

# Ministry of Health Medical Services Branch



## Annual Statistical Report for 2020-21



# Preface

This fiscal year 2020-21 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.

Comments or questions concerning the material in this document may be addressed to:

Executive Director  
Medical Services Branch  
Saskatchewan Ministry of Health  
3475 Albert Street  
Regina, Saskatchewan  
S4S 6X6

Phone: (306) 787-3443

Fax: (306) 787-3761

# Table of Contents

<b>2020-21 Highlights .....</b>	<b>6</b>
Medical Services Plan Coverage Benefits .....	9
Total Expenditures 2020-21 .....	12

## Statistical Figures and Tables

Introductory Notes .....	14
Definitions of Service Groupings.....	15
Categories of Practitioners.....	16

## Tables

1	Analysis of Per Cent Change in Total Costs .....	17
2	Adjustments and Recoveries by the Medical Services Plan .....	17
3	Claims Paid by Method of Billing .....	18
4	Services and Payments by Age and Sex of Beneficiaries .....	19
5	Beneficiaries, Payments and Services by Dollar Value of Benefits .....	20
6	Physician Services and Payments (\$) by Age and Sex.....	21
7	Services by Type of Service .....	22
8	Payments by Type of Service.....	23
9	Average Payment (\$) Per Service by Type of Service and Type of Practitioner .....	24
10	Per Cent of Services and Payments by Type of Service.....	25
11	Payments (\$000s) for Out-of-Province Services by Location and Type of Practitioner .....	26
12	Payments (\$000s) to Saskatchewan Physicians for Services Provided to Beneficiaries of Other Provinces or Territories.....	27
13a	Payments (\$000s) for Out-of-Province Hospital Services by Location and Type of Care .....	28
13b	Number of Out-of-Province Hospital Cases by Location and Type of Care .....	29
14a	Payments (\$000s) for Out-of-Province Residents Hospitalized In Saskatchewan by Place of Residence and Type of Care.....	30
14b	Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care.....	31
15	In-Province Physician Services by Type of Service and Type of Physician.....	32
16	Selected In-Province Medical Procedures – Patients, Services and Payments .....	34
17	Selected In-Province Medical Conditions – Patients, Services and Payments.....	35
18	Physician Supply by Year.....	36
19	Physicians in Relation to Population and Practice Size.....	37
20	Physicians by Size of Practice .....	38
21	Physicians by Range of Patient Contacts .....	39
22	Physicians by Place of Graduation.....	40
23	Physicians by Age Group .....	41

24	Average Payment (\$000s) Per Practising Physician by Specialty and Range .....	42
25	Average Payment (\$000s) Per Physician by Specialty, 2018-19 to 2020-21 .....	46
26	Physician Payments (\$000s) by Specialty Group.....	47
27	Payments (\$) for Specialist and Family Physician Emergency Coverage Programs.....	48
28	Non-Fee-For-Service Payments (\$000s) .....	49
29	Insured Population by Age and Sex by Former Regional Health Authority .....	50
30	Per Cent of General Practitioner Payments by Former Regional Health Authority of Patient Residence by Physician Former Regional Health Authority.....	51
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) .....	52
32	General Practitioners in Relation to Population, Earnings and Practice Size .....	53
33	Post-Graduate Medical Education and Retention Rates by Academic Year .....	54
34	Optometrists: Selected Indicators.....	56

## Appendix

Significant Initiatives and Programs.....	57
Agreements with Professional Associations.....	58

## Figures

1	Index of Persons Covered by the Plan, Physicians, Services Per Patient and Persons Receiving Services, 2015-16 to 2020-21 .....	59
2	Index of Services Per 1,000 Beneficiaries for Selected Types of In-Province Physician Services, 2015-16 to 2020-21 .....	60
3	Per Capita Payments for Insured Services by Age and Sex of Beneficiary .....	61
4	Map of Former Regional Health Authorities.....	62

This annual report is also available in electronic format from the Ministry's website at

**[www.saskatchewan.ca/government/government-structure/ministries/health#annual-reports](http://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.

On March 11, 2020 the World Health Organization declared the global outbreak of COVID-19 a pandemic. Public health orders limiting public and private gatherings were issued during the year to limit the threat to the public's health. Precautionary measures taken during this time had a significant impact on the number of services and payments provided in 2020-21.

- ⇒ In 2020-21, the MSP provided for **in-province expenditures** of \$875.4 million, while **program payments** totalled \$120.6 million and **medical education payments** were \$68.5 million (see *Total Expenditures 2020-21*).
- ⇒ **Benefits paid for insured services** – by physicians, optometrists and dentists (in- and out-of-province) – amounted to \$559.4 million, a decrease of 23.1% from the previous year.

	2019-20 (\$000s)	2020-21 (\$000s)	Per Cent Change
Physicians	710,576	546,390	-23.1
Optometrists	15,234	11,912	-21.8
Dentists	1,594	1,062	-33.4
Total	727,404	559,364	-23.1

- ⇒ **Number of insured services** – by physicians, optometrists and dentists (in- and out-of-province) – totalled 10.9 million services, a decrease of 22.9% from the previous year.

	2019-20 (000s)	2020-21 (000s)	Per Cent Change
Physicians	13,622	10,500	-22.9
Optometrists	460	363	-21.1
Dentists	13	11	-15.1
Total	14,094	10,873	-22.9

Note: figures may not add due to rounding.

- ⇒ **Out-of-Province payments for Saskatchewan beneficiaries** receiving insured services (physician, dentists, optometrist and hospital) outside of Saskatchewan totalled \$117.9 million, down 23.6% from the previous year.
- ⇒ **Reciprocal payments for out-of-province residents receiving services** (physician and hospital) within Saskatchewan (excluding Quebec and out-of-Canada beneficiaries) totalled \$27.1 million, a decrease of 26.8%. Over the past five years, hospital and physician payments for non-Saskatchewan beneficiaries have decreased on average by 9.1% per year (see Tables 12 & 14a).
- ⇒ **Cost of services outside of Canada for Saskatchewan patients with prior approvals** totalled \$0.2 million.

	2019-20	2020-21
Number of Patients	34	12
Practitioner Costs (\$000s)	748	140
Hospital Costs (\$000s)	3,289	20
Total Costs (\$000s)	4,037	160

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 for a number of reasons, including patients not receiving treatment in the same year as approved, or patients requiring on-going care over two years.

## Physician Remuneration

- ⇒ Payments for fee-for-service in-province physicians, excluding the emergency coverage programs, totalled \$429.1 million in 2020-21, a decrease of 21.6% from 2019-20 (see *Total Expenditures 2020-21*).
- ⇒ Non-fee-for-service (NFFS) funding arrangements for physician services represent a large portion of provincial health expenditures. In 2020-21, NFFS accounted for \$433.8 million, 36.5% of the Saskatchewan Ministry of Health's total 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 (see Table 25):

General Practitioners	\$201,100
Specialists	\$344,400
All Physicians	\$273,000

(See "Active" definition – *Statistical Figures and Tables*.)

- ⇒ Expenditures do not include \$80.9 million paid to 907 physicians through Pandemic Physician Services Agreements with the Saskatchewan Health Authority between April and June 2020.

## Physician Supply

- ⇒ Physician supply is measured in two main 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.
- ⇒ The number of physicians actively practising each year in the province fluctuates due to movement of practitioners within or outside the province. Physicians are considered active if they have their own MSP billing numbers and receive \$60,000 or more in MSP payments during the year, and are practising in Saskatchewan at the end of the fiscal year.
- ⇒ **Licensed physicians:** (see "Licensed" definition – *Statistical Figures and Tables*) the number of licensed physicians at the end of March 2021 was 2,718, an increase of 3.7% from the previous year. Over the past five years, the number of licensed physicians has grown on average by 2.7% per year (see Table 18).
- ⇒ **Active physicians:** (see "Active" definition – *Statistical Figures and Tables*) the number of active physicians at the end of March 2021 was 1,806, a decrease of 46 physicians or 2.5% from the previous year. Over the past five years, the number of active physicians has increased on average by 1.2% per year.
- ⇒ The number of **active rural general practitioners (GP)** was 235 at the end of March 2021, a decrease of eight physicians or 3.3% from the previous year. Over the last five years, the number of active rural GPs has decreased on average by 1.8% per year (see Table 24).
- ⇒ The number of **active GPs in metro areas** (Regina and Saskatoon) at the end of March 2021 was 454, a decrease of 43 physicians or 8.7% from the previous year. Over the past five years, the number of active metro GPs has increased on average by 0.2% per year.
- ⇒ The number of **active GPs in other urban areas** was 211, a decrease of 16 physicians or 7.0% from the previous year. Over the past five years, the number of active urban GPs has remained constant on average.

- ⇒ The number of **active specialists** has grown to 906, an increase of 21 physicians or 2.4% from the previous year. Over the past five years, the number of specialists has increased on average by 3.0% per year.
- ⇒ Physician supply is supported by a number of initiatives and programs supported within the MSP including the Saskatchewan International Physician Practice Assessment (SIPPA) program and medical education programs through the University of Saskatchewan (U of S) College of Medicine. 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 \$68.5 million in 2020-21 (U of S).
- ⇒ The Medical Education System covers the following areas:
  - ↳ Clinical Services Fund, which provides funding for physician faculty at the College of Medicine, and 466 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); and,
  - ↳ Programs and stipends, such as the Academic Clinical Funding Plan, International Medical Graduates, distributed medical education, the undergraduate clinical Clerkship (formerly JURSI) stipend.



# 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. inmates of federal penitentiaries and visitors to Canada) are eligible to receive benefits, with the sole requirement being residency and registration with Health Registries at eHealth Saskatchewan. 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.

**Anesthesia** – The administration of anesthesia by a physician including:

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

**Diagnostic Services** including:

- ⇒ 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** including:

- ⇒ immunization services where not otherwise available;
- ⇒ examination and report for adoptions for both child and parents;
- ⇒ examination and report for persons becoming foster parents; and,
- ⇒ 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 an optometrist is limited to the following five categories of persons:

- ⇒ those under the age of 18;
- ⇒ recipients of Supplementary Health Benefits;
- ⇒ recipients of Family Health Benefits;
- ⇒ 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; and,
- ⇒ 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.

## Dental Services includes:

- ⇒ Specific services in connection with maxillofacial surgery required to treat a condition caused by an accident, abnormality or co-morbidity;
- ⇒ Services for the care of cleft palate upon referral to a dentist or dental specialist by a physician or another dentist;
- ⇒ Specific x-ray services when provided by certain dental specialists and oral radiologists; and,

Extraction of teeth medically required due to pathology resulting from cancer radiation therapy, or to provide:

- ⇒ heart surgery;
- ⇒ services for chronic renal disease;
- ⇒ head and neck cancer services;
- ⇒ stem cell transplants; 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 Branch of the Ministry of Health. 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 MSP does not insure the following services:

- ⇒ health services received under other public programs, including *The Workers' Compensation Act*, *Veteran Affairs Canada* and *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 Medical Services Plan Coverage Benefits – Dental Services;
- ⇒ drugs and dressings;
- ⇒ appliances (e.g. eyeglasses, artificial limbs);
- ⇒ routine eye examinations by a physician – coverage is limited to those beneficiaries who would be covered under the optometric program;
- ⇒ electrolysis;
- ⇒ dental anesthesia provided in conjunction with an insured service where the patient is 14 years or over;
- ⇒ reversals of sterilization for the purposes of restoring fertility;
- ⇒ removal of lesions for cosmetic purposes;
- ⇒ injection of asymptomatic varicose veins;
- ⇒ non-medically required circumcisions; and,
- ⇒ breast screening mammography for women 50 years of age and older (available and funded through the provincial Screening Program for Breast Cancer).

## Methods of Payment

The 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 SHA Board or the College of Medicine.

The Connected Care Services Branch provides global funding for the operation of four community clinics, Northern Medical Services, the Student Health Centre at the University of Saskatchewan and the Victoria East Medical Clinic.

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

## Professional Review

The **Joint Medical Professional Review Committee** is comprised of six physicians, with two each appointed by the Saskatchewan Medical Association, the College of Physicians and Surgeons of Saskatchewan and the Ministry. The committee evaluates billing patterns of physicians. This committee is empowered to order the recovery of payments that have been inappropriately billed by practitioners.

# Total Expenditures 2020-21

	Expenditures (\$000s)
<b>In-Province Services<sup>1</sup></b>	
Physician Fee-for-Service (FFS) Subtotal	429,120
Physician Non-Fee-For-Service (Non-FFS)	
Medical Remuneration & Alternate Payments	309,433
Primary Health Services <sup>2,3</sup>	88,981
Saskatchewan Cancer Agency <sup>2,3</sup>	35,403
Physician Non-Fee-For-Service (Non-FFS) Subtotal	433,817
Optometry Services Subtotal	11,418
Dental Services Subtotal	1,026
<b>Subtotal: Payment for In-Province Services</b>	<b>875,381</b>
<b>Programs and Recruitment and Retention Initiatives<sup>4</sup></b>	
General Practitioner	
Family Physician Comprehensive Care Program	15,516
Family Physician Emergency Coverage Programs	8,228
Regional Locum Program	3,277
Saskatchewan International Physician Practice Assessment (SIPPA)	2,313
Chronic Disease Management – Quality Improvement Program	1,190
General Practitioner Specialist Program	627
Rural Physician Incentive	514
Rural Practice Establishment Grant	20
Rural and Remote Incentives	2,300
Family Medicine Bursaries	375
Rural Practice Enhancement Training	92
General Practitioner Subtotal	34,452
Specialist	
Specialist Emergency Coverage Programs (SECP)	33,702
Specialist Practice Establishment Grant	585
Specialist Rural & Remote Incentives	200
Specialist Physician Enhancement Training Bursary	101
Specialist Subtotal	34,588

Other		
	Canadian Medical Protective Agency (CMPA) Funding	8,000
	Electronic Medical Records Program	8,800
	Physician Long Term Retention Fund	8,837
	Continuing Medical Education Fund	5,666
	Quality & Access Fund	9
	Clinical Quality Improvement Program	54
	Parental Leave Program	1,596
	Practice Enhancement Program	135
	One-time SMA Program Funding	18,480
Other Subtotal		51,577
<b>Subtotal: Programs and Recruitment and Retention Initiatives</b>		<b>120,617</b>
<b>Medical Education</b>		
	Clinical Services Fund (College of Medicine)	65,133
	Other Medical Education	3,345
<b>Subtotal: Medical Education</b>		<b>68,478</b>
<b>Other Provincial Payments and Administration</b>		
	Out-of-Province <sup>5</sup>	117,855
	Quality Assurance Diagnostic Imaging and Lab Programs	595
	Dental Residency Grants	153
	Administration	5,192
<b>Subtotal: Other Provincial Payments and Administration</b>		<b>123,795</b>
<i>Change in Valuation Allowance</i>		<i>248</i>
<b>Total Expenditures</b>		<b>1,188,519</b>

<sup>1</sup> Expenditures do not include \$80,864,043 paid to 907 physicians through Pandemic Physician Services Agreements with the Saskatchewan Health Authority.

<sup>2</sup> Expenditures in these areas are managed by other branches of the Ministry of Health.

<sup>3</sup> These expenditures include payments to physicians only.

<sup>4</sup> Excludes \$580,750 paid to 900 eligible physicians on behalf of the Saskatchewan Medical Association for the Personal Protective Equipment (PPE) Benefit.

<sup>5</sup> 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 on MSP payments made during 2020-21 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.

While all MSP data on physician services continues to use the ninth revision of the International Classification of Diseases (ICD-9), data related to the hospital reciprocal billing system (Tables 13a, 13b, 14a and 14b) uses ICD-10.

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) and certain other programs, including the Family Physician Comprehensive Care Program.

**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 non-fee-for-service methods of payment results in underreporting of the data presented in this report, as shadow billing is not always complete.

**Date of Payment** – Statistics are based on the date the service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2020-21 include some services provided in 2019-20. Fiscal years typically consist of 26 pay periods.

**Payment Adjustments** – The difference between payments shown in *Total Expenditures 2020-21* 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, MSP 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 *Total Expenditures 2020-21*.

**Pandemic Virtual Care** – Effective March 13, 2020, temporary virtual care fee codes for physicians providing services via telephone or secure video during the pandemic were implemented. Negotiated virtual care fee codes for general practitioners were piloted as of January 1, 2021. These services and payments are included in this report.

**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 the Canadian Institute for Health Information (CIHI) national grouping system categories.

- (a) **Consultations** – a consultation is the referral of a patient by one physician to another for examination, 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, 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, cesarean sections, but excludes gynecological surgery, and pre- and post-natal visits. Fetal monitoring and transfusions are included here.
- (k) **Anesthesia** – All anesthetic 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; family physician 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 services for care of cleft palate and the extraction of teeth in limited circumstances). 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 that, 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 with \$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.

**Definition of Practising Physician** – Licensed physicians with billings submitted under their own MSP billing number during the year and practising in Saskatchewan under MSP coverage at the end of the year (see Table 24).



# Table 1

## Analysis of Per Cent Change in Total Costs

Year	Gross Payments for Insured Services <sup>1</sup> (\$000s)	Total Per Cent Change	Per Cent Change Due to Fee Schedule Increases <sup>6</sup>	Per Cent Change Due to Utilization Increases <sup>7</sup>
2016-17 .....	681,855	7.00	2.66	4.34
2017-18 .....	694,726	1.89	0.00	1.89
2018-19 .....	698,948	0.61	0.00	0.61
2019-20 <sup>2,3</sup> .....	727,404	4.07	0.02	4.05
2020-21 <sup>2,4,5</sup> .....	559,364	-23.10	3.84	-26.94
<b>Average Annual Per Cent Change 2016-17 to 2020-21 .....</b>		<b>-2.57</b>	<b>1.29</b>	<b>-4.05</b>

<sup>1</sup> All physician, optometric and dental insured services (in- and out-of-province) are included. Includes payments for family physician emergency coverage but excludes payments for other programs, including specialist emergency coverage.

<sup>2</sup> Lump sum payments in lieu of retroactive amendments to Payment Schedules made to physicians are excluded.

<sup>3</sup> Figures for 2019-20 include \$4,083 of lump sum retroactive dental payments.

<sup>4</sup> Figures for 2020-21 exclude one-time SMA Program funding in lieu of retroactive payments to physicians. See *Total Expenditures 2020-21*.

<sup>5</sup> Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

<sup>6</sup> Fee schedule increases are based on theoretical values of fee and new items increases.

<sup>7</sup> 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

	2019-20		2020-21	
	Number of Practitioners	Adjustment or Recovery (\$000s)	Number of Practitioners	Adjustment or Recovery (\$000s)
Routine Adjustments on In-Province Claims <sup>1</sup> .....	2,593	11,421.5	2,601	11,181.8
Routine Adjustments on Out-of-Province Claims <sup>1</sup> .....	–	1,639.1	–	424.9
Special MSP Studies and Professional Review Activity <sup>2</sup> .....	2	604.0	8	1,641.9
Third Party Liability Recoveries <sup>3</sup> .....		7,999.4		8,018.89
<b>Total .....</b>	<b>–</b>	<b>21,664.0</b>		<b>21,267.5</b>

<sup>1</sup> All physician, optometric and dental insured services are included.

<sup>2</sup> 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.

