-18	\$88,229,469	\$48,870,904
2018-19	89,490,118	49,268,893
2019-20	91,331,338	50,804,943
2020-21	66,308,243	56,197,181
2021-22	\$74,580,754	\$61,228,695

Note: Manual Payments for the Business Cost Program and Rural Remote Northern Program made to Alberta Physicians are not included in the fee-for-service data. 2021-22 fiscal year with payments up to June 30, 2022.

TABLE 2.3
DISTRIBUTION OF PHYSICIAN PAYMENTS BY PROGRAM AND SPECIALTY
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Physician Specialty	Fee-for-Service (FFS)	Business Cost Program (BCP)	Rural Remote Northern Program (RRNP)	In Province Medical Reciprocal (MEDR)
Total: All Physicians⁽¹⁾⁽²⁾	\$4,035,008,312	\$74,160,132	\$60,895,190	\$72,481,276
Subtotal:				
All Physicians (except Pathology)	4,025,386,144	74,152,217	60,895,190	64,261,098
All Specialists (except GP/FPs & Pathology)	2,395,887,727	14,725,048	15,318,520	43,215,907
Anaesthesiology	181,344,111	235,820	693,096	4,443,957
Cardiovascular and Thoracic Surgery	16,194,168	3,136	3	2,583,437
Dermatology	72,814,178	1,090,591	44,880	1,157,632
Emergency Medicine	70,317,801	32,594	170,455	1,451,299
General/Family Physicians (GP/FPs)	1,629,498,416	59,427,169	45,576,670	21,045,191
- General/Family Physicians	1,521,285,839	59,208,480	44,289,820	19,002,496
- Full-Time Emergency Room Physicians	93,630,125	30,594	1,191,651	1,886,112
- Mental Health Generalists	9,969,162	14,827	48,238	94,284
- Other General Practice Physicians ⁽³⁾	4,613,291	173,268	46,961	62,299
General Surgery	102,117,357	382,609	1,619,134	2,785,205
- General Surgery designated specialty	91,862,037	359,676	1,614,663	2,408,301
- Other General Surgery ⁽³⁾	10,255,320	22,933	4,471	376,904
Internal Medicine	478,965,262	3,057,749	2,260,081	9,021,860
- Internal Medicine designated specialty	181,566,790	1,728,921	1,793,075	2,948,307
- Cardiology	116,327,524	452,837	72,375	1,946,535
- Endocrinology/Metabolism	8,413,983	143,488	5,836	81,395
- Gastroenterology	32,473,721	67,027	55,523	304,779
- Infectious Diseases	7,345,136	1,059	380	119,112
- Other Internal Medicine ⁽³⁾	132,838,107	664,417	332,892	3,621,732
Neurology	37,200,592	596,434	18,040	453,075
Neurosurgery	1,777,208	60,513	201	21,427
Obstetrics-Gynaecology	122,894,668	1,515,636	1,201,357	2,024,080
Ophthalmology	180,541,771	1,658,292	518,571	2,512,009
Orthopaedic Surgery	92,328,318	425,741	1,143,326	1,827,265
Otolaryngology	54,335,794	492,125	438,095	1,571,537
Paediatrics	120,534,943	2,426,065	1,057,229	2,036,507
Physical Medicine and Rehabilitation	36,342,978	727,700	9,555	528,197
Plastic Surgery	34,357,563	112,071	18,310	901,279
Psychiatry designated specialty	233,484,560	1,479,614	1,576,249	2,697,430
Urology	37,797,893	85,400	279,793	526,798
Pathology	9,622,168	7,915		8,220,178
Radiology	522,468,417	341,920	4,270,010	6,670,255

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

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

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

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

TABLE 2.4
MEDICAL AND ALLIED PRACTITIONERS: SELECTED INDICATORS
FOR THE SERVICE YEARS APRIL 1, 2018 TO MARCH 31, 2022

Indicators	2017-18	2018-19	2019-20	2020-21	2021-22
REGISTRATIONS					
Individual Registrants Covered	4,598,089	4,700,840	4,783,609	4,825,270	4,913,180
Number of Discrete Physician Patients ⁽¹⁾	3,634,710	3,670,010	3,732,135	3,460,496	3,641,730
Number of Discrete Patients per Physician	397	390	383	359	373
OVERALL PHYSICIAN SUMMARY					
Number of Physician Services Provided	54,264,058	56,241,529	58,398,511	56,730,622	61,562,164
Number of Physicians	9,165	9,415	9,734	9,642	9,769
Number of Physicians per 1,000 Persons	1.99	2.00	2.03	2.00	1.99
Number of Services per Physician	5,921	5,974	5,999	5,884	6,302
Number of Services per 1,000 Persons	11,801	11,964	12,208	11,757	12,530
Total Physician Payments	\$3,602,354,459	\$3,779,015,740	\$3,947,765,122	\$3,625,400,111	\$4,035,008,312
Physician Payment per 1,000 Persons	\$783,446	\$803,902	\$825,269	\$751,336	\$821,262
Average Payment per Physician	\$393,056	\$401,382	\$405,565	\$376,001	\$413,042
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY					
Number of Physician Services Provided	53,931,498	55,904,613	58,076,550	56,454,238	61,206,324
Number of Physicians	9,150	9,399	9,718	9,625	9,747
Number of Physicians per 1,000 Persons	1.99	2.00	2.03	1.99	1.98
Number of Services per Physician	5,894	5,948	5,976	5,865	6,280
Number of Services per 1,000 Persons	11,729	11,892	12,141	11,700	12,458
Total Physician Payments	\$3,593,737,706	\$3,770,184,361	\$3,939,208,895	\$3,617,968,285	\$4,025,386,144
Physician Payment per 1,000 Persons	\$781,572	\$802,024	\$823,481	\$749,796	\$819,304
Average Payment per Physician	\$392,758	\$401,126	\$405,352	\$375,893	\$412,987
ALLIED PRACTITIONER SUMMARY					
Number of Allied Services Provided	2,103,230	2,306,361	2,484,963	2,214,634	2,742,596
Number of Allied Practitioners	1,084	1,099	1,119	1,090	1,128
Number of Allied Practitioners per 1,000 Persons	0.24	0.23	0.23	0.23	0.23
Number of Services per Allied Practitioner	1,940	2,099	2,221	2,032	2,431
Number of Discrete Allied Patients ⁽²⁾	958,462	1,011,287	1,037,578	921,085	1,055,747
Number of Discrete Patients per Allied Practitioner	884	920	927	845	936
Total Payments to Allied Practitioners	\$103,525,685	\$112,325,053	\$118,852,725	\$107,617,688	\$130,661,194
Allied Practitioner Payment per 1,000 Persons	\$22,515	\$23,895	\$24,846	\$22,303	\$26,594
Average Payment per Allied Practitioner	\$95,503	\$102,207	\$106,213	\$98,732	\$115,834

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

Continued...

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

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

TABLE 2.4
MEDICAL AND ALLIED PRACTITIONERS: SELECTED INDICATORS
FOR THE SERVICE YEARS APRIL 1, 2018 TO MARCH 31, 2022

Indicators	Percentage Change			
	2018-19	2019-20	2020-21	2021-22
REGISTRATIONS				
Individual Registrants Covered	2.23%	1.76%	0.87%	1.82%
Number of Discrete Physician Patients ⁽¹⁾	0.97	1.69	(7.28)	5.24
Number of Discrete Patients per Physician	(1.81)	(1.64)	(6.29)	3.84
OVERALL PHYSICIAN SUMMARY				
Number of Physician Services Provided	3.64	3.84	(2.86)	8.52
Number of Physicians	2.73	3.39	(0.95)	1.32
Number of Physicians per 1,000 Persons	0.64	1.74	(1.57)	(0.58)
Number of Services per Physician	0.89	0.43	(1.92)	7.10
Number of Services per 1,000 Persons	1.38	2.04	(3.69)	6.57
Total Physician Payments	4.90	4.47	(8.17)	11.30
Physician Payment per 1,000 Persons	2.61	2.66	(8.96)	9.31
Average Payment per Physician	2.12	1.04	(7.29)	9.85
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY				
Number of Physician Services Provided	3.66	3.89	(2.79)	8.42
Number of Physicians	2.72	3.39	(0.96)	1.27
Number of Physicians per 1,000 Persons	0.47	1.58	(1.74)	(0.31)
Number of Services per Physician	0.92	0.47	(1.85)	7.07
Number of Services per 1,000 Persons	1.39	2.09	(3.63)	6.48
Total Physician Payments	4.91	4.48	(8.15)	11.26
Physician Payment per 1,000 Persons	2.62	2.68	(8.95)	9.27
Average Payment per Physician	2.13	1.05	(7.27)	9.87
ALLIED PRACTITIONER SUMMARY				
Number of Allied Services Provided	9.66	7.74	(10.88)	23.84
Number of Allied Practitioners	1.38	1.82	(2.59)	3.49
Number of Allied Practitioners per 1,000 Persons	(2.59)	1.71	(1.79)	(0.18)
Number of Services per Allied Practitioner	8.18	5.80	(8.52)	19.65
Number of Discrete Allied Patients ⁽²⁾	5.51	2.60	(11.23)	14.62
Number of Discrete Patients per Allied Practitioner	4.09	0.79	(8.84)	10.76
Total Payments to Allied Practitioners	8.50	5.81	(9.45)	21.41
Allied Practitioner Payment per 1,000 Persons	6.13	3.98	(10.24)	19.24
Average Payment per Allied Practitioner	7.02	3.92	(7.04)	17.32

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

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

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

TABLE 2.5

NUMBER OF SERVICES AND TOTAL PAYMENTS TO ALLIED HEALTH PRACTITIONERS BY SERVICE CATEGORY CODE FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Practitioner Type	Service Category	Number of Services	Total Payments
Dentists/Dental Specialists/	Procedure	47,508	\$17,913,403
Oral Surgeons	Visit	13,060	1,038,964
Optometrists	Visit	2,381,055	99,846,800
	Procedure	57,495	3,866,244
Podiatrists	Test (x-ray)	9,603	134,553
	Visit	233,875	7,861,230
Total		2,742,596	\$130,661,194

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

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

TABLE 2.6 A

NUMBER OF PHYSICIANS AND AVERAGE PAYMENTS TO PHYSICIANS WITHIN THEIR AGE GROUP FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

Age Group	Number of Physicians					Percentage Change			
	2017-18	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Under 30	170	166	156	129	113	(2.35)	(6.02)	(17.31)	(12.40)
30 - 34	1,158	1,159	1,181	1,154	1,103	0.09	1.90	(2.29)	(4.42)
35 - 39	1,397	1,449	1,547	1,517	1,584	3.72	6.76	(1.94)	4.42
40 - 44	1,370	1,430	1,449	1,487	1,504	4.38	1.33	2.62	1.14
45 - 49	1,335	1,358	1,404	1,360	1,391	1.72	3.39	(3.13)	2.28
50 - 54	1,034	1,087	1,168	1,206	1,277	5.13	7.45	3.25	5.89
55 - 59	890	916	912	934	952	2.92	(0.44)	2.41	1.93
60 - 64	891	861	862	812	778	(3.37)	0.12	(5.80)	(4.19)
65 & Over ⁽¹⁾	920	989	1,055	1,043	1,067	7.50	6.67	(1.14)	2.30
Total	9,165	9,415	9,734	9,642	9,769	2.73%	3.39%	(0.95%)	1.32%

Age Group	Average Payments					Percentage Change			
	2017-18	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Under 30	\$201,784	\$203,079	\$221,186	\$178,593	\$203,753	0.64	8.92	(19.26)	14.09
30 - 34	284,929	283,816	292,830	285,894	310,113	(0.39)	3.18	(2.37)	8.47
35 - 39	403,584	405,663	392,417	358,722	396,841	0.52	(3.27)	(8.59)	10.63
40 - 44	442,276	457,535	465,882	441,180	471,077	3.45	1.82	(5.30)	6.78
45 - 49	465,036	480,520	494,995	455,924	488,925	3.33	3.01	(7.89)	7.24
50 - 54	438,655	453,061	465,331	413,075	471,450	3.28	2.71	(11.23)	14.13
55 - 59	406,003	422,383	424,148	405,545	434,109	4.03	0.42	(4.39)	7.04
60 - 64	392,836	385,607	381,345	353,676	383,682	(1.84)	(1.11)	(7.26)	8.48
65 & Over ⁽¹⁾	307,205	313,797	314,003	276,159	317,638	2.15	0.07	(12.05)	15.02
Total	\$393,056	\$401,382	\$405,565	\$376,001	\$413,042	2.12%	1.04%	(7.29%)	9.85%

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

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

TABLE 2.6 B
NUMBER OF DENTISTS/DENTAL SPECIALISTS/ORAL SURGEONS AND AVERAGE PAYMENTS
TO DENTISTS/DENTAL SPECIALISTS/ORAL SURGEONS WITHIN THEIR AGE GROUP
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

Age Group	Number of Dentists/Dental Specialists/Oral Surgeons					Percentage Change			
	2017-18	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Under 30	5	5	5	3	8	0.00	0.00	(40.00)	166.67
30 - 34	24	27	26	22	15	12.50	(3.70)	(15.38)	(31.82)
35 - 39	32	32	30	20	26	0.00	(6.25)	(33.33)	30.00
40 - 44	39	39	39	34	30	0.00	0.00	(12.82)	(11.76)
45 - 49	26	17	20	25	32	(34.62)	17.65	25.00	28.00
50 - 54	40	39	33	22	19	(2.50)	(15.38)	(33.33)	(13.64)
55 - 59	22	25	23	21	21	13.64	(8.00)	(8.70)	0.00
60 - 64	25	23	25	19	19	(8.00)	8.70	(24.00)	0.00
65 & Over ⁽¹⁾	19	19	18	16	19	0.00	(5.26)	(11.11)	18.75
Total	232	226	219	182	189	(2.59%)	(3.10%)	(16.89%)	3.85%

Age Group	Average Payments					Percentage Change			
	2017-18	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Under 30	\$1,519	\$379	\$4,300	\$1,208	\$1,241	(75.02)	1034.65	(71.91)	2.70
30 - 34	14,499	7,179	13,588	18,028	32,715	(50.48)	89.27	32.67	81.47
35 - 39	56,635	78,484	43,336	89,467	92,912	38.58	(44.78)	106.45	3.85
40 - 44	44,640	69,580	124,285	137,583	166,624	55.87	78.62	10.70	21.11
45 - 49	83,294	105,529	59,646	84,751	104,220	26.69	(43.48)	42.09	22.97
50 - 54	9,149	31,391	71,521	123,616	187,670	243.11	127.84	72.84	51.82
55 - 59	92,740	84,244	103,236	111,011	119,225	(9.16)	22.54	7.53	7.40
60 - 64	67,868	64,410	45,622	46,511	56,349	(5.10)	(29.17)	1.95	21.15
65 & Over ⁽¹⁾	64,494	31,030	20,951	26,490	29,585	(51.89)	(32.48)	26.44	11.69
Total	\$49,150	\$55,824	\$63,777	\$84,310	\$100,277	13.58%	14.25%	32.20%	18.94%

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

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

TABLE 2.6 C

**NUMBER OF OPTOMETRISTS AND AVERAGE PAYMENTS TO OPTOMETRISTS WITHIN THEIR AGE GROUP
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022**

Age Group	Number of Optometrists					Percentage Change			
	2017-18	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Under 30	116	105	100	93	85	(9.48)	(4.76)	(7.00)	(8.60)
30 - 34	206	210	203	199	208	1.94	(3.33)	(1.97)	4.52
35 - 39	134	159	180	178	192	18.66	13.21	(1.11)	7.87
40 - 44	97	96	103	116	122	(1.03)	7.29	12.62	5.17
45 - 49	82	85	88	90	91	3.66	3.53	2.27	1.11
50 - 54	41	47	56	64	67	14.63	19.15	14.29	4.69
55 - 59	32	29	28	30	34	(9.38)	(3.45)	7.14	13.33
60 - 64	36	37	35	32	30	2.78	(5.41)	(8.57)	(6.25)
65 & Over ⁽¹⁾	43	39	43	42	43	(9.30)	10.26	(2.33)	2.38
Total	787	807	836	844	872	2.54%	3.59%	0.96%	3.32%

Age Group	Average Payments					Percentage Change			
	2017-18	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Under 30	\$84,425	\$93,707	\$92,246	\$85,919	\$109,715	10.99	(1.56)	(6.86)	27.70
30 - 34	96,661	101,873	107,011	89,528	107,078	5.39	5.04	(16.34)	19.60
35 - 39	111,665	110,829	112,825	98,988	105,077	(0.75)	1.80	(12.26)	6.15
40 - 44	118,242	127,853	130,684	109,606	132,795	8.13	2.21	(16.13)	21.16
45 - 49	117,517	122,270	127,396	116,071	134,908	4.04	4.19	(8.89)	16.23
50 - 54	114,252	127,644	128,019	108,496	128,551	11.72	0.29	(15.25)	18.48
55 - 59	106,763	113,508	107,112	98,732	111,813	6.32	(5.63)	(7.82)	13.25
60 - 64	97,276	90,708	88,928	75,581	94,339	(6.75)	(1.96)	(15.01)	24.82
65 & Over ⁽¹⁾	79,334	93,413	88,247	77,421	101,203	17.75	(5.53)	(12.27)	30.72
Total	\$102,654	\$108,812	\$111,247	\$97,350	\$114,503	6.00%	2.24%	(12.49%)	17.62%

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

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

TABLE 2.6 D

**NUMBER OF PODIATRISTS AND AVERAGE PAYMENTS TO PODIATRISTS WITHIN THEIR AGE GROUP
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022**

Age Group	Number of Podiatrists					Percentage Change			
	2017-18	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Under 35	4	3	2	3	5	(25.00)	(33.33)	50.00	66.67
35 - 39	3	5	5	4	5	66.67	0.00	(20.00)	25.00
40 - 44	12	10	9	8	6	(16.67)	(10.00)	(11.11)	(25.00)
45 - 49	14	13	9	10	10	(7.14)	(30.77)	11.11	0.00
50 - 54	14	14	17	15	17	0.00	21.43	(11.76)	13.33
55 & Over	18	21	22	24	24	16.67	4.76	9.09	0.00
Total	65	66	64	64	67	1.54%	(3.03%)	0.00%	4.69%

Age Group	Average Payments					Percentage Change			
	2017-18	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Under 35	\$213,199	\$244,740	\$358,461	\$126,743	\$165,419	14.79	46.47	(64.64)	30.52
35 - 39	170,689	180,080	251,797	259,148	227,439	5.50	39.83	2.92	(12.24)
40 - 44	169,519	143,314	144,718	177,077	217,665	(15.46)	0.98	22.36	22.92
45 - 49	182,197	191,216	215,328	155,124	181,463	4.95	12.61	(27.96)	16.98
50 - 54	212,475	237,287	194,605	149,252	174,059	11.68	(17.99)	(23.31)	16.62
55 & Over	133,891	143,891	152,648	145,281	159,088	7.47	6.09	(4.83)	9.50
Total	\$174,377	\$180,262	\$185,670	\$157,972	\$177,045	3.37%	3.00%	(14.92%)	12.07%

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

TABLE 2.7
DISTRIBUTION OF OPTOMETRY PAYMENTS AND SERVICES PER PATIENT
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients ⁽¹⁾	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
RECIPIENT AGE GROUP: 0 to 18							
2017-18	\$26,968,998	508,806	\$53.00	407,916	\$66.11	1.25	1,063,101
2018-19	28,249,720	536,033	52.70	424,729	66.51	1.26	1,081,294
2019-20	28,351,668	542,406	52.27	423,860	66.89	1.28	1,094,164
2020-21	24,488,539	469,035	52.21	371,545	65.91	1.26	1,096,287
2021-22	\$27,072,329	526,011	\$51.47	398,154	\$67.99	1.32	1,108,879
RECIPIENT AGE GROUP: 19 to 64⁽²⁾							
2017-18	\$20,975,605	598,357	\$35.06	214,356	\$97.85	2.79	2,956,182
2018-19	23,318,487	678,763	34.35	230,596	101.12	2.94	3,006,886
2019-20	25,648,249	763,729	33.58	242,566	105.74	3.15	3,040,735
2020-21	22,889,146	702,574	32.58	215,068	106.43	3.27	3,048,341
2021-22	\$28,566,926	884,862	\$32.28	256,576	\$111.34	3.45	3,087,557
RECIPIENT AGE GROUP: 65 and Older							
2017-18	\$32,843,775	646,445	\$50.81	247,013	\$132.96	2.62	578,806
2018-19	36,243,396	735,355	49.29	265,864	136.32	2.77	612,660
2019-20	39,002,772	820,560	47.53	279,592	139.50	2.93	648,710
2020-21	34,785,320	743,193	46.81	253,068	137.45	2.94	680,642
2021-22	\$44,207,545	970,182	\$45.57	309,359	\$142.90	3.14	716,744

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

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

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

TABLE 2.8

TOTAL AND AVERAGE GROSS PAYMENTS TO PHYSICIANS AND ALLIED HEALTH PRACTITIONERS BY PRACTITIONER TYPE FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

Practitioner Type	Number of Practitioners					Percentage Change			
	2017-18	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Physicians	9,165	9,415	9,734	9,642	9,769	2.73	3.39	(0.95)	1.32
Dentists/Dental Specialists/ Oral Surgeons	232	226	219	182	189	(2.59)	(3.10)	(16.89)	3.85
Optometrists	787	807	836	844	872	2.54	3.59	0.96	3.32
Podiatrists	65	66	64	64	67	1.54	(3.03)	0.00	4.69
Total⁽¹⁾	10,248	10,512	10,851	10,730	10,895	2.58%	3.22%	(1.12%)	1.54%

Practitioner Type	Total Payments					Percentage Change			
	2017-18	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Physicians	\$3,602,354,459	\$3,779,015,740	\$3,947,765,122	\$3,625,400,111	\$4,035,008,312	4.90	4.47	(8.17)	11.30
Dentists/Dental Specialists/ Oral Surgeons	\$11,402,793	12,616,145	13,967,172	15,344,493	18,952,367	10.64	10.71	9.86	23.51
Optometrists	\$80,788,378	\$87,811,603	\$93,002,689	\$82,163,004	\$99,846,800	8.69	5.91	(11.66)	21.52
Podiatrists	\$11,334,514	\$11,897,305	\$11,882,864	\$10,110,190	\$11,862,027	4.97	(0.12)	(14.92)	17.33
Total	\$3,705,880,145	\$3,891,340,794	\$4,066,617,846	\$3,733,017,799	\$4,165,669,505	5.00%	4.50%	(8.20%)	11.59%

Practitioner Type	Average Payment					Percentage Change			
	2017-18	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Physicians	\$393,056	\$401,382	\$405,565	\$376,001	\$413,042	2.12	1.04	(7.29)	9.85
Dentists/Dental Specialists/ Oral Surgeons	49,150	55,824	63,777	84,310	100,277	13.58	14.25	32.19	18.94
Optometrists	\$102,654	\$108,812	\$111,247	\$97,350	\$114,503	6.00	2.24	(12.49)	17.62
Podiatrists	\$174,377	\$180,262	\$185,670	\$157,972	\$177,045	3.37	3.00	(14.92)	12.07
Total	\$361,620	\$370,181	\$374,769	\$347,905	\$382,347	0.02	1.24%	(7.17%)	9.90%

Practitioner Type	Number of Services					Percentage Change			
	2017-18	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Physicians	54,264,058	56,241,529	58,398,511	56,730,622	61,562,164	3.64	3.84	(2.86)	8.52
Dentists/Dental Specialists/ Oral Surgeons	39,647	42,766	46,593	49,024	60,568	7.87	8.95	5.22	23.55
Optometrists	1,753,608	1,950,151	2,126,695	1,914,802	2,381,055	11.21	9.05	(9.96)	24.35
Podiatrists	309,975	313,444	311,675	250,808	300,973	1.12	(0.56)	(19.53)	20.00
Total	56,367,288	58,547,890	60,883,474	58,945,256	64,304,760	3.87%	3.99%	(3.18%)	9.09%

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

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

TABLE 2.9

**DISTRIBUTION OF PHYSICIANS AND ALLIED HEALTH PRACTITIONERS BY GROSS PAYMENT RANGE⁽¹⁾⁽²⁾
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022**

Dollar Range	Total					Physicians				
	2017-18	2018-19	2019-20	2020-21	2021-22	2017-18	2018-19	2019-20	2020-21	2021-22
Less than \$10,000	625	640	697	653	573	412	432	489	475	403
10,000 - 19,999	235	187	192	228	241	193	160	169	183	205
20,000 - 39,999	346	364	376	388	356	274	296	311	304	294
40,000 - 59,999	340	317	325	388	373	237	237	247	272	278
60,000 - 79,999	360	401	380	381	353	246	271	250	253	236
80,000 - 99,999	336	352	350	394	370	222	232	230	263	250
100,000 - 119,999	316	360	336	387	366	230	245	226	290	240
120,000 - 139,999	360	316	347	372	355	272	243	246	284	256
140,000 - 159,999	335	352	325	367	350	263	276	258	306	268
160,000 - 179,999	299	300	341	366	327	258	254	285	325	272
180,000 - 199,999	325	322	316	368	326	290	283	284	345	299
200,000 - 299,999	1,566	1,623	1,656	1,712	1,707	1,495	1,553	1,570	1,653	1,625
300,000 - 399,999	1,428	1,424	1,494	1,487	1,445	1,412	1,402	1,478	1,470	1,423
400,000 - 499,999	1,052	1,112	1,154	986	1,158	1,044	1,099	1,142	978	1,146
500,000 - 599,999	719	774	787	720	783	714	771	781	717	775
600,000 - 699,999	491	480	520	444	506	490	474	519	442	503
700,000 - 799,999	321	330	342	285	338	320	330	341	283	336
800,000 - 899,999	202	198	210	199	212	202	198	208	199	210
900,000 - 999,999	116	151	151	114	151	116	151	150	113	150
1,000,000 - 1,999,999	365	388	421	384	450	364	387	419	381	446
2,000,000 & Over	111	121	131	107	155	111	121	131	106	154
Total	10,248	10,512	10,851	10,730	10,895	9,165	9,415	9,734	9,642	9,769

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 may pay business expenses, such as office and staff expenses.

TABLE 2.9

**DISTRIBUTION OF PHYSICIANS AND ALLIED HEALTH PRACTITIONERS BY GROSS PAYMENT RANGE⁽¹⁾⁽²⁾
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022**

Dollar Range	Dentists/Dental Specialists/Oral Surgeons					Optometrists				
	2017-18	2018-19	2019-20	2020-21	2021-22	2017-18	2018-19	2019-20	2020-21	2021-22
Less than \$10,000	178	174	170	139	142	35	32	37	38	27
10,000 - 19,999	10	7	7	6	6	31	19	16	38	29
20,000 - 39,999	5	6	5	4	5	65	61	59	76	55
40,000 - 59,999	4	5		2	2	95	74	77	110	91
60,000 - 79,999	4	2	8	2	1	103	121	115	122	110
80,000 - 99,999	1	4	2	1	2	110	110	116	121	112
100,000 - 119,999	1	1		2	2	79	109	98	89	111
120,000 - 139,999	2	2		3	1	77	65	95	77	91
140,000 - 159,999	2		1	2	1	62	65	60	54	79
160,000 - 179,999	1	1	3	1	2	33	41	48	36	49
180,000 - 199,999	3	1			1	31	33	28	19	23
200,000 - 299,999	9	6	9	4	5	55	58	67	48	67
300,000 - 399,999	4	4	4	5	2	9	14	11	11	18
400,000 - 499,999	3	6	1	1	4	1	3	7	4	5
500,000 - 599,999	2	1	2	1	2	1	1	1		2
600,000 - 699,999	1	5	1	2	2					1
700,000 - 799,999	1		1	2	2					
800,000 - 899,999			2		2					
900,000 - 999,999			1	1						1
1,000,000 - 1,999,999	1	1	2	3	4		1	1	1	
2,000,000 & Over				1	1					1
Total	232	226	219	182	189	787	807	836	844	872

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 may pay business expenses, such as office and staff expenses.

TABLE 2.9

**DISTRIBUTION OF PHYSICIANS AND ALLIED HEALTH PRACTITIONERS BY GROSS PAYMENT RANGE⁽¹⁾⁽²⁾
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022**

Dollar Range	Podiatrists				
	2017-18	2018-19	2019-20	2020-21	2021-22
Less than \$10,000		2	1	1	1
10,000 - 19,999	1	1		1	1
20,000 - 39,999	2	1	1	4	2
40,000 - 59,999	4	1	1	4	2
60,000 - 79,999	7	7	7	4	6
80,000 - 99,999	3	6	2	9	6
100,000 - 119,999	6	5	12	6	13
120,000 - 139,999	9	6	6	8	7
140,000 - 159,999	8	11	6	5	2
160,000 - 179,999	7	4	5	4	4
180,000 - 199,999	1	5	4	4	3
200,000 - 299,999	7	6	10	7	10
300,000 - 399,999	4	5	2	2	3
400,000 - 499,999	4	4	4	3	3
500,000 - 599,999	2	1	3	2	4
600,000 - 699,999		1			
700,000 - 799,999					
800,000 - 899,999					
900,000 - 999,999					
1,000,000 - 1,999,999					
2,000,000 & Over					
Total	65	66	64	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 may pay business expenses, such as office and staff expenses.

