

# Ministry of Health Medical Services Branch



## Annual Statistical Report for 2021-22



# Preface

This fiscal year 2021-22 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.

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# 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. Payments and services continued to be affected by COVID-19 in 2021-22.

- ⇒ In 2021-22, the MSP provided for **in-province expenditures** of \$1,036.7 million, while **program payments** totalled \$101.8 million and **medical education payments** were \$117.9 million (see *Total Expenditures 2021-22*).
- ⇒ **Benefits paid for insured services** – by physicians, optometrists and dentists (in- and out-of-province) – amounted to \$671.0 million, an increase of 19.9% from the previous year (see Tables 1 & 8).

	2020-21 (\$000s)	2021-22 (\$000s)	Per Cent Change
Physicians	546,390	656,163	20.1
Optometrists	11,912	13,574	14.0
Dentists	1,062	1,214	14.3
Total	559,364	670,951	19.9

- ⇒ **Number of insured services** – by physicians, optometrists and dentists (in- and out-of-province) – totalled 12.7 million services, an increase of 16.7% from the previous year (see Table 7).

	2020-21 (\$000s)	2021-22 (\$000s)	Per Cent Change
Physicians	10,500	12,267	16.8
Optometrists	363	411	13.3
Dentists	11	10	-8.7
Total	10,873	12,688	16.7

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 \$118.3 million, up 0.4% 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 \$29.5 million, an increase of 8.8%. Over the past five years, hospital and physician payments for non-Saskatchewan beneficiaries have decreased on average by 7.0% per year (see Tables 12 & 14a).
- ⇒ **Cost of services outside of Canada for Saskatchewan patients with prior approvals** totalled \$0.1 million (see Tables 11 & 13a).

	2020-21	2021-22
Number of Patients	12	8
Practitioner Costs (\$000s)	140	20
Hospital Costs (\$000s)	20	109
Total Costs (\$000s)	160	129

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 \$533.6 million in 2021-22, an increase of 24.4% from 2020-21 (see *Total Expenditures 2021-22*).
- ⇒ Non-fee-for-service (NFFS) funding arrangements for physician services represent a large portion of physician remuneration expenditures. In 2021-22, NFFS accounted for \$488.2 million, 47.1% of the Saskatchewan Ministry of Health's total payments to physicians for in-province services. 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	\$228,600
Specialists	\$409,200
All Physicians	\$316,700

(see "Active" definition—*Statistical Figures and Tables*)

## 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 2022 was 2,796, an increase of 2.9% from the previous year. Over the past five years, the number of licensed physicians has grown on average by 2.3% per year (see Table 18).
- ⇒ **Active physicians:** (see "Active" definition—*Statistical Figures and Tables*) the number of active physicians at the end of March 2022 was 1,885, an increase of 79 physicians or 4.4% from the previous year. Over the past five years, the number of active physicians has increased on average by 1.3% per year.
- ⇒ The number of **active rural general practitioners (GP)** was 255 at the end of March 2022, an increase of 20 physicians or 8.5% from the previous year. Over the last five years, the number of active rural GPs has increased on average by 0.6% per year (see Table 24).
- ⇒ The number of **active GPs in metro areas** (Regina and Saskatoon) at the end of March 2022 was 484, an increase of 30 physicians or 6.6% from the previous year. Over the past five years, the number of active metro GPs has increased on average by 0.3% per year.
- ⇒ The number of **active GPs in other urban areas** was 226, an increase of 15 physicians or 7.1% from the previous year. Over the past five years, the number of active urban GPs has decreased on average by 0.3%.

- ⇒ The number of **active specialists** has grown to 920, an increase of 14 physicians or 1.5% from the previous year. Over the past five years, the number of specialists has increased on average by 2.4% 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 \$117.9 million in 2021-22 (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 486 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;
- ⇒ autopsies;
- ⇒ 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;
- ⇒ breast screening mammography for women 50 years of age and older (available and funded through the provincial Screening Program for Breast Cancer); and,
- ⇒ virtual care pilot services.

## 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 2021-22

	Expenditures (\$000's)
<b>In-Province Services</b>	
Physician Fee-for-Service (FFS) Subtotal	533,613
Physician Non-Fee-For-Service (Non-FFS)	
Medical Remuneration & Alternate Payments	349,734
Primary Health Services <sup>1,2</sup>	100,999
Saskatchewan Cancer Agency <sup>1,2</sup>	37,430
Physician Non-Fee-For Service (Non-FFS) Sub-Total	488,163
Optometry Services Subtotal <sup>3</sup>	13,700
Dental Services Subtotal	1,202
<b>Subtotal: Payment for In-Province Services</b>	<b>1,036,678</b>
<b>Programs and Recruitment and Retention Initiatives<sup>4</sup></b>	
General Practitioner	
Family Physician Comprehensive Care Program	14,693
Family Physician Emergency Coverage Programs	8,250
Regional Locum Program	2,955
Saskatchewan International Physician Practice Assessment (SIPPA)	2,431
Chronic Disease Management – Quality Improvement Program	1,088
General Practitioner Specialist Program	687
Rural Physician Incentive	382
Rural and Remote Incentives	2,300
Family Medicine Bursaries	400
Rural Practice Enhancement Training	148
General Practitioner Subtotal	33,334
Specialist	
Specialist Emergency Coverage Programs (SECP)	33,846
Specialist Practice Establishment Grant	1,605
Specialist Rural & Remote Incentives	200
Specialist Physician Enhancement Training Bursary	96
Specialist Subtotal	35,747

Other		
	Canadian Medical Protective Agency (CMPA) Funding	8,590
	Electronic Medical Records Program	9,300
	Physician Long Term Retention Fund	8,837
	Continuing Medical Education Fund	4,090
	Quality & Access Fund	13
	Clinical Quality Improvement Program	111
	Parental Leave Program	1,676
	Practice Enhancement Program	75
Other Subtotal		32,692
<b>Subtotal: Programs and Recruitment and Retention Initiatives</b>		<b>101,773</b>
<b>Medical Education</b>		
	Clinical Services Fund (College of Medicine)	114,588
	Other Medical Education	3,275
<b>Subtotal: Medical Education</b>		<b>117,863</b>
<b>Other Provincial Payments and Administration</b>		
	Out-of-Province <sup>5</sup>	118,296
	Quality Assurance Diagnostic Imaging and Lab Programs	595
	Administration	4,847
<b>Subtotal: Other Provincial Payments and Administration</b>		<b>123,738</b>
<i>Change in Valuation Allowance</i>		<i>839</i>
<b>Total Expenditures</b>		<b>1,380,891</b>

<sup>1</sup> Expenditures in these areas are managed by other branches of the Ministry of Health.

<sup>2</sup> These expenditures include payments to physicians only.

<sup>3</sup> Includes lump sum payments made to optometrists in lieu of retroactive amendments to Payment Schedules.

<sup>4</sup> Excludes \$2,626,250 paid to 1,108 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.

**Notes:**

1) Ministry funding for physician services may not equal physician expenditures by the Saskatchewan Health Authority.

2) Fee-for-service expenditures include non-insured virtual care pilot services payments paid to physicians through agreements with the Saskatchewan Health Authority.

# Statistical Figures and Tables

## Introductory Notes

**General** – The following tables are based on MSP payments made during 2021-22 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.

**Health Reporting Zones** – Effective 2021-22, new health reporting zones that replace the former regional health authorities have been introduced. The health reporting zones match the Ministry of Health COVID-19 zones, with the exception of the Far North West and North West zones. The Meadow Lake and Area (NW2) health network is grouped in the North West zone rather than the Far North West zone.

**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 2021-22 include some services provided in 2020-21. Fiscal years typically consist of 26 pay periods.

**Payment Adjustments** – The difference between payments shown in *Total Expenditures 2021-22* 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 2021-22*.

**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 family physicians were piloted as of January 1, 2021, and virtual care fee codes for specialists were piloted as of June 1, 2021. These services and payments are included under new virtual care sections according to their service type (Tables 7, 8, 9, 10, and 15).

**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, Papanicolau 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>9</sup>	Per Cent Change Due to Utilization Increases <sup>10</sup>
2017-18.....	694,726	1.89	0.00	1.89
2018-19.....	698,948	0.61	0.00	0.61
2019-20 <sup>2</sup> .....	727,404	4.07	0.02	4.05
2020-21 <sup>2,3,5,6</sup> .....	559,364	-23.10	3.84	-26.94
<b>2021-22<sup>4,7,8</sup>.....</b>	<b>670,951</b>	<b>19.95</b>	<b>1.72</b>	<b>18.23</b>
<b>Average Annual Per Cent Change 2017-18 to 2021-22.....</b>		<b>-0.32</b>	<b>1.10</b>	<b>-1.63</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 made to physicians in lieu of retroactive amendments to Payment Schedules are excluded.

<sup>3</sup> Excludes one-time SMA Program funding in lieu of retroactive payments to physicians.

<sup>4</sup> Lump sum payments made to optometrists in lieu of retroactive amendments to Payment Schedules are excluded.

<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> Includes temporary pandemic codes (effective March 13, 2020 to May 31, 2021) and non-insured family physician virtual care pilot codes (effective January 1, 2021).

<sup>7</sup> Non-insured family physician and specialty virtual care pilot codes were implemented January 1, 2021 and June 1, 2021, respectively.

<sup>8</sup> Payments and services in 2021-22 affected by COVID-19.

<sup>9</sup> Fee schedule increases are based on theoretical values of fee and new items increases.

<sup>10</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

	2020-21		2021-22	
	Number of Practitioners <sup>4</sup>	Adjustment or Recovery (\$000s)	Number of Practitioners <sup>4</sup>	Adjustment or Recovery (\$000s)
Routine Adjustments on In-Province Claims <sup>1</sup> .....	2,601	11,181.8	2,662	11,867.2
Routine Adjustments on Out-of-Province Claims <sup>1</sup> .....	–	424.9	–	373.2
Special MSP Studies and Professional Review Activity <sup>2</sup> .....	8	1,641.9	5	1,029.8
Third Party Liability Recoveries <sup>3</sup> .....		8,018.9		7,457.5
<b>Total.....</b>		<b>21,267.5</b>		<b>20,727.6</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*.

<sup>4</sup> Number of practitioners is based on any payment activity, including reversal payments.