<sup>3</sup> 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		Per Cent of Claims	
	2019-20	2020-21 <sup>5</sup>	2019-20	2020-21
<b>Physicians, Dentist &amp; Dental Surgeons</b> .....	<b>9,229,990</b>	<b>7,499,556</b>	<b>97.06</b>	<b>97.15</b>
In-Province Claims <sup>1</sup> .....	8,905,488	7,243,886	93.65	93.84
Out-of-Province Reciprocal Billing <sup>2</sup> .....	322,912	255,039	3.40	3.30
Other Out-of-Province .....	1,590	631	0.02	0.01
<b>Optometrists</b> <sup>3</sup> .....	<b>277,469</b>	<b>218,519</b>	<b>2.92</b>	<b>2.83</b>
In-Province Claims .....	276,000	217,218	2.90	2.81
Out-of-Province .....	1,469	1,301	0.02	0.02
<b>Beneficiaries</b> <sup>4</sup> .....	<b>2,345</b>	<b>1,323</b>	<b>0.02</b>	<b>0.02</b>
<b>Total</b> .....	<b>9,509,804</b>	<b>7,719,398</b>	<b>100.00</b>	<b>100.00</b>

<sup>1</sup> 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.

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

<sup>3</sup> Includes claims for optometric services covered by the Supplementary Health Program.

<sup>4</sup> Payments made directly to beneficiaries for claims.

<sup>5</sup> Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

**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, 2020		Rate Per 1,000 Beneficiaries			
			Services		Payments (\$)	
	Male	Female	Male	Female	Male	Female
<b>A. Physicians</b>						
Under 1 .....	7,179	6,767	12,547	10,597	790,078	649,180
1 – 4.....	31,840	30,493	3,313	2,903	185,104	156,235
5 – 14.....	83,353	79,585	2,574	2,529	120,617	117,485
15 – 24.....	76,752	72,404	3,218	6,931	161,098	358,066
25 – 44.....	177,725	170,610	4,586	9,787	227,166	529,329
45 – 64.....	149,207	145,198	8,938	10,919	462,748	541,842
65 and over.....	90,349	103,750	18,581	18,282	981,381	896,701
<b>All Beneficiaries.....</b>	<b>616,405</b>	<b>608,807</b>	<b>7,275</b>	<b>9,880</b>	<b>376,488</b>	<b>503,359</b>
<b>B. Optometrists</b>						
Under 1 .....	7,179	6,767	54	48	2,921	2,594
1 – 4.....	31,840	30,493	197	200	10,590	10,783
5 – 14.....	83,353	79,585	404	441	21,897	23,877
15 – 24.....	76,752	72,404	157	202	7,530	9,602
25 – 44.....	177,725	170,610	96	139	2,620	3,829
45 – 64.....	149,207	145,198	317	354	7,496	8,690
65 and over.....	90,349	103,750	638	547	14,771	13,254
<b>All Beneficiaries.....</b>	<b>616,405</b>	<b>608,807</b>	<b>283</b>	<b>309</b>	<b>9,215</b>	<b>10,236</b>
<b>C. Dentists</b>						
Under 1 .....	7,179	6,767	1	1	44	77
1 – 4.....	31,840	30,493	–	–	21	29
5 – 14.....	83,353	79,585	5	5	502	353
15 – 24.....	76,752	72,404	13	20	1,824	2,981
25 – 44.....	177,725	170,610	7	9	722	818
45 – 64.....	149,207	145,198	9	11	760	754
65 and over.....	90,349	103,750	10	8	886	605
<b>All Beneficiaries.....</b>	<b>616,405</b>	<b>608,807</b>	<b>8</b>	<b>10</b>	<b>819</b>	<b>915</b>

#### Notes:

- 1) Includes out-of-province (reciprocal) services and costs.
- 2) Excludes payments for specialist and family physician emergency coverage programs.
- 3) Includes optometric services covered by the Supplementary Health Program.
- 4) Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.
- 5) See "Data Limitations" in *Statistical Figures and Tables*.

# Table 5

## Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	2019-20				2020-21			
	Number of Beneficiaries	Per Cent of			Number of Beneficiaries	Per Cent of		
		Beneficiaries	Payments	Services		Beneficiaries	Payments	Services
<b>A. Physicians Only</b>								
\$0.00 <sup>1</sup> .....	223,423	18.4	–	<0.1	342,487	28.0	–	<0.1
\$0.01 – \$25.00 .....	10,930	0.9	–	0.1	21,714	1.8	–	0.3
\$25.01 – \$50.00 .....	98,773	8.2	0.5	0.8	107,079	8.7	0.7	1.2
\$50.01 – \$100.00 .....	100,222	8.3	1.1	1.6	99,524	8.1	1.4	2.1
\$100.01 – \$250.00 .....	229,999	19.0	5.4	7.6	210,693	17.2	6.4	8.9
\$250.01 – \$500.00 .....	193,706	16.0	10.0	12.7	167,097	13.6	11.2	14.0
\$500.01 – \$1,000.00 .....	166,712	13.8	16.8	19.2	139,209	11.4	18.2	20.7
\$1,000.01 – \$1,500.00 .....	68,234	5.6	11.9	12.5	53,466	4.4	12.1	12.5
\$1,500.01 – \$2,000.00 .....	39,578	3.3	9.7	9.7	28,464	2.3	9.1	8.6
\$2,000.01 – \$5,000.00 .....	66,254	5.5	27.8	23.7	45,859	3.7	24.9	20.6
Over \$5,000.00 .....	13,525	1.1	16.8	12.0	9,620	0.8	15.9	11.0
<b>Total .....</b>	<b>1,211,356</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>1,225,212</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>B. Optometrists Only</b>								
\$0.00 <sup>1</sup> .....	1,012,293	83.6	–	<0.1	1,068,091	87.2	–	<0.1
\$0.01 – \$25.00 .....	18	–	–	–	25	–	–	–
\$25.01 – \$50.00 .....	6,915	0.6	1.9	1.7	7,221	0.6	2.5	2.2
Over \$50.00 .....	192,130	15.9	98.1	98.2	149,875	12.2	97.5	97.8
<b>Total .....</b>	<b>1,211,356</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>1,225,212</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

<sup>1</sup> 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 (reciprocal) services and costs.
- 2) Excludes payments for specialist and family physician 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 <sup>1</sup>	Treated <sup>2</sup>		Services	Cost	Services	Cost	
Under 1	M	7,179	8,306	100.00	12.55	790.08	10.84	682.88	62.97
	F	6,767	7,620	100.00	10.60	649.18	9.41	576.51	61.26
	T	13,946	15,926	100.00	11.60	721.71	10.16	631.98	62.21
1 – 4	M	31,840	20,085	63.08	3.31	185.10	5.25	293.44	55.88
	F	30,493	18,458	60.53	2.90	156.23	4.80	258.10	53.82
	T	62,333	38,543	61.83	3.11	170.98	5.03	276.52	54.94
5 – 9	M	42,249	21,603	51.13	2.53	122.17	4.95	238.93	48.25
	F	40,220	19,655	48.87	2.23	103.64	4.56	212.07	46.52
	T	82,469	41,258	50.03	2.38	113.13	4.76	226.13	47.46
10 – 14	M	41,104	20,328	49.46	2.62	119.02	5.29	240.67	45.49
	F	39,365	19,952	50.68	2.84	131.63	5.60	259.71	46.39
	T	80,469	40,280	50.06	2.72	125.19	5.44	250.10	45.95
15 – 19	M	37,478	19,421	51.82	3.05	153.62	5.88	296.45	50.38
	F	35,404	24,263	68.53	5.64	281.72	8.23	411.08	49.98
	T	72,882	43,684	59.94	4.31	215.85	7.18	360.12	50.12
20 – 24	M	39,274	20,373	51.87	3.38	168.23	6.51	324.31	49.79
	F	37,000	28,666	77.48	8.17	431.12	10.54	556.45	52.77
	T	76,274	49,039	64.29	5.70	295.76	8.87	460.01	51.86
25 – 29	M	43,026	22,596	52.52	3.74	185.43	7.13	353.08	49.51
	F	41,512	32,284	77.77	9.91	557.71	12.74	717.13	56.29
	T	84,538	54,880	64.92	6.77	368.24	10.43	567.24	54.38
30 – 34	M	47,191	26,661	56.50	4.23	208.59	7.48	369.21	49.35
	F	45,700	35,866	78.48	10.44	590.37	13.30	752.24	56.55
	T	92,891	62,527	67.31	7.28	396.41	10.82	588.92	54.43
35 – 39	M	46,124	27,891	60.47	4.80	240.15	7.94	397.14	50.04
	F	44,279	34,814	78.62	9.56	503.77	12.16	640.73	52.71
	T	90,403	62,705	69.36	7.13	369.27	10.28	532.38	51.79
40 – 44	M	41,384	26,650	64.40	5.63	277.28	8.75	430.57	49.22
	F	39,119	30,606	78.24	9.15	456.83	11.70	583.90	49.90
	T	80,503	57,256	71.12	7.34	364.53	10.33	512.53	49.63
45 – 49	M	36,553	24,803	67.85	6.52	323.54	9.61	476.82	49.61
	F	34,843	27,854	79.94	9.59	469.48	12.00	587.28	48.96
	T	71,396	52,657	73.75	8.02	394.76	10.87	535.25	49.23
50 – 54	M	34,928	24,986	71.54	8.04	405.36	11.24	566.66	50.42
	F	33,639	27,163	80.75	10.31	505.16	12.77	625.60	48.98
	T	68,567	52,149	76.06	9.16	454.33	12.04	597.36	49.62
55 – 59	M	39,739	30,301	76.25	9.34	491.41	12.25	644.48	52.61
	F	39,143	32,525	83.09	11.23	564.37	13.52	679.21	50.24
	T	78,882	62,826	79.65	10.28	527.62	12.91	662.46	51.32
60 – 64	M	37,987	31,391	82.64	11.67	619.48	14.12	749.64	53.10
	F	37,573	32,591	86.74	12.37	618.31	14.26	712.83	50.00
	T	75,560	63,982	84.68	12.01	618.90	14.19	730.89	51.52
65 – 69	M	31,493	28,320	89.92	14.45	795.38	16.07	884.49	55.03
	F	31,443	28,675	91.20	14.57	746.92	15.98	819.02	51.26
	T	62,936	56,995	90.56	14.51	771.17	16.02	851.55	53.14
70 – 74	M	23,191	21,933	94.58	17.81	961.83	18.83	1,017.00	54.02
	F	24,168	22,946	94.94	17.40	885.01	18.33	932.14	50.85
	T	47,359	44,879	94.76	17.60	922.63	18.57	973.61	52.42
75 & Over	M	35,665	35,905	100.00	22.73	1,158.34	22.58	1,150.60	50.96
	F	48,139	47,993	99.70	21.15	1,000.40	21.21	1,003.45	47.31
	T	83,804	83,898	100.00	21.82	1,067.62	21.80	1,066.42	48.93
Total all ages	M	616,405	411,553	66.77	7.28	389.26	10.90	583.02	53.51
	F	608,807	471,931	77.52	9.88	503.36	12.75	649.35	50.95
	T	1,225,212	883,484	72.11	8.57	445.96	11.88	618.45	52.04

<sup>1</sup> Population as at June 30, 2020.

<sup>2</sup> Population treated at any time during the fiscal year.

**Notes:** 1) Excludes payments for specialist and family physician emergency coverage programs.

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

3) Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

# Table 7

## Services by Type of Service

Type of Service <sup>1</sup>	Number of Services (000s)		Number of Services Per 1,000 Beneficiaries		Per Cent Change 2019-20 to 2020-21 <sup>3</sup>
	2019-20	2020-21 <sup>3</sup>	2019-20	2020-21 <sup>3</sup>	
<b>In-Province Physician Services.....</b>	<b>12,845.8</b>	<b>9,859.7</b>	<b>10,604</b>	<b>8,047</b>	<b>-24.11</b>
Consultations.....	603.3	385.9	498	315	-36.76
Major Assessments.....	584.8	306.4	483	250	-48.20
Other Assessments .....	4,576.5	2,273.2	3,778	1,855	-50.89
Psychotherapy .....	288.4	263.6	238	215	-9.62
<b>Total Visit Services .....</b>	<b>6,053.0</b>	<b>3,229.1</b>	<b>4,997</b>	<b>2,636</b>	<b>-47.26</b>
<b>Hospital Care .....</b>	<b>618.3</b>	<b>438.9</b>	<b>510</b>	<b>358</b>	<b>-29.81</b>
<b>Special Calls and Emergency.....</b>	<b>255.9</b>	<b>180.1</b>	<b>211</b>	<b>147</b>	<b>-30.40</b>
Major Surgery .....	161.1	115.6	133	94	-29.02
Minor Surgery.....	302.4	215.2	250	176	-29.65
Surgical Assistance .....	173.8	140.3	143	114	-20.22
Obstetrics.....	26.5	16.5	22	13	-38.50
Anesthesia .....	844.8	565.4	697	461	-33.84
<b>Total Surgical Services.....</b>	<b>1,508.7</b>	<b>1,053.0</b>	<b>1,245</b>	<b>859</b>	<b>-31.00</b>
Diagnostic Radiology.....	309.4	223.6	255	182	-28.55
Laboratory Services.....	263.8	128.7	218	105	-51.77
Other Diagnostic and Therapeutic Services.....	2,649.2	1,959.6	2,187	1,599	-26.87
Special and Miscellaneous Services <sup>2</sup> .....	1,187.6	2,646.8	980	2,160	120.35
<b>Total Diagnostic Services.....</b>	<b>4,410.0</b>	<b>4,958.6</b>	<b>3,641</b>	<b>4,047</b>	<b>11.17</b>
<b>In-Province Dental Services.....</b>	<b>12.7</b>	<b>10.7</b>	<b>10</b>	<b>9</b>	<b>-16.15</b>
<b>In-Province Optometric Services.....</b>	<b>450.0</b>	<b>352.9</b>	<b>371</b>	<b>288</b>	<b>-22.46</b>
Refractions by Optometrists .....	125.8	96.3	104	79	-24.36
Other Optometric Services .....	324.2	256.7	268	209	-21.72
<b>Out-of-Province Services</b>					
Physician Services.....	776.3	639.9	641	522	-18.50
Dental Services.....	0.1	0.1	–	–	–
Optometric Services.....	9.7	9.7	8	8	-1.55
<b>All Services.....</b>	<b>14,094.5</b>	<b>10,873.0</b>	<b>11,635</b>	<b>8,874</b>	<b>-23.73</b>

<sup>1</sup> The "Definitions of Service Groupings" in *Statistical Figures and Tables* describe these classifications.

<sup>2</sup> 2020-21 includes 1,591,439 services billed using virtual care codes.

<sup>3</sup> Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

### 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 <sup>1</sup>	Payments (\$000s)		Payments Per 1,000 Beneficiaries (\$)		Per Cent Change 2019-20 to 2020-21 <sup>5</sup>
	2019-20	2020-21 <sup>5</sup>	2019-20	2020-21 <sup>5</sup>	
<b>In-Province Physician Services.....</b>	<b>664,989</b>	<b>510,602</b>	<b>548,963</b>	<b>416,746</b>	<b>-24.08</b>
Consultations.....	82,169	54,362	67,833	44,369	-34.59
Major Assessments.....	35,821	19,669	29,571	16,054	-45.71
Other Assessments .....	193,293	97,711	159,568	79,751	-50.02
Psychotherapy .....	12,660	13,323	10,451	10,874	4.05
<b>Total Visit Services .....</b>	<b>323,943</b>	<b>185,066</b>	<b>267,422</b>	<b>151,048</b>	<b>-43.52</b>
<b>Hospital Care .....</b>	<b>21,957</b>	<b>15,925</b>	<b>18,126</b>	<b>12,998</b>	<b>-28.29</b>
<b>Special Calls and Emergency.....</b>	<b>11,103</b>	<b>8,414</b>	<b>9,166</b>	<b>6,867</b>	<b>-25.08</b>
Major Surgery .....	63,255	45,413	52,218	37,065	-29.02
Minor Surgery.....	11,070	8,388	9,139	6,846	-25.09
Surgical Assistance .....	16,041	13,153	13,242	10,735	-18.93
Obstetrics.....	13,147	8,278	10,853	6,757	-37.74
Anesthesia .....	44,166	30,995	36,460	25,298	-30.61
<b>Total Surgical Services.....</b>	<b>147,679</b>	<b>106,227</b>	<b>121,912</b>	<b>86,701</b>	<b>-28.88</b>
Diagnostic Radiology .....	16,126	11,746	13,313	9,587	-27.98
Laboratory Services.....	1,339	675	1,106	551	-50.21
Other Diagnostic and Therapeutic Services ....	117,833	92,358	97,274	75,381	-22.51
Special and Miscellaneous Services <sup>2,3</sup> .....	25,008	90,193	20,645	73,614	256.57
<b>Total Diagnostic Services.....</b>	<b>160,307</b>	<b>194,972</b>	<b>132,337</b>	<b>159,133</b>	<b>20.25</b>
<b>In-Province Dental Services<sup>4</sup> .....</b>	<b>1,570</b>	<b>1,046</b>	<b>1,296</b>	<b>854</b>	<b>-34.13</b>
<b>In-Province Optometric Services .....</b>	<b>14,885</b>	<b>11,572</b>	<b>12,288</b>	<b>9,445</b>	<b>-23.14</b>
Refractions by Optometrists .....	7,109	5,438	5,868	4,439	-24.36
Other Optometric Services.....	7,776	6,134	6,419	5,006	-22.01
<b>Out-of-Province Services</b>					
Physician Services.....	45,587	35,788	37,633	29,209	-22.38
Dental Services.....	24	16	20	13	-34.40
Optometric Services.....	349	340	288	278	-3.73
<b>All Services.....</b>	<b>727,404</b>	<b>559,364</b>	<b>600,487</b>	<b>456,544</b>	<b>-23.97</b>

<sup>1</sup> The "Definitions of Service Groupings" in *Statistical Figures and Tables* describe these classifications.

<sup>2</sup> Includes payments for the family physician emergency coverage program but excludes payments for the specialist emergency coverage program.

<sup>3</sup> 2020-21 payments include \$62,893,725 billed using virtual care codes.

<sup>4</sup> Figures for 2019-20 include \$4,083 of lump sum retroactive dental payments.