TABLE 2.10
DISTRIBUTION OF PHYSICIAN PAYMENTS AND SERVICES PER PATIENT
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

Year	Total Physician Payments	Number of Services	Average Cost per Service	Number of Discrete Patients ⁽¹⁾	Average Cost per Discrete Patient	Number of Services per Patient	Registrants Covered
2017-18	\$3,602,354,459	54,264,058	\$66.39	3,634,710	\$991.10	14.93	4,598,089
2018-19	3,779,015,740	56,241,529	67.19	3,670,010	1,029.70	15.32	4,700,840
2019-20	3,947,765,122	58,398,511	67.60	3,732,135	1,057.78	15.65	4,783,609
2020-21	3,625,400,111	56,730,622	63.91	3,460,496	1,047.65	16.39	4,825,270
2021-22	\$4,035,008,312	61,562,164	\$65.54	3,641,730	\$1,107.99	16.90	4,913,180
Percentage Change 2021-22	11.30%	8.52%	2.55%	5.24%	5.76%	3.11%	1.82%
Annual Average Percentage Change for Last 5 Years	2.88%	3.20%	(0.32%)	0.05%	2.83%	3.15%	1.67%

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

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

TABLE 2.11
DISTRIBUTION OF DISCRETE PATIENTS BY PAYMENT RANGE FOR SERVICES PROVIDED BY PHYSICIANS
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Dollar Range	Distribution of			Percentage Distribution of		
	Discrete Patients ⁽¹⁾	Payments	Services	Discrete Patients ⁽¹⁾	Payments	Services
\$ 0.01 - 50.00	187,605	\$6,373,750	208,941	5.15	0.16	0.34
50.01 - 100.00	252,072	18,539,038	429,574	6.92	0.46	0.70
100.01 - 200.00	516,808	75,578,398	1,290,790	14.19	1.87	2.10
200.01 - 300.00	363,874	90,062,812	1,538,011	9.99	2.23	2.50
300.01 - 400.00	286,941	99,807,523	1,665,969	7.88	2.47	2.71
400.01 - 500.00	233,909	104,908,456	1,747,454	6.42	2.60	2.84
500.01 - 600.00	197,294	108,218,597	1,808,379	5.42	2.68	2.94
600.01 - 700.00	166,966	108,280,059	1,802,872	4.58	2.68	2.93
700.01 - 800.00	141,997	106,298,384	1,763,324	3.90	2.63	2.86
800.01 - 900.00	121,054	102,736,159	1,704,210	3.32	2.55	2.77
900.01 - 1,000.00	104,733	99,356,469	1,625,846	2.88	2.46	2.64
1,000.01 - 2,000.00	554,236	779,430,413	12,524,994	15.22	19.32	20.35
2,000.01 - 3,000.00	213,752	520,947,018	7,968,352	5.87	12.91	12.94
3,000.01 - 4,000.00	108,944	376,032,338	5,540,855	2.99	9.32	9.00
4,000.01 - 5,000.00	62,800	280,003,415	4,016,092	1.72	6.94	6.52
5,000.01 & Over	128,745	1,158,435,483	15,926,501	3.54	28.71	25.87
Total	3,641,730	\$4,035,008,312	61,562,164	100.00%	100.00%	100.00%

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

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

TABLE 2.12 A
DISTRIBUTION OF FEE-FOR-SERVICE PHYSICIANS BY SPECIALTY
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

Physician Specialty	Number of Physicians				
	2017-18	2018-19	2019-20	2020-21	2021-22
Total: All Physicians	9,165	9,415	9,734	9,642	9,769
Subtotal:					
All Physicians (except Pathology)	9,150	9,399	9,718	9,625	9,747
All Specialists (except GP/FPs & Pathology)	3,999	4,131	4,300	4,254	4,322
Anaesthesiology	450	458	473	454	462
Cardiovascular and Thoracic Surgery	26	26	27	27	27
Dermatology	50	58	60	61	67
Emergency Medicine	172	180	193	199	206
General/Family Physicians (GP/FPs)	5,151	5,268	5,418	5,371	5,425
- General/Family Physicians	4,855	4,984	5,126	5,081	5,121
- Full-Time Emergency Room Physicians	264	254	260	253	262
- Mental Health Generalists	13	15	14	23	25
- Other General Practice Physicians ⁽¹⁾	19	15	18	14	17
General Surgery	203	211	220	221	217
- General Surgery designated specialty	183	191	199	197	192
- Other General Surgery ⁽¹⁾	20	20	21	24	25
Internal Medicine	841	874	931	906	943
- Internal Medicine designated specialty	400	411	441	430	450
- Cardiology	120	129	139	126	125
- Endocrinology/Metabolism	11	12	16	28	28
- Gastroenterology	58	59	59	55	52
- Infectious Diseases	34	30	25	26	30
- Other Internal Medicine ⁽¹⁾	218	233	251	241	258
Neurology	75	80	85	88	97
Neurosurgery	12	9	11	6	5
Obstetrics-Gynaecology	255	253	258	253	253
Ophthalmology	135	136	140	139	142
Orthopaedic Surgery	189	191	189	185	188
Otolaryngology	67	73	76	76	76
Paediatrics	381	387	402	412	396
Physical Medicine & Rehabilitation	50	53	67	69	72
Plastic Surgery	69	73	71	71	74
Psychiatry	549	576	587	589	586
Urology	58	60	63	64	63
Pathology	15	16	16	17	22
Radiology	417	432	441	430	442

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

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

TABLE 2.12 B
DISTRIBUTION OF AVERAGE GROSS PAYMENTS
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

Physician Specialty	Average Payment				
	2017-18	2018-19	2019-20	2020-21	2021-22
Total: All Physicians	\$393,056	\$401,382	\$405,565	\$376,001	\$413,042
Subtotal:					
All Physicians (except Pathology)	392,758	401,126	405,352	375,893	412,987
All Specialists (except GP/FPs & Pathology)	509,439	523,018	524,540	504,641	554,347
Anaesthesiology	386,185	391,874	383,190	392,821	392,520
Cardiovascular and Thoracic Surgery	616,860	653,713	660,789	616,238	599,784
Dermatology	790,153	730,210	787,392	889,865	1,086,779
Emergency Medicine	315,253	332,302	331,381	312,783	341,349
General/Family Physicians (GP/FPs)	302,173	305,542	310,758	273,920	300,368
- General/Family Physicians	300,169	303,099	308,392	270,625	297,068
- Full-Time Emergency Room Physicians	344,638	352,523	356,404	331,607	357,367
- Mental Health Generalists	396,281	396,064	450,637	397,097	398,766
- Other General Practice Physicians ⁽¹⁾	159,676	231,375	216,612	225,156	271,370
General Surgery	487,870	484,873	467,307	442,330	470,587
- General Surgery designated specialty	486,662	480,281	465,796	444,037	478,448
- Other General Surgery ⁽¹⁾	498,918	528,724	481,633	428,318	410,213
Internal Medicine	450,696	457,542	458,071	451,410	507,917
- Internal Medicine designated specialty	368,371	384,808	382,574	363,984	403,482
- Cardiology	750,085	749,711	737,084	775,600	930,620
- Endocrinology/Metabolism	314,100	327,269	236,235	262,764	300,499
- Gastroenterology	555,631	545,951	551,586	536,432	624,495
- Infectious Diseases	108,742	120,460	140,633	236,920	244,838
- Other Internal Medicine ⁽¹⁾	469,253	451,806	459,981	463,557	514,876
Neurology	343,506	363,981	381,740	382,935	383,511
Neurosurgery	52,952	172,184	121,567	237,918	355,442
Obstetrics-Gynaecology	456,206	479,089	477,440	466,243	485,750
Ophthalmology	1,135,355	1,217,230	1,218,279	1,155,844	1,271,421
Orthopaedic Surgery	462,481	468,324	488,501	485,288	491,108
Otolaryngology	705,026	687,517	688,885	665,069	714,945
Paediatrics	272,277	281,501	287,400	249,021	304,381
Physical Medicine & Rehabilitation	439,378	470,114	429,877	475,605	504,764
Plastic Surgery	505,078	488,377	515,436	484,263	464,291
Psychiatry	358,515	365,111	377,974	383,196	398,438
Urology	626,283	625,969	606,080	577,978	599,967
Pathology	574,450	551,961	534,764	437,166	437,371
Radiology	1,082,174	1,123,414	1,140,037	1,027,662	1,182,055

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

Continued...

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

TABLE 2.12 B
DISTRIBUTION OF AVERAGE GROSS PAYMENTS PERCENTAGE CHANGE
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

Physician Specialty	Percentage Change			
	2018-19	2019-20	2020-21	2021-22
Total: All Physicians	2.12%	1.04%	(7.29%)	9.85%
Subtotal:				
All Physicians (except Pathology)	2.13	1.05	(7.27)	9.87
All Specialists (except GP/FPs & Pathology)	2.67	0.29	(3.79)	9.85
Anaesthesiology	1.47	(2.22)	2.51	(0.08)
Cardiovascular and Thoracic Surgery	5.97	1.08	(6.74)	(2.67)
Dermatology	(7.59)	7.83	13.01	22.13
Emergency Medicine	5.41	(0.28)	(5.61)	9.13
General/Family Physicians (GP/FPs)	1.11	1.71	(11.85)	9.66
- General/Family Physicians	0.98	1.75	(12.25)	9.77
- Full-Time Emergency Room Physicians	2.29	1.10	(6.96)	7.77
- Mental Health Generalists	(0.05)	13.78	(11.88)	0.42
- Other General Practice Physicians ⁽¹⁾	44.90	(6.38)	3.94	20.53
General Surgery	(0.61)	(3.62)	(5.34)	6.39
- General Surgery designated specialty	(1.31)	(3.02)	(4.67)	7.75
- Other General Surgery ⁽¹⁾	5.97	(8.91)	(11.07)	(4.23)
Internal Medicine	1.52	0.12	(1.45)	12.52
- Internal Medicine designated specialty	4.46	(0.58)	(4.86)	10.85
- Cardiology	(0.05)	(1.68)	5.23	19.99
- Endocrinology/Metabolism	4.19	(27.82)	11.23	14.36
- Gastroenterology	(1.74)	1.03	(2.75)	16.42
- Infectious Diseases	10.78	16.75	68.47	3.34
- Other Internal Medicine ⁽¹⁾	(3.72)	1.81	0.78	11.07
Neurology	5.96	4.88	0.31	0.15
Neurosurgery	225.17	(29.40)	95.71	49.40
Obstetrics-Gynaecology	5.02	(0.34)	(2.35)	4.18
Ophthalmology	7.21	0.09	(5.12)	10.00
Orthopaedic Surgery	1.26	4.31	(0.66)	1.20
Otolaryngology	(2.48)	0.20	(3.46)	7.50
Paediatrics	3.39	2.10	(13.35)	22.23
Physical Medicine & Rehabilitation	7.00	(8.56)	10.64	6.13
Plastic Surgery	(3.31)	5.54	(6.05)	(4.12)
Psychiatry	1.84	3.52	1.38	3.98
Urology	(0.05)	(3.18)	(4.64)	3.80
Pathology	(3.91)	(3.12)	(18.25)	0.05
Radiology	3.81	1.48	(9.86)	15.02

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

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

TABLE 2.12 C
DISTRIBUTION OF MEDIAN GROSS PAYMENTS
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

Physician Specialty	Median Payment				
	2017-18	2018-19	2019-20	2020-21	2021-22
Total: All Physicians	\$311,871	\$315,217	\$317,827	\$290,639	\$316,111
Subtotal:					
All Physicians (except Pathology)	312,118	315,590	318,078	290,919	316,433
All Specialists (except GP/FPs & Pathology)	395,204	402,077	402,462	393,068	419,979
Anaesthesiology	386,277	399,395	374,647	390,194	389,066
Cardiovascular and Thoracic Surgery	620,383	630,230	672,019	678,313	662,798
Dermatology	692,816	629,106	579,930	589,559	715,879
Emergency Medicine	320,201	350,067	338,571	310,523	342,804
General/Family Physicians (GP/FPs)	273,477	274,601	278,370	241,440	264,666
- General/Family Physicians	268,957	268,876	273,287	235,609	258,593
- Full-Time Emergency Room Physicians	332,658	335,847	338,278	320,765	349,763
- Mental Health Generalists	370,558	412,977	483,766	425,506	412,724
- Other General Practice Physicians ⁽¹⁾	96,188	138,890	167,874	185,090	211,982
General Surgery	507,082	502,020	483,256	465,861	481,839
- General Surgery designated specialty	505,191	481,313	463,551	452,659	480,335
- Other General Surgery ⁽¹⁾	549,780	583,665	531,016	492,207	491,178
Internal Medicine	366,668	364,652	371,778	377,021	423,941
- Internal Medicine designated specialty	326,278	332,207	349,811	331,362	369,836
- Cardiology	781,389	738,788	652,057	697,612	832,342
- Endocrinology/Metabolism	219,573	141,867	133,694	191,605	255,471
- Gastroenterology	588,520	588,741	628,507	534,745	591,559
- Infectious Diseases	81,366	81,546	97,689	174,877	190,042
- Other Internal Medicine ⁽¹⁾	381,835	358,452	365,196	401,738	444,350
Neurology	291,494	327,363	346,899	335,633	344,746
Neurosurgery	20,403	58,226	25,425	160,407	321,686
Obstetrics-Gynaecology	403,187	423,300	418,703	407,173	446,404
Ophthalmology	891,155	931,673	889,700	855,521	972,520
Orthopaedic Surgery	494,248	478,239	500,874	493,258	497,359
Otolaryngology	671,389	656,128	613,273	560,598	579,653
Paediatrics	248,089	275,938	266,835	232,501	279,234
Physical Medicine & Rehabilitation	431,529	492,480	416,457	424,744	457,826
Plastic Surgery	511,474	454,585	502,693	461,440	449,002
Psychiatry	315,638	317,307	327,069	315,244	340,920
Urology	641,400	636,675	617,035	584,026	632,715
Pathology	10,297	27,929	28,117	30,870	16,729
Radiology	833,625	890,277	925,451	849,388	996,013

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

Continued...

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

TABLE 2.12 C
DISTRIBUTION OF MEDIAN GROSS PAYMENTS PERCENTAGE CHANGE
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

Physician Specialty	Percentage Change			
	2018-19	2019-20	2020-21	2021-22
Total: All Physicians	1.07%	0.83%	(8.55%)	8.76%
Subtotal:				
All Physicians (except Pathology)	1.11	0.79	(8.54)	8.77
All Specialists (except GP/FPs & Pathology)	1.74	0.10	(2.33)	6.85
Anaesthesiology	3.40	(6.20)	4.15	(0.29)
Cardiovascular and Thoracic Surgery	1.59	6.63	0.94	(2.29)
Dermatology	(9.20)	(7.82)	1.66	21.43
Emergency Medicine	9.33	(3.28)	(8.28)	10.40
General/Family Physicians (GP/FPs)	0.41	1.37	(13.27)	9.62
- General/Family Physicians	(0.03)	1.64	(13.79)	9.76
- Full-Time Emergency Room Physicians	0.96	0.72	(5.18)	9.04
- Mental Health Generalists	11.45	17.14	(12.04)	(3.00)
- Other General Practice Physicians ⁽¹⁾	44.39	20.87	10.26	14.53
General Surgery	(1.00)	(3.74)	(3.60)	3.43
- General Surgery designated specialty	(4.73)	(3.69)	(2.35)	6.11
- Other General Surgery ⁽¹⁾	6.16	(9.02)	(7.31)	(0.21)
Internal Medicine	(0.55)	1.95	1.41	12.44
- Internal Medicine designated specialty	1.82	5.30	(5.27)	11.61
- Cardiology	(5.45)	(11.74)	6.99	19.31
- Endocrinology/Metabolism	(35.39)	(5.76)	43.32	33.33
- Gastroenterology	0.04	6.75	(14.92)	10.62
- Infectious Diseases	0.22	19.80	79.01	8.67
- Other Internal Medicine ⁽¹⁾	(6.12)	1.88	10.01	10.61
Neurology	12.31	5.97	(3.25)	2.72
Neurosurgery	185.38	(56.33)	530.90	100.54
Obstetrics-Gynaecology	4.99	(1.09)	(2.75)	9.63
Ophthalmology	4.55	(4.51)	(3.84)	13.68
Orthopaedic Surgery	(3.24)	4.73	(1.52)	0.83
Otolaryngology	(2.27)	(6.53)	(8.59)	3.40
Paediatrics	11.23	(3.30)	(12.87)	20.10
Physical Medicine & Rehabilitation	14.12	(15.44)	1.99	7.79
Plastic Surgery	(11.12)	10.58	(8.21)	(2.70)
Psychiatry	0.53	3.08	(3.62)	8.14
Urology	(0.74)	(3.08)	(5.35)	8.34
Pathology	171.23	0.67	9.79	(45.81)
Radiology	6.80	3.95	(8.22)	17.26

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

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

TABLE 2.12 D
DISTRIBUTION OF PHYSICIAN SERVICES BY SPECIALTY
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

Physician Specialty	Number of Services				
	2017-18	2018-19	2019-20	2020-21	2021-22
Total: All Physicians	54,174,046	56,241,529	58,398,511	56,730,622	61,562,164
Subtotal:					
All Physicians (except Pathology)	53,841,486	55,904,613	58,076,550	56,454,238	61,206,324
All Specialists (except GP/FPs & Pathology)	27,866,727	29,319,193	30,369,679	29,125,569	32,323,960
Anaesthesiology	4,727,179	4,821,176	4,837,657	4,794,000	4,722,251
Cardiovascular and Thoracic Surgery	60,864	65,927	77,397	77,986	76,840
Dermatology	759,747	768,227	842,513	1,001,100	1,390,834
Emergency Medicine	544,218	593,987	633,306	617,027	701,399
General/Family Physicians (GP/FPs)	25,974,759	26,585,420	27,706,871	27,328,669	28,882,364
- General/Family Physicians	24,845,119	25,443,814	26,529,078	26,192,662	27,576,956
- Full-Time Emergency Room Physicians	949,066	933,479	951,724	853,705	966,999
- Mental Health Generalists	122,504	141,390	151,190	219,699	238,739
- Other General Practice Physicians ⁽¹⁾	58,070	66,737	74,879	62,603	99,670
General Surgery	599,502	628,709	638,079	626,414	666,670
- General Surgery designated specialty	550,868	576,567	586,639	574,104	613,521
- Other General Surgery ⁽¹⁾	48,634	52,142	51,440	52,310	53,149
Internal Medicine	5,892,903	6,152,386	6,428,837	6,271,699	7,329,016
- Internal Medicine designated specialty	1,955,762	2,109,085	2,146,214	2,141,451	2,459,573
- Cardiology	843,801	905,946	1,000,933	915,039	1,133,966
- Endocrinology/Metabolism	36,360	40,157	37,348	78,841	87,302
- Gastroenterology	248,778	250,450	258,209	245,378	266,928
- Infectious Diseases	34,392	34,432	34,011	61,128	72,014
- Other Internal Medicine ⁽¹⁾	2,773,810	2,812,316	2,952,122	2,829,862	3,309,233
Neurology	254,987	293,392	330,188	361,254	402,153
Neurosurgery	8,230	24,744	23,329	25,403	33,710
Obstetrics-Gynaecology	1,177,625	1,220,357	1,262,622	1,242,300	1,298,743
Ophthalmology	2,874,054	3,133,971	3,181,175	2,975,717	3,423,099
Orthopaedic Surgery	485,593	489,221	506,641	501,750	508,801
Otolaryngology	549,974	553,931	593,627	580,620	618,190
Paediatrics	1,353,659	1,449,266	1,511,198	1,295,933	1,491,261
Physical Medicine & Rehabilitation	242,242	278,500	324,073	355,121	394,706
Plastic Surgery	180,115	183,660	189,882	180,487	185,011
Psychiatry	3,651,536	3,864,406	4,041,793	3,946,295	4,046,103
Urology	276,729	282,887	286,336	294,460	304,988
Pathology	332,560	336,916	321,961	276,384	355,840
Radiology	4,227,570	4,514,440	4,660,872	3,977,274	4,729,153

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

Continued...

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

TABLE 2.12 D
DISTRIBUTION OF PHYSICIAN SERVICES PERCENTAGE CHANGE
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

Physician Specialty	Percentage Change			
	2018-19	2019-20	2020-21	2021-22
Total: All Physicians	3.82%	3.84%	(2.86%)	8.52%
Subtotal:				
All Physicians (except Pathology)	3.83	3.89	(2.79)	8.42
All Specialists (except GP/FPs & Pathology)	5.21	3.58	(4.10)	10.98
Anaesthesiology	1.99	0.34	(0.90)	(1.50)
Cardiovascular and Thoracic Surgery	8.32	17.40	0.76	(1.47)
Dermatology	1.12	9.67	18.82	38.93
Emergency Medicine	9.15	6.62	(2.57)	13.67
General/Family Physicians (GP/FPs)	2.35	4.22	(1.37)	5.69
- General/Family Physicians	2.41	4.27	(1.27)	5.29
- Full-Time Emergency Room Physicians	(1.64)	1.95	(10.30)	13.27
- Mental Health Generalists	15.42	6.93	45.31	8.67
- Other General Practice Physicians ⁽¹⁾	14.93	12.20	(16.39)	59.21
General Surgery	4.87	1.49	(1.83)	6.43
- General Surgery designated specialty	4.67	1.75	(2.14)	6.87
- Other General Surgery ⁽¹⁾	7.21	(1.35)	1.69	1.60
Internal Medicine	4.40	4.49	(2.44)	16.86
- Internal Medicine designated specialty	7.84	1.76	(0.22)	14.86
- Cardiology	7.36	10.48	(8.58)	23.93
- Endocrinology/Metabolism	10.44	(7.00)	111.10	10.73
- Gastroenterology	0.67	3.10	(4.97)	8.78
- Infectious Diseases	0.12	(1.22)	79.73	17.81
- Other Internal Medicine ⁽¹⁾	1.39	4.97	(4.14)	16.94
Neurology	15.06	12.54	9.41	11.32
Neurosurgery	200.66	(5.72)	8.89	32.70
Obstetrics-Gynaecology	3.63	3.46	(1.61)	4.54
Ophthalmology	9.04	1.51	(6.46)	15.03
Orthopaedic Surgery	0.75	3.56	(0.97)	1.41
Otolaryngology	0.72	7.17	(2.19)	6.47
Paediatrics	7.06	4.27	(14.24)	15.07
Physical Medicine & Rehabilitation	14.97	16.36	9.58	11.15
Plastic Surgery	1.97	3.39	(4.95)	2.51
Psychiatry	5.83	4.59	(2.36)	2.53
Urology	2.23	1.22	2.84	3.58
Pathology	1.31	(4.44)	(14.16)	28.75
Radiology	6.79	3.24	(14.67)	18.90

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

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

TABLE 2.13

**DISTRIBUTION OF GROSS PAYMENTS BY PAYMENT RANGE AND SPECIALTY⁽¹⁾⁽²⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022**

Dollar Range	All Physicians		All Physicians (except Pathology)		All Specialties (except General/Family Physicians and Pathology)	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$1,312,425	403	\$1,296,492	394	\$523,997	194
10,000 - 19,999	3,063,745	205	3,019,415	202	1,103,587	76
20,000 - 39,999	8,733,244	294	8,733,244	294	3,314,893	114
40,000 - 59,999	13,735,825	278	13,640,592	276	4,613,807	95
60,000 - 79,999	16,551,832	236	16,403,882	234	5,212,902	74
80,000 - 99,999	22,576,304	250	22,576,304	250	6,356,479	71
100,000 - 119,999	26,447,584	240	26,343,682	239	7,595,159	69
120,000 - 139,999	33,377,061	256	33,377,061	256	9,809,478	75
140,000 - 159,999	40,067,820	268	40,067,820	268	11,962,138	80
160,000 - 179,999	46,035,031	272	45,868,573	271	12,224,213	72
180,000 - 199,999	56,910,460	299	56,910,460	299	16,567,928	87
200,000 - 299,999	404,575,605	1,625	404,317,472	1,624	132,214,588	528
300,000 - 399,999	494,358,500	1,423	493,965,156	1,422	182,191,638	520
400,000 - 499,999	514,921,142	1,146	514,921,142	1,146	248,128,017	550
500,000 - 599,999	422,683,330	775	422,683,330	775	235,800,716	432
600,000 - 699,999	324,303,799	503	324,303,799	503	181,951,682	281
700,000 - 799,999	250,332,479	336	250,332,479	336	167,261,107	225
800,000 - 899,999	178,059,212	210	178,059,212	210	117,388,467	138
900,000 - 999,999	141,804,993	150	141,804,993	150	92,870,415	98
1,000,000 - 1,999,999	594,240,553	446	594,240,553	446	528,315,775	392
2,000,000 & Over	440,917,369	154	432,520,484	152	430,480,740	151
Total	\$4,035,008,312	9,769	\$4,025,386,144	9,747	\$2,395,887,727	4,322

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 2.13

**DISTRIBUTION OF GROSS PAYMENTS BY PAYMENT RANGE AND SPECIALTY⁽¹⁾⁽²⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022**

Dollar Range	Anaesthesiology		Cardiovascular and Thoracic Surgery		Dermatology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$19,911	7	\$1,686	1	\$1,714	2
10,000 - 19,999	120,263	8			12,691	1
20,000 - 39,999	309,651	11	34,772	1	40,368	2
40,000 - 59,999	307,373	7			46,721	1
60,000 - 79,999	359,315	5			79,910	1
80,000 - 99,999	725,706	8	88,752	1	95,797	1
100,000 - 119,999	736,913	7				
120,000 - 139,999	391,481	3			128,701	1
140,000 - 159,999	1,628,208	11	142,260	1	299,579	2
160,000 - 179,999	1,512,356	9				
180,000 - 199,999	2,127,649	11	372,105	2		
200,000 - 299,999	18,357,308	72	475,857	2	449,760	2
300,000 - 399,999	28,710,581	82			1,380,384	4
400,000 - 499,999	44,943,415	100	866,389	2	2,598,824	6
500,000 - 599,999	32,853,778	61	1,119,978	2	1,661,006	3
600,000 - 699,999	21,485,021	33	2,011,677	3	3,243,957	5
700,000 - 799,999	8,010,755	11	2,219,230	3	4,313,292	6
800,000 - 899,999	3,486,356	4	4,440,385	5	1,734,472	2
900,000 - 999,999	2,905,737	3	996,955	1	1,858,938	2
1,000,000 - 1,999,999	10,295,689	8	3,424,124	3	18,171,878	14
2,000,000 & Over	2,056,646	1	2,056,646		36,696,187	12
Total	\$181,344,111	462	\$16,194,168	27	\$72,814,178	67

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 2.13

**DISTRIBUTION OF GROSS PAYMENTS BY PAYMENT RANGE AND SPECIALTY⁽¹⁾⁽²⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022**

Dollar Range	Emergency Medicine		All General/Family Physicians		All General Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$8,269	2	\$772,495	200	\$10,188	2
10,000 - 19,999	13,177	1	1,915,829	126	38,131	3
20,000 - 39,999	51,090	2	5,418,350	180	198,023	4
40,000 - 59,999	158,212	3	9,026,785	181	349,195	5
60,000 - 79,999	127,081	2	11,190,980	160	434,877	6
80,000 - 99,999	367,205	4	16,219,824	179	514,449	7
100,000 - 119,999	217,285	2	18,748,523	170	335,552	8
120,000 - 139,999	651,466	5	23,567,583	181	262,828	9
140,000 - 159,999			28,105,682	188	894,397	10
160,000 - 179,999	1,028,717	6	33,644,360	199		11
180,000 - 199,999	1,340,249	7	40,342,532	212		12
200,000 - 299,999	11,690,346	46	272,102,885	1,096	4,930,735	13
300,000 - 399,999	17,586,694	51	311,773,518	902	7,379,055	14
400,000 - 499,999	21,957,199	49	266,793,125	596	13,982,178	15
500,000 - 599,999	9,038,689	17	186,882,614	343	22,561,522	16
600,000 - 699,999	4,524,889	7	142,352,116	222	16,050,784	17
700,000 - 799,999	743,439	1	83,071,373	111	15,478,220	18
800,000 - 899,999	813,794	1	60,670,744	72	5,124,228	19
900,000 - 999,999			48,934,577	52	1,911,491	20
1,000,000 - 1,999,999			65,924,778	54	9,467,522	21
2,000,000 & Over			2,039,744	1	2,193,981	22
Total	\$70,317,801	206	\$1,629,498,416	5,425	\$102,117,357	23

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

Continued...

(1) A blank cell represents a zero value.

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TABLE 2.13

**DISTRIBUTION OF GROSS PAYMENTS BY PAYMENT RANGE AND SPECIALTY⁽¹⁾⁽²⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022**

Dollar Range	All Internal Medicine		Neurology		Neurosurgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$176,624	49	\$3,322	9		
10,000 - 19,999	383,851	26				
20,000 - 39,999	1,060,841	34	227,626	8	35,544	1
40,000 - 59,999	1,663,395	34	40,475	1		
60,000 - 79,999	1,466,826	21	205,598	3		
80,000 - 99,999	1,963,877	22	85,890	1		
100,000 - 119,999	2,209,807	20				
120,000 - 139,999	2,734,545	21	138,137	1		
140,000 - 159,999	2,527,018	17	159,570	1		
160,000 - 179,999	2,017,262	12	343,768	2		
180,000 - 199,999	2,258,816	12	777,195	4	199,292	1
200,000 - 299,999	22,025,281	88	3,432,099	14		
300,000 - 399,999	34,886,763	100	3,525,726	10	321,686	1
400,000 - 499,999	46,024,978	101	7,616,858	17		
500,000 - 599,999	51,984,013	94	4,861,462	9	519,575	1
600,000 - 699,999	36,394,368	56	2,536,064	4		
700,000 - 799,999	42,578,220	57	3,743,398	5	701,111	1
800,000 - 899,999	37,225,028	44	811,411	1		
900,000 - 999,999	28,468,181	30	1,844,865	2		
1,000,000 - 1,999,999	124,923,190	92	6,847,128	5		
2,000,000 & Over	35,992,379	13				
Total	\$478,965,262	943	\$37,200,592	97	\$1,777,208	5

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 2.13

**DISTRIBUTION OF GROSS PAYMENTS BY PAYMENT RANGE AND SPECIALTY⁽¹⁾⁽²⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022**

Dollar Range	Obstetrics-Gynaecology		Ophthalmology		Orthopaedic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$27,442	6	\$21,318	5	\$8,015	3
10,000 - 19,999	114,144	7	41,674	3	39,655	3
20,000 - 39,999	82,060	3	93,836	3	145,009	5
40,000 - 59,999	256,095	5	91,447	2	93,349	2
60,000 - 79,999	575,056	8	228,697	3	355,580	5
80,000 - 99,999	272,501	3	178,626	2	257,145	3
100,000 - 119,999	230,511	2	233,294	2	331,079	3
120,000 - 139,999	898,060	7			392,226	3
140,000 - 159,999	738,584	5			1,357,821	9
160,000 - 179,999	840,614	5	177,767	1		
180,000 - 199,999	959,521	5	184,746	1		
200,000 - 299,999	8,941,734	36	1,200,002	5	4,047,969	17
300,000 - 399,999	7,385,736	21	1,101,079	3	5,902,036	17
400,000 - 499,999	17,975,449	39	2,272,372	5	10,899,576	24
500,000 - 599,999	17,564,426	32	5,539,510	10	14,756,881	27
600,000 - 699,999	10,968,918	17	3,247,499	5	17,408,449	27
700,000 - 799,999	10,256,124	14	5,993,347	8	14,291,830	19
800,000 - 899,999	10,077,043	12	5,057,288	6	7,741,351	9
900,000 - 999,999	6,558,484	7	8,498,049	9	5,681,529	6
1,000,000 - 1,999,999	21,783,149	16	46,665,088	33	6,136,258	5
2,000,000 & Over	6,389,018	3	99,716,132	36	2,482,561	1
Total	\$122,894,668	253	\$180,541,771	142	\$92,328,318	188

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 2.13

**DISTRIBUTION OF GROSS PAYMENTS BY PAYMENT RANGE AND SPECIALTY⁽¹⁾⁽²⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022**

Dollar Range	Otolaryngology		Paediatrics		Pathology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$2,518	3	\$100,535	58	\$15,933	9
10,000 - 19,999			96,477	7	44,329	3
20,000 - 39,999			427,198	15		
40,000 - 59,999	50,020	1	489,403	10	95,234	2
60,000 - 79,999	66,460	1	471,992	7	147,950	2
80,000 - 99,999			464,886	5		
100,000 - 119,999	108,647	1	668,043	6	103,901	1
120,000 - 139,999			1,450,310	11		
140,000 - 159,999			450,342	3		
160,000 - 179,999	161,689	1	1,206,760	7	166,459	1
180,000 - 199,999	385,428	2	2,089,241	11		
200,000 - 299,999	1,757,204	7	19,417,392	76	258,133	1
300,000 - 399,999	1,537,141	4	22,237,519	63	393,344	1
400,000 - 499,999	4,937,856	11	23,543,700	53		
500,000 - 599,999	4,399,523	8	14,238,483	26		
600,000 - 699,999	3,867,092	6	7,608,179	12		
700,000 - 799,999	4,426,123	6	5,321,003	7		
800,000 - 899,999	5,165,968	6	3,411,167	4		
900,000 - 999,999	935,223	1	4,644,052	5		
1,000,000 - 1,999,999	23,873,662	17	12,198,261	10		
2,000,000 & Over	2,661,241	1			8,396,885	2
Total	\$54,335,794	76	\$120,534,943	396	\$9,622,168	22

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

Continued...

(1) A blank cell represents a zero value.

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TABLE 2.13

**DISTRIBUTION OF GROSS PAYMENTS BY PAYMENT RANGE AND SPECIALTY⁽¹⁾⁽²⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022**

Dollar Range	Physical Medicine and Rehabilitation		Plastic Surgery		All Psychiatry	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000			\$10,683	5	\$75,011	14
10,000 - 19,999	16,484	1			115,516	8
20,000 - 39,999	125,122	4	51,493	2	272,118	10
40,000 - 59,999	57,508	1			561,413	12
60,000 - 79,999			61,343	1	569,819	8
80,000 - 99,999			88,152	1	738,212	8
100,000 - 119,999	115,500	1	104,460	1	1,884,010	17
120,000 - 139,999			257,404	2	1,181,118	9
140,000 - 159,999	285,175	2	154,557	1	2,405,832	16
160,000 - 179,999	326,332	2			3,406,953	20
180,000 - 199,999	199,331	1	567,886	3	4,540,796	24
200,000 - 299,999	1,988,604	8	1,817,301	7	25,832,299	104
300,000 - 399,999	2,774,668	8	2,961,120	9	34,604,264	99
400,000 - 499,999	4,891,928	11	4,973,453	11	30,676,156	68
500,000 - 599,999	3,658,440	7	4,839,744	9	31,938,345	59
600,000 - 699,999	7,800,045	12	3,834,431	6	25,509,236	39
700,000 - 799,999	3,010,045	4	5,943,287	8	17,980,657	24
800,000 - 899,999	3,442,740	4	1,788,440	2	10,109,673	12
900,000 - 999,999			1,844,710	2	12,453,096	13
1,000,000 - 1,999,999	7,651,054	6	5,059,100	4	23,588,015	20
2,000,000 & Over					5,042,021	2
Total	\$36,342,978	72	\$34,357,563	74	\$233,484,560	586

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 2.13

**DISTRIBUTION OF GROSS PAYMENTS BY PAYMENT RANGE AND SPECIALTY⁽¹⁾⁽²⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022**

Dollar Range	Radiology		Urology	
	Payments	Number of Physicians	Payments	Number of Physicians
Less than \$10,000	\$50,125	25		
10,000 - 19,999	88,750	6		
20,000 - 39,999	160,143	6		
40,000 - 59,999	298,866	6	109,600	2
60,000 - 79,999	130,983	2	79,364	1
80,000 - 99,999	255,576	3	259,705	3
100,000 - 119,999	420,058	4		
120,000 - 139,999	652,329	5	670,874	5
140,000 - 159,999	604,238	4	314,557	2
160,000 - 179,999	1,201,995	7		
180,000 - 199,999	565,674	3		
200,000 - 299,999	4,905,884	20	944,813	4
300,000 - 399,999	8,790,499	25	1,106,688	3
400,000 - 499,999	7,734,582	17	2,233,106	5
500,000 - 599,999	12,027,015	22	2,238,326	4
600,000 - 699,999	9,650,661	15	5,810,412	9
700,000 - 799,999	15,563,970	21	6,687,054	9
800,000 - 899,999	13,568,264	16	3,390,861	4
900,000 - 999,999	13,272,466	14	996,640	1
1,000,000 - 1,999,999	195,275,765	140	12,955,894	11
2,000,000 & Over	237,250,574	81		
Total	\$522,468,417	442	\$37,797,893	63

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

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

TABLE 2.14
NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS BY SPECIALTY⁽¹⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Physicians by Specialty	Number of Physicians	Number of Full-Time Equivalent Physicians ⁽²⁾	Proportion of Full-Time Equivalent Physicians		Average Payment per Full-Time Equivalent Physician	Number of Registered Persons per Full-Time Equivalent Physician
			Above 60th Percentile	Below 40th Percentile		
All Physicians (except Pathology and Radiology)⁽³⁾	9,277	8,339.0	33.7	48.6	\$419,053	589
All Specialists (except GP/FPs & Laboratory)	3,852	3,452.9	33.0	49.7	540,132	1,423
Anaesthesiology	462	405.0	33.3	48.9	447,729	12,130
Cardiovascular and Thoracic Surgery	27	19.8	25.9	55.6	819,330	248,578
Dermatology	67	65.7	34.3	46.3	1,107,778	74,748
Emergency Medicine	206	187.3	35.0	46.1	375,431	26,232
General/Family Physicians (GP/FPs)	5,425	4,834.2	34.0	48.3	337,076	1,016
- General/Family Physicians	5,121	4,569.5	33.9	48.5	332,923	1,075
- Full-Time Emergency Room Physicians	262	246.9	35.9	45.8	379,164	19,896
- Mental Health Generalists	25	21.2	32.0	44.0	469,411	231,343
- Other General Practice Physicians ⁽⁴⁾	17	15.0	29.4	41.2	307,218	327,189
General Surgery	217	180.3	31.8	52.1	566,240	27,244
- General Surgery designated specialty	192	163.4	32.3	50.5	562,115	30,064
- Other General Surgery ⁽⁴⁾	25	17.8	24.0	60.0	576,363	276,128
Internal Medicine	915	774.7	31.8	51.4	607,388	6,342
- Internal Medicine designated specialty	450	363.4	31.1	52.2	499,636	13,520
- Cardiology	125	109.6	34.4	47.2	1,061,665	44,840
- Gastroenterology	52	47.3	36.5	42.3	686,677	103,892
- Infectious Diseases	30	23.3	26.7	60.0	315,568	211,084
- Other Internal Medicine ⁽⁴⁾	258	201.6	31.4	51.2	659,005	24,374
Neurology	97	76.7	28.9	54.6	484,702	64,016
Neurosurgery	5	4.0	20.0	40.0	441,030	1,219,250
Obstetrics-Gynaecology	253	220.4	32.4	50.2	557,486	22,288
Ophthalmology	142	124.7	32.4	51.4	1,447,401	39,389
Orthopaedic Surgery	188	158.5	34.6	47.9	582,647	31,005
Otolaryngology	76	72.4	34.2	48.7	750,824	67,891
Paediatrics	396	314.6	30.1	54.0	383,153	15,618
Physical Medicine and Rehabilitation	72	63.8	33.3	45.8	569,221	76,953
Plastic Surgery	74	63.4	32.4	50.0	542,189	77,534
Psychiatry	586	552.6	36.2	45.6	422,533	8,891
Urology	63	52.9	33.3	47.6	714,932	92,931

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

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.