## Table 3

### Claims Paid by Method of Billing

Claims Received from:	Number of Claims		Per Cent of Claims	
	2020-21 <sup>5</sup>	2021-22 <sup>6</sup>	2020-21	2021-22
<b>Physicians, Dentist &amp; Dental Surgeons</b> .....	<b>7,499,556</b>	<b>8,476,545</b>	<b>97.15</b>	<b>97.23</b>
In-Province Claims <sup>1</sup> .....	7,243,886	8,208,259	93.84	94.15
Out-of-Province Reciprocal Billing <sup>2</sup> .....	255,039	267,760	3.30	3.07
Other Out-of-Province .....	631	526	0.01	0.01
<b>Optometrists</b> <sup>3</sup> .....	<b>218,519</b>	<b>241,155</b>	<b>2.83</b>	<b>2.77</b>
In-Province Claims .....	217,218	239,839	2.81	2.75
Out-of-Province .....	1,301	1,316	0.02	0.02
<b>Beneficiaries</b> <sup>4</sup> .....	<b>1,323</b>	<b>744</b>	<b>0.02</b>	<b>0.01</b>
<b>Total</b> .....	<b>7,719,398</b>	<b>8,718,444</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.

<sup>6</sup> Payments and services in 2021-22 affected by COVID-19.

**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, 2021		Rate Per 1,000 Beneficiaries			
	Male	Female	Services		Payments (\$)	
			Male	Female	Male	Female
<b>A. Physicians</b>						
Under 1 .....	7,034	6,530	12,811	12,213	854,068	786,437
1 – 4.....	30,615	29,204	4,369	3,655	260,352	215,248
5 – 14.....	82,153	78,427	3,148	3,056	155,332	148,062
15 – 24.....	74,814	70,955	3,961	8,104	199,765	422,895
25 – 44.....	171,775	166,385	5,455	11,607	275,360	638,065
45 – 64.....	145,867	142,784	10,429	13,008	553,089	665,603
65 and over.....	92,747	105,940	21,552	21,308	1,171,055	1,097,703
<b>All Beneficiaries.....</b>	<b>605,005</b>	<b>600,225</b>	<b>8,654</b>	<b>11,741</b>	<b>459,953</b>	<b>617,323</b>
<b>B. Optometrists</b>						
Under 1 .....	7,034	6,530	62	61	3,516	3,418
1 – 4.....	30,615	29,204	221	236	12,190	13,004
5 – 14.....	82,153	78,427	445	479	24,462	26,340
15 – 24.....	74,814	70,955	182	228	8,824	10,889
25 – 44.....	171,775	166,385	111	155	3,058	4,336
45 – 64.....	145,867	142,784	367	400	8,838	10,010
65 and over.....	92,747	105,940	742	641	17,550	15,794
<b>All Beneficiaries.....</b>	<b>605,005</b>	<b>600,225</b>	<b>328</b>	<b>353</b>	<b>10,760</b>	<b>11,769</b>
<b>C. Dentists</b>						
Under 1 .....	7,034	6,530	2	1	141	116
1 – 4.....	30,615	29,204	–	–	121	82
5 – 14.....	82,153	78,427	7	5	723	568
15 – 24.....	74,814	70,955	13	16	2,199	2,695
25 – 44.....	171,775	166,385	6	7	670	921
45 – 64.....	145,867	142,784	8	10	801	1,099
65 and over.....	92,747	105,940	9	9	1,186	890
<b>All Beneficiaries.....</b>	<b>605,005</b>	<b>600,225</b>	<b>8</b>	<b>9</b>	<b>943</b>	<b>1,072</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) Payments and services in 2021-22 affected by COVID-19.
- 5) See "Data Limitations" in *Statistical Figures and Tables*.

**Table 5****Beneficiaries, Payments and Services by Dollar Value of Benefits**

Dollar Value of Benefits	2020-21				2021-22			
	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> .....	342,487	28.0	–	<0.1	278,127	23.1	–	<0.1
\$0.01 – \$25.00.....	21,714	1.8	–	0.3	17,289	1.4	–	0.2
\$25.01 – \$50.00.....	107,079	8.7	0.7	1.2	91,774	7.6	0.5	0.9
\$50.01 – \$100.00.....	99,524	8.1	1.4	2.1	96,887	8.0	1.1	1.7
\$100.01 – \$250.00.....	210,693	17.2	6.4	8.9	208,592	17.3	5.4	7.3
\$250.01 – \$500.00.....	167,097	13.6	11.2	14.0	180,055	14.9	10.0	12.6
\$500.01 – \$1,000.00.....	139,209	11.4	18.2	20.7	160,726	13.3	17.5	20.1
\$1,000.01 – \$1,500.00.....	53,466	4.4	12.1	12.5	64,551	5.4	12.1	12.8
\$1,500.01 – \$2,000.00.....	28,464	2.3	9.1	8.6	35,176	2.9	9.4	9.1
\$2,000.01 – \$5,000.00.....	45,859	3.7	24.9	20.6	59,519	4.9	27.0	23.1
Over \$5,000.00.....	9,620	0.8	15.9	11.0	12,534	1.0	16.8	12.2
<b>Total.....</b>	<b>1,225,212</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>1,205,230</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>B. Optometrists Only</b>								
\$0.00 <sup>1</sup> .....	1,068,091	87.2	–	<0.1	1,033,475	85.7	–	<0.1
\$0.01 – \$25.00.....	25	–	–	–	34	–	–	–
\$25.01 – \$50.00.....	7,221	0.6	2.5	2.2	7,113	0.6	2.1	1.9
Over \$50.00.....	149,875	12.2	97.5	97.8	164,608	13.7	97.9	98.1
<b>Total.....</b>	<b>1,225,212</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>1,205,230</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	7,034	8,238	100.00	12.81	854.07	10.94	729.24	66.67
	F	6,530	7,932	100.00	12.21	786.44	10.05	647.43	64.40
	T	13,564	16,170	100.00	12.52	821.51	10.50	689.11	65.60
1 – 4	M	30,615	21,982	71.80	4.37	260.35	6.09	362.60	59.58
	F	29,204	20,032	68.59	3.65	215.25	5.33	313.80	58.89
	T	59,819	42,014	70.24	4.02	238.33	5.72	339.33	59.28
5 – 9	M	41,015	23,635	57.63	3.00	151.99	5.20	263.75	50.74
	F	39,294	21,819	55.53	2.63	128.67	4.74	231.72	48.93
	T	80,309	45,454	56.60	2.82	140.58	4.98	248.38	49.91
10 – 14	M	41,138	23,286	56.60	3.30	158.67	5.83	280.31	48.08
	F	39,133	22,488	57.47	3.48	167.53	6.06	291.54	48.09
	T	80,271	45,774	57.02	3.39	162.99	5.94	285.82	48.09
15 – 19	M	36,795	22,119	60.11	3.96	203.25	6.59	338.10	51.28
	F	34,940	26,040	74.53	6.79	345.97	9.12	464.22	50.92
	T	71,735	48,159	67.13	5.34	272.76	7.96	406.30	51.06
20 – 24	M	38,019	21,979	57.81	3.96	196.39	6.85	339.72	49.60
	F	36,015	29,242	81.19	9.37	497.52	11.55	612.76	53.07
	T	74,034	51,221	69.19	6.59	342.88	9.53	495.60	52.00
25 – 29	M	40,542	24,028	59.27	4.54	227.39	7.65	383.67	50.13
	F	39,265	32,408	82.54	11.74	669.27	14.22	810.87	57.01
	T	79,807	56,436	70.72	8.08	444.79	11.43	628.99	55.05
30 – 34	M	44,995	27,961	62.14	5.12	259.22	8.23	417.14	50.67
	F	44,110	36,663	83.12	12.43	720.99	14.96	867.43	57.99
	T	89,105	64,624	72.53	8.74	487.81	12.05	672.60	55.82
35 – 39	M	45,030	29,628	65.80	5.64	286.98	8.57	436.17	50.88
	F	43,939	36,277	82.56	11.26	604.00	13.63	731.56	53.66
	T	88,969	65,905	74.08	8.41	443.54	11.36	598.77	52.71
40 – 44	M	41,208	28,526	69.22	6.52	327.48	9.43	473.07	50.19
	F	39,071	32,427	83.00	10.93	551.41	13.17	664.38	50.43
	T	80,279	60,953	75.93	8.67	436.46	11.42	574.85	50.34
45 – 49	M	36,083	26,240	72.72	7.91	401.20	10.87	551.69	50.74
	F	34,528	29,052	84.14	11.46	572.72	13.62	680.67	49.99
	T	70,611	55,292	78.31	9.64	485.07	12.31	619.46	50.30
50 – 54	M	34,060	25,911	76.07	9.28	479.81	12.20	630.71	51.68
	F	32,928	28,109	85.37	12.47	626.93	14.61	734.41	50.26
	T	66,988	54,020	80.64	10.85	552.13	13.46	684.67	50.88
55 – 59	M	37,838	29,881	78.97	10.85	585.44	13.74	741.34	53.95
	F	37,712	32,120	85.17	13.09	682.89	15.37	801.78	52.16
	T	75,550	62,001	82.07	11.97	634.09	14.59	772.65	52.97
60 – 64	M	37,886	32,344	85.37	13.44	731.31	15.74	856.62	54.42
	F	37,616	33,767	89.77	14.81	767.38	16.50	854.85	51.80
	T	75,502	66,111	87.56	14.12	749.28	16.13	855.72	53.05
65 – 69	M	32,438	29,680	91.50	16.87	948.07	18.43	1,036.17	56.21
	F	32,540	30,494	93.71	17.05	911.05	18.19	972.18	53.45
	T	64,978	60,174	92.61	16.96	929.53	18.31	1,003.74	54.82
70 – 74	M	24,144	22,985	95.20	20.35	1,125.01	21.38	1,181.73	55.29
	F	25,122	23,880	95.06	19.87	1,058.69	20.90	1,113.76	53.28
	T	49,266	46,865	95.13	20.11	1,091.19	21.14	1,147.10	54.27
75 & Over	M	36,165	37,185	100.00	26.56	1,401.80	25.83	1,363.35	52.78
	F	48,278	49,361	100.00	24.93	1,243.81	24.38	1,216.52	49.90
	T	84,443	86,546	100.00	25.63	1,311.47	25.00	1,279.61	51.18
<b>Total all ages</b>	<b>M</b>	<b>605,005</b>	<b>435,608</b>	<b>72.00</b>	<b>8.65</b>	<b>472.79</b>	<b>12.02</b>	<b>656.65</b>	<b>54.63</b>
	<b>F</b>	<b>600,225</b>	<b>492,111</b>	<b>81.99</b>	<b>11.74</b>	<b>617.32</b>	<b>14.32</b>	<b>752.95</b>	<b>52.58</b>
	<b>T</b>	<b>1,205,230</b>	<b>927,719</b>	<b>76.97</b>	<b>10.19</b>	<b>544.77</b>	<b>13.24</b>	<b>707.73</b>	<b>53.45</b>

<sup>1</sup> Population as at June 30, 2021.<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) Payments and services in 2021-22 affected by COVID-19.

