

Ministry of Health Medical Services Branch



Annual Statistical Report for 2017-18

Preface

This fiscal year 2017-18 report prepared by the Medical Services Branch, pursuant to Section 36 of *The Saskatchewan Medical Care Insurance Act*, is a statistical supplement to the Saskatchewan Ministry of Health Annual Report. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

On December 4, 2017, the 12 former regional health authorities transitioned to the single provincial health authority (Saskatchewan Health Authority). Some material in this report reference statistics by the former regional health authorities, as this transition occurred during the 2017-18 fiscal year.

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www.saskatchewan.ca/government/government-structure/ministries/health#annual-reports

Highlights

Medical Services Plan

The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a variety of medical, optometric, and dental services. The MSP also provides funding to support clinical services provided by faculty at the College of Medicine, medical resident salaries, and a range of physician recruitment and retention initiatives.

In 2017-18, the MSP provided for **in-province expenditures** of \$915.2 million, while **program payments** totalled \$106.1 million and **medical education payments** were \$61.4 million. Utilization increases were seen in optometry related to expanded coverage for diabetic eye exam, whereas utilization of dental services decreased in 2017-18.

- ⇒ **Benefits paid for insured services** - provided by physicians, optometrists, and dentists - amounted to \$694.7 million, an increase of 4.0% on a per capita basis (Table 1) from the previous year. Over the last five years the cost of these benefits has grown on average by approximately 4.0% per year.

	2016-17 (000's)	2017-18 (000's)	Per Capita Change
Physicians	\$667,247	\$679,501	1.84 %
Optometrists	\$12,880	\$13,697	6.34 %
Dentists	\$1,725	\$1,529	-11.36%
Total	\$681,852	\$694,727	-1.89%

- ⇒ **Number of insured services** - provided by physicians, optometrists, and dentists – totalled 13.5 million services, an increase of 0.76% on a per capita basis (Table 8) from the previous year. Over the last five years, the number of services has grown on average by 3.3% per year.

	2016-17 (000's)	2017-18 (000's)	Per Capita Change
Physicians	12,979	13,053	0.06 %
Optometrists	378	407	7.60 %
Dentists	13	12	-0.12 %
Total	13,370	13,472	-0.01 %

- ⇒ **Out-of-Province:** Payments for Saskatchewan beneficiaries receiving insured services (physicians, dentists, optometrists, and hospital) outside of Saskatchewan totalled \$142.1 million, up 2.5% from the previous year. Over the last five years, expenditure on out-of-province services has increased on average by 1.8% per year.
- ⇒ **Cost of out of province residents receiving services** (physician and hospital) within Saskatchewan (excluding Quebec and Out-of-Canada Beneficiaries) totalled \$42.3 million (Table 12 & 14) a decrease of 3.2%. Over the past five years, hospital, and physician costs for non-Saskatchewan beneficiaries have increased on average by 1.8% per year.
- ⇒ **Cost of services outside of Canada for Saskatchewan patients with prior approvals** totalled \$307K, a decrease of 80.9% from the previous year.

	2016-17	2017-18
Number of Patients	39	34
Practitioner Costs (000's)	\$274	\$38
Hospital Costs (000's)	\$1,339	\$269
Total Costs (000's)	\$1,613	\$307

Note: the number of patients receiving out-of-country services in a year may not equal the number of out-of-country prior approvals during the year because patients decide not to go, or they are not receiving treatment in the same year, or patients require on-going care over two or more years.

Physician Remuneration

- ⇒ Payments for fee-for-service in-province physicians, excluding the emergency coverage programs, totalled \$553.0 million in 2017-18 (see *Total Expenditures 2017-18*), an increase of 0.8% from 2016-17.
- ⇒ Non-fee-for-service (NFFS) funding arrangements for physician services represent a large portion of provincial health expenditures. In 2017-18, NFFS accounted for \$347 million, 28.4% of the Saskatchewan Ministry of Health’s total in-province services expenditures. The majority of NFFS expenditures are in areas of medical services associated with Saskatchewan Health Authority (SHA) operations (e.g. radiology, laboratory, and emergency physician services).
- ⇒ Average payments to active physicians vary by specialty (Table 25):

General Practitioners	\$249,800
Specialists	\$439,800
All Physicians	\$339,600

(see “Active” definition - *Statistical Figures and Tables*)

Physician Supply

- ⇒ Physician supply is measured in two ways: the number of active physicians (those billing more than \$60,000 in the fiscal year) and the number of licensed physicians (the total number of those qualified to practice in the province at the end of the year). Information in this report is presented based on either active or licensed physician numbers in order to improve accuracy.
- ⇒ **Licensed physicians:** (see “Licensed” definition - *Statistical Figures and Tables*) The number of licensed physicians on March 31, 2018 was 2,639 an increase of 5.9% from the previous year. Over the past five years, the number of licensed physicians has grown on average by 5.3% per year.
- ⇒ **Active physicians:** (see “Active” definition *Statistical Figures and Tables*) The number of active physicians on March 31, 2018 was 1,819 an increase of 2.7% from the previous year. Over the past five years, the number of active physicians has increased on average by 3.8% per year.
- ⇒ The number of **active rural general practitioners (GP)** was 245 at March 31, 2018, a decrease of three physicians or -1.2% from the previous year. Over the last five years the number of active rural GPs has increased on average by 3.8% per year (Table 24).
- ⇒ The number of **active GPs in metro areas** (Regina and Saskatoon) has grown to 493, an increase of 15 physicians or 3.1% from the previous year. Over the past five years, the number of active metro GPs has increased on average by 3.7% per year (Table 24).
- ⇒ The number of **active GPs in other urban areas** has grown to 222, an decrease of 7 physicians or -3.1% from the previous year. Over the past five years, the number of active urban GPs has increased on average by 3.7% per year (Table 24).
- ⇒ The number of **active specialists** has grown to 859, an increase of 43 physicians or 5.3% from the previous year. Over the past five years, the number of specialists has increased on average by 4.2% per year (Table 24).

- ⇒ Physician supply is affected by a number of initiatives and programs supported within the MSP, including the Saskatchewan International Physician Practice Assessment (SIPPA) program and retention of University of Saskatchewan (U of S) family physicians. See the Appendix for more information on recruitment and retention initiatives.

Educational Programs

- ⇒ The Medical Services Branch supports the Medical Education System managed by the College of Medicine, with funding of \$61.4 million in 2017-18 (University of Saskatchewan). The Medical Education System covers the following areas:
 - ↳ Clinical Services Fund;
 - ↳ Programs and stipends, such as the Academic Clinical Funding Plan, International Medical Graduates (IMGs), distributive medical education, Clerkship stipend, and the Academic Health Sciences network; and,
 - ↳ 452 post-graduate medical resident positions, including distributed post-graduate medical education in Prince Albert, Swift Current, La Ronge, Moose Jaw, and North Battleford (see Table 33).

Medical Services Plan Coverage Benefits

Eligibility for Benefits

The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a variety of medical, optometric, and dental services.

All residents of Saskatchewan, with a few exceptions (e.g. members of the Canadian Armed Forces and inmates of Federal Penitentiaries), are eligible to receive benefits, with the sole requirement being residency and registration with Health Registration Services at eHealth. No premiums are charged to the patient.

Insured services are governed by *The Saskatchewan Medical Care Insurance Act*, and further defined in the respective Payment Schedules established under the *Act*.

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services - The diagnosis and treatment by a physician of medical conditions.

Surgical Services - Surgical procedures by a physician including diagnosis, pre- and post-operative care, and the services of physician surgical assistants when required.

Maternity Services - Care during pregnancy, delivery, and after care by a physician.

Anaesthesia - The administration of anaesthesia by a physician including:

- ⇒ anaesthesia for diagnostic, surgical, and other procedures;
- ⇒ obstetrical anaesthesia;
- ⇒ anaesthesia for pain management; and,
- ⇒ all dental anaesthesia for patients under 14 years, and in other limited circumstances.

Diagnostic Services includes:

- ⇒ out-of-hospital x-ray services, including interpretation, provided by a specialist in radiology; an approved list of office-based laboratory services provided by a physician other than a pathologist; and,
- ⇒ other diagnostic services provided by a physician.

Preventive Medical Services includes:

- ⇒ immunization services where not available through any government or Saskatchewan Health Authority;
- ⇒ examination and report for adoptions for both child and parents;
- ⇒ examination and report for persons becoming foster parents; and,
- ⇒ a routine physical examination by a physician.

Cancer Services - Services for the diagnosis and treatment of cancer, except when provided by physicians under contract with the Saskatchewan Cancer Agency.

Optometric Services

Coverage for routine eye examinations, partial examinations, and tonometry by optometrists is limited to the following five categories of persons:

- ⇒ those under the age of 18;
- ⇒ Supplementary Health Program beneficiaries;
- ⇒ recipients of Family Health Benefits Program;
- ⇒ those with a diagnosis of diabetes; and,
- ⇒ patients 65 or older receiving a Seniors Income Plan supplement.

For eligible beneficiaries, the frequency of routine eye examinations to determine refractive error is limited to the following:

- ⇒ for patients less than 18 years of age examinations are limited to once every 12 months (this coverage is provided by MSP);
- ⇒ for patients 65 or older who qualify for one of the special programs listed above, examinations are limited to once every 12 months;
- ⇒ for patients aged 18 to 64 who qualify for coverage under one of the special programs listed above, examinations are limited to once every 24 months.

The assessment and treatment of ocular urgencies and emergencies when provided by an optometrist, are also insured. Effective October 1, 2014, an annual eye exam for patients diagnosed with diabetes was also insured along with select diagnostic tests.

Dental Services includes:

- ⇒ Services in connection with maxillofacial surgery required to treat a condition caused by an accident;
- ⇒ Specific services in connection with abnormalities of the mouth and surrounding structures;
- ⇒ Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist;
- ⇒ Specific x-ray services when provided by a dentist who is a specialist in oral radiology; and

Extraction of teeth medically required to provide:

- ⇒ heart surgery;
- ⇒ services for chronic renal disease;
- ⇒ head and neck cancer services; and,
- ⇒ services for total joint replacement by prosthesis where the beneficiary was referred to a dentist by a specialist in the appropriate surgical field and where prior approval from Medical Services Branch of the Ministry of Health was received.

Dental implants are covered in exceptional circumstances:

- ⇒ tumours – including benign and malignant; and,
- ⇒ congenital – including cleft palate and metabolic.

For dental implants, the referring specialist in oral maxillofacial surgery must request and receive prior approval from Medical Services Branch of the Ministry of Health.

Out-of-Province Services

Physician Services

Services provided by physicians in other provinces except Quebec are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for publicly-funded physician services provided in other provinces upon presentation of their Health Services Card except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the province in which the services are provided. The host province then bills the home province of the patient for the services provided.

Non-emergency services provided outside of Canada are only insured with prior approval from the Medical Services. Emergency physician services obtained out-of-country are reimbursed at Saskatchewan rates.

Hospital Services

Hospital services provided to Saskatchewan beneficiaries in other provinces are covered by a reciprocal billing agreement between provincial public health plans. The hospital bills the provincial health plan of the province in which services are provided. The host province then bills the home province of the patient for the services provided.

Emergency hospital services for persons travelling outside Canada are covered on the following basis: up to \$100 (Canadian) per day for in-patient services and up to \$50 (Canadian) for an out-patient visit. Non-emergency hospital services provided outside Canada are covered only if prior approval has been obtained from the Medical Services Branch of the Ministry of Health.

Exclusions

The Medical Services Plan does not insure the following services:

- ⇒ health services received under other public programs, including The Workers' Compensation Act, federal Department of Veteran Affairs, The Mental Health Services Act;
- ⇒ the cost of travel, accommodation, and meals;
- ⇒ surgery for cosmetic purposes;
- ⇒ any mental or physical examination for the purpose of employment, insurance, judicial proceedings/requirements, vehicle seatbelt exemptions, or at the request of a third party;
- ⇒ autopsy;
- ⇒ ambulance services and other forms of transportation of patients;
- ⇒ services provided by special duty nurses;
- ⇒ services provided by chiropodists, podiatrists, naturopaths, osteopaths and chiropractors;
- ⇒ dentistry, except as described under Insured Services - Dental Services;
- ⇒ drugs and dressings;
- ⇒ appliances (e.g. eyeglasses, artificial limbs);
- ⇒ routine eye examinations by physicians – coverage is limited to those beneficiaries who would be covered under the optometric program;
- ⇒ electrolysis;
- ⇒ dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over;
- ⇒ reversals of sterilization for the purposes of restoring fertility;
- ⇒ implantation of penile prosthesis;
- ⇒ removal of lesions for cosmetic purposes;
- ⇒ injection of asymptomatic varicose veins;
- ⇒ non-medically required circumcisions; and,
- ⇒ breast screening mammographies for women 50 years of age and older (available and funded through the provincial Screening Program for Breast Cancer).

Methods of Payment

MSP makes payment for insured services by the following methods:

- ⇒ fee-for-service billing by practitioners or professional corporations based on negotiated fee schedules; and,
- ⇒ Salary, contractual, or sessional payment arrangements funded through the Saskatchewan Health Authority's Board or the College of Medicine.

The Primary Health Services Branch provides global funding for the operation of four community clinics and Northern Medical Services.

Practitioners may choose to practice entirely outside MSP, in which case the services provided by that practitioner are uninsured.

Professional Review

A Joint Medical Professional Review Committee that is comprised of six physicians, with two each appointed by the SMA, CPSS and Ministry. The Committee evaluates billings patterns of physicians. This committee is empowered to order the recovery of payments that have been inappropriately billed by practitioners.

Total Expenditures 2017-18

		Expenditures (\$000's)
In-Province Services		
Physician Fee-for Service (FFS) Subtotal		553,025
Physician Non-Fee-For-Service (Non-FFS)		
	Medical Remuneration & Alternate Payments	241,768
	Primary Health Services ^{1,2}	76,143
	Saskatchewan Cancer Agency ^{1,2}	29,720
Physician Non-Fee-For Service (Non-FFS) Sub-Total		347,631
Optometry Services Subtotal		13,059
Dental Services Subtotal		1,473
Subtotal: Payment for In-Province Services		915,188
Programs and Recruitment and Retention Initiatives		
General Practitioner		
	Family Physician Comprehensive Care Program	14,959
	Rural Emergency Coverage Program	8,533
	Regional Locum Program	3,194
	Saskatchewan International Physician Practice Assessment (SIPPA)	2,338
	Chronic Disease Management - Quality Improvement Program	3,000
	General Practitioner Specialist Program	685
	Rural Physician Incentive Program	1,035
	Rural and Remote Incentives	3,140
General Practitioner Subtotal		36,884
Specialist		
	Specialist Emergency Coverage Programs (SECP)	32,043
	Specialist Rural & Remote Incentives	2,001
Specialist Subtotal		34,044

Other		
	Canadian Medical Protective Agency (CMPA) Funding	8,000
	Electronic Medical Records Program	9,300
	Physician Long Term Retention Fund	8,000
	Continuing Medical Education Fund	4,650
	Quality & Access Fund	2,953
	saskdocs	1,852
	Parental Leave Program	1,000
	Practice Enhancement Program	75
Other Subtotal		35,830
Subtotal: Programs and Recruitment and Retention Initiatives		106,060
Medical Education		
	Clinical Services Fund (College of Medicine)	56,719
	Other Medical Education	4,682
Subtotal: Medical Education		61,401
Other Provincial Payments and Administration		
	Out-of-Province ³	137,901
	Quality Assurance Diagnostic Imaging and Lab Programs	170
	Dental Residency Grants	150
	Administration	3,914
Subtotal: Other Provincial Payments and Administration		142,135
Total Expenditures		1,225,482

¹ Expenditures in these areas are managed by other Branches of the Ministry of Health.

² These expenditures include payments to physicians only.

³ Includes physician, optometric and dental services, and hospital costs paid reciprocally for Saskatchewan beneficiaries.

Note: Ministry funding for physician services may not equal physician expenditures by the SHA.

Statistical Figures and Tables

Introductory Notes

General – The following tables are based upon MSP payments made during 2017-18 on a fee-for-service and non-fee-for-service basis for medical, optometric and dental services provided to Saskatchewan beneficiaries.

For physicians practising in alternate-funding arrangements, including primary health care clinics, services are recorded on a shadow-billing basis. For statistical purposes, all shadow-billing data is reported in this document.

Most tables include data, where noted, on services provided to Saskatchewan residents by practitioners both in and outside the province. Tables 12, 14a and 14b are the only tables that present Saskatchewan physician and hospital data for services provided to out-of-province beneficiaries. Tables 13a, 13b, 14a and 14b are the only tables that show data related to the hospital reciprocal billing system.

The statistical tables exclude data on services paid by MSP to physicians, optometrists, and dentists on behalf of Saskatchewan Government Insurance. The tables, also exclude payments made through the Specialist Emergency Coverage Program with the exception of Table 27.

Data Limitations – The number of services or service groupings may differ from year to year as a result of changes to fee codes through Payment Schedule changes. The level of shadow billing for other than fee-for-service methods of payment results in under reporting of the data presented in this report.

Date of Payment – Statistics are based upon the date the service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2017-18 include some services provided in 2016-17. Fiscal years typically consist of 26 pay periods.

Payment Adjustments – The difference between payments shown in *Total Expenditures 2017-18* and the total payments shown in the statistical tables is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries or adjustments for retroactive payments; the handling of medical and optometric services provided in alternate-funding primary health care clinics; and the payment for medical services through other non-fee-for-service remuneration arrangements.

Payments to Locum Tenens – Where a physician acts as the principal for a locum tenens physician who is not fully licensed by the College of Physicians and Surgeons of Saskatchewan, payments for services provided by the locum are made to the principal, unless the locum is granted a conditional, provisional, or long-term locum license by the College of Physicians and Surgeons of Saskatchewan.

Retroactive Payments – From time to time, MSB is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. Any such payments, whether included or excluded from the data tables, are included in the *Total Expenditures 2017-18*.

Optometric Services under Supplementary Health – For statistical purposes optometric data for services paid under both MSP and the Supplementary Health Program is reported in this document.

Definitions of Service Groupings (Tables 7 to 10, 15 and Figure 2)

Service groupings are based on CIHI's (Canadian Institute for Health Information) national grouping system categories.