Continued...

- 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) 22 Pathology and 442 Radiology physicians and 28 Endocrinology/Metabolism physicians are excluded.

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

TABLE 2.15

DISTRIBUTION OF PHYSICIAN PAYMENTS BY TYPE OF SERVICE AND SPECIALTY⁽¹⁾⁽²⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Physicians by Specialty	Total	Consultations	Assessments		Hospital Care Days
			Major	Other	
Total: All Physicians	\$4,035,008,312	\$447,153,324	\$263,071,349	\$1,179,109,550	\$124,593,887
Subtotal					
All Physicians (except Pathology)	4,025,386,144	446,443,077	263,070,533	1,179,006,549	124,593,887
All Specialists (except GP/FPs & Pathology)	2,395,887,727	355,460,172	36,215,195	327,868,835	70,520,931
Anaesthesiology	181,344,111	7,849,794	95,430	17,444,673	246,879
Cardiovascular and Thoracic Surgery	16,194,168	1,672,530	3,753	879,346	299,204
Dermatology	72,814,178	13,652,182	1,265,256	7,924,777	297
Emergency Medicine	70,317,801	3,703,068	646,227	42,384,960	351
General/Family Physicians (GP/FPs)	1,629,498,416	90,982,905	226,855,338	851,137,714	54,072,956
- General/Family Physicians	1,521,285,839	86,998,857	225,647,905	790,012,498	53,943,424
- Full-Time Emergency Room Physicians	93,630,125	3,475,115	987,633	59,717,654	7,349
- Mental Health Generalists	9,969,162	83,500	141,520	491,529	15,732
- Other General Practice Physicians ⁽³⁾	4,613,291	425,433	78,279	916,034	106,451
General Surgery	102,117,357	27,804,371	139,799	9,195,698	4,022,081
- General Surgery designated specialty	91,862,037	25,465,689	129,194	8,168,426	3,774,580
- Other General Surgery ⁽³⁾	10,255,320	2,338,683	10,605	1,027,272	247,501
Internal Medicine	478,965,262	132,568,649	9,522,649	90,248,713	53,709,459
- Internal Medicine designated specialty	181,566,790	65,389,421	7,140,540	42,663,604	35,635,864
- Cardiology	116,327,524	22,209,331	216,487	15,538,176	5,927,228
- Endocrinology/Metabolism	8,413,983	4,243,212	241,783	3,461,415	284,645
- Gastroenterology	32,473,721	11,845,347	75,225	4,837,683	608,165
- Infectious Diseases	7,345,136	3,045,094	92,419	2,530,990	1,194,496
- Other Internal Medicine ⁽³⁾	132,838,107	25,836,243	1,756,195	21,216,844	10,059,061
Neurology	37,200,592	19,024,348	787,473	9,310,596	2,020,025
Neurosurgery	1,777,208	318,437		232,535	
Obstetrics-Gynaecology	122,894,668	17,692,877	1,636,005	31,769,194	1,632,778
Ophthalmology	180,541,771	17,123,112	8,681,081	17,150,275	4,879
Orthopaedic Surgery	92,328,318	20,223,411	165,106	8,773,591	897,289
Otolaryngology	54,335,794	9,559,444	107,771	2,866,573	40,335
Paediatrics	120,534,943	33,729,955	10,028,913	59,602,366	6,595,815
Physical Medicine and Rehabilitation	36,342,978	11,966,680	4,269	10,116,021	727,687
Plastic Surgery	34,357,563	5,162,896	460,058	3,355,290	22,128
Psychiatry designated specialty	233,484,560	22,060,863	2,456,462	7,948,038	108
Urology	37,797,893	9,334,884	191,847	5,614,701	299,960
Pathology	9,622,168	710,246	817	103,001	
Radiology	522,468,417	1,987,265	18,232	3,029,050	

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

Continued...

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

(2) A blank cell represents a zero value.

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

TABLE 2.15

DISTRIBUTION OF PHYSICIAN PAYMENTS BY TYPE OF SERVICE AND SPECIALTY⁽¹⁾⁽²⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Physicians by Specialty	Special Calls	Psychotherapy/ Counselling	Major Surgery	Minor Surgery	Surgical Assistance
Total: All Physicians	\$27,301,329	\$353,025,761	\$423,760,415	\$32,077,673	\$3,444
Subtotal					
All Physicians (except Pathology)	27,301,329	353,025,761	423,759,971	32,077,525	3,444
All Specialists (except GP/FPs & Pathology)	1,360,203	175,655,650	383,495,441	16,089,828	
Anaesthesiology	41,646	2,978,499	96,583,482	1,818,096	
Cardiovascular and Thoracic Surgery	4,195	90	11,685,880	11,657	
Dermatology	594		26,362,615	4,254,779	
Emergency Medicine	60,847	626,784	1,078,958	773,865	
General/Family Physicians (GP/FPs)	25,941,125	177,370,111	40,264,531	15,987,697	3,444
- General/Family Physicians	25,776,051	167,470,131	38,756,264	14,141,282	3,444
- Full-Time Emergency Room Physicians	137,336	1,080,966	1,508,267	1,846,306	
- Mental Health Generalists	12,925	6,945,222		36	
- Other General Practice Physicians ⁽³⁾	14,814	1,873,792		72	
General Surgery	147,421	64,330	42,616,336	1,443,615	
- General Surgery designated specialty	146,362	64,303	36,810,290	1,399,876	
- Other General Surgery ⁽³⁾	1,059	27	5,806,047	43,739	
Internal Medicine	345,415	367,797	10,749,110	561,927	
- Internal Medicine designated specialty	179,425	329,725	480,507	313,815	
- Cardiology	68,274	470	9,365,810	222	
- Endocrinology/Metabolism	151				
- Gastroenterology	1,663		32,713	44,396	
- Infectious Diseases	1,706		43,895	183,690	
- Other Internal Medicine ⁽³⁾	94,196	37,603	826,185	19,803	
Neurology	9,663	103,450	247		
Neurosurgery		642,038	53,972		
Obstetrics-Gynaecology	569,033	2,018	14,591,950	48,124	
Ophthalmology	5,602		50,722,209	463,387	
Orthopaedic Surgery	44,638	48,834	59,983,815	303,925	
Otolaryngology	10,598	977	22,764,984	4,467,666	
Paediatrics	49,675	2,724,229	392,799	229,675	
Physical Medicine and Rehabilitation		1,747,094	42,252	697	
Plastic Surgery	12,233	2,535	23,116,222	1,572,281	
Psychiatry designated specialty	46,621	166,327,720		290	
Urology	5,554	16,344	15,927,792	24,612	
Pathology			444	148	
Radiology	6,466		6,822,817	115,232	

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

Continued...

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

(2) A blank cell represents a zero value.

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

TABLE 2.15

DISTRIBUTION OF PHYSICIAN PAYMENTS BY TYPE OF SERVICE AND SPECIALTY⁽¹⁾⁽²⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Physicians by Specialty	Anaesthesia	Obstetrical Services	Diagnostic & Therapeutic Services - Radiology	Laboratory Services	Other Diagnostic & Therapeutic Services
Total: All Physicians	\$56,086,826	\$50,193,988	\$506,850,976	\$51,050,513	\$383,864,617
Subtotal					
All Physicians (except Pathology)	56,086,826	50,193,988	506,850,976	51,050,513	375,171,523
All Specialists (except GP/FPs & Pathology)	48,679,364	36,385,991	505,336,341	51,050,371	313,799,873
Anaesthesiology	23,544,737	6,207,501	2,318,006		14,794,055
Cardiovascular and Thoracic Surgery	68,908	50,387	43		1,201,221
Dermatology	170,098				17,743,580
Emergency Medicine	5,888	447			19,625,348
General/Family Physicians (GP/FPs)	7,407,462	13,807,997	1,514,635	142	61,371,650
- General/Family Physicians	7,401,441	13,806,856	1,514,635	142	38,140,555
- Full-Time Emergency Room Physicians	6,021	1,140			23,197,380
- Mental Health Generalists					5,078
- Other General Practice Physicians ⁽³⁾					28,637
General Surgery	96,054	21,166	411		14,534,885
- General Surgery designated specialty	91,666	21,166	411		13,903,063
- Other General Surgery ⁽³⁾	4,388				631,822
Internal Medicine	38,478	6,452	28,555,958	9,716,492	123,834,319
- Internal Medicine designated specialty	14,862	450	1,469,364		23,942,207
- Cardiology			25,449,092	9,716,492	26,599,205
- Endocrinology/Metabolism			8,303		21,133
- Gastroenterology	1,191				14,773,220
- Infectious Diseases					76,710
- Other Internal Medicine ⁽³⁾	22,425	6,002	1,629,199		58,421,844
Neurology	1,966,526		10,444		3,189,966
Neurosurgery	143,586				72,301
Obstetrics-Gynaecology	204,178	30,045,256	13,749,038		7,725,107
Ophthalmology	1,183		26,739,902		59,553,565
Orthopaedic Surgery	74,162	1,870			794,042
Otolaryngology	163,684	663			13,406,888
Paediatrics	11,081	51,251	602,495		5,455,582
Physical Medicine and Rehabilitation	3,979,498		3,187,155		3,991,668
Plastic Surgery	47,476	37			276,445
Psychiatry designated specialty					1,000,181
Urology	779,296	854			5,389,704
Pathology					8,693,094
Radiology	17,384,532	108	430,172,889	41,333,879	21,199,849

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

Continued...

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

(2) A blank cell represents a zero value.

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

TABLE 2.15

DISTRIBUTION OF PHYSICIAN PAYMENTS BY TYPE OF SERVICE AND SPECIALTY⁽¹⁾⁽²⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Physicians by Specialty	Special Services	Miscellaneous Services
Total: All Physicians	\$18,793,735	\$118,070,924
Subtotal		
All Physicians (except Pathology)	18,786,963	117,963,278
All Specialists (except GP/FPs & Pathology)	3,471,989	70,497,542
Anaesthesiology	106,407	7,314,906
Cardiovascular and Thoracic Surgery	1,190	315,764
Dermatology	11,297	1,428,704
Emergency Medicine	72,427	1,338,631
General/Family Physicians (GP/FPs)	15,314,974	47,465,737
- General/Family Physicians	15,195,640	42,476,715
- Full-Time Emergency Room Physicians	105,340	1,559,618
- Mental Health Generalists	29	2,273,591
- Other General Practice Physicians ⁽³⁾	13,966	1,155,814
General Surgery	23,723	2,007,466
- General Surgery designated specialty	22,531	1,864,480
- Other General Surgery ⁽³⁾	1,192	142,986
Internal Medicine	91,492	18,648,354
- Internal Medicine designated specialty	23,734	3,983,271
- Cardiology		1,236,737
- Endocrinology/Metabolism	10	153,330
- Gastroenterology	3,327	250,791
- Infectious Diseases	11,900	164,237
- Other Internal Medicine ⁽³⁾	52,521	12,859,987
Neurology	176,214	601,640
Neurosurgery	2,268	312,071
Obstetrics-Gynaecology	2,557,617	671,492
Ophthalmology	900	95,675
Orthopaedic Surgery	4,805	1,012,829
Otolaryngology	5,079	941,132
Paediatrics	65,906	995,201
Physical Medicine and Rehabilitation	252,182	327,774
Plastic Surgery	11,763	318,200
Psychiatry designated specialty	7,695	33,636,582
Urology	5,459	206,886
Pathology	6,772	107,646
Radiology	75,537	322,561

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

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

(2) A blank cell represents a zero value.

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

TABLE 2.16
TOP 50 HEALTH SERVICE CODES BASED ON PHYSICIAN FEE-FOR-SERVICE PAYMENTS
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Health Service Code	Health Service Code Description	Payments	Number of Services	Number of Discrete Patients ⁽¹⁾	Average Cost per Discrete Patient	Average Number of Services per Distinct Patient
03.03A	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient - in office.}	\$486,998,092	8,768,469	2,653,158	\$183.55	3.3
03.04A	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient - in office.}	213,055,840	1,776,054	1,537,377	138.58	1.2
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	179,889,762	0	755,393	238.14	0.0
03.08A	Consultation, described as comprehensive {Comprehensive consultation - in office}	139,692,598	894,020	716,607	194.94	1.2
03.03CV	Diagnostic interview and evaluation, described as limited {Assessment of a patient's condition via telephone or secure videoconference.}	120,328,068	3,055,373	1,310,002	91.85	2.3
03.08AZ	Consultation, described as comprehensive {Comprehensive consultation - out of office}	108,579,856	597,833	401,249	270.60	1.5
08.19G	Other psychiatric evaluation and interview {Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or general psychiatric counselling, per 15 minutes or major portion thereof - in office.}	103,018,463	2,166,297	425,994	241.83	5.1
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	100,869,113	1,504,779	131,262	768.46	11.5
X107A	Fluoroscopy performed during special diagnostic or therapeutic procedures, including biopsy, endoscopy, intubation, pacemaker insertion and bougienage, etc.	53,969,987	267,923	119,704	450.86	2.2
08.19CW	Other psychiatric evaluation and interview {Telephone or secure videoconference with a patient for scheduled psychiatric treatment (including group therapy) by a general practitioner or pediatrician, or for a palliative care or a chronic pain visit by an eligible physician, per full 15 minutes.}	47,880,663	1,009,386	225,530	212.30	4.5
08.19GB	Other psychiatric evaluation and interview {Direct contact with a complex patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof}	46,726,705	747,714	32,526	1,436.60	23.0
03.03F	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit in a regional facility, referred cases only - in office.}	46,248,698	421,942	224,692	205.83	1.9
13.99H	Other miscellaneous diagnostic & therapeutic procedures NEC {Critical care of severely ill or injured patient in a hospital emergency department requiring major treatment intervention(s), per 15 minutes}	44,635,852	761,574	135,357	329.76	5.6
X310	Ultrasound, abdominal, complete or at least two abdominal organs	43,566,746	215,286	196,805	221.37	1.1

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

Continued...

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

TABLE 2.16
TOP 50 HEALTH SERVICE CODES BASED ON PHYSICIAN FEE-FOR-SERVICE PAYMENTS
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Health Service Code	Health Service Code Description	Payments	Number of Services	Number of Discrete Patients ⁽¹⁾	Average Cost per Discrete Patient	Average Number of Services per Distinct Patient
08.19CV	Other psychiatric evaluation and interview {Telephone or secure videoconference with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, including group and family therapy, per 15 minutes or major portion thereof}	\$41,765,945	750,847	69,906	\$597.46	10.7
03.03AZ	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient - out of office.}	40,221,591	664,610	363,603	110.62	1.8
03.03FV	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit, referred cases only via telephone or secure videoconference.}	37,303,801	445,202	252,448	147.77	1.8
03.01AD	Diagnostic interview and evaluation, unqualified {Advice to a patient or their agent (agent as defined in the Personal Directives Act) via telephone, secure email or videoconference}	35,206,409	1,775,291	833,251	42.25	2.1
X308	Ultrasound, breast, including axilla	31,953,618	248,173	134,382	237.78	1.8
03.08CV	Consultation, described as comprehensive {Comprehensive consultation via telephone or secure videoconference}	31,700,955	201,580	180,316	175.81	1.1
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	30,338,334	484,875	18,230	1,664.20	26.6
08.19F	Other psychiatric evaluation and interview {Formal, scheduled, professional conference related to the care and treatment of a psychiatric patient with other physician(s), and/or direct therapeutic supervision of, allied health professionals, educational, correctional and other community agencies on behalf of a specific patient, provided by the physician most responsible for the patient's care, per 15 minutes or major portion}	29,213,675	635,683	73,994	394.81	8.6
03.03NB	Diagnostic interview and evaluation, described as limited {Home visit to patients residing in Assisted Living, Designated Assisted Living (DAL), group homes, seniors lodges or personal care home, second/subsequent patients}	27,862,118	308,386	18,526	1,503.95	16.6
X 27D	Screening mammography (age 50 to 74 years inclusive)	27,515,064	169,349	169,287	162.54	1.0
X306B	Thorax {Non Complex Complete Echocardiogram} <A study of all the relevant cardiac structures and functions of all the chambers, valves, septae, pericardium and great vessels from multiple views, complemented by Doppler examination of every cardiac valve, the atrial and ventricular septa for antegrade and retrograde	26,808,547	115,541	111,792	239.81	1.0
X314	Ultrasound, pelvis, female, including endo-vaginal (EV) scan	26,311,624	149,393	130,245	202.02	1.1
X334	Ultrasound, other than shoulder including joints, tendons, ligaments, muscles, single anatomic site	26,263,105	230,850	153,607	170.98	1.5

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

Continued...

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

TABLE 2.16
TOP 50 HEALTH SERVICE CODES BASED ON PHYSICIAN FEE-FOR-SERVICE PAYMENTS
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Health Service Code	Health Service Code Description	Payments	Number of Services	Number of Discrete Patients ⁽¹⁾	Average Cost per Discrete Patient	Average Number of Services per Distinct Patient
03.04G	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	\$26,210,476	223,049	188,034	\$139.39	1.2
08.19AZ	Consultation, described as comprehensive {Formal major psychiatric consultation, first full 30 minutes or major portion thereof for the first call when only one call is claimed - out of office.}	24,715,790	315,187	31,511	784.35	10.0
27.72A	Insertion of intraocular lens prosthesis with cataract extraction, one stage {Phacoemulsification cataract extraction, anterior approach, with or without insertion of intraocular lens}	24,525,171	167,641	30,119	814.28	5.6
03.05JA	Other diagnostic interview and evaluation {Formal, scheduled, multiple health discipline team conference, full 15 minutes or major portion thereof for the first call when only one call is claimed} <With para-medical personnel regarding the provision of health care where social and other issues are involved>	23,234,273	540,682	167,208	138.95	3.2
08.19GZ	Other psychiatric evaluation and interview {Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counselling, per 15 minutes or major portion thereof - out of office.}	21,698,381	426,321	41,812	518.95	10.2
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	20,077,821	91,958	70,817	283.52	1.3
03.01NM	Diagnostic interview and evaluation, unqualified {Patient care advice to a pharmacist provided via telephone or other telecommunication methods in relation to the care and treatment of a patient}	19,137,210	1,101,145	513,214	37.29	2.1
03.04H	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in emergency department, 2200-0700 hours}	18,942,544	162,798	138,059	137.21	1.2
01.22	Other nonoperative colonoscopy {Other nonoperative colonoscopy}	18,772,146	176,642	83,476	224.88	2.1
03.04F	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekday, 0700-1700 hours}	17,405,388	148,097	129,400	134.51	1.1
13.99J	Other diagnostic interview and evaluation {Medical emergency detention time, per 15 minutes}	16,593,689	237,813	49,392	335.96	4.8
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit - in office.}	16,394,441	342,150	61,041	268.58	5.6
03.04AZ	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient - out of office.}	16,297,553	129,324	111,654	145.96	1.2
28.79B	Other operations on vitreous {Intravitreal injection for drug delivery}	16,226,223	153,929	21,284	762.37	7.2

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

Continued...

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

TABLE 2.16
TOP 50 HEALTH SERVICE CODES BASED ON PHYSICIAN FEE-FOR-SERVICE PAYMENTS
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Health Service Code	Health Service Code Description	Payments	Number of Services	Number of Discrete Patients ⁽¹⁾	Average Cost per Discrete Patient	Average Number of Services per Distinct Patient
03.08I	Consultation described as comprehensive {Prolonged cardiology, clinical immunology, endocrinology/metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, physiatry, medical oncology, neurology, respiratory medicine or rheumatology consultation or visit, full 15 minutes or major portion thereof for the first call when only one call is claimed - in office.}	\$15,998,558	341,529	131,228	\$121.91	2.6
16.91G	Insertion of anaesthetic into spinal canal for analgesia {Epidural analgesia for labour and delivery, monitoring and/or top-up/adjustment, each additional full 5 minutes, per patient}	14,971,439	867,826	18,542	807.43	46.8
87.98A	Delivery NEC {Vaginal delivery}	14,077,019	28,028	27,207	517.40	1.0
03.08IZ	Consultation described as comprehensive {Prolonged cardiology, clinical immunology, endocrinology/metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, physiatry, medical oncology, neurology, respiratory medicine or rheumatology consultation or visit, full 15 minutes or major portion thereof for the first call when only one call is claimed - out of office.}	13,954,846	302,984	92,961	150.12	3.3
X335	Ultrasound shoulder, dedicated rotator cuff and bicep	13,927,723	87,601	73,067	190.62	1.2
X128	Bone mineral content determination dual photon absorptiometry with or without vertebral fracture assessment (VFA)	13,817,664	97,431	97,411	141.85	1.0
03.05JB	Other diagnostic interview and evaluation {Formal, scheduled family conference relating to a specific patient, per 15 minutes or major portion thereof}	12,958,387	249,649	113,521	114.15	2.2
03.01LJ	Diagnostic interview and evaluation, unqualified {Physician, nurse practitioner, midwife or podiatric surgeon to physician telephone or telehealth videoconference or secure videoconference consultation, consultant, weekdays 0700 to 1700 hours}	12,940,911	166,525	123,239	105.01	1.4
09.13E	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, interpretation}	12,849,973	490,457	236,842	54.26	2.1

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

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

TABLE 2.17
PHYSICIAN SERVICES AND PAYMENTS PER 1,000 INSURED PERSONS
BY TYPE OF SERVICE, AND PATIENT AGE AND SEX
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022⁽¹⁾

Service Type	Age Sex	All Age Groups		Under 1		1 - 4	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	1,313	\$101,635	1,371	\$183,412	610	\$54,373
	M	947	80,583	1,612	204,922	725	66,134
Major Assessment	F	481	59,122	2,012	220,303	510	61,104
	M	392	48,069	2,067	227,070	535	64,148
Other Assessment	F	4,502	280,585	4,487	362,953	2,447	191,872
	M	3,124	200,143	5,003	403,773	2,731	217,571
Hospital Care Days	F	371	25,264	880	55,321	123	7,488
	M	352	25,453	994	61,991	128	7,793
Special Calls	F	16	6,625	1	5,259	2	3,982
	M	9	4,509	1	6,144	2	4,592
Psychotherapy/Counselling	F	1,671	84,799	8	562	68	3,985
	M	1,161	59,146	8	541	98	5,783
Major Surgery	F	960	88,287	354	32,602	216	18,050
	M	862	84,253	537	45,581	375	29,660
Minor Surgery	F	126	6,050	84	5,620	60	3,421
	M	139	6,999	111	7,533	80	4,880
Surgical Assistance	F	--	1				
	M	--	--				
Anaesthesiology	F	499	17,438	36	910	118	2,510
	M	82	5,504	40	1,115	130	2,775
Obstetrical Services	F	186	20,596	20	2,483	--	6
	M	--	28	21	2,683		
Diagnostic & Therapeutic Services, Radiology	F	1,393	146,175	140	25,116	87	10,529
	M	719	60,943	158	28,456	103	12,489
Laboratory Services	F	53	12,364			--	1
	M	25	8,453			--	10
Other Diagnostic & Therapeutic Services	F	2,313	78,698	875	51,916	796	18,061
	M	2,026	77,577	1,130	68,025	971	22,659
Special Services ⁽³⁾	F	251	6,793	2	29	11	142
	M	62	912	2	25	13	175
Miscellaneous Services ⁽⁴⁾	F	1,207	54,487	248	10,931	419	20,804
	M	976	46,827	303	12,916	442	21,894
Total	F	15,342	988,921	10,518	957,418	5,467	396,329
	M	10,876	\$709,398	11,986	\$1,070,776	6,332	\$460,564

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

Continued...

(1) A blank cell represents a zero value.

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

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

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

TABLE 2.17
PHYSICIAN SERVICES AND PAYMENTS PER 1,000 INSURED PERSONS
BY TYPE OF SERVICE, AND PATIENT AGE AND SEX
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022⁽¹⁾

Service Type	Age Sex	5 - 14		15 - 24		25 - 44	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	491	\$40,561	939	\$68,006	1,281	\$93,365
	M	526	44,992	523	40,826	627	49,984
Major Assessment	F	288	34,089	368	43,920	456	55,667
	M	288	34,179	259	30,506	289	34,868
Other Assessment	F	1,435	99,121	2,947	199,913	4,374	283,176
	M	1,515	108,061	1,557	107,583	1,950	126,021
Hospital Care Days	F	55	3,324	108	7,036	159	10,670
	M	46	2,774	61	4,143	95	7,345
Special Calls	F	1	2,092	2	5,489	2	5,973
	M	1	2,184	2	3,126	2	2,572
Psychotherapy/Counselling	F	520	30,829	2,348	126,108	2,002	100,083
	M	438	26,147	1,337	72,764	1,423	71,794
Major Surgery	F	199	14,388	450	33,470	742	57,440
	M	258	17,598	447	32,667	482	42,540
Minor Surgery	F	121	4,820	100	4,674	101	5,056
	M	120	5,637	99	5,393	103	5,593
Surgical Assistance	F	--	--	--	1	--	3
	M	--	--	--	2	--	1
Anaesthesiology	F	75	1,564	406	9,222	1,144	28,680
	M	97	1,993	28	822	38	2,314
Obstetrical Services	F	--	25	139	16,821	547	60,166
	M	--	--	--	--	--	1
Diagnostic & Therapeutic Services, Radiology	F	143	13,179	503	55,957	1,247	152,347
	M	135	11,739	238	19,289	394	35,273
Laboratory Services	F	1	217	4	1,155	10	3,118
	M	1	119	3	836	7	2,558
Other Diagnostic & Therapeutic Services	F	899	13,263	1,334	29,159	1,771	50,766
	M	1,072	14,966	869	22,365	1,156	37,862
Special Services ⁽³⁾	F	16	283	167	5,703	374	11,197
	M	17	266	36	625	50	813
Miscellaneous Services ⁽⁴⁾	F	842	43,092	1,013	55,709	709	31,678
	M	761	39,274	744	42,763	576	27,325
Total	F	5,086	300,848	10,828	662,343	14,921	949,384
	M	5,276	\$309,929	6,202	\$383,710	7,192	\$446,865

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

Continued...

(1) A blank cell represents a zero value.

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

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

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

TABLE 2.17
PHYSICIAN SERVICES AND PAYMENTS PER 1,000 INSURED PERSONS
BY TYPE OF SERVICE, AND PATIENT AGE AND SEX
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022⁽¹⁾

Service Type	Age Sex	45 - 64		65 - 74		75 and Older	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	1,537	\$117,986	1,962	\$160,113	2,372	\$191,077
	M	1,126	94,979	1,871	163,869	2,536	222,080
Major Assessment	F	501	61,915	588	73,867	695	93,010
	M	411	51,154	561	71,139	741	99,354
Other Assessment	F	4,743	275,472	6,431	372,836	11,380	688,930
	M	3,628	221,246	6,089	367,424	10,310	649,192
Hospital Care Days	F	255	19,217	713	51,149	2,474	161,524
	M	326	25,310	902	67,312	2,603	178,785
Special Calls	F	5	3,794	16	6,185	189	33,410
	M	5	3,688	16	6,849	110	24,944
Psychotherapy/Counselling	F	1,934	96,121	1,577	78,107	1,548	75,084
	M	1,317	65,341	1,168	57,581	1,336	63,654
Major Surgery	F	1,278	119,230	2,031	216,008	2,213	230,725
	M	1,082	105,575	2,243	239,499	2,699	309,554
Minor Surgery	F	147	7,158	182	8,659	185	9,476
	M	142	7,441	251	11,242	341	14,981
Surgical Assistance	F						
	M						
Anaesthesiology	F	202	15,980	226	20,453	235	22,146
	M	97	8,273	162	15,023	186	17,786
Obstetrical Services	F	4	360	--	16	--	10
	M						
Diagnostic & Therapeutic Services, Radiology	F	1,936	209,273	2,807	260,297	3,033	236,090
	M	979	87,336	1,904	155,631	2,598	192,717
Laboratory Services	F	84	19,924	210	44,356	156	35,930
	M	35	12,622	98	30,191	107	34,154
Other Diagnostic & Therapeutic Services	F	2,854	102,985	4,497	178,931	5,396	234,367
	M	2,461	103,842	4,872	215,306	6,460	288,274
Special Services ⁽³⁾	F	332	8,266	258	5,349	135	1,948
	M	88	1,279	125	1,655	130	1,528
Miscellaneous Services ⁽⁴⁾	F	1,110	47,251	2,338	109,885	4,062	161,672
	M	902	40,845	2,082	102,390	3,577	157,901
Total	F	16,923	1,104,930	23,836	1,586,211	34,073	2,175,398
	M	12,599	\$828,930	22,344	\$1,505,112	33,736	\$2,254,904

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

(1) A blank cell represents a zero value.