# 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 2020-21 to 2021-22
	(Restated) 2020-21 <sup>3</sup>	2021-22 <sup>4</sup>	(Restated) 2020-21 <sup>3</sup>	2021-22 <sup>4</sup>	
<b>In-Province Physician Services</b> .....	<b>9,859.7</b>	<b>11,575.9</b>	<b>8,047</b>	<b>9,605</b>	<b>19.35</b>
Consultations: In-Person.....	385.4	483.5	315	401	27.54
Consultations: Virtual.....	0.5	63.0	0	52	-
Major Assessments: In-Person.....	304.2	439.7	248	365	46.92
Major Assessments: Virtual.....	2.2	3.6	2	3	67.12
Other Assessments: In-Person.....	1,844.3	2,681.9	1,505	2,225	47.82
Other Assessments: Virtual.....	428.8	1,523.6	350	1,264	261.18
Psychotherapy: In-Person.....	114.4	166.4	93	138	47.84
Psychotherapy: Virtual.....	149.2	119.9	122	99	-18.32
<b>Total Visit Services</b> .....	<b>3,229.1</b>	<b>5,481.5</b>	<b>2,636</b>	<b>4,548</b>	<b>72.57</b>
<b>Hospital Care</b> .....	<b>438.9</b>	<b>492.4</b>	<b>358</b>	<b>409</b>	<b>14.04</b>
<b>Special Calls and Emergency</b> .....	<b>180.1</b>	<b>210.9</b>	<b>147</b>	<b>175</b>	<b>19.00</b>
Major Surgery.....	115.6	138.1	94	115	21.36
Minor Surgery.....	215.2	271.9	176	226	28.43
Surgical Assistance.....	140.3	160.0	114	133	15.99
Obstetrics.....	16.5	20.0	13	17	22.90
Anesthesia.....	565.4	733.8	461	609	31.94
<b>Total Surgical Services</b> .....	<b>1,053.0</b>	<b>1,323.7</b>	<b>859</b>	<b>1,098</b>	<b>27.80</b>
Diagnostic Radiology.....	223.6	283.5	182	235	28.93
Laboratory Services.....	128.7	172.4	105	143	36.22
Other Diagnostic and Therapeutic Services.....	1,959.6	2,437.8	1,599	2,023	26.47
Miscellaneous Services <sup>2</sup> : In-Person.....	910.2	1,064.6	743	883	18.91
Miscellaneous Services <sup>2</sup> : Virtual.....	1,736.7	109.2	1,417	91	-93.61
<b>Total Diagnostic Services</b> .....	<b>4,958.6</b>	<b>4,067.5</b>	<b>4,047</b>	<b>3,375</b>	<b>-16.61</b>
<b>In-Province Dental Services</b> .....	<b>10.7</b>	<b>9.8</b>	<b>9</b>	<b>8</b>	<b>-7.15</b>
<b>In-Province Optometric Services</b> .....	<b>352.9</b>	<b>397.9</b>	<b>288</b>	<b>330</b>	<b>14.62</b>
Refractions by Optometrists.....	96.3	101.9	79	85	7.63
Other Optometric Services: In-Person.....	253.5	293.7	207	244	17.79
Other Optometric Services: Virtual.....	3.2	2.3	3	2	-27.18
<b>Out-of-Province Services</b> .....					
Physician Services.....	639.9	691.4	522	574	9.85
Dental Services.....	0.1	0.1	-	-	-
Optometric Services.....	9.7	12.8	8	11	34.54
<b>All Services</b> .....	<b>10,873.0</b>	<b>12,687.9</b>	<b>8,874</b>	<b>10,527</b>	<b>18.63</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> Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

<sup>4</sup> Payments and services in 2021-22 affected by COVID-19.

### Notes:

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

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

3) Non-insured virtual care categories have been added in 2021-22. Most temporary pandemic codes (effective March 13, 2020 to May 31, 2021) were considered Miscellaneous Services whereas the negotiated pilot codes are grouped under various types of services.

4) Non-insured family physician and specialty virtual care pilot codes were implemented January 1, 2021 and June 1, 2021, respectively.

**Table 8****Payments by Type of Service**

Type of Service <sup>1</sup>	Payments (\$000s)		Payments Per 1,000 Beneficiaries (\$)		
	(Restated) 2020-21 <sup>3</sup>	2021-22 <sup>4</sup>	(Restated) 2020-21 <sup>3</sup>	2021-22 <sup>4</sup>	Per Cent Change 2020-21 to 2021-22
<b>In-Province Physician Services</b> .....	<b>510,602</b>	<b>617,922</b>	<b>416,746</b>	<b>512,701</b>	<b>23.02</b>
Consultations: In-Person.....	54,329	70,058	44,342	58,128	31.09
Consultations: Virtual.....	33	6,497	27	5,390	20065.71
Major Assessments: In-Person.....	19,579	28,857	15,980	23,943	49.83
Major Assessments: Virtual.....	91	149	74	124	66.73
Other Assessments: In-Person.....	82,712	129,716	67,508	107,628	59.43
Other Assessments: Virtual.....	14,999	53,219	12,242	44,157	260.69
Psychotherapy: In-Person.....	5,317	8,141	4,339	6,755	55.66
Psychotherapy: Virtual.....	8,006	5,522	6,535	4,582	-29.88
<b>Total Visit Services</b> .....	<b>185,065</b>	<b>302,158</b>	<b>151,047</b>	<b>250,706</b>	<b>65.98</b>
<b>Hospital Care</b> .....	<b>15,925</b>	<b>18,715</b>	<b>12,998</b>	<b>15,528</b>	<b>19.47</b>
<b>Special Calls and Emergency</b> .....	<b>8,414</b>	<b>10,392</b>	<b>6,867</b>	<b>8,623</b>	<b>25.57</b>
Major Surgery.....	45,413	54,441	37,065	45,171	21.87
Minor Surgery.....	8,388	10,360	6,846	8,596	25.56
Surgical Assistance.....	13,153	15,299	10,735	12,694	18.25
Obstetrics.....	8,278	10,110	6,757	8,388	24.15
Anesthesia.....	30,995	40,215	25,298	33,367	31.90
<b>Total Surgical Services</b> .....	<b>106,227</b>	<b>130,424</b>	<b>86,701</b>	<b>108,215</b>	<b>24.81</b>
Diagnostic Radiology.....	11,746	14,859	9,587	12,329	28.60
Laboratory Services.....	675	1,020	551	846	53.70
Other Diagnostic and Therapeutic Services.....	92,358	110,884	75,381	92,003	22.05
Miscellaneous Services <sup>2</sup> : In-Person.....	19,567	22,841	15,970	18,951	18.67
Miscellaneous Services <sup>2</sup> : Virtual.....	70,626	6,629	57,644	5,500	-90.46
<b>Total Diagnostic Services</b> .....	<b>194,972</b>	<b>156,233</b>	<b>159,133</b>	<b>129,629</b>	<b>-18.54</b>
<b>In-Province Dental Services</b> .....	<b>1,046</b>	<b>1,197</b>	<b>854</b>	<b>993</b>	<b>16.35</b>
<b>In-Province Optometric Services</b> .....	<b>11,572</b>	<b>13,121</b>	<b>9,445</b>	<b>10,887</b>	<b>15.27</b>
Refractions by Optometrists.....	5,438	5,930	4,439	4,921	10.86
Other Optometric Services: In-Person.....	6,023	7,114	4,916	5,902	20.06
Other Optometric Services: Virtual.....	111	77	90	64	-29.39
<b>Out-of-Province Services</b> .....					
Physician Services.....	35,788	38,241	29,209	31,729	8.63
Dental Services.....	16	16	13	14	6.89
Optometric Services.....	340	453	278	376	35.46
<b>All Services</b> .....	<b>559,364</b>	<b>670,951</b>	<b>456,544</b>	<b>556,700</b>	<b>21.94</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> Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

<sup>4</sup> Payments and services in 2021-22 affected by COVID-19.

**Notes:**

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

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

3) Non-insured virtual care categories have been added in 2021-22. Most temporary pandemic codes (effective March 13, 2020 to May 31, 2021) were considered Miscellaneous Services whereas the negotiated pilot codes are grouped under various types of services.

4) Non-insured family physician and specialty virtual care pilot codes were implemented January 1, 2021 and June 1, 2021, respectively.