<sup>5</sup> Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

### Notes:

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

2) 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 <sup>1</sup>	2019-20			2020-21		
	General Practice	Specialties	All Practitioners	General Practice	Specialties	All Practitioners
<b>In-Province Physician Services.....</b>	<b>37.32</b>	<b>68.21</b>	<b>51.77</b>	<b>37.33</b>	<b>67.63</b>	<b>51.79</b>
Consultations.....	88.30	138.65	136.20	94.15	143.71	140.87
Major Assessments.....	57.35	89.01	61.25	60.97	84.78	64.19
Other Assessments .....	39.19	56.12	42.24	39.66	56.26	42.98
Psychotherapy .....	39.05	63.92	43.90	41.21	58.37	50.54
<b>Average Of Visit Services.....</b>	<b>41.56</b>	<b>89.01</b>	<b>53.52</b>	<b>42.82</b>	<b>89.43</b>	<b>57.31</b>
<b>Hospital Care .....</b>	<b>35.32</b>	<b>35.69</b>	<b>35.51</b>	<b>36.79</b>	<b>35.91</b>	<b>36.28</b>
<b>Special Calls and Emergency.....</b>	<b>42.42</b>	<b>44.78</b>	<b>43.39</b>	<b>46.16</b>	<b>47.36</b>	<b>46.71</b>
Major Surgery .....	242.80	397.32	392.65	223.64	397.76	392.68
Minor Surgery.....	19.35	56.45	36.60	19.77	56.22	38.97
Surgical Assistance .....	77.63	149.98	92.29	78.20	153.35	93.78
Obstetrics.....	597.66	454.31	495.47	597.89	449.73	501.54
Anesthesia .....	46.57	52.93	52.28	49.64	55.50	54.82
<b>Average Of Surgical Services .....</b>	<b>59.24</b>	<b>111.77</b>	<b>97.88</b>	<b>63.17</b>	<b>115.03</b>	<b>100.88</b>
Diagnostic Radiology.....	–	52.13	52.13	–	52.54	52.54
Laboratory Services .....	4.94	8.15	5.08	5.07	8.47	5.24
Other Diagnostic and Therapeutic Services.....	18.49	48.46	44.48	19.05	50.32	47.13
Special and Miscellaneous Services <sup>2,3</sup> .....	11.59	18.77	13.54	27.19	44.24	31.10
<b>Average Of Diagnostic Services.....</b>	<b>12.10</b>	<b>45.43</b>	<b>34.33</b>	<b>25.35</b>	<b>48.98</b>	<b>37.73</b>
<b>In-Province Dental Services<sup>4</sup> .....</b>	<b>–</b>	<b>–</b>	<b>124.05</b>	<b>–</b>	<b>–</b>	<b>97.45</b>
<b>In-Province Optometric Services .....</b>	<b>–</b>	<b>–</b>	<b>33.08</b>	<b>–</b>	<b>–</b>	<b>32.79</b>
Refractions by Optometrists .....	–	–	56.49	–	–	56.49
Other Optometric Services .....	–	–	23.99	–	–	23.90
<b>Out-of-Province Services</b>						
Physician Services.....	53.37	61.26	58.73	51.81	57.75	55.93
Dental Services .....	–	–	328.16	–	–	214.75
Optometric Services.....	–	–	36.04	–	–	35.24
<b>All Services .....</b>	<b>37.88</b>	<b>67.65</b>	<b>51.61</b>	<b>37.86</b>	<b>66.78</b>	<b>51.45</b>

<sup>1</sup> The "Definitions of Service Groupings" in *Statistical Figures and Tables* describe these classifications.

<sup>2</sup> Excludes payments for specialist and family physician emergency coverage programs to avoid distortion.

<sup>3</sup> 2020-21 includes services and payments billed using virtual care codes.

<sup>4</sup> Figures for 2019-20 include \$4,083 of lump sum retroactive dental payments.

### 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 <sup>1</sup>	Per Cent of Total Services		Per Cent of Total Payments	
	2019-20	2020-21	2019-20	2020-21
<b>In-Province Physician Services.....</b>	<b>91.14</b>	<b>90.68</b>	<b>91.42</b>	<b>91.28</b>
Consultations.....	4.28	3.55	11.30	9.72
Major Assessments.....	4.15	2.82	4.92	3.52
Other Assessments .....	32.47	20.91	26.57	17.47
Psychotherapy .....	2.05	2.42	1.74	2.38
<b>Total Visit Services .....</b>	<b>42.95</b>	<b>29.70</b>	<b>44.53</b>	<b>33.08</b>
<b>Hospital Care .....</b>	<b>4.39</b>	<b>4.04</b>	<b>3.02</b>	<b>2.85</b>
<b>Special Calls and Emergency.....</b>	<b>1.82</b>	<b>1.66</b>	<b>1.53</b>	<b>1.50</b>
Major Surgery .....	1.14	1.06	8.70	8.12
Minor Surgery.....	2.15	1.98	1.52	1.50
Surgical Assistance .....	1.23	1.29	2.21	2.35
Obstetrics.....	0.19	0.15	1.81	1.48
Anesthesia .....	5.99	5.20	6.07	5.54
<b>Total Surgical Services.....</b>	<b>10.70</b>	<b>9.68</b>	<b>20.30</b>	<b>18.99</b>
Diagnostic Radiology.....	2.19	2.06	2.22	2.10
Laboratory Services .....	1.87	1.18	0.18	0.12
Other Diagnostic and Therapeutic Services.....	18.80	18.02	16.20	16.51
Special and Miscellaneous Services <sup>2,3</sup> .....	8.43	24.34	3.44	16.12
<b>Total Diagnostic Services.....</b>	<b>31.29</b>	<b>45.61</b>	<b>22.04</b>	<b>34.86</b>
<b>In-Province Dental Services<sup>4</sup>.....</b>	<b>0.09</b>	<b>0.10</b>	<b>0.22</b>	<b>0.19</b>
<b>In-Province Optometric Services .....</b>	<b>3.19</b>	<b>3.25</b>	<b>2.05</b>	<b>2.07</b>
Refractions by Optometrists .....	0.89	0.89	0.98	0.97
Other Optometric Services.....	2.30	2.36	1.07	1.10
<b>Out-of-Province Services</b>				
Physician Services.....	5.51	5.88	6.27	6.40
Dental Services .....	—	—	—	—
Optometrist Services .....	0.07	0.09	0.05	0.06
<b>All Services.....</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

<sup>1</sup> The "Definitions of Service Groupings" in *Statistical Figures and Tables* describe these classifications.

<sup>2</sup> Includes payments for the family physician emergency coverage program but excludes specialist emergency coverage program payments.

<sup>3</sup> 2020-21 includes services and payments billed using virtual care codes.

<sup>4</sup> Figures for 2019-20 include \$4,083 of lump sum retroactive dental payments.

### Notes:

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

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

# Table 11

## Payments (\$000s) 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
<b>General Practice</b> .....	<b>10,132.2</b>	<b>84.2</b>	<b>12.6</b>	<b>367.3</b>	<b>634.6</b>	<b>8,065.9</b>	<b>934.0</b>	<b>18.4</b>	<b>15.1</b>
<b>Specialties</b>									
Pediatrics and Medical Genetics.....	1,394.6	5.7	1.2	48.9	40.2	1,271.6	25.1	0.6	1.1
Internal Medicine and Physical Medicine.....	3,697.3	17.9	7.4	131.9	158.6	3,215.7	138.0	24.8	3.0
Neurology.....	233.2	1.4	0.1	10.3	28.2	182.2	9.5	1.5	0.1
Psychiatry.....	1,367.6	8.0	15.1	72.0	53.4	1,092.1	127.0	–	–
Dermatology.....	245.2	15.6	0.4	4.5	32.1	187.8	4.3	0.4	0.1
Anesthesia.....	2,734.9	15.5	8.2	121.2	144.5	2,335.0	101.8	7.3	1.5
General and Cardiac Surgery .....	2,908.5	5.9	1.1	93.5	122.1	2,608.1	71.1	6.4	0.2
Orthopedic Surgery.....	953.4	6.3	7.3	23.5	82.4	751.0	78.2	3.0	1.8
Plastic Surgery.....	667.1	1.2	302.3	7.0	17.2	316.2	23.3	–	–
Neurosurgery.....	179.0	6.7	6.7	12.1	22.3	120.4	10.6	0.2	–
Obstetrics and Gynecology .....	1,274.7	19.0	1.6	61.0	136.8	1,002.0	53.6	–	0.7
Urological Surgery.....	288.6	0.9	0.7	15.9	15.3	231.2	22.5	2.1	–
Ophthalmology.....	855.1	3.3	0.2	12.7	25.7	757.5	53.2	1.5	1.0
Otolaryngology.....	881.6	13.2	1.9	8.7	18.9	823.2	15.1	0.6	–
Pathology.....	4,235.0	4.0	–	32.4	22.2	4,034.6	140.9	0.7	0.2
Diagnostic Radiology.....	3,599.3	17.5	2.2	53.5	211.0	3,276.5	37.9	0.6	0.2
US Services with Prior Approval .....	140.4	–	–	–	–	–	–	140.4	–
<b>All Physicians</b> .....	<b>35,787.7</b>	<b>226.1</b>	<b>369.2</b>	<b>1,076.5</b>	<b>1,765.4</b>	<b>30,271.0</b>	<b>1,846.1</b>	<b>208.6</b>	<b>24.9</b>
Dentists.....	15.7	–	–	0.1	3.3	12.3	–	–	–
Optometrists .....	340.2	–	–	–	39.8	300.2	0.1	0.1	–

### Notes:

- 1) Includes optometric services covered by the Supplementary Health Program.
- 2) Saskatchewan reimburses other provinces or territories, except Quebec, for physician services provided to Saskatchewan beneficiaries 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) All payments are in Canadian dollars.
- 4) Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.
- 5) See "Data Limitations" in *Statistical Figures and Tables*.

## Table 12

### Payments (\$000s) 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
<b>General Practice</b> .....	<b>2,940.3</b>	<b>17.5</b>	<b>4.4</b>	<b>27.9</b>	<b>17.3</b>	<b>246.5</b>	<b>650.2</b>	<b>1,657.7</b>	<b>296.2</b>	<b>13.6</b>	<b>5.7</b>	<b>3.4</b>
<b>Specialties</b>												
Pediatrics and Medical Genetics.....	94.7	1.3	–	2.4	0.6	10.9	26.9	43.9	7.6	1.0	–	0.2
Internal Medicine and Physical Medicine....	733.1	3.8	0.7	4.4	2.8	47.5	107.5	503.3	61.2	0.7	0.8	0.6
Neurology.....	53.5	0.5	0.1	0.6	0.6	6.2	12.9	25.4	6.5	0.4	0.3	–
Cardiology.....	284.4	0.4	0.1	4.6	2.1	46.5	92.7	109.5	24.9	3.6	0.1	–
Psychiatry.....	325.0	7.0	–	12.4	2.9	56.0	37.3	133.9	60.9	4.5	2.7	7.3
Dermatology.....	30.5	0.7	–	0.3	0.8	2.3	8.2	14.3	3.6	0.2	–	0.1
Anesthesia.....	534.1	1.8	0.5	2.6	0.4	32.5	106.4	339.6	44.4	2.3	1.9	1.7
General Surgery.....	785.3	2.8	0.8	3.7	0.7	28.3	55.8	659.7	33.0	0.4	–	0.2
Cardiac Surgery.....	49.3	–	–	0.0	–	12.3	19.2	16.3	1.5	–	–	–
Orthopedic Surgery.....	375.6	0.3	0.4	4.2	–	18.9	87.1	233.2	30.8	0.2	0.1	0.2
Plastic Surgery.....	56.3	–	–	0.8	0.1	3.3	12.4	33.1	6.3	0.1	0.2	–
Neurosurgery.....	150.2	0.3	–	0.4	–	10.2	25.2	105.2	8.7	–	–	0.1
Obstetrics and Gynecology.....	300.4	0.4	–	1.3	0.8	24.2	117.8	135.9	17.5	–	–	2.4
Urological Surgery.....	90.2	1.6	–	–	1.0	6.5	36.7	33.7	9.1	1.7	–	–
Ophthalmology.....	820.3	0.4	0.2	1.3	1.3	19.7	217.4	542.4	35.8	1.1	0.7	0.1
Otolaryngology.....	251.4	0.5	–	0.1	0.3	5.7	17.8	218.2	7.7	1.1	–	–
Pathology.....	278.4	2.7	1.0	3.6	2.7	41.6	33.7	136.5	52.8	1.7	1.2	1.0
Diagnostic Radiology.....	441.0	3.2	1.3	6.2	1.7	53.4	149.2	166.8	53.4	3.7	1.0	1.0
<b>All Specialties</b> .....	<b>5,653.7</b>	<b>27.6</b>	<b>5.1</b>	<b>48.9</b>	<b>18.8</b>	<b>426.0</b>	<b>1,164.3</b>	<b>3,450.8</b>	<b>465.6</b>	<b>22.7</b>	<b>9.0</b>	<b>14.8</b>
<b>All Physicians</b> .....	<b>8,594.0</b>	<b>45.1</b>	<b>9.5</b>	<b>76.8</b>	<b>36.2</b>	<b>672.5</b>	<b>1,814.5</b>	<b>5,108.6</b>	<b>761.8</b>	<b>36.3</b>	<b>14.6</b>	<b>18.2</b>

- Notes:**
- 1) Saskatchewan is reimbursed by the other provinces or territories, except Quebec, at Saskatchewan Physician Payment Schedule rates. See "Out-of-Province Services" in Medical Services Plan Coverage Benefits.
  - 2) Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.
  - 3) See "Data Limitations" in *Statistical Figures and Tables*.

# Table 13a

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

		All Locations	Location of Services							
			Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures										
Organ Transplants and Procurement .....		8,316.4	–	–	–	–	8,316.4	–	–	–
Special Implants / Devices .....		10,711.7	–	–	-4.7	–	10,551.9	164.5	–	–
Bone Marrow / Stem Cell Transplants .....		1,308.8	–	–	223.8	209.4	875.5	–	–	–
Out-of-Country .....		–	–	–	–	–	–	–	–	–
Other Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis										
I.	Certain Infectious & Parasitic Diseases .....	949.1	–	7.4	25.6	73.6	786.2	48.9	3.1	4.4
II.	Neoplasms.....	3,153.7	3.0	45.2	352.4	228.6	2,259.5	47.8	217.0	0.2
III.	Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism.....	466.5	–	–	25.8	–	440.7	–	–	–
IV.	Endocrine, Nutritional & Metabolic Diseases .....	1,339.8	–	3.4	50.8	82.2	1,187.7	15.7	–	–
V.	Mental & Behavioural Disorders.....	3,632.6	76.3	2.1	187.6	248.8	2,770.1	347.8	–	–
VI.	Diseases of the Nervous System.....	611.9	–	–	-1.3	14.5	520.1	71.6	0.2	6.9
VII.	Diseases of the Eye and Adnexa.....	84.5	–	–	–	–	84.5	–	–	–
VIII.	Diseases of the Ear and Mastoid Process .....	29.1	–	1.7	–	-4.3	17.8	13.8	–	–
IX.	Diseases of the Circulatory System .....	5,390.0	10.1	23.6	260.2	148.1	4,670.6	265.5	9.1	2.7
X.	Diseases of the Respiratory System.....	2,301.1	1.4	12.5	-7.1	118.0	2,001.6	163.3	2.8	8.6
XI.	Diseases of the Digestive System .....	2,808.3	14.7	10.7	180.6	132.0	2,338.5	117.5	3.1	11.3
XII.	Diseases of the Skin & Subcutaneous Tissue.....	476.2	–	–	22.8	13.1	424.2	14.2	0.2	1.7
XIII.	Diseases of the Musculoskeletal System & Connective Tissue.....	574.4	1.2	47.1	24.6	96.7	290.1	113.9	0.1	0.7
XIV.	Diseases of the Genitourinary System .....	910.9	3.5	1.0	14.9	41.7	774.0	73.9	–	1.8
XV.	Pregnancy, Childbirth and the Puerperium .....	1,205.7	23.3	8.7	61.6	211.3	855.7	44.9	–	0.3
XVI.	Certain Conditions Originating in the Perinatal Period .....	2,391.9	14.6	–	117.7	195.9	1,940.4	123.3	–	–
XVII.	Congenital Malformations, Deformations & Chromosomal Abnormalities.....	7,436.3	4.8	12.7	68.2	72.7	7,164.4	113.5	–	–
XVIII.	Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified .....	1,280.0	15.8	–	24.3	103.3	1,054.3	75.4	3.1	3.8
XIX.	Injury, Poisoning & Certain Other Consequences of External Causes .....	6,800.3	15.1	17.6	102.0	174.3	6,121.0	363.3	4.3	2.8
XX.	External Causes of Morbidity and Mortality .....	1.2	–	–	–	–	–	1.2	–	–
XXI.	Factors Influencing Health Status & Contact with Health Services.....	2,760.5	10.5	73.0	37.2	336.2	2,223.0	80.7	–	–
XXII.	Codes for Special Purposes .....	254.9	–	–	–	–	241.1	13.9	–	–
Outpatient Treatment										
Standard Outpatient Visit.....		11,064.1	354.5	99.4	890.4	944.8	7,580.1	1,180.4	10.3	4.1
Day Care Surgery .....		2,012.4	9.7	2.8	66.5	332.5	1,414.1	185.6	0.7	0.6
Hemodialysis.....		1,487.8	7.9	–	12.9	–	1,349.1	112.1	4.8	1.0
Computerized Tomography (CT Scan).....		1,099.6	22.0	13.4	81.7	98.3	652.4	231.9	–	–
Magnetic Resonance Imaging (MRI) .....		620.2	3.7	3.7	27.0	68.2	485.4	32.2	–	–
Positron Emission Tomography (PET Scan).....		134.6	–	1.7	2.8	3.8	121.9	4.5	–	–
Radiotherapy Services.....		142.2	0.4	–	17.4	22.6	80.0	21.8	–	–
Cancer Chemotherapy Drugs .....		457.6	–	6.0	8.1	72.4	339.3	31.7	–	–
Gamma Knife Procedure.....		105.6	–	–	18.0	51.0	36.6	–	–	–
Brachytherapy .....		165.2	–	–	–	–	115.2	50.0	–	–
Laboratory and Other Diagnostic Imaging .....		2,760.8	52.2	13.9	5.0	82.3	2,222.8	384.6	–	–
Other Treatments .....		710.9	-1.4	–	262.8	–	420.1	29.5	–	–
Out-of-Country .....		42.9	–	–	–	–	–	–	42.9	–
Total .....		86,000.0	643.4	407.5	3,159.6	4,171.8	72,726.2	4,538.9	301.8	50.8

### 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) All payments reflect their value in Canadian funds.
- 5) While all MSP data on physician services continues to use ICD-9, data related to the hospital reciprocal billing system uses ICD-10.
- 6) Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