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

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

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

TABLE 2.18
PERCENTAGE CHANGE TO RATES IN THE SCHEDULE OF MEDICAL BENEFITS BY SPECIALTY
FOR THE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

Physician Specialty	April 1, 2017	April 1, 2018	November 1, 2018	April 1, 2019	April 1, 2020	April 1, 2021
Anaesthesia	0.6	Nil	0.95	Nil	Nil	Nil
Cardiology	1.0	Nil	0.76	Nil	Nil	Nil
Cardiovascular and Thoracic Surgery	0.5	Nil	0.65	Nil	Nil	Nil
Critical Care Medicine	0.6	Nil	0.74	Nil	Nil	Nil
Dermatology	0.6	Nil	0.50	Nil	Nil	Nil
Emergency Medicine	0.8	Nil	1.31	Nil	Nil	Nil
Endocrinology/Metabolism	1.5	Nil	1.11	Nil	Nil	Nil
Gastroenterology	0.8	Nil	0.71	Nil	Nil	Nil
General Practice	1.5	Nil	1.32	Nil	Nil	Nil
General Surgery	0.9	Nil	0.89	Nil	Nil	Nil
Infectious Diseases	1.6	Nil	1.40	Nil	Nil	Nil
Internal Medicine	1.0	Nil	0.93	Nil	Nil	Nil
Mental Health Generalists	0.8	Nil	0.87	Nil	Nil	Nil
Nephrology	0.7	Nil	0.67	Nil	Nil	Nil
Neurology	1.0	Nil	0.87	Nil	Nil	Nil
Neurosurgery	0.9	Nil	0.91	Nil	Nil	Nil
Obstetrics-Gynaecology	0.8	Nil	0.97	Nil	Nil	Nil
Ophthalmology	0.6	Nil	0.65	Nil	Nil	Nil
Orthopaedic Surgery	1.0	Nil	0.92	Nil	Nil	Nil
Otolaryngology	0.7	Nil	0.85	Nil	Nil	Nil
Paediatrics	1.2	Nil	1.10	Nil	Nil	Nil
Pathology	1.2	Nil	0.91	Nil	Nil	Nil
Physical Medicine and Rehabilitation	0.9	Nil	0.65	Nil	Nil	Nil
Plastic Surgery	1.0	Nil	0.85	Nil	Nil	Nil
Psychiatry	1.1	Nil	0.95	Nil	Nil	Nil
Radiology	0.9	Nil	0.76	Nil	Nil	Nil
Respiratory Medicine	0.7	Nil	0.58	Nil	Nil	Nil
Rheumatology	1.5	Nil	1.23	Nil	Nil	Nil
Thoracic Surgery	1.0	Nil	0.95	Nil	Nil	Nil
Urology	0.8	Nil	0.76	Nil	Nil	Nil
Vascular Surgery	0.8	Nil	0.80	Nil	Nil	Nil
All Physicians	1.1%	Nil	1.05%	Nil	Nil	Nil

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

TABLE 2.19
BASIC HEALTH SERVICES:
PERCENTAGE CHANGE TO RATES IN THE SCHEDULES OF BENEFITS
FOR THE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

Effective Date	Type of Practitioner			
	Medical	Dentists/ Dental Specialists/ Oral Surgeons	Optometrists	Podiatrists
	(%)	(%)	(%)	(%)
April 1, 2017	Nil	Nil	1.0	Nil
October 1, 2017	Nil	Nil	Nil	Nil
April 1, 2018	Nil	Nil	Nil	Nil
November 1, 2018	1.05	Nil	Nil	Nil
April 1, 2019	Nil	Nil	Nil	Nil
April 1, 2020	Nil	Nil	Nil	Nil
April 1, 2021	Nil	Nil	Nil	Nil

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

Alternative Relationship Plans

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

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

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

Model Type Definitions

Clinical Alternative Relationship Plans

At present, there are 83 Clinical ARPs that use three working models (and one that is no longer available) for funding physician services, which are:

- **Capitation ARP** – This model is used in 2 Clinical ARPs for the provision of family medicine or primary health care. Physician payment is based on a pre-determined amount per rostered patient, per annum within a defined basket of insured health service codes. Patients can be rostered based on a formal roster, or based on geographic area.
- **Blended Capitation ARP** – This model is used in 5 Clinical ARPs for the provision of family medicine or primary health care. Physician payment is based on a combination of patient-based capitation payments and volume-based FFS payments.
- **Annualized ARP** – This model is used in 58 Clinical ARPs for the delivery of a defined set of clinical services to targeted patient groups. Physician payment is based on a pre-negotiated amount for delivery of insured health services per full-time equivalent physician per annum.
- **Sessional ARP** – This model is used in 18 Clinical ARPs for physician services delivered part-time. Physician payment is based on an hourly rate for the delivery of defined insured health services to a defined patient group.

Academic Medicine and Health Services Program (AMHSP)

The AMHSP, formerly known as Academic Alternative Relationship Plans, was implemented to ensure that physicians affiliated with Alberta's Faculties of Medicine are compensated in a way that supports the delivery of high quality patient care in a complex care environment and supports activities related to research, innovation, education, and administration/leadership, while ensuring consistency across the province.

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

TABLE 2.20
ALTERNATIVE RELATIONSHIP PLANS (ARP) SUMMARY BY TYPE
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

	General Practitioners	Specialists	Expenditures⁽¹⁾
Clinical ARPs	2,049	1,026	\$245,123,560
AMHSP	86	799	220,536,878
Total⁽²⁾	2,135	1,825	\$465,660,438
Total ARP Physicians	3,960		

Notes:

(1) Manual Payments for Alternative Relationship Plans made to Alberta Physicians are not included in the data. Expenditures for the 2021-22 fiscal year as of October 14, 2022.

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

TABLE 2.21
TOP 50 HEALTH SERVICE CODES BASED ON PHYSICIAN SERVICE
EVENTS SUBMITTED BY ALTERNATIVE RELATIONSHIP PLANS (ARP)⁽¹⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients⁽²⁾
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	451,635	45,447
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	226,075	61,138
03.03A	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient - in office.}	163,010	77,846
03.08AZ	Consultation, described as comprehensive {Comprehensive consultation - out of office}	129,077	95,813
03.03CV	Diagnostic interview and evaluation, described as limited {Assessment of a patient's condition via telephone or secure videoconference.}	128,739	64,230
03.03FV	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit, referred cases only via telephone or secure videoconference.}	113,615	71,706
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	105,428	10,008
03.03E	Diagnostic interview and evaluation, described as limited {Periodic chronic care visit to a long term care patient}	90,576	4,232
03.05JA	Other diagnostic interview and evaluation {Formal, scheduled, multiple health discipline team conference, full 15 minutes or major portion thereof for the first call when only one call is claimed} <With para-medical personnel regarding the provision of health care where social and other issues are involved>	76,489	29,225
03.03FZ	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit in a regional facility, referred cases only - out of office.}	74,840	45,863
13.99OA	Other miscellaneous diagnostic and therapeutic procedures NEC {Management of patient on hemodialysis or peritoneal dialysis (per week)}	52,805	2,182
03.05JC	Other diagnostic interview and evaluation {Family conference relating to acute care facility in-patient or registered emergency or out-patient, or auxiliary hospital, nursing home patient, AACC or UCC patient, per 15 minutes or major portion thereof}	48,512	15,885
03.01NG	Diagnostic interview and evaluation, unqualified {Patient care advice to paramedic - pre hospital patch, Mobile Integrated Healthcare Unit paramedic, assisted living/designated assisted living and lodge staff, active treatment facility worker for hospital in-patient, long term care worker for patients in a long term care facility, nurse practitioner, hospice worker, home care worker, midwife or public health nurse weekdays 0700 to 1700 hours, provided via telephone or other telecommunication methods, in relation to the care and treatment of a patient}	48,173	13,357
03.03AZ	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient - out of office.}	44,003	25,454

Continued...

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

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

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

TABLE 2.21
TOP 50 HEALTH SERVICE CODES BASED ON PHYSICIAN SERVICE
EVENTS SUBMITTED BY ALTERNATIVE RELATIONSHIP PLANS (ARP)⁽¹⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients⁽²⁾
03.08IZ	Consultation described as comprehensive {Prolonged cardiology, clinical immunology, endocrinology/metabolism, gastroenterology, hematology, infectious diseases, internal medicine, nephrology, psychiatry, medical oncology, neurology, respiratory medicine or rheumatology consultation or visit, full 15 minutes or major portion thereof for the first call when only one call is claimed - out of office.}	37,791	31,441
03.01AD	Diagnostic interview and evaluation, unqualified {Advice to a patient or their agent (agent as defined in the Personal Directives Act) via telephone, secure email or videoconference}	37,135	21,148
03.08CV	Consultation, described as comprehensive {Comprehensive consultation via telephone or secure videoconference}	33,661	31,527
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	27,029	21,969
03.01LJ	Diagnostic interview and evaluation, unqualified {Physician, nurse practitioner, midwife or podiatric surgeon to physician telephone or telehealth videoconference or secure videoconference consultation, consultant, weekdays 0700 to 1700 hours}	26,669	22,306
13.62A	Other miscellaneous diagnostic & therapeutic procedures NEC {Ventilatory support, in Intensive Care Unit (ICU)}	26,573	3,380
03.03FA	Diagnostic interview and evaluation, described as limited {Prolonged repeat office or scheduled outpatient visit in a regional facility, referred cases only, full 15 minutes or portion thereof for the first call when only one call is claimed}	25,070	16,613
03.05JR	Other diagnostic interview and evaluation {Physician telephone call directly to patient, to discuss patient management/diagnostic test results}	22,694	14,777
08.19CW	Other psychiatric evaluation and interview {Telephone or secure videoconference with a patient for scheduled psychiatric treatment (including group therapy) by a general practitioner or pediatrician, or for a palliative care or a chronic pain visit by an eligible physician, per full 15 minutes}	22,203	10,021
03.05IZ	Other diagnostic interview and evaluation {Direct care, reassessment, education and/or general counselling of a patient requiring palliative care per 15 minutes or portion thereof - out of office.}	19,667	3,463
03.03DG	Diagnostic interview and evaluation, described as limited {Complex pediatric hospital visit per full 15 minutes}	18,717	3,191
03.05JP	Other diagnostic interview and evaluation {Family conference via telephone relating to acute care facility in-patient or registered emergency or out-patient, or auxiliary hospital, nursing home patient, hospice patient, AACC or UCC patient}	17,133	8,195
03.04AZ	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient - out of office.}	16,888	14,951
03.01NM	Diagnostic interview and evaluation, unqualified {Patient care advice to a pharmacist provided via telephone or other telecommunication methods in relation to the care and treatment of a patient}	16,848	10,496

Continued...

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

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

TABLE 2.21
TOP 50 HEALTH SERVICE CODES BASED ON PHYSICIAN SERVICE
EVENTS SUBMITTED BY ALTERNATIVE RELATIONSHIP PLANS (ARP)⁽¹⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients⁽²⁾
03.08JZ	Consultation, described as comprehensive {Prolonged consultation or hospital admission by pediatrics (including subspecialties) and clinical immunology and allergy for patients 18 years of age and under, or by medical genetics (no age restriction), full 15 minutes or portion thereof for the first call when only one call is claimed - out of office.}	14,463	11,109
03.05T	Other diagnostic interview and evaluation {Formal, scheduled, professional interview relating to the care and treatment of a palliative care patient with other physicians, family, and/or direct therapeutic supervision of allied health professionals or community agencies, on behalf of a specific patient, full 15 minutes or major portion thereof for the first call when only one call is claimed}	14,356	3,001
03.01LG	Diagnostic interview and evaluation, unqualified {Physician to physician or podiatric surgeon telephone or telehealth videoconference or secure videoconference consultation, referring physician, weekdays 0700 to 1700 hours}	14,274	10,080
03.03BZ	Diagnostic interview and evaluation, described as limited {Prenatal visit - out of office.}	12,506	4,282
08.19F	Other psychiatric evaluation and interview {Formal, scheduled, professional conference related to the care and treatment of a psychiatric patient with other physician(s), and/or direct therapeutic supervision of, allied health professionals, educational, correctional and other community agencies on behalf of a specific patient, provided by the physician most responsible for the patient's care, per 15 minutes or major portion thereof}	12,503	4,510
08.19CV	Other psychiatric evaluation and interview {Telephone or secure videoconference with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, including group and family therapy, per 15 minutes or major portion thereof}	12,233	3,306
03.04A	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient - in office.}	11,877	11,530
03.03AO	Diagnostic interview and evaluation, described as limited {Transfer of care of hospital in-patient}	11,205	7,517
03.07AZ	Consultation, described as limited {Minor consultation - out of office}	11,167	9,687
03.05JB	Other diagnostic interview and evaluation {Formal, scheduled family conference relating to a specific patient, per 15 minutes or major portion thereof}	9,891	6,151
03.01LK	Diagnostic interview and evaluation, unqualified {Physician, nurse practitioner, midwife or podiatric surgeon to physician telephone or telehealth videoconference or secure videoconference consultation, consultant, weekdays 1700 to 2200 hours, weekends and statutory holidays 0700 to 2200 hours}	9,406	8,344

Continued...

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

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

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

TABLE 2.21
TOP 50 HEALTH SERVICE CODES BASED ON PHYSICIAN SERVICE
EVENTS SUBMITTED BY ALTERNATIVE RELATIONSHIP PLANS (ARP)⁽¹⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Health Service Code	Health Service Code Description	Number of Service Events	Number of Discrete Patients⁽²⁾
08.19GZ	Other psychiatric evaluation and interview {Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counselling, per 15 minutes or major portion thereof - out of office.}	9,258	4,008
03.01NH	Diagnostic interview and evaluation, unqualified {Patient care advice to paramedic - pre hospital patch, Mobile Integrated Healthcare Unit paramedic, assisted living/designated assisted living and lodge staff, active treatment facility worker for hospital in-patient, long term care worker for patients in a long term care facility, nurse practitioner, hospice worker, home care worker, midwife or public health nurse weekdays 1700 to 2200 hours, weekends and statutory holidays, 0700 to 2200 hours, provided via telephone or other telecommunication methods, in relation to the care and treatment of a patient}	9,251	5,133
03.08A	Consultation, described as comprehensive {Comprehensive consultation - in office}	8,862	8,615
03.03AI	Other diagnostic interview and evaluation {Transfer of care of intensive care patient}	8,611	3,957
03.03F	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit in a regional facility, referred cases only - in office.}	8,603	4,974
08.19G	Other psychiatric evaluation and interview {Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or general psychiatric counselling, per 15 minutes or major portion thereof - in office.}	8,588	4,654
08.19K	Other psychiatric evaluation and interview {Second and subsequent physician attendance at a formal, scheduled, professional conference related to the care and treatment of multiple psychiatric patients, when discussion occurs on behalf of a specific patient}	8,587	1,968
01.14	Other nonoperative gastroscopy <Esophagogastroscopy>	8,577	7,328
49.98B	Other invasive diagnostic procedures on heart and pericardium {Pharmacological manipulation of physiological function and recording thereof}	7,626	2,343
03.05JJ	Other diagnostic interview and evaluation {Professional communication/discussion with allied health professionals, educational or other community agencies on behalf of a specific patient, full 5 minutes or major portion thereof for the first call when only one call is claimed}	7,440	4,246
01.22	Other nonoperative colonoscopy {Other nonoperative colonoscopy}	7,203	6,964

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

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

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

TABLE 2.22

**DISTRIBUTION OF ALTERNATIVE RELATIONSHIP PLAN (ARP)⁽¹⁾ PHYSICIANS BY SPECIALTY
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022**

Physicians by Specialty	Number of Physicians ⁽³⁾⁽⁴⁾				
	2017-18	2018-19	2019-20	2020-21	2021-22
Total: All Physicians	1,748	1,781	1,897	1,891	2,062
Subtotal:					
All Physicians (except Pathology)	1,748	1,781	1,897	1,891	2,062
All Specialists (except GP/FPs & Pathology)	1,094	1,107	1,175	1,166	1,259
Anaesthesiology	48	46	55	56	58
Cardiovascular and Thoracic Surgery	11	11	10	11	17
Dermatology	13	13	14	14	15
Emergency Medicine	5	5	4	6	25
General/Family Physicians (GP/FPs)	654	674	722	725	803
- General/Family Physicians	644	665	713	714	784
- Full-Time Emergency Room Physicians	5	5	4	4	11
- Mental Health Generalists			1	1	1
- Other General Practice Physicians ⁽²⁾	5	4	4	6	7
General Surgery	9	9	9	10	28
- General Surgery designated specialty	3	4	4	4	20
- Other General Surgery ⁽²⁾	6	5	5	6	8
Internal Medicine	484	494	512	517	559
- Internal Medicine designated specialty	146	151	176	182	187
- Cardiology	53	53	51	49	49
- Endocrinology/Metabolism	16	17	17	15	17
- Gastroenterology	51	54	50	47	48
- Infectious Diseases	36	30	31	29	27
- Other Internal Medicine ⁽²⁾	182	189	187	195	231
Neurology	110	105	106	101	96
Neurosurgery	35	33	34	35	35
Obstetrics-Gynaecology	45	48	57	57	57
Ophthalmology					
Orthopaedic Surgery					
Otolaryngology					
Paediatrics	266	267	279	265	270
Physical Medicine & Rehabilitation	30	32	30	31	30
Plastic Surgery					3
Psychiatry	31	37	59	57	60
Urology					
Pathology					
Radiology					

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

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

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

(3) A blank cell represents a zero value.

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

TABLE 2.23

**DISTRIBUTION OF ALTERNATIVE RELATIONSHIP PLAN (ARP) SERVICE EVENTS⁽¹⁾ BY SPECIALTY
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022**

Physicians by Specialty	Number of Service Events ⁽³⁾				
	2017-18	2018-19	2019-20	2020-21	2021-22
Total: All Physicians	2,423,644	2,495,377	2,519,706	2,336,926	2,637,420
Subtotal:					
All Physicians (except Pathology)	2,423,644	2,495,377	2,519,706	2,336,926	2,637,420
All Specialists (except GP/FPs & Pathology)	1,464,702	1,475,954	1,442,481	1,330,781	1,520,900
Anaesthesiology	13,752	12,998	14,673	13,022	16,680
Cardiovascular and Thoracic Surgery	10,101	19,266	18,175	19,104	23,511
Dermatology	31,458	30,836	33,195	26,809	29,957
Emergency Medicine	6,262	4,926	4,360	4,174	8,517
General/Family Physicians (GP/FPs)	958,942	1,019,423	1,077,225	1,006,145	1,116,520
- General/Family Physicians	955,423	1,015,399	1,072,421	1,000,821	1,107,076
- Full-Time Emergency Room Physicians	2,068	2,479	2,994	3,142	6,194
- Mental Health Generalists			54	434	588
- Other General Practice Physicians ⁽²⁾	1,451	1,545	1,756	1,748	2,662
General Surgery	9,199	8,728	9,354	8,651	16,466
- General Surgery designated specialty	3,102	2,532	2,555	2,230	8,075
- Other General Surgery ⁽²⁾	6,097	6,196	6,799	6,421	8,391
Internal Medicine	774,903	785,358	750,900	714,548	818,856
- Internal Medicine designated specialty	187,933	191,544	204,181	178,489	208,647
- Cardiology	67,276	73,083	61,302	55,496	60,031
- Endocrinology/Metabolism	20,400	22,961	17,319	19,360	20,757
- Gastroenterology	86,989	97,235	87,111	84,136	91,913
- Infectious Diseases	45,196	44,194	41,433	34,571	35,479
- Other Internal Medicine ⁽²⁾	367,109	356,341	339,554	342,496	402,029
Neurology	134,373	133,544	126,323	105,590	117,990
Neurosurgery	57,799	58,152	60,616	55,592	59,639
Obstetrics-Gynaecology	43,131	43,852	47,177	50,984	52,715
Ophthalmology					
Orthopaedic Surgery					
Otolaryngology					
Paediatrics	315,973	309,749	292,231	241,050	275,918
Physical Medicine & Rehabilitation	47,123	44,619	39,929	34,465	37,056
Plastic Surgery					1,964
Psychiatry	13,544	15,246	38,465	50,865	56,092
Urology					
Pathology					
Radiology					

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

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

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

(3) A blank cell represents a zero value.

TABLE 2.24 A
DISTRIBUTION OF IN-PROVINCE MEDICAL RECIPROCAL PAYMENTS
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

Physicians by Specialty	Payments				
	2017-18	2018-19	2019-20	2020-21	2021-22
Total: All Physicians	\$84,918,312	\$88,221,654	\$86,211,260	\$67,316,178	\$77,528,687
Subtotal:					
All Physicians (except Pathology)	77,183,407	80,090,838	78,510,614	60,771,685	69,308,509
All Specialists (except GP/FPs & Pathology)	54,793,554	56,810,522	55,072,422	43,292,483	48,135,702
Anaesthesiology	6,414,171	6,735,233	6,270,244	4,369,561	4,445,973
Cardiovascular and Thoracic Surgery	3,093,781	3,030,719	3,058,422	2,741,621	2,624,854
Dermatology	780,236	910,345	979,391	1,035,236	1,185,193
Emergency Medicine	1,171,324	1,272,591	1,336,332	1,054,600	1,462,372
General/Family Physicians (GP/FPs)	22,389,853	23,280,316	23,438,192	17,479,202	21,172,807
- General/Family Physicians	20,164,619	21,139,674	21,298,230	15,940,575	19,128,397
- Full-Time Emergency Room Physicians	2,135,137	2,044,533	2,057,048	1,427,768	1,886,112
- Mental Health Generalists	41,852	33,177	20,945	60,053	94,284
- Other General Practice Physicians ⁽¹⁾	48,245	62,931	61,969	50,806	64,014
General Surgery	3,440,425	3,676,139	3,793,650	2,572,237	2,817,416
- General Surgery designated specialty	3,001,215	3,170,252	3,372,199	2,182,370	2,420,613
- Other General Surgery ⁽¹⁾	439,210	505,887	421,451	389,867	396,804
Internal Medicine	11,799,985	12,361,512	12,098,068	10,572,090	11,841,739
- Internal Medicine designated specialty	3,466,014	3,529,589	3,459,437	2,766,522	3,242,475
- Cardiology	2,921,374	2,837,620	2,536,189	1,984,409	2,217,423
- Endocrinology/Metabolism	86,639	81,114	67,740	98,167	98,416
- Gastroenterology	690,008	739,249	626,138	545,124	562,317
- Infectious Diseases	210,605	195,148	198,458	192,537	227,709
- Other Internal Medicine ⁽¹⁾	4,425,345	4,978,793	5,210,106	4,985,331	5,493,400
Neurology	915,438	949,092	923,844	621,526	702,566
Neurosurgery	848,654	761,326	903,029	526,455	756,530
Obstetrics-Gynaecology	1,877,586	1,973,302	2,201,274	1,843,257	2,076,954
Ophthalmology	2,889,828	3,068,366	2,967,463	2,354,509	2,512,009
Orthopaedic Surgery	2,755,615	2,687,577	2,857,674	1,661,585	1,827,265
Otolaryngology	1,969,541	1,960,971	1,968,769	1,446,730	1,571,537
Paediatrics	4,461,127	4,547,673	3,146,098	2,292,054	2,853,420
Physical Medicine & Rehabilitation	457,863	513,122	522,166	505,639	578,166
Plastic Surgery	1,562,817	1,666,611	1,278,812	801,886	901,279
Psychiatry	2,649,312	2,551,486	2,746,105	2,590,453	2,739,231
Urology	849,573	977,013	932,615	688,158	526,798
Pathology	7,734,905	8,130,816	7,700,646	6,544,493	8,220,178
Radiology	6,791,590	7,087,955	7,026,544	5,577,517	6,670,255

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

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

TABLE 2.24 B
DISTRIBUTION OF IN-PROVINCE MEDICAL RECIPROCAL SERVICES
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

Physicians by Specialty	Number of Services				
	2017-18	2018-19	2019-20	2020-21	2021-22
Total: All Physicians	\$1,273,706	\$1,321,929	\$1,280,776	\$1,031,612	\$1,195,423
Subtotal:					
All Physicians (except Pathology)	959,770	993,726	966,970	769,354	867,806
All Specialists (except GP/FPs & Pathology)	618,715	640,831	617,370	485,968	538,487
Anaesthesiology	144,308	148,137	137,782	89,607	89,937
Cardiovascular and Thoracic Surgery	5,589	5,659	7,113	6,299	5,959
Dermatology	13,049	15,360	19,073	20,561	22,611
Emergency Medicine	12,773	13,782	14,626	11,516	15,788
General/Family Physicians (GP/FPs)	341,055	352,895	349,600	283,386	329,319
- General/Family Physicians	315,063	328,322	325,516	265,444	305,312
- Full-Time Emergency Room Physicians	24,339	22,885	22,669	15,593	20,652
- Mental Health Generalists	810	591	386	1,466	2,231
- Other General Practice Physicians ⁽¹⁾	843	1,097	1,029	883	1,124
General Surgery	20,555	22,557	23,083	16,151	17,597
- General Surgery designated specialty	18,540	20,532	21,270	14,327	15,565
- Other General Surgery ⁽¹⁾	2,015	2,025	1,813	1,824	2,032
Internal Medicine	147,158	151,293	148,779	129,307	147,827
- Internal Medicine designated specialty	39,182	41,522	38,655	34,879	42,818
- Cardiology	21,443	21,253	20,021	16,388	18,384
- Endocrinology/Metabolism	864	815	698	992	1,012
- Gastroenterology	5,261	5,718	5,058	4,554	4,535
- Infectious Diseases	1,903	1,761	1,871	1,839	2,149
- Other Internal Medicine ⁽¹⁾	78,505	80,224	82,476	70,655	78,929
Neurology	9,151	9,580	9,357	6,407	7,261
Neurosurgery	2,596	2,699	2,604	1,998	2,111
Obstetrics-Gynaecology	18,471	19,211	21,421	18,576	20,409
Ophthalmology	42,486	44,087	42,494	33,855	36,993
Orthopaedic Surgery	14,194	13,796	14,159	9,441	9,706
Otolaryngology	17,564	17,253	17,716	13,029	14,819
Paediatrics	55,678	57,441	40,210	29,038	35,438
Physical Medicine & Rehabilitation	4,615	5,127	5,292	5,001	6,022
Plastic Surgery	6,691	5,861	5,257	3,259	3,419
Psychiatry	37,678	38,277	38,926	38,081	39,366
Urology	4,945	5,656	5,556	4,570	3,865
Pathology	313,936	328,203	313,806	262,258	327,617
Radiology	60,525	64,073	63,255	48,838	58,866

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

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

TABLE 2.24 C
DISTRIBUTION OF DISCRETE PATIENTS FOR IN-PROVINCE MEDICAL RECIPROCAL SERVICES
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

Physicians by Specialty	Number of Discrete Patients ⁽²⁾				
	2017-18	2018-19	2019-20	2020-21	2021-22
Total: All Physicians	\$135,691	\$135,914	\$130,997	\$94,178	\$119,030
Subtotal:					
All Physicians (except Pathology)	132,590	133,168	128,369	91,710	115,779
All Specialists (except GP/FPs & Pathology)	64,368	66,248	64,793	50,873	59,103
Anaesthesiology	6,123	6,271	5,910	3,686	3,761
Cardiovascular and Thoracic Surgery	871	920	894	769	747
Dermatology	2,767	2,913	3,265	2,884	3,365
Emergency Medicine	6,117	6,393	6,297	4,331	6,209
General/Family Physicians (GP/FPs)	97,735	97,468	93,935	62,909	83,010
- General/Family Physicians	91,199	91,553	88,325	59,736	78,368
- Full-Time Emergency Room Physicians	12,043	11,336	10,616	6,397	8,861
- Mental Health Generalists	67	76	60	131	139
- Other General Practice Physicians ⁽¹⁾	136	153	173	173	197
General Surgery	5,101	5,298	5,129	3,980	4,125
- General Surgery designated specialty	4,591	4,803	4,719	3,639	3,820
- Other General Surgery ⁽¹⁾	556	546	490	379	378
Internal Medicine	18,942	20,416	18,975	15,934	18,968
- Internal Medicine designated specialty	9,470	10,070	9,241	7,457	8,834
- Cardiology	4,731	4,633	4,661	3,624	4,469
- Endocrinology/Metabolism	312	345	243	421	379
- Gastroenterology	1,350	1,472	1,304	1,131	1,140
- Infectious Diseases	543	489	494	474	566
- Other Internal Medicine ⁽¹⁾	5,660	6,557	6,431	5,508	6,722
Neurology	2,094	2,169	2,081	1,688	1,670
Neurosurgery	699	751	702	497	577
Obstetrics-Gynaecology	3,901	3,990	4,197	3,801	3,937
Ophthalmology	4,551	4,714	4,489	3,521	4,046
Orthopaedic Surgery	4,848	4,749	4,843	3,252	3,412
Otolaryngology	3,169	3,233	3,282	2,504	2,519
Paediatrics	3,950	4,061	3,854	2,816	3,836
Physical Medicine & Rehabilitation	781	897	861	812	870
Plastic Surgery	1,861	1,775	1,653	1,012	1,019
Psychiatry	2,803	2,655	2,633	2,517	2,540
Urology	1,794	1,862	1,968	1,494	1,404
Pathology	31,687	30,807	29,830	23,869	29,596
Radiology	23,307	23,683	23,627	17,549	21,050

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

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

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

TABLE 2.25

**TOP 50 HEALTH SERVICE CODES FOR IN PROVINCE MEDICAL RECIPROCAL SERVICES
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022**

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
03.03A	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient - in office.}	87,469	45,173	\$4,796,751
03.01AA	Diagnostic interview and evaluation, unqualified {After hours time premium}	55,052	21,223	4,555,423
03.03CV	Diagnostic interview and evaluation, described as limited {Assessment of a patient's condition via telephone or secure videoconference.}	35,221	19,235	1,379,273
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	26,690	3,952	2,633,987
E 1	Complete blood count (hemoglobin, white blood count, differential, platelet count, eosinophil count and either red blood count or hematocrit, with no additional charge for indices) - by any method.	20,195	15,338	369,972
03.04A	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient - in office.}	19,351	18,259	2,269,708
E 84	Creatinine	17,337	13,587	195,215
E750	Sensitive thyroid stimulating hormone (s-T.S.H)	16,637	13,980	786,265
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	14,932	989	2,414,753
03.08AZ	Consultation, described as comprehensive {Comprehensive consultation - out of office}	14,684	9,249	2,819,665
E127	Potassium	14,509	11,569	91,552
E515	Alanine aminotransferase (ALT)	14,425	11,881	213,923
E137	Sodium	14,390	11,526	90,801
E524	Chromatography (blood), liquid per specimen, per injection	14,254	12,086	963,713
03.03AZ	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient - out of office.}	13,451	9,801	845,308
E550D	Ferritin	12,921	11,114	757,558
03.08A	Consultation, described as comprehensive {Comprehensive consultation - in office}	12,876	11,726	2,044,109
03.01AD	Diagnostic interview and evaluation, unqualified {Advice to a patient or their agent (agent as defined in the Personal Directives Act) via telephone, secure email or videoconference}	12,343	8,342	246,860
E142	Triglyceride	11,862	10,380	191,334
E519	Cholesterol, high density lipoprotein (HDL) fraction	11,780	10,326	382,025
08.19G	Other psychiatric evaluation and interview {Direct contact with an individual patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or general psychiatric counselling, per 15 minutes or major portion thereof - in office.}	10,969	5,926	1,130,444
E 77	Cholesterol total	10,473	9,211	149,097
E152	Urinalysis without microscopic examination of centrifuged sediment	9,595	7,379	34,350
E150E	Enzyme, serum otherwise not listed	9,174	7,540	189,260

Continued...

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

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

TABLE 2.25

**TOP 50 HEALTH SERVICE CODES FOR IN PROVINCE MEDICAL RECIPROCAL SERVICES
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022**

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽¹⁾	Payments
E 76	Chloride	8,935	7,102	\$56,380
03.01NM	Diagnostic interview and evaluation, unqualified {Patient care advice to a pharmacist provided via telephone or other telecommunication methods in relation to the care and treatment of a patient}	7,567	3,927	131,596
E 81	Carbon dioxide (CO2)	7,432	5,733	46,896
03.52A	Other electrocardiogram {Electrocardiogram, technical}	6,940	6,242	170,153
E258B	Bacterial culture including, when necessary, identification, sensitivity and quantitation <Only one bacterial culture may be billed per specimen>	6,662	5,203	232,437
03.52B	Other electrocardiogram {Electrocardiogram, interpretation}	6,443	5,834	63,335
E 92D	Glucose - spot	5,928	5,076	61,296
E602	Chlamydia/viral culture e.g. Herpes	5,851	5,015	231,173
03.01NG	Diagnostic interview and evaluation, unqualified {Patient care advice to paramedic - pre hospital patch, Mobile Integrated Healthcare Unit paramedic, assisted living/designated assisted living and lodge staff, active treatment facility worker for hospital in-patient, long term care worker for patients in a long term care facility, nurse practitioner, hospice worker, home care worker, midwife or public health nurse weekdays 0700 to 1700 hours, provided via telephone or other telecommunication methods, in relation to the care and treatment of a patient}	5,686	1,885	99,090
09.13E	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, interpretation}	5,622	2,879	147,296
E148	Vitamin B 12	5,578	5,228	255,194
E 68	Calcium	5,475	4,551	94,164
09.13F	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, technical}	5,302	2,678	108,956
E410	C. reactive protein	5,266	4,343	53,450
03.03FV	Diagnostic interview and evaluation, described as limited {Repeat office visit or scheduled outpatient visit, referred cases only via telephone or secure videoconference.}	5,149	3,341	434,816
03.03B	Diagnostic interview and evaluation, described as limited {Prenatal visit - in office.}	4,880	1,410	241,999
03.04G	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	4,813	4,317	560,534
03.05JC	Other diagnostic interview and evaluation {Family conference relating to acute care facility in-patient or registered emergency or out-patient, or auxiliary hospital, nursing home patient, AACC or UCC patient, per 15 minutes or major portion thereof}	4,693	2,643	239,624
03.01LJ	Diagnostic interview and evaluation, unqualified {Physician, nurse practitioner, midwife or podiatric surgeon to physician telephone or telehealth videoconference or secure videoconference consultation, consultant, weekdays 0700 to 1700 hours}	4,590	3,413	356,632
13.99H	Other miscellaneous diagnostic & therapeutic procedures NEC {Critical care of severely ill or injured patient in a hospital emergency department requiring major treatment intervention(s), per 15 minutes}	4,575	3,102	925,745
E103	Iron - serum and iron binding capacity	4,454	3,829	132,017

Continued...