- (a) **Consultations** – a consultation is the referral of a patient by one physician to another for examination and diagnosis, and requires a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.
- (b) **Major Assessments** – a major (complete or initial) assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Chronic disease management visits and eye examinations by physicians are included here.
- (c) **Other Assessments** – Other assessments are visits that comprise history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Follow-up assessments, well-baby care provided in the office, visits to special care homes, and continuous personal attendance are included in this classification.
- (d) **Psychotherapy/Counselling** – Includes treatment interview, group therapy, and counselling (including healthy lifestyle/health education counselling).
- (e) **Hospital Care** – Physician services provided in a hospital on a visit per day basis, including newborn care in hospital, and including attendant and supportive care. Hospital visits, covered by a composite payment such as hospital care following surgery, are not included.
- (f) **Special Calls and Emergency** – Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and any non-system-generated out-of-hours premiums.
- (g) **Major Surgery** – All 42 day surgical procedures, excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.
- (h) **Minor Surgery** – All 0 and 10 day surgical procedures excluding those falling in the Obstetrics classification.
- (i) **Surgical Assistance** – Services of physicians as required to assist the surgeon during a surgery, includes assistant standby.
- (j) **Obstetrics** – Includes hospital stay, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Fetal monitoring and transfusions are included here.
- (k) **Anaesthesia** – All anaesthetic procedures, pain management, and pain clinic services are included in this category.
- (l) **Diagnostic Radiology** – All out-of-hospital technical procedures and interpretations by specialists in radiology.
- (m) **Laboratory Services** – All common office laboratory services provided by a physician other than a pathologist.
- (n) **Other Diagnostic and Therapeutic Procedures** – All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, Papanicolaou smears, resuscitation, and intensive care.
- (o) **Special and Miscellaneous Services** – Includes medical examinations for adoptions, for sexual assault victims, for follow-up cancer reports; examinations and certifications of mental health; immunizations where not elsewhere available; intralesional injections; rural emergency coverage payments; advice by physicians to allied health personnel via telecommunications; and any other services not elsewhere classified.
- (p) **Services by Optometrists** – Includes eye examinations to determine the refractive state of the eye, partial examinations, tonometry testing, diabetic eye exams, and assessments of ocular urgencies and emergencies when provided by an optometrist. Optical coherence tomography and retinal photography are also insured for individuals with a diagnosis of diabetes.
- (q) **Dental Services** – Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary prior to the provision of certain surgical procedures. Includes coverage of dental implants, in exceptional circumstances, where prior approval from Medical Services Branch of the Ministry of Health was received.

Categories of Practitioners (Tables 15, 18 to 26, 31, 32 and 34)

I. Physicians

- (a) **General Practitioner** – A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. This includes physicians who, while not Canadian or foreign certified specialists, limit their practice to specific specialty areas.
 - (i) **Metro** – A general practitioner who practises in Regina, Saskatoon, or a recognized bedroom community.
 - (ii) **Urban** – A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.
 - (iii) **Rural** – A general practitioner who practises in a locality having fewer than 10,000 residents.
 - (iv) **Association** – A general practitioner who maintains patients' medical records with one or more physicians.
 - (v) **Solo** – A general practitioner who is not working in association with another physician.
- (b) **Specialist** – A Canadian certified physician listed by the College of Physicians and Surgeons of Saskatchewan is eligible to receive MSP payments at specialist rates. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services.

Note: Within the tables, select specialist categories are combined due to confidentiality.

II. **Optometrist** – A practitioner registered with the Saskatchewan Association of Optometrists.

III. **Dentist** – A practitioner registered with the College of Dental Surgeons of Saskatchewan

Notes:

Definition of a Licensed Physician – Physicians with their own MSP billing number who are licensed by the College of Physicians and Surgeons of Saskatchewan and practising in Saskatchewan under MSP coverage at the end of the year; includes temporary licensed locum physicians but excludes educational locums and medical residents.

Definition of Active Physician – Licensed physicians receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year. Data captured for physicians participating in non-fee-for-service arrangements may not be complete. General Practitioners are categorized in the location group in which they earned the most income if they practised in various clinics or areas throughout the year.

Table 1

Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services ¹ (000's)	Total Per Cent Change In Per Capita Costs ²	Per Cent Change Due to Fee Schedule Increases ⁴	Per Cent Change Due to Utilization Increases ⁵
2013-14	590,150	0.32	0.00	0.32
2014-15	609,474	1.01	0.00	1.01
2015-16 ³	637,221	4.49	0.96	3.49
2016-17	681,855	2.47	2.66	-0.19
2017-18	694,726	-0.11	0.00	-0.11
Average Annual Per Cent Change 2013-14 to 2017-18	4.18	1.63	0.72	0.90

¹ All physician, optometric and dental insured services are included. Includes payments for rural emergency coverage but excludes payments for specialist emergency coverage.

² Current year cost per capita figures have been adjusted for program coverage and covered population to allow for comparison to the previous year. The total per cent change in per capita costs compares the adjusted per capita payments from one year to the next.

³ Lump sum payments in lieu of retroactive amendments to Payment Schedules made to physicians are excluded.

⁴ Fee schedule increases are based on theoretical values of fee and new items increases.

⁵ The change in utilization may be affected by changes in data capture for physicians participating in or switching to non-fee-for-service arrangements.

Table 2

Adjustments and Recoveries by the Medical Services Plan

	2016-17		2017-18	
	Number of Practitioners	Adjustment or Recovery (000's)	Number of Practitioners	Adjustment or Recovery (000's)
Routine Adjustments on In-Province Claims ¹	2,454	12,445.9	2,107	10,924.6
Routine Adjustments on Out-of-Province Claims ¹	–	1,552.5	–	1,666.5
Special MSP Studies and Professional Review Activity ²	7	1,233.7	2	275.7
Third Party Liability Recoveries ³	–	3,861.6	–	3,942.96
Total	–	19,093.7	–	16,809.7

¹ All physician, optometric and dental insured services are included.

² The dollar amounts are recoveries resulting from the correction of payments as revealed by the Professional Review Committees, general overpayment corrections or bankruptcies. The total may include funds paid in this fiscal year but requested in a previous year.

³ The dollar amounts are recoveries from the cost of health services collected under the authority of *The Health Administration Act*.

Table 3

Claims Paid by Method of Billing

Claims Received from:	Number of Claims Paid		Per Cent of Claims Paid	
	2016-17	2017-18	2016-17	2017-18
Physicians, Dentist & Dental Surgeons	8,811,717	8,884,148	97.28	97.18
In-Province Claims ¹	8,486,399	8,573,720	93.69	93.79
Out-of-Province Reciprocal Billing ²	324,305	309,429	3.58	3.38
Other Out-of-Province	1,013	999	0.01	0.01
Optometrists ³	244,643	255,511	2.70	2.79
In-Province Claims	243,476	254,246	2.69	2.78
Out-of-Province	1,167	1,265	0.01	0.01
Beneficiaries ⁴	2,013	2,192	0.02	0.02
Total	9,058,373	9,141,851	100.00	100.00

¹ Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements. Includes claims for insured dental services and for SGI driver medicals and visual exams.

² Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.

³ Includes claims for optometrist services covered by the Supplementary Health Program.

⁴ Payments made directly to beneficiaries for claims.

Note: See "Data Limitations" in *Statistical Figures and Tables*.

Table 4

Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2017		Rate Per 1,000 Beneficiaries			
			Services		Payments (000's)	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	7,754	7,392	14,897	13,137	923,011	783,784
1 - 4.....	32,545	31,317	6,248	5,727	352,808	309,587
5 - 14	78,681	75,405	4,164	3,976	193,289	177,039
15 - 24.....	77,276	73,365	4,341	8,547	216,563	434,216
25 - 44.....	174,193	165,622	5,667	12,017	279,402	657,740
45 - 64	150,526	146,236	10,987	13,457	572,481	677,607
65 and over.....	80,979	95,219	24,255	24,207	1,277,839	1,190,336
All Beneficiaries.....	601,954	594,556	9,281	12,558	479,943	634,707
B. Optometrists						
Under 1	7,754	7,392	57	59	3,024	3,163
1 - 4.....	32,545	31,317	245	255	13,138	13,720
5 - 14	78,681	75,405	505	541	27,322	29,164
15 - 24.....	77,276	73,365	183	245	8,811	11,537
25 - 44.....	174,193	165,622	108	168	2,959	4,726
45 - 64	150,526	146,236	353	392	8,509	9,823
65 and over.....	80,979	95,219	722	653	16,960	16,063
All Beneficiaries.....	601,954	594,556	320	361	10,716	12,188
C. Dentists						
Under 1	7,754	7,392	3	1	332	127
1 - 4.....	32,545	31,317	–	–	44	33
5 - 14	78,681	75,405	6	6	570	507
15 - 24.....	77,276	73,365	15	19	2,757	4,507
25 - 44.....	174,193	165,622	7	8	1,094	1,012
45 - 64	150,526	146,236	10	15	1,155	1,277
65 and over.....	80,979	95,219	10	10	1,017	997
All Beneficiaries.....	601,954	594,556	9	11	1,177	1,380

Notes:

- 1) Includes out-of-province services and costs.
- 2) Excludes payments for specialist and rural emergency coverage programs.
- 3) Includes optometric services covered by the Supplementary Health Program.
- 4) See "Data Limitations" in *Statistical Figures and Tables*.

Table 5

Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	2016-17				2017-18			
	Number of Beneficiaries ¹	% of Beneficiaries	% of Payments	% of Services	Number of Beneficiaries ¹	% of Beneficiaries	% of Payments	% of Services
A. Physicians Only								
\$0.00	204,588	17.4	–	<0.1	221,691	18.5	–	<0.1
\$0.01 - \$25.00	10,642	0.9	–	0.1	11,065	0.9	–	0.1
\$25.01 - \$50.00	102,290	8.7	0.6	0.9	102,377	8.6	0.6	0.9
\$50.01 - \$100.00	102,694	8.8	1.2	1.8	102,316	8.6	1.2	1.7
\$100.01 - \$250.00	234,205	20.0	5.9	8.1	232,272	19.4	5.7	8.0
\$250.01 - \$500.00	188,904	16.1	10.3	13.1	188,920	15.8	10.2	12.9
\$500.01 - \$1,000.00	157,682	13.4	16.9	19.1	160,198	13.4	16.8	19.1
\$1,000.01 - \$1,500.00	62,449	5.3	11.6	12.0	64,641	5.4	11.8	12.3
\$1,500.01 - \$2,000.00	35,883	3.1	9.4	9.2	37,109	3.1	9.6	9.4
\$2,000.01 - \$5,000.00	61,589	5.2	27.5	23.2	63,294	5.3	27.7	23.5
Over \$5,000.00	12,660	1.1	16.7	12.4	12,627	1.1	16.5	12.1
Total	1,173,586	100.0	100.0	100.0	1,196,510	100.0	100.0	100.0
B. Optometrists Only								
\$0.00	1,001,299	85.3	–	<0.1	1,014,680	84.8	–	<0.1
\$0.01 - \$25.00	25	–	–	–	20	–	–	–
\$25.01 - \$50.00	7,543	0.6	2.5	2.2	7,211	0.6	2.2	2.0
Over \$50.00	164,719	14.0	97.5	97.8	174,599	14.6	97.8	98.0
Total	1,173,586	100.0	100.0	100.0	1,196,510	100.0	100.0	100.0

¹ The number of beneficiaries in this category is a residual, representing the difference between the number for whom a claim was paid at any time during the year and the total of beneficiaries at June 30 of the stated year.

Notes:

- 1) Includes out-of-province services and costs.
- 2) Excludes payments for specialist and rural emergency coverage programs.
- 3) Includes optometric services covered by the Supplementary Health Program.
- 4) See "Data Limitations" in *Statistical Figures and Tables*.

Table 6

Physician Services and Payments by Age and Sex

Age Groups	Sex	Population		Per Cent Treated	Average Per Person Insured		Average Per Person Treated		Average Payment (\$) Per Service
		Insured ¹	Treated ²		Services	Cost (\$)	Services	Cost (\$)	
Under 1	M	7,754	8,885	100.00	14.90	923.01	13.00	805.52	61.96
	F	7,392	8,651	100.00	13.14	783.78	11.23	669.72	59.66
	T	15,146	17,536	100.00	14.04	855.06	12.12	738.52	60.91
1 - 4	M	32,545	27,592	84.78	6.25	352.81	7.37	416.14	56.47
	F	31,317	26,135	83.45	5.73	309.59	6.86	370.97	54.06
	T	63,862	53,727	84.13	5.99	331.61	7.12	394.17	55.34
5 - 9	M	41,228	29,827	72.35	4.32	204.19	5.97	282.24	47.25
	F	39,670	28,510	71.87	3.96	176.94	5.52	246.20	44.64
	T	80,898	58,337	72.11	4.15	190.83	5.75	264.63	46.02
10 - 14	M	37,453	25,505	68.10	3.99	181.29	5.86	266.21	45.44
	F	35,735	24,636	68.94	3.99	177.15	5.79	256.96	44.40
	T	73,188	50,141	68.51	3.99	179.27	5.82	261.67	44.94
15 - 19	M	36,735	24,471	66.61	4.43	221.62	6.65	332.69	50.02
	F	35,061	27,803	79.30	7.28	355.87	9.17	448.77	48.91
	T	71,796	52,274	72.81	5.82	287.18	7.99	394.43	49.35
20 - 24	M	40,541	24,922	61.47	4.26	211.98	6.93	344.83	49.77
	F	38,304	32,321	84.38	9.71	505.93	11.51	599.58	52.10
	T	78,845	57,243	72.60	6.91	354.78	9.51	488.67	51.36
25 - 29	M	46,519	29,248	62.87	4.72	235.21	7.51	374.10	49.82
	F	44,061	37,691	85.54	11.97	679.41	13.99	794.23	56.78
	T	90,580	66,939	73.90	8.25	451.28	11.16	610.66	54.73
30 - 34	M	46,672	31,242	66.94	5.25	256.88	7.84	383.74	48.96
	F	44,754	38,500	86.03	12.54	719.51	14.58	836.39	57.37
	T	91,426	69,742	76.28	8.82	483.34	11.56	633.62	54.82
35 - 39	M	43,071	30,207	70.13	6.00	293.52	8.55	418.52	48.96
	F	40,551	35,091	86.54	12.07	648.97	13.95	749.95	53.75
	T	83,622	65,298	78.09	8.94	465.89	11.45	596.63	52.10
40 - 44	M	37,931	27,810	73.32	6.97	345.28	9.51	470.94	49.53
	F	36,256	30,889	85.20	11.37	564.97	13.34	663.13	49.70
	T	74,187	58,699	79.12	9.12	452.65	11.53	572.08	49.63
45 - 49	M	35,625	26,791	75.20	8.07	398.63	10.73	530.08	49.41
	F	34,031	29,103	85.52	11.80	583.30	13.80	682.07	49.43
	T	69,656	55,894	80.24	9.89	488.85	12.33	609.22	49.42
50 - 54	M	38,477	29,580	76.88	9.68	494.86	12.59	643.70	51.12
	F	37,557	31,852	84.81	12.45	616.54	14.68	726.97	49.52
	T	76,034	61,432	80.80	11.05	554.96	13.67	686.87	50.23
55 - 59	M	40,242	33,337	82.84	11.76	620.56	14.20	749.09	52.75
	F	39,123	35,121	89.77	13.91	709.79	15.50	790.67	51.01
	T	79,365	68,458	86.26	12.82	664.55	14.87	770.42	51.82
60 - 64	M	36,182	32,242	89.11	14.39	772.73	16.15	867.16	53.71
	F	35,525	32,810	92.36	15.60	797.07	16.89	863.02	51.08
	T	71,707	65,052	90.72	14.99	784.79	16.52	865.07	52.35
65 - 69	M	27,555	25,862	93.86	18.17	1,010.75	19.36	1,076.91	55.62
	F	27,586	26,155	94.81	18.02	946.28	19.00	998.06	52.52
	T	55,141	52,017	94.33	18.10	978.50	19.18	1,037.26	54.08
70 - 74	M	19,910	19,489	97.89	22.48	1,227.16	22.97	1,253.67	54.59
	F	20,897	20,507	98.13	22.02	1,157.56	22.44	1,179.58	52.56
	T	40,807	39,996	98.01	22.25	1,191.52	22.70	1,215.68	53.56
75 & Over	M	33,514	34,684	100.00	30.31	1,527.55	29.29	1,476.02	50.40
	F	46,736	47,920	100.00	28.84	1,349.04	28.12	1,315.71	46.78
	T	80,250	82,604	100.00	29.45	1,423.59	28.61	1,383.02	48.34
Total all ages	M	601,954	461,694	76.70	9.28	479.94	12.10	625.75	51.71
	F	594,556	513,695	86.40	12.56	642.60	14.53	743.76	51.17
	T	1,196,510	975,389	81.52	10.91	560.77	13.38	687.90	51.40

¹ Population as at June 30, 2017.

² Population treated at anytime during the fiscal year.

Notes: 1) Excludes payments for specialist and rural emergency coverage programs.

2) Includes out-of-province services and costs.

Table 7

Services by Type of Service

Type of Service ¹	Number of Services (000's)		Number of Services Per 1,000 Beneficiaries		Per Cent Change 2016-17 to 2017-18
	2016-17	2017-18	2016-17	2017-18	
In-Province Physician Services.....	12,188.2	12,307.2	10,385	10,286	-0.96
Consultations.....	570.0	574.0	486	480	-1.23
Major Assessments.....	551.5	557.7	470	466	-0.80
Other Assessments	4,272.8	4,282.2	3,641	3,579	-1.70
Psychotherapy	438.5	444.4	374	371	-0.59
Total Visit Services	5,832.8	5,858.2	4,970	4,896	-1.49
Hospital Care	678.3	652.7	578	546	-5.62
Special Calls and Emergency	253.4	246.7	216	206	-4.52
Major Surgery	143.9	149.4	123	125	1.82
Minor Surgery.....	267.4	258.8	228	216	-5.07
Surgical Assistance	163.1	169.2	139	141	1.75
Obstetrics.....	31.2	31.4	27	26	-1.16
Anaesthesia.....	802.2	813.2	684	680	-0.57
Total Surgical Services	1,407.8	1,422.0	1,200	1,188	-0.92
Diagnostic Radiology.....	274.7	278.4	234	233	-0.57
Laboratory Services.....	300.8	289.5	256	242	-5.60
Other Diagnostic and Therapeutic Services.....	2,321.7	2,433.1	1,978	2,033	2.79
Special and Miscellaneous Services	1,118.8	1,126.6	953	942	-1.23
Total Diagnostic Services	4,016.0	4,127.6	3,422	3,450	0.81
In-Province Dental Services	13.1	11.6	11	10	-13.78
In-Province Optometric Services	370.4	398.5	316	333	5.52
Refractions by Optometrists	109.7	115.6	93	97	3.34
Other Optometric Services	260.7	282.9	222	236	6.44
Out-of-Province Services					
Physician Services.....	790.8	746.1	674	624	-7.46
Dental Services.....	0.1	0.1	–	–	–
Optometric Services.....	7.9	8.6	7	7	6.51
All Services	13,370.6	13,472.0	11,393	11,259	-1.17

¹ The "Definitions of Service Groupings", in *Statistical Figures and Tables* describes inclusions in these classifications.