# 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										
Organ Transplants and Procurement .....		36	–	–	–	–	36	–	–	–
Special Implants / Devices .....		95	–	–	–	–	92	3	–	–
Bone Marrow / Stem Cell Transplants .....		10	–	–	1	1	8	–	–	–
Out-of-Country .....		–	–	–	–	–	–	–	–	–
Other Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis										
I.	Certain Infectious & Parasitic Diseases .....	73	–	1	3	6	41	6	8	8
II.	Neoplasms.....	168	1	5	17	19	114	8	2	2
III.	Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism.....	21	–	–	3	–	18	–	–	–
IV.	Endocrine, Nutritional & Metabolic Diseases .....	82	–	1	4	8	63	6	–	–
V.	Mental & Behavioural Disorders.....	278	6	1	28	18	178	47	–	–
VI.	Diseases of the Nervous System.....	42	–	–	–	5	31	4	1	1
VII.	Diseases of the Eye and Adnexa .....	16	–	–	–	–	16	–	–	–
VIII.	Diseases of the Ear and Mastoid Process .....	8	–	1	–	–	5	2	–	–
IX.	Diseases of the Circulatory System .....	261	2	2	23	17	165	31	16	5
X.	Diseases of the Respiratory System .....	157	1	2	2	11	114	12	4	11
XI.	Diseases of the Digestive System .....	304	3	3	25	20	202	30	9	12
XII.	Diseases of the Skin & Subcutaneous Tissue.....	41	–	–	2	4	31	2	1	1
XIII.	Diseases of the Musculoskeletal System & Connective Tissue.....	71	1	3	2	19	37	7	1	1
XIV.	Diseases of the Genitourinary System .....	133	1	1	5	11	94	15	–	6
XV.	Pregnancy, Childbirth and the Puerperium .....	394	5	2	21	78	271	16	–	1
XVI.	Certain Conditions Originating in the Perinatal Period .....	134	4	–	7	27	87	9	–	–
XVII.	Congenital Malformations, Deformations & Chromosomal Abnormalities .....	155	2	2	4	4	136	7	–	–
XVIII.	Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified.....	145	1	–	3	14	90	19	9	9
XIX.	Injury, Poisoning & Certain Other Consequences of External Causes .....	371	3	2	13	19	276	46	5	7
XX.	External Causes of Morbidity and Mortality .....	1	–	–	–	–	–	1	–	–
XXI.	Factors Influencing Health Status & Contact with Health Services.....	436	7	10	17	100	271	31	–	–
XXII.	Codes for Special Purposes .....	14	–	–	–	–	12	2	–	–
Outpatient Treatment										
Standard Outpatient Visit.....		31,069	988	277	2,481	2,630	21,115	3,288	207	83
Day Care Surgery .....		1,465	7	2	48	240	1,021	134	7	6
Hemodialysis.....		3,104	16	–	26	–	2,720	226	96	20
Computerized Tomography (CT Scan).....		1,399	28	17	104	125	830	295	–	–
Magnetic Resonance Imaging (MRI) .....		828	5	5	36	91	648	43	–	–
Positron Emission Tomography (PET Scan).....		83	–	1	2	3	74	3	–	–
Radiotherapy Services.....		327	1	–	40	52	184	50	–	–
Cancer Chemotherapy Drugs .....		434	–	4	8	89	311	22	–	–
Gamma Knife Procedure.....		6	–	–	1	3	2	–	–	–
Brachytherapy .....		28	–	–	–	–	24	4	–	–
Laboratory and Other Diagnostic Imaging .....		14,912	290	52	28	367	12,038	2,137	–	–
Other Treatments .....		285	-1	–	9	–	256	21	–	–
Out-of-Country .....		22	–	–	–	–	–	–	22	–
Total .....		57,408	1,371	394	2,963	3,981	41,611	6,527	388	173

### 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, CT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.
- 4) While all MSP data on physician services continues to use ICD-9, data related to the hospital reciprocal billing system uses ICD-10.
- 5) Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

# Table 14a

## Payments (\$000s) for Out-of-Province Residents Hospitalized In Saskatchewan 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								
Special Implants / Devices .....		–	–	–	–	–	–	–
Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis								
I.	Certain Infectious & Parasitic Diseases .....	215.3	–	–	67.9	55.0	87.5	4.9
II.	Neoplasms.....	347.6	–	–	–	25.1	240.1	82.4
III.	Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism .....	122.8	–	–	2.3	29.4	91.1	–
IV.	Endocrine, Nutritional & Metabolic Diseases .....	147.7	7.5	–	–	22.2	111.0	6.9
V.	Mental & Behavioural Disorders.....	2,216.8	185.3	71.7	414.5	199.7	1,136.4	209.3
VI.	Diseases of the Nervous System.....	91.8	–	–	35.5	8.7	38.6	9.0
VII.	Diseases of the Eye and Adnexa.....	19.5	–	–	–	3.0	16.5	–
VIII.	Diseases of the Ear and Mastoid Process .....	2.9	–	–	–	–	2.9	–
IX.	Diseases of the Circulatory System .....	1,384.6	9.5	–	243.9	207.1	759.3	164.8
X.	Diseases of the Respiratory System.....	465.5	49.2	–	52.8	128.2	163.7	71.6
XI.	Diseases of the Digestive System .....	947.3	7.4	2.8	41.8	130.0	392.3	373.0
XII.	Diseases of the Skin & Subcutaneous Tissue.....	197.5	42.3	–	38.2	18.2	61.5	37.3
XIII.	Diseases of the Musculoskeletal System & Connective Tissue .....	623.1	4.9	–	1.1	168.4	216.7	232.0
XIV.	Diseases of the Genitourinary System .....	465.3	34.5	16.2	11.3	242.0	55.4	105.8
XV.	Pregnancy, Childbirth and the Puerperium .....	513.2	4.8	–	39.3	224.6	191.6	52.9
XVI.	Certain Conditions Originating in the Perinatal Period .....	171.4	–	–	3.2	101.0	56.3	10.9
XVII.	Congenital Malformations, Deformations & Chromosomal Abnormalities .....	19.3	–	–	–	20.1	-0.8	–
XVIII.	Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified .....	312.3	1.2	4.9	22.6	70.0	178.5	35.2
XIX.	Injury, Poisoning & Certain Other Consequences of External Causes .....	881.6	23.8	1.8	42.6	254.1	420.0	139.2
XX.	External Causes of Morbidity and Mortality .....	0.4	–	–	–	0.4	–	–
XXI.	Factors Influencing Health Status & Contact with Health Services.....	450.0	1.2	–	14.9	170.4	201.8	61.7
XXII.	Codes for Special Purposes .....	23.8	–	22.2	–	–	1.6	–
Outpatient Treatment								
Standard Outpatient Visit .....		6,289.0	189.9	55.3	641.2	1,852.1	2,821.0	729.5
Day Care Surgery .....		973.7	13.9	1.4	23.5	389.2	484.8	60.9
Hemodialysis.....		38.2	–	–	–	0.5	2.5	35.2
Computerized Tomography (CT Scan) .....		377.3	10.2	3.1	43.2	92.0	174.5	54.2
Magnetic Resonance Imaging (MRI) .....		155.0	5.2	0.7	11.2	35.2	88.4	14.2
Radiotherapy Services.....		144.0	7.0	–	5.2	57.9	46.1	27.8
Cancer Chemotherapy Drugs .....		182.3	2.1	–	6.6	31.7	138.5	3.4
Laboratory and Other Diagnostic Imaging.....		903.8	37.6	12.4	117.0	125.1	468.7	142.9
Other Treatments .....		1.8	–	–	–	0.4	1.4	–
Total .....		18,684.7	637.5	192.6	1,879.9	4,661.6	8,647.8	2,665.3

- 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) While all MSP data on physician services continues to use ICD-9, data related to the hospital reciprocal billing system uses ICD-10.
  - 4) Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

# 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								
Special Implants / Devices.....		–	–	–	–	–	–	–
Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis								
I.	Certain Infectious & Parasitic Diseases .....	30	–	–	9	8	12	1
II.	Neoplasms.....	40	–	–	–	11	23	6
III.	Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism .....	12	–	–	1	3	8	–
IV.	Endocrine, Nutritional & Metabolic Diseases .....	27	1	–	–	3	20	3
V.	Mental & Behavioural Disorders.....	151	9	2	17	30	80	13
VI.	Diseases of the Nervous System.....	17	–	–	1	5	9	2
VII.	Diseases of the Eye and Adnexa.....	4	–	–	–	1	3	–
VIII.	Diseases of the Ear and Mastoid Process .....	1	–	–	–	–	1	–
IX.	Diseases of the Circulatory System .....	98	3	–	15	27	42	11
X.	Diseases of the Respiratory System.....	47	3	–	4	14	21	5
XI.	Diseases of the Digestive System .....	123	1	1	13	26	69	13
XII.	Diseases of the Skin & Subcutaneous Tissue.....	20	2	–	3	4	9	2
XIII.	Diseases of the Musculoskeletal System & Connective Tissue .....	68	1	–	1	25	33	8
XIV.	Diseases of the Genitourinary System .....	47	3	1	5	16	15	7
XV.	Pregnancy, Childbirth and the Puerperium .....	167	3	–	16	79	53	16
XVI.	Certain Conditions Originating in the Perinatal Period .....	44	–	–	1	32	8	3
XVII.	Congenital Malformations, Deformations & Chromosomal Abnormalities .....	9	–	–	–	8	1	–
XVIII.	Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified .....	56	1	1	5	15	28	6
XIX.	Injury, Poisoning & Certain Other Consequences of External Causes .....	124	2	1	8	32	64	17
XX.	External Causes of Morbidity and Mortality .....	1	–	–	–	1	–	–
XXI.	Factors Influencing Health Status & Contact with Health Services .....	138	1	–	14	65	45	13
XXII.	Codes for Special Purposes .....	2	–	1	–	–	1	–
Outpatient Treatment								
Standard Outpatient Visit.....		17,518	529	154	1,786	5,159	7,858	2,032
Day Care Surgery .....		703	10	1	17	281	350	44
Hemodialysis.....		77	–	–	–	1	5	71
Computerized Tomography (CT Scan) .....		480	13	4	55	117	222	69
Magnetic Resonance Imaging (MRI) .....		207	7	1	15	47	118	19
Radiotherapy Services.....		331	16	–	12	133	106	64
Cancer Chemotherapy Drugs .....		193	5	–	3	46	131	8
Laboratory and Other Diagnostic Imaging .....		5,020	209	69	649	695	2,604	794
Other Treatments .....		2	–	–	–	1	1	–
Total .....		25,757	819	236	2,650	6,885	11,940	3,227

### 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, CT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.
- 3) While all MSP data on physician services continues to use ICD-9, data related to the hospital reciprocal billing system uses ICD-10.
- 4) Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

# Table 15

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

Type of Service <sup>1</sup> (000s)	Type of Physician								
	General Practice	Pediatrics and Medical Genetics	Internal Medicine and Physical Medicine	Neurology	Cardiology	Psychiatry	Dermatology	General Surgery	Cardiac Surgery
<b>Visits</b>									
Consultations.....	22.1	22.9	84.3	13.0	23.2	9.8	12.3	36.5	1.9
Special Eye Examination.....	–	–	–	–	–	–	–	–	–
Major Assessments.....	264.9	7.2	1.5	0.1	0.3	3.0	4.5	0.8	0.0
Other Assessments .....	1,817.8	28.6	45.2	5.7	11.2	111.4	13.9	25.6	0.4
Hospital Care Days.....	184.9	34.7	154.8	8.8	19.2	11.9	–	13.6	0.3
<b>Special Calls and Emergency</b>									
Surcharges.....	93.2	2.7	20.7	2.3	7.7	2.8	0.1	6.4	0.6
Premiums.....	3.8	0.4	3.0	0.1	0.3	0.4	–	0.2	–
<b>Psychotherapy</b>									
Base Time <sup>2</sup> .....	66.5	0.3	0.0	0.0	0.0	63.3	0.1	0.0	–
Additional Time .....	53.8	0.7	0.0	0.0	0.0	77.9	0.1	0.0	–
Major Surgery.....	3.4	0.0	0.7	0.6	0.9	–	0.3	13.6	4.3
Minor Surgery.....	101.8	0.0	0.4	–	0.2	0.0	51.6	5.7	0.0
Surgical Assistance.....	111.2	–	–	–	0.4	–	–	9.0	3.3
Obstetrics .....	5.8	–	–	–	–	–	–	–	–
<b>Anesthesia</b>									
Operative.....	60.2	–	–	–	0.0	–	–	1.5	–
Nerve Blocks and Epidurals.....	4.9	0.0	0.5	1.3	–	–	–	0.5	0.0
Diagnostic Radiology.....	–	–	–	–	–	–	–	–	–
Pathology/Laboratory Services .....	122.1	0.1	0.2	–	–	–	0.2	0.0	–
Diagnostic Ultrasound .....	0.3	1.8	3.4	–	57.7	–	–	0.0	–
Other Diagnostic and Therapeutic Services.....	199.2	44.9	331.5	14.9	182.4	76.2	22.1	46.4	0.3
Special Services.....	95.4	0.0	0.1	0.0	0.0	0.0	2.2	1.1	–
Miscellaneous Services <sup>3,4</sup> .....	1,943.8	76.8	179.3	27.3	31.2	44.6	24.1	45.2	1.4
<b>Total Services .....</b>	<b>5,155.0</b>	<b>221.1</b>	<b>825.7</b>	<b>74.2</b>	<b>334.7</b>	<b>401.2</b>	<b>131.6</b>	<b>206.3</b>	<b>12.6</b>

<sup>1</sup> The "Definitions of Service Groupings" in *Statistical Figures and Tables* describes these classifications.

<sup>2</sup> Represents the number of instances these types of services were provided during the year.

<sup>3</sup> This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel.

<sup>4</sup> Includes services billed using virtual care codes.



# Table 15 (Continued)

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

Type of Service <sup>1</sup> (000s)	Type of Physician									Total Services
	Orthopedic Surgery	Plastic Surgery	Neurosurgery	Obstetrics and Gynecology	Urological Surgery	Ophthalmology	Otolaryngology	Anesthesia	Pathology and Diagnostic Radiology	
Visits										
Consultations.....	27.6	13.6	3.2	31.1	6.9	47.2	22.5	6.9	0.7	385.9
Special Eye Examination.....	–	–	–	–	–	0.1	–	–	–	0.1
Major Assessments.....	0.2	0.3	0.0	5.8	1.8	13.3	2.4	0.0	0.0	306.3
Other Assessments .....	33.7	9.3	1.9	59.3	5.0	79.9	21.9	2.3	–	2,273.2
Hospital Care Days.....	2.4	0.1	3.5	4.1	0.2	0.1	0.3	–	–	438.9
Special Calls and Emergency										
Surcharges.....	5.3	1.2	1.5	4.5	1.2	1.1	0.7	10.0	0.5	162.5
Premiums .....	0.0	–	0.0	0.0	0.0	–	0.0	9.3	–	17.6
Psychotherapy										
Base Time <sup>2</sup> .....	0.0	–	–	0.3	0.0	–	–	0.0	–	130.6
Additional Time .....	0.1	–	0.0	0.2	0.0	–	–	0.1	–	133.0
Major Surgery.....	21.0	7.5	8.6	3.8	4.8	38.7	7.3	0.0	0.1	115.6
Minor Surgery .....	1.5	6.5	0.1	1.1	2.2	40.2	3.6	0.0	0.2	215.2
Surgical Assistance.....	3.4	0.3	0.6	6.3	3.5	0.0	1.8	0.5	–	140.3
Obstetrics .....	–	–	–	10.7	–	–	–	–	–	16.5
Anesthesia										
Operative.....	0.0	–	–	–	–	–	0.0	471.5	–	533.2
Nerve Blocks and Epidurals.....	0.8	–	0.0	0.2	0.0	–	–	22.8	1.2	32.2
Diagnostic Radiology.....	–	–	–	–	–	–	–	–	223.6	223.6
Pathology/Laboratory Services .....	–	–	–	6.0	0.0	–	0.1	–	–	128.7
Diagnostic Ultrasound .....	–	–	–	12.9	0.0	12.4	–	0.4	143.8	232.7
Other Diagnostic and Therapeutic Services.....	21.1	1.7	1.2	33.6	7.9	576.1	51.3	6.0	110.3	1,726.9
Special Services.....	–	0.3	–	13.9	0.1	0.0	0.1	0.0	–	113.4
Miscellaneous Services <sup>3,4</sup> .....	30.6	3.0	7.7	54.2	22.1	16.0	25.4	0.6	0.1	2,533.4
Total Services .....	147.7	43.9	28.3	247.9	55.8	825.1	137.5	530.5	480.6	9,859.7

### Notes:

- 1) Totals may not match other tables exactly due to rounding. See "Data Limitations" in *Statistical Figures and Tables*.
- 2) In October 2018, four new modernized fee codes for psychiatric care were implemented. While these services were previously classified as "Psychotherapy/Counselling", the new codes are grouped with "Other Assessments".
- 3) Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

# 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 2019-20 to 2020-21
		Patients	Payments (\$)	Services	
Electrocardiograms and Echocardiograms.....	374,836	121.52	9,549.30	305.94	-25.30
Artificial Extra Corporeal Hemodialysis.....	113,363	1.09	4,981.48	92.53	-4.08
Allergy Investigations and Hyposensitization Injections .....	94,705	3.43	160.16	77.30	-49.30
Optical Coherence Tomography .....	82,229	41.72	2,986.98	67.11	-12.20
Psychological Testing.....	69,585	12.21	1,574.11	56.79	-51.00
Submission of Papanicolaou Smear.....	50,540	79.08 <sup>f</sup>	1,660.03 <sup>f</sup>	83.01 <sup>f</sup>	-37.90
Removal of Cysts, Granulomata, Keratoses, etc. ....	26,369	16.30	1,236.61	21.52	-38.00
Arthrocentesis – Joint Injections.....	25,942	12.95	400.74	21.17	-27.10
Colonoscopy .....	19,125	15.11	3,211.55	15.61	-34.50
Plantar Wart Excision or Fulguration.....	17,141	6.05	268.85	13.99	-46.80
Upper GI Endoscopy.....	15,783	11.00	2,035.33	12.88	-30.40
Cataract Extraction.....	12,652	6.22	4,050.19	10.33	-22.80
Pulmonary Function Studies.....	8,381	4.91	549.97	6.84	-60.30
Suturing of Wounds.....	7,756	6.06	509.07	6.33	-33.30
Cystoscopy.....	7,746	5.37	677.04	6.32	-30.70
Cardiac Catheterization .....	5,856	3.76	703.29	4.78	-12.60
Coronary Angiography .....	5,767	3.92	912.09	4.71	-11.00
Delivery – Vaginal.....	5,351	8.69 <sup>f</sup>	8,276.07 <sup>f</sup>	8.79 <sup>f</sup>	-39.70
Fractures, Open Surgical or Closed Reduction .....	4,875	3.36	1,995.41	3.98	-24.90
Angioplasty.....	4,847	1.91	1,857.17	3.96	-6.98
Arthroscopy .....	2,459	1.91	265.66	2.01	-39.50
Hernia Repair.....	2,349	1.75	860.10	1.92	-32.70
Delivery – Cesarean.....	2,148	3.53 <sup>f</sup>	3,031.25 <sup>f</sup>	3.53 <sup>f</sup>	-33.30
Sigmoidoscopy.....	2,090	1.58	106.53	1.71	-40.80
Gall Bladder or Other Biliary Tract Surgery.....	2,016	1.64	1,133.26	1.65	-29.00
Vasectomy.....	1,899	3.08 <sup>m</sup>	844.17 <sup>m</sup>	3.08 <sup>m</sup>	-18.80
Arthroplasty – Knee or Total Knee Replacement .....	1,559	1.14	1,076.98	1.27	-49.50
Arthroplasty – Hip or Total Hip Replacement.....	1,448	1.13	1,081.63	1.18	-37.20
Electroencephalograms or Echoencephalograms.....	1,349	1.01	31.11	1.10	-58.80
Electroconvulsive Therapy.....	1,059	0.14	74.41	0.86	-31.20
Septoplasty or Submucous Resection .....	903	0.66	266.00	0.74	-35.10
Dilatation and Curettage .....	898	1.45 <sup>f</sup>	288.53 <sup>f</sup>	1.48 <sup>f</sup>	-29.30
Appendectomy .....	880	0.72	403.67	0.72	-27.00
Tonsillectomy (With or Without Adenoidectomy) .....	718	0.59	202.89	0.59	-52.80
Salpingectomy, Oophorectomy &/or Ovarian Cystectomy .....	677	1.10 <sup>f</sup>	478.85 <sup>f</sup>	1.11 <sup>f</sup>	-28.50
Prostatectomy (With or Without Vasectomy).....	636	1.02 <sup>m</sup>	999.97 <sup>m</sup>	1.03 <sup>m</sup>	-38.10
Therapeutic Abortion.....	612	1.00 <sup>f</sup>	190.98 <sup>f</sup>	1.01 <sup>f</sup>	-44.50
Coronary By-Pass.....	399	0.32	1,023.11	0.33	-23.00
Genital Prolapse Repair.....	368	0.39 <sup>f</sup>	156.07 <sup>f</sup>	0.60 <sup>f</sup>	-44.00
Tubal Ligation .....	282	0.46 <sup>f</sup>	107.23 <sup>f</sup>	0.46 <sup>f</sup>	-54.10
Varicose Veins (Ligation).....	209	0.08	29.96	0.17	-59.70
Hysterectomy – Abdominal.....	181	0.30 <sup>f</sup>	163.07 <sup>f</sup>	0.30 <sup>f</sup>	-30.60
Strabismus Operation.....	166	0.12	53.14	0.14	-52.70
Hysterectomy – Vaginal.....	109	0.18 <sup>f</sup>	96.02 <sup>f</sup>	0.18 <sup>f</sup>	-51.60
Peptic Ulcer Surgery .....	77	0.06	58.19	0.06	-30.20

<sup>f</sup> Rate per 1,000 female beneficiaries.