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

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

TABLE 2.25

**TOP 50 HEALTH SERVICE CODES FOR IN PROVINCE MEDICAL RECIPROCAL SERVICES
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022**

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients⁽¹⁾	Payments
03.12A	Measurements and manual examination of nervous system and sense organs {Intraocular pressure measurement, unilateral or bilateral}	4,429	1,857	\$115,287
E111	Magnesium	4,406	3,690	74,373
08.19CW	Other psychiatric evaluation and interview {Telephone or secure videoconference with a patient for scheduled psychiatric treatment (including group therapy) by a general practitioner or pediatrician, or for a palliative care or a chronic pain visit by an eligible physician, per full 15 minutes.}	4,352	2,234	378,240
E 63	Bilirubin - total - without fractionation	4,316	3,516	41,139
E210	Protein (quantitative) 24 hour	4,295	3,202	78,599

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

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

TABLE 2.26 A

OUT-OF-PROVINCE BASIC HEALTH SERVICES:

DISTRIBUTION OF PAYMENTS, NUMBER OF SERVICES AND DISCRETE PATIENTS
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022⁽¹⁾

Province of Service ⁽²⁾	Payments				
	2017-18	2018-19	2019-20	2020-21	2021-22
British Columbia	\$17,293,020	\$17,220,077	\$17,572,901	\$16,249,158	\$16,596,823
Manitoba	1,099,637	1,180,710	1,260,147	978,040	1,053,117
New Brunswick	467,475	450,028	386,650	360,426	393,719
Newfoundland and Labrador	527,276	445,340	516,247	408,155	398,573
Nova Scotia	1,592,681	1,550,746	1,324,783	1,074,133	1,241,988
Northwest Territories	226,957	186,537	197,749	136,142	118,724
Nunavut	1,057				
Ontario	6,673,338	6,206,509	6,229,994	4,693,811	5,354,898
Prince Edward Island	157,992	150,158	139,993	77,874	75,937
Saskatchewan	6,825,869	6,427,058	6,182,333	5,188,596	6,468,921
Yukon	145,634	177,140	162,462	127,946	163,445
Total	\$35,010,936	\$33,994,303	\$33,973,259	\$29,294,281	\$31,866,145

Province of Service ⁽²⁾	Number of Services				
	2017-18	2018-19	2019-20	2020-21	2021-22
British Columbia	416,215	380,760	710,465	391,002	472,509
Manitoba	23,938	25,088	26,559	19,543	23,301
New Brunswick	7,893	9,173	6,494	5,504	5,928
Newfoundland and Labrador	11,607	10,161	11,012	7,901	8,062
Nova Scotia	23,600	21,573	18,119	14,283	15,393
Northwest Territories	3,111	2,799	2,830	1,929	1,612
Nunavut	15				
Ontario	205,784	191,705	195,616	134,041	151,557
Prince Edward Island	3,056	2,601	2,360	2,355	1,244
Saskatchewan	103,504	95,784	95,678	78,779	100,482
Yukon	2,075	2,275	2,260	1,570	1,891
Total	800,798	741,919	1,071,393	656,907	781,979

Province of Service ⁽²⁾	Number of Discrete Patients				
	2017-18	2018-19	2019-20	2020-21	2021-22
British Columbia	73,312	70,131	67,502	54,433	57,769
Manitoba	5,044	5,019	4,787	3,141	3,651
New Brunswick	2,424	2,281	1,992	1,361	1,515
Newfoundland and Labrador	3,127	2,790	2,686	1,609	1,947
Nova Scotia	6,321	5,683	5,101	3,502	3,802
Northwest Territories	1,035	956	891	588	567
Nunavut	13				
Ontario	25,676	23,905	23,331	14,660	16,994
Prince Edward Island	819	804	698	341	347
Saskatchewan	23,003	22,208	21,913	16,620	19,707
Yukon	665	643	665	390	488
Total	141,439	134,420	129,566	96,645	106,787

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

(1) A blank cell represents a zero value.

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

TABLE 2.26 B

OUT-OF-PROVINCE HOSPITAL SERVICES:

**DISTRIBUTION OF PAYMENTS, NUMBER OF SERVICES AND DISCRETE PATIENTS
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022**

Province of Service	Payment	Number of Services	Number of Discrete Patients
British Columbia	\$48,127,005	75,435	37,046
Manitoba	2,703,581	3,178	1,554
New Brunswick	2,417,424	5,444	2,500
Newfoundland and Labrador	2,304,595	5,297	2,446
Northwest Territories	877,930	1,927	899
Nova Scotia	2,970,293	8,184	3,244
Nunavut Territory	50,692	142	85
Ontario	11,486,841	15,258	8,059
Prince Edward Island	414,817	1,884	862
Quebec	2,227,182	2,975	1,355
Saskatchewan	7,970,190	14,531	8,545
Yukon Territory	385,833	1,000	492
Total	\$81,936,384	135,255	67,087

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

Out-of-Country Health Coverage

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

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

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

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

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

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

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

TABLE 2.27

OUT-OF-COUNTRY BASIC HEALTH SERVICES:

DISTRIBUTION OF PAYMENTS, NUMBER OF SERVICES AND DISCRETE PATIENTS⁽¹⁾⁽²⁾

FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2021

Practitioner Type	Number of Services				Number of Discrete Patients				Payments			
	2017-18	2018-19	2019-20	2020-21	2017-18	2018-19	2019-20	2020-21	2017-18	2018-19	2019-20	2020-21
TOTAL OUT-OF-COUNTRY												
Physicians ⁽³⁾	30,653	27,434	19,339	2,450	9,826	8,702	6,001	470	\$2,494,650	\$2,204,584	\$1,653,886	\$201,756
Dentists/Dental Specialists/Oral Surgeons	12	8	4	1	2	3	4	1	3,508	2,871	1,542	358
Total⁽⁴⁾	30,665	27,442	19,343	2,451	9,826	8,702	6,002	470	\$2,498,157	\$2,207,455	\$1,655,428	\$202,114
UNITED STATES												
Physicians ⁽³⁾	17,371	16,168	10,649	1,165	5,398	4,814	3,426	296	\$1,301,623	\$1,252,281	\$863,897	\$98,455
Dentists/Dental Specialists/Oral Surgeons		8	3	1		3	2	1		2,871	228	358
Total⁽⁴⁾	17,371	16,176	10,652	1,166	5,398	4,814	3,426	296	\$1,301,623	\$1,255,152	\$864,125	\$98,813
OUT-OF-COUNTRY (EXCEPT UNITED STATES)												
Physicians ⁽³⁾	13,282	11,266	8,690	1,285	4,474	3,930	2,608	174	\$1,193,027	\$952,304	\$789,990	\$103,301
Dentists/Dental Specialists/Oral Surgeons	12		1		2		1		3,508		1,313	
Total⁽⁴⁾	13,294	11,266	8,691	1,285	4,474	3,930	2,609	174	\$1,196,534	\$952,304	\$791,303	\$103,301

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

(1) A blank cell represents a zero value.

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

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

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

TABLE 2.28 A

OUT-OF-COUNTRY BASIC HEALTH SERVICES:

TOP⁽¹⁾ HEALTH SERVICE CODES FOR THE SERVICES PROVIDED IN UNITED STATES
FOR THE SERVICE YEAR APRIL 1, 2020 TO MARCH 31, 2021

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽²⁾	Payments
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	7	6	\$1,274
E500B	Unlisted procedures (out of Canada referrals)	6	1	418
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	4	4	713
03.04G	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	4	4	522
03.05DR	Other diagnostic interview and evaluation {Rotation duty, emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	2	2	90
63.14	Laparoscopic cholecystectomy	1	1	528
90.6 DD	Removal of internal fixation device {Removal of external fixation device in complex mandibular fractures}	1	1	358
49.96A	Left cardiac catheterization {Left cardiac catheterization with fluoroscopy}	1	1	266
49.95A	Right cardiac catheterization {Right cardiac catheterization with fluoroscopy}	1	1	201
03.08AZ	Consultation, described as comprehensive {Comprehensive consultation - out of office}	1	1	158
28.79B	Other operations on vitreous {Intravitreal injection for drug delivery}	1	1	112
08.19GA	Other psychiatric evaluation and interview {Direct contact with a patient for psychiatric treatment (including medical psychotherapy and medication prescription), psychiatric reassessment, patient education and/or psychiatric counseling, per 15 minutes or major portion thereof - in office.}	1	1	112
03.07AZ	Consultation, described as limited {Minor consultation - out of office}	1	1	75
03.04A	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient - in office.}	1	1	68
17.71B	Peripheral nerve injection, unqualified {Femoral nerve block - injection with or without ultrasound}	1	1	59
03.03A	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient - in office.}	1	1	38
09.13E	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, interpretation}	1	1	20
09.13F	Ultrasound study of eye {Optical coherence tomography (OCT), for the diagnosis and management of ocular pathology, technical}	1	1	13
E152	Urinalysis without microscopic examination of centrifuged sediment	1	1	4

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

(1) There are only 19 health service codes used for the services provided in United States during the year.

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

TABLE 2.28 B

OUT-OF-COUNTRY BASIC HEALTH SERVICES:

TOP 50 HEALTH SERVICE CODES FOR THE SERVICES PROVIDED IN OTHER COUNTRIES (EXCEPT UNITED STATES)
FOR THE SERVICE YEAR APRIL 1, 2020 TO MARCH 31, 2021

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽²⁾	Payments
03.03D	Diagnostic interview and evaluation, described as limited {Hospital visits}	266	135	\$37,944
03.05DR	Other diagnostic interview and evaluation {Rotation duty, emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	206	140	6,893
03.03A	Diagnostic interview and evaluation, described as limited {Limited assessment of a patient's condition requiring a history related to the presenting problems, an examination of the relevant body systems, appropriate records, and advice to the patient - in office.}	154	104	5,910
03.04C	Diagnostic interview and evaluation, described as comprehensive {Hospital admission}	108	86	15,999
03.04G	Diagnostic interview and evaluation, described as comprehensive {Comprehensive visit in an emergency department, weekdays 1700-2200 hours, weekends and statutory holidays 0700-2200 hours}	86	82	11,233
03.07AZ	Consultation, described as limited {Minor consultation - out of office}	40	30	3,566
13.99H	Other miscellaneous diagnostic & therapeutic procedures NEC {Critical care of severely ill or injured patient in a hospital emergency department requiring major treatment intervention(s), per 15 minutes}	27	14	9,890
03.04A	Diagnostic interview and evaluation, described as comprehensive {Comprehensive assessment of a patient's condition requiring a complete history, a complete physical examination appropriate to the physician's specialty, an appropriate record and advice to the patient - in office.}	27	23	2,882
E500B	Unlisted procedures (out of Canada referrals)	24	18	1,810
03.05A	Other diagnostic interview and evaluation {Intensive care unit visit per 15 minutes}	22	6	9,929
98.11D	Debridement of wound or infected tissue {Functional area, up to 32 total square cms}	18	1	2,381
98.22A	Suture of skin and subcutaneous tissue of other sites {Laceration, face, up to 2.5 cms (1 unit) or body, up to 5 cms (1 unit)}	11	11	705
03.08AZ	Consultation, described as comprehensive {Comprehensive consultation - out of office}	9	8	1,431
63.14	Laparoscopic cholecystectomy	8	4	2,375
98.22B	Suture of skin and subcutaneous tissue of other sites {Laceration, face, over 2.5 cms (1 unit) and/or body, over 5 cms (1 unit)} <For each layer or unit, refer to Price List>	8	8	1,063
16.49D	Other repair and plastic operation on spinal cord structures {Laminectomy lumbar, for stenosis, 2 levels or less}	7	3	3,534
59.0 A	Appendectomy {Appendectomy with or without abscess}	7	4	2,721
03.08A	Consultation, described as comprehensive {Comprehensive consultation - in office}	7	5	997
1.14	Other nonoperative gastroscopy <Esophagogastrosopy>	7	5	806
E152	Urinalysis without microscopic examination of centrifuged sediment	7	5	24

Continued...

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

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

TABLE 2.28 B

OUT-OF-COUNTRY BASIC HEALTH SERVICES:

TOP 50 HEALTH SERVICE CODES FOR THE SERVICES PROVIDED IN OTHER COUNTRIES (EXCEPT UNITED STATES)

FOR THE SERVICE YEAR APRIL 1, 2020 TO MARCH 31, 2021

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients ⁽²⁾	Payments
03.07A	Consultation, described as limited {Minor consultation - in office}	6	6	\$488
X 43	Knee	6	6	187
E 1	Complete blood count (hemoglobin, white blood count, differential, platelet count, eosinophil count and either red blood count or hematocrit, with no additional charge for indices) - by any method.	6	2	60
14.21B	Incision of cerebral meninges {Evacuation of subdural hematoma, abscess or fluid collection}	5	2	4,513
93.59A	Other total hip replacement {Total hip arthroplasty}	5	3	4,182
93.41A	Total knee replacement (geomedic) (polycentric) {Total knee arthroplasty, including hemiarthroplasty}	5	2	2,808
13.59A	Injection or infusion of other therapeutic or prophylactic substance nec {Intramuscular or subcutaneous injections}	5	5	51
51.59D	Other repair of blood vessel NEC {Percutaneous transluminal coronary angioplasty with associated diagnostic angiogram}	4	4	3,700
91.31G	Open reduction of fracture with internal fixation, radius and ulna {ORIF complex distal radial fracture (comminuted, intra-articular), not percutaneous}	4	3	2,950
91.34A	Open reduction of fracture with internal fixation, femur {Inter-trochanteric}	4	3	2,905
91.30C	Open reduction of fracture with internal fixation, humerus {Shaft}	4	2	1,632
99.09J	Surgical procedures NOS {Unlisted Procedures, Digestive system and abdominal repair}	4	3	1,393
91.01F	Closed reduction of fracture (without internal fixation), radius and ulna {Colles}	4	3	532
68.99A	Other operations on ureter NEC {Insertion of double "J" stent}	4	3	521
13.99A	Other miscellaneous diagnostic & therapeutic procedures NEC {Hemodialysis treatment, unstable patient} <For assessment and management of an unstable patient undergoing hemodialysis treatment where the physician attends and assesses or changes the treatment at the time of the visit>	4	2	337
03.52A	Other electrocardiogram {Electrocardiogram, technical}	4	4	96
E410	C. reactive protein	4	1	24
52.31B	Radical neck dissection, unqualified {Modified neck dissection with preservation of either one or two of the non-lymphatic structures, (e.g., sternocleidomastoid muscle, jugular vein or spinal accessory nerve), unilateral including removal of all neck lymph nodes}	3	1	2,521
56.39A	Other control of hemorrhage of stomach or duodenum {Suture or other surgical control of bleeding or perforated gastric or duodenal ulcer}	3	1	1,881
60.52A	Other anterior resection {Anterior segmental resection, rectosigmoid}	3	1	1,877
91.14B	Closed reduction of fracture with internal fixation, femur {With insertion of intramedullary nail}	3	2	1,742
91.35G	Open reduction of fracture with internal fixation, tibia and fibula {ORIF, Tibial plateau - bicondylar fracture (T type, comminuted, displaced)}	3	1	1,703

Continued...

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

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

TABLE 2.28 B**OUT-OF-COUNTRY BASIC HEALTH SERVICES:****TOP 50 HEALTH SERVICE CODES FOR THE SERVICES PROVIDED IN OTHER COUNTRIES (EXCEPT UNITED STATES)
FOR THE SERVICE YEAR APRIL 1, 2020 TO MARCH 31, 2021**

Health Service Code	Health Service Code Description	Number of Services	Number of Discrete Patients⁽²⁾	Payments
97.12B	(Unilateral) complete mastectomy {Total mastectomy with formal axillary node dissection and/or sentinel node biopsy, with or without removal of pectoral muscles}	3	1	\$1,301
93.6 A	Other arthroplasty of hip {Resection arthroplasty of hip}	3	1	1,215
49.7 A	Implantation of cardiac pacemaker system {Insertion of AV sequential pacemaker}	3	1	948
91.35C	Open reduction of fracture with internal fixation, tibia and fibula {Medial malleolus}	3	3	675
91.86	Open reduction of dislocation of ankle	3	1	596
1.22	Other nonoperative colonoscopy {Other nonoperative colonoscopy}	3	2	471
92.32D	Excision of semilunar cartilage of knee {Arthroscopy knee, including non-reconstructive procedures (loose body, plica, etc.)}	3	1	412
50.94D	Central venous pressure monitoring {Introduction of central venous catheter, with or without ultrasound guidance}	3	3	276

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

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

TABLE 2.29 A**OUT-OF-COUNTRY HEALTH SERVICES PROGRAM:****APPLICATIONS REVIEWED BY OUT-OF-COUNTRY HEALTH SERVICES COMMITTEE (OOCHSC)
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022**

Status of Applications	Required services not available in Alberta				
	2017-18	2018-19	2019-20	2020-21	2021-22
Reviewed	59.0	67.0	62.0	52.0	33.0
Approved	27.0	30.0	37.0	12.5	18.0
Deferred ⁽¹⁾	5.0	6.0	7.0	0.0	2.0
Denied	27.0	31.0	18.0	2.5	13.0

Note: Applications listed as 0.5 are where a portion of the application is approved and a portion is denied.

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

TABLE 2.29 B**OUT-OF-COUNTRY HEALTH SERVICES PROGRAM:****APPLICATIONS REVIEWED BY APPEAL PANEL****FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022**

Status of Applications	Required services not available in Alberta				
	2017-18	2018-19	2019-20	2020-21	2021-22
Reviewed	12.0	14.0	15.0	12.0	6.0
Approved	0.0	1.0	1.0	0.0	1.0
Varied ⁽¹⁾	1.0	0.0	0.0	0.0	0.0
Denied	11.0	13.0	14.0	12.0	5.0

Note: Applications listed as 0.5 are where a portion of the application is approved and a portion is denied.

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

TABLE 2.30**OUT-OF-COUNTRY HEALTH SERVICES PROGRAM:****PAYMENTS MADE FOR APPROVED APPLICATIONS BY****OUT-OF-COUNTRY HEALTH SERVICES COMMITTEE/APPEAL PANEL****FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022**

Amount Paid	Type of Service				
	Required services not available in Alberta				
	2017-18	2018-19	2019-20	2020-21	2021-22
Medical Services	\$2,028,985	\$1,242,108	\$2,892,627	\$1,178,391	\$773,877
Hospital Services	3,506,352	3,805,464	6,206,606	6,929,644	4,332,047
Total	\$5,535,337	\$5,047,572	\$9,099,233	\$8,108,035	\$5,105,924

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, 2022, there are 40 PCNs operating in the province. Alberta Heartland merged with Sherwood Park-Strathcona County PCN since June 2020.

TABLE 2.31
PRIMARY CARE NETWORKS:
DISTRIBUTION OF PRIMARY CARE PROVIDERS, NUMBER OF PATIENTS, AND TOTAL PAYMENTS
BY ALBERTA HEALTH SERVICES GEOGRAPHIC ZONE
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Primary Care Network	AHS Zone	Number of Primary Care Providers ⁽¹⁾	Number of Patients Enrolled ⁽²⁾	Total Payments to the Primary Care Network ⁽³⁾
Chinook	South Zone	192	173,596	\$10,828,250
Palliser	South Zone	124	105,107	6,696,706
Bow Valley	Calgary Zone	60	26,626	1,640,644
Calgary Foothills	Calgary Zone	574	403,654	25,221,154
Calgary Rural	Calgary Zone	179	112,803	7,195,885
Calgary West Central	Calgary Zone	587	304,549	19,257,505
Highland	Calgary Zone	86	73,678	4,631,692
Mosaic	Calgary Zone	395	361,151	22,903,180
South Calgary	Calgary Zone	314	254,559	13,094,245
Big Country	Central Zone	48	38,281	2,651,593
Camrose	Central Zone	47	30,533	1,997,069
Drayton Valley	Central Zone	22	17,607	1,093,928
Kalyna Country	Central Zone	40	27,405	1,846,654
Lloydminster	Central Zone	28	19,414	1,158,992
Peaks to Prairies	Central Zone	44	24,574	1,557,276
Provost	Central Zone	6	4,296	266,265
Red Deer	Central Zone	112	121,162	7,789,986
Rocky Mountain House	Central Zone	33	13,408	843,102
Wainwright	Central Zone	15	9,744	1,643,656
Wetaskiwin	Central Zone	34	22,538	2,308,855
Wolf Creek	Central Zone	97	74,517	4,791,754
Alberta Heartland	Edmonton Zone	27	8,671	721,122
Edmonton North	Edmonton Zone	204	191,359	12,777,041
Edmonton O-day'min	Edmonton Zone	237	165,906	10,248,397
Edmonton Southside	Edmonton Zone	382	360,619	21,895,911
Edmonton West	Edmonton Zone	349	183,299	11,752,996
Leduc/Beaumont/Devon	Edmonton Zone	70	58,043	3,750,171
Sherwood Park-Strathcona County	Edmonton Zone	133	130,280	7,925,061
St. Albert & Sturgeon	Edmonton Zone	86	84,921	4,084,731
WestView	Edmonton Zone	96	76,333	3,566,288
Aspen	North Zone	67	46,447	3,187,643
Bighorn (formerly Grande Cache)	North Zone	20	13,360	394,255
Bonnyville	North Zone	37	14,677	1,153,920
Cold Lake	North Zone	26	14,756	1,208,532
Grande Prairie	North Zone	72	84,449	5,421,598
Lakeland	North Zone	45	37,009	2,215,134
McLeod River	North Zone	45	34,988	1,983,495
Northwest	North Zone	28	22,888	1,273,667
Peace Region	North Zone	25	12,793	766,402
Saddle Hills (formerly West Peace)	North Zone	21	17,406	2,730,626
Wood Buffalo	North Zone	45	62,313	2,866,079
Total		5,052	3,839,719	\$239,341,456

TABLE 2.31

PRIMARY CARE NETWORKS:

DISTRIBUTION OF PRIMARY CARE PROVIDERS, NUMBER OF PATIENTS, AND TOTAL PAYMENTS

BY ALBERTA HEALTH SERVICES GEOGRAPHIC ZONE

FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Notes:

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

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

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

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

Section 3 Regional Data

Summary

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

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

Alberta Health Services is responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. Alberta Health Services works with communities to deliver health services, including mental health services, to local residents. Information about services and costs for Alberta Health Services is in the *Ministry of Health Annual Report 2021-2022*.

Highlights

- A total of 38.33% of physician fee-for-service expenditures were for services received in Edmonton Zone (Zone 4); 40.62% for services received in Calgary Zone (Zone 2) and the balance, 21.05%, for services received in the other three zones.
- In Alberta, 89.07% of fee-for-service payments were provided in the health zone where the patient resides.

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.

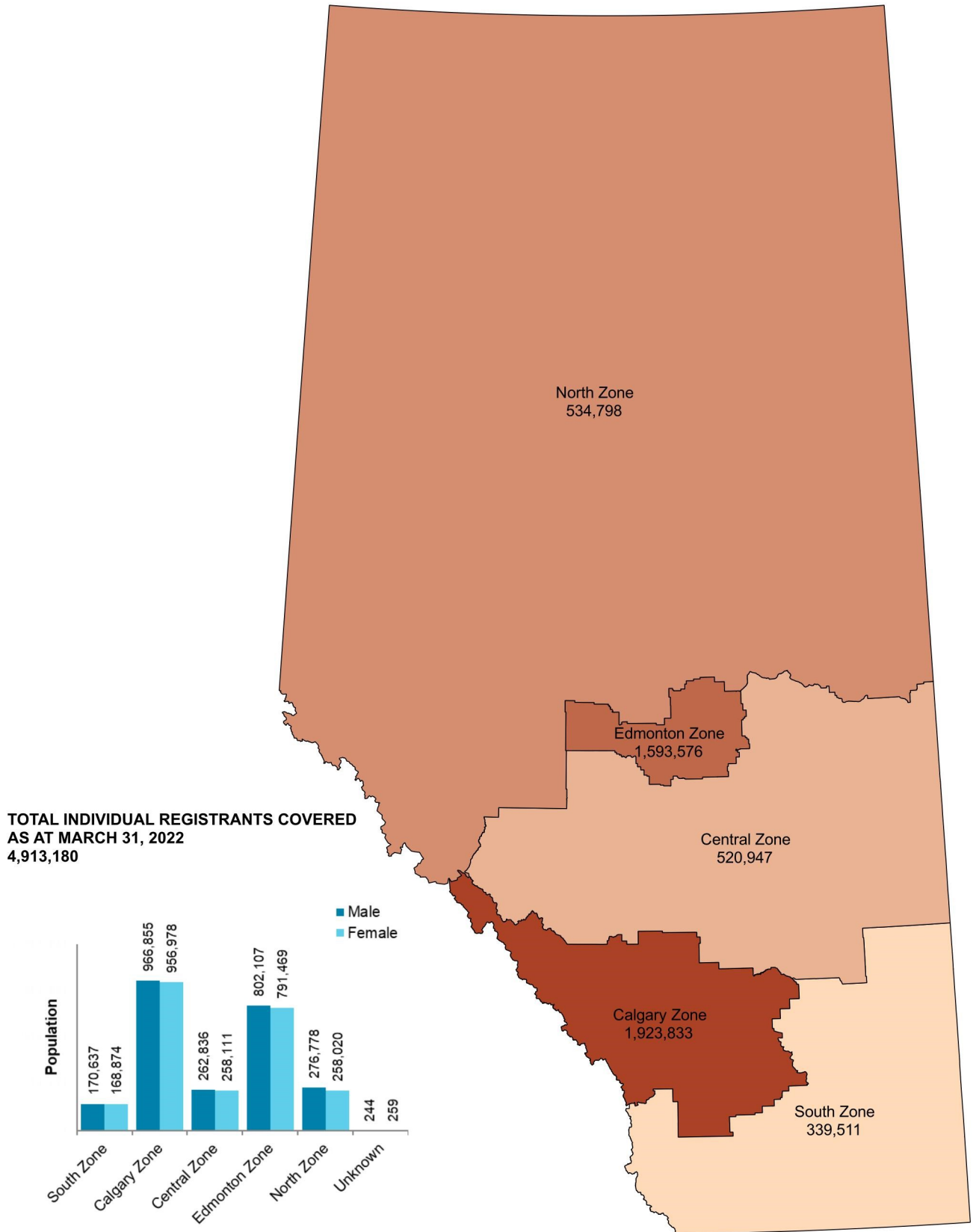
Health Zones

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

Service Location and Recipient Location

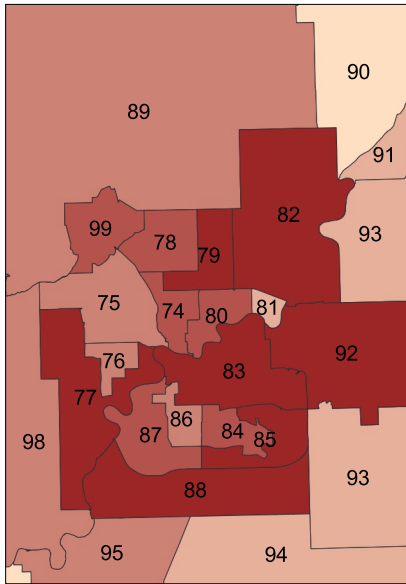
Data in this section are provided on a service location basis. Patients from rural and remote zones often travel to larger urban centres in other zones to receive services. This has an effect on statistics for health services and payments for both zones involved. This is illustrated in Table 3.4, which shows payments to physicians based on both service location and recipient location. Recipient location data are for the geographic zone where the patient lived on the date of service.

**MAP 3.1
DISTRIBUTION OF INDIVIDUAL REGISTRANTS COVERED
BY ALBERTA HEALTH SERVICES GEOGRAPHIC ZONE**

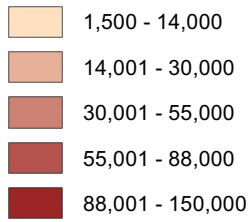


**MAP 3.2
DISTRIBUTION OF INDIVIDUAL REGISTRANTS COVERED BY LOCAL GEOGRAPHIC AREA**

EDMONTON AREA



ALBERTA INDIVIDUAL REGISTRANTS COVERED AS AT MARCH 31, 2022



CALGARY AREA

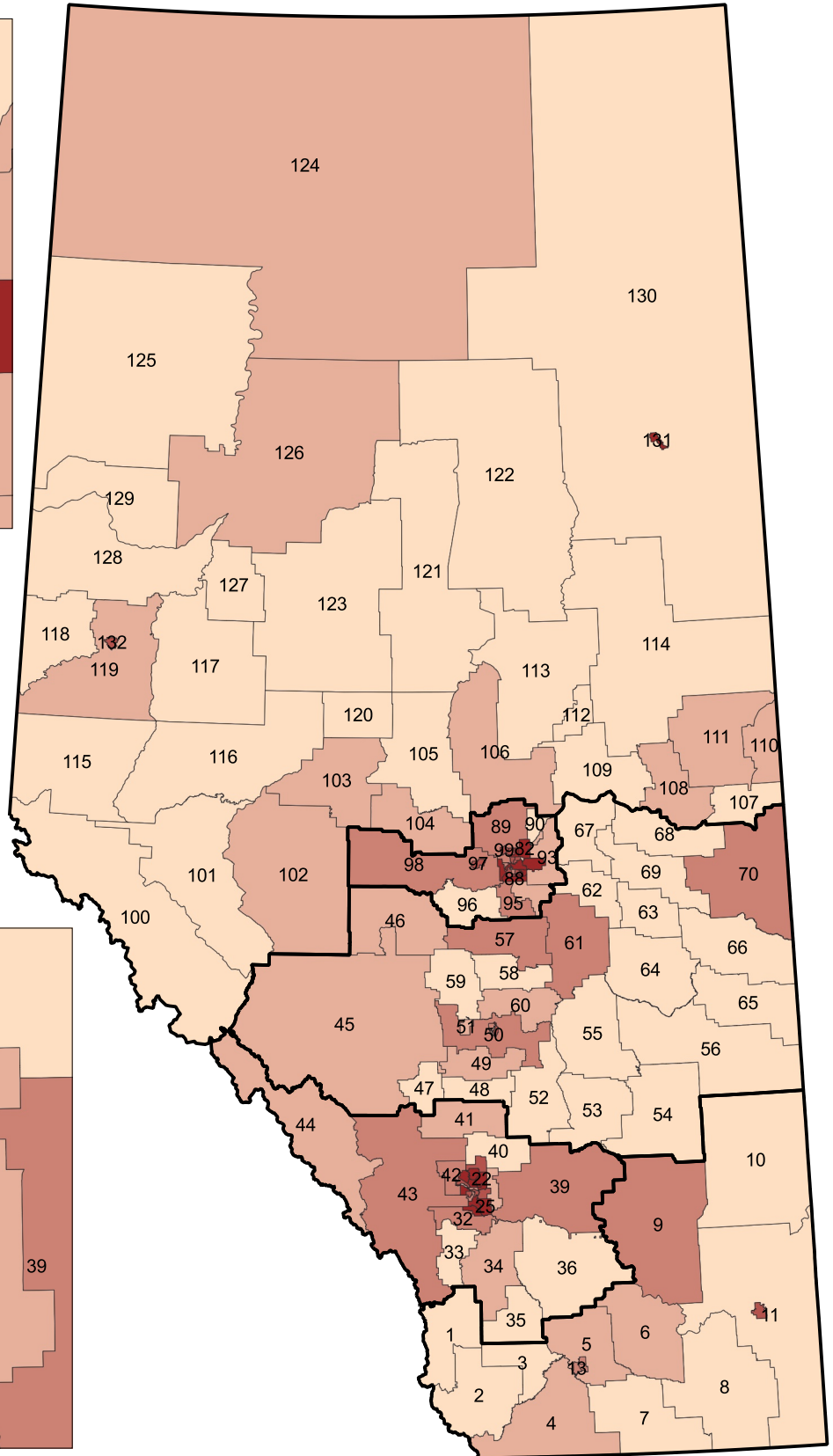
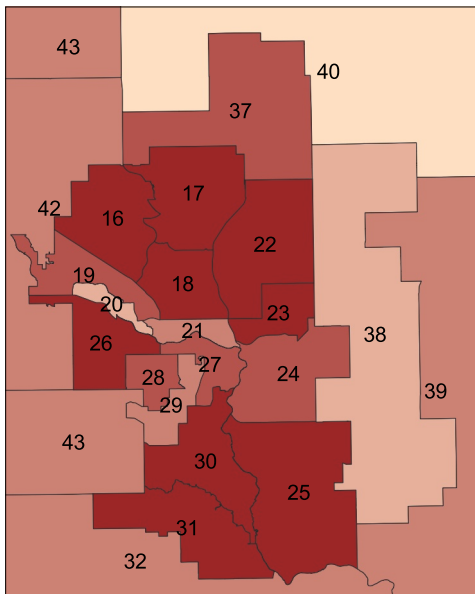


TABLE 3.1
DISTRIBUTION OF INDIVIDUAL REGISTRANTS COVERED
BY LOCAL GEOGRAPHIC AREA (LGA)
AS AT MARCH 31, 2022

LGA ID	LGA Code	LGA Name	Individual Registrants Covered
SOUTH ZONE			
1	Z1.1.A.01	Crowsnest Pass	6,774
2	Z1.1.A.02	Pincher Creek	9,074
3	Z1.1.A.03	Fort Macleod	7,433
4	Z1.1.B.04	Cardston-Kainai	18,368
5	Z1.2.A.01	County Of Lethbridge	28,351
6	Z1.2.B.02	Taber Md	21,429
7	Z1.2.C.03	County Of Warner	12,027
8	Z1.2.C.04	County Of Forty Mile	7,282
9	Z1.3.A.01	Newell	30,907
10	Z1.3.B.02	Oyen	3,718
11	Z1.3.B.03	Cypress County	12,250
12	Z1.4.A.01	Medicine Hat	74,448
13	Z1.5.A.01	Lethbridge - West	40,939
14	Z1.5.B.02	Lethbridge - North	30,024
15	Z1.5.C.03	Lethbridge - South	36,489

Continued...