Notes:

- 1) Includes optometric services covered by the Supplementary Health Program.
- 2) See "Data Limitations" in *Statistical Figures and Tables*.

Table 8

Payments by Type of Service

Type of Service ¹	Dollar Payments (000's)		Dollar Payments Per 1,000 Beneficiaries		Per Cent Change 2016-17 to 2017-18
	2016-17	2017-18	2016-17	2017-18	
In-Province Physician Services.....	623,787	637,242	531,522	532,584	0.20
Consultations.....	77,083	77,871	65,682	65,082	-0.91
Major Assessments.....	35,374	35,389	30,141	29,577	-1.87
Other Assessments	176,197	177,746	150,136	148,553	-1.05
Psychotherapy	21,213	21,473	18,075	17,946	-0.72
Total Visit Services	309,867	312,478	264,034	261,158	-1.09
Hospital Care	23,696	23,212	20,191	19,400	-3.92
Special Calls and Emergency	11,122	10,845	9,477	9,064	-4.36
Major Surgery	56,693	59,390	48,307	49,636	2.75
Minor Surgery.....	9,763	10,020	8,319	8,374	0.67
Surgical Assistance	14,497	15,210	12,353	12,712	2.91
Obstetrics.....	15,498	15,520	13,206	12,971	-1.78
Anaesthesia.....	42,175	43,048	35,937	35,978	0.11
Total Surgical Services	138,626	143,187	118,122	119,671	1.31
Diagnostic Radiology	14,410	14,578	12,279	12,184	-0.78
Laboratory Services.....	1,502	1,450	1,280	1,212	-5.31
Other Diagnostic and Therapeutic Services	101,256	108,026	86,279	90,284	4.64
Special and Miscellaneous Services ²	23,308	23,465	19,861	19,611	-1.26
Total Diagnostic Services	140,476	147,519	119,698	123,291	3.00
In-Province Dental Services	1,689	1,517	1,439	1,268	-11.90
In-Province Optometric Services	12,567	13,376	10,708	11,179	4.40
Refractions by Optometrists	6,196	6,530	5,415	5,457	0.78
Other Optometric Services	6,371	6,846	5,429	5,722	5.40
Out-of-Province Services					
Physician Services.....	43,460	42,259	37,032	35,319	-4.63
Dental Services.....	36	12	31	10	-67.58
Optometric Services.....	313	321	267	268	0.41
All Services.....	681,853	694,727	580,999	580,627	-0.06

¹ The "Definitions of Service Groupings", in *Statistical Figures and Tables* describe inclusions in these classifications.

² Includes payments for the rural emergency coverage program but excludes payments for the specialist emergency coverage program.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.

2) Payments for prior-approved services in the United States have been adjusted to reflect their value in Canadian Funds.

3) See "Data Limitations" in *Statistical Figures and Tables*.

Table 9

Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service ¹	2016-17			2017-18		
	General Practitioners (\$)	Specialists (\$)	All Practitioners (\$)	General Practitioners (\$)	Specialists (\$)	All Practitioners (\$)
In-Province Physician Services	35.90	68.66	50.47	37.28	69.31	51.78
Consultations.....	86.68	137.66	135.23	87.11	138.05	135.67
Major Assessments.....	60.30	89.88	64.15	59.53	90.34	63.45
Other Assessments.....	38.96	55.44	41.24	39.06	56.16	41.51
Psychotherapy.....	39.47	58.39	48.38	40.24	57.35	48.32
Average Of Visit Services	41.71	94.52	53.51	41.75	94.50	53.75
Hospital Care.....	34.43	35.42	34.43	35.28	35.82	35.56
Special Calls and Emergency.....	42.55	45.83	43.89	42.94	45.45	43.97
Major Surgery.....	255.09	399.08	393.98	252.20	402.27	397.58
Minor Surgery.....	18.98	64.21	36.51	19.35	69.09	38.72
Surgical Assistance.....	76.28	153.90	88.91	76.22	152.53	89.92
Obstetrics.....	574.73	463.63	496.69	565.93	464.26	493.55
Anaesthesia.....	46.51	53.37	52.57	47.16	53.69	52.93
Average Of Surgical Services	60.07	114.10	98.74	60.23	116.82	100.69
Diagnostic Radiology.....	—	52.47	52.46	—	52.35	52.35
Laboratory Services.....	4.87	6.89	4.99	4.88	7.05	5.01
Other Diagnostic and Therapeutic Services.....	17.03	48.06	43.61	17.02	49.05	44.40
Special and Miscellaneous Services ²	11.41	18.16	13.11	11.45	18.34	13.25
Average Of Diagnostic Services	11.43	44.95	32.83	11.58	45.72	33.67
In-Province Dental Services	—	—	128.53	—	—	131.33
In-Province Optometric Services	—	—	34.79	—	—	33.57
Refractions by Optometrists.....	—	—	57.93	—	—	57.59
Other Optometric Services.....	—	—	25.05	—	—	24.64
Out-of-Province Services						
Physician Services.....	50.01	57.08	54.96	51.83	58.69	56.64
Dental Services.....	—	—	385.57	—	—	173.62
Optometric Services.....	—	—	39.76	—	—	37.49
All Services	37.61	62.34	51.02	37.74	63.40	51.78

¹ The "Definitions of Service Groupings", in *Statistical Figures and Tables* describe inclusions in these classifications.

² Excludes payments for specialist and rural emergency coverage programs and retroactive lump sum payments to physicians to avoid distortion.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.

2) See "Data Limitations" in *Statistical Figures and Tables*.

Table 10

Per Cent of Services and Payments by Type of Service

Type of Service ¹	Per Cent of Total Services		Per Cent of Total Payments	
	2016-17	2017-18	2016-17	2017-18
In-Province Physician Services.....	91.16	91.35	91.48	91.73
Consultations.....	4.26	4.26	11.30	11.21
Major Assessments.....	4.12	4.14	5.19	5.09
Other Assessments	31.96	31.79	25.84	25.59
Psychotherapy	3.28	3.30	3.11	3.09
	43.62	43.48	45.44	44.98
Hospital Care.....	5.07	4.85	3.48	3.34
Special Calls and Emergency.....	1.90	1.83	1.63	1.56
Major Surgery	1.08	1.11	8.31	8.55
Minor Surgery.....	2.00	1.92	1.43	1.44
Surgical Assistance	1.22	1.26	2.13	2.19
Obstetrics.....	0.23	0.23	2.27	2.23
Anaesthesia.....	6.00	6.04	6.19	6.20
	10.53	10.56	20.33	20.61
Diagnostic Radiology.....	2.05	2.07	2.11	2.10
Laboratory Services	2.25	2.15	0.22	0.21
Other Diagnostic and Therapeutic Services.....	17.36	18.06	14.85	15.55
Special and Miscellaneous Services ²	8.37	8.36	3.42	3.38
	30.04	30.64	20.60	21.23
In-Province Dental Services	0.10	0.09	0.25	0.22
In-Province Optometric Services	2.77	2.96	1.84	1.93
Refractions by Optometrists	0.82	0.86	0.93	0.94
Other Optometric Services.....	1.95	2.10	0.93	0.99
Out-of-Province Services				
Physician Services.....	5.91	5.54	6.37	6.08
Dental Services	—	—	—	—
Optometrist Services	0.06	0.06	0.05	0.05
All Services.....	100.00	100.00	100.00	100.00

¹ The "Definitions of Service Groupings", in *Statistical Figures and Tables* describe inclusions in these classifications.

² Includes payments for the rural emergency coverage program but excludes specialist emergency coverage program payments.

Notes:

1) Includes optometric services covered by the Supplementary Health Program.

2) See "Data Limitations" in *Statistical Figures and Tables*.

Table 11

Payments (\$000's) for Out-of-Province Services by Location and Type of Practitioner

Type of Practitioner	Location of Services								
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners	11,566.4	156.3	21.9	539.9	1,014.9	8,607.2	1,096.7	84.0	45.5
Specialists									
Paediatricians and Medical Geneticists.....	2,381.6	12.0	2.6	82.8	58.6	2,179.3	40.5	5.3	0.5
Internists and Physiatrists.....	4,055.0	28.1	6.8	148.2	289.4	3,319.3	166.7	85.3	11.1
Neurologists.....	278.0	1.5	0.6	19.0	29.0	205.5	18.9	3.0	0.6
Psychiatrists.....	1,363.9	5.9	7.5	94.6	90.8	1,026.9	137.9	–	0.2
Dermatologists.....	219.4	11.8	0.1	6.1	25.4	167.8	7.2	0.9	0.1
Anaesthetists.....	3,579.7	19.2	9.3	141.9	228.8	3,039.6	122.0	16.0	3.0
General and Thoracic Surgeons.....	3,506.0	9.6	1.0	68.8	203.6	3,110.4	96.9	12.4	3.2
Orthopaedic Surgeons.....	1,401.9	7.1	5.1	73.6	144.0	1,066.2	83.2	18.9	3.7
Plastic and Reconstructive Surgeons.....	901.1	2.4	140.1	15.5	21.4	700.4	19.4	2.0	–
Neurological Surgeons.....	258.7	6.6	1.8	25.8	37.6	168.3	14.9	3.7	–
Obstetricians and Gynaecologists.....	1,227.3	19.0	2.0	76.0	278.2	797.6	53.5	0.8	0.2
Urological Surgeons.....	348.5	4.0	1.0	15.2	34.7	259.5	30.2	3.8	–
Ophthalmologists.....	971.8	7.1	0.1	38.9	71.6	801.9	47.9	3.4	1.0
Otolaryngologists.....	975.1	7.1	0.2	8.9	23.7	913.0	20.8	1.3	–
Pathologists.....	4,695.9	12.5	0.1	81.9	22.1	4,407.4	169.5	1.9	0.5
Diagnostic Radiologists.....	4,280.1	23.9	0.4	91.4	276.7	3,836.9	47.6	2.6	0.5
US Services with Prior Approval.....	322.5	–	–	–	–	–	–	322.5	–
All Physicians	42,332.8	334.1	200.6	1,528.7	2,850.6	34,607.3	2,173.5	567.7	70.1
Dentists.....	11.9	–	0.1	–	0.6	11.2	–	–	–
Optometrists.....	320.7	–	–	–	38.1	282.0	0.2	0.3	–

Notes:

- 1) Includes optometric services covered by the Supplementary Health Program.
- 2) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" in *Medical Services Plan Coverage Benefits*.
- 3) Payments for prior-approved services in the United States have been adjusted to reflect their value in Canadian funds.
- 4) See "Data Limitations" in *Statistical Figures and Tables*.

Table 12

Payments (\$000's) to Saskatchewan Physicians for Services Provided to Beneficiaries of Other Provinces or Territories

Type of Practitioner	Home Province or Territory of Beneficiary											
	All Locations	Newfoundland	PEI	Nova Scotia	New Brunswick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
General Practitioners.....	4,569.4	35.5	9.9	51.4	40.6	362.4	1,130.2	2,438.3	461.9	18.5	13.5	7.1
Specialists												
Paediatricians and Medical Geneticists..	183.6	0.3	–	0.7	1.7	11.5	83.6	74.7	10.9	0.3	–	–
Internists and Psychiatrists.....	998.3	4.1	0.7	5.5	8.3	75.3	177.9	637.4	84.8	2.8	1.6	–
Neurologists	86.8	0.4	0.2	0.3	1.0	5.7	22.1	43.7	12.6	0.3	0.3	0.2
Cardiologists.....	316.0	1.3	0.1	4.6	10.4	29.8	121.7	105.9	41.6	0.1	0.3	0.3
Psychiatrists	344.3	21.0	9.3	5.8	3.6	38.2	46.6	154.0	56.5	7.9	0.3	1.2
Dermatologists	24.8	0.1	–	0.4	0.2	2.6	7.7	11.2	2.5	0.1	–	–
Anaesthetists	984.5	8.3	3.5	5.8	5.7	44.5	240.7	618.5	52.8	1.0	2.7	0.9
General Surgeons.....	938.6	2.4	3.6	4.7	6.1	32.7	160.1	688.5	38.7	1.1	0.3	0.2
Cardiac Surgeons	82.7	4.6	–	2.1	1.1	0.4	45.4	22.4	6.8	–	–	–
Orthopaedic Surgeons	477.3	1.2	0.2	6.8	0.6	26.3	89.6	308.9	40.1	0.1	2.5	1.0
Plastic and Reconstructive Surgeons.....	109.3	1.2	0.1	0.8	0.9	5.7	33.9	52.2	14.5	–	–	–
Neurological Surgeons	346.3	3.1	–	0.5	0.5	9.0	52.6	271.2	9.2	0.2	–	–
Obstetricians and Gynaecologists.....	626.8	0.3	–	4.2	2.7	34.8	256.5	292.2	32.7	–	2.1	1.4
Urological Surgeons	167.3	2.3	0.1	0.4	2.4	5.5	104.6	40.3	11.2	0.4	–	0.1
Ophthalmologists.....	877.4	0.3	0.5	2.6	0.4	20.3	406.0	420.7	26.0	0.4	0.1	–
Otolaryngologists.....	295.0	1.2	0.3	0.8	0.3	12.6	61.6	209.1	8.4	0.1	0.5	0.1
Pathologists	563.7	3.1	1.9	7.2	8.8	87.8	83.4	278.8	86.4	3.2	2.3	0.9
Diagnostic Radiologists.....	472.9	4.7	1.6	8.9	4.5	61.8	99.5	216.5	67.3	3.4	2.7	1.8
All Physicians.....	12,464.9	95.3	32.0	113.5	99.7	866.9	3,223.6	6,884.3	1,065.0	40.0	29.3	15.3

Notes:

- 1) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" in *Medical Services Plan Coverage Benefits*.
- 2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan Physician Payment Schedule rates.
- 3) See "Data Limitations" in *Statistical Figures and Tables*.

Table 13a

Payments (\$000's) for Out-of-Province Hospital Services By Location and Type of Care

	Location of Services								
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Bone Marrow/Stem Cell Transplant	293.0	–	–	–	–	293.0	–	–	–
Out-of-Country	37.9	–	–	–	–	–	–	23.0	14.9
Defibrillator Pacemaker Implantation	651.0	–	2.1	–	–	517.9	131.0	–	–
Liver Transplant	1,218.6	–	–	–	–	1218.6	–	–	–
Heart or Heart and Lung Transplant	2,912.1	–	–	133.1	–	2779.0	–	–	–
Aortic Valve	326.2	–	–	–	–	241.6	84.6	–	–
Ventricular Assist Device	1,706.4	–	–	–	–	1706.4	–	–	–
Kidney or Kidney and Pancreas Transplant	37.1	–	–	–	–	37.1	–	–	–
Cranium Screws/Wires/Mesh/Plates	24.8	–	–	–	–	24.8	–	–	–
Artificial Knee/Hip/Shoulder	110.9	–	–	5.9	–	105.0	–	–	–
Spinal Fixation/Fusion Rods/Grafts/Screws	3.5	–	–	–	–	3.5	–	–	–
Stent/Expandable Stent Graft	31.8	–	–	–	–	31.8	–	–	–
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases	587.8	–	–	44.7	52.9	414.0	66.2	5.1	5.0
II. Neoplasms	3,947.9	16.1	–	416.8	246.1	2,991.2	273.0	0.7	4.0
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	1,433.3	–	–	14.2	11.2	1,380.5	26.3	0.5	0.5
IV. Diseases of Blood & Blood-Forming Organs	388.0	–	–	9.9	95.2	260.8	21.7	0.3	–
V. Mental Disorders	2,961.2	135.3	1.3	160.7	470.9	1,704.4	485.7	1.2	1.6
VI. Diseases of Nervous System & Sense Organs	932.9	–	6.3	111.8	36.5	614.3	162.6	1.1	0.3
VII. Diseases of the Circulatory System	6,853.8	13.1	10.4	328.5	155.1	5,975.2	348.7	11.0	11.8
VIII. Diseases of the Respiratory System	1,554.0	32.8	–	78.2	86.5	1,209.4	135.7	4.9	6.6
IX. Diseases of the Digestive System	4,183.4	44.9	6.5	459.8	446.5	3,005.5	198.9	6.3	15.0
X. Diseases of the Genitourinary System	1,064.1	14.8	–	110.4	126.9	785.3	24.0	0.4	2.3
XI. Complications of Pregnancy, Childbirth & the Puerperium	1,395.8	38.1	16.6	142.2	265.3	789.0	29.5	114.4	0.8
XII. Diseases of the Skin & Subcutaneous Tissue	392.6	–	–	48.6	70.7	205.5	64.3	1.6	2.0
XIII. Diseases of the Musculoskeletal System & Connective Tissue	1,069.7	48.2	9.8	31.3	126.7	792.6	55.6	1.2	4.3
XIV. Congenital Anomalies	7,556.0	–	16.8	232.9	170.0	7,095.9	40.5	–	–
XV. Certain Conditions Originating in the Perinatal Period	2,124.2	9.4	–	196.4	413.2	1,502.0	3.2	–	–
XVI. Symptoms, Signs, & Ill-defined Conditions	2,144.0	49.6	19.2	232.8	120.8	1,477.3	234.5	3.6	6.2
XVII. Injury and Poisoning	6,962.0	12.8	2.7	294.8	96.0	6,030.3	489.6	15.6	20.4
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	2,159.0	35.3	173.8	63.2	260.6	1,461.1	164.9	–	–
Outpatient Treatment									
Standard Outpatient Visit	16,334.4	581.6	165.9	1,217.1	1,753.7	10,832.4	1,731.6	33.7	18.5
Day Surgery	2,806.9	18.3	2.6	161.1	694.4	1,774.8	153.5	1.1	1.1
Haemodialysis	1,389.9	8.1	–	19.1	18.6	1,248.2	91.5	0.8	3.6
Computerized Axial Tomography (CAT Scan)	1,475.3	30.7	9.7	141.3	224.4	785.8	283.3	–	–
Magnetic Resonance Imaging (MRI)	761.2	2.9	0.7	50.1	115.9	557.1	34.5	–	–
Positron Emission Tomography (PET Scan)	107.8	–	–	1.4	3.8	98.1	4.5	–	–
Radiotherapy Services	301.8	–	–	24.1	44.5	171.6	61.6	–	–
Cancer Chemotherapy Visit	716.3	81.6	–	60.5	130.1	386.0	58.1	–	–
Gamma Knife Procedure	239.5	–	–	18.5	221.0	–	–	–	–
Brachytherapy	786.5	–	–	–	22.0	147.5	617.0	–	–
Out-of-Country	213.9	–	–	–	–	–	–	213.9	–
Other Outpatient Treatment	4,152.1	93.6	13.6	56.1	231.5	3,287.7	413.9	52.8	2.9
Total	84,348.6	1,267.2	457.9	4,865.4	6,711.0	63,942.4	6,489.7	493.1	121.8