<sup>m</sup> Rate per 1,000 male beneficiaries.

**Note:** precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

# Table 17

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

Condition	ICD-9 <sup>1</sup>	Number of Services (000s)	Rate Per 1,000 Beneficiaries		
			Patients	Payments (\$)	Services
Diseases Affecting Genitourinary Tract.....	580 – 599, 788	389	69.0	16,820	317
Diabetes Mellitus .....	250	326	60.8	9,266	266
Hypertensive Disease.....	401 – 405	264	101.5	7,329	216
Psychoses .....	295 – 299	256	21.3	10,044	209
Anxiety, Dissociative and Somatoform Disorders .....	300	224	63.4	7,581	183
Chronic Sinusitis & Other Respiratory Symptoms.....	473 & 786	188	63.3	9,088	154
Glaucoma .....	365	162	17.2	3,999	133
Cataract .....	366	162	15.0	7,815	132
General Medical Examination – No Specific Diagnosis .....	V70	154	77.1	6,531	126
Arthritis.....	710 – 716	146	42.5	6,673	119
Rheumatism, Excluding The Back .....	725 – 729	131	53.7	5,484	107
Ischemic Heart Disease .....	410 – 414	118	20.8	8,749	96
Other and Unspecified Disorders of Back .....	724	109	38.1	6,224	89
Acute Upper Respiratory Infections (Except Influenza) .....	460 – 465	102	58.2	3,139	83
Cardiac Dysrhythmias .....	427	99	23.8	4,555	81
Symptomatic Heart Disease.....	428 & 429	91	21.9	4,756	74
Eczema.....	690 – 692	82	35.1	2,462	67
Asthma.....	493	66	25.9	1,765	54
Acquired Hypothyroidism .....	244	60	28.0	1,579	49
Cellulitis and Abscess .....	681 & 682	58	20.4	2,104	47
Otitis Media .....	381 & 382	55	20.1	2,271	45
Chronic Airway Obstruction .....	496	51	11.6	1,831	42
Cerebrovascular Disease .....	430 – 438	46	6.0	2,277	37
Anemias.....	280 – 285	45	15.4	2,030	37
Hyperkinetic Syndrome of Childhood (ADHD).....	314	44	8.1	1,628	36
Disorders of Menstruation .....	Z08 <sup>2</sup> & 626	41	30.3 <sup>f</sup>	3,287 <sup>f</sup>	67 <sup>f</sup>
Inflammatory Diseases of Uterus (Except Cervix), Vagina and Vulva .....	615 & 616	34	26.3 <sup>f</sup>	2,225 <sup>f</sup>	55 <sup>f</sup>
Pneumonia .....	480 – 486	32	6.0	1,396	26
Ill-Defined Intestinal Infections.....	009	31	13.5	1,320	26
Migraine .....	346	26	11.0	914	21
Allergic Rhinitis.....	477	24	5.7	328	19
Bronchitis .....	466, 490 & 491	17	9.2	573	14
Menopausal and Postmenopausal Disorders.....	627	15	13.6 <sup>f</sup>	997 <sup>f</sup>	24 <sup>f</sup>
Alcohol-Induced Mental Disorders and Alcohol Dependence Syndrome .....	291 & 303	15	2.8	609	12
Gastritis and Duodenitis.....	535	13	7.1	453	11
Epilepsy and Recurrent Seizures .....	345	13	3.8	508	11
Disorders of Function of Stomach .....	536 & 537	12	6.8	446	10
Multiple Sclerosis.....	340	11	2.1	388	9
Varicose Veins of Lower Extremities.....	454	10	2.6	284	8
Other Cerebral Degenerations (Alzheimer's Disease).....	331	8	1.5	426	6
Influenza.....	487	7	4.7	227	6
Overweight, obesity and other hyperalimentation .....	278	6	3.2	262	5
Ulcers of Duodenum and Stomach .....	531 – 534	4	1.8	212	3

<sup>1</sup> Ninth Revision International Classification of Diseases, 1977.

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

<sup>f</sup> Rate per 1,000 female beneficiaries.

### Notes:

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

2) Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

# Table 18

## Physician Supply by Year

	General Practitioners		Specialists		All Physicians	
	Licensed <sup>1</sup>	Active <sup>2</sup>	Licensed <sup>1</sup>	Active <sup>2</sup>	Licensed <sup>1</sup>	Active <sup>2</sup>
2016-17 .....	1,301	955	1,190	816	2,491	1,771
2017-18 <sup>3</sup> .....	1,334	960	1,226	859	2,560	1,819
2018-19 .....	1,340	982	1,260	876	2,600	1,858
2019-20 .....	1,330	967	1,292	885	2,622	1,852
<b>2020-21 .....</b>	<b>1,374</b>	<b>900</b>	<b>1,344</b>	<b>906</b>	<b>2,718</b>	<b>1,806</b>

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Licensed physician figures for 2017-18 have been restated.

### Notes:

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 <sup>1</sup>	Number of Licensed <sup>2</sup> Physicians		Number of Active <sup>3</sup> Physicians		Population Per Active <sup>3</sup> Physician (000s)		Average Number of Patients Per Active Physician (000s) <sup>4</sup>		Average Patient Contacts Per Active Physician (000s) <sup>5</sup>		Per Cent of Beneficiaries Treated	
	2019-20	2020-21	2019-20	2020-21	2019-20	2020-21	2019-20	2020-21	2019-20	2020-21	2019-20	2020-21
<b>General Practice.....</b>	<b>1,330</b>	<b>1,374</b>	<b>967</b>	<b>900</b>	<b>1.3</b>	<b>1.4</b>	<b>2.1</b>	<b>1.6</b>	<b>4.7</b>	<b>3.9</b>	<b>76.7</b>	<b>66.1</b>
<b>Specialties</b>												
Pediatrics and Medical Genetics ...	128	129	71	73	17.1	16.8	0.9	0.7	1.8	1.6	3.8	3.2
Internal Medicine and Physical Medicine..	248	270	175	179	6.9	6.8	1.6	1.2	3.3	2.7	13.9	11.4
Neurology.....	25	28	22	21	55.1	58.3	1.5	1.2	2.5	2.1	2.4	2.0
Cardiology.....	35	40	32	33	37.9	37.1	4.6	4.2	3.6	3.2	7.0	6.6
Psychiatry.....	117	120	71	73	17.1	16.8	0.5	0.5	2.0	2.0	2.5	2.4
Dermatology.....	12	12	13	12	93.2	102.1	2.4	2.1	4.8	5.4	2.4	2.0
Anesthesia.....	136	139	112	109	10.8	11.2	0.9	0.6	1.0	0.6	6.2	4.1
General Surgery.....	100	98	85	82	14.3	14.9	1.0	0.8	2.0	1.5	5.8	4.5
Cardiac Surgery.....	7	8	6	8	201.9	153.2	0.6	0.4	0.9	0.6	0.2	0.2
Orthopedic Surgery....	53	54	48	46	25.2	26.6	1.4	1.1	2.7	1.9	4.8	3.6
Plastic Surgery.....	16	16	13	14	93.2	87.5	1.8	1.2	3.5	2.2	1.8	1.3
Neurosurgery.....	15	15	14	14	86.5	87.5	0.7	0.6	1.3	1.1	0.7	0.6
Obstetrics and Gynecology.....	82	87	70	66	17.3	18.6	1.2	1.0	2.6	2.2	4.6	3.7
Urological Surgery.....	19	20	18	18	67.3	68.1	1.5	1.2	2.4	2.1	1.9	1.6
Ophthalmology.....	32	34	28	31	43.3	39.5	3.4	2.7	8.0	5.9	7.3	6.2
Otolaryngology.....	18	18	17	18	71.3	68.1	2.7	2.0	4.5	3.2	3.6	2.8
Pathology and Diagnostic Radiology.....	249	256	90	109	13.5	11.2	4.3	2.8	0.3	0.2	22.1	17.2
<b>All Specialties.....</b>	<b>1,292</b>	<b>1,344</b>	<b>885</b>	<b>906</b>	<b>1.4</b>	<b>1.4</b>	<b>1.7</b>	<b>1.3</b>	<b>2.4</b>	<b>1.9</b>	<b>46.1</b>	<b>39.6</b>
<b>All Physicians.....</b>	<b>2,622</b>	<b>2,718</b>	<b>1,852</b>	<b>1,806</b>	<b>0.7</b>	<b>0.7</b>	<b>1.9</b>	<b>1.4</b>	<b>3.6</b>	<b>2.9</b>	<b>79.7</b>	<b>70.4</b>

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> The size of practice is the number of discrete beneficiaries on whose behalf a claim was paid during the year.

<sup>5</sup> 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.

### 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.

3) Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

# Table 20

## Physicians by Size of Practice

Type of Physician¹	Number of Physicians²	Size of Practice by Range of Patients³							
		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 Practice									
Metro Association.....	373	12	71	91	66	52	27	16	38
Metro Solo.....	81	28	21	13	14	3	1	–	1
Urban Association.....	175	5	41	67	23	19	11	3	6
Urban Solo.....	36	5	12	5	5	2	1	4	2
Rural Association.....	217	2	50	103	46	9	5	2	–
Rural Solo.....	18	3	5	2	3	4	1	–	–
All General Practice 2020-21.....	900	55	200	281	157	89	46	25	47
All General Practice 2019-20.....	967	49	149	215	169	119	73	47	146
Specialties									
Pediatrics and Medical Genetics.....	73	35	27	7	–	2	2	–	–
Internal Medicine and Physical Medicine ...	179	37	60	37	20	9	6	1	9
Neurology.....	21	2	8	7	1	2	–	1	–
Cardiology.....	33	–	1	–	3	2	4	5	18
Psychiatry.....	73	44	20	7	2	–	–	–	–
Dermatology.....	12	1	3	–	1	2	3	–	2
Anesthesia.....	109	44	56	8	1	–	–	–	–
General Surgery.....	82	18	43	17	4	–	–	–	–
Cardiac Surgery.....	8	5	3	–	–	–	–	–	–
Orthopedic Surgery.....	46	4	17	19	3	3	–	–	–
Plastic Surgery.....	14	–	9	2	1	–	2	–	–
Neurosurgery.....	14	5	8	1	–	–	–	–	–
Obstetrics and Gynecology.....	66	11	29	17	5	2	1	1	–
Urological Surgery.....	18	–	5	8	4	1	–	–	–
Ophthalmology.....	31	1	–	4	4	5	5	6	6
Otolaryngology.....	18	2	3	2	3	2	2	1	3
Pathology and Diagnostic Radiology.....	109	5	33	7	7	5	7	11	34
All Specialties 2020-21.....	906	214	325	143	59	35	32	26	72
All Specialties 2019-20.....	885	147	265	173	88	53	28	29	102
All Physicians 2020-21.....	1,806	269	525	424	216	124	78	51	119
All Physicians 2019-20.....	1,852	196	414	388	257	172	101	76	248

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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 Physician¹	Number of Physicians²	Range of Patient Contacts³						
		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 Practice								
Metro Association.....	373	62	125	98	46	16	13	13
Metro Solo.....	81	44	10	11	10	5	1	–
Urban Association.....	175	33	86	33	13	3	3	4
Urban Solo.....	36	16	5	4	4	3	1	3
Rural Association.....	217	52	120	36	6	2	1	–
Rural Solo.....	18	4	4	3	1	4	2	–
All General Practice 2020-21 .....	900	211	350	185	80	33	21	20
All General Practice 2019-20.....	967	203	303	182	126	72	45	36
Specialties								
Pediatrics and Medical Genetics.....	73	61	8	2	–	2	–	–
Internal Medicine and Physical Medicine .....	179	96	59	10	3	4	2	5
Neurology.....	21	13	6	2	–	–	–	–
Cardiology.....	33	8	15	7	3	–	–	–
Psychiatry.....	73	53	10	7	3	–	–	–
Dermatology.....	12	–	4	4	3	–	–	1
Anesthesia.....	109	109	–	–	–	–	–	–
General Surgery .....	82	64	17	1	–	–	–	–
Cardiac Surgery .....	8	8	–	–	–	–	–	–
Orthopedic Surgery.....	46	27	17	2	–	–	–	–
Plastic Surgery.....	14	9	2	3	–	–	–	–
Neurosurgery.....	14	13	1	–	–	–	–	–
Obstetrics and Gynecology.....	66	36	24	4	2	–	–	–
Urological Surgery.....	18	8	10	–	–	–	–	–
Ophthalmology.....	31	3	7	9	5	3	2	2
Otolaryngology.....	18	6	7	3	2	–	–	–
Pathology and Diagnostic Radiology.....	109	107	2	–	–	–	–	–
All Specialties 2020-21 .....	906	621	189	54	21	9	4	8
All Specialties 2019-20.....	885	491	253	80	30	10	10	11
All Physicians 2020-21 .....	1,806	832	539	239	101	42	25	28
All Physicians 2019-20.....	1,852	694	556	262	156	82	55	47

- <sup>1</sup> 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.
- <sup>2</sup> 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.
- <sup>3</sup> 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 Graduation<sup>1</sup>

Type of Physician <sup>2</sup>	Number of Physicians <sup>3</sup>	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
General Practice									
Metro Association.....	373	158	25	5	21	9	55	99	1
Metro Solo.....	81	22	5	2	5	3	27	17	–
Urban Association.....	175	49	4	8	15	–	30	68	1
Urban Solo.....	36	2	1	3	1	1	7	21	–
Rural Association.....	217	44	7	8	6	3	65	84	–
Rural Solo.....	18	8	1	1	3	–	1	4	–
All General Practice 2020-21 .....	900	283	43	27	51	16	185	293	2
All General Practice 2019-20.....	967	303	45	38	52	18	193	314	4
Specialties									
Pediatrics and Medical Genetics.....	73	17	22	3	2	5	11	12	1
Internal Medicine and Physical Medicine ...	179	62	36	10	9	11	21	29	1
Neurology.....	21	7	7	1	1	–	2	3	–
Cardiology.....	33	17	6	1	–	1	4	4	–
Psychiatry.....	73	28	8	3	1	3	9	21	–
Dermatology.....	12	8	4	–	–	–	–	–	–
Anesthesia.....	109	58	22	2	1	3	7	16	–
General Surgery.....	82	28	23	2	2	3	10	14	–
Cardiac Surgery.....	8	1	4	–	–	1	2	–	–
Orthopedic Surgery.....	46	28	6	–	–	–	3	9	–
Plastic Surgery.....	14	7	3	2	–	–	–	2	–
Neurosurgery.....	14	5	4	–	–	–	2	3	–
Obstetrics and Gynecology.....	66	32	15	1	–	2	4	12	–
Urological Surgery.....	18	10	5	–	–	–	–	2	1
Ophthalmology.....	31	18	3	1	4	–	3	2	–
Otolaryngology.....	18	9	2	–	–	–	–	7	–
Pathology and Diagnostic Radiology.....	109	39	54	2	1	1	8	2	2
All Specialties 2020-21 .....	906	374	224	28	21	30	86	138	5
All Specialties 2019-20.....	885	365	204	29	20	30	96	136	5
All Physicians 2020-21 .....	1,806	657	267	55	72	46	271	431	7
Per Cent Distribution 2020-21 .....	100%	36%	15%	3%	4%	3%	15%	24%	0%
All Physicians 2019-20 .....	1,852	668	249	67	72	48	289	450	9
Per Cent Distribution 2019-20.....	100%	36%	13%	4%	4%	3%	16%	24%	0%

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

<sup>2</sup> 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.

<sup>3</sup> 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) Figures may not add due to rounding.



# Table 23

## Physicians by Age Group

Type of Physician¹	Number of Physicians²	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practice						
Metro Association.....	373	52	104	86	88	43
Metro Solo.....	81	1	12	16	33	19
Urban Association.....	175	40	54	47	26	8
Urban Solo.....	36	–	4	14	10	8
Rural Association.....	217	23	85	79	25	5
Rural Solo.....	18	2	–	1	9	6
All General Practice 2020-21 .....	900	118	259	243	191	89
All General Practice 2019-20.....	967	116	291	266	190	104
Specialties						
Pediatrics and Medical Genetics.....	73	9	26	22	12	4
Internal Medicine and Physical Medicine .....	179	33	45	52	24	25
Neurology.....	21	3	5	8	3	2
Cardiology.....	33	4	9	11	6	3
Psychiatry.....	73	6	23	28	11	5
Dermatology.....	12	3	6	–	2	1
Anesthesia.....	109	12	28	32	24	13
General Surgery .....	82	3	30	25	23	1
Cardiac Surgery .....	8	–	–	4	2	2
Orthopedic Surgery.....	46	2	15	16	11	2
Plastic Surgery.....	14	1	5	5	2	1
Neurosurgery.....	14	–	7	5	–	2
Obstetrics and Gynecology.....	66	14	19	15	13	5
Urological Surgery.....	18	3	6	3	3	3
Ophthalmology.....	31	4	6	11	4	6
Otolaryngology.....	18	1	6	2	9	–
Pathology and Diagnostic Radiology.....	109	14	32	32	23	8
All Specialties 2020-21 .....	906	112	268	271	172	83
All Specialties 2019-20.....	885	92	270	267	167	89
All Physicians 2020-21 .....	1,806	230	527	514	363	172
Per Cent Distribution 2020-21 .....	100%	13%	29%	28%	20%	10%
All Physicians 2019-20 .....	1,852	208	561	533	357	193
Per Cent Distribution 2019-20.....	100%	11%	30%	29%	19%	10%

<sup>1</sup> 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.

<sup>2</sup> 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) Figures may not add due to rounding.