# Table 9

## Average Payment (\$) Per Service by Type of Service and Type of Practitioner

Type of Service <sup>1</sup>	2020-21 (Restated) <sup>3</sup>			2021-22 <sup>4</sup>		
	General Practice	Specialties	All Practitioners	General Practice	Specialties	All Practitioners
<b>In-Province Physician Services</b> .....	<b>38.16</b>	<b>68.31</b>	<b>54.17</b>	<b>39.24</b>	<b>68.03</b>	<b>53.38</b>
Consultations: In-Person.....	94.80	143.71	140.97	98.21	147.69	144.90
Consultations: Virtual.....	66.03	–	66.03	63.18	104.48	103.16
Major Assessments: In-Person.....	61.13	84.78	64.36	62.93	88.04	65.63
Major Assessments: Virtual.....	41.30	–	41.30	41.21	–	41.21
Other Assessments: In-Person.....	41.10	56.26	44.85	44.96	59.98	48.37
Other Assessments: Virtual.....	34.98	–	34.98	32.86	48.09	34.93
Psychotherapy: In-Person.....	40.05	65.93	46.38	42.76	76.08	48.93
Psychotherapy: Virtual.....	56.08	56.08	53.66	37.46	58.38	46.06
<b>Average Of Visit Services</b> .....	<b>42.80</b>	<b>93.67</b>	<b>57.47</b>	<b>42.91</b>	<b>88.76</b>	<b>55.12</b>
<b>Hospital Care</b> .....	<b>36.79</b>	<b>35.91</b>	<b>36.28</b>	<b>40.91</b>	<b>36.04</b>	<b>38.01</b>
<b>Special Calls and Emergency</b> .....	<b>36.90</b>	<b>33.97</b>	<b>35.44</b>	<b>48.44</b>	<b>50.27</b>	<b>49.29</b>
Major Surgery.....	223.64	397.76	392.68	222.96	399.13	394.31
Minor Surgery.....	19.77	56.22	38.97	19.00	58.21	38.10
Surgical Assistance.....	78.20	153.35	93.78	82.09	137.75	95.60
Obstetrics.....	597.89	449.73	501.54	607.72	455.40	506.62
Anesthesia.....	49.64	55.50	54.82	49.39	55.51	54.81
<b>Average Of Surgical Services</b> .....	<b>63.17</b>	<b>115.03</b>	<b>100.88</b>	<b>61.02</b>	<b>112.28</b>	<b>98.53</b>
Diagnostic Radiology.....	–	52.54	52.54	–	52.40	52.40
Laboratory Services.....	5.07	8.47	5.24	5.69	10.16	5.92
Other Diagnostic and Therapeutic Services.....	19.05	50.32	47.13	18.45	48.95	45.49
Miscellaneous Services <sup>2</sup> : In-Person.....	10.83	19.37	12.96	12.13	18.95	14.16
Miscellaneous Services <sup>2</sup> : Virtual.....	122.00	63.32	40.67	28.39	65.16	60.71
<b>Average Of Diagnostic Services</b> .....	<b>11.83</b>	<b>47.52</b>	<b>36.81</b>	<b>12.89</b>	<b>46.40</b>	<b>36.50</b>
<b>In-Province Dental Services</b> .....	–	–	<b>97.45</b>	–	–	<b>122.12</b>
<b>In-Province Optometric Services</b> .....	–	–	<b>32.79</b>	–	–	<b>32.97</b>
Refractions by Optometrists.....	–	–	56.49	–	–	58.19
Other Optometric Services: In-Person.....	–	–	23.76	–	–	24.22
Other Optometric Services: Virtual.....	–	–	34.88	–	–	33.82
<b>Out-of-Province Services</b> .....						
Physician Services.....	51.81	57.75	55.93	52.45	56.56	55.31
Dental Services.....	–	–	214.75	–	–	270.23
Optometric Services.....	–	–	35.24	–	–	35.48
<b>All Services</b> .....	<b>38.84</b>	<b>67.30</b>	<b>53.49</b>	<b>39.69</b>	<b>67.14</b>	<b>52.88</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> Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

<sup>4</sup> Payments and services in 2021-22 affected by COVID-19.

### Notes:

- 1) Includes optometric services covered by the Supplementary Health Program.
- 2) See "Data Limitations" in *Statistical Figures and Tables*.
- 3) Non-insured virtual care categories have been added in 2021-22. Most temporary pandemic codes (effective March 13, 2020 to May 31, 2021) were considered Miscellaneous Services whereas the negotiated pilot codes are grouped under various types of services.
- 4) Non-insured family physician and specialty virtual care pilot codes were implemented January 1, 2021 and June 1, 2021, respectively.



**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	
	(Restated) 2020-21 <sup>3</sup>	2021-22 <sup>4</sup>	(Restated) 2020-21 <sup>3</sup>	2021-22 <sup>4</sup>
<b>In-Province Physician Services</b> .....	<b>90.68</b>	<b>91.24</b>	<b>91.28</b>	<b>92.10</b>
Consultations: In-Person.....	3.54	3.81	9.71	10.44
Consultations: Virtual.....	>0.01	0.50	0.01	0.97
Major Assessments: In-Person.....	2.80	3.47	3.50	4.30
Major Assessments: Virtual.....	0.02	0.03	0.02	0.02
Other Assessments: In-Person.....	16.96	21.14	14.79	19.33
Other Assessments: Virtual.....	3.94	12.01	2.68	7.93
Psychotherapy: In-Person.....	1.05	1.31	0.95	1.21
Psychotherapy: Virtual.....	1.37	0.94	1.43	0.82
<b>Total Visit Services</b> .....	<b>29.70</b>	<b>43.20</b>	<b>33.08</b>	<b>45.03</b>
<b>Hospital Care</b> .....	<b>4.04</b>	<b>3.88</b>	<b>2.85</b>	<b>2.79</b>
<b>Special Calls and Emergency</b> .....	<b>1.66</b>	<b>1.66</b>	<b>1.50</b>	<b>1.55</b>
Major Surgery.....	1.06	1.09	8.12	8.11
Minor Surgery.....	1.98	2.14	1.50	1.54
Surgical Assistance.....	1.29	1.26	2.35	2.28
Obstetrics.....	0.15	0.16	1.48	1.51
Anesthesia.....	5.20	5.78	5.54	5.99
<b>Total Surgical Services</b> .....	<b>9.68</b>	<b>10.43</b>	<b>18.99</b>	<b>19.44</b>
Diagnostic Radiology.....	2.06	2.23	2.10	2.21
Laboratory Services.....	1.18	1.36	0.12	0.15
Other Diagnostic and Therapeutic Services.....	18.02	19.21	16.51	16.53
Miscellaneous Services <sup>2</sup> : In-Person.....	8.37	8.39	3.50	3.40
Miscellaneous Services <sup>2</sup> : Virtual.....	15.97	0.86	12.63	0.99
<b>Total Diagnostic Services</b> .....	<b>45.61</b>	<b>32.06</b>	<b>34.86</b>	<b>23.29</b>
<b>In-Province Dental Services</b> .....	<b>0.10</b>	<b>0.08</b>	<b>0.19</b>	<b>0.18</b>
<b>In-Province Optometric Services</b> .....	<b>3.25</b>	<b>3.14</b>	<b>2.07</b>	<b>1.96</b>
Refractions by Optometrists.....	0.89	0.80	0.97	0.88
Other Optometric Services: In-Person.....	2.33	2.31	1.08	1.06
Other Optometric Services: Virtual.....	0.03	0.02	0.02	0.01
<b>Out-of-Province Services</b> .....				
Physician Services.....	5.88	5.45	6.40	5.70
Dental Services.....	–	–	–	–
Optometrist Services.....	0.09	0.10	0.06	0.07
<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> Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.

<sup>4</sup> Payments and services in 2021-22 affected by COVID-19.

**Notes:**

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

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

3) Non-insured virtual care categories have been added in 2021-22. Most temporary pandemic codes (effective March 13, 2020 to May 31, 2021) were considered Miscellaneous Services whereas the negotiated pilot codes are grouped under various types of services.

4) Non-insured family physician and specialty virtual care pilot codes were implemented January 1, 2021 and June 1, 2021, respectively.

**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>11,024.4</b>	<b>79.5</b>	<b>13.9</b>	<b>406.1</b>	<b>783.9</b>	<b>8,735.5</b>	<b>994.8</b>	<b>8.4</b>	<b>2.1</b>
<b>Specialties</b>									
Pediatrics and Medical Genetics.....	1,435.1	6.0	2.2	32.8	44.9	1,324.0	24.9	0.2	–
Internal Medicine and Physical Medicine.....	4,323.8	11.8	2.3	275.8	177.7	3,684.8	154.3	15.9	1.2
Neurology.....	213.4	1.9	0.3	13.5	18.4	166.2	13.0	–	–
Psychiatry.....	1,375.3	4.2	4.7	107.7	60.0	1,017.9	180.5	0.2	–
Dermatology.....	285.5	19.2	0.2	4.7	25.9	228.0	7.3	0.0	0.0
Anesthesia.....	2,732.0	10.7	14.9	174.5	124.0	2,299.6	105.0	2.9	0.4
General and Cardiac Surgery.....	2,898.4	9.1	1.1	98.7	129.2	2,580.2	79.0	0.9	0.2
Orthopedic Surgery.....	951.6	13.1	10.2	21.3	96.5	738.3	69.9	2.2	–
Plastic Surgery.....	676.2	0.5	304.9	12.3	3.0	326.9	27.1	1.4	0.0
Neurosurgery.....	247.6	0.2	1.4	27.4	5.2	201.0	11.7	0.8	–
Obstetrics and Gynecology.....	1,178.1	11.0	1.4	57.5	121.3	929.9	56.4	–	0.6
Urological Surgery.....	231.5	0.1	0.2	22.7	13.0	173.1	22.4	0.0	–
Ophthalmology.....	895.6	2.8	0.4	15.7	34.0	788.3	53.3	0.2	0.8
Otolaryngology.....	955.1	3.0	0.9	14.9	13.0	907.7	15.7	–	–
Pathology.....	4,731.6	2.9	0.1	33.9	16.6	4,532.4	143.3	1.9	0.3
Diagnostic Radiology.....	4,065.6	15.3	0.6	73.6	242.5	3,687.6	45.4	0.4	0.0
US Services with Prior Approval.....	20.4	–	–	–	–	–	–	20.4	–
<b>All Physicians</b> .....	<b>38,241.0</b>	<b>191.4</b>	<b>359.8</b>	<b>1,393.3</b>	<b>1,909.1</b>	<b>32,321.5</b>	<b>2,004.1</b>	<b>56.0</b>	<b>5.8</b>
Dentists.....	16.5	–	–	–	0.1	16.4	–	–	–
Optometrists.....	453.4	–	–	0.2	43.8	409.1	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) See "Data Limitations" in *Statistical Figures and Tables*.
- 5) Payments and services in 2021-22 affected by COVID-19.