Notes:

- 1) More than one of the same high cost procedure can occur during a single hospitalization.
- 2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.
- 3) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
- 4) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 13b

Number of Out-of-Province Hospital Cases by Location and Type of Care

	Location of Services								
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Heart or Heart and Lung Transplant.....	17	–	–	1	–	16	–	–	–
Liver Transplant.....	9	–	–	–	–	9	–	–	–
Kidney or Kidney and Pancreas Transplant.....	1	–	–	–	–	1	–	–	–
Defibrillator Pacemaker Implantation	38	–	1	–	–	31	6	–	–
Aortic Valve.....	12	–	–	–	–	11	1	–	–
Ventricular Assist Device.....	10	–	–	–	–	10	–	–	–
Cranium Screws/Wires/Mesh/Plates.....	3	–	–	–	–	3	–	–	–
Artificial Knee/Hip/Shoulder.....	15	–	–	1	–	14	–	–	–
Spinal Fixation/Fusion Rods/Grafts/Screws	2	–	–	–	–	2	–	–	–
Stent/Expandable Stent Graft.....	2	–	–	–	–	2	–	–	–
Bone Marrow/Stem Cell Transplant.....	2	–	–	–	–	2	–	–	–
Out-of-Country.....	2	–	–	–	–	–	–	1	1
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases.....	89	–	–	10	4	32	12	9	22
II. Neoplasms.....	259	3	–	20	25	193	15	1	2
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	97	–	–	4	4	78	8	2	1
IV. Diseases of Blood & Blood-Forming Organs	34	–	–	1	4	23	5	1	–
V. Mental Disorders.....	279	6	1	21	37	154	56	1	3
VI. Diseases of Nervous System & Sense Organs.....	105	–	2	16	7	59	15	3	3
VII. Diseases of the Circulatory System.....	502	3	3	36	24	346	48	33	9
VIII. Diseases of the Respiratory System.....	228	5	–	12	26	129	24	9	23
IX. Diseases of the Digestive System.....	460	8	2	45	58	250	43	22	32
X. Diseases of the Genitourinary System.....	195	3	–	14	29	133	5	3	8
XI. Complications of Pregnancy Childbirth & the Puerperium.....	430	10	7	47	99	246	18	1	2
XII. Diseases of the Skin & Subcutaneous Tissue	58	–	–	3	6	31	9	4	5
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	164	1	2	8	32	103	9	2	7
XIV. Congenital Anomalies	261	–	2	10	10	229	10	–	–
XV. Certain Conditions Originating in the Perinatal Period.....	101	1	–	6	20	72	2	–	–
XVI. Symptoms, Signs, & Ill-defined Conditions.....	248	4	1	27	22	128	23	16	27
XVII. Injury and Poisoning.....	505	6	2	21	23	321	74	29	29
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	460	10	5	23	91	310	21	–	–
Outpatient Treatment									
Standard Outpatient Visit.....	48,215	1,699	483	3,307	5,112	31,502	5,030	674	408
Day Surgery.....	2,146	14	2	122	527	1,343	116	11	11
Haemodialysis	3,019	17	–	40	40	2,642	192	16	72
Computerized Axial Tomography (CAT Scan).....	1,963	41	13	188	300	1,045	376	–	–
Magnetic Resonance Imaging (MRI).....	1,061	4	1	70	162	776	48	–	–
Positron Emission Tomography (PET Scan).....	69	–	–	1	3	62	3	–	–
Radiotherapy Services.....	728	–	–	59	107	415	147	–	–
Cancer Chemotherapy Visit.....	522	57	–	63	91	277	34	–	–
Gamma Knife Procedure.....	14	–	–	1	13	–	–	–	–
Brachytherapy.....	80	–	–	–	5	24	51	–	–
Out-of-Country.....	27	–	–	–	–	–	–	27	–
Other Outpatient Treatment.....	15,334	546	71	59	1,183	11,419	2,030	25	1
Total.....	77,766	2,438.0	598.0	4,236.0	8,064.0	52,443.0	8,431.0	890.0	666.0

Notes:

- 1) More than one of the same high cost procedure can occur during a single hospitalization.
- 2) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
- 3) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 14a

Payments (\$000's) for Out-of-Province Residents Hospitalized In Saskatchewan By Place of Residence and Type of Care

	All Locations	Home Province or Territory of Beneficiary					
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment – High Cost Procedures							
Defibrillator-Pacemaker.....	145.4	–	–	–	38.4	107.0	–
Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases.....	694.7	8.9	–	47.4	219.8	96.7	321.8
II. Neoplasms.....	780.9	2.7	45.4	52.0	308.7	359.3	12.8
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	484.0	18.5	4.3	13.0	147.6	153.4	147.2
IV. Diseases of Blood and Blood-Forming Organs.....	81.6	–	–	17.3	1.9	52.7	9.7
V. Mental Disorders.....	3,393.7	185.7	45.2	309.8	509.9	1,668.1	675.1
VI. Diseases of the Nervous System & Sense Organs.....	413.0	–	1.5	85.4	102.8	114.7	108.6
VII. Diseases of the Circulatory System.....	3,232.8	165.1	–	681.1	878.2	948.5	559.9
VIII. Diseases of the Respiratory System.....	1,240.7	41.7	9.9	63.4	603.8	401.1	120.9
IX. Diseases of the Digestive System.....	1,363.0	58.8	43.4	141.8	257.2	753.0	108.8
X. Diseases of the Genitourinary System.....	577.6	3.8	–	14.4	220.3	281.2	57.9
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	767.1	23.4	–	91.2	388.8	216.9	46.9
XII. Diseases of the Skin and Subcutaneous Tissue.....	186.6	9.8	–	–	73.5	79.0	24.3
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	1,061.5	35.4	–	25.2	285.7	566.9	148.4
XIV. Congenital Anomalies.....	27.5	1.3	–	–	20.2	6.0	–
XV. Certain Conditions Originating in the Perinatal Period.....	965.8	–	–	1.6	508.3	294.1	161.8
XVI. Symptoms, Signs, and Ill-defined Conditions.....	960.1	16.2	-11.5	64.1	405.4	389.8	96.1
XVII. Injury and Poisoning.....	2,447.9	86.7	7.1	121.1	628.0	1,487.8	117.1
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	945.1	4.6	–	29.2	337.0	287.5	286.8
Outpatient Treatment							
Standard Outpatient Visit.....	9,404.4	370.9	79.6	755.2	3,200.7	3,994.2	1,003.7
Day Surgery.....	1,871.0	29.0	2.7	69.8	916.7	768.0	84.7
Haemodialysis.....	125.6	–	–	38.7	28.2	51.6	7.1
Computerized Axial Tomography (CAT Scan).....	635.5	28.0	9.0	62.6	172.0	293.1	70.8
Magnetic Resonance Imaging (MRI).....	170.7	7.9	3.6	12.3	48.3	79.8	18.8
Radiotherapy Services.....	49.3	–	–	–	8.4	40.0	0.8
Cancer Chemotherapy Visit.....	67.4	1.6	–	–	26.1	41.8	-2.1
Other Outpatient Treatment.....	616.4	27.1	2.7	63.2	140.1	303.2	80.0
Total.....	32,709.2	1,127.3	242.9	2,759.7	10,475.8	13,835.5	4,267.9

Notes:

- 1) More than one of the same high cost procedure can occur during a single hospitalization.
- 2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

Table 14b

Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care

		Home Province or Territory of Beneficiary					
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment – High Cost Procedures – Cases							
Defibrillator-Pacemaker.....	4	–	–	–	2	2	
Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis – Cases							
I. Infectious & Parasitic Diseases.....	42	3	–	4	20	8	7
II. Neoplasms.....	78	1	1	3	46	24	3
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	57	5	1	3	19	22	7
IV. Diseases of Blood and Blood-Forming Organs.....	14	–	–	2	1	8	3
V. Mental Disorders.....	250	9	3	25	45	129	39
VI. Diseases of the Nervous System & Sense Organs.....	45	–	1	5	12	15	12
VII. Diseases of the Circulatory System.....	226	11	–	33	74	71	37
VIII. Diseases of the Respiratory System.....	149	8	3	11	59	50	18
IX. Diseases of the Digestive System.....	244	15	7	23	68	112	19
X. Diseases of the Genitourinary System.....	116	2	–	5	52	48	9
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	249	7	–	17	136	71	18
XII. Diseases of the Skin and Subcutaneous Tissue.....	33	3	–	–	13	12	5
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	134	6	–	4	38	79	7
XIV. Congenital Anomalies.....	12	1	–	–	8	3	–
XV. Certain Conditions Originating in the Perinatal Period.....	49	–	–	1	32	11	5
XVI. Symptoms, Signs, and Ill-defined Conditions.....	165	5	–	14	59	67	20
XVII. Injury and Poisoning.....	249	10	2	19	71	124	23
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	236	4	–	14	132	66	20
Outpatient Treatment							
Standard Outpatient Visit.....	27,607	1,105	237	2,255	9,339	11,678	2,993
Day Surgery.....	1,428	23	2	55	697	584	67
Haemodialysis.....	266	–	–	81	62	108	15
Computerized Axial Tomography (CAT Scan).....	856	40	12	85	232	392	95
Magnetic Resonance Imaging (MRI).....	243	12	5	20	67	111	28
Radiotherapy Services.....	120	–	–	–	20	98	2
Cancer Chemotherapy Visit.....	62	3	–	–	28	29	2
Other Outpatient Treatment.....	3,600	152	13	377	820	1,752	486
Total.....	36,534	1,425	287	3,056	12,152	15,674	3,940

Notes:

- 1) More than one of the same high cost procedure can occur during a single hospitalization.
- 2) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 15

In-Province Physician Services by Type of Service and Type of Physician

Type of Service ¹ (000's)	Type of Physician								
	General Practitioners	Paediatricians and Medical Geneticists	Internists and Psychiatrists	Neurologists	Cardiologists	Psychiatrists	Dermatologists	General Surgeons	Cardiac Surgeons
Visits									
Consultations.....	26.8	30.4	127.0	23.5	31.4	15.1	17.7	61.2	2.6
Special Eye Examination.....	–	–	–	–	–	–	–	–	–
Major Assessments.....	486.7	11.5	5.6	0.7	0.4	6.3	4.6	2.3	–
Other Assessments	3,668.3	43.8	107.6	16.9	14.1	22.7	18.7	51.4	0.9
Hospital Care Days.....	311.3	35.4	227.7	12.3	18.8	14.4	–	20.0	0.3
Special Calls and Emergency									
Surcharges.....	139.4	3.5	22.1	2.7	3.6	3.8	0.1	9.0	0.8
Premiums.....	6.0	0.4	4.3	0.1	0.2	0.4	–	0.2	–
Psychotherapy									
Base Time ²	143.4	0.1	0.1	–	–	102.9	0.1	–	–
Additional Time	91.3	–	0.1	–	–	102.5	0.1	–	–
Major Surgery.....	4.7	–	0.7	0.7	0.7	–	0.3	17.7	5.7
Minor Surgery	158.0	0.1	0.7	–	0.2	–	33.3	7.6	0.1
Surgical Assistance.....	138.8	–	–	–	0.2	–	–	7.3	0.8
Obstetrics	9.1	–	–	–	–	–	–	–	–
Anaesthesia									
Operative.....	88.4	–	–	–	–	–	–	–	–
Nerve Blocks and Epidurals.....	6.2	–	0.5	0.6	–	–	–	–	–
Diagnostic Radiology.....	–	–	–	–	–	–	–	–	–
Pathology/Laboratory Services	271.7	0.1	–	–	–	–	0.2	–	–
Diagnostic Ultrasound	–	2.4	7.0	–	57.9	–	–	–	–
Other Diagnostic and Therapeutic Services.....	353.4	115.6	411.2	19.9	170.1	125.9	6.2	65.7	0.4
Special Services.....	121.0	0.1	0.1	–	–	–	2.2	11.6	–
Miscellaneous Services ³	710.7	27.0	91.8	10.1	8.9	31.4	3.4	16.8	0.9
Total Services	6,735.1	270.3	1,006.5	87.4	306.7	425.3	86.8	270.7	12.3

¹ The "Definitions of Service Groupings", in *Statistical Figures and Tables* describes inclusions in these classifications.

² Represents the number of instances these types of services were provided during the year.

³ This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel and the fee code for hospital discharge and documentation.

Note: Totals may not match other tables exactly due to rounding. See "Data Limitations" in *Statistical Figures and Tables*.

Table 15 (Continued)

In-Province Physician Services by Type of Service and Type of Physician

Type of Service ¹ (000's)	Type of Physician									Total Services
	Orthopaedic Surgeons	Plastic and Reconstructive Surgeons	Neurological Surgeons	Obstetricians and Gynaecologists	Urological Surgeons	Ophthalmologists	Otolaryngologists	Anaesthetists	Pathologists and Diagnostic Radiologists	
Visits										
Consultations.....	47.9	18.6	6.7	50.0	14.9	55.1	32.4	11.7	1.0	574.0
Special Eye Examination.....	—	—	—	—	—	0.2	—	—	—	0.2
Major Assessments.....	0.2	0.3	0.1	9.1	3.4	22.3	3.9	—	—	557.5
Other Assessments	65.4	16.6	5.0	97.0	12.3	103.5	32.6	5.4	—	4,282.2
Hospital Care Days.....	3.0	0.1	3.1	5.1	0.7	0.1	0.5	—	—	652.7
Special Calls and Emergency										
Surcharges.....	7.9	1.9	1.6	6.9	1.4	1.7	0.8	14.5	0.6	222.4
Premiums.....	—	—	—	—	—	—	—	12.6	—	24.2
Psychotherapy										
Base Time ²	—	—	—	2.5	—	—	—	—	—	249.1
Additional Time	—	—	—	1.1	—	—	—	—	—	195.1
Major Surgery.....	30.1	10.7	9.9	7.1	6.2	41.9	13.0	—	0.1	149.4
Minor Surgery	1.9	9.6	0.1	1.5	2.2	38.4	4.9	—	0.3	258.8
Surgical Assistance.....	3.5	1.0	0.7	8.5	6.2	—	2.3	—	—	169.1
Obstetrics	—	—	—	22.4	—	—	—	—	—	31.4
Anaesthesia										
Operative.....	—	—	—	—	—	—	—	684.6	—	773.1
Nerve Blocks and Epidurals.....	0.8	—	—	0.3	—	—	—	29.7	1.9	39.9
Diagnostic Radiology.....	—	—	—	—	—	—	—	—	278.4	278.4
Pathology/Laboratory Services	—	—	—	17.3	—	—	—	—	—	289.2
Diagnostic Ultrasound	—	—	—	14.5	—	14.0	—	0.5	179.6	275.9
Other Diagnostic and Therapeutic Services.....	26.3	2.6	1.4	27.7	11.2	628.5	80.6	8.0	102.6	2,157.0
Special Services.....	—	0.4	—	16.7	0.1	—	—	—	—	152.0
Miscellaneous Services ³	12.4	1.2	3.4	21.0	4.6	7.0	22.7	0.7	0.4	974.5
Total Services	199.3	63.0	32.0	308.6	63.1	912.6	193.7	767.7	564.9	12,306.1

Table 16

Selected In-Province Medical Procedures – Patients, Services and Payments

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 2016-17 to 2017-18
		Patients	Payments	Services	
Electrocardiograms and Echocardiograms	473,147	163.30	11,439.61	403.16	-1.56
Allergy Investigations and Hyposensitization Injections	205,349	6.60	368.02	174.98	3.14
Psychological Testing.....	119,626	16.56	4,124.15	101.93	11.67
Artificial Extra Corporeal Haemodialysis	106,577	1.06	4,898.85	98.81	4.40
Submission of Papanicolaou Smear.....	81,200	129.38 ^f	2,750.74 ^f	137.65 ^f	0.16
Optical Coherence Tomography	78,234	42.80	2,973.76	66.66	9.11
Pulmonary Function Studies	38,447	18.38	1,633.91	32.76	5.76
Removal of Cysts, Granulomata, Keratoses, Moles, etc.	36,402	24.03	1,741.21	31.02	-0.25
Arthrocentesis - Joint Injections.....	30,355	15.68	505.46	25.87	6.87
Plantar Wart Excision or Fulguration.....	29,996	11.65	476.95	25.56	-3.76
Colonoscopy	28,420	23.35	4,969.26	24.22	1.89
Upper GI Endoscopy.....	20,607	15.30	2,632.73	17.56	0.40
Cataract Extraction.....	14,061	7.43	4,754.32	11.98	5.40
Suturing of Wounds.....	12,086	9.46	838.80	10.30	-3.73
Cystoscopy.....	10,936	7.70	966.75	9.32	4.02
Delivery - Vaginal.....	10,527	17.61 ^f	16,645.57 ^f	17.85 ^f	-2.70
Coronary Angiography	6,827	4.59	1,044.11	5.82	7.07
Fractures, Open Surgical or Closed Reduction	6,320	4.56	2,701.53	5.39	3.20
Cardiac Catheterization	6,058	4.09	757.09	5.16	-0.44
Angioplasty.....	5,390	2.22	2,090.71	4.59	5.17
Arthroscopy	4,197	3.41	491.97	3.58	-6.40
Sigmoidoscopy.....	3,605	2.74	196.45	3.07	-1.45
Electroencephalograms or Echoencephalograms.....	3,549	2.56	80.40	3.02	-24.40
Delivery - Caesarean.....	3,478	5.88 ^f	5,445.98 ^f	5.90 ^f	6.43
Hernia Repair	3,473	2.72	1,333.76	2.96	4.36
Gall Bladder or Other Biliary Tract Surgery.....	2,812	2.39	1,634.05	2.40	8.15
Arthroplasty - Knee or Total Knee Replacement.....	2,682	2.05	1,936.55	2.29	11.70
Vasectomy.....	2,384	4.08 ^m	1,123.27 ^m	4.08 ^m	-5.13
Therapeutic Abortion.....	2,071	3.39 ^f	637.23 ^f	3.51 ^f	14.86
Arthroplasty - Hip or Total Hip Replacement.....	1,936	1.58	1,520.37	1.65	4.14
Tonsillectomy (With or without Adenoidectomy)	1,833	1.56	543.15	1.56	6.63
Septoplasty or Submucous Resection	1,723	1.27	512.01	1.47	19.32
Electroconvulsive Therapy.....	1,693	0.19	117.02	1.44	-8.78
Dilatation and Curettage	1,253	2.06 ^f	412.55 ^f	2.12 ^f	-2.03
Appendectomy	1,135	0.96	558.97	0.97	4.42
Prostatectomy (With or Without Vasectomy)	965	1.62 ^m	1,478.05 ^m	1.65 ^m	8.31
Tubal Ligation	955	1.61 ^f	382.87 ^f	1.62 ^f	-13.80
Salpingectomy, Oophorectomy &/or Ovarian Cystectomy	857	1.42	641.97	1.45	21.05
Genital Prolapse Repair.....	650	0.82 ^f	291.06 ^f	1.10 ^f	2.36
Coronary By-Pass.....	549	0.47	1,428.05	0.47	-4.02
Varicose Veins (Ligation).....	537	0.24	103.15	0.46	11.18
Strabismus Operation.....	286	0.18	90.03	0.24	8.75
Hysterectomy - Vaginal.....	273	0.46 ^f	253.15 ^f	0.46 ^f	8.76
Hysterectomy - Abdominal.....	265	0.45 ^f	277.27 ^f	0.45 ^f	-18.00
Peptic Ulcer Surgery	112	0.09	91.64	0.10	0.00

^f Rate per 1,000 female beneficiaries.