## Table 24

### Average Payment<sup>1</sup> (\$000s) Per Practising Physician<sup>3</sup> by Specialty and Range

Active Physicians Only	Type of Physician <sup>4</sup>					
	All Physicians		All General Practice		All Specialties	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
<b>Active Physicians<sup>2</sup></b> .....	<b>273.0</b>	<b>1,806</b>	<b>201.1</b>	<b>900</b>	<b>344.4</b>	<b>906</b>
Highest Paid.....	3,198.7		810.4		3,198.7	
All Average per Pay Range						
Less than \$60,000 .....	26.9	421	27.9	269	25.2	152
\$60,000 – \$74,999 .....	67.1	109	67.0	61	67.2	48
\$75,000 – \$99,999 .....	86.7	149	87.3	84	86.0	65
\$100,000 – \$124,999 .....	112.5	175	112.0	112	113.4	63
\$125,000 – \$149,999 .....	136.3	172	136.0	115	137.1	57
\$150,000 – \$174,999 .....	162.2	151	162.1	96	162.3	55
\$175,000 – \$199,999 .....	187.5	126	187.8	70	187.2	56
\$200,000 – \$249,999 .....	223.7	236	223.1	137	224.7	99
\$250,000 – \$299,999 .....	273.4	175	272.7	92	274.2	83
\$300,000 – \$349,999 .....	323.1	121	322.2	55	323.9	66
Over \$350,000 .....	613.9	394	493.2	80	644.7	314
<b>Practising Physicians<sup>3</sup></b> .....	<b>226.3</b>	<b>2,229</b>	<b>161.1</b>	<b>1,171</b>	<b>298.5</b>	<b>1,058</b>

Active Physicians Only	General Practice					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
<b>Active Physicians<sup>2</sup></b> .....	<b>209.9</b>	<b>454</b>	<b>195.5</b>	<b>211</b>	<b>189.1</b>	<b>235</b>
Highest Paid.....	801.2		810.4		581.4	
All Average per Pay Range						
Less than \$60,000 .....	28.4	136	25.6	66	29.1	67
\$60,000 – \$74,999 .....	67.3	37	67.5	12	65.7	12
\$75,000 – \$99,999 .....	88.0	38	86.7	22	86.6	24
\$100,000 – \$124,999 .....	113.0	52	110.4	33	111.9	27
\$125,000 – \$149,999 .....	135.8	50	135.5	31	136.7	34
\$150,000 – \$174,999 .....	163.0	40	161.0	29	162.1	27
\$175,000 – \$199,999 .....	188.7	36	189.9	12	185.2	22
\$200,000 – \$249,999 .....	224.7	76	221.0	21	221.0	40
\$250,000 – \$299,999 .....	273.8	47	270.6	23	272.5	22
\$300,000 – \$349,999 .....	322.9	32	320.8	10	321.5	13
Over \$350,000 .....	486.6	48	536.5	18	459.9	14
<b>Practising Physicians<sup>3</sup></b> .....	<b>167.8</b>	<b>592</b>	<b>155.0</b>	<b>277</b>	<b>153.6</b>	<b>302</b>

<sup>1</sup> Represents gross payments by the Medical Services Plan from which 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 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 family physician emergency coverage programs but excludes payments for the specialist emergency coverage program.

<sup>2</sup> 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.

<sup>3</sup> Physicians with billings submitted under their own MSP billing number during the year and practising in Saskatchewan under MSP coverage at the end of the year.

<sup>4</sup> 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.

# Table 24 (Continued)

## Average Payment<sup>1</sup> (\$000s) Per Practising Physician<sup>3</sup> by Specialty and Range

Active Physicians Only	Type of Physician <sup>4</sup>					
	Pediatrics and Medical Genetics		Internal Medicine and Physical Medicine		Cardiology	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
<b>Active Physicians<sup>2</sup></b> .....	<b>165.7</b>	<b>73</b>	<b>287.4</b>	<b>179</b>	<b>719.8</b>	<b>33</b>
Highest Paid.....	820.3		1,512.4		1,705.0	
All Average per Pay Range						
Less than \$60,000 .....	24.2	29	29.2	37	25.5	1
\$60,000 – \$74,999 .....	66.2	9	67.8	11	–	–
\$75,000 – \$99,999 .....	85.4	12	84.4	17	–	–
\$100,000 – \$124,999 .....	114.8	17	112.2	20	–	–
\$125,000 – \$149,999 .....	134.6	7	137.8	20	143.1	1
\$150,000 – \$174,999 .....	162.9	5	161.9	11	–	–
\$175,000 – \$199,999 .....	184.4	8	188.7	9	–	–
\$200,000 – \$249,999 .....	222.9	6	229.4	20	217.1	3
\$250,000 – \$299,999 .....	281.6	2	278.1	15	284.3	1
\$300,000 – \$349,999 .....	328.9	2	328.7	9	341.4	3
Over \$350,000 .....	547.2	5	618.5	47	866.0	25
<b>Practising Physicians<sup>3</sup></b> .....	<b>125.5</b>	<b>102</b>	<b>243.2</b>	<b>216</b>	<b>699.4</b>	<b>34</b>

Active Physicians Only	Neurology		Psychiatry		Dermatology	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
	Average Payment	Number	Average Payment	Number	Average Payment	Number
<b>Active Physicians<sup>2</sup></b> .....	<b>258.2</b>	<b>21</b>	<b>303.0</b>	<b>73</b>	<b>335.2</b>	<b>12</b>
Highest Paid.....	825.8		1,139.8		600.0	
All Average per Pay Range						
Less than \$60,000 .....	29.7	3	34.8	9	–	–
\$60,000 – \$74,999 .....	61.2	1	69.6	4	–	–
\$75,000 – \$99,999 .....	81.5	1	91.0	5	–	–
\$100,000 – \$124,999 .....	123.3	1	110.9	3	–	–
\$125,000 – \$149,999 .....	137.6	3	137.9	7	–	–
\$150,000 – \$174,999 .....	162.2	4	158.6	5	153.7	3
\$175,000 – \$199,999 .....	180.1	3	189.5	9	–	–
\$200,000 – \$249,999 .....	247.3	1	220.7	8	230.8	2
\$250,000 – \$299,999 .....	–	–	276.0	7	276.3	1
\$300,000 – \$349,999 .....	319.1	3	325.9	4	–	–
Over \$350,000 .....	587.3	4	599.5	21	470.5	6
<b>Practising Physicians<sup>3</sup></b> .....	<b>229.6</b>	<b>24</b>	<b>273.6</b>	<b>82</b>	<b>335.2</b>	<b>12</b>

### 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.
- 3) Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

# Table 24 (Continued)

## Average Payment<sup>1</sup> (\$000s) Per Practising Physician<sup>3</sup> by Specialty and Range

Active Physicians Only	Type of Physician <sup>4</sup>					
	Anesthesia		General Surgery		Cardiac Surgery	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
<b>Active Physicians<sup>2</sup></b> .....	<b>274.6</b>	<b>109</b>	<b>287.4</b>	<b>82</b>	<b>455.6</b>	<b>8</b>
Highest Paid.....	693.4		730.7		881.8	
All Average per Pay Range						
Less than \$60,000 .....	23.0	14	28.9	6	–	–
\$60,000 – \$74,999 .....	68.6	3	62.1	3	71.9	1
\$75,000 – \$99,999 .....	89.5	6	81.2	1	75.9	1
\$100,000 – \$124,999 .....	106.3	2	110.4	5	–	–
\$125,000 – \$149,999 .....	130.0	4	138.2	6	–	–
\$150,000 – \$174,999 .....	163.2	7	167.5	5	–	–
\$175,000 – \$199,999 .....	186.0	10	188.0	4	–	–
\$200,000 – \$249,999 .....	226.7	19	223.7	9	–	–
\$250,000 – \$299,999 .....	270.9	14	275.9	14	299.8	1
\$300,000 – \$349,999 .....	319.6	14	323.2	10	311.0	1
Over \$350,000 .....	429.4	30	448.7	25	721.5	4
<b>Practising Physicians<sup>3</sup></b> .....	<b>246.0</b>	<b>123</b>	<b>269.7</b>	<b>88</b>	<b>455.6</b>	<b>8</b>

Active Physicians Only	Orthopedic Surgery		Plastic Surgery		Neurosurgery	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
<b>Active Physicians<sup>2</sup></b> .....	<b>413.2</b>	<b>46</b>	<b>405.5</b>	<b>14</b>	<b>525.1</b>	<b>14</b>
Highest Paid.....	1,305.5		994.1		1,569.4	
All Average per Pay Range						
Less than \$60,000 .....	30.9	5	14.7	1	21.9	1
\$60,000 – \$74,999 .....	–	–	–	–	–	–
\$75,000 – \$99,999 .....	82.0	2	–	–	–	–
\$100,000 – \$124,999 .....	113.2	2	–	–	–	–
\$125,000 – \$149,999 .....	–	–	–	–	–	–
\$150,000 – \$174,999 .....	–	–	169.5	1	164.7	2
\$175,000 – \$199,999 .....	181.6	1	–	–	–	–
\$200,000 – \$249,999 .....	223.6	5	202.3	1	–	–
\$250,000 – \$299,999 .....	272.0	6	265.4	5	272.5	3
\$300,000 – \$349,999 .....	332.4	5	310.0	1	302.5	1
Over \$350,000 .....	560.9	25	611.3	6	737.7	8
<b>Practising Physicians<sup>3</sup></b> .....	<b>375.7</b>	<b>51</b>	<b>379.4</b>	<b>15</b>	<b>491.5</b>	<b>15</b>

- <sup>1</sup> Represents gross payments by the Medical Services Plan from which 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 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 family physician emergency coverage programs but excludes payments for the specialist emergency coverage program.
- <sup>2</sup> 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.
- <sup>3</sup> Physicians with billings submitted under their own MSP billing number during the year and practising in Saskatchewan under MSP coverage at the end of the year.
- <sup>4</sup> 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.

# Table 24 (Continued)

## Average Payment<sup>1</sup> (\$000s) Per Practising Physician<sup>3</sup> by Specialty and Range

Active Physicians Only	Obstetrics and Gynecology		Urological Surgery		Ophthalmology	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
<b>Active Physicians<sup>2</sup></b> .....	<b>279.6</b>	<b>66</b>	<b>360.8</b>	<b>18</b>	<b>1,058.0</b>	<b>31</b>
Highest Paid.....	1,497.8		831.1		3,198.7	
All Average per Pay Range						
Less than \$60,000 .....	21.4	6	24.4	1	45.7	1
\$60,000 – \$74,999 .....	65.3	3	–	–	–	–
\$75,000 – \$99,999 .....	84.6	4	–	–	–	–
\$100,000 – \$124,999 .....	112.9	4	–	–	107.6	1
\$125,000 – \$149,999 .....	143.3	5	–	–	–	–
\$150,000 – \$174,999 .....	160.9	6	172.6	1	–	–
\$175,000 – \$199,999 .....	186.5	5	193.8	2	–	–
\$200,000 – \$249,999 .....	223.3	11	221.1	3	217.4	1
\$250,000 – \$299,999 .....	273.9	7	260.1	1	285.5	1
\$300,000 – \$349,999 .....	328.8	3	304.0	1	–	–
Over \$350,000 .....	527.5	18	470.7	10	1,150.0	28
<b>Practising Physicians<sup>3</sup></b> .....	<b>258.1</b>	<b>72</b>	<b>343.1</b>	<b>19</b>	<b>1,026.0</b>	<b>32</b>

Active Physicians Only	Otolaryngology		Pathology and Diagnostic Radiology	
	Average Payment	Number	Average Payment	Number
<b>Active Physicians<sup>2</sup></b> .....	<b>424.0</b>	<b>18</b>	<b>353.8</b>	<b>109</b>
Highest Paid.....	946.6		2,463.4	
All Average per Pay Range				
Less than \$60,000 .....	–	–	19.4	38
\$60,000 – \$74,999 .....	72.9	1	67.7	12
\$75,000 – \$99,999 .....	93.1	1	86.9	15
\$100,000 – \$124,999 .....	122.6	1	116.8	7
\$125,000 – \$149,999 .....	–	–	131.7	4
\$150,000 – \$174,999 .....	165.0	1	161.9	4
\$175,000 – \$199,999 .....	194.4	1	189.0	4
\$200,000 – \$249,999 .....	203.1	1	223.6	9
\$250,000 – \$299,999 .....	270.7	3	262.0	2
\$300,000 – \$349,999 .....	–	–	321.5	9
Over \$350,000 .....	663.3	9	657.5	43
<b>Practising Physicians<sup>3</sup></b> .....	<b>424.0</b>	<b>18</b>	<b>267.4</b>	<b>147</b>

### 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.
- 3) Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

## Table 25

### Average Payment<sup>1</sup> (\$000s) Per Physician by Specialty, 2018-19 to 2020-21

Type of Physician <sup>2</sup>	Average Payment (\$000s)			Average Annual Per Cent Change
	2018-19	2019-20	2020-21 <sup>4</sup>	2018-19 to 2020-21 <sup>4</sup>
General Practice				
Metro Association.....	244.1	253.2	209.0	-7.47
Metro Solo.....	234.0	247.8	214.1	-4.35
Urban Association.....	249.5	251.0	179.5	-15.18
Urban Solo.....	333.6	320.1	273.0	-9.54
Rural Association.....	214.4	235.9	180.1	-8.35
Rural Solo.....	329.1	356.7	298.1	-4.83
All General Practice.....	242.2	252.6	201.1	-8.88
Specialties				
Pediatrics and Medical Genetics.....	185.5	211.8	165.7	-5.49
Internal Medicine and Physical Medicine.....	382.7	378.9	287.4	-13.34
Neurology.....	368.3	345.3	258.2	-16.27
Cardiology.....	854.4	836.3	719.8	-8.21
Psychiatry.....	364.6	354.3	303.0	-8.84
Dermatology.....	286.9	327.1	335.2	8.09
Anesthesia.....	363.6	386.2	274.6	-13.10
General Surgery.....	384.6	387.1	287.4	-13.56
Cardiac Surgery.....	660.9	771.4	455.6	-16.97
Orthopedic Surgery.....	566.7	570.9	413.2	-14.61
Plastic Surgery.....	625.7	637.5	405.5	-19.50
Neurosurgery.....	562.9	612.7	525.1	-3.42
Obstetrics and Gynecology.....	391.7	370.8	279.6	-15.51
Urological Surgery.....	447.7	470.7	360.8	-10.23
Ophthalmology.....	1,277.0	1,401.0	1,058.0	-8.98
Otolaryngology.....	621.8	636.3	424.0	-17.42
Pathology and Diagnostic Radiology.....	445.9	530.4	353.8	-10.92
All Specialties.....	437.7	454.7	344.4	-11.30
Spec. less Pathology & Radiology.....	436.7	446.1	343.1	-11.36
All Physicians.....	334.4	349.1	273.0	-9.65
Phys. less Pathology & Radiology <sup>3</sup> .....	328.1	339.8	267.8	-9.66

<sup>1</sup> 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 family physician emergency coverage programs but excludes payments for the specialist coverage program.

<sup>2</sup> 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.

<sup>3</sup> Figures for 2018-19 have been restated.

<sup>4</sup> Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

#### Notes:

- Earnings may reflect an upward bias as a result of physicians sponsoring locums.
- Laboratory services provided by Pathologists are the responsibility of former Regional Health Authorities. As a result, Pathologists' fee-for-service payments are minimal.
- Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.
- Payments do not include \$80,864,043 paid to 907 physicians through Pandemic Physician Services Agreements with the Saskatchewan Health Authority.

## Table 26

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

	General Practice		Medical Specialties <sup>1</sup>		Surgical Specialties <sup>1</sup>		Technical Specialties <sup>1</sup>	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
<b>A. By Resident Community:<sup>2</sup></b>								
Regina .....	184	225.8	111	456.8	95	498.1	74	354.2
Saskatoon <sup>3</sup> .....	259	199.3	234	238.4	141	403.1	113	307.0
Moose Jaw .....	36	212.1	13	281.3	10	386.9	1	**
Prince Albert .....	60	190.6	11	305.6	21	344.4	9	447.6
Yorkton .....	18	203.4	4	**	5	502.1	–	–
Swift Current .....	25	171.6	6	156.3	6	290.0	2	**
North Battleford .....	22	233.8	5	346.7	10	325.4	9	236.4
Estevan .....	15	223.6	–	–	–	–	8	97.3
Weyburn .....	10	193.4	–	–	–	–	1	**
All Other Locations .....	271	185.8	7	178.1	9	207.0	1	**
<b>B. By Activity Threshold:</b>								
1. Total Active Physicians <sup>2</sup> .....	900	201.1	391	304.0	297	419.6	218	314.2
2. Total Licensed Physicians <sup>4</sup> .....	1,374	–	599	–	350	–	395	–
3. Resident and Active in Two Consecutive Years <sup>2</sup> .....	807	210.7	341	326.9	276	433.8	177	353.7
4. Resident at Year End With Payments of \$15,000 or More in Each Quarter of the Year .....	472	245.5	223	401.6	187	512.5	112	436.8
<b>C. By Age Group:<sup>2</sup></b>								
Under 35 .....	118	135.0	58	241.0	28	341.2	26	272.4
35 – 44 .....	259	181.8	114	274.0	94	378.5	60	284.1
45 – 54 .....	243	212.1	121	328.4	86	515.6	64	321.7
55 – 64 .....	191	238.4	58	353.1	67	403.7	47	310.8
65+ .....	89	234.6	40	335.8	22	368.0	21	437.1

<sup>1</sup> Physicians are grouped as follows:

- Medical Specialties include Pediatrics, Internal Medicine, Neurology, Cardiology, Psychiatry, Dermatology, Physical Medicine and Medical Genetics.
- Surgical Specialties include General Surgery, Cardiac Surgery, Orthopedic Surgery, Plastic Surgery, Neurosurgery, Obstetrics and Gynecology, Urological Surgery, Ophthalmology and Otolaryngology.
- Technical Specialties include Anesthesia, Pathology and Diagnostic Radiology.

<sup>2</sup> 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. Earnings may reflect an upward bias as a result of physicians sponsoring locums. Payments for the Specialist Emergency Coverage Program are excluded.

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

<sup>4</sup> 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; includes temporary licensed locum physicians but excludes educational locums and medical residents.

\*\* 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.
- 3) Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

## Table 27

### Payments<sup>1</sup> (\$) for Specialist and Family Physician Emergency Coverage Programs

	Specialist Emergency Coverage			Family Physician Emergency Coverage <sup>3</sup>	Total Payments for Emergency Coverage
	Number of Rotations		Payments <sup>2</sup>		
	Tier I	Tier II			
Former Regional Health Authority					
1 Sun Country .....	3	2	656,675	1,223,215	1,879,890
2 Five Hills.....	8	2	1,679,975	442,169	2,122,144
3 Cypress .....	7	2	1,435,434	460,286	1,895,721
4 Regina Qu'Appelle .....	34	16	8,722,621	711,979	9,434,601
5 Sunrise .....	6	1	1,129,062	548,510	1,677,572
6 Saskatoon .....	46	31	13,231,492	1,160,804	14,392,296
7 Heartland.....	–	2	166,955	1,161,542	1,328,497
8 Kelsey Trail .....	–	5	476,803	1,064,650	1,541,453
9 Prince Albert .....	8	3	1,879,293	291,307	2,170,600
10 Prairie North.....	12	9	2,804,096	502,872	3,306,968
11 Mamawetan.....	–	–	–	190,100	190,100
12 Keewatin Yatthé .....	–	–	–	339,307	339,307
13 Athabasca.....	–	–	–	131,666	131,666
All Former Regional Health Authorities (Now SHA) ....	124	73	32,182,407	8,228,406	40,410,813
Other Emergency Coverage					
Medical Health Officers .....	–	3	450,000	–	450,000
Saskatchewan Cancer Agency .....	2	5	1,069,876	–	1,069,876
All Emergency Coverage.....	126	81	33,702,283	8,228,406	41,930,689

<sup>1</sup> Includes payments made indirectly to physicians through the Saskatchewan Health Authority (SHA) or the Saskatchewan Cancer Agency.