**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>3,782.9</b>	<b>21.1</b>	<b>6.1</b>	<b>29.4</b>	<b>21.0</b>	<b>283.8</b>	<b>720.6</b>	<b>2,285.7</b>	<b>386.1</b>	<b>16.4</b>	<b>8.6</b>	<b>4.1</b>
<b>Specialties</b>												
Pediatrics and Medical Genetics.....	111.0	1.8	–	1.2	0.2	11.3	24.0	60.5	10.7	1.3	–	–
Internal Medicine and Physical Medicine....	888.9	3.1	0.0	10.4	4.7	42.3	137.5	595.9	91.6	1.9	0.3	1.1
Neurology.....	56.8	0.6	0.0	0.3	0.2	6.8	18.9	20.8	8.7	0.4	–	–
Cardiology.....	366.4	2.3	0.1	3.6	0.6	23.8	112.6	161.0	54.6	1.8	6.2	0.0
Psychiatry.....	240.8	3.2	–	3.5	1.9	36.6	27.7	109.3	55.0	0.6	0.8	2.1
Dermatology.....	23.1	0.3	0.1	–	0.2	1.7	7.3	11.3	2.2	0.1	–	–
Anesthesia.....	889.8	0.6	–	1.7	4.4	42.9	159.6	603.4	72.0	1.9	1.1	2.3
General Surgery.....	848.5	1.5	–	3.1	1.8	26.0	76.3	692.2	45.2	0.2	1.0	1.1
Cardiac Surgery.....	46.3	–	–	–	–	0.6	11.3	21.6	12.9	–	–	–
Orthopedic Surgery.....	513.6	0.6	1.1	1.2	0.2	27.2	118.7	296.7	65.1	2.3	0.5	–
Plastic Surgery.....	79.3	1.0	0.2	0.4	0.3	7.4	15.9	40.9	13.0	0.2	0.1	–
Neurosurgery.....	105.1	–	–	0.0	–	3.5	17.8	67.2	16.1	–	0.0	0.3
Obstetrics and Gynecology.....	235.9	0.8	–	0.3	0.9	25.3	66.4	115.1	21.7	2.5	0.4	2.7
Urological Surgery.....	80.8	–	–	–	1.4	5.2	23.9	46.7	2.1	1.4	0.0	–
Ophthalmology.....	998.2	0.3	0.2	0.6	4.0	20.7	302.8	624.6	42.7	0.6	1.0	0.9
Otolaryngology.....	234.7	1.2	–	0.8	0.7	5.7	38.5	179.5	7.7	0.2	0.4	–
Pathology.....	542.6	2.6	0.0	5.1	4.7	68.6	68.2	275.4	110.5	4.3	1.2	2.0
Diagnostic Radiology.....	595.8	2.2	0.7	5.5	4.8	69.7	224.3	196.7	84.3	2.9	2.1	2.7
<b>All Specialties</b>	<b>6,857.6</b>	<b>22.0</b>	<b>2.5</b>	<b>37.6</b>	<b>31.0</b>	<b>425.3</b>	<b>1,451.6</b>	<b>4,118.9</b>	<b>716.1</b>	<b>22.5</b>	<b>15.0</b>	<b>15.1</b>
<b>All Physicians</b> .....	<b>10,640.5</b>	<b>43.1</b>	<b>8.5</b>	<b>67.0</b>	<b>52.0</b>	<b>709.1</b>	<b>2,172.2</b>	<b>6,404.6</b>	<b>1,102.3</b>	<b>38.9</b>	<b>23.6</b>	<b>19.1</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) See "Data Limitations" in *Statistical Figures and Tables*.
  - 3) Payments and services in 2021-22 affected by COVID-19.

# 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
<b>Inpatient Treatment – High Cost Procedures</b>									
Organ Transplants and Procurement .....	5,897.4	–	–	17.3	–	5,880.1	–	–	–
Special Implants / Devices .....	6,152.5	–	–	–	–	6,101.1	51.3	–	–
Bone Marrow / Stem Cell Transplants .....	1,756.6	–	–	-8.3	–	1,764.9	–	–	–
Out-of-Country .....	–	–	–	–	–	–	–	–	–
<b>Other Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis</b>									
I. Certain Infectious & Parasitic Diseases .....	1,023.7	12.2	–	119.4	47.9	802.1	35.4	4.3	2.5
II. Neoplasms .....	2,737.2	30.2	–	78.0	258.6	2,258.6	109.9	1.9	–
III. Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism .....	1,070.9	–	–	28.3	76.7	957.1	8.9	–	–
IV. Endocrine, Nutritional & Metabolic Diseases .....	1,176.5	–	–	114.6	15.2	978.3	68.5	–	–
V. Mental & Behavioural Disorders .....	2,926.5	48.5	7.1	88.5	117.4	1,669.5	995.0	0.5	–
VI. Diseases of the Nervous System .....	774.5	–	–	32.0	107.5	558.5	76.5	–	–
VII. Diseases of the Eye and Adnexa .....	21.9	–	–	–	8.1	13.8	–	–	–
VIII. Diseases of the Ear and Mastoid Process .....	19.6	–	–	3.1	6.8	4.2	5.6	–	–
IX. Diseases of the Circulatory System .....	4,396.8	53.6	10.3	266.2	119.9	3,345.8	596.5	2.2	2.3
X. Diseases of the Respiratory System .....	1,185.5	–	1.4	137.0	39.0	868.3	138.6	0.3	0.9
XI. Diseases of the Digestive System .....	2,915.5	4.4	4.1	168.5	271.7	2,191.4	274.2	1.0	0.3
XII. Diseases of the Skin & Subcutaneous Tissue .....	306.0	–	–	0.1	95.9	168.7	41.3	–	–
XIII. Diseases of the Musculoskeletal System & Connective Tissue .....	672.4	4.9	61.2	1.9	111.4	363.2	129.6	–	0.3
XIV. Diseases of the Genitourinary System .....	748.7	13.0	–	82.1	100.9	492.4	60.0	0.3	0.1
XV. Pregnancy, Childbirth and the Puerperium .....	1,022.1	13.6	–	32.2	349.2	561.1	66.0	–	–
XVI. Certain Conditions Originating in the Perinatal Period .....	342.9	–	–	34.0	300.4	-14.3	22.8	–	–
XVII. Congenital Malformations, Deformations & Chromosomal Abnormalities .....	4,993.4	–	39.4	24.3	-10.4	4,922.7	17.4	–	–
XVIII. Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified .....	777.3	–	6.8	27.3	28.7	587.9	125.1	0.4	1.0
XIX. Injury, Poisoning & Certain Other Consequences of External Causes .....	4,476.5	4.3	4.4	342.3	157.5	3,705.3	258.1	2.5	2.1
XX. External Causes of Morbidity and Mortality .....	5.6	–	–	–	–	5.6	–	–	–
XXI. Factors Influencing Health Status & Contact with Health Services .....	1,720.3	9.0	47.4	23.7	419.0	1,074.4	146.9	–	–
XXII. Codes for Special Purposes .....	3,304.6	28.2	–	274.1	265.8	2,554.7	181.8	–	–
<b>Outpatient Treatment</b>									
Standard Outpatient Visit .....	10,277.4	347.5	71.0	484.2	1,225.7	6,826.6	1,317.2	4.7	0.6
Day Care Surgery .....	1,764.4	28.5	9.1	30.7	487.6	955.4	253.2	–	–
Hemodialysis .....	1,224.7	–	–	24.6	1.5	1,113.1	84.1	0.8	0.5
Computerized Tomography (CT Scan) .....	1,198.7	13.4	6.9	67.2	227.1	629.1	255.0	–	–
Magnetic Resonance Imaging (MRI) .....	568.5	3.6	2.0	20.4	67.9	440.7	34.0	–	–
Positron Emission Tomography (PET Scan) .....	95.6	–	–	3.2	4.2	82.6	5.6	–	–
Radiotherapy Services .....	272.6	14.4	–	25.5	92.7	128.1	12.0	–	–
Cancer Chemotherapy Drugs .....	691.7	–	–	–	93.2	560.4	38.0	–	–
Gamma Knife Procedure .....	346.9	–	–	–	85.0	261.9	–	–	–
Brachytherapy .....	62.4	–	–	–	–	62.4	–	–	–
Laboratory and Other Diagnostic Imaging .....	2,530.4	84.0	13.1	4.7	144.6	1,922.7	361.4	–	–
Other Treatments .....	830.7	–	–	548.5	–	273.3	8.9	–	–
Out-of-Country .....	127.4	–	–	–	–	–	–	127.4	–
<b>Total .....</b>	<b>70,416.8</b>	<b>713.1</b>	<b>284.2</b>	<b>3,095.4</b>	<b>5,316.4</b>	<b>55,071.8</b>	<b>5,778.9</b>	<b>146.3</b>	<b>10.5</b>

### 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) Payments and services in 2021-22 affected by COVID-19.

# Table 13b

## Number of Out-of-Province Hospital Cases 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
<b>Inpatient Treatment – High Cost Procedures</b>									
Organ Transplants and Procurement .....	28	–	–	2	–	26	–	–	–
Special Implants / Devices .....	71	–	–	–	–	68	3	–	–
Bone Marrow / Stem Cell Transplants .....	3	–	–	–	–	3	–	–	–
Out-of-Country .....	–	–	–	–	–	–	–	–	–
<b>Other Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis</b>									
I. Certain Infectious & Parasitic Diseases .....	64	1	–	6	2	36	8	8	3
II. Neoplasms .....	128	1	–	4	20	90	12	1	–
III. Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism .....	22	–	–	3	4	14	1	–	–
IV. Endocrine, Nutritional & Metabolic Diseases .....	69	–	–	5	4	49	11	–	–
V. Mental & Behavioural Disorders .....	262	5	3	10	14	150	79	1	–
VI. Diseases of the Nervous System .....	41	–	–	2	5	26	8	–	–
VII. Diseases of the Eye and Adnexa .....	6	–	–	–	1	5	–	–	–
VIII. Diseases of the Ear and Mastoid Process .....	5	–	–	1	1	2	1	–	–
IX. Diseases of the Circulatory System .....	276	4	2	21	14	185	43	4	3
X. Diseases of the Respiratory System .....	98	–	1	5	8	63	17	1	3
XI. Diseases of the Digestive System .....	338	2	1	36	36	211	47	3	2
XII. Diseases of the Skin & Subcutaneous Tissue .....	29	–	–	2	6	17	4	–	–
XIII. Diseases of the Musculoskeletal System & Connective Tissue .....	56	2	2	1	15	27	8	–	1
XIV. Diseases of the Genitourinary System .....	106	2	–	6	16	69	11	1	1
XV. Pregnancy, Childbirth and the Puerperium .....	351	3	–	15	112	202	19	–	–
XVI. Certain Conditions Originating in the Perinatal Period .....	77	–	–	4	34	36	3	–	–
XVII. Congenital Malformations, Deformations & Chromosomal Abnormalities .....	107	–	4	3	4	94	2	–	–
XVIII. Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified .....	95	–	2	6	8	64	10	2	3
XIX. Injury, Poisoning & Certain Other Consequences of External Causes .....	272	3	1	11	28	192	27	5	5
XX. External Causes of Morbidity and Mortality .....	1	–	–	–	–	1	–	–	–
XXI. Factors Influencing Health Status & Contact with Health Services .....	287	3	5	4	88	168	19	–	–
XXII. Codes for Special Purposes .....	109	2	–	10	15	67	15	–	–
<b>Outpatient Treatment</b>									
Standard Outpatient Visit .....	31,620	1,116	216	1,573	3,659	20,907	4,043	94	12
Day Care Surgery .....	1,026	17	7	20	293	558	131	–	–
Hemodialysis .....	2,383	–	–	48	3	2,143	162	16	11
Computerized Tomography (CT Scan) .....	1,743	22	10	106	308	923	374	–	–
Magnetic Resonance Imaging (MRI) .....	897	7	3	38	100	696	53	–	–
Positron Emission Tomography (PET Scan) .....	73	–	–	3	3	64	3	–	–
Radiotherapy Services .....	540	33	–	62	188	237	20	–	–
Cancer Chemotherapy Drugs .....	353	–	–	–	121	203	29	–	–
Gamma Knife Procedure .....	19	–	–	–	5	14	–	–	–
Brachytherapy .....	17	–	–	–	–	17	–	–	–
Laboratory and Other Diagnostic Imaging .....	16,359	568	63	36	800	12,456	2,436	–	–
Other Treatments .....	236	–	–	6	–	223	7	–	–
Out-of-Country .....	12	–	–	–	–	–	–	12	–
<b>Total .....</b>	<b>58,179</b>	<b>1,791</b>	<b>320</b>	<b>2,049</b>	<b>5,915</b>	<b>40,306</b>	<b>7,606</b>	<b>148</b>	<b>44</b>