^m Rate per 1,000 male beneficiaries.

Notes: Includes out-of-province services and costs.

Table 17

Selected In-Province Medical Conditions – Patients, Services and Payments

Conditions	I.C.D. ¹	Number of Services (000's)	Rate Per 1,000 Beneficiaries		
			Patients	Payments (\$)	Services
Diseases Affecting Genitourinary Tract.....	580 - 599, 788	424	79.2	18,762	361
Diabetes Mellitus	250	383	60.4	11,469	327
General Medical Examination - No Specific Diagnosis	V70	327	158.9	13,579	279
Psychoses	295 - 299	326	22.1	13,139	278
Hypertension.....	401 - 405	294	110.5	9,168	251
Acute Upper Respiratory Infection (Except Influenza)	460 - 465	283	157.7	9,695	241
Chronic Sinusitis & Other Respiratory Symptoms.....	473 & 786	244	89	11,957	208
Glaucoma	365	230	21.8	5,940	196
Neuroses	300	226	57.8	8,555	192
Arthritis.....	710 - 716	174	50.5	8,993	148
Cataract	366	174	17.4	8,826	148
Ischaemic Heart Disease	410 - 414	166	25.9	11,378	142
Rheumatic Disease	725 - 729	157	68.8	7,042	134
Vertebrogenic Pain Syndrome	724	136	48.9	8,289	116
Cardiac Disrhythmias.....	427	121	24.3	5,605	103
Symptomatic Heart Disease.....	428 & 429	112	21.1	5,324	96
Eczema.....	690 - 692	100	47	3,001	85
Asthma.....	493	94	31.3	2,595	80
Otitis Media	381 & 382	90	39.8	3,663	77
Chronic Airways Obstruction.....	496	75	14.2	2,867	64
Cellulitis and Abscess	681 & 682	75	25.8	2,755	63
Bronchitis	466, 490 & 491	73	43.6	2,568	62
Pneumonia	480 - 486	70	14.7	2,771	60
Cerebrovascular Disease	430 - 438	66	6.9	3,156	56
Myxedema	244	60	29.2	1,727	51
Diarrheal Disease	009	56	26.1	2,399	47
Disorders of Menstruation	Z08 ² & 626	53	38 ^f	4,455 ^f	89 ^f
Anaemias	280 - 285	52	17.1	2,330	44
Hay Fever	477	47	6.4	441	40
Hyperkinetic Syndrome of Childhood (ADHD).....	314	39	7.2	1,724	33
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva.....	615 & 616	34	28.1 ^f	2,282 ^f	58 ^f
Migraine	346	28	12.7	1,109	24
Varicose Veins of Lower Extremity	454	21	4.2	669	18
Gastritis and Duodenitis.....	535	18	10	683	16
Menopausal Symptoms.....	627	18	15.6 ^f	1,227 ^f	30 ^f
Multiple Sclerosis.....	340	17	2.3	664	14
Alcoholic Psychosis and Alcoholism.....	291 & 303	16	3.1	629	13
Disorders of Functions of Stomach.....	536 & 537	15	8.2	659	13
Epilepsy.....	345	14	4	676	12
Influenza.....	487	13	8.8	415	11
Alzheimer's Disease and Other Cerebral Degenerations.....	331	11	1.6	552	9
Obesity.....	278	8	4.1	385	7
Ulcers of Duodenum and Stomach.....	531 - 534	5	2.4	261	4

¹ Ninth Revision International Classification of Diseases, 1977.

² MSP internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.

^f Rate per 1,000 female beneficiaries.

Notes: MSP records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

Table 18

Physician Supply by Three Year Comparison

	General Practitioners					
	Metro ¹		Urban ²		Rural ³	
	Active ⁴	Licensed ⁵	Active ⁴	Licensed ⁵	Active ⁴	Licensed ⁵
2013-14	424	639	204	200	232	321
2014-15	434	637	208	216	251	327
2015-16	450	648	211	241	257	362
2016-17	478	697	229	246	248	358
2017-18.....	493	726	222	266	245	379

	General Practitioners		Specialists		All Physicians	
	Active ⁴	Licensed ⁵	Active ⁴	Licensed ⁵	Active ⁴	Licensed ⁵
2013-14	860	1,160	724	1,005	1,584	2,165
2014-15	893	1,181	759	1,043	1,652	2,224
2015-16	918	1,251	781	1,124	1,699	2,375
2016-17	955	1,301	816	1,190	1,771	2,491
2017-18.....	960	1,371	859	1,268	1,819	2,639

¹ Metro - A general practitioner who practises in Regina, Saskatoon, or a recognized bedroom community.

² Urban - A general practitioner who practises in a locality having 10,000 or more residents other than Regina or Saskatoon.

³ Rural - A general practitioner who practises in a locality having fewer than 10,000 residents.

⁴ All Physicians with their own MSP billing numbers receiving \$15,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

⁵ All Physicians with their own MSP billing number who are licensed by the College of Physicians and Surgeons of Saskatchewan and practising in Saskatchewan under MSP coverage at the end of the year; includes temporary licensed locum physicians but excludes educational locums and medical residents.

Note:

1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, is affected by the extent of shadow billing.

Table 19

Physicians in Relation to Population and Practice Size

Type of Physician ¹	Number of Licensed ⁵ Physicians		Number of Active ⁴ Physicians		Population Per Active ⁴ Physician (000's)		Average Number of Patients Per Active Physician (000's) ²		Average Patient Contacts Per Active Physician (000's) ³	
	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18
General Practitioner	1,301	1,371	955	960	1.2	1.2	2.1	2.1	4.8	4.7
Specialists										
Paediatricians and Medical Geneticists	113	125	66	68	17.8	17.6	0.9	0.8	1.8	1.6
Internists and Physiatrists	221	249	159	164	7.4	7.3	1.7	1.6	3.6	3.6
Neurologists	21	23	18	21	65.2	57.0	1.7	1.6	2.8	2.6
Cardiologists	30	31	26	28	45.1	42.7	4.3	4.5	3.5	3.4
Psychiatrists	112	119	67	68	17.5	17.6	0.5	0.5	2.1	2.1
Dermatologists	9	11	9	10	130.4	119.7	2.8	2.6	4.8	4.2
Anaesthetists	136	135	113	112	10.4	10.7	0.8	0.9	0.9	0.9
General Surgeons	95	97	81	79	14.5	15.1	1.0	1.0	2.0	2.0
Cardiac Surgeons	6	6	6	6	195.6	199.4	0.6	0.6	1.0	0.9
Orthopaedic Surgeons	51	53	43	46	27.3	26.0	1.4	1.4	2.8	2.7
Plastic and Reconstructive Surgeons	19	19	14	14	83.8	85.5	1.6	1.6	3.1	3.1
Neurological Surgeons	16	17	13	14	90.3	85.5	0.7	0.7	1.2	1.2
Obstetricians and Gynaecologists	76	84	62	65	18.9	18.4	1.3	1.2	2.9	2.7
Urological Surgeons	18	17	17	17	69.0	70.4	1.4	1.5	2.2	2.3
Ophthalmologists	35	33	28	29	41.9	41.3	3.2	3.3	7.5	7.7
Otolaryngologists	17	17	18	17	65.2	70.4	2.5	2.5	4.2	4.2
Pathologists and Diagnostic Radiologists	215	232	76	101	15.4	11.8	4.1	3.5	0.2	0.2
All Specialists	1,190	1,268	816	859	1.4	1.4	1.7	1.6	2.4	2.3
All Physicians	2,491	2,639	1,771	1,819	0.7	0.7	1.9	1.9	3.7	3.6
Licensed Physicians ⁵	2,491	2,639	2,491	2,639	0.5	0.5	–	–	–	–

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

³ A patient contact represents each time a physician saw a patient regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

⁴ Active Physicians - All Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

⁵ Licensed physicians - All Physicians with their own MSP billing number who are licensed by the College of Physicians and Surgeons of Saskatchewan and practising in Saskatchewan under MSP coverage at the end of the year; includes temporary licensed locum physicians but excludes educational locums and medical residents.

Notes:

1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

Table 20

Physicians by Size of Practice

Type of Physician ¹	Number of Physicians ²	Size of Practice by Range of Patients ³							
		Less Than 500	501-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More Than 3,500
General Practitioners									
Metro Association.....	411	26	58	64	61	43	35	36	88
Metro Solo.....	82	23	26	7	17	4	3	2	0
Urban Association.....	177	4	17	41	43	15	11	7	39
Urban Solo.....	45	7	6	5	10	7	2	2	6
Rural Association.....	225	1	31	80	52	38	14	3	6
Rural Solo.....	20	1	4	5	3	1	3	2	1
All General Practitioners 2017-18.....	960	62	142	202	186	108	68	52	140
All General Practitioners 2016-17.....	955	59	129	196	191	126	59	60	135
Specialists									
Paediatricians and Medical Geneticists.....	68	19	35	10	1	0	1	1	1
Internists and Physiatrists.....	164	25	38	34	27	14	7	6	13
Neurologists.....	21	1	4	6	4	4	1	0	1
Cardiologists.....	28	1	1	1	1	2	1	3	18
Psychiatrists.....	68	42	20	4	1	1	0	0	0
Dermatologists.....	10	0	1	1	3	1	0	2	2
Anaesthetists.....	112	18	63	26	3	2	0	0	0
General Surgeons.....	79	17	26	23	11	2	0	0	0
Cardiac Surgeons.....	6	3	3	0	0	0	0	0	0
Orthopaedic Surgeons.....	46	2	13	13	12	3	1	2	0
Plastic and Reconstructive Surgeons.....	14	0	2	7	2	1	1	1	0
Neurological Surgeons.....	14	2	11	1	0	0	0	0	0
Obstetricians and Gynaecologists.....	65	7	17	21	13	5	2	0	0
Urological Surgeons.....	17	1	2	7	5	1	1	0	0
Ophthalmologists.....	29	0	0	2	5	7	0	2	13
Otolaryngologists.....	17	0	4	1	0	4	4	0	4
Pathologists and Diagnostic Radiologists...	101	6	20	10	11	1	6	5	42
All Specialists 2017-18.....	859	144	260	167	99	48	25	22	94
All Specialists 2016-17.....	816	132	256	141	89	52	37	18	91
All Physicians 2017-18.....	1,819	206	402	369	285	156	93	74	234
All Physicians 2016-17.....	1,771	191	385	337	280	178	96	78	226

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

³ The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

Notes:

1) Earnings and size of practice may reflect an upward bias as a result of physicians sponsoring locums.

2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

Table 21

Physicians by Range of Patient Contacts

Type of Physician ¹	Number of Physicians ²	Range of Patient Contacts ³						
		1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
General Practitioners								
Metro Association.....	411	66	116	104	65	26	14	20
Metro Solo.....	82	43	8	11	10	5	3	2
Urban Association.....	177	27	61	31	25	19	8	6
Urban Solo.....	45	18	5	6	5	7	–	4
Rural Association.....	225	37	102	51	23	9	1	2
Rural Solo.....	20	5	4	–	4	2	3	2
All General Practitioners 2017-18.....	960	196	296	203	132	68	29	36
All General Practitioners 2016-17.....	955	180	319	197	115	62	42	40
Specialists								
Paediatricians and Medical Geneticists.....	68	54	11	1	1	–	1	–
Internists and Physiatrists.....	164	53	65	28	6	4	2	6
Neurologists.....	21	7	12	1	1	0	0	–
Cardiologists.....	28	5	17	4	1	1	–	–
Psychiatrists.....	68	46	11	8	2	–	–	1
Dermatologists.....	10	2	4	2	1	–	1	–
Anaesthetists.....	112	109	3	–	–	–	–	–
General Surgeons.....	79	42	34	3	–	–	–	–
Cardiac Surgeons.....	6	6	–	–	–	–	–	–
Orthopaedic Surgeons.....	46	16	25	2	2	1	–	–
Plastic and Reconstructive Surgeons.....	14	5	6	1	2	–	–	–
Neurological Surgeons.....	14	13	1	–	–	–	–	–
Obstetricians and Gynaecologists.....	65	26	28	8	3	–	–	–
Urological Surgeons.....	17	5	9	3	–	–	–	–
Ophthalmologists.....	29	1	3	6	7	5	5	2
Otolaryngologists.....	17	5	3	5	3	1	–	–
Pathologists and Diagnostic Radiologists.....	101	99	2	–	–	–	–	–
All Specialists 2017-18.....	859	494	234	72	29	12	9	9
All Specialists 2016-17.....	816	467	212	76	31	13	10	7
All Physicians 2017-18.....	1,819	690	530	275	161	80	38	45
All Physicians 2016-17.....	1,771	647	531	273	146	75	52	47

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

³ A patient contact represents each time the practitioner saw a patient regardless of the number of services provided at the time. The limit is one contact per patient, same physician, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

Notes:

1) Earnings and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

Table 22

Physicians by Place of Graduation¹

Type of Physician ²	Number of Physicians ³	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
General Practitioners									
Metro Association.....	411	173	26	7	19	10	68	106	
Metro Solo.....	82	23	3	2	6	3	28	15	1
Urban Association.....	177	42	7	6	15	2	19	85	1
Urban Solo.....	45	6	1	1	5	1	10	21	–
Rural Association.....	225	38	6	6	14	4	50	105	2
Rural Solo.....	20	8	–	2	2	–	2	6	–
All General Practitioners 2017-18.....	960	290	43	24	61	20	177	338	5
All General Practitioners 2016-17.....	955	288	42	24	59	24	156	355	7
Specialists									
Paediatricians and Medical Geneticists.....	68	17	22	2	3	3	12	7	2
Internists and Physiatrists.....	164	54	34	7	6	12	23	27	1
Neurologists.....	21	6	6	1	1	–	3	4	–
Cardiologists.....	28	14	3	1	–	1	5	4	–
Psychiatrists.....	68	26	8	2	1	1	10	20	–
Dermatologists.....	10	6	4	–	–	–	–	–	–
Anaesthetists.....	112	57	21	1	1	2	10	20	–
General Surgeons.....	79	29	23	2	–	2	9	14	–
Cardiac Surgeons.....	6	1	4	–	–	1	–	–	–
Orthopaedic Surgeons.....	46	27	7	–	–	–	3	9	–
Plastic and Reconstructive Surgeons.....	14	7	3	2	–	–	–	2	–
Neurological Surgeons.....	14	4	2	1	–	–	3	4	–
Obstetricians and Gynaecologists.....	65	26	11	2	1	2	6	17	–
Urological Surgeons.....	17	7	6	–	–	–	–	3	1
Ophthalmologists.....	29	18	1	1	4	–	3	2	–
Otolaryngologists.....	17	9	1	–	1	–	–	6	–
Pathologists and Diagnostic Radiologists...	101	32	46	1	3	1	10	6	2
All Specialists 2017-18.....	859	340	202	23	21	25	97	145	6
All Specialists 2016-17.....	816	333	171	24	22	25	97	140	4
All Physicians 2017-18.....	1,819	630	245	47	82	45	274	483	11
Per Cent Distribution 2017-18.....	100%	35%	13%	3%	5%	2%	15%	27%	1%
All Physicians 2016-17.....	1,771	621	213	48	81	49	253	495	11
Per Cent Distribution 2016-17.....	100%	35%	12%	3%	5%	3%	14%	28%	1%

¹ The place of graduation is the location at which the first medical degree was obtained.

² Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

³ Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes:

- 1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.
- 2) Per Cent Distributions will not add to 100 percent due to rounding.

Table 23

Physicians by Age Group

Type of Physician ¹	Number of Physicians ²	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Metro Association.....	411	44	118	100	98	51
Metro Solo.....	82	3	5	24	28	22
Urban Association.....	177	29	71	41	27	9
Urban Solo.....	45	2	9	10	11	13
Rural Association.....	225	36	101	61	17	10
Rural Solo.....	20	1	–	5	9	5
All General Practitioners 2017-18.....	960	115	304	241	190	110
All General Practitioners 2016-17.....	955	131	294	246	170	114
Specialists						
Paediatricians and Medical Geneticists.....	68	10	19	23	9	7
Internists and Physiatrists.....	164	20	43	53	24	24
Neurologists.....	21	2	7	6	3	3
Cardiologists.....	28	1	9	10	5	3
Psychiatrists.....	68	7	24	18	13	6
Dermatologists.....	10	5	2	–	2	1
Anaesthetists.....	112	10	37	31	26	8
General Surgeons.....	79	3	27	25	20	4
Cardiac Surgeons.....	6	–	–	3	2	1
Orthopaedic Surgeons.....	46	3	17	15	10	1
Plastic and Reconstructive Surgeons.....	14	3	5	5	1	–
Neurological Surgeons.....	14	1	5	3	3	2
Obstetricians and Gynaecologists.....	65	9	16	22	11	7
Urological Surgeons.....	17	1	5	4	5	2
Ophthalmologists.....	29	2	9	7	7	4
Otolaryngologists.....	17	2	3	4	7	1
Pathologists and Diagnostic Radiologists.....	101	4	47	25	18	7
All Specialists 2017-18.....	859	83	275	254	166	81
All Specialists 2016-17.....	816	82	255	233	164	82
All Physicians 2017-18.....	1,819	198	579	495	356	191
Per Cent Distribution 2017-18.....	100%	11%	32%	27%	20%	11%
All Physicians 2016-17.....	1,771	213	549	479	334	196
Per Cent Distribution 2016-17.....	100%	12%	31%	27%	19%	11%

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes:

- 1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.
- 2) Per Cent Distributions will not add to 100 percent due to rounding.