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

<sup>3</sup> Includes Emergency Room Coverage Program (ERCP) and Family Physician On-Call Coverage payments.

#### 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 Payments (\$000s)

		Non-Fee-For-Service Total Payments	
		2019-20	2020-21 <sup>3</sup>
<b>Former Regional Health Authority<sup>1</sup></b>			
1	Sun Country.....	3,421	3,261
2	Five Hills.....	12,610	13,100
3	Cypress.....	9,333	9,456
4	Regina Qu'Appelle.....	78,062	84,529
5	Sunrise.....	7,157	9,185
6	Saskatoon.....	135,726	154,143
7	Heartland.....	985	998
8	Kelsey Trail.....	929	948
9	Prince Albert Parkland.....	19,169	20,586
10	Prairie North.....	11,296	12,965
11	Mamawetan Churchill River.....	220	222
12	Keewatin Yatthé.....	—	—
13	Athabasca.....	—	—
<b>All Former Regional Health Authorities (Now SHA) .....</b>		<b>278,908</b>	<b>309,393</b>
	Provincial Projects <sup>2</sup> .....	4,289	3,831
<b>All Expenditures .....</b>		<b>283,197</b>	<b>313,224</b>

<sup>1</sup> These expenditures for physician services are administered through the Saskatchewan Health Authority and are funded by the Ministry of Health.

<sup>2</sup> These non-fee-for-service arrangements are intended to benefit the entire provincial population. In 2020-21 some provincial program funding was transferred to SHA base funding.

<sup>3</sup> Payments do not include \$80,864,043 paid to 907 physicians through Pandemic Physician Services Agreements with the Saskatchewan Health Authority.

**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														
Age Groups	Sex	1	2	3	4	5	6	7	8	9	10	11	12	13	Unassigned <sup>1</sup>	Total
		Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatthe	Athabasca		
Under 1	M	304	282	242	1,860	290	2,252	248	253	530	517	268	109	24	–	7,179
	F	296	249	198	1,651	274	2,183	210	219	514	537	295	116	23	2	6,767
	T	600	531	440	3,511	564	4,435	458	472	1,044	1,054	563	225	47	2	13,946
1 – 4	M	1,420	1,192	1,057	8,010	1,270	10,280	1,130	1,035	2,323	2,543	1,038	440	95	7	31,840
	F	1,408	1,171	980	7,757	1,247	9,689	1,045	1,031	2,137	2,446	986	499	93	4	30,493
	T	2,828	2,363	2,037	15,767	2,517	19,969	2,175	2,066	4,460	4,989	2,024	939	188	11	62,333
5 – 9	M	1,961	1,888	1,435	10,616	1,736	13,584	1,433	1,352	3,024	3,277	1,206	619	110	8	42,249
	F	1,877	1,639	1,305	10,263	1,683	12,693	1,421	1,380	2,828	3,220	1,215	564	122	10	40,220
	T	3,838	3,527	2,740	20,879	3,419	26,277	2,854	2,732	5,852	6,497	2,421	1,183	232	18	82,469
10 – 14	M	1,938	1,779	1,337	10,167	1,912	12,481	1,444	1,395	3,149	3,340	1,402	599	156	5	41,104
	F	1,962	1,669	1,300	9,706	1,787	11,996	1,453	1,326	3,031	3,240	1,206	539	145	5	39,365
	T	3,900	3,448	2,637	19,873	3,699	24,477	2,897	2,721	6,180	6,580	2,608	1,138	301	10	80,469
15 – 19	M	1,751	1,625	1,430	9,301	1,715	11,344	1,424	1,352	2,910	2,872	1,131	488	128	7	37,478
	F	1,762	1,538	1,284	8,634	1,620	10,713	1,264	1,217	2,705	2,939	1,100	492	124	12	35,404
	T	3,513	3,163	2,714	17,935	3,335	22,057	2,688	2,569	5,615	5,811	2,231	980	252	19	72,882
20 – 24	M	1,751	1,780	1,416	10,379	1,748	12,052	1,402	1,308	2,851	2,883	1,039	519	122	24	39,274
	F	1,729	1,533	1,368	9,445	1,607	11,719	1,318	1,277	2,621	2,726	1,012	470	113	62	37,000
	T	3,480	3,313	2,784	19,824	3,355	23,771	2,720	2,585	5,472	5,609	2,051	989	235	86	76,274
25 – 29	M	1,974	1,814	1,475	11,339	1,839	13,883	1,458	1,311	3,000	3,094	1,147	560	105	27	43,026
	F	1,757	1,695	1,416	10,940	1,681	14,039	1,317	1,223	2,877	2,823	1,046	556	108	34	41,512
	T	3,731	3,509	2,891	22,279	3,520	27,922	2,775	2,534	5,877	5,917	2,193	1,116	213	61	84,538
30 – 34	M	2,138	1,940	1,469	13,322	1,810	16,076	1,551	1,232	2,756	3,244	999	519	110	25	47,191
	F	2,019	1,811	1,451	12,657	1,687	16,027	1,499	1,173	2,708	3,084	948	511	99	26	45,700
	T	4,157	3,751	2,920	25,979	3,497	32,103	3,050	2,405	5,464	6,328	1,947	1,030	209	51	92,891
35 – 39	M	2,206	1,954	1,421	13,218	1,804	15,770	1,521	1,192	2,663	3,100	800	377	91	7	46,124
	F	2,071	1,899	1,423	12,221	1,789	15,328	1,429	1,170	2,647	3,039	775	365	112	11	44,279
	T	4,277	3,853	2,844	25,439	3,593	31,098	2,950	2,362	5,310	6,139	1,575	742	203	18	90,403
40 – 44	M	2,077	1,740	1,370	11,706	1,821	13,830	1,385	1,234	2,340	2,727	733	314	100	7	41,384
	F	1,825	1,729	1,297	10,814	1,710	13,265	1,270	1,152	2,340	2,627	686	318	79	7	39,119
	T	3,902	3,469	2,667	22,520	3,531	27,095	2,655	2,386	4,680	5,354	1,419	632	179	14	80,503
45 – 49	M	1,830	1,621	1,236	9,969	1,702	11,955	1,224	1,222	2,282	2,411	663	361	73	4	36,553
	F	1,621	1,568	1,277	9,264	1,612	11,514	1,175	1,083	2,273	2,335	684	370	64	3	34,843
	T	3,451	3,189	2,513	19,233	3,314	23,469	2,399	2,305	4,555	4,746	1,347	731	137	7	71,396
50 – 54	M	1,724	1,520	1,257	9,240	1,745	11,271	1,291	1,212	2,311	2,239	670	374	71	3	34,928
	F	1,582	1,529	1,292	8,855	1,725	10,679	1,230	1,241	2,276	2,173	605	384	61	7	33,639
	T	3,306	3,049	2,549	18,095	3,470	21,950	2,521	2,453	4,587	4,412	1,275	758	132	10	68,567
55 – 59	M	2,115	2,086	1,687	10,171	2,103	12,308	1,630	1,494	2,585	2,502	615	376	56	11	39,739
	F	1,928	2,057	1,706	10,127	2,074	12,038	1,554	1,409	2,746	2,480	617	332	68	7	39,143
	T	4,043	4,143	3,393	20,298	4,177	24,346	3,184	2,903	5,331	4,982	1,232	708	124	18	78,882
60 – 64	M	2,013	2,182	1,773	9,370	2,232	11,190	1,775	1,467	2,666	2,437	542	288	44	8	37,987
	F	1,902	2,100	1,696	9,451	2,041	11,533	1,598	1,421	2,623	2,411	500	251	38	8	37,573
	T	3,915	4,282	3,469	18,821	4,273	22,723	3,373	2,888	5,289	4,848	1,042	539	82	16	75,560
65 – 69	M	1,661	1,831	1,487	7,631	1,958	9,073	1,545	1,390	2,294	1,990	394	202	22	15	31,493
	F	1,541	1,888	1,405	7,986	1,863	9,372	1,350	1,303	2,227	1,924	363	185	27	9	31,443
	T	3,202	3,719	2,892	15,617	3,821	18,445	2,895	2,693	4,521	3,914	757	387	49	24	62,936
70 – 74	M	1,220	1,455	1,163	5,543	1,506	6,505	1,060	1,110	1,745	1,407	283	165	22	7	23,191
	F	1,221	1,431	1,129	5,932	1,574	7,114	1,038	1,109	1,838	1,394	240	116	26	6	24,168
	T	2,441	2,886	2,292	11,475	3,080	13,619	2,098	2,219	3,583	2,801	523	281	48	13	47,359
75 & Over	M	2,075	2,172	1,843	8,198	2,659	9,906	1,735	1,892	2,580	2,086	306	177	25	11	35,665
	F	2,582	2,955	2,337	11,560	3,595	14,302	2,212	2,335	3,206	2,534	315	173	20	13	48,139
	T	4,657	5,127	4,180	19,758	6,254	24,208	3,947	4,227	5,786	4,620	621	350	45	24	83,804
Total all ages	M	30,158	28,861	23,098	160,040	29,850	193,760	23,256	21,451	42,009	42,669	13,236	6,487	1,354	176	616,405
	F	29,083	28,461	22,864	157,263	29,569	194,204	22,383	21,069	41,597	41,932	12,593	6,241	1,322	226	608,807
	T	59,241	57,322	45,962	317,303	59,419	387,964	45,639	42,520	83,606	84,601	25,829	12,728	2,676	402	1,225,212

<sup>1</sup> There are 402 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, 2020.
- 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														Total
		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.....	77.5	2.6	0.1	15.3	0.2	1.2	0.1	0.1	0.1	0.1	0.0	0.0	0.0	2.8	100.0
2	Five Hills.....	0.4	87.6	0.9	6.3	0.1	2.0	0.7	0.1	0.1	0.1	0.0	0.0	0.0	1.8	100.0
3	Cypress.....	0.1	3.0	81.3	2.6	0.1	2.1	0.3	0.1	0.1	0.1	0.0	0.0	0.0	10.3	100.0
4	Regina Qu'Appelle.....	0.6	0.7	0.1	93.3	0.6	2.0	0.1	0.1	0.1	0.1	0.0	0.0	0.0	2.4	100.0
5	Sunrise.....	0.3	0.2	0.1	8.5	81.1	5.4	0.1	0.5	0.1	0.1	0.0	0.0	0.0	3.6	100.0
6	Saskatoon.....	0.1	0.3	0.1	0.9	0.1	94.4	0.3	0.4	0.8	0.4	0.0	0.0	0.0	2.2	100.0
7	Heartland.....	0.1	0.6	2.6	0.6	0.1	17.5	64.9	0.1	0.1	4.6	0.0	0.0	0.0	8.7	100.0
8	Kelsey Trail.....	0.1	0.2	0.0	0.8	0.6	11.0	0.1	78.7	6.6	0.2	0.0	0.0	0.0	1.5	100.0
9	Prince Albert Parkland.....	0.2	0.1	0.1	0.6	0.1	10.7	0.1	2.6	80.9	2.0	0.2	0.0	0.0	2.3	100.0
10	Prairie North.....	0.1	0.1	0.1	0.4	0.0	5.4	1.0	0.1	0.5	67.0	0.0	0.0	0.0	25.2	100.0
11	Mamawetan Churchill River.....	0.0	0.3	0.1	0.7	0.1	11.0	0.0	0.8	24.8	0.6	51.8	0.1	0.1	9.4	100.0
12	Keewatin Yatthé.....	–	0.2	0.0	0.6	0.0	14.3	0.1	0.3	9.7	25.2	0.6	43.6	0.0	5.3	100.0
13	Athabasca.....	–	0.1	0.1	0.4	–	24.1	0.2	0.6	25.0	1.2	0.5	0.6	43.4	3.7	100.0
	Unknown.....	5.9	3.2	5.8	14.7	8.2	18.0	3.3	10.6	8.7	12.0	4.7	0.3	1.9	2.8	100.0
	Family Physician Emergency Coverage.....	15.2	5.7	5.9	7.0	6.9	13.9	14.3	13.9	2.5	6.4	2.4	4.3	1.7	–	100.0
All Former Regional Health Authorities.....		4.6	5.0	3.5	23.6	4.3	32.5	3.2	4.0	6.7	6.5	0.8	0.5	0.1	4.6	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 Practice			Specialties			All Physicians		
	Per Capita Payments Excluding Emergency Coverage (\$)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage (\$)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage (\$)	Per Capita Services	Per Cent of Insured Population Treated (%)
1 Sun Country.....	170.8	4.3	66.2	228.6	3.0	35.5	399.4	7.3	69.9
2 Five Hills.....	182.7	5.0	71.3	287.1	4.1	43.1	469.8	9.1	75.1
3 Cypress.....	167.1	4.3	65.1	235.4	3.2	37.0	402.5	7.5	70.2
4 Regina Qu'Appelle.....	155.1	4.2	67.9	314.4	4.5	44.4	469.5	8.6	73.1
5 Sunrise.....	161.3	4.3	67.6	257.6	3.4	38.5	418.9	7.8	71.3
6 Saskatoon.....	167.5	4.5	70.9	280.4	4.4	43.1	447.9	8.9	74.9
7 Heartland.....	173.3	4.3	66.0	246.4	3.8	40.1	419.7	8.1	70.8
8 Kelsey Trail.....	182.2	4.6	67.9	229.9	3.2	34.9	412.1	7.7	71.8
9 Prince Albert Parkland.....	176.6	4.8	71.5	268.5	4.2	40.2	445.1	9.0	75.6
10 Prairie North.....	200.5	4.9	65.6	324.6	5.6	41.3	525.1	10.5	70.0
11 Mamawetan Churchill River.....	89.3	2.2	47.5	197.3	2.9	30.0	286.6	5.2	56.1
12 Keewatin Yatthé.....	120.3	3.0	56.0	194.2	2.8	29.8	314.4	5.9	60.8
13 Athabasca.....	38.6	1.2	24.5	119.0	1.9	18.7	157.7	3.0	29.8
<b>All Former Regional Health Authorities (Now SHA).....</b>	<b>171.5</b>	<b>4.4</b>	<b>67.7</b>	<b>280.7</b>	<b>4.2</b>	<b>41.2</b>	<b>452.2</b>	<b>8.6</b>	<b>72.1</b>

### 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 family physician emergency coverage programs and lump sum payments to physicians.
- 4) Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.
- 5) 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 Licensed General Practitioners <sup>1</sup>	Number of Active General Practitioners <sup>2</sup>	Population Per Active General Practitioner	Average Payment Per Active GP (\$)	Average Number of Patients Per Active GP <sup>3</sup>	Average Patient Contacts Per Active GP <sup>4</sup>	Insured Population <sup>5</sup>
1 Sun Country .....	55	41	1,445	201,289	1,379	3,630	59,241
2 Five Hills .....	63	45	1,274	225,777	1,417	4,422	57,322
3 Cypress .....	47	40	1,149	169,655	1,266	3,225	45,962
4 Regina Qu'Appelle .....	347	207	1,533	221,713	1,707	4,608	317,303
5 Sunrise .....	55	38	1,564	211,664	1,542	4,219	59,419
6 Saskatoon .....	464	309	1,256	200,263	1,637	3,968	387,964
7 Heartland .....	32	25	1,826	247,537	1,459	4,415	45,639
8 Kelsey Trail .....	50	36	1,181	194,572	1,354	3,065	42,520
9 Prince Albert Parkland .....	98	71	1,178	184,461	1,645	4,012	83,606
10 Prairie North .....	110	70	1,209	171,367	1,244	2,863	84,601
11 Mamawetan Churchill River .....	26	12	2,152	92,829	1,371	1,920	25,829
12 Keewatin Yatthé .....	22	5	2,546	94,466	1,188	1,443	12,728
13 Athabasca .....	5	1	2,676	89,041	787	1,095	2,676
<b>All Former Regional Health Authorities (Now SHA) .....</b>	<b>1,374</b>	<b>900</b>	<b>1,361</b>	<b>201,087</b>	<b>1,557</b>	<b>3,949</b>	<b>1,224,810</b>

<sup>1</sup> General Practitioners 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.

<sup>2</sup> 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.

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

<sup>4</sup> 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.

<sup>5</sup> Population as at June 30, 2020.

#### Notes:

1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums. Payments for the family physician 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) Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

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

# Table 33

## Post-Graduate Medical Education<sup>1</sup> and Retention Rates by Academic Year<sup>2</sup>

Type of Physician	2015-16		2016-17		2017-18	
	Completed Program	Remained <sup>3</sup> in Sask-atchewan	Completed Program	Remained <sup>3</sup> in Sask-atchewan	Completed Program	Remained <sup>3</sup> in Sask-atchewan
<b>Funded by the Clinical Services Fund</b>						
Family Medicine – Regina .....	12 <sup>7</sup>	8	12 <sup>5</sup>	10	12 <sup>4</sup>	7
Family Medicine – Saskatoon.....	12 <sup>4</sup>	11	12 <sup>6</sup>	5	12	9
Family Medicine – Rural.....	18 <sup>6</sup>	14	20 <sup>5</sup>	15	16 <sup>5</sup>	13
Family Medicine/Emergency .....	9	9	7	6	6	5
Family Medicine/Enhanced Skills .....	3	1	5 <sup>4</sup>	2	3	2
<b>All Family Medicine .....</b>	<b>54</b>	<b>43</b>	<b>56</b>	<b>38</b>	<b>49</b>	<b>36</b>
Anesthesia.....	6	4	6	–	6	3
Cardiology.....	1	–	3	2	2	1
Diagnostic Radiology.....	3	1	4	1	4	–
Emergency Medicine.....	1	–	2	2	5	3
General Surgery.....	5	2	5	–	7	3
Internal Medicine.....	3	3	3	2	5	1
Nephrology.....	1	–	1	1	1	–
Neurology.....	3 <sup>4</sup>	–	2	–	1	–
Neurosurgery .....	1	–	–	–	1	–
Obstetrics/Gynecology.....	4	3	4	3	6	4
Ophthalmology.....	–	–	2	–	1	–
Orthopedic Surgery.....	6	2	3	–	1	–
Pediatrics.....	7	3	6	2	5	1
Pathology.....	4	1	1	–	1	–
Physical Medicine & Rehabilitation.....	2	1	1	1	2	1
Public Health & Preventive Medicine.....	–	–	2	1	2	1
Psychiatry.....	6	5	5	3	6 <sup>4</sup>	5
Respiratory Medicine .....	2	1	3	1	2	1
Rheumatology.....	1	1	–	–	1	–
<b>All Specialists .....</b>	<b>56</b>	<b>27</b>	<b>53</b>	<b>19</b>	<b>59</b>	<b>24</b>
<b>Total CSF Funded .....</b>	<b>110</b>	<b>70</b>	<b>109</b>	<b>57</b>	<b>108</b>	<b>60</b>
<b>Externally Funded .....</b>	<b>3</b>	<b>3</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>
<b>Total Physicians.....</b>	<b>113</b>	<b>73</b>	<b>109</b>	<b>57</b>	<b>108</b>	<b>60</b>
<b>CSF Funded Retention Rates<sup>8</sup></b>						
Family Medicine .....		93%		79%		78%
Specialists.....		49%		36%		41%
<b>All Physicians.....</b>		<b>69%</b>		<b>56%</b>		<b>58%</b>
<b>CSF Funded and Externally Funded Retention Rates<sup>8</sup></b>						
<b>All Physicians.....</b>		<b>70%</b>		<b>56%</b>		<b>58%</b>

<sup>1</sup> The Ministry supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund (CSF) 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.