### 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) Payments and services in 2021-22 affected by COVID-19.

# 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
<b>Inpatient Treatment – High Cost Procedures</b>							
Special Implants / Devices .....	–	–	–	–	–	–	–
<b>Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis</b>							
I. Certain Infectious & Parasitic Diseases .....	55.7	–	–	–	18.9	35.6	1.2
II. Neoplasms.....	226.0	–	–	–	71.9	144.9	9.2
III. Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism .....	40.4	–	–	13.0	8.1	19.4	–
IV. Endocrine, Nutritional & Metabolic Diseases .....	145.4	–	–	–	35.0	93.0	17.5
V. Mental & Behavioural Disorders.....	1,689.3	131.1	5.2	151.7	211.8	925.1	264.3
VI. Diseases of the Nervous System.....	159.4	–	–	–	31.1	118.2	10.1
VII. Diseases of the Eye and Adnexa.....	3.2	–	–	–	1.4	1.8	–
VIII. Diseases of the Ear and Mastoid Process .....	21.8	–	–	–	12.8	8.9	–
IX. Diseases of the Circulatory System .....	784.7	54.6	–	47.4	240.9	298.3	143.4
X. Diseases of the Respiratory System.....	1,078.1	32.0	–	10.5	384.2	395.7	255.7
XI. Diseases of the Digestive System .....	877.8	17.4	5.1	33.8	195.7	543.3	82.5
XII. Diseases of the Skin & Subcutaneous Tissue.....	278.1	16.4	–	79.8	90.7	45.1	46.1
XIII. Diseases of the Musculoskeletal System & Connective Tissue .....	575.0	–	8.5	27.1	157.8	359.3	22.4
XIV. Diseases of the Genitourinary System.....	343.8	2.8	–	54.3	69.5	185.2	32.0
XV. Pregnancy, Childbirth and the Puerperium.....	461.6	7.1	–	49.8	249.3	140.1	15.4
XVI. Certain Conditions Originating in the Perinatal Period .....	235.5	–	–	1.2	78.3	160.2	-4.3
XVII. Congenital Malformations, Deformations & Chromosomal Abnormalities .....	13.5	–	–	–	9.9	3.6	–
XVIII. Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified .....	174.8	1.4	–	4.0	83.4	61.3	24.6
XIX. Injury, Poisoning & Certain Other Consequences of External Causes .....	775.6	5.7	25.5	76.1	183.7	432.9	51.7
XX. External Causes of Morbidity and Mortality .....	4.1	–	–	4.1	–	–	–
XXI. Factors Influencing Health Status & Contact with Health Services .....	927.5	10.3	–	57.5	390.3	457.4	12.1
XXII. Codes for Special Purposes .....	112.7	–	–	–	18.0	30.0	64.6
<b>Outpatient Treatment</b>							
Standard Outpatient Visit.....	7,241.2	254.9	82.0	766.9	2,081.0	3,118.6	937.7
Day Care Surgery .....	1,056.1	18.8	3.8	48.1	369.8	535.6	79.9
Hemodialysis.....	47.0	–	–	6.3	3.1	30.7	6.8
Computerized Tomography (CT Scan).....	371.5	12.5	4.0	46.2	89.1	159.5	60.3
Magnetic Resonance Imaging (MRI).....	117.6	3.1	0.6	6.7	36.2	58.4	12.6
Radiotherapy Services.....	61.4	–	–	–	16.8	44.6	–
Cancer Chemotherapy Drugs .....	170.8	–	–	20.2	70.9	53.6	26.0
Laboratory and Other Diagnostic Imaging .....	930.6	38.7	12.0	110.5	159.2	457.7	152.7
Other Treatments .....	–	–	–	–	–	–	–
<b>Total.....</b>	<b>18,980.1</b>	<b>606.7</b>	<b>146.7</b>	<b>1,615.2</b>	<b>5,369.0</b>	<b>8,918.0</b>	<b>2,324.5</b>

- 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) Payments and services in 2021-22 affected by COVID-19.

# Table 14b

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

	All Locations	Home Province or Territory of Beneficiary					
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
<b>Inpatient Treatment – High Cost Procedures</b>							
Special Implants / Devices.....	–	–	–	–	–	–	–
<b>Inpatient Treatment by ICD-10 Chapter of Primary Diagnosis</b>							
I. Certain Infectious & Parasitic Diseases .....	11	–	–	–	4	6	1
II. Neoplasms.....	30	–	–	–	14	15	1
III. Diseases of the Blood & Blood-Forming Organs & Certain Disorders Involving the Immune Mechanism .....	7	–	–	1	2	4	–
IV. Endocrine, Nutritional & Metabolic Diseases .....	20	–	–	–	3	16	1
V. Mental & Behavioural Disorders.....	117	9	1	10	22	56	19
VI. Diseases of the Nervous System.....	15	–	–	–	4	9	2
VII. Diseases of the Eye and Adnexa.....	2	–	–	–	1	1	–
VIII. Diseases of the Ear and Mastoid Process .....	3	–	–	–	2	1	–
IX. Diseases of the Circulatory System .....	81	5	–	6	26	36	8
X. Diseases of the Respiratory System.....	69	3	–	8	21	28	9
XI. Diseases of the Digestive System .....	117	4	2	7	27	65	12
XII. Diseases of the Skin & Subcutaneous Tissue.....	21	1	–	1	9	7	3
XIII. Diseases of the Musculoskeletal System & Connective Tissue .....	56	–	1	1	23	28	3
XIV. Diseases of the Genitourinary System.....	60	2	–	7	16	32	3
XV. Pregnancy, Childbirth and the Puerperium.....	130	2	–	10	73	40	5
XVI. Certain Conditions Originating in the Perinatal Period .....	27	–	–	1	21	5	–
XVII. Congenital Malformations, Deformations & Chromosomal Abnormalities .....	6	–	–	–	4	2	–
XVIII. Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified .....	36	1	–	2	12	15	6
XIX. Injury, Poisoning & Certain Other Consequences of External Causes .....	102	2	3	11	26	52	8
XX. External Causes of Morbidity and Mortality .....	1	–	–	1	–	–	–
XXI. Factors Influencing Health Status & Contact with Health Services .....	129	3	–	8	70	41	7
XXII. Codes for Special Purposes .....	12	–	–	–	4	4	4
<b>Outpatient Treatment</b>							
Standard Outpatient Visit.....	22,165	780	251	2,345	6,340	9,566	2,883
Day Care Surgery.....	678	14	3	26	272	319	44
Hemodialysis.....	90	–	–	12	6	59	13
Computerized Tomography (CT Scan).....	541	18	6	68	130	231	88
Magnetic Resonance Imaging (MRI).....	185	5	1	10	57	92	20
Radiotherapy Services.....	112	–	–	–	32	80	–
Cancer Chemotherapy Drugs .....	189	–	–	9	89	64	27
Laboratory and Other Diagnostic Imaging.....	6,352	262	80	753	1,089	3,123	1,045
Other Treatments.....	–	–	–	–	–	–	–
<b>Total.....</b>	<b>31,364</b>	<b>1,111</b>	<b>348</b>	<b>3,297</b>	<b>8,399</b>	<b>13,997</b>	<b>4,212</b>

### 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) Payments and services in 2021-22 affected by COVID-19.

# 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: In-Person.....	273	27.1	106.1	15.8	30.9	12.7	15.2	47.5	1.9
Consultations: Virtual.....	2.0	2.1	20.7	3.8	4.6	0.6	0.8	8.4	0.2
Special Eye Examination.....	-	-	-	-	-	-	-	-	-
Major Assessments: In-Person.....	392.3	8.8	1.8	0.1	0.5	3.9	6.3	1.2	0.0
Major Assessments: Virtual.....	3.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Assessments: In-Person.....	2,073.8	39.4	67.8	9.1	12.7	150.4	15.4	34.3	0.5
Other Assessments: Virtual.....	1,316.6	22.8	34.6	10.2	3.6	61.4	4.9	17.4	0.3
Hospital Care Days.....	198.9	36.5	182.0	11.3	21.6	15.6	0.0	15.4	0.3
<b>Special Calls and Emergency</b>									
Surcharges.....	109.4	2.7	23.8	2.8	7.8	2.9	0.1	7.9	0.9
Premiums.....	4.0	0.3	3.2	0.1	0.4	0.3	0.0	0.2	0.0
<b>Psychotherapy</b>									
Base Time <sup>2</sup> : In-Person.....	80.6	0.0	0.1	0.0	0.0	14.8	0.2	0.0	0.0
Additional Time: In-Person.....	54.9	0.0	0.0	0.0	0.0	14.1	0.1	0.0	0.0
Virtual.....	70.6	1.9	0.0	0.0	0.0	47.3	0.0	0.0	0.0
Major Surgery.....	3.8	0.0	1.1	0.6	1.2	0.0	0.3	16.6	3.9
Minor Surgery.....	139.4	0.0	0.6	0.0	0.1	0.0	56.2	8.5	0.0
Surgical Assistance.....	121.2	0.0	0.0	0.0	0.4	0.0	0.0	8.8	5.5
Obstetrics.....	6.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Anesthesia</b>									
Operative.....	78.9	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Nerve Blocks and Epidurals.....	5.1	0.1	2.2	3.1	0.0	0.0	0.0	0.8	0.2
Diagnostic Radiology.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pathology/Laboratory Services.....	163.7	0.0	0.3	0.0	0.0	0.0	0.3	0.0	0.0
Diagnostic Ultrasound.....	0.4	2.3	4.1	0.0	75.6	0.0	0.0	0.0	0.0
Other Diagnostic and Therapeutic Services.....	276.6	64.7	391.9	20.1	211.1	104.9	25.0	61.8	0.2
Miscellaneous Services <sup>3</sup> : In-Person.....	747.4	36.1	88.7	11.1	12.5	41.8	10.4	19.6	0.7
Miscellaneous Services: Virtual.....	13.2	12.1	28.9	8.2	4.3	1.2	3.9	9.4	0.2
<b>Total Services.....</b>	<b>5,890.6</b>	<b>257.0</b>	<b>958.1</b>	<b>96.3</b>	<b>387.4</b>	<b>472.0</b>	<b>139.0</b>	<b>258.1</b>	<b>14.7</b>

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

<sup>2</sup> This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel.