Table 24

Average Billings¹ (\$000's) Per Resident Physician² by Specialty and Range

	Type of Physician ³					
	All Physicians		All General Practitioners		All Specialists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians Only						
Physicians ⁴	339.6	1,819	249.8	960	439.8	859
Highest Paid.....	3,995.7		1,082.1		3,995.7	
All Average per Pay Range						
Less than \$60,000.....	26.3	279	26.4	172	26.1	107
\$60,000 - \$74,999.....	67.8	74	68.0	47	67.6	27
\$75,000 - \$99,999.....	86.6	121	86.8	78	86.1	43
\$100,000 - \$124,999.....	113.2	125	112.8	78	113.9	47
\$125,000 - \$149,999.....	136.8	107	136.7	71	137.0	36
\$150,000 - \$174,999.....	162.8	119	161.8	78	164.8	41
\$175,000 - \$199,999.....	187.3	109	187.1	72	187.8	37
\$200,000 - \$249,999.....	224.4	220	224.1	152	225.3	68
\$250,000 - \$299,999.....	276.5	157	275.3	103	278.8	54
\$300,000 - \$349,999.....	324.5	153	323.6	84	325.6	69
Over \$350,000.....	617.0	634	485.7	197	676.1	437
Total	297.9	2,098	215.9	1,132	394.0	966

	General Practitioners					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians Only						
Physicians ⁴	245.9	493	271.4	222	238.2	245
Highest Paid.....	1,026.4		1,082.1		807.0	
All Average per Pay Range						
Less than \$60,000.....	25.2	100	23.2	29	31.5	43
\$60,000 - \$74,999.....	68.8	27	66.3	11	67.7	9
\$75,000 - \$99,999.....	85.8	41	89.4	15	87.0	22
\$100,000 - \$124,999.....	113.2	42	113.1	21	111.3	15
\$125,000 - \$149,999.....	136.2	34	137.9	17	136.5	20
\$150,000 - \$174,999.....	160.5	33	162.4	15	162.9	30
\$175,000 - \$199,999.....	188.7	31	184.9	19	186.6	22
\$200,000 - \$249,999.....	223.4	81	225.3	30	224.6	41
\$250,000 - \$299,999.....	275.3	59	276.5	19	274.6	25
\$300,000 - \$349,999.....	324.3	54	318.3	16	326.9	14
Over \$350,000.....	477.9	91	515.2	59	463.9	47
Total	208.7	593	242.7	251	207.4	288

¹ Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in specialties such as Ophthalmology and Radiology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist emergency coverage program.

² All Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

³ All Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

⁴ All Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

⁵ Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

Table 24 (Continued)

Average Billings¹ (\$000's) Per Resident Physician² by Specialty and Range

	Type of Physician ³					
	Paediatricians and Medical Geneticists		Internists and Psychiatrists		Cardiologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians Only						
Physicians ⁴	190.5	68	388.4	164	842.3	28
Highest Paid	858.6		1,307.6		1,824.3	
All Average per Pay Range						
Less than \$60,000	23.8	17	29.5	28	31.8	1
\$60,000 - \$74,999	68.6	5	67.5	4	68.0	1
\$75,000 - \$99,999	88.5	7	83.9	8	—	—
\$100,000 - \$124,999	112.2	13	113.9	11	—	—
\$125,000 - \$149,999	137.4	8	136.5	9	144.3	1
\$150,000 - \$174,999	165.5	11	162.3	10	—	—
\$175,000 - \$199,999	187.6	5	184.4	7	—	—
\$200,000 - \$249,999	223.2	6	229.4	16	218.9	1
\$250,000 - \$299,999	267.9	3	275.7	11	—	—
\$300,000 - \$349,999	314.5	5	324.6	15	313.9	1
Over \$350,000	592.3	5	627.3	73	951.7	24
Total	157.2	85	336.1	192	814.4	29
	Neurologists		Psychiatrists		Dermatologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Active Physicians Only						
Physicians ⁴	350.0	21	356.3	68	301.0	10
Highest Paid	1,059.1		1,274.2		676.9	
All Average per Pay Range						
Less than \$60,000	24.4	1	39.8	7	—	—
\$60,000 - \$74,999	—	—	70.1	4	—	—
\$75,000 - \$99,999	96.8	1	89.6	3	—	—
\$100,000 - \$124,999	—	—	113.6	7	118.3	1
\$125,000 - \$149,999	138.1	2	139.6	4	—	—
\$150,000 - \$174,999	158.5	2	172.1	1	165.8	2
\$175,000 - \$199,999	191.1	3	183.4	6	199.8	1
\$200,000 - \$249,999	211.8	1	214.8	9	229.0	2
\$250,000 - \$299,999	299.6	1	270.2	8	—	—
\$300,000 - \$349,999	326.6	1	329.1	4	—	—
Over \$350,000	524.8	10	710.9	22	475.5	4
Total	335.2	22	326.7	75	301.0	10

Notes:

- 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
- 2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

Table 24 (Continued)

Average Billings¹ (\$000's) Per Resident Physician² by Specialty and Range

Active Physicians Only	Type of Physician ³					
	Anaesthetists		General Surgeons		Cardiac Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	371.3	112	386.3	79	756.3	6
Highest Paid.....	963.1		958.0		978.9	
All Average per Pay Range						
Less than \$60,000.....	22.8	4	19.0	6	—	—
\$60,000 - \$74,999.....	—	—	61.9	3	—	—
\$75,000 - \$99,999.....	86.9	4	84.8	5	—	—
\$100,000 - \$124,999.....	114.9	1	115.8	3	—	—
\$125,000 - \$149,999.....	137.3	4	133.5	1	—	—
\$150,000 - \$174,999.....	172.4	3	151.4	1	—	—
\$175,000 - \$199,999.....	192.7	3	189.6	2	—	—
\$200,000 - \$249,999.....	233.1	11	228.7	5	—	—
\$250,000 - \$299,999.....	277.7	9	287.8	8	—	—
\$300,000 - \$349,999.....	320.8	16	331.3	9	—	—
Over \$350,000.....	480.0	61	535.0	42	756.3	6
Total	359.3	116	360.4	85	756.3	6
Active Physicians Only	Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	559.3	46	575.8	14	604.1	14
Highest Paid.....	1,724.2		1,046.6		1,565.8	
All Average per Pay Range						
Less than \$60,000.....	32.1	5	34.1	2	47.5	1
\$60,000 - \$74,999.....	—	—	—	—	67.0	1
\$75,000 - \$99,999.....	89.6	2	—	—	—	—
\$100,000 - \$124,999.....	119.1	2	—	—	—	—
\$125,000 - \$149,999.....	—	—	—	—	—	—
\$150,000 - \$174,999.....	174.2	1	—	—	—	—
\$175,000 - \$199,999.....	—	—	—	—	—	—
\$200,000 - \$249,999.....	239.0	2	241.5	1	—	—
\$250,000 - \$299,999.....	289.8	6	—	—	251.9	1
\$300,000 - \$349,999.....	319.2	2	321.6	1	319.4	1
Over \$350,000.....	718.8	31	624.8	12	710.9	11
Total	507.6	51	508.1	16	567.0	15

¹ Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in specialties such as Ophthalmology and Radiology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist emergency coverage program.

² All Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

³ All Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

⁴ All Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

⁵ Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

Table 24 (Continued)

Average Billings¹ (\$000's) Per Resident Physician² by Specialty and Range

Active Physicians Only	Type of Physician ³					
	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	402.9	65	454.6	17	1,246.0	29
Highest Paid.....	1,107.9		1,116.6		3,995.7	
All Average per Pay Range						
Less than \$60,000.....	31.5	3	—	—	—	—
\$60,000 - \$74,999.....	66.9	2	—	—	—	—
\$75,000 - \$99,999.....	84.7	1	83.7	1	—	—
\$100,000 - \$124,999.....	121.2	2	—	—	—	—
\$125,000 - \$149,999.....	128.0	1	—	—	—	—
\$150,000 - \$174,999.....	173.9	1	162.5	1	—	—
\$175,000 - \$199,999.....	189.9	8	190.5	1	—	—
\$200,000 - \$249,999.....	223.4	6	231.1	1	—	—
\$250,000 - \$299,999.....	278.9	5	—	—	—	—
\$300,000 - \$349,999.....	341.8	4	331.1	2	—	—
Over \$350,000.....	565.9	35	581.7	11	1246.0	29
Total	386.5	68	454.6	17	1246.0	29

Active Physicians Only	Otolaryngologists		Pathologists and Diagnostic Radiologists	
	Average Payment	Number	Average Payment	Number
	Average Payment	Number	Average Payment	Number
Physicians ⁴	579.5	17	437.6	101
Highest Paid.....	1,389.8		2,030.8	
All Average per Pay Range				
Less than \$60,000.....	—	—	20.4	32
\$60,000 - \$74,999.....	—	—	68.0	7
\$75,000 - \$99,999.....	81.8	2	84.8	9
\$100,000 - \$124,999.....	—	—	111.9	7
\$125,000 - \$149,999.....	—	—	135.6	6
\$150,000 - \$174,999.....	154.1	1	165.3	7
\$175,000 - \$199,999.....	—	—	178.1	1
\$200,000 - \$249,999.....	217.1	2	211.3	5
\$250,000 - \$299,999.....	—	—	283.9	2
\$300,000 - \$349,999.....	332.6	1	330.6	7
Over \$350,000.....	797.0	11	721.8	50
Total	579.5	17	337.2	133

Notes:

- 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
- 2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

Table 25

Average Payment² (\$000's) Per Physician by Specialty, 2015-16 to 2017-18

Type of Physician ¹	Average Annual Per Cent Change			
	2015-16	2016-17	2017-18	2015-16 to 2017-18
General Practitioners				
Metro Association.....	259.2	252.6	245.5	-1.57
Metro Solo.....	237.8	250.1	247.9	1.03
Urban Association.....	251.6	251.0	252.4	1.00
Urban Solo.....	352.0	341.9	346.1	2.62
Rural Association.....	226.8	232.1	227.2	0.06
Rural Solo.....	327.2	362.4	362.6	3.31
All General Practitioners.....	253.4	254.1	249.8	-0.41
Specialists				
Paediatricians and Medical Geneticists.....	193.6	206.8	190.5	-2.45
Internists and Psychiatrists.....	377.6	389.8	388.4	1.61
Neurologists.....	370.7	376.7	350.0	-1.42
Cardiologists.....	822.3	860.4	842.3	2.69
Psychiatrists.....	299.6	365.0	356.3	11.41
Dermatologists.....	322.4	345.8	301.0	-4.69
Anaesthetists.....	344.4	361.2	371.3	2.81
General Surgeons.....	379.9	377.8	386.3	0.70
Cardiac Surgeons.....	913.9	784.3	756.3	-0.76
Orthopaedic Surgeons.....	578.9	583.1	559.3	-1.97
Plastic and Reconstructive Surgeons.....	493.5	537.7	575.8	3.55
Neurological Surgeons.....	535.2	549.8	604.1	4.82
Obstetricians and Gynaecologists.....	396.3	419.3	402.9	-1.31
Urological Surgeons.....	411.3	446.7	454.6	0.15
Ophthalmologists.....	1,149.0	1,198.0	1,246.0	3.17
Otolaryngologists.....	568.5	590.7	579.5	1.28
Pathologists and Diagnostic Radiologists.....	490.2	520.3	437.6	4.22
All Specialists.....	430.3	447.9	439.8	1.55
Spec. less Pathologists & Radiologists.....	424.1	440.5	440.1	1.36
All Physicians.....	334.7	343.4	339.6	0.98
Phys. less Pathologists & Radiologists.....	427.6	444.7	439.9	1.46

¹ Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year. Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

² Represents gross payments by the MSP from which the physicians must pay overhead costs which may be high in specialties such as Ophthalmology and Radiology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

Notes:

- 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
- 2) Laboratory services provided by Pathologists are the responsibility of former Regional Health Authorities. As a result, Pathologists' fee-for-service payments are minimal.
- 3) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

Table 26

Physician Payments (\$000's) by Specialty Group

	General Practitioners		Medical Specialists ¹		Surgical Specialists ¹		Technical Specialists ¹	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:²								
Regina	200	264.0	102	542.8	88	628.1	87	455.5
Saskatoon ³	286	232.7	220	293.8	134	563.4	109	415.9
Moose Jaw	32	277.4	7	502.6	13	379.7	2	**
Prince Albert	73	270.3	12	474.0	19	452.8	10	554.9
Yorkton	23	257.2	4	**	8	510.0	1	**
Swift Current	25	254.8	4	**	6	478.0	3	**
North Battleford	25	329.9	3	**	9	447.9	–	–
Estevan	9	425.9	–	–	1	**	–	–
Weyburn	15	286.2	–	–	1	**	–	–
All Other Locations	272	232.5	7	228.3	8	183.5	1	**
B. By Activity Threshold:								
1. Total Active Physicians ²	960	249.8	359	375.6	287	547.8	213	402.7
2. Total Licensed Physicians ⁴	1,371	–	558	–	343	–	367	–
3. Resident and Active in Two Consecutive Years ²	844	264.2	323	402.2	266	570.8	179	449.1
4. Resident at Year End With Payments of \$15,000 or More in Each Quarter of the Year	782	280.6	293	430.2	257	590.4	162	477.3
C. By Age Group:²								
Under 35	115	189.4	45	244.3	24	499.9	14	341.5
35 - 44	304	223.1	104	379.7	87	518.9	84	388.1
45 - 54	241	268.8	110	388.2	88	610.7	56	342.7
55 - 64	190	284.9	56	428.4	66	573.0	44	490.1
65+	110	284.8	44	401.0	22	386.6	15	510.0

¹ Physicians are grouped as follows:

- Medical Specialists include Paediatricians, Internists, Neurologists, Cardiologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

² Physicians with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan at the end of the year. Earnings may reflect an upward bias as a result of physicians sponsoring locums. Payments for the specialist coverage program are excluded.

³ Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

⁴ Licensed Physicians with their own MSP billing number who are licensed by the College of Physicians and Surgeons of Saskatchewan and practising in Saskatchewan under MSP coverage at the end of the year. Educational locums, residents and interns are typically excluded.

** Not shown, to preserve confidentiality.

Note:

- 1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.
- 2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.

Table 27

Payments¹ for Specialist and Rural Emergency Coverage Programs

	Specialist Emergency Coverage			Rural (GP) Emergency Coverage ³	Total Payments for Emergency Coverage
	Number of Rotations		Payments ²		
	Tier I	Tier II			
Former Regional Health Authority					
1 Sun Country	3	3	\$682,299	\$1,592,964	\$2,275,263
2 Five Hills.....	7	3	\$1,519,704	\$593,690	\$2,113,394
3 Cypress	7	2	\$1,375,327	\$695,053	\$2,070,380
4 Regina Qu'Appelle	34	15	\$8,466,935	\$872,374	\$9,339,309
5 Sunrise	6	2	\$1,158,968	\$721,890	\$1,880,858
6 Saskatoon	47	26	\$12,157,236	\$1,513,246	\$13,670,482
7 Heartland.....	–	2	\$64,708	\$1,501,754	\$1,566,462
8 Kelsey Trail	–	5	\$372,548	\$1,350,065	\$1,722,613
9 Prince Albert	8	3	\$1,787,293	\$233,261	\$2,020,554
10 Prairie North.....	13	7	\$2,939,706	\$589,369	\$3,529,075
11 Mamawetan.....	–	–	–	\$240,891	\$240,891
12 Keewatin Yatthé	–	–	–	\$407,040	\$407,040
13 Athabasca.....	–	–	–	\$166,091	\$166,091
All Former Regional Health Authorities			\$30,524,723	\$10,477,688	\$41,002,412
(Now Transitioned to Saskatchewan Health Authority)					
Other Emergency Coverage					
Medical Health Officers	–	3	\$441,758	–	\$441,758
Saskatchewan Cancer Agency	2	5	\$1,076,408	–	\$1,076,408
All Emergency Coverage.....	127	76	\$32,042,889	\$10,477,688	\$42,520,578

¹ Includes payments made indirectly to physicians through the Saskatchewan Health Authority (former regional health authorities) or the Saskatchewan Cancer Agency.

² Includes payments to general practitioners approved to provide coverage under the Specialist Emergency Coverage Program.

³ Includes ERCP and Family Physician on call payments as well as any payments for travel expenses when general practitioners provide weekend relief.

Notes:

Tier I Coverage: continuous (365 days, 24 hours per day) and physicians must be available to respond by phone within 15 minutes and be on-site within 30 minutes.

Tier II Coverage: either continuous or non-continuous. Physician must respond by phone within 15 minutes and be on-site within a reasonable time, defined by the specialty and clinical judgment of the responding physician.

Table 28

Non-Fee-For-Service Payment (\$000's)

		Non-Fee-For-Service Total Payments	
		2016-17	2017-18
Former Regional Health Authority ^{1,2}			
1	Sun Country.....	\$2,760	\$3,213
2	Five Hills.....	\$11,212	\$11,419
3	Cypress.....	\$9,596	\$9,345
4	Regina Qu'Appelle	\$72,209	\$72,945
5	Sunrise.....	\$7,046	\$6,683
6	Saskatoon	\$92,992	\$107,024
7	Heartland	\$1,014	\$985
8	Kelsey Trail.....	\$1,229	\$929
9	Prince Albert Parkland.....	\$17,901	\$17,820
10	Prairie North.....	\$11,078	\$10,848
11	Mamawetan Churchill River	\$85	\$145
12	Keewatin Yatthé	—	—
13	Athabasca.....	—	—
All former regional health authorities (Now SHA).....		\$227,123	\$241,357
Provincial Projects ³		\$4,838	\$3,719
All Expenditures		\$231,961	\$245,076

¹ These expenditures for physician services are administered through the Saskatchewan Health Authority and the former Regional Health Authorities and funded by the Ministry of Health.

² These Alternate Payment arrangements are intended to benefit the entire provincial population. In 2016-17 and 2017-18, some program funding was transferred to former RHA operating base funding. As a result the data is no longer divided into Medical and Alternate payments only non-fee-for-service payments.

³ Provincial programs are intended to benefit the entire provincial population.

Note: Payments for primary care arrangements are excluded.