TABLE 3.1
DISTRIBUTION OF INDIVIDUAL REGISTRANTS COVERED
BY LOCAL GEOGRAPHIC AREA (LGA)
AS AT MARCH 31, 2022

LGA ID	LGA Code	LGA Name	Individual Registrants Covered
CALGARY ZONE			
16	Z2.1.A.01	Calgary - Upper Nw	139,952
17	Z2.1.B.02	Calgary - North	133,707
18	Z2.1.C.03	Calgary - Nose Hill	88,803
19	Z2.1.D.04	Calgary - Lower Nw	70,624
20	Z2.1.E.05	Calgary - West Bow	23,376
21	Z2.1.F.06	Calgary - Centre North	49,780
22	Z2.2.A.01	Calgary - Upper Ne	142,219
23	Z2.2.B.02	Calgary - Lower Ne	109,556
24	Z2.3.A.01	Calgary - East	81,218
25	Z2.3.B.02	Calgary - Se	149,528
26	Z2.4.A.01	Calgary - West	103,424
27	Z2.4.B.02	Calgary - Centre	81,088
28	Z2.4.C.03	Calgary - Centre West	72,812
29	Z2.4.D.04	Calgary - Elbow	44,452
30	Z2.4.E.05	Calgary - Fish Creek	124,041
31	Z2.4.F.06	Calgary - Sw	131,961
32	Z2.5.A.01	Okotoks-Priddis	50,111
33	Z2.5.B.02	Black Diamond	9,502
34	Z2.5.B.03	High River	25,773
35	Z2.5.C.04	Claresholm	6,863
36	Z2.5.C.05	Vulcan	7,368
37	Z2.6.A.01	Airdrie	80,938
38	Z2.6.B.02	Chestermere	27,969
39	Z2.6.C.03	Strathmore	39,319
40	Z2.6.C.04	Crossfield	10,041
41	Z2.6.C.05	Didsbury	18,273
42	Z2.7.A.01	Cochrane-Springbank	54,842
43	Z2.7.B.02	Canmore	31,717
44	Z2.7.B.03	Banff	14,583

Continued...

TABLE 3.1
DISTRIBUTION OF INDIVIDUAL REGISTRANTS COVERED
BY LOCAL GEOGRAPHIC AREA (LGA)
AS AT MARCH 31, 2022

LGA ID	LGA Code	LGA Name	Individual Registrants Covered
CENTRAL ZONE			
45	Z3.1.A.01	Rocky Mountain House	22,476
46	Z3.1.B.02	Drayton Valley	19,945
47	Z3.2.A.01	Sundre	7,295
48	Z3.2.A.02	Olds	13,414
49	Z3.2.B.03	Innisfail	17,127
50	Z3.2.C.04	Red Deer County	31,940
51	Z3.2.C.05	Sylvan Lake	20,062
52	Z3.3.A.01	Three Hills/Highway 21	11,909
53	Z3.3.A.02	Starland County/Drumheller	12,492
54	Z3.3.A.04	Planning & Special Area 2	3,921
55	Z3.3.B.03	Stettler & County	13,354
56	Z3.3.B.05	Castor/Coronation/Consort	6,574
57	Z3.4.A.01	Wetaskiwin County	36,876
58	Z3.4.B.02	Ponoka	13,251
59	Z3.4.B.03	Rimbey	11,000
60	Z3.4.B.04	Lacombe	25,866
61	Z3.5.A.01	Camrose & County	32,436
62	Z3.5.B.02	Tofield	8,221
63	Z3.5.B.03	Viking	2,514
64	Z3.5.B.04	Flagstaff County	9,165
65	Z3.5.C.05	Md Of Provost	5,346
66	Z3.5.C.06	Md Of Wainwright	12,842
67	Z3.6.A.01	Lamont County	6,826
68	Z3.6.A.02	Two Hills County	6,301
69	Z3.6.A.03	Vegreville/Minburn County	11,376
70	Z3.6.B.04	Vermilion River County	40,910
71	Z3.7.A.01	Red Deer - North	39,727
72	Z3.7.B.02	Red Deer - Sw	17,659
73	Z3.7.C.03	Red Deer - East	60,122

Continued...

TABLE 3.1
DISTRIBUTION OF INDIVIDUAL REGISTRANTS COVERED
BY LOCAL GEOGRAPHIC AREA (LGA)
AS AT MARCH 31, 2022

LGA ID	LGA Code	LGA Name	Individual Registrants Covered
EDMONTON ZONE			
74	Z4.1.A.01	Edmonton - Woodcroft East	66,736
75	Z4.1.B.02	Edmonton - Woodcroft West	36,905
76	Z4.1.C.03	Edmonton - Jasper Place	50,164
77	Z4.1.D.04	Edmonton - West Jasper Place	118,246
78	Z4.2.A.01	Edmonton - Castle Downs	78,447
79	Z4.2.B.02	Edmonton - Northgate	90,699
80	Z4.2.C.03	Edmonton - Eastwood	80,488
81	Z4.2.D.04	Edmonton - Abbottsfield	16,062
82	Z4.2.E.05	Edmonton - Ne	100,427
83	Z4.3.A.01	Edmonton - Bonnie Doon	104,506
84	Z4.3.B.02	Edmonton - Mill Woods West	56,291
85	Z4.3.C.03	Edmonton - Mill Woods South & East	96,575
86	Z4.4.A.01	Edmonton - Duggan	44,202
87	Z4.4.B.02	Edmonton - Twin Brooks	83,599
88	Z4.4.C.03	Edmonton - Rutherford	130,108
89	Z4.5.A.01	Sturgeon County West	32,966
90	Z4.5.B.02	Sturgeon County East	6,360
91	Z4.5.B.03	Fort Saskatchewan	28,493
92	Z4.6.A.01	Sherwood Park	88,626
93	Z4.6.B.02	Strathcona County Excluding Sherwood Park	19,321
94	Z4.7.A.01	Beaumont	28,056
95	Z4.7.A.02	Leduc & Devon	46,105
96	Z4.7.A.03	Thorsby	9,982
97	Z4.8.A.01	Stony Plain & Spruce Grove	63,698
98	Z4.8.B.02	Westview Excluding Stony Plain & Spruce Grove	40,769
99	Z4.9.A.01	St. Albert	75,747

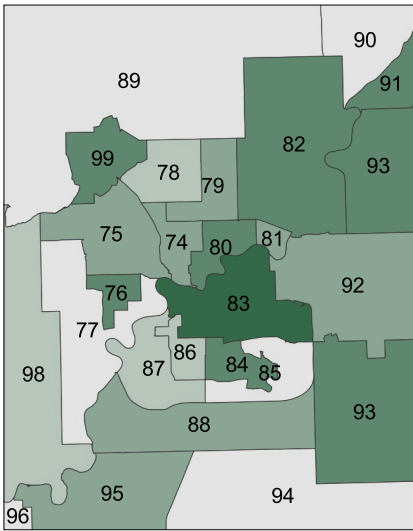
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TABLE 3.1
DISTRIBUTION OF INDIVIDUAL REGISTRANTS COVERED
BY LOCAL GEOGRAPHIC AREA (LGA)
AS AT MARCH 31, 2022

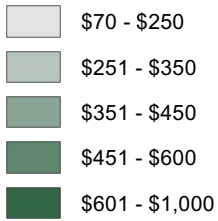
LGA ID	LGA Code	LGA Name	Individual Registrants Covered
NORTH ZONE			
100	Z5.1.A.01	Jasper	5,975
101	Z5.1.A.02	Hinton	13,537
102	Z5.1.A.03	Edson	17,442
103	Z5.1.B.04	Whitecourt	15,847
104	Z5.1.B.05	Mayerthorpe	17,689
105	Z5.1.C.06	Barrhead	11,699
106	Z5.1.C.07	Westlock	20,620
107	Z5.2.A.01	Frog Lake	5,190
108	Z5.2.A.04	St. Paul	17,043
109	Z5.2.A.05	Smoky Lake	5,105
110	Z5.2.B.02	Cold Lake	23,400
111	Z5.2.B.03	Bonnyville	17,918
112	Z5.2.C.06	Boyle	3,993
113	Z5.2.C.07	Athabasca	11,537
114	Z5.2.C.08	Lac La Biche	11,374
115	Z5.3.A.01	Grande Cache	4,700
116	Z5.3.A.02	Fox Creek	2,432
117	Z5.3.A.03	Valleyview	7,962
118	Z5.3.A.05	Beaverlodge	13,677
119	Z5.3.B.04	Grande Prairie County	22,574
120	Z5.4.A.01	Swan Hills	1,532
121	Z5.4.A.02	Slave Lake	12,836
122	Z5.4.A.03	Wabasca	4,769
123	Z5.4.A.07	High Prairie	13,074
124	Z5.4.B.04	High Level	28,673
125	Z5.4.B.05	Manning	3,627
126	Z5.4.C.06	Peace River	20,091
127	Z5.4.D.08	Falher	4,867
128	Z5.4.D.09	Spirit River	7,186
129	Z5.4.D.10	Fairview	9,050
130	Z5.5.A.01	Wood Buffalo	4,630
131	Z5.6.A.01	Fort McMurray	91,712
132	Z5.7.A.01	City Of Grande Prairie	83,038
Unknown			503

**MAP 3.3
FEE-FOR-SERVICE PAYMENTS PER DISCRETE PATIENT BY LOCAL GEOGRAPHIC AREA**

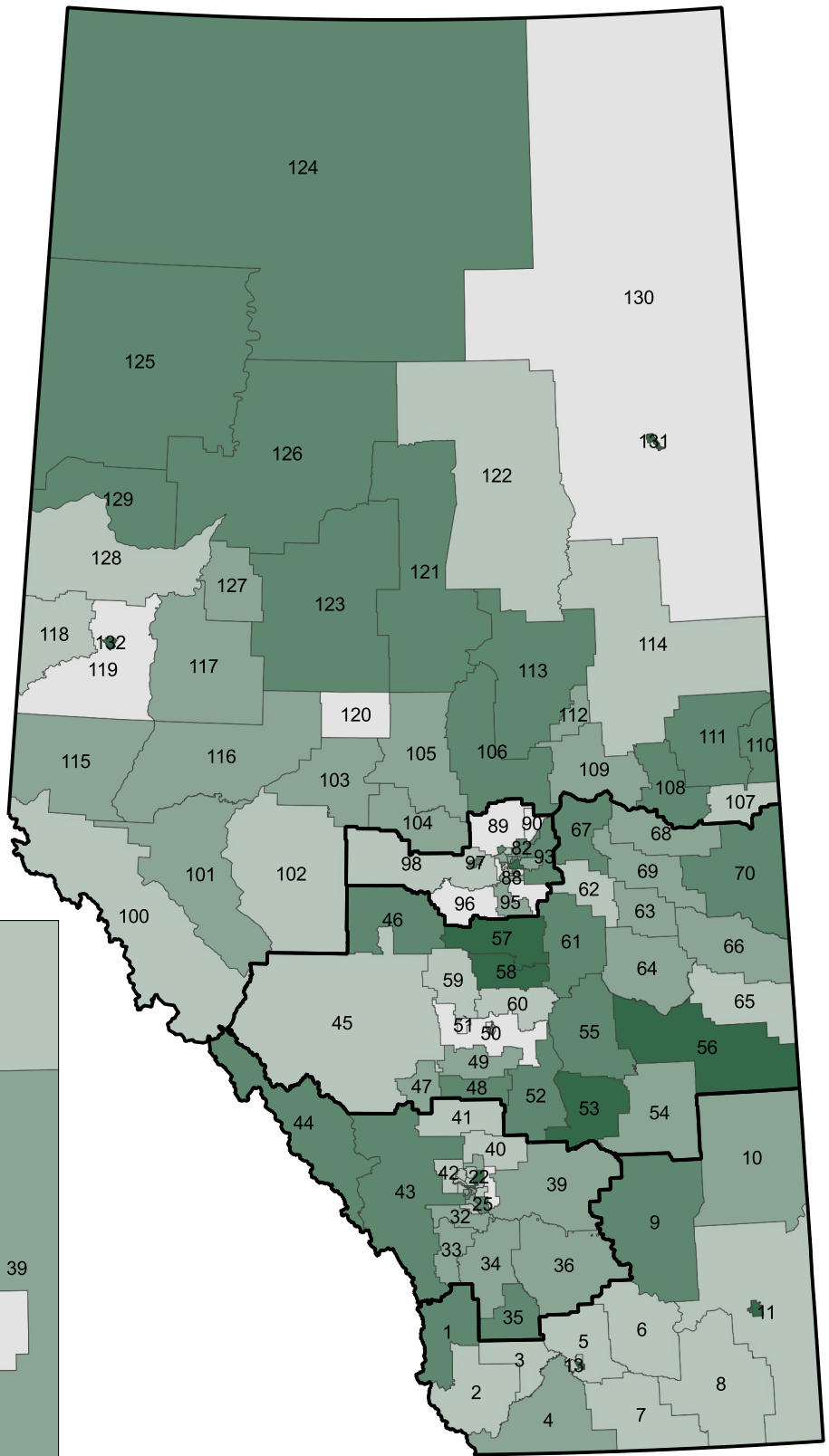
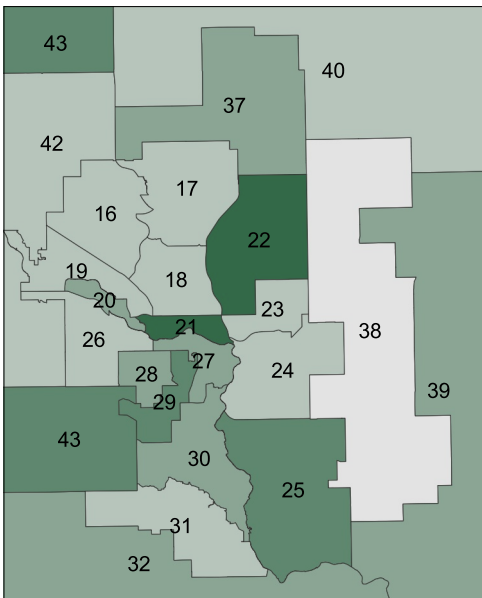
EDMONTON AREA



**FEE-FOR-SERVICE PAYMENTS
PER DISCRETE PATIENT
2021-22**



CALGARY AREA



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

TABLE 3.2

**DISTRIBUTION OF PAYMENTS PER DISCRETE PATIENT BY LOCAL GEOGRAPHIC AREA (LGA)⁽¹⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022**

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
SOUTH ZONE			
1	Z1.1.A.01	Crowsnest Pass	\$470.88
2	Z1.1.A.02	Pincher Creek	289.53
3	Z1.1.A.03	Fort Macleod	336.68
4	Z1.1.B.04	Cardston-Kainai	404.17
5	Z1.2.A.01	County Of Lethbridge	250.66
6	Z1.2.B.02	Taber Md	283.51
7	Z1.2.C.03	County Of Warner	307.27
8	Z1.2.C.04	County Of Forty Mile	299.42
9	Z1.3.A.01	Newell	588.59
10	Z1.3.B.02	Oyen	377.56
11	Z1.3.B.03	Cypress County	308.34
12	Z1.4.A.01	Medicine Hat	978.91
13	Z1.5.A.01	Lethbridge - West	283.98
14	Z1.5.B.02	Lethbridge - North	326.31
15	Z1.5.C.03	Lethbridge - South	817.80

Continued...

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

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

TABLE 3.2

**DISTRIBUTION OF PAYMENTS PER DISCRETE PATIENT BY LOCAL GEOGRAPHIC AREA (LGA)⁽¹⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022**

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
CALGARY ZONE			
16	Z2.1.A.01	Calgary - Upper Nw	\$297.19
17	Z2.1.B.02	Calgary - North	321.35
18	Z2.1.C.03	Calgary - Nose Hill	285.89
19	Z2.1.D.04	Calgary - Lower Nw	332.71
20	Z2.1.E.05	Calgary - West Bow	395.83
21	Z2.1.F.06	Calgary - Centre North	719.27
22	Z2.2.A.01	Calgary - Upper Ne	638.49
23	Z2.2.B.02	Calgary - Lower Ne	345.23
24	Z2.3.A.01	Calgary - East	298.63
25	Z2.3.B.02	Calgary - Se	563.24
26	Z2.4.A.01	Calgary - West	262.39
27	Z2.4.B.02	Calgary - Centre	426.92
28	Z2.4.C.03	Calgary - Centre West	362.38
29	Z2.4.D.04	Calgary - Elbow	571.35
30	Z2.4.E.05	Calgary - Fish Creek	394.93
31	Z2.4.F.06	Calgary - Sw	315.75
32	Z2.5.A.01	Okotoks-Priddis	376.57
33	Z2.5.B.02	Black Diamond	363.57
34	Z2.5.B.03	High River	401.60
35	Z2.5.C.04	Claresholm	536.49
36	Z2.5.C.05	Vulcan	358.58
37	Z2.6.A.01	Airdrie	377.66
38	Z2.6.B.02	Chestermere	229.80
39	Z2.6.C.03	Strathmore	376.61
40	Z2.6.C.04	Crossfield	253.17
41	Z2.6.C.05	Didsbury	331.08
42	Z2.7.A.01	Cochrane-Springbank	347.98
43	Z2.7.B.02	Canmore	554.76
44	Z2.7.B.03	Banff	459.75

Continued...

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

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

TABLE 3.2

**DISTRIBUTION OF PAYMENTS PER DISCRETE PATIENT BY LOCAL GEOGRAPHIC AREA (LGA)⁽¹⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022**

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
CENTRAL ZONE			
45	Z3.1.A.01	Rocky Mountain House	\$290.44
46	Z3.1.B.02	Drayton Valley	450.84
47	Z3.2.A.01	Sundre	401.72
48	Z3.2.A.02	Olds	464.80
49	Z3.2.B.03	Innisfail	366.79
50	Z3.2.C.04	Red Deer County	149.97
51	Z3.2.C.05	Sylvan Lake	213.56
52	Z3.3.A.01	Three Hills/Highway 21	486.25
53	Z3.3.A.02	Starland County/Drumheller	636.25
54	Z3.3.A.04	Planning & Special Area 2	365.17
55	Z3.3.B.03	Stettler & County	501.23
56	Z3.3.B.05	Castor/Coronation/Consort	626.06
57	Z3.4.A.01	Wetaskiwin County	613.47
58	Z3.4.B.02	Ponoka	961.20
59	Z3.4.B.03	Rimbey	333.41
60	Z3.4.B.04	Lacombe	300.11
61	Z3.5.A.01	Camrose & County	554.64
62	Z3.5.B.02	Tofield	326.43
63	Z3.5.B.03	Viking	423.54
64	Z3.5.B.04	Flagstaff County	409.91
65	Z3.5.C.05	Md Of Provost	345.18
66	Z3.5.C.06	Md Of Wainwright	449.55
67	Z3.6.A.01	Lamont County	516.37
68	Z3.6.A.02	Two Hills County	350.31
69	Z3.6.A.03	Vegreville/Minburn County	373.55
70	Z3.6.B.04	Vermilion River County	474.84
71	Z3.7.A.01	Red Deer - North	185.39
72	Z3.7.B.02	Red Deer - Sw	790.52
73	Z3.7.C.03	Red Deer - East	265.54

Continued...

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

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

TABLE 3.2

**DISTRIBUTION OF PAYMENTS PER DISCRETE PATIENT BY LOCAL GEOGRAPHIC AREA (LGA)⁽¹⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022**

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
EDMONTON ZONE			
74	Z4.1.A.01	Edmonton - Woodcroft East	\$449.00
75	Z4.1.B.02	Edmonton - Woodcroft West	383.80
76	Z4.1.C.03	Edmonton - Jasper Place	590.06
77	Z4.1.D.04	Edmonton - West Jasper Place	233.10
78	Z4.2.A.01	Edmonton - Castle Downs	306.49
79	Z4.2.B.02	Edmonton - Northgate	351.61
80	Z4.2.C.03	Edmonton - Eastwood	560.06
81	Z4.2.D.04	Edmonton - Abbottsfield	361.52
82	Z4.2.E.05	Edmonton - Ne	471.07
83	Z4.3.A.01	Edmonton - Bonnie Doon	701.82
84	Z4.3.B.02	Edmonton - Mill Woods West	574.41
85	Z4.3.C.03	Edmonton - Mill Woods South & East	216.72
86	Z4.4.A.01	Edmonton - Duggan	275.09
87	Z4.4.B.02	Edmonton - Twin Brooks	256.45
88	Z4.4.C.03	Edmonton - Rutherford	415.23
89	Z4.5.A.01	Sturgeon County West	217.07
90	Z4.5.B.02	Sturgeon County East	202.56
91	Z4.5.B.03	Fort Saskatchewan	481.71
92	Z4.6.A.01	Sherwood Park	411.23
93	Z4.6.B.02	Strathcona County Excluding Sherwood Park	513.04
94	Z4.7.A.01	Beaumont	221.77
95	Z4.7.A.02	Leduc & Devon	446.17
96	Z4.7.A.03	Thorsby	205.12
97	Z4.8.A.01	Stony Plain & Spruce Grove	452.94
98	Z4.8.B.02	Westview Excluding Stony Plain & Spruce Grove	334.02
99	Z4.9.A.01	St. Albert	540.30

Continued...

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

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

TABLE 3.2

**DISTRIBUTION OF PAYMENTS PER DISCRETE PATIENT BY LOCAL GEOGRAPHIC AREA (LGA)⁽¹⁾
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022**

LGA ID	LGA Code	LGA Name	Payments per Discrete Patient
NORTH ZONE			
100	Z5.1.A.01	Jasper	\$296.90
101	Z5.1.A.02	Hinton	442.84
102	Z5.1.A.03	Edson	318.61
103	Z5.1.B.04	Whitecourt	415.09
104	Z5.1.B.05	Mayerthorpe	364.90
105	Z5.1.C.06	Barrhead	402.83
106	Z5.1.C.07	Westlock	495.97
107	Z5.2.A.01	Frog Lake	344.43
108	Z5.2.A.04	St. Paul	519.43
109	Z5.2.A.05	Smoky Lake	421.34
110	Z5.2.B.02	Cold Lake	487.12
111	Z5.2.B.03	Bonnyville	568.35
112	Z5.2.C.06	Boyle	409.08
113	Z5.2.C.07	Athabasca	453.84
114	Z5.2.C.08	Lac La Biche	339.56
115	Z5.3.A.01	Grande Cache	439.93
116	Z5.3.A.02	Fox Creek	434.06
117	Z5.3.A.03	Valleyview	398.99
118	Z5.3.A.05	Beaverlodge	288.75
119	Z5.3.B.04	Grande Prairie County	184.63
120	Z5.4.A.01	Swan Hills	74.51
121	Z5.4.A.02	Slave Lake	471.46
122	Z5.4.A.03	Wabasca	305.39
123	Z5.4.A.07	High Prairie	476.84
124	Z5.4.B.04	High Level	450.80
125	Z5.4.B.05	Manning	520.22
126	Z5.4.C.06	Peace River	481.29
127	Z5.4.D.08	Falher	432.96
128	Z5.4.D.09	Spirit River	333.28
129	Z5.4.D.10	Fairview	473.49
130	Z5.5.A.01	Wood Buffalo	232.54
131	Z5.6.A.01	Fort McMurray	705.95
132	Z5.7.A.01	City Of Grande Prairie	699.10

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

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

TABLE 3.3
DISTRIBUTION OF SERVICES, DISCRETE PATIENTS, AND PHYSICIANS
BY LOCAL GEOGRAPHIC AREA (LGA)
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

LGA Code	LGA Name	General/Family Physicians			Specialists		
		Number of Services	Number of Discrete Patients	Number of Discrete Physicians	Number of Services	Number of Discrete Patients	Number of Discrete Physicians
Z2.6.A.01	Airdrie	443,175	76,302	276	114,855	36,768	194
Z5.2.C.07	Athabasca	48,083	8,245	80	5,984	2,780	41
Z2.7.B.03	Banff	86,648	13,754	73	15,141	4,770	40
Z5.1.C.06	Barrhead	88,308	13,249	68	6,062	2,212	52
Z4.7.A.01	Beaumont	71,463	13,951	114	455	169	53
Z5.3.A.05	Beaverlodge	44,404	10,851	62	86	50	28
Z2.5.B.02	Black Diamond	61,868	11,708	81	295	90	26
Z5.2.B.03	Bonnyville	152,030	18,877	76	21,996	7,643	130
Z5.2.C.06	Boyle	26,191	3,829	46	48	23	19
Z2.4.B.02	Calgary - Centre	689,104	137,012	538	1,841,991	186,779	598
Z2.1.F.06	Calgary - Centre North	819,133	139,630	566	2,479,398	225,583	1,049
Z2.4.C.03	Calgary - Centre West	420,722	72,269	342	527,257	76,287	269
Z2.3.A.01	Calgary - East	261,299	48,189	265	59,386	13,349	149
Z2.4.D.04	Calgary - Elbow	616,850	120,979	471	1,739,284	208,140	808
Z2.4.E.05	Calgary - Fish Creek	930,529	149,046	507	1,018,471	162,484	380
Z2.2.B.02	Calgary - Lower NE	625,609	113,307	294	246,390	61,196	176
Z2.1.D.04	Calgary - Lower NW	325,631	66,354	310	873,843	202,382	622
Z2.1.B.02	Calgary - North	406,678	86,936	323	285,295	83,368	278
Z2.1.C.03	Calgary - Nose Hill	350,454	69,575	322	335,740	40,471	185
Z2.3.B.02	Calgary - SE	733,883	141,372	455	1,116,438	158,791	718
Z2.4.F.06	Calgary - SW	719,105	139,565	369	240,031	55,659	215
Z2.2.A.01	Calgary - Upper NE	1,064,759	192,399	460	1,988,445	238,593	826
Z2.1.A.01	Calgary - Upper NW	621,348	122,978	448	277,010	59,312	243
Z2.4.A.01	Calgary - West	473,295	99,247	392	293,729	107,362	270
Z2.1.E.05	Calgary - West Bow	203,139	35,393	239	598,390	98,465	263
Z3.5.A.01	Camrose & County	200,175	26,629	169	82,888	17,820	135
Z2.7.B.02	Canmore	176,004	24,273	153	80,626	10,907	158
Z1.1.B.04	Cardston-Kainai	93,230	14,715	79	1,962	996	50
Z3.3.B.05	Castor/Coronation/Consort	42,930	4,820	41	58	40	23
Z2.6.B.02	Chestermere	59,863	13,895	88	2,826	377	53
Z5.7.A.01	City of Grande Prairie	479,292	73,547	171	515,519	59,318	187
Z2.5.C.04	Claresholm	47,378	7,472	60	32,367	1,231	35
Z2.7.A.01	Cochrane-Springbank	200,921	37,029	235	113,653	9,587	142
Z5.2.B.02	Cold Lake	98,547	15,441	110	15,214	5,627	53

Continued...

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

TABLE 3.3
DISTRIBUTION OF SERVICES, DISCRETE PATIENTS, AND PHYSICIANS
BY LOCAL GEOGRAPHIC AREA (LGA)
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

LGA Code	LGA Name	General/Family Physicians			Specialists		
		Number of Services	Number of Discrete Patients	Number of Discrete Physicians	Number of Services	Number of Discrete Patients	Number of Discrete Physicians
Z1.2.C.04	County of Forty Mile	22,474	4,424	57	288	78	17
Z1.2.A.01	County of Lethbridge excluding the City of Lethbridge	70,650	14,049	94	4,108	1,251	44
Z1.2.C.03	County of Warner	83,264	14,872	79	593	116	20
Z2.6.C.04	Crossfield	8,889	2,027	76	176	75	29
Z1.1.A.01	Crowsnest Pass	52,836	6,984	75	4,636	1,733	44
Z1.3.B.03	Cypress County excluding Medicine Hat	7,557	1,263	59	288	90	17
Z2.6.C.05	Didsbury	136,786	34,013	128	21,864	8,741	56
Z3.1.B.02	Drayton Valley	119,351	17,860	100	5,769	2,197	64
Z4.2.D.04	Edmonton - Abbottsfield	139,761	24,478	131	17,150	5,141	70
Z4.3.A.01	Edmonton - Bonnie Doon	831,024	128,458	495	2,854,565	288,066	1,026
Z4.2.A.01	Edmonton - Castle Downs	359,204	61,340	246	100,055	37,793	172
Z4.4.A.01	Edmonton - Duggan	341,554	69,617	252	203,042	65,834	221
Z4.2.C.03	Edmonton - Eastwood	715,334	108,260	577	3,105,304	411,755	950
Z4.1.C.03	Edmonton - Jasper Place	741,607	107,810	413	1,473,893	208,553	555
Z4.3.C.03	Edmonton - Mill Woods South & East	177,709	43,249	198	3,859	1,796	111
Z4.3.B.02	Edmonton - Mill Woods West	767,794	131,102	395	1,544,767	167,183	532
Z4.2.E.05	Edmonton - NE	304,595	69,971	307	414,006	47,709	292
Z4.2.B.02	Edmonton - Northgate	467,923	88,310	315	363,808	89,065	337
Z4.4.C.03	Edmonton - Rutherford	590,225	130,181	329	732,751	123,766	398
Z4.4.B.02	Edmonton - Twin Brooks	378,805	74,965	350	34,368	6,568	139
Z4.1.D.04	Edmonton - West Jasper Place	252,149	49,849	287	21,166	8,557	148
Z4.1.A.01	Edmonton - Woodcroft East	794,993	120,258	397	1,168,669	147,254	522
Z4.1.B.02	Edmonton - Woodcroft West	191,424	36,082	218	130,802	27,712	156
Z5.1.A.03	Edson	78,085	13,436	57	1,550	629	37
Z5.4.D.10	Fairview	30,583	4,895	43	74	41	23
Z5.4.D.08	Falher	18,835	3,305	50	999	372	23
Z3.5.B.04	Flagstaff County	63,324	10,759	57	339	166	31
Z1.1.A.03	Fort Macleod	19,845	5,042	59	202	88	23
Z5.6.A.01	Fort McMurray	498,633	60,099	177	210,803	26,343	178
Z4.5.B.03	Fort Saskatchewan	255,646	36,614	165	109,539	32,872	249
Z5.3.A.02	Fox Creek	11,145	2,095	12	54	29	18
Z5.2.A.01	Frog Lake	24,815	4,765	58	85	44	16
Z5.3.A.01	Grande Cache	17,005	3,072	29	42	12	11

Continued...

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

TABLE 3.3
DISTRIBUTION OF SERVICES, DISCRETE PATIENTS, AND PHYSICIANS
BY LOCAL GEOGRAPHIC AREA (LGA)
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

LGA Code	LGA Name	General/Family Physicians			Specialists		
		Number of Services	Number of Discrete Patients	Number of Discrete Physicians	Number of Services	Number of Discrete Patients	Number of Discrete Physicians
Z5.3.B.04	Grande Prairie County excluding the City of Grande Prairie	15,170	3,885	62	116	65	30
Z5.4.B.04	High Level	109,459	17,255	65	5,511	2,716	113
Z5.4.A.07	High Prairie	58,514	9,001	48	1,286	924	54
Z2.5.B.03	High River	147,630	27,948	171	34,942	7,198	100
Z5.1.A.02	Hinton	73,832	11,108	64	11,637	3,996	74
Z3.2.B.03	Innisfail	69,985	13,695	114	11,301	2,393	73
Z5.1.A.01	Jasper	23,584	5,160	15	414	205	26
Z5.2.C.08	Lac La Biche	57,900	9,720	51	436	139	37
Z3.4.B.04	Lacombe	108,354	22,743	115	6,069	1,124	55
Z3.6.A.01	Lamont County	44,300	6,403	75	4,617	2,004	39
Z4.7.A.02	Leduc & Devon	327,015	60,504	215	161,359	33,554	219
Z1.5.B.02	Lethbridge - North	16,667	3,108	106	1,141	231	44
Z1.5.C.03	Lethbridge - South	642,235	90,510	265	949,162	85,015	193
Z1.5.A.01	Lethbridge - West	101,771	22,535	136	101,584	28,502	74
Z3.5.C.05	MD of Provost	23,828	4,065	21	39	19	17
Z3.5.C.06	MD of Wainwright	63,578	9,639	55	5,580	2,689	103
Z5.4.B.05	Manning	15,672	2,546	28	21	18	14
Z5.1.B.05	Mayerthorpe	38,280	7,610	99	1,857	380	57
Z1.4.A.01	Medicine Hat	597,260	74,434	232	685,646	57,777	156
Z1.3.A.01	Newell	154,643	21,454	88	19,914	4,865	75
Z2.5.A.01	Okotoks-Priddis	272,411	48,877	210	83,079	23,480	107
Z3.2.A.02	Olds	124,256	17,295	105	14,389	2,245	59
Z1.3.B.02	Oyen	18,143	2,559	36	81	22	12
Z5.4.C.06	Peace River	109,167	16,015	99	6,847	3,352	63
Z1.1.A.02	Pincher Creek	59,332	9,465	69	3,600	1,815	37
Z3.3.A.04	Planning & Special Area 2	21,628	3,550	35	91	59	22
Z3.4.B.02	Ponoka	324,801	20,441	108	124,684	4,713	65
Z3.7.C.03	Red Deer - East	183,827	41,445	157	99,532	20,400	102
Z3.7.A.01	Red Deer - North	169,086	44,324	141	773	359	77
Z3.7.B.02	Red Deer - SW	413,569	83,080	223	1,182,411	121,954	345
Z3.2.C.04	Red Deer County excluding the City of Red Deer	18,504	6,987	128	21,136	3,665	61
Z3.4.B.03	Rimbey	44,570	7,357	68	771	179	40
Z3.1.A.01	Rocky Mountain House	80,112	14,849	118	6,600	1,952	59
Z4.6.A.01	Sherwood Park	570,710	107,230	326	364,893	78,753	358

Continued...