<sup>2</sup> Period ending June of stated year.

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

<sup>4</sup> One graduate went on to a further residency program.

<sup>5</sup> Two graduates went on to a further residency program.

<sup>6</sup> Three graduates went on to a further residency program.

<sup>7</sup> Four graduates went on to a further residency program.

<sup>8</sup> Net of the number of graduates who have entered further training.

<sup>9</sup> Several Internal Medicine (IM) resident trainees went on to a further residency program, but are not included in the adjusted residency rate as they completed the three-year IM program prior to pursuing a subspecialty, not the full four years required to graduate from IM; four IM residents were included in the 2018-19 retention rate adjustment only, but this adjustment will not occur in future years.

# Table 33 (Continued)

## Post-Graduate Medical Education<sup>1</sup> and Retention Rates by Academic Year<sup>2</sup>

Type of Physician	2018-19		2019-20		CSF Funded Positions in 2020-21	Retention Rate <sup>8</sup> of June 2020 Graduates
	Completed Program	Remained <sup>3</sup> in Sask-atchewan	Completed Program	Remained <sup>3</sup> in Sask-atchewan		
Funded by the Clinical Services Fund						
Family Medicine – Regina .....	9 <sup>6</sup>	5	15 <sup>6</sup>	8	26	67%
Family Medicine – Saskatoon.....	11	9	15 <sup>4</sup>	9	24	64%
Family Medicine – Rural.....	24 <sup>7</sup>	17	22	20	50	91%
Family Medicine/Emergency .....	12	11	8	6	9	75%
Family Medicine/Enhanced Skills .....	4	1	6	2	3	33%
All Family Medicine .....	60	43	66	45	112	73%
Anesthesia.....	6	3	8	4	31	50%
Cardiology.....	2	1	1	1	6	100%
Diagnostic Radiology.....	3	–	5	3	20	60%
Emergency Medicine.....	1	–	2	1	17	50%
General Surgery.....	5	2	7	3	25	43%
Internal Medicine.....	11 <sup>7</sup>	3	5 <sup>9</sup>	4	83	80%
Nephrology .....	–	–	1	1	–	100%
Neurology .....	2	–	1	1	14	100%
Neurosurgery .....	–	–	1	–	7	–
Obstetrics/Gynecology.....	6	3	5	1	36	20%
Ophthalmology.....	1	–	1	1	5	100%
Orthopedic Surgery.....	1	–	4	–	10	–
Pediatrics.....	3	–	4	4	29	100%
Pathology .....	2	–	1	–	11	–
Physical Medicine & Rehabilitation.....	1	–	2	2	11	100%
Public Health & Preventive Medicine .....	–	–	2	1	3	50%
Psychiatry.....	5 <sup>5</sup>	2	7	6	39	86%
Respiratory Medicine .....	2	2	2	1	4	50%
Rheumatology.....	1	–	1	–	3	–
All Specialists .....	52	16	60	34	354	57%
Total CSF Funded .....	112	59	126	79	466	65%
Externally Funded .....	–	–	–	–	–	–
Total Physicians .....	112	59	126	79	466	65%
CSF Funded Retention Rates <sup>8</sup>						
Family Medicine .....		81%		73%		
Specialists.....		35%		57% <sup>9</sup>		
All Physicians.....		60%		65%		
CSF Funded and Externally Funded Retention Rates <sup>8</sup>						
All Physicians.....		60%		65%		

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

# Table 34

## Optometrists: Selected Indicators

	2019-20	2020-21
Number of Registered <sup>1</sup> Practitioners.....	187	181
Population Per Registered <sup>1</sup> Practitioner .....	6,478	6,769
Per Cent of Beneficiaries Treated (%) .....	16.0	12.4
<b>Practising<sup>2</sup> Optometrists:</b>		
Number of Practitioners.....	186	179
Number by Age Group: Under 35 .....	66	61
35 – 44 .....	44	44
45 – 54.....	40	37
55 – 64.....	22	23
65 and over .....	14	14
Average Number of Patients Per Practising Optometrist .....	1,077	866
Average Patient Contacts Per Practising Optometrist.....	1,198	954
Average Payment (\$) Per Practising Optometrist .....	79,895	64,006
Number by Dollar Range: Less than \$10,000.....	5	7
\$10,000 – 19,999.....	7	10
\$20,000 – 39,999 .....	21	31
\$40,000 – 59,999.....	33	39
\$60,000 – 79,999 .....	32	36
\$80,000 – 99,999.....	32	27
\$100,000 – 119,999.....	23	18
\$120,000 – 139,999.....	18	7
\$140,000 – 159,999 .....	5	4
\$160,000 – 179,999 .....	5	–
\$180,000 & over.....	5	–

<sup>1</sup> Optometrists registered in Saskatchewan at the end of the year with their own MSP billing number.

<sup>2</sup> Optometrists with billings submitted under their own MSP billing number during the year and practising in Saskatchewan at the end of the year.

### Notes:

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

2) Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.



# Appendix

## Significant Initiatives and Programs

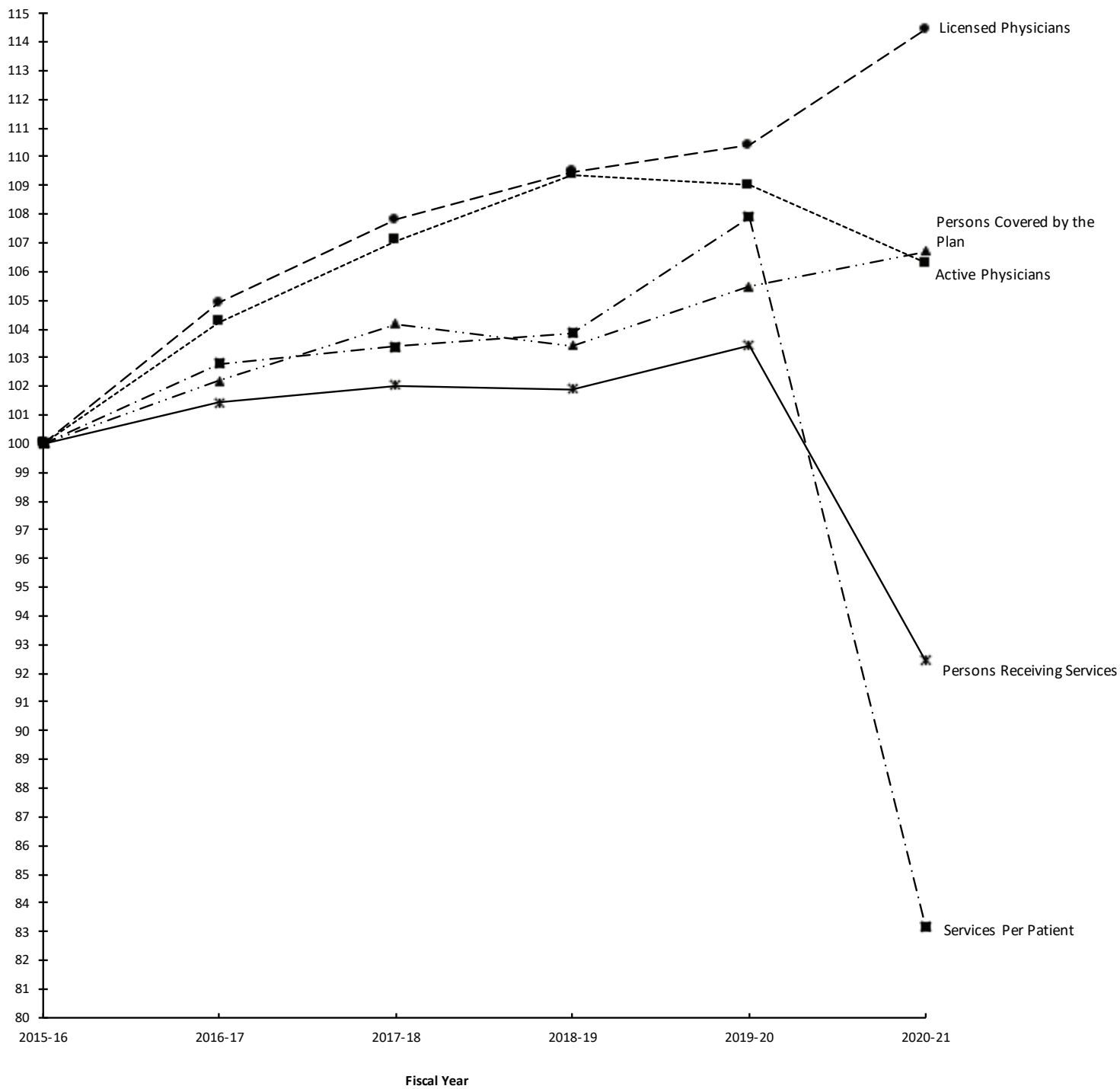
- ⇒ **Physician Recruitment and Retention Initiatives:** Programs developed to increase the number of physicians within Saskatchewan communities and in needed specialty areas, such as the Saskatchewan International Physician Practice Assessment Program (SIPPA) and the Rural Physician Incentive Program (RPIP). Several of these programs are administered by saskdocs through the Saskatchewan Health Authority (SHA).
- ⇒ **Specialist Recruitment and Retention Program:** Jointly managed by the Saskatchewan Medical Association (SMA) 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 specialist physicians. Details on individual programs are available on the SMA Website: [www.sma.sk.ca](http://www.sma.sk.ca).
- ⇒ **Specialist Emergency Coverage Program:** Jointly managed by the SMA, 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:** Jointly managed by the SMA 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](http://www.sma.sk.ca).
- ⇒ **Emergency Room Coverage:** This fund is directed to compensating family 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 SMA, including a Liability Insurance Coverage Program, a Continuing Medical Education fund, a Long Term Retention Program and a 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 practising 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-2020 between the Ministry of Health and the Saskatchewan Medical Association covered five years, April 1, 2017 to March 31, 2022. The agreement focuses on Physician Compensation, Physician Benefit Programs and Service Incentives, and Virtual Care. Over five years, the agreement provides physicians with a total fee increase of 5%, along with one-time payments in lieu of retroactive payments. The agreement also includes \$10M to establish a modernized approach to providing ER and hospital coverage service that addresses current workload concerns, improves physician job satisfaction and recruitment/retention, provides stability of ER services in rural Saskatchewan, and provides an expectation for ongoing emergency support for the surrounding communities. The agreement also includes \$6M from previously negotiated funds to establish a virtual care pilot 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 covers April 1, 2011 to March 31, 2020. It provides a zero per cent general fee increase in the first eight years and a 2.0% general fee increase for 2019-20. Effective April 1, 2019, it includes the addition of coverage for nasoalveolar molding devices, addition of oral surgery consultations when referred by a medical provider, expansion of coverage for dental extractions related to cancer treatments, addition of cone beam tomography codes for limited use and revision of existing radiograph codes.

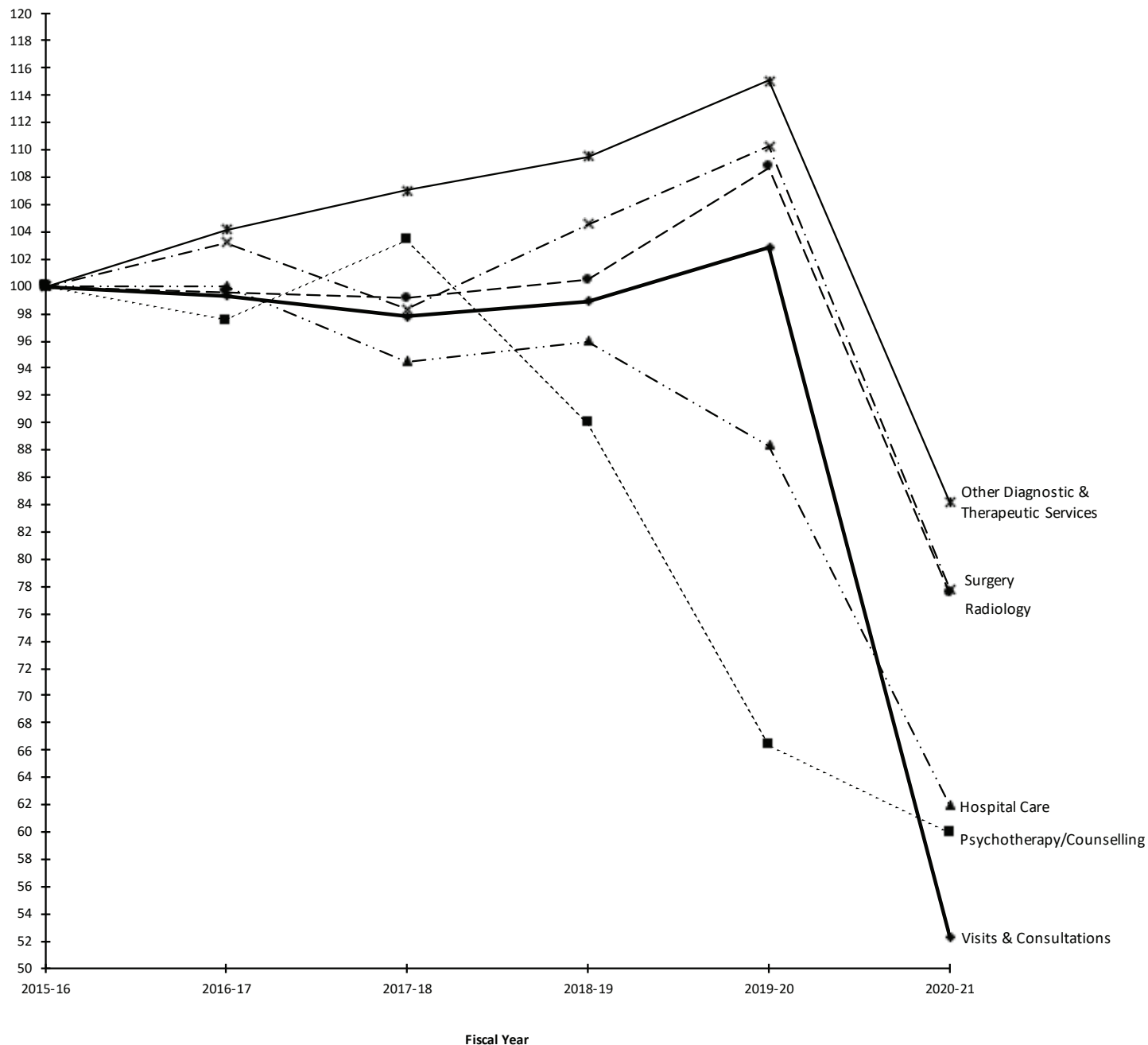
Figure 1

Index of Persons Covered by the Plan, Physicians, Services Per Patient and Persons Receiving Services, 2015-16 to 2020-21



# Figure 2

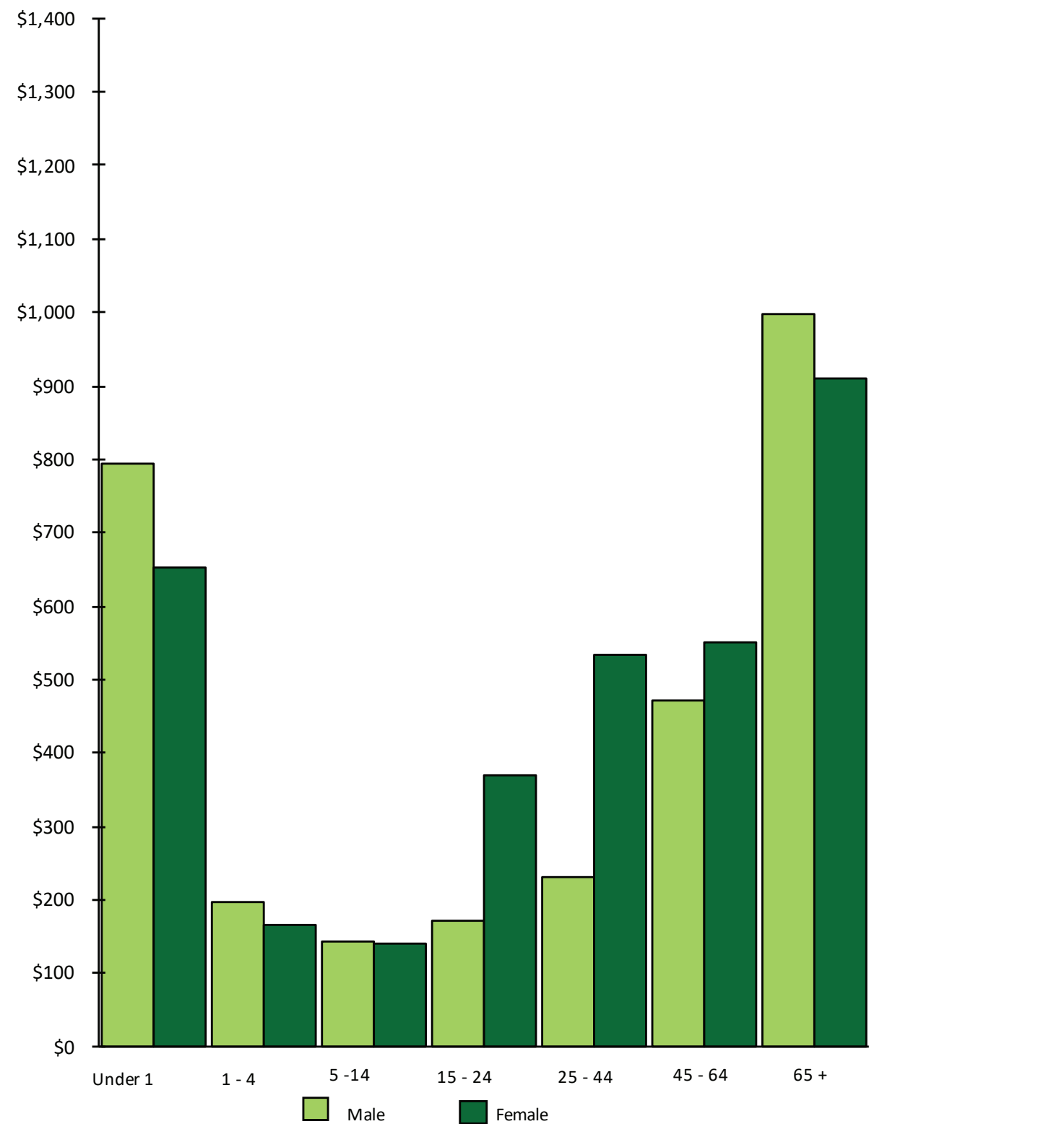
## Index of Services Per 1,000 Beneficiaries for Selected Types of In-Province Physician Services, 2015-16 to 2020-21



**Note:** In October 2018, four new modernized fee codes for psychiatric care were implemented. While these services were previously classified as “Psychotherapy/Counselling”, the new codes are grouped with “Visits & Consultations”.

Figure 3

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



# Figure 4

## Map of Former Regional Health Authorities