Table 29

Insured Population by Age and Sex by Former Regional Health Authority

		Former Regional Health Authority of Patient Residence														
		1	2	3	4	5	6	7	8	9	10	11	12	13		
Age Groups	Sex	Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatthe	Athabasca	Unassigned	
															Total	
Under 1	M	347	310	265	1,907	301	2,416	270	272	580	680	272	115	19	0	7,754
	F	348	267	234	1,822	285	2,303	272	270	566	621	261	122	18	3	7,389
	T	695	577	499	3,729	586	4,719	542	542	1,146	1,301	533	237	37	3	15,143
1 - 4	M	1,571	1,340	1,087	8,036	1,312	10,395	1,134	1,076	2,334	2,674	1,000	474	98	14	32,531
	F	1,521	1,293	1,023	7,873	1,295	9,793	1,112	1,045	2,235	2,611	963	450	92	11	31,306
	T	3,092	2,633	2,110	15,909	2,607	20,188	2,246	2,121	4,569	5,285	1,963	924	190	25	63,837
5 - 9	M	1,939	1,839	1,368	10,217	1,848	12,484	1,458	1,398	3,100	3,431	1,385	613	140	8	41,220
	F	1,960	1,694	1,280	9,813	1,753	11,926	1,450	1,405	2,907	3,435	1,315	580	140	12	39,658
	T	3,899	3,533	2,648	20,030	3,601	24,410	2,908	2,803	6,007	6,866	2,700	1,193	280	20	80,878
10 - 14	M	1,879	1,591	1,376	9,045	1,784	11,111	1,431	1,360	2,960	3,000	1,232	539	139	6	37,447
	F	1,870	1,535	1,272	8,518	1,624	10,760	1,344	1,245	2,760	3,024	1,137	502	137	7	35,728
	T	3,749	3,126	2,648	17,563	3,408	21,871	2,775	2,605	5,720	6,024	2,369	1,041	276	13	73,175
15 - 19	M	1,688	1,578	1,441	8,903	1,754	10,937	1,425	1,369	2,910	2,987	1,098	501	126	18	36,717
	F	1,818	1,505	1,333	8,414	1,643	10,298	1,324	1,326	2,746	2,925	1,100	487	118	24	35,037
	T	3,506	3,083	2,774	17,317	3,397	21,235	2,749	2,695	5,656	5,912	2,198	988	244	42	71,754
20 - 24	M	2,035	1,829	1,414	10,308	1,799	12,267	1,519	1,425	2,957	3,094	1,151	585	124	34	40,507
	F	1,822	1,647	1,437	9,529	1,678	11,998	1,338	1,348	2,855	2,867	1,071	527	103	84	38,220
	T	3,857	3,476	2,851	19,837	3,477	24,265	2,857	2,773	5,812	5,961	2,222	1,112	227	118	78,727
25 - 29	M	2,230	1,976	1,524	12,651	1,865	15,028	1,609	1,316	3,161	3,365	1,092	563	100	39	46,480
	F	2,026	1,785	1,450	11,747	1,761	14,866	1,470	1,227	2,915	3,074	1,022	554	111	53	44,008
	T	4,256	3,761	2,974	24,398	3,626	29,894	3,079	2,543	6,076	6,439	2,114	1,117	211	92	90,488
30 - 34	M	2,306	1,951	1,450	13,111	1,796	15,770	1,592	1,256	2,633	3,288	905	481	115	18	46,654
	F	2,149	1,907	1,428	12,175	1,707	15,274	1,491	1,222	2,691	3,224	901	432	117	36	44,718
	T	4,455	3,858	2,878	25,286	3,503	31,044	3,083	2,478	5,324	6,512	1,806	913	232	54	91,372
35 - 39	M	2,244	1,902	1,383	11,998	1,857	14,194	1,444	1,208	2,555	3,064	787	332	94	9	43,062
	F	2,023	1,807	1,345	10,960	1,792	13,571	1,337	1,168	2,473	2,952	704	315	90	14	40,537
	T	4,267	3,709	2,728	22,958	3,649	27,765	2,781	2,376	5,028	6,016	1,491	647	184	23	83,599
40 - 44	M	2,017	1,634	1,305	10,395	1,760	12,272	1,266	1,265	2,292	2,577	708	350	82	8	37,923
	F	1,797	1,616	1,292	9,645	1,633	11,829	1,271	1,163	2,336	2,525	727	348	64	10	36,246
	T	3,814	3,250	2,597	20,040	3,393	24,101	2,537	2,428	4,628	5,102	1,435	698	146	18	74,169
45 - 49	M	1,828	1,546	1,211	9,439	1,710	11,525	1,280	1,190	2,359	2,353	701	393	85	5	35,620
	F	1,622	1,520	1,275	8,933	1,679	10,982	1,197	1,138	2,288	2,270	648	406	66	7	34,024
	T	3,450	3,066	2,486	18,372	3,389	22,507	2,477	2,328	4,647	4,623	1,349	799	151	12	69,644
50 - 54	M	2,048	1,847	1,549	9,969	2,024	11,980	1,540	1,407	2,498	2,481	656	400	66	12	38,465
	F	1,847	1,885	1,559	9,794	1,925	11,575	1,454	1,409	2,577	2,460	614	377	73	8	37,549
	T	3,895	3,732	3,108	19,763	3,949	23,555	2,994	2,816	5,075	4,941	1,270	777	139	20	76,014
55 - 59	M	2,177	2,261	1,878	10,156	2,242	11,885	1,767	1,537	2,698	2,619	616	353	39	14	40,228
	F	1,950	2,138	1,786	9,820	2,119	11,890	1,713	1,453	2,786	2,528	581	295	51	13	39,110
	T	4,127	4,399	3,664	19,976	4,361	23,775	3,480	2,990	5,484	5,147	1,197	648	90	27	79,338
60 - 64	M	1,979	2,130	1,729	8,736	2,159	10,515	1,796	1,499	2,601	2,226	505	250	38	19	36,163
	F	1,792	2,111	1,624	8,973	2,021	10,625	1,540	1,408	2,507	2,222	448	211	30	13	35,512
	T	3,771	4,241	3,353	17,709	4,180	21,140	3,336	2,907	5,108	4,448	953	461	68	32	71,675
65 - 69	M	1,443	1,677	1,314	6,557	1,837	7,691	1,293	1,293	2,095	1,759	364	193	26	13	27,542
	F	1,368	1,696	1,278	6,822	1,755	7,931	1,227	1,242	2,102	1,647	326	158	24	10	27,576
	T	2,811	3,373	2,592	13,379	3,592	15,622	2,520	2,535	4,197	3,406	690	351	50	23	55,118
70 - 74	M	1,097	1,221	997	4,644	1,334	5,401	1,003	1,019	1,586	1,251	207	123	19	8	19,902
	F	1,131	1,223	989	5,120	1,460	5,924	931	1,029	1,546	1,199	207	112	20	6	20,891
	T	2,228	2,444	1,986	9,764	2,794	11,325	1,934	2,048	3,132	2,450	414	235	39	14	40,793
75 & Over	M	1,989	2,122	1,831	7,564	2,636	9,042	1,692	1,826	2,376	1,947	277	170	26	16	33,498
	F	2,618	2,970	2,352	11,090	3,620	13,420	2,286	2,331	3,142	2,428	289	160	16	14	46,722
	T	4,607	5,092	4,183	18,654	6,256	22,462	3,978	4,157	5,518	4,375	566	330	42	30	80,220
Total all ages	M	30,817	28,754	23,122	153,636	30,018	184,913	23,519	21,716	41,695	42,796	12,956	6,435	1,336	241	601,954
	F	29,662	28,599	22,957	151,048	29,750	184,965	22,757	21,429	41,432	42,012	12,314	6,036	1,270	325	594,556
	T	60,479	57,353	46,079	304,684	59,768	369,878	46,276	43,145	83,127	84,808	25,270	12,471	2,606	566	1,196,510

¹ There are 566 Beneficiaries who have no residence assigned. The majority of these beneficiaries are students or temporary workers who cannot be connected to a Saskatchewan address.

Notes:

- 1) Population as at June 30, 2017.
- 2) Band members are placed in the former regional health authority as indicated by their mailing address.

Table 30

Per Cent of General Practitioner Payments by Former Regional Health Authority of Patient Residence by Physician Former Regional Health Authority

		Former Regional Health Authority of Physician Practice														
		1	2	3	4	5	6	7	8	9	10	11	12	13		
Former Regional Health Authority of Patient Residence		Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatthé	Athabasca	Out of Province	Total
1	Sun Country.....	78.9	1.3	0.1	12.8	0.2	1.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	2.5	100.0
2	Five Hills.....	0.5	83.4	1.0	7.5	0.1	2.2	0.7	0.1	0.1	0.2	0.0	0.0	0.0	2.2	100.0
3	Cypress.....	0.1	1.3	76.8	2.2	0.1	1.7	0.4	0.0	0.1	0.1	0.0	0.0	0.0	8.5	100.0
4	Regina Qu'Appelle.....	0.5	0.5	0.1	91.7	0.7	1.7	0.1	0.1	0.2	0.1	0.0	0.0	0.0	2.2	100.0
5	Sunrise.....	0.2	0.2	0.1	6.8	82.1	3.4	0.0	0.4	0.1	0.1	0.0	0.0	0.0	3.2	100.0
6	Saskatoon.....	0.1	0.2	0.1	0.9	0.2	92.2	0.3	0.3	1.0	0.4	0.0	0.0	0.0	2.2	100.0
7	Heartland.....	0.1	0.4	1.8	0.5	0.1	13.9	63.8	0.1	0.2	5.0	0.0	0.0	0.0	7.0	100.0
8	Kelsey Trail.....	0.1	0.1	0.1	0.9	0.6	8.7	0.2	77.2	8.0	0.2	0.0	0.0	0.0	1.9	100.0
9	Prince Albert Parkland.....	0.0	0.1	0.0	0.5	0.1	7.2	0.1	1.8	84.2	1.9	0.1	0.0	0.0	1.9	100.0
10	Prairie North.....	0.1	0.1	0.0	0.3	0.1	5.6	1.1	0.1	0.5	58.9	0.0	0.0	0.0	16.6	100.0
11	Mamawetan Churchill River.....	0.1	0.2	0.0	0.3	0.1	7.2	0.1	0.4	28.8	0.6	39.6	0.1	0.1	11.2	100.0
12	Keewatin Yatthé.....	0.0	0.2	0.0	0.4	0.1	12.2	0.3	0.1	9.1	24.7	0.4	45.2	0.0	3.7	100.0
13	Athabasca.....	0.0	0.5	0.0	0.6	0.0	14.1	0.0	0.4	32.5	1.1	0.7	0.1	46.7	1.6	100.0
	Unknown.....	15.1	5.7	6.3	8.2	6.9	14.5	13.9	13.6	2.3	5.7	2.3	3.9	1.6	0.0	100.0
	Rural Emergency Coverage.....	8.9	3.2	5.4	17.9	4.4	16.9	0.7	12.6	6.5	13.7	4.5	2.5	0.0	1.4	100.0
All Former Regional Health Authorities.....		4.8	4.1	3.7	22.2	4.9	29.4	3.4	3.8	8.1	6.3	0.7	0.5	0.1	4.0	100.0

Notes:

- 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.
- 2) This data is not adjusted for any demographic differences between former regional health authorities.
- 3) Band members are placed in the former regional health authority as indicated by their mailing address.
- 4) Payments to physicians by former regional health authority have not been adjusted for itinerant services.
- 5) See "Data Limitations" in *Statistical Figures and Tables*.

Table 31

Per Capita Physician Payments and Services by Former Regional Health Authority of Patient Residence and Per Cent of Population Treated (In-and Out-of-Province)

Resident Former Regional Health Authority of Patient	General Practitioners			Specialists			All Physicians		
	Per Capita Payments Excluding Emergency Coverage (\$)	Per Capita Services	Percent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage (\$)	Per Capita Services	Percent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage (\$)	Per Capita Services	Percent of Insured Population Treated (%)
1 Sun Country.....	244.3	6.0	78.5	282.3	3.7	37.7	526.7	9.7	80.5
2 Five Hills.....	220.9	6.1	80.8	343.0	4.6	46.7	563.9	10.8	83.9
3 Cypress.....	269.0	6.7	79.0	370.1	5.0	40.1	639.1	11.7	81.6
4 Regina Qu'Appelle.....	211.1	5.7	81.4	405.9	5.6	51.6	616.9	11.2	85.1
5 Sunrise.....	254.5	6.7	79.2	335.6	4.5	43.8	590.1	11.2	82.0
6 Saskatoon.....	224.9	6.0	84.0	382.8	6.0	51.0	607.7	12.0	86.7
7 Heartland.....	279.2	6.8	80.5	373.5	5.5	48.7	652.7	12.2	84.5
8 Kelsey Trail.....	252.5	6.4	80.5	331.0	4.5	41.1	583.5	10.8	83.5
9 Prince Albert Parkland.....	263.5	6.9	79.9	332.3	5.0	43.7	595.8	11.9	82.1
10 Prairie North.....	297.1	6.9	76.7	522.3	9.2	45.6	819.4	16.2	79.6
11 Mamawetan Churchill River.....	209.3	4.9	89.2	407.1	6.0	54.5	616.4	11.0	99.2
12 Keewatin Yatthé.....	164.9	3.9	69.6	284.5	4.0	37.9	449.4	7.9	73.0
13 Athabasca.....	68.0	1.6	32.1	171.8	2.6	22.5	239.8	4.2	36.1
All Former Regional Health Authorities (Now SHA).....	240.9	6.1	80.3	382.2	5.7	47.6	623.1	11.8	83.3

Notes:

- 1) This data is not adjusted for any demographic differences between former regional health authorities.
- 2) Band members are placed in the former regional health authority as indicated by their mailing address.
- 3) Excludes payments for specialist and rural emergency coverage programs and lump sum payments to physicians.
- 4) See "Data Limitations" in *Statistical Figures and Tables*.

Table 32

General Practitioners in Relation to Population, Earnings and Practice Size

Former Regional Health Authority of Physician Practice	Number of Registered General Practitioners ¹	Number of Active General Practitioners ²	Population Per Active General Practitioner	Average Payment Per Active GP	Average Number of Patients Per Active GP ³	Average Patient Contacts Per Active GP ⁴	2017 RHA Population
1 Sun Country.....	57	39	1,551	\$307,966	2,192	5,394	60,479
2 Five Hills.....	59	41	1,399	\$277,882	1,894	5,215	57,353
3 Cypress.....	49	37	1,245	\$251,611	1,788	4,717	46,079
4 Regina Qu'Appelle.....	383	225	1,354	\$260,962	2,187	5,228	304,684
5 Sunrise.....	58	47	1,272	\$262,267	1,774	5,079	59,768
6 Saskatoon.....	486	331	1,117	\$236,009	2,121	4,410	369,878
7 Heartland.....	42	29	1,596	\$301,330	1,710	5,085	46,276
8 Kelsey Trail.....	68	38	1,135	\$242,251	1,844	3,963	43,145
9 Prince Albert Parkland.....	123	83	1,002	\$261,967	2,470	4,962	83,127
10 Prairie North.....	117	67	1,266	\$234,084	1,795	3,979	84,808
11 Mamawetan Churchill River.....	37	14	1,805	\$130,509	1,972	2,462	25,270
12 Keewatin Yatthé.....	23	6	2,079	\$82,228	1,085	1,550	12,471
13 Athabasca.....	9	3	869	\$94,965	810	1,512	2,606
All Former Regional Health Authorities (Now SHA).....	1,371	960	1,246	\$249,846	2,071	4,686	1,195,944

¹ Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number. Physicians may be counted in more than one former regional health authority but the provincial total is a discrete count.

² General Practitioners with their own MSP billing numbers receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

³ The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

⁴ A patient contact represents each time a practitioner saw a patient regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

Notes:

- 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums. Payments for the rural emergency coverage program are included.
- 2) Physicians who are compensated through alternate payment plans may not be reflected in the chart due to under-reporting of shadow billings.
- 3) See "Data Limitations" in *Statistical Figures and Tables*.

Table 33

Post-Graduate Medical Education¹ and Retention Rates by Academic Year²

Type of Physician	2012-13		2013-14		2014-15	
	Completed Program	Remained ³ in Sask-atchewan	Completed Program	Remained ³ in Sask-atchewan	Completed Program	Remained ³ in Sask-atchewan
Funded by the Clinical Services Fund						
Family Medicine - Regina.....	17 ⁸	8	13 ⁶	8	15 ⁵	10
Family Medicine - Saskatoon.....	16 ⁷	10	11 ⁴	7	18 ⁶	10
Family Medicine - Rural.....	9 ⁴	7	11 ⁴	6	15 ⁵	12
Family Medicine/Emergency	8	4	7	7	8	6
Family Medicine/Enhanced Skills	5	2	3	2	4	2
All Family Medicine	55	31	45	30	60	40
Anaesthesia.....	4	2	7	3	7	5
Cardiology.....	2	1	-	-	4	-
Diagnostic Radiology.....	3	1	5	-	4	-
Emergency Medicine.....	-	-	-	-	2	2
General Surgery.....	5	-	3	-	2	1
Internal Medicine.....	1	1	3	2	2	2
Nephrology.....	-	-	1	1	-	-
Neurology.....	1	1	1	-	2	-
Neurosurgery.....	1	-	-	-	2	-
Obstetrics/Gynaecology	1	1	9	3	5	1
Ophthalmology.....	1	1	1	1	1	1
Orthopaedic Surgery	3	-	4	-	1	-
Paediatrics.....	5	1	4	3	3	-
Pathology.....	1	-	1	-	-	-
Physical Medicine & Rehabilitation.....	2	1	1	-	2	1
Public Health & Preventive Medicine.....	-	-	-	-	1	1
Psychiatry.....	3	2	7	6	5 ⁴	3
Respiratory Medicine	3	1	3	2	1	1
Rheumatology.....	-	-	-	-	1	1
All Specialists	36	13	50	21	45	19
Total CSF Funded	91	44	95	51	105	59
Externally Funded	8	7	6	4	4	3
Total Physicians	99	51	101	55	109	62
CSF Funded Retention Rates⁹						
Family Medicine		69%		75%		75%
Specialists.....		36%		42%		43%
All Physicians		54%		57%		61%
CSF Funded and Externally Funded Retention Rates⁹						
All Physicians.....		57%		57%		61%

¹ The Ministry supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund such as: clinical services provided by faculty; undergraduate, post-graduate and continuing medical education; post-graduate medical resident salaries and benefits; and medical and health-related research.

² Period ending June of stated year.

³ Graduates who practised in Saskatchewan for at least six months upon completion of program.

⁴ One graduate went on to a further residency program.

⁵ Two graduates went on to a further residency program.

⁶ Three graduates went on to a further residency program.

⁷ Four graduates went on to a further residency program.

⁸ Five graduates went on to a further residency program.

⁹ Net of the number of graduates who have entered further training.

Note: All current recruitment and retention initiatives are outlined in the Appendix.