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

TABLE 3.3
DISTRIBUTION OF SERVICES, DISCRETE PATIENTS, AND PHYSICIANS
BY LOCAL GEOGRAPHIC AREA (LGA)
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

LGA Code	LGA Name	General/Family Physicians			Specialists		
		Number of Services	Number of Discrete Patients	Number of Discrete Physicians	Number of Services	Number of Discrete Patients	Number of Discrete Physicians
Z5.4.A.02	Slave Lake	59,938	10,460	43	4,960	1,694	48
Z5.2.A.05	Smoky Lake	27,711	4,171	32	121	60	17
Z5.4.D.09	Spirit River	18,270	4,260	43	68	43	29
Z4.9.A.01	St. Albert	820,458	120,084	361	550,137	88,301	363
Z5.2.A.04	St. Paul	78,286	12,616	111	42,362	3,221	54
Z3.3.A.02	Starland County/Drumheller	109,115	11,809	81	16,208	3,208	74
Z3.3.B.03	Stettler & County	96,159	13,189	70	8,850	3,519	75
Z4.8.A.01	Stony Plain & Spruce Grove	442,607	75,998	255	179,581	41,579	200
Z4.6.B.02	Strathcona County excluding Sherwood Park	2,653	229	92	345	127	42
Z2.6.C.03	Strathmore	134,762	22,648	126	14,044	3,645	96
Z4.5.B.02	Sturgeon County East	18,957	4,245	53	374	297	24
Z4.5.A.01	Sturgeon County West	48,345	9,444	136	4,134	2,019	94
Z3.2.A.01	Sundre	56,034	9,094	93	370	71	34
Z5.4.A.01	Swan Hills				9	8	7
Z3.2.C.05	Sylvan Lake	95,470	24,278	93	13,745	6,900	74
Z1.2.B.02	Taber MD	48,246	9,846	72	6,110	2,814	51
Z4.7.A.03	Thorsby	13,335	3,109	43	194	69	31
Z3.3.A.01	Three Hills/Highway 21	47,796	6,645	93	931	301	48
Z3.5.B.02	Tofield	32,835	5,526	57	202	69	36
Z3.6.A.02	Two Hills County	19,296	3,655	36	44	28	22
Z5.3.A.03	Valleyview	29,232	5,727	31	84	45	30
Z3.6.A.03	Vegreville/Minburn County	48,118	7,504	68	4,390	804	46
Z3.6.B.04	Vermilion River County	139,968	21,389	94	94,812	18,643	147
Z3.5.B.03	Viking	29,685	4,417	33	841	202	13
Z2.5.C.05	Vulcan	28,761	5,362	48	1,111	89	26
Z5.4.A.03	Wabasca	20,368	6,337	47	151	74	33
Z5.1.C.07	Westlock	158,283	21,628	120	9,191	3,643	77
Z4.8.B.02	Westview excluding Stony Plain and Spruce Grove	7,524	1,137	139	728	261	77
Z3.4.A.01	Wetaskiwin County	220,099	25,607	154	51,665	9,790	116
Z5.1.B.04	Whitecourt	82,199	14,058	61	2,556	1,083	30
Z5.5.A.01	Wood Buffalo excluding Fort McMurray	1,820	382	18	107	36	14
Unknown		587,822	130,416	1,520	299,109	104,993	887
Total		28,882,364	3,449,692	5,425	32,679,800	2,343,460	4,344

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

TABLE 3.4 A

**DISTRIBUTION OF PAYMENTS⁽¹⁾ BY PRACTITIONER TYPE AND
ALBERTA HEALTH SERVICES GEOGRAPHIC ZONE SERVICE LOCATION AND RECIPIENT LOCATION
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022**

Zone Service Location	Zone Recipient Location						
	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
ALL PHYSICIANS							
South Zone	\$251,346,446	\$236,242,534	\$9,819,277	\$2,061,167	\$1,729,199	\$1,297,369	\$196,899
Calgary Zone	1,638,821,207	39,011,160	1,534,199,150	36,954,415	16,883,632	10,636,968	1,135,883
Central Zone	317,887,054	2,355,827	12,182,089	281,351,323	14,854,546	6,727,633	415,637
Edmonton Zone	1,546,654,985	4,927,154	17,680,984	81,668,165	1,321,423,320	119,239,699	1,715,664
North Zone	237,947,205	795,714	2,882,184	3,169,932	10,053,267	220,694,232	351,875
Unknown	42,351,415	1,933,977	15,413,243	12,438,481	8,518,469	3,770,052	277,194
Total	\$4,035,008,312	\$285,266,366	\$1,592,176,927	\$417,643,482	\$1,373,462,433	\$362,365,953	\$4,093,152
GENERAL/FAMILY PHYSICIANS							
South Zone	\$117,085,715	\$109,600,258	\$4,772,227	\$980,467	\$920,884	\$717,384	\$94,495
Calgary Zone	614,657,034	6,389,655	587,763,345	7,702,358	7,613,139	4,783,042	405,497
Central Zone	170,554,151	1,526,883	7,003,410	148,596,868	9,459,571	3,745,451	221,968
Edmonton Zone	538,487,961	1,737,059	6,072,871	14,036,701	495,533,696	20,444,014	663,620
North Zone	163,491,945	542,827	2,156,034	2,296,678	7,624,629	150,673,127	198,649
Unknown	25,221,610	1,369,601	9,854,409	7,736,059	4,217,212	1,809,982	234,347
Total	\$1,629,498,416	\$121,166,283	\$617,622,297	\$181,349,131	\$525,369,130	\$182,173,000	\$1,818,576
SPECIALISTS (includes Pathology)							
South Zone	\$134,260,731	\$126,642,276	\$5,047,050	\$1,080,700	\$808,316	\$579,985	\$102,404
Calgary Zone	1,024,164,172	32,621,505	946,435,805	29,252,057	9,270,493	5,853,925	730,387
Central Zone	147,332,903	828,944	5,178,679	132,754,454	5,394,975	2,982,182	193,669
Edmonton Zone	1,008,167,023	3,190,095	11,608,113	67,631,464	825,889,624	98,795,685	1,052,043
North Zone	74,455,260	252,887	726,149	873,254	2,428,638	70,021,105	153,226
Unknown	17,129,805	564,375	5,558,833	4,702,422	4,301,258	1,960,070	42,847
Total	\$2,405,509,895	\$164,100,083	\$974,554,630	\$236,294,351	\$848,093,303	\$180,192,953	\$2,274,576

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

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

TABLE 3.4 B
NUMBER OF SERVICES BY PRACTITIONER TYPE AND
ALBERTA HEALTH SERVICES GEOGRAPHIC ZONE SERVICE LOCATION AND RECIPIENT LOCATION
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Zone Service Location	Zone Recipient Location						Unknown
	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	
ALL PHYSICIANS							
South Zone	3,767,468	3,541,754	146,769	29,916	26,154	19,927	2,948
Calgary Zone	25,501,957	556,254	23,954,337	542,026	268,576	163,498	17,266
Central Zone	4,769,850	38,632	189,168	4,191,789	237,954	105,738	6,569
Edmonton Zone	23,197,501	69,480	264,581	1,112,347	20,120,205	1,602,449	28,439
North Zone	3,437,695	10,389	37,224	43,904	134,972	3,205,975	5,231
Unknown	887,693	56,001	357,828	196,603	199,553	73,039	4,669
Total	61,562,164	4,272,510	24,949,907	6,116,585	20,987,414	5,170,626	65,122
GENERAL/FAMILY PHYSICIANS							
South Zone	1,988,153	1,863,396	79,988	15,879	14,671	12,689	1,530
Calgary Zone	11,065,879	111,393	10,596,102	135,549	134,581	80,481	7,773
Central Zone	3,010,746	28,280	121,595	2,613,271	175,524	68,024	4,052
Edmonton Zone	9,657,466	31,977	110,184	241,350	8,909,871	351,351	12,733
North Zone	2,571,536	7,549	28,814	34,195	109,690	2,387,963	3,325
Unknown	588,584	44,867	231,554	150,670	113,765	43,669	4,059
Total	28,882,364	2,087,462	11,168,237	3,190,914	9,458,102	2,944,177	33,472
SPECIALISTS (includes Pathology)							
South Zone	1,779,315	1,678,358	66,781	14,037	11,483	7,238	1,418
Calgary Zone	14,436,078	444,861	13,358,235	406,477	133,995	83,017	9,493
Central Zone	1,759,104	10,352	67,573	1,578,518	62,430	37,714	2,517
Edmonton Zone	13,540,035	37,503	154,397	870,997	11,210,334	1,251,098	15,706
North Zone	866,159	2,840	8,410	9,709	25,282	818,012	1,906
Unknown	299,109	11,134	126,274	45,933	85,788	29,370	610
Total	32,679,800	2,185,048	13,781,670	2,925,671	11,529,312	2,226,449	31,650

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

TABLE 3.4 C
NUMBER OF DISCRETE PATIENTS BY PRACTITIONER TYPE AND
ALBERTA HEALTH SERVICES GEOGRAPHIC ZONE SERVICE LOCATION AND RECIPIENT LOCATION
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Zone Service Location	Zone Recipient Location						Unknown
	All Zones ⁽¹⁾	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	
ALL PHYSICIANS							
South Zone	271,145	240,451	21,974	3,929	3,953	2,481	308
Calgary Zone	1,548,121	47,968	1,410,513	45,014	34,083	15,976	1,774
Central Zone	404,405	3,993	21,978	344,701	24,314	12,421	704
Edmonton Zone	1,428,199	5,400	31,849	97,066	1,172,001	129,145	2,171
North Zone	365,073	1,792	9,620	8,058	25,424	322,025	637
Unknown	220,278	17,528	102,723	33,710	44,594	21,920	452
Total⁽²⁾	3,641,730	254,784	1,445,579	390,053	1,201,339	369,900	5,311
GENERAL/FAMILY PHYSICIANS							
South Zone	254,387	229,286	17,545	3,260	3,353	2,307	271
Calgary Zone	1,419,122	17,315	1,342,604	22,537	27,927	13,069	1,430
Central Zone	383,872	3,700	18,906	332,364	21,922	9,570	632
Edmonton Zone	1,186,051	4,053	23,105	37,400	1,074,169	52,243	1,748
North Zone	353,335	1,726	9,335	7,475	23,368	313,094	587
Unknown	130,830	13,240	54,652	25,726	24,099	13,255	346
Total⁽²⁾	3,449,692	242,846	1,382,736	377,179	1,108,950	354,813	4,615
SPECIALISTS (includes Pathology)							
South Zone	153,156	141,319	8,397	1,721	1,435	870	139
Calgary Zone	1,007,087	39,194	912,732	32,974	15,115	9,124	931
Central Zone	185,512	1,299	8,086	163,700	7,841	5,342	297
Edmonton Zone	1,028,265	3,190	16,363	82,429	820,046	109,808	1,359
North Zone	119,941	368	1,329	1,763	5,384	111,283	232
Unknown	104,993	5,214	53,672	12,753	22,943	10,419	137
Total⁽²⁾	2,343,460	158,005	935,378	227,063	835,177	195,956	2,834

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

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

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

FIGURE 3.1

FEE-FOR-SERVICES PHYSICIAN PAYMENTS, SERVICES, AND DISCRETE PATIENTS
 BY ALBERTA HEALTH SERVICES GEOGRAPHIC ZONE
 FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

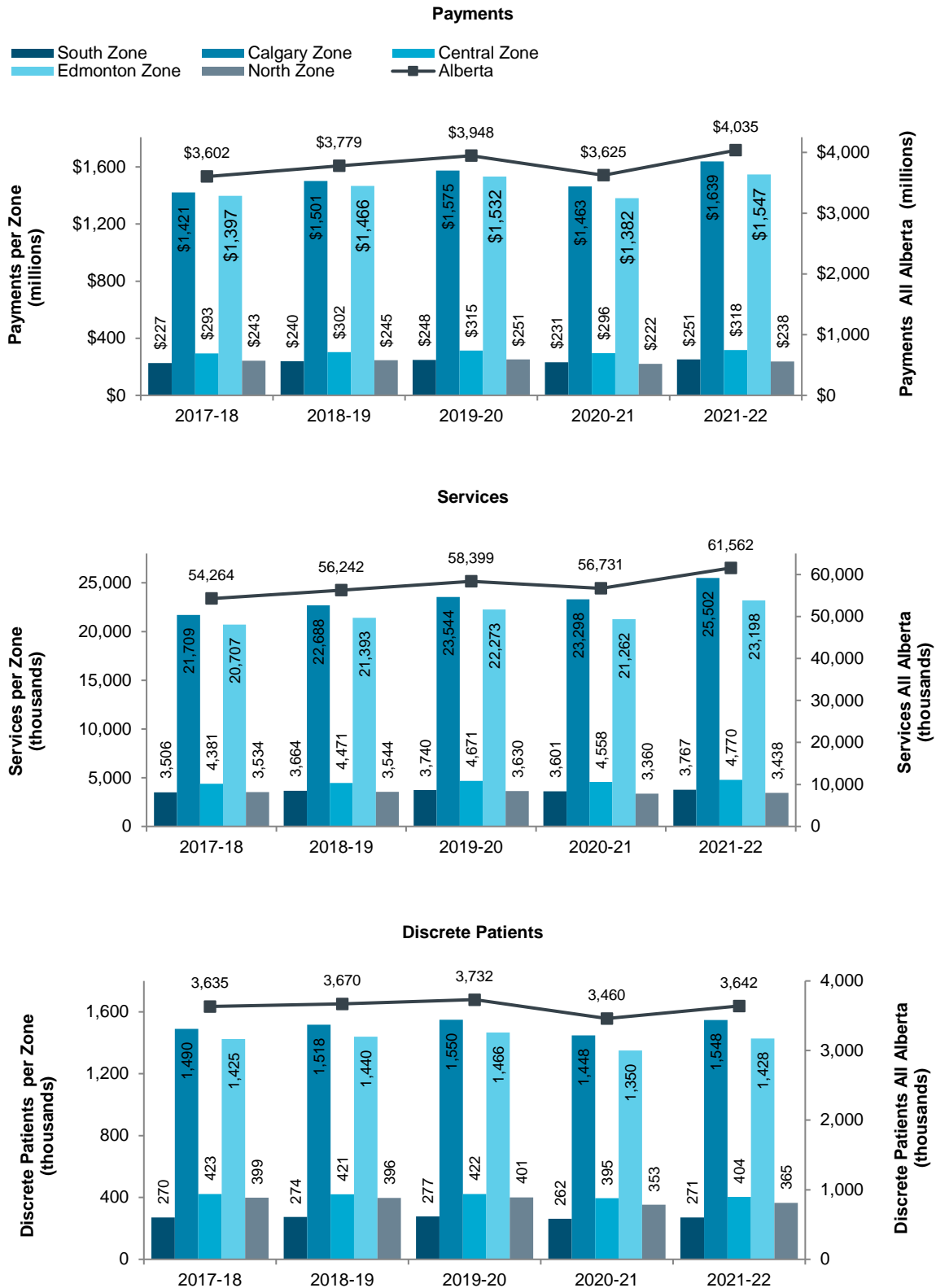


TABLE 3.5
DISTRIBUTION OF PAYMENTS⁽¹⁾ BY DIAGNOSTIC CHAPTER (ICD9) AND
ALBERTA HEALTH SERVICES GEOGRAPHIC ZONE SERVICE LOCATION
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022

Diagnostic Chapter (ICD9)	Zone Service Location						
	All Zones	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
Infectious and Parasitic Diseases	\$100,809,358	\$6,290,767	\$42,426,204	\$8,162,034	\$34,376,199	\$7,116,231	\$2,437,922
Neoplasms	167,026,032	8,567,834	75,939,357	9,965,345	65,988,111	5,682,838	882,547
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	125,803,136	8,182,735	50,938,487	9,983,991	46,396,873	9,213,706	1,087,343
Diseases of Blood and Blood Forming Organs	18,168,414	1,568,589	6,447,876	1,692,466	6,775,570	1,380,726	303,186
Mental Disorders	520,350,584	26,627,549	203,308,730	44,978,229	202,436,347	25,380,960	17,618,768
Diseases of the Nervous System	284,577,995	19,823,720	136,579,379	15,844,507	102,044,538	9,552,313	733,538
Diseases of the Circulatory System	242,975,169	19,014,885	87,306,581	18,667,823	103,236,087	12,390,364	2,359,430
Diseases of the Respiratory System	144,190,097	10,435,212	51,901,157	14,200,354	54,601,781	11,744,074	1,307,519
Diseases of the Digestive System	131,749,382	9,335,834	45,063,252	14,582,546	48,845,957	12,306,192	1,615,601
Diseases of the Genitourinary System	150,328,651	11,284,877	59,152,438	15,664,919	52,920,043	10,207,378	1,098,996
Complications of Pregnancy, Childbirth and the Puerperium	85,585,757	4,284,563	37,649,568	6,241,475	29,347,982	7,272,976	789,193
Diseases of the Skin and Subcutaneous Tissue	97,314,768	5,888,934	40,762,100	8,069,890	35,325,231	6,495,110	773,504
Diseases of the Musculoskeletal System and Connective Tissue	255,980,910	18,638,589	108,948,839	20,183,497	89,601,621	16,423,250	2,185,114
Congenital Anomalies	12,079,998	402,697	5,598,689	387,475	5,278,005	360,316	52,817
Certain Conditions Originating in the Perinatal Period	13,229,730	2,061,206	3,844,590	2,327,526	3,190,008	1,582,591	223,808
Symptoms, Signs and Ill-Defined Conditions	444,897,563	28,638,413	162,197,108	37,462,549	181,108,705	31,090,055	4,400,732
Injury and Poisoning	207,638,252	14,578,068	76,302,886	19,559,510	78,109,450	17,531,254	1,557,084
Non-Standard Diagnostic Codes ⁽²⁾	349,654,183	19,915,293	145,715,452	24,363,767	128,771,533	28,250,835	2,637,303
Unknown Diagnostic Chapter ⁽³⁾	682,648,333	35,806,681	298,738,513	45,549,150	278,300,944	23,966,035	287,009
Total	\$4,035,008,312	\$251,346,446	\$1,638,821,207	\$317,887,054	\$1,546,654,985	\$237,947,205	\$42,351,415

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

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

TABLE 3.6

**DISTRIBUTION OF PHYSICIANS WITH TOTAL PAYMENTS OF \$10,000 AND OVER, AND AVERAGE PAYMENTS
BY ALBERTA HEALTH SERVICES GEOGRAPHIC ZONE
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022⁽¹⁾**

Zone Service Location	Total ⁽²⁾			General/Family Physicians			Specialists ⁽²⁾		
	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments
South Zone	607	\$223,439,070	\$368,104	387	\$116,688,136	\$301,520	220	\$106,750,935	\$485,232
Calgary Zone	3,968	1,405,300,381	354,158	2,268	613,774,351	270,624	1,700	791,526,029	465,604
Central Zone	981	283,070,798	288,553	650	169,884,041	261,360	331	113,186,757	341,954
Edmonton Zone	3,275	1,326,918,795	405,166	1,704	537,750,990	315,582	1,571	789,167,805	502,335
North Zone	740	217,150,360	293,446	562	163,062,495	290,147	178	54,087,865	303,864
Unknown	550	38,920,653	70,765	306	23,261,191	76,017	244	15,659,462	64,178
Total⁽³⁾⁽⁴⁾	8,936	\$3,501,671,360	\$391,861	5,225	\$1,628,725,922	\$311,718	3,711	\$1,872,945,438	\$504,701

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

(1) This report reflects discrete physician counts of physicians within each zone that were paid \$10,000 or more for services provided in the respective zone.

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

(3) The number of physicians in the Alberta total is the actual number of physicians in the province who were paid \$10,000 or more for services provided in Alberta. Physicians included in multiple zones are only counted once in the Alberta totals.

(4) The total amount paid may not match the sum of amounts paid for each zone since physicians may make less than \$10,000 within a zone but more than \$10,000 in Alberta. Therefore, the payments would not be included in the zone payments but they would be included in the Alberta payments.

TABLE 3.7 A
NUMBER OF GENERAL/FAMILY PHYSICIANS BY PAYMENT RANGE AND
ALBERTA HEALTH SERVICES GEOGRAPHIC ZONE SERVICE LOCATION
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022⁽¹⁾⁽³⁾

Payment Range	Zone Service Location						
	All Zones ⁽²⁾	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
Less than \$10,000	200	239	433	378	460	309	1,215
10,000 - 19,999	126	14	96	41	49	37	99
20,000 - 39,999	181	24	122	43	47	41	57
40,000 - 59,999	181	16	98	34	72	31	38
60,000 - 79,999	160	13	83	32	54	16	14
80,000 - 99,999	179	13	114	27	60	16	18
100,000 - 119,999	170	12	78	19	56	20	18
120,000 - 139,999	181	10	96	23	66	11	8
140,000 - 159,999	188	12	88	23	58	13	8
160,000 - 179,999	199	14	94	8	69	19	7
180,000 - 199,999	212	9	84	23	77	24	11
200,000 - 299,999	1,096	76	482	115	346	90	18
300,000 - 399,999	901	60	334	118	283	87	7
400,000 - 499,999	596	52	234	69	158	65	1
500,000 - 599,999	343	29	96	43	119	41	1
600,000 - 699,999	222	13	80	16	73	22	1
700,000 - 799,999	111	9	37	9	45	14	
800,000 - 899,999	72	4	24	3	25	7	
900,000 - 999,999	52	6	16	2	19	3	
1,000,000 & over	55	1	12	2	28	5	
Total	5,425	626	2,701	1,028	2,164	871	1,521

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

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

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

(3) A blank cell represents a zero value.

TABLE 3.7 B
NUMBER OF SPECIALISTS BY PAYMENT RANGE AND
ALBERTA HEALTH SERVICES GEOGRAPHIC ZONE SERVICE LOCATION
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022⁽¹⁾⁽³⁾

Payment Range	Zone Service Location						
	All Zones ⁽²⁾	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Unknown
Less than \$10,000	203	153	247	291	227	310	642
10,000 - 19,999	79	11	45	47	46	30	95
20,000 - 39,999	114	13	75	54	56	35	57
40,000 - 59,999	97	10	57	33	45	23	31
60,000 - 79,999	76	4	43	19	37	18	14
80,000 - 99,999	71	3	33	17	23	18	5
100,000 - 119,999	70	5	37	8	36	11	9
120,000 - 139,999	75	3	51	9	31	11	4
140,000 - 159,999	80	5	42	14	28	4	3
160,000 - 179,999	73	1	39	9	33	2	1
180,000 - 199,999	87	4	49	12	35	5	2
200,000 - 299,999	529	29	259	35	218	14	16
300,000 - 399,999	521	22	273	24	185	16	4
400,000 - 499,999	550	30	246	25	243	15	1
500,000 - 599,999	432	30	160	31	202	14	1
600,000 - 699,999	281	18	91	19	137	15	1
700,000 - 799,999	225	18	90	18	83	9	1
800,000 - 899,999	138	8	56	14	51	4	
900,000 - 999,999	98	9	34	5	46	2	
1,000,000 & over		27	235	29	220		
Total	4,344	403	2,162	713	1,982	568	887

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

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

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

(3) A blank cell represents a zero value.

TABLE 3.8
NUMBER OF PHYSICIANS BY SPECIALTY
WITHIN ALBERTA HEALTH SERVICES GEOGRAPHIC ZONES
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022⁽¹⁾⁽⁴⁾

Physicians by Specialty	Number of Physicians			
	All Zones ⁽²⁾	Calgary Zone	Edmonton Zone	All Other Zones
Anaesthesiology	462	216	199	86
Cardiovascular and Thoracic Surgery	27	7	20	
Dermatology	67	40	30	8
Emergency Medicine	206	121	87	25
General/Family Physicians (GP/FPs)	5,425	2,701	2,164	1,907
General Surgery	217	85	97	93
Internal Medicine	943	465	485	331
Neurology	97	48	47	30
Neurosurgery	5	2	3	
Obstetrics-Gynaecology	253	121	104	72
Ophthalmology	142	70	59	34
Orthopaedic Surgery	188	101	72	68
Otolaryngology	76	31	35	18
Paediatrics	396	243	126	82
Physical Medicine and Rehabilitation	72	31	42	7
Plastic Surgery	74	39	27	13
Psychiatry	586	286	296	153
Urology	63	24	27	38
All Specialists (except GP/FPs, Pathologists and Radiologists) ⁽³⁾	3,880	1,930	1,761	1,062
Total: All Physicians (except Pathologists and Radiologists)⁽³⁾	9,305	4,631	3,925	2,969

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

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

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

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

(4) A blank cell represents a zero value.

TABLE 3.9
DISTRIBUTION OF ALTERNATIVE RELATIONSHIP PLAN (ARP) SERVICE EVENTS⁽¹⁾
AND DISCRETE PATIENTS BY ALBERTA HEALTH SERVICES GEOGRAPHIC ZONES
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

Zone Service Location	2017-18	2018-19	2019-20	2020-21	2021-22
Number of Service Events					
South Zone	62,511	61,222	62,668	52,889	57,471
Calgary Zone	1,410,776	1,486,422	1,532,297	1,394,330	1,550,805
Central Zone	47,985	69,057	72,485	65,482	75,880
Edmonton Zone	812,498	786,876	771,099	734,734	844,493
North Zone	19,924	16,873	16,084	17,134	16,532
Unknown	69,950	74,927	65,073	72,357	92,239
Number of Discrete Patients					
South Zone	13,681	13,755	14,172	12,277	12,845
Calgary Zone	209,531	213,284	216,589	193,192	207,643
Central Zone	5,029	5,590	6,583	5,600	5,901
Edmonton Zone	150,962	152,590	151,241	139,497	156,990
North Zone	5,668	5,107	4,718	3,713	3,717
Unknown	16,522	20,419	20,821	31,703	44,891

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

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

TABLE 3.10
DISTRIBUTION OF ALLIED PRACTITIONER SERVICES AND PAYMENTS
BY ALBERTA HEALTH SERVICES GEOGRAPHIC ZONE
FOR THE SERVICE YEAR APRIL 1, 2021 TO MARCH 31, 2022⁽¹⁾⁽²⁾

Zone Service Location	Total		Optometrists		Dentists/Dental Specialists/		Podiatrists	
	Services	Payments	Services	Payments	Services	Payments	Services	Payments
South Zone	193,259	\$8,890,084	162,784	\$7,163,000	1,634	\$330,454	28,841	\$1,396,630
Calgary Zone	1,042,354	50,601,884	863,632	36,551,039	24,321	7,281,689	154,401	6,769,155
Central Zone	281,824	12,759,559	262,384	11,063,245	3,473	959,958	15,967	736,356
Edmonton Zone	997,861	48,857,140	875,019	36,232,325	30,173	9,927,322	92,669	2,697,494
North Zone	208,140	8,805,658	198,529	8,099,311	967	452,944	8,644	253,403
Unknown	19,158	746,869	18,707	8,989			451	8,989
Total	2,742,596	\$130,661,194	2,381,055	\$99,846,800	60,568	\$18,952,367	300,973	\$11,862,027

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

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

(2) A blank cell represents a zero value.

FIGURE 3.2

DENTISTS/DENTAL SPECIALISTS/ORAL SURGEONS PAYMENTS, SERVICES, AND DISCRETE PATIENTS BY ALBERTA HEALTH SERVICES GEOGRAPHIC ZONE FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

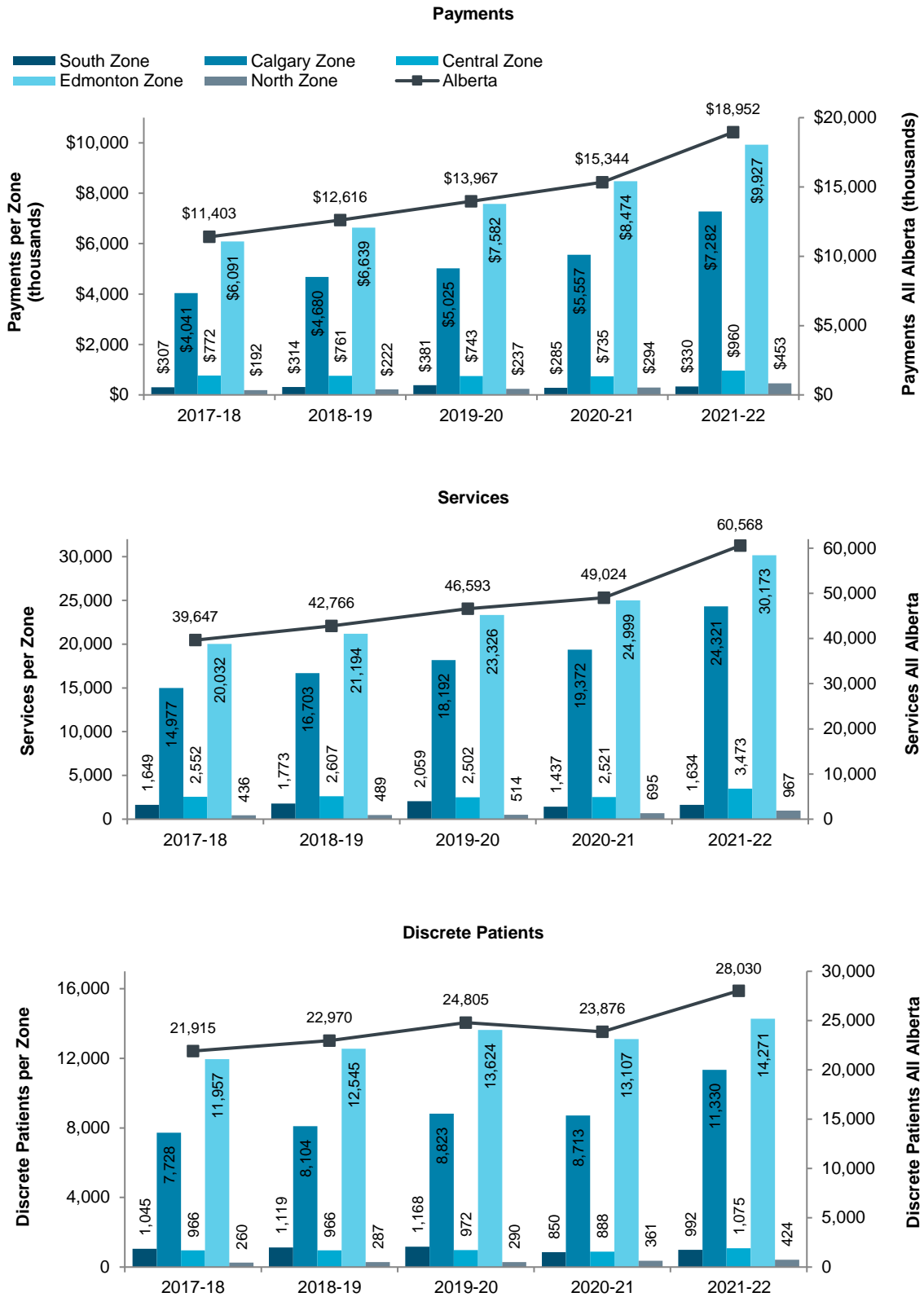


FIGURE 3.3
OPTOMETRISTS PAYMENTS, SERVICES, AND DISCRETE PATIENTS
BY ALBERTA HEALTH SERVICES GEOGRAPHIC ZONE
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022