<sup>3</sup> Represents the number of instances these types of services were provided during the year.



# 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									
	Orthopedic Surgery	Plastic Surgery	Neurosurgery	Obstetrics and Gynecology	Urological Surgery	Ophthalmology	Otolaryngology	Anesthesia	Pathology and Diagnostic Radiology	Total Services
<b>Visits</b>										
Consultations: In-Person.....	37.6	16.3	3.7	40.5	9.6	54.3	27.4	8.8	0.8	<b>483.5</b>
Consultations: Virtual.....	4.9	0.1	1.4	4.0	4.9	3.8	0.3	0.4	0.0	<b>63.0</b>
Special Eye Examination.....	-	-	-	-	-	0.1	-	-	-	<b>0.1</b>
Major Assessments: In-Person.....	0.2	0.3	0.0	7.7	2.4	11.2	3.0	0.0	0.0	<b>439.6</b>
Major Assessments: Virtual.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	<b>3.6</b>
Other Assessments: In-Person.....	46.7	13.0	2.2	80.0	7.9	97.2	27.6	3.7	0.0	<b>2,681.9</b>
Other Assessments: Virtual.....	9.4	1.8	2.4	19.5	10.5	4.8	3.2	0.0	0.0	<b>1,523.6</b>
Hospital Care Days.....	3.2	0.1	2.3	4.3	0.5	0.2	0.3	0.0	0.0	<b>492.4</b>
<b>Special Calls and Emergency</b>										
Surcharges.....	6.9	2.0	1.6	5.8	1.7	1.6	0.8	12.3	0.5	<b>191.5</b>
Premiums.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.8	0.0	<b>19.4</b>
<b>Psychotherapy</b>										
Base Time <sup>2</sup> : In-Person.....	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.1	0.0	<b>96.3</b>
Additional Time: In-Person.....	0.1	0.0	0.0	0.5	0.0	0.0	0.0	0.3	0.0	<b>70.1</b>
Virtual.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	<b>119.9</b>
Major Surgery.....	26.3	9.4	9.3	4.9	6.4	45.3	8.8	0.0	0.2	<b>138.1</b>
Minor Surgery.....	1.6	8.5	0.1	2.1	2.8	47.1	4.6	0.0	0.2	<b>271.9</b>
Surgical Assistance.....	5.0	0.4	0.6	9.7	6.1	0.0	1.6	0.6	0.0	<b>160.0</b>
Obstetrics.....	0.0	0.0	0.0	13.2	0.0	0.0	0.0	0.0	0.0	<b>20.0</b>
<b>Anesthesia</b>										
Operative.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	612.1	0.0	<b>691.3</b>
Nerve Blocks and Epidurals.....	1.3	0.0	0.0	0.3	0.1	0.0	0.0	27.5	1.9	<b>42.5</b>
Diagnostic Radiology.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	283.5	<b>283.5</b>
Pathology/Laboratory Services.....	0.0	0.0	0.0	7.9	0.0	0.0	0.1	0.0	0.0	<b>172.4</b>
Diagnostic Ultrasound.....	0.0	0.0	0.0	9.7	0.0	16.2	0.0	0.5	172.0	<b>280.9</b>
Other Diagnostic and Therapeutic Services	27.7	1.9	1.5	36.8	10.2	705.8	76.1	8.1	132.4	<b>2,156.9</b>
Miscellaneous Services <sup>3</sup> : In-Person.....	11.1	2.1	3.2	42.2	6.4	8.1	22.7	0.1	0.3	<b>1,064.6</b>
Miscellaneous Services: Virtual.....	6.1	0.6	1.4	10.5	5.0	2.7	1.4	0.4	0.0	<b>109.2</b>
<b>Total Services</b> .....	<b>188.1</b>	<b>56.5</b>	<b>29.8</b>	<b>300.2</b>	<b>74.4</b>	<b>998.3</b>	<b>178.0</b>	<b>685.5</b>	<b>591.8</b>	<b>11,575.9</b>

- Notes:**
- 1) Totals may not match other tables exactly due to rounding. See "Data Limitations" in *Statistical Figures and Tables*.
  - 2) Non-insured virtual care categories have been added in 2021-22. Most temporary pandemic codes (effective March 13, 2020 to May 31, 2021) were considered Miscellaneous Services whereas the negotiated pilot codes are grouped under various types of services.
  - 3) Non-insured family physician and specialty virtual care pilot codes were implemented January 1, 2021 and June 1, 2021, respectively.
  - 4) Payments and services in 2021-22 affected by COVID-19.

**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 2020-21 <sup>1</sup> to 2021-22 <sup>2</sup>
		Patients	Payments (\$)	Services	
Electrocardiograms and Echocardiograms.....	472,175	150.84	12,280.21	391.77	28.06
Allergy Investigations & Hyposensitization Injections.....	129,989	4.88	209.49	107.85	39.53
Artificial Extra Corporeal Hemodialysis.....	113,932	1.09	5,033.05	94.53	2.17
Optical Coherence Tomography.....	97,530	48.95	3,655.25	80.92	20.57
Psychological Testing.....	95,737	14.98	1,759.85	79.43	39.86
Submission of Papanicolaou Smear.....	72,357	112.37 <sup>f</sup>	2,639.37 <sup>f</sup>	120.55 <sup>f</sup>	45.21
Arthrocentesis–Joint Injections.....	35,073	16.49	538.98	29.10	37.44
Removal of Cysts, Granulomata, Keratoses, etc.....	34,543	21.23	1,719.80	28.66	33.17
Colonoscopy.....	24,248	19.36	4,131.92	20.12	28.89
Plantar Wart Excision or Fulguration.....	22,874	7.95	363.58	18.98	35.66
Upper GI Endoscopy.....	20,415	14.49	2,681.04	16.94	31.49
Cataract Extraction.....	14,953	7.40	4,866.77	12.41	20.15
Pulmonary Function Studies.....	11,736	6.47	774.35	9.74	42.35
Cystoscopy.....	9,459	6.36	844.60	7.85	24.14
Suturing of Wounds.....	8,386	6.66	559.48	6.96	9.92
Delivery–Vaginal.....	6,270	10.33 <sup>f</sup>	10,159.12 <sup>f</sup>	10.45 <sup>f</sup>	18.85
Fractures, Open Surgical or Closed Reduction.....	5,978	4.18	2,547.73	4.96	24.66
Coronary Angiography.....	5,841	4.05	913.26	4.85	2.96
Cardiac Catheterization.....	5,814	3.82	713.92	4.82	0.93
Angioplasty.....	4,801	1.96	1,823.45	3.98	0.69
Arthroscopy.....	3,134	2.50	333.74	2.60	29.56
Hernia Repair.....	2,679	2.02	1,016.29	2.22	15.94
Delivery –Cesarean.....	2,644	4.39 <sup>f</sup>	3,785.85 <sup>f</sup>	4.41 <sup>f</sup>	24.85
Sigmoidoscopy.....	2,603	1.96	132.08	2.16	26.61
Gall Bladder or Other Biliary Tract Surgery.....	2,521	2.09	1,429.13	2.09	27.12
Vasectomy.....	2,348	3.88 <sup>m</sup>	1,054.57 <sup>m</sup>	3.88 <sup>m</sup>	25.97
Arthroplasty–Hip or Total Hip Replacement.....	1,870	1.48	1,358.04	1.55	31.28
Arthroplasty –Knee or Total Knee Replacement.....	1,811	1.36	1,259.47	1.50	18.09
Electroencephalograms or Echoencephalograms.....	1,788	1.33	44.38	1.48	34.74
Electroconvulsive Therapy.....	1,669	0.15	140.02	1.38	60.21
Septoplasty or Submucous Resection.....	1,495	1.11	449.88	1.24	68.30
Tonsillectomy (With or Without Adenoidectomy).....	1,134	0.94	325.06	0.94	60.56
Dilatation and Curettage.....	1,110	1.78 <sup>f</sup>	366.50 <sup>f</sup>	1.85 <sup>f</sup>	25.38
Appendectomy.....	1,005	0.83	467.94	0.83	16.10
Salpingectomy, Oophorectomy &/or Ovarian Cystectomy.....	934	1.51 <sup>f</sup>	663.50 <sup>f</sup>	1.56 <sup>f</sup>	39.93
Prostatectomy (With or Without Vasectomy).....	927	1.52 <sup>m</sup>	1,536.45 <sup>m</sup>	1.53 <sup>m</sup>	48.50
Therapeutic Abortion.....	677	1.11 <sup>f</sup>	211.94 <sup>f</sup>	1.13 <sup>f</sup>	12.20
Genital Prolapse Repair.....	435	0.46 <sup>f</sup>	192.69 <sup>f</sup>	0.72 <sup>f</sup>	19.90
Coronary By-Pass.....	356	0.29	915.71	0.30	-9.30
Tubal Ligation.....	322	0.53 <sup>f</sup>	125.63 <sup>f</sup>	0.54 <sup>f</sup>	15.82
Hysterectomy–Abdominal.....	218	0.36 <sup>f</sup>	233.74 <sup>f</sup>	0.36 <sup>f</sup>	22.16
Strabismus Operation.....	217	0.15	67.15	0.18	32.89
Varicose Veins (Ligation).....	182	0.07	26.78	0.15	-11.50
Hysterectomy–Vaginal.....	116	0.19 <sup>f</sup>	122.24 <sup>f</sup>	0.19 <sup>f</sup>	7.94
Peptic Ulcer Surgery.....	87	0.07	71.35	0.07	14.86

<sup>f</sup> Rate per 1,000 female beneficiaries.<sup>m</sup> Rate per 1,000 male beneficiaries.**Notes:**

- 1) Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.
- 2) Payments and services in 2021-22 affected by COVID-19.