Table 33 (Continued)

Post-Graduate Medical Education¹ and Retention Rates by Academic Year²

Type of Physician	2015-16		2016-17		CSF Funded Positions in 2017-18	Retention Rate ⁹ of June 2017 Graduates
	Completed Program	Remained ³ in Sask-atchewan	Completed Program	Remained ³ in Sask-atchewan		
Funded by the Clinical Services Fund						
Family Medicine - Regina.....	12 ⁷	8	12 ⁵	10	26	100%
Family Medicine - Saskatoon.....	12 ⁴	11	12 ⁶	5	29	56%
Family Medicine - Rural.....	18 ⁶	14	20 ⁵	15	43	83%
Family Medicine/Emergency.....	9	9	7	6	9	86%
Family Medicine/Enhanced Skills.....	3	1	5 ⁴	2	5	50%
All Family Medicine.....	54	43	56	38	112	79%
Anaesthesia.....	6	4	6	0	34	0%
Cardiology.....	1	0	3	2	6	67%
Diagnostic Radiology.....	3	1	4	1	18	25%
Emergency Medicine.....	1	0	2	2	12	100%
General Surgery.....	5	2	5	0	32	0%
Internal Medicine.....	3	3	3	2	76	67%
Nephrology.....	1	0	1	1	2	100%
Neurology.....	3 ⁴	0	2	0	9	0%
Neurosurgery.....	1	0	0	0	7	0%
Obstetrics/Gynaecology.....	4	3	4	3	35	75%
Ophthalmology.....	0	0	2	0	5	0%
Orthopaedic Surgery.....	6	2	3	0	10	0%
Paediatrics.....	7	3	6	2	28	33%
Pathology.....	4	1	1	0	10	0%
Physical Medicine & Rehabilitation.....	2	1	1	1	10	100%
Public Health & Preventive Medicine.....	0	0	2	1	5	50%
Psychiatry.....	6	5	5	3	33	60%
Respiratory Medicine.....	2	1	3	1	4	33%
Rheumatology.....	1	1	0	0	4	0%
All Specialists.....	56	27	53	19	340	36%
Total CSF Funded.....	110	70	109	57	452	56%
Externally Funded.....	3	3	0	0	0	0%
Total Physicians.....	113	73	109	57	452	56%
CSF Funded Retention Rates⁹						
Family Medicine.....		93%		79%		
Specialists.....		49%		36%		
All Physicians.....		69%		56%		
CSF Funded and Externally Funded Retention Rates⁹						
All Physicians.....		70%		56%		

Table 34

In-Province Optometrists: Selected Indicators

	2016-17	2017-18
Number of Registered ¹ Practitioners.....	185	190
Population Per Registered ¹ Practitioner	6,344	6,297
Per Cent of Beneficiaries Treated (%)	14.0%	14.8%
Practising² Optometrists:		
Number of Practitioners.....	185	190
Number by Age Group: Under 35	69	72
35 - 44.....	49	50
45 - 54.....	29	25
55 - 64.....	25	29
65 and over	14	14
Average Number of Patients Per Practitioner	935	993
Average Patient Contacts Per Practitioner.....	1,043	1,067
Average Payment Per Practitioner (\$)	69,624	70,401
Number by Dollar Range: Less than \$10,000.....	10	11
\$10,000 - 19,999.....	14	12
\$20,000 - 39,999	27	28
\$40,000 - 59,999	40	34
\$60,000 - 79,999	33	38
\$80,000 - 99,999	17	20
\$100,000 - 119,999	21	19
\$120,000 - 139,999	12	11
\$140,000 - 159,999	8	9
\$160,000 - 179,999	4	4
\$180,000 & over.....	–	5

¹ Optometrists practising in Saskatchewan under MSP coverage at the end of the year.

² Optometrists receiving MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes:

1) Includes optometric services covered by the Medical Services Plan and the Supplementary Health Program.

2) Effective October 1, 2014, an annual eye exam for patients diagnosed with diabetes is insured along with select diagnostic tests.

Appendix

Significant Initiatives and Programs

- ⇒ **Physician Recruitment Strategy:** Supports initiatives to increase the number of physicians within Saskatchewan, such as the Physician Recruitment Agency of Saskatchewan (saskdocs) and the Saskatchewan International Physician Practice Assessment Program (SIPPA).
- ⇒ **Specialist Recruitment and Retention Program:** Jointly managed by the Saskatchewan Medical Association and the Ministry of Health along with representation from the Saskatchewan Health Authority (SHA) and saskdocs that identifies, develops and administers programs to support the recruitment and retention of specialist physicians. Details on individual programs are available on the SMA website at www.sma.sk.ca
- ⇒ **Specialist Emergency Coverage Program:** This program is jointly managed by the Saskatchewan Medical Association, SHA and the Ministry of Health in a tripartite committee. The primary objective of the program is to meet the emergency needs of new or unassigned patients requiring specialty care and to ensure fair compensation for specialists who are available to provide coverage as part of an established call rotation (see Table 27).
- ⇒ **Committee on Rural and Regional Practice (CORRP):** Jointly managed by the Saskatchewan Medical Association and the Ministry of Health along with representation from the SHA and saskdocs that identifies, develops, and administers programs to support the recruitment and retention of physicians in rural and regional practices. Details on individual programs are available on the SMA website at www.sma.sk.ca.
- ⇒ **Emergency Room Coverage:** This fund is directed to compensating physicians (through the Payment Schedule) for providing emergency room coverage in rural areas (see Table 27).
- ⇒ **Support Services:** The Ministry of Health funds a variety of other programs administered by the Saskatchewan Medical Association, including a Liability Insurance Coverage Program, a Continuing Medical Education fund, a Long term Retention Program, and Parental Leave Program.
- ⇒ **Other Initiatives:** 1) *Family Physician Comprehensive Care and Metro On-Call Program* – Recognizes and compensates family physicians for the value and continuity of care they provide to patients when they provide a full range of services; 2) *General Practitioner Specialist Program* – Provides an incentive payment and mentorship to family physicians that provide specialty services in rural and regional areas; 3) *Quality and Access* – Encourages physicians to participate in the development and adoption of new ways of practicing to improve the quality of services and beneficiary access to services; 4) *Chronic Disease Management – Quality Improvement Program* – Compensates physicians for providing care consistent with the most current best practise for chronic disease management; 5) *Rural Relief Locum Program* – The Ministry of Health provides funding to the SHA to support locum arrangements to assist with emergency and primary health medical services in rural areas; and, 6) *Electronic Medical Record Program* - Supports the adoption of Electronic Medical Records in physicians clinics.

Agreements with Professional Associations

- ⇒ The physician agreement reached in mid-2015 between the Ministry of Health and the Saskatchewan Medical Association covered four years, April 1, 2013 to March 31, 2017. It provided physicians with general fee increases of 4.9%, along with lump sum payments equal to 3.0%. The agreement also included \$6M for investing in key program areas aimed at increasing patient access to medical services, best practice, and standardized care. The agreement also included \$15M for maintaining existing physician programs that are experiencing higher utilization due to the increased number of physicians in the province (i.e. The Family Physician Comprehensive Care Program and the Specialist Emergency Coverage Program).
- ⇒ The optometric agreement between the Ministry of Health and the Saskatchewan Association of Optometrists covered the period April 1, 2013 to March 31, 2016. It provided a one-time lump sum payment of 1.5% in 2014-15, a 2% general fee increase effective April 1, 2015, and included expansion of an existing tonometry fee code to be billed with ocular urgency fee codes, and coverage of an annual eye exam for the management of diabetic patients effective October 1, 2014.
- ⇒ The dental agreement between the College of Dental Surgeons and the Ministry of Health covered three years, April 1, 2008 to March 31, 2011. It provided a zero per cent general fee increase in the first year, a 6.1% general fee increase effective April 1, 2009, and a 3% general fee increase effective April 1, 2010. The agreement also provided a total of \$100,000 over the term of the agreement for new items and modernization of the Dental Payment Schedule.

Figure 1

Index of Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services 2012-13 to 2017-18

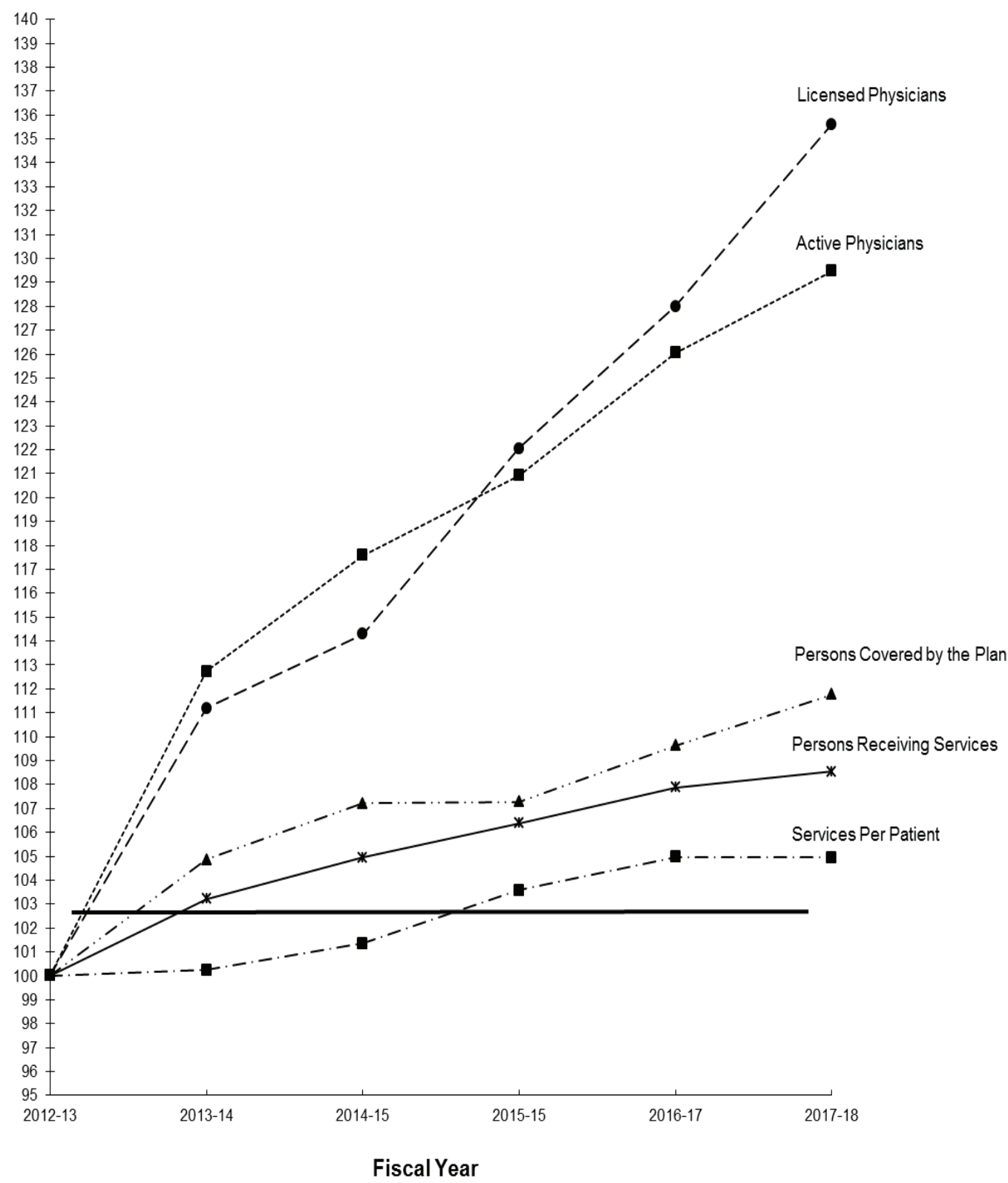


Figure 2

Index of Services Per 1,000 Beneficiaries for Selected Types of In-Province Physician Services 2012-13 to 2017-18

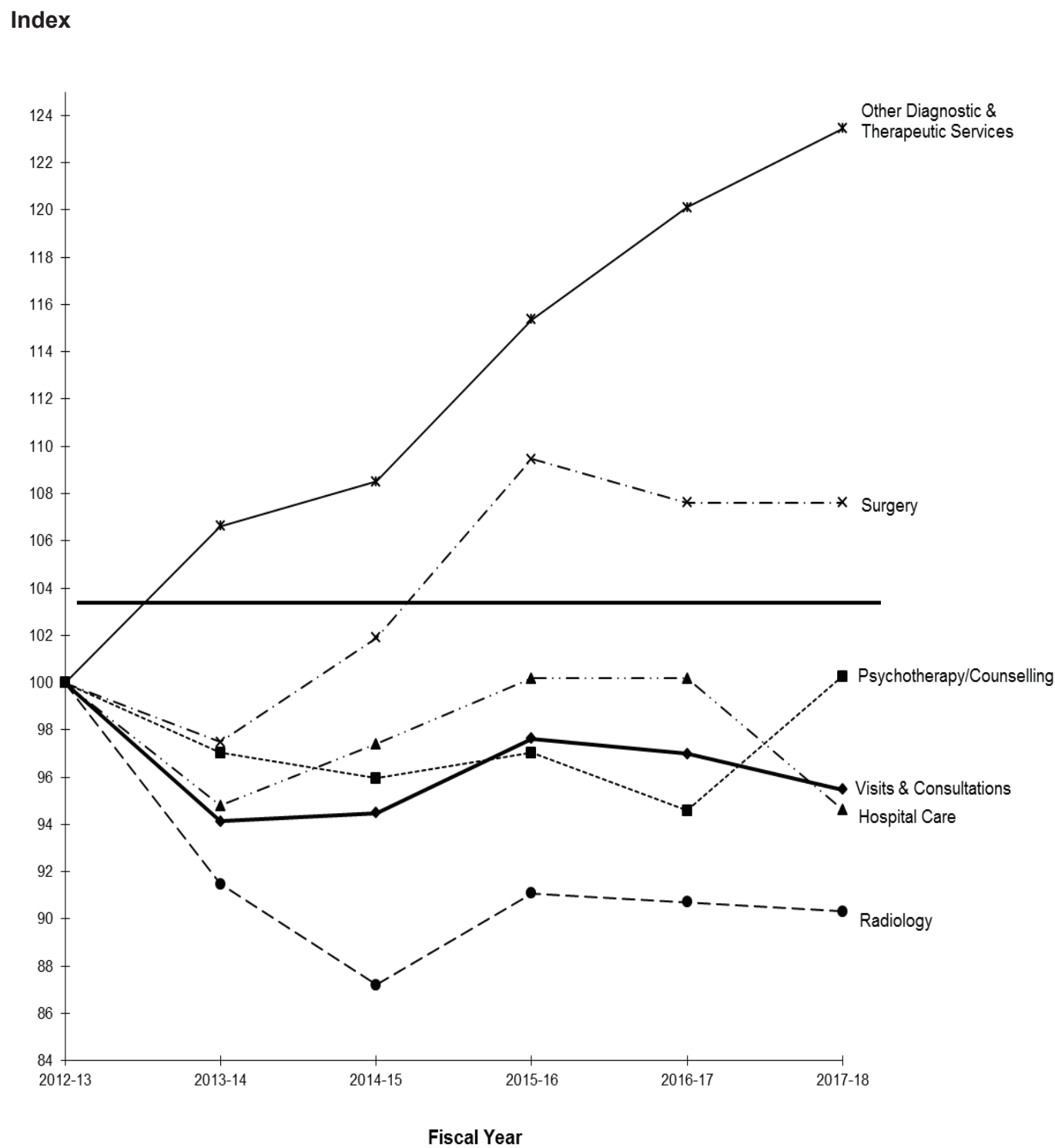


Figure 3

Per Capita Payments for Insured Services by Age and Sex of Beneficiary

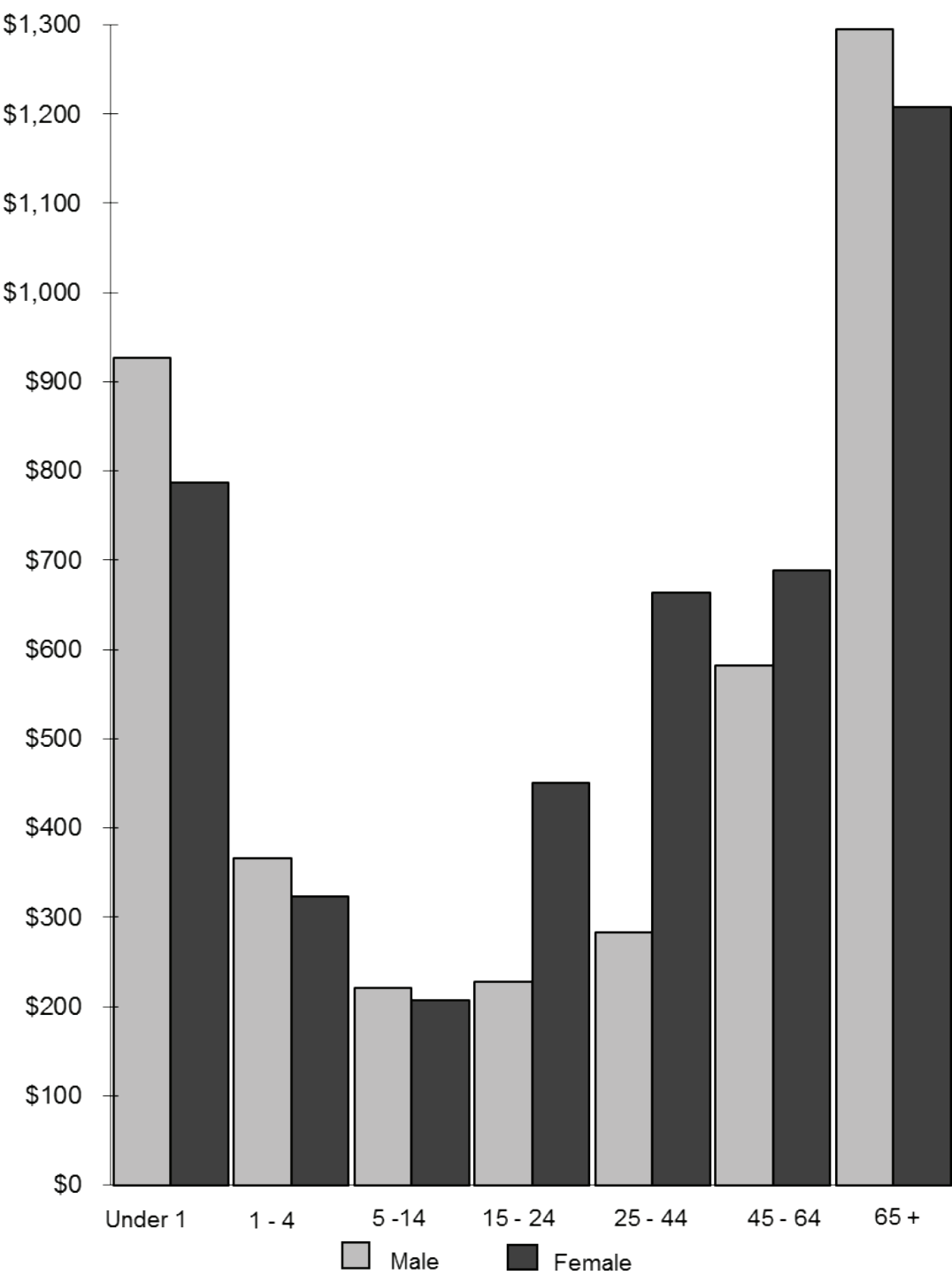


Figure 4

Map of Former Regional Health Authorities