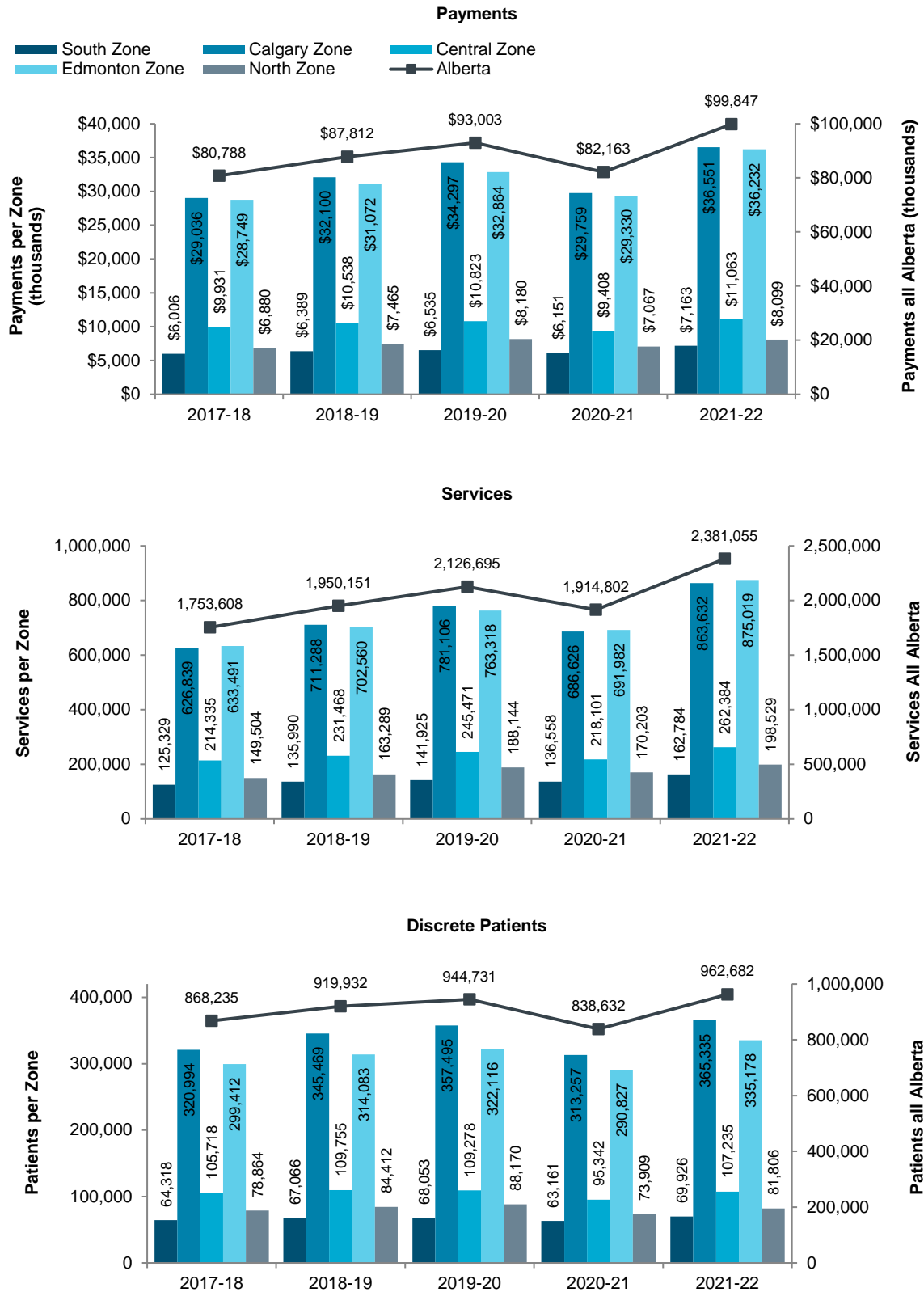
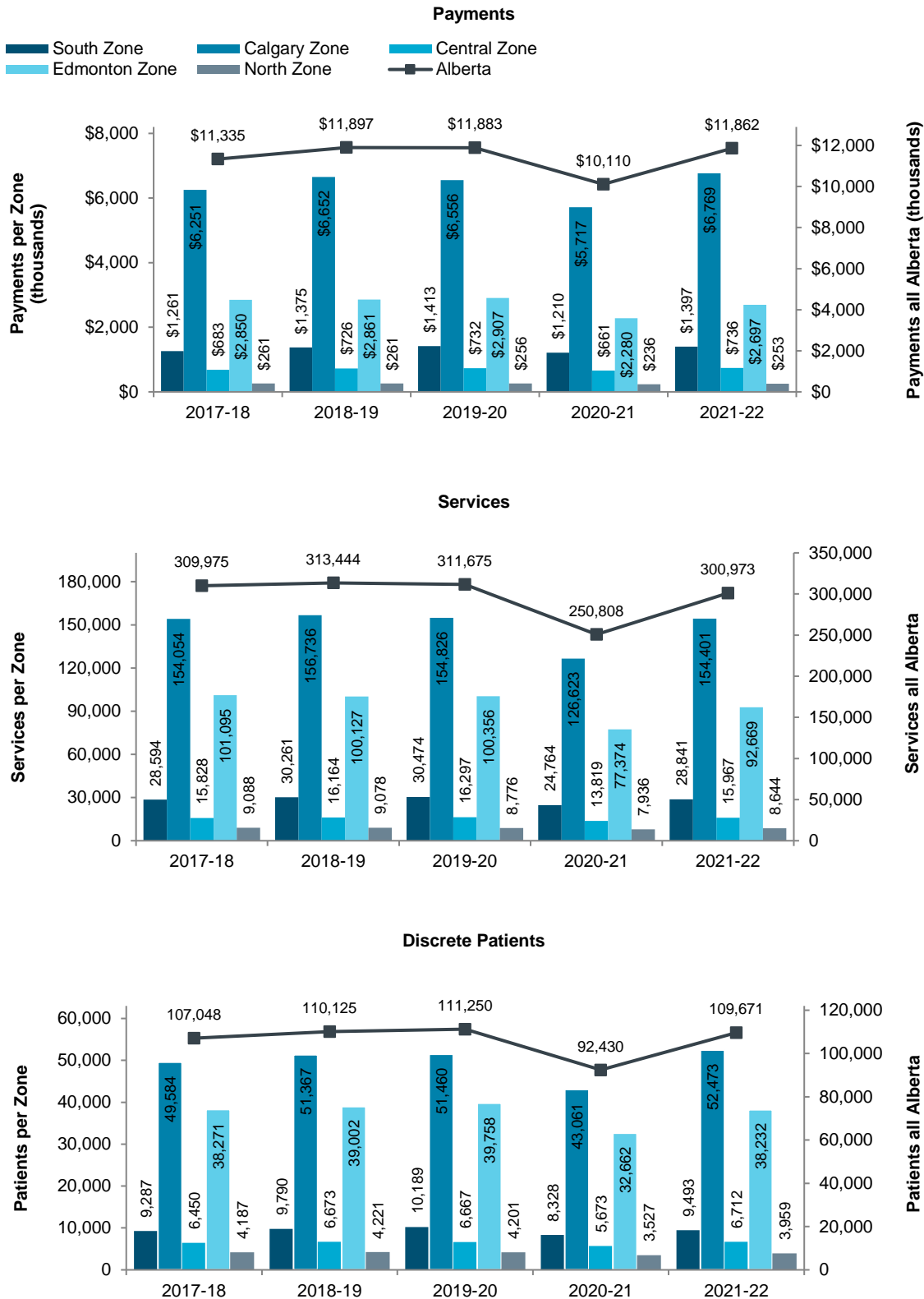


FIGURE 3.4
PODIATRISTS PAYMENTS, SERVICES, AND DISCRETE PATIENTS
BY ALBERTA HEALTH SERVICES GEOGRAPHIC ZONE
FOR THE SERVICE YEARS ENDED MARCH 31, 2018 TO MARCH 31, 2022



Section 4 Non-Group Supplementary Plans

Summary

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

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

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

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

Highlights

- In 2021-22, the number of Albertans who were covered under Non-Group supplementary plans increased to 757,137, an increase of 4.09% compared to 2020-21.
- The number of persons covered through full premium rates was 72,638 (9.59% of the total Non-Group membership).
- A total of 2,979 people (0.39% of the total Non-Group membership) received non-group coverage at reduced premium rates.
- A total of 681,520 people (90.01% of total Non-Group membership) received their coverage premium-free.
- More than \$1 billion was paid for benefits under the Non-Group supplementary plans in 2021-22, an increase of 4.02% compared to 2020-21.
- More than \$766 million was paid for benefits for seniors in 2021-22. These payments accounted for 71.38% of the total amount spent on the Non-Group supplementary plans.
- Drugs accounted for more than \$1 billion or 95.98% of total Non-Group benefit expenditures. Ambulance services accounted for over \$33 million or 3.14% of the total.
- Over the past five years significant savings have been realized through generic price reductions. The savings resulted from a lowering of the price threshold for listing and patent expiry for key molecules. These generic savings have slowed the growth in total program expenditures.

In 2021-22, the 10 highest expenditure drugs were used to treat common chronic conditions including:

- Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis;
- Ulcerative Colitis / Crohn's Disease;
- Cystic Fibrosis;
- Spinal Muscular Atrophy;
- Multiple Sclerosis.

Premium Subsidy Program

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

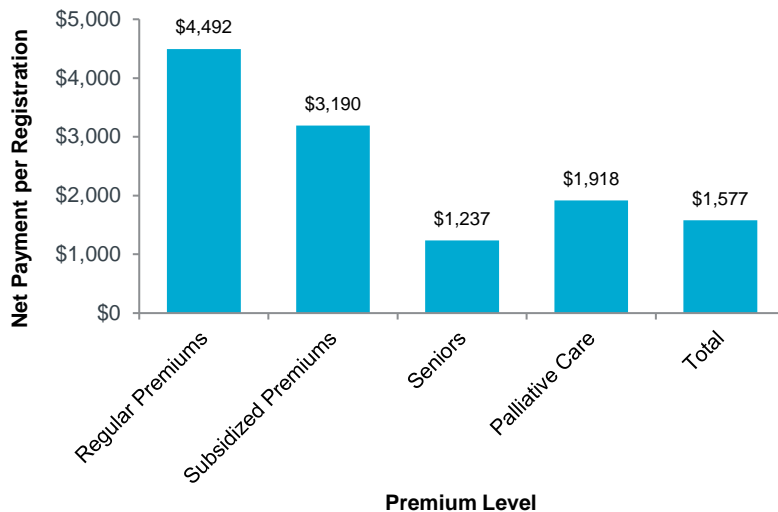
Eligibility for this program is based on taxable income of the registrant and their spouse/partner (if applicable).

TAX INCOME LEVELS FOR NON-GROUP PREMIUM SUBSIDIES FOR SINGLES AND FAMILIES

Category	Income
Single	less than \$20,970
Family – no children	less than \$33,240
Family - with children	less than \$39,250

FIGURE 4.1

NON-GROUP SUPPLEMENTARY COVERAGE: AVERAGE NET PAYMENT FOR DRUGS PER RECIPIENT BY COVERAGE CATEGORY FOR THE YEAR APRIL 1, 2021 TO MARCH 31, 2022



Explanatory Notes

Data

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

Non-Group Supplementary Coverage Parameters

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

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

TABLE 4.1

NON-GROUP SUPPLEMENTARY COVERAGE:

NUMBER OF REGISTRATIONS AND PERSONS COVERED BY LEVEL OF PREMIUM PAYMENT

AS AT MARCH 31, 2018 TO MARCH 31, 2022

Registration Status		Number of Registrations & Persons Covered					Percentage Change			
		2017-18	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Regular Premiums	Registrations	37,370	36,088	44,098	42,435	41,062	(3.43)	22.20	(3.77)	(3.24)
	Persons	71,425	68,964	76,660	74,887	72,638	(3.45)	11.16	(2.31)	(3.00)
Reduced Premiums	Registrations	2,863	2,574	2,617	2,644	2,097	(10.09)	1.67	1.03	(20.69)
	Persons	4,381	3,898	3,778	3,775	2,979	(11.02)	(3.08)	(0.08)	(21.09)
No Premiums ⁽¹⁾	Registrations	417,970	440,556	462,466	484,411	509,291	5.40	4.97	4.75	5.14
	Persons	624,735	658,431	618,305	648,721	681,520	5.39	(6.09)	4.92	5.06
Total	Registrations	458,203	479,218	509,181	529,490	552,450	4.59%	6.25%	3.99%	4.34%
	Persons	700,541	731,293	698,743	727,383	757,137	4.39%	(4.45%)	4.10%	4.09%

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

TABLE 4.2

NON-GROUP SUPPLEMENTARY COVERAGE:

NUMBER OF REGISTRATIONS AND PERSONS COVERED BY COVERAGE CATEGORY AND LEVEL OF PREMIUM PAYMENT AS AT MARCH 31, 2018 TO MARCH 31, 2022⁽¹⁾

Registration Status		Total					Regular Premium				
		2017-18	2018-19	2019-20	2020-21	2021-22	2017-18	2018-19	2019-20	2020-21	2021-22
One Person	Registrations	238,446	249,808	334,178	346,378	362,204	17,694	17,329	25,585	24,259	23,528
	Persons	238,446	249,808	334,178	346,378	362,204	17,694	17,329	25,585	24,259	23,528
Two Persons	Registrations	205,924	215,416	167,135	175,086	182,450	11,976	11,180	10,912	10,411	9,947
	Persons	411,848	430,832	334,270	350,172	364,900	23,952	22,360	21,824	20,822	19,894
Three or More Persons	Registrations	13,833	13,994	7,868	8,026	7,796	7,700	7,579	7,601	7,765	7,587
	Persons	50,247	50,653	30,295	30,833	30,033	29,779	29,275	29,251	29,806	29,216
Total	Registrations	458,203	479,218	509,181	529,490	552,450	37,370	36,088	44,098	42,435	41,062
	Persons	700,541	731,293	698,743	727,383	757,137	71,425	68,964	76,660	74,887	72,638

Registration Status		Subsidized Premium					Seniors ⁽²⁾				
		2017-18	2018-19	2019-20	2020-21	2021-22	2017-18	2018-19	2019-20	2020-21	2021-22
One Person	Registrations	2,030	1,831	1,962	2,014	1,607	218,722	230,648	306,631	320,105	337,069
	Persons	2,030	1,831	1,962	2,014	1,607	218,722	230,648	306,631	320,105	337,069
Two Persons	Registrations	486	440	392	373	288	193,462	203,796	155,831	164,302	172,215
	Persons	972	880	784	746	576	386,924	407,592	311,662	328,604	344,430
Three or More Persons	Registrations	347	303	263	257	202	5,786	6,112	4	4	7
	Persons	1,379	1,187	1,032	1,015	796	19,089	20,191	12	12	21
Total	Registrations	2,863	2,574	2,617	2,644	2,097	417,970	440,556	462,466	484,411	509,291
	Persons	4,381	3,898	3,778	3,775	2,979	624,735	658,431	618,305	648,721	681,520

Note: As at March 31, 2022, 3,102 people were covered by the Palliative Care Drug Program. Of these, 1,000 are not included in this table as they were covered only under the Palliative Care Drug Program and had no other Non-Group supplementary coverage.

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

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

TABLE 4.3

NON-GROUP SUPPLEMENTARY COVERAGE:

PERSONS COVERED BY AGE AND SEX AS AT MARCH 31, 2018 TO MARCH 31, 2022

Age Group	Total					Percentage Change Total			
	2017-18	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Under 1	380	392	279	304	331	3.16	(28.83)	8.96	8.88
1 - 4	1,942	1,938	1,744	1,660	1,581	(0.21)	(10.01)	(4.82)	(4.76)
5 - 14	8,893	8,890	7,074	7,315	7,285	(0.03)	(20.43)	3.41	(0.41)
15 - 24	13,488	13,547	8,256	8,212	8,014	0.44	(39.06)	(0.53)	(2.41)
25 - 44	15,183	15,370	13,763	14,275	14,226	1.23	(10.46)	3.72	(0.34)
45 - 64	99,774	99,177	48,023	45,391	42,600	(0.60)	(51.58)	(5.48)	(6.15)
65 - 74	323,889	343,870	360,771	381,683	398,423	6.17	4.91	5.80	4.39
75 & Older	236,992	248,109	258,833	268,543	284,677	4.69	4.32	3.75	6.01
Total	700,541	731,293	698,743	727,383	757,137	4.39%	(4.45%)	4.10%	4.09%

Age Group	Male					Percentage Change Male			
	2017-18	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Under 1	218	201	127	157	167	(7.80)	(36.82)	23.62	6.37
1 - 4	997	1,008	917	859	820	1.10	(9.03)	(6.32)	(4.54)
5 - 14	4,650	4,619	3,707	3,838	3,785	(0.67)	(19.74)	3.53	(1.38)
15 - 24	6,709	6,726	4,085	4,090	4,012	0.25	(39.27)	0.12	(1.91)
25 - 44	6,971	7,091	6,401	6,604	6,531	1.72	(9.73)	3.17	(1.11)
45 - 64	30,395	29,726	20,486	19,733	18,706	(2.20)	(31.08)	(3.68)	(5.20)
65 - 74	157,801	167,483	176,384	186,168	194,256	6.14	5.31	5.55	4.34
75 & Older	103,182	108,630	113,938	118,405	125,908	5.28	4.89	3.92	6.34
Total	310,923	325,484	326,045	339,854	354,185	4.68%	0.17%	4.24%	4.22%

Age Group	Female					Percentage Change Female			
	2017-18	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Under 1	162	191	152	147	164	17.90	(20.42)	(3.29)	11.56
1 - 4	945	930	827	801	761	(1.59)	(11.08)	(3.14)	(4.99)
5 - 14	4,243	4,271	3,367	3,477	3,500	0.66	(21.17)	3.27	0.66
15 - 24	6,779	6,821	4,171	4,122	4,002	0.62	(38.85)	(1.17)	(2.91)
25 - 44	8,212	8,279	7,361	7,670	7,695	0.82	(11.09)	4.20	0.33
45 - 64	69,379	69,451	27,537	25,658	23,894	0.10	(60.35)	(6.82)	(6.88)
65 - 74	166,088	176,387	184,387	195,515	204,167	6.20	4.54	6.04	4.43
75 & Older	133,810	139,479	144,895	150,138	158,769	4.24	3.88	3.62	5.75
Total	389,618	405,809	372,697	387,528	402,952	4.16%	(8.16%)	3.98%	3.98%

TABLE 4.4

**NON-GROUP SUPPLEMENTARY COVERAGE:
NUMBER OF DISCRETE RECIPIENTS AND NET PAYMENT BY
COVERAGE CATEGORY, LEVEL OF PREMIUM PAYMENT AND TYPE OF
SERVICE FOR THE YEAR APRIL 1, 2021 TO MARCH 31, 2022⁽¹⁾**

Coverage Category and Type of Service	Discrete Recipients	Net Payment ⁽²⁾	Net Payment per Recipient
REGULAR PREMIUM			
Ambulance	1,671	\$521,804	\$312
Drugs	65,648	294,869,743	4,492
Hospital Accommodation	7	1,151	164
Chiropractor			
Other ⁽³⁾	1,594	264,121	166
Subtotal	65,987	\$295,656,819	\$4,481
SUBSIDIZED PREMIUM			
Ambulance	130	\$33,704	\$259
Drugs	2,779	8,865,915	3,190
Hospital Accommodation	1	165	165
Chiropractor			
Other	69	13,101	190
Subtotal	2,797	\$8,912,885	\$3,187
SENIORS			
Ambulance	82,752	\$33,023,810	\$399
Drugs	585,530	724,471,029	1,237
Hospital Accommodation			
Chiropractor	68,110	8,691,729	128
Other	3,254	520,426	160
Subtotal	594,799	\$766,706,995	\$1,289
PALLIATIVE CARE			
Ambulance	403	\$156,564	\$388
Drugs	1,383	2,652,664	1,918
Hospital Accommodation			
Chiropractor			
Other			
Subtotal	1,472	\$2,809,229	\$1,908
TOTAL			
Ambulance	84,939	\$33,735,883	\$397
Drugs	653,579	1,030,859,352	1,577
Hospital Accommodation	8	1,316	165
Chiropractor	68,110	8,691,729	128
Other	4,912	797,649	162
Total	663,275	\$1,074,085,928	\$1,619

(1) A blank cell represents a zero value.

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

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

TABLE 4.5

NON-GROUP SUPPLEMENTARY COVERAGE:

NUMBER OF DRUG PRESCRIPTIONS AND NET PAYMENT BY PRESCRIPTION TYPE AND COVERAGE CATEGORY FOR THE YEAR APRIL 1, 2021 TO MARCH 31, 2022⁽¹⁾

Coverage Category and Prescription Type	Number of Prescriptions ⁽²⁾	Net Payment ⁽³⁾
PRESCRIPTION DRUGS⁽⁴⁾		
Regular Premium	1,638,047	\$287,178,921
Subsidized Premium	88,833	8,550,776
Seniors	19,010,363	678,929,001
Palliative Care	47,714	2,491,188
Subtotal	20,784,957	\$977,149,886
OVER-THE-COUNTER⁽⁵⁾		
Regular Premium	87,800	\$7,746,327
Subsidized Premium	3,860	315,140
Seniors	687,110	45,629,771
Palliative Care	4,036	161,483
Subtotal	782,806	\$53,852,720
ADJUSTMENTS⁽⁶⁾		
Regular Premium	5	(\$55,505)
Subsidized Premium		
Seniors	8	(87,743)
Palliative Care	1	(6)
Subtotal	14	(\$143,254)
ALL PRESCRIPTIONS		
Regular Premium	1,725,852	\$294,869,743
Subsidized Premium	92,693	8,865,915
Seniors	19,697,481	724,471,029
Palliative Care	51,751	2,652,664
Total	21,567,777	\$1,030,859,352

(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, 2018 TO MARCH 31, 2022⁽¹⁾

Year	Number of Pharmacies	Percentage Change from the Prior Year
2017-18	1,337	8.93
2018-19	1,474	10.25
2019-20	1,480	0.41
2020-21	1,519	2.64
2021-22	1,588	4.54
Annual Average Percentage Change for Last 5 Years		4.40

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

TABLE 4.7

NON-GROUP SUPPLEMENTARY COVERAGE:

TEN HIGHEST PRESCRIPTION DRUG EXPENDITURES BY NET PAYMENT AND COVERAGE CATEGORY

FOR THE YEAR APRIL 1, 2021 TO MARCH 31, 2022⁽¹⁾

Coverage Category and Drug Name	Strength	Major Uses	Number of Prescriptions ⁽²⁾	Discrete Recipients	Net Payment
REGULAR AND SUBSIDIZED PREMIUM					
Humira	40 mg/0.8 mL syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis	26,291	2,306	\$34,253,304
Inflectra	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	8,208	1,341	22,452,722
Ocrevus	300 mg/10 mL vial	Multiple Sclerosis	5,449	736	18,546,175
Trikafta	100 mg/50 mg/75 mg/150 mg tablet	Cystic Fibrosis Transmembrane Conductance Regulator	2,063	107	10,053,544
Tecfidera	120 mg cap	Multiple Sclerosis	6,017	472	8,586,341
Entyvio	300 mg/20mL vial	Ulcerative Colitis / Crohn's Disease	2,583	499	8,008,363
Simponi	50 mg/0.5mL auto injector	Rheumatoid Arthritis / Psoriatic arthritis / Ulcerative Colitis	6,181	560	7,482,765
Skyrizi	75 mg/0.83mL inj syringe	Plaque Psoriasis / Psoriatic Arthritis / Crohn's Disease	2,143	453	7,098,825
Spinraza	12 mg/5 mL vial	Spinal Muscular Atrophy	834	19	6,567,866
Zolgensma	2 x 10 ¹³ vector genomes/mL	Spinal Muscular Atrophy	2	2	5,821,000
SENIORS					
Eliquis	5 mg	Prevention / Treatment of Blood Clots	130,881	22,087	\$19,874,575
Humira	40 mg/0.8 mL syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis	10,650	1,001	15,732,818
Ozempic	1 mg dose	Type 2 Diabetes	40,508	7,816	14,686,937
Xarelto	20 mg	Prevention / Treatment of Blood Clots	81,212	15,400	12,980,917
Eylea	40 mg/mL	Neovascular (Wet) Age-Related Macular Degeneration	7,126	1,123	11,428,679
Symbicort Turbuhaler	200 mcg/6 mcg	Asthma/Chronic Obstructive Pulmonary Disease	68,007	18,801	10,480,876
Ozempic	0.25 mg or 0.5 mg dose	Type 2 Diabetes	33,938	8,013	8,993,290
Eliquis	2.5 mg	Prevention / Treatment of Blood Clots	76,376	10,187	8,675,329
Jardiance	25 mg tablet	Type 2 Diabetes	51,413	10,361	7,921,276
Jardiance	10 mg tablet	Type 2 Diabetes	51,001	11,025	7,153,445

Continued...

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

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

TABLE 4.7
NON-GROUP SUPPLEMENTARY COVERAGE:
TEN HIGHEST PRESCRIPTION DRUG EXPENDITURES BY NET PAYMENT AND COVERAGE CATEGORY
FOR THE YEAR APRIL 1, 2021 TO MARCH 31, 2022⁽¹⁾

Coverage Category and Drug Name	Strength	Major Uses	Number of Prescriptions ⁽²⁾	Discrete Recipients	Net Payment
PALLIATIVE CARE					
Sandostatin Lar	30 mg/vial	Miscellaneous Therapeutic Agents	91	8	\$127,377
Fentanyl Citrate	50 mcg/mL inj	Analgesic	820	196	96,701
Hydromorphone	2mg/mL	Relief from moderate to severe pain	1,348	334	92,819
Trikafta	100 mg/50 mg/75 mg/150 mg tablet	Cystic Fibrosis Transmembrane Conductance Regulator	15	1	73,013
Hydromorphone HP	10 mg/mL inj	Opiate Agonists	647	129	72,617
Innohep	0.7 mL syringe	Prevention / Treatment of Blood Clots	123	35	70,710
Innohep	0.6 mL syringe	Prevention / Treatment of Blood Clots	156	42	70,561
Metoclopramide Hydrochloride	5 mg/mL inj	Prokinetic Agents	472	178	68,237
Sandostatin Lar	20 mg/vial	Miscellaneous Therapeutic Agents	65	6	63,627
Pre-Filled Syringe for Palliative	Pre-Filled Syringe	Other Non-Therapeutic Auxiliary Products	1,290	164	62,670
ALL GROUPS					
Humira	40 mg/0.8 mL syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis	36,941	3,307	\$49,986,122
Inflectra	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	10,763	1,737	28,798,036
Eliquis	5 mg	Prevention / Treatment of Blood Clots	134,403	22,835	20,408,297
Ocrevus	300 mg/10 mL vial	Multiple Sclerosis	5,610	760	19,162,696
Ozempic	1 mg dose	Type 2 Diabetes	50,580	9,801	18,159,817
Entyvio	300 mg/20mL vial	Ulcerative Colitis / Crohn's Disease	4,634	882	14,556,187
Xarelto	20 mg	Prevention / Treatment of Blood Clots	85,004	16,226	13,570,658
Eylea	40 mg/mL	Neovascular (Wet) Age-Related Macular Degeneration	7,282	1,152	11,729,711
Symbicort Turbuhaler	200 mcg/6 mcg	Asthma / Chronic Obstructive Pulmonary Disease	76,793	21,192	11,635,682
Simponi	50 mg/0.5mL auto injector	Rheumatoid Arthritis / Psoriatic arthritis / Ulcerative Colitis	9,339	854	11,562,220

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

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

TABLE 4.8
NON-GROUP SUPPLEMENTARY COVERAGE:
COST OF PRESCRIPTION BY BROAD DRUG CATEGORY
FOR THE YEAR APRIL 1, 2021 TO MARCH 31, 2022⁽¹⁾

Broad Drug Category	Number of Prescriptions⁽²⁾	Net Payment	Co-Payment⁽³⁾	Coordination of Benefits⁽⁴⁾	Average Gross Cost per Prescription⁽⁵⁾
Antihistamines Drugs	1,602	\$110,147	\$16,224	\$5,496	\$82.31
Anti-Infective Agents	777,130	36,772,233	5,074,537	432,067	54.40
Antineoplastic Agents	81,948	6,464,545	874,771	117,152	90.99
Autonomic Drugs	723,298	50,082,249	8,618,277	436,236	81.76
Blood Formulation, Coagulation and Thrombosis	688,074	79,002,226	9,617,013	588,415	129.65
Cardiovascular Drugs	7,010,672	115,748,039	42,858,176	522,352	22.70
Cellular and Gene Therapy	2	5,821,000			2,910,500.00
Central Nervous System Drugs	4,490,664	113,971,360	31,144,775	2,035,185	32.77
Diagnostic Agents	327	305,078	4,025	2,718	953.58
Electrolytic, Caloric and Water Balance	536,757	6,439,168	2,471,732	37,481	16.67
Enzymes	767	5,741,918	2,333	203,792	7,754.95
Respiratory Tract Agents	49,631	44,530,710	645,347	290,822	916.10
Eye, Ear, Nose and Throat Preparations	554,756	30,767,449	4,988,885	95,855	64.63
Gastrointestinal Drugs	1,452,462	50,291,605	9,841,229	601,581	41.81
Gold Compounds	33	12,181	575		386.54
Heavy Metal Antagonists	1,462	1,151,645	23,063	47,251	835.81
Hormones and Synthetic Substitutes	2,933,344	162,365,307	26,767,455	1,760,887	65.08
Local Anaesthetics	29	1,207			41.62
Serums, Toxoids and Vaccines	728	196,890	12,897	5,156	295.25
Skin & Mucous Membrane Preparations	459,469	14,506,843	3,680,461	196,583	40.01
Smooth Muscle Relaxants	171,698	6,595,889	1,876,590	38,940	49.57
Vitamins	171,884	1,378,466	575,557	13,256	11.45
Miscellaneous Therapeutic Agents	1,121,853	280,266,630	10,674,097	9,195,448	267.54
Devices ⁽⁶⁾	6,985	130,215	53,024	1,514	26.45
Non-Classified Drugs	331,573	18,306,685	436,963	300,878	57.44
Out of Country & Special Access	615	42,922	6,658	5	80.63
Undetermined ⁽⁷⁾	14	(143,254)	(12)		(10,233.28)
Total⁽⁸⁾	21,567,777	\$1,030,859,352	\$160,264,653	\$16,929,070	\$56.01

(1) A blank cell represents a zero value.

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

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

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

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

(6) Only those devices used with prescription drugs.

(7) 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 APRIL 1, 2021 TO MARCH 31, 2022⁽¹⁾

Coverage Category	Number of Prescriptions ⁽²⁾	Drug Material Cost	Dispensing Fee ⁽³⁾	Additional Inventory Allowance ⁽⁴⁾	Adjustments ⁽⁵⁾	Gross Cost ⁽⁶⁾	Co-Payment ⁽⁷⁾	Coordination of Benefits ⁽⁸⁾	Net Payment ⁽⁹⁾
	[A]	[B]	[C]	[D]	[E]	[F]	[G]	[H]	
Regular and Subsidized Premiums	1,807,962	\$298,505,806	\$16,677,009	\$12,385,523	(\$62,105)	\$327,506,234	\$16,421,111	\$14,111,641	\$296,973,482
Seniors	19,669,927	641,013,457	188,875,332	38,663,620	(87,054)	868,465,355	143,350,337	2,248,004	722,867,014
Palliative Care	51,007	2,308,725	454,002	145,548	(6)	2,908,269	429	291,049	2,616,791
Average Cost per Prescription		43.75	9.57	2.38		55.69			47.49
Total⁽¹⁰⁾	21,528,896	\$941,827,988	\$206,006,343	\$51,194,691	(\$149,165)	\$1,198,879,858	\$159,771,877	\$16,650,694	\$1,022,457,287

(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 claims reported by Alberta Blue Cross.

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

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

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

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

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

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

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

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

Glossary/Definitions

Alberta Health Care Insurance Plan (AHCIP)

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

Allied Health Services

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

Alternative Relationship Plan

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

Basic Health Services

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

Blank Cell

Represents a zero value.

Bracketed Data

Bracketed data () indicates negative figures.

Chiropractic Services

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

Clinical Stabilization Initiative

Established in the 2006 *Amending Agreement to the Tri-Lateral Master Agreement* and includes: the Rural Remote Northern Program; the Business Cost Program; and the Communities in Crisis Program. The purpose of the Rural Remote Northern Program is to improve physician recruitment and retention in underserved areas by providing physician incentive programs. The Business Cost Program is intended to help physicians with the rising costs associated with running community offices by paying a flat bonus on top of each office-based or consultative service provided by all physicians in any community in Alberta. The Communities in Crisis Program addresses the challenges of recruiting physicians to live and practice in communities in crisis. The Tri-Lateral Master Agreement expired March 31, 2011, resulting in these programs being reported separately.

Discrete Count

The discrete items are only counted once.

Discrete Patients

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

Discrete Service Providers

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

Double Dash (--)

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

FP

Family Physician.

FTE

Full-time equivalent.

Fee-for-Service

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

Fiscal Year

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

GP

General Practitioner.

Health Zones

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

Insured Services

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

Local Geographic Area

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

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

- travel patterns of populations seeking services (health and non-health); and
- place of work and commuting behaviours.

Medical Assessments

Primarily office visits and consultations.

Medical Reciprocal Program

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

Medical Services

Services provided by a physician.

N/A

Not available.

n.a.

Not applicable.

Net Payment

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

Nil

No change.

Non-Group Supplementary Plans

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

Number of Services

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

Optometry Services

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

Other Physician Specialty Categories

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

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

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

Podiatry Services

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

Practitioner

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

Practitioner Payments

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

Primary Care Network

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

Recipient Location

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

Registration

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

Registered/Insured Persons

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

Reporting Dates

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

Service Event

The reporting of a service provided by a practitioner.

Schedules of Benefits

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

Service Location

The health zone where a health service was provided.

Types of Services

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