# 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	418	75.0	19,057	347
Diabetes Mellitus .....	250	401	66.5	11,960	333
Psychoses .....	295–299	292	23.5	12,079	242
Hypertension.....	401–405	287	109.1	8,732	238
Neuroses .....	300	261	71.8	9,195	217
General Medical Examination–No Specific Diagnosis .....	V70 <sup>2</sup>	231	118.0	11,004	192
Glaucoma .....	365	227	21.5	5,640	189
Chronic Sinusitis & Other Respiratory Symptoms.....	473 & 786	225	75.6	11,409	187
Cataract .....	366	196	17.5	9,498	163
Arthritis.....	710–716	169	48.4	8,537	141
Rheumatic Disease .....	725–729	150	62.5	6,894	125
Ischemic Heart Disease.....	410–414	136	22.8	9,234	113
Vertebrogenic Pain Syndrome .....	724	122	43.0	7,685	102
Acute Upper Respiratory Infection (Except Influenza) .....	460–465	118	69.1	3,985	98
Symptomatic Heart Disease.....	428 & 429	110	26.9	6,074	91
Cardiac Dysrhythmias.....	427	108	26.0	5,436	89
Eczema.....	690–692	88	39.1	2,813	73
Asthma.....	493	73	28.1	2,183	61
Otitis Media .....	381 & 382	70	23.3	3,081	58
Myxedema.....	244	65	29.5	1,773	54
Cellulitis and Abscess .....	681 & 682	60	22.0	2,362	49
Hyperkinetic Syndrome of Childhood (ADHD).....	314	58	10.3	2,251	48
Chronic Airways Obstruction.....	496	55	12.2	2,268	46
Anemias.....	280–285	53	18.9	2,572	44
Cerebrovascular Disease .....	430–438	50	6.2	2,696	42
Pneumonia .....	480–486	48	8.4	2,359	40
Disorders of Menstruation .....	Z08 <sup>2</sup> & 626	46	33.7 <sup>f</sup>	3,785 <sup>f</sup>	77 <sup>f</sup>
Inflammatory Diseases of Uterus (Except Cervix), Vagina, and Vulva.....	615 & 616	40	29.9 <sup>f</sup>	2,781 <sup>f</sup>	67 <sup>f</sup>
Diarrheal Disease.....	009	37	16.2	1,675	30
Allergic Rhinitis.....	477	35	6.2	418	29
Migraine .....	346	31	12.3	1,188	26
Bronchitis.....	466, 490 & 491	22	12.1	774	18
Menopausal Symptoms.....	627	18	16.3 <sup>f</sup>	1,266 <sup>f</sup>	30 <sup>f</sup>
Alcohol-Induced Mental Disorders and Alcohol Dependence Syndrome .....	291 & 303	17	3.1	695	14
Gastritis and Duodenitis.....	535	15	8.0	548	12
Epilepsy.....	345	15	4.2	632	12
Disorders of Functions of Stomach.....	536 & 537	13	7.1	509	10
Varicose Veins of Lower Extremity.....	454	12	3.2	356	10
Multiple Sclerosis.....	340	11	2.2	475	9
Overweight, Obesity and Other Hyperalimentation.....	278	9	4.7	369	7
Alzheimer's Disease and Other Cerebral Degenerations.....	331	8	1.7	517	7
Influenza.....	487	6	3.8	235	5
Ulcers of Duodenum and Stomach.....	531–534	4	2.0	237	4

<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) Payments and services in 2021-22 affected by COVID-19.

# 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>
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
2020-21 .....	1,374	900	1,344	906	2,718	1,806
<b>2021-22 .....</b>	<b>1,416</b>	<b>965</b>	<b>1,380</b>	<b>920</b>	<b>2,796</b>	<b>1,885</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	
	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22
<b>General Practice.....</b>	<b>1,374</b>	<b>1,416</b>	<b>900</b>	<b>965</b>	<b>1.4</b>	<b>1.2</b>	<b>1.6</b>	<b>1.7</b>	<b>3.9</b>	<b>4.1</b>	<b>66.1</b>	<b>71.3</b>
<b>Specialties</b>												
Pediatrics and Medical Genetics ...	129	127	73	69	16.8	17.5	0.7	0.9	1.6	1.9	3.2	3.8
Internal Medicine and Physical Medicine..	270	282	179	190	6.8	6.3	1.2	1.4	2.7	2.9	11.4	13.5
Neurology.....	28	29	21	22	58.3	54.8	1.2	1.4	2.1	2.5	2.0	2.4
Cardiology.....	40	40	33	34	37.1	35.4	4.2	4.7	3.2	3.7	6.6	7.6
Psychiatry.....	120	120	73	74	16.8	16.3	0.5	0.5	2.0	2.3	2.4	2.6
Dermatology.....	12	11	12	8	102.1	150.7	2.1	2.7	5.4	7.5	2.0	2.0
Anesthesia.....	139	140	109	110	11.2	11.0	0.6	0.8	0.6	0.8	4.1	5.4
General Surgery.....	98	99	82	84	14.9	14.3	0.8	0.9	1.5	1.8	4.5	5.5
Cardiac Surgery.....	8	9	8	9	153.2	133.9	0.4	0.4	0.6	0.6	0.2	0.2
Orthopedic Surgery....	54	57	46	52	26.6	23.2	1.1	1.2	1.9	2.2	3.6	4.4
Plastic Surgery.....	16	16	14	13	87.5	92.7	1.2	1.6	2.2	2.9	1.3	1.6
Neurosurgery.....	15	15	14	13	87.5	92.7	0.6	0.7	1.1	1.2	0.6	0.7
Obstetrics and Gynecology.....	87	91	66	69	18.6	17.5	1.0	1.1	2.2	2.6	3.7	4.4
Urological Surgery.....	20	19	18	17	68.1	70.9	1.2	1.6	2.1	2.8	1.6	1.9
Ophthalmology.....	34	34	31	31	39.5	38.9	2.7	3.1	5.9	6.9	6.2	7.0
Otolaryngology.....	18	18	18	17	68.1	70.9	2.0	2.3	3.2	3.8	2.8	3.1
Pathology and Diagnostic Radiology.....	256	273	109	108	11.2	11.2	2.8	3.3	0.2	0.2	17.2	20.7
<b>All Specialties.....</b>	<b>1,344</b>	<b>1,380</b>	<b>906</b>	<b>920</b>	<b>1.4</b>	<b>1.3</b>	<b>1.3</b>	<b>1.5</b>	<b>1.9</b>	<b>2.2</b>	<b>39.6</b>	<b>44.6</b>
<b>All Physicians.....</b>	<b>2,718</b>	<b>2,796</b>	<b>1,806</b>	<b>1,885</b>	<b>0.7</b>	<b>0.6</b>	<b>1.4</b>	<b>1.6</b>	<b>2.9</b>	<b>3.2</b>	<b>70.4</b>	<b>75.4</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 (in-person or via virtual care) 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:

- Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.
- Physicians who are compensated through alternate payment plans may not be reflected in the chart due to underreporting of shadow billings.
- Precautionary measures taken during the COVID-19 pandemic had a significant impact on payments and services in 2020-21.
- Payments and services in 2021-22 affected by COVID-19.

# Table 20

## Physicians by Size of Practice

Type of Physician <sup>1</sup>	Number of Physicians <sup>2</sup>	Size of Practice by Range of Patients <sup>3</sup>							
		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
<b>General Practice</b>									
Metro Association.....	394	19	74	72	69	53	29	23	55
Metro Solo.....	90	28	24	14	14	5	2	2	1
Urban Association.....	190	10	43	60	28	17	13	4	15
Urban Solo.....	36	8	9	9	3	1	1	2	3
Rural Association.....	242	3	70	83	55	21	6	-	4
Rural Solo.....	13	1	2	4	1	3	2	-	-
<b>All General Practice 2021-22 .....</b>	<b>965</b>	<b>69</b>	<b>222</b>	<b>242</b>	<b>170</b>	<b>100</b>	<b>53</b>	<b>31</b>	<b>78</b>
All General Practice 2020-21 .....	900	55	200	281	157	89	46	25	47
<b>Specialties</b>									
Pediatrics and Medical Genetics.....	69	25	30	5	4	1	1	1	2
Internal Medicine and Physical Medicine ...	190	36	56	39	30	9	6	3	11
Neurology.....	22	-	8	6	4	1	2	-	1
Cardiology.....	34	-	1	-	1	2	1	5	24
Psychiatry.....	74	38	27	8	1	-	-	-	-
Dermatology.....	8	1	-	1	1	-	2	-	3
Anesthesia.....	110	21	65	23	-	1	-	-	-
General Surgery.....	84	20	30	24	7	2	1	-	-
Cardiac Surgery.....	9	6	3	-	-	-	-	-	-
Orthopedic Surgery.....	52	6	16	18	7	3	2	-	-
Plastic Surgery.....	13	-	1	9	-	1	-	2	-
Neurosurgery.....	13	2	9	2	-	-	-	-	-
Obstetrics and Gynecology.....	69	10	23	20	11	2	2	1	-
Urological Surgery.....	17	-	2	5	8	1	1	-	-
Ophthalmology.....	31	-	2	2	2	4	4	7	10
Otolaryngology.....	17	2	2	2	4	-	3	-	4
Pathology and Diagnostic Radiology.....	108	2	24	14	7	8	7	7	39
<b>All Specialties 2021-22 .....</b>	<b>920</b>	<b>169</b>	<b>299</b>	<b>178</b>	<b>87</b>	<b>35</b>	<b>32</b>	<b>26</b>	<b>94</b>
All Specialties 2020-21 .....	906	214	325	143	59	35	32	26	72
<b>All Physicians 2021-22 .....</b>	<b>1,885</b>	<b>238</b>	<b>521</b>	<b>420</b>	<b>257</b>	<b>135</b>	<b>85</b>	<b>57</b>	<b>172</b>
All Physicians 2020-21 .....	1,806	269	525	424	216	124	78	51	119

<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 Physician <sup>1</sup>	Number of Physicians <sup>2</sup>	Range of Patient Contacts <sup>3</sup>						
		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
<b>General Practice</b>								
Metro Association.....	394	66	114	98	54	29	20	13
Metro Solo.....	90	45	15	8	12	6	2	2
Urban Association.....	190	26	99	29	15	14	4	3
Urban Solo.....	36	19	4	6	2	2	1	2
Rural Association.....	242	70	113	38	17	4	–	–
Rural Solo.....	13	3	–	4	2	4	–	–
<b>All General Practice 2021-22 .....</b>	<b>965</b>	<b>229</b>	<b>345</b>	<b>183</b>	<b>102</b>	<b>59</b>	<b>27</b>	<b>20</b>
All General Practice 2020-21 .....	900	211	350	185	80	33	21	20
<b>Specialties</b>								
Pediatrics and Medical Genetics.....	69	54	10	2	1	–	2	–
Internal Medicine and Physical Medicine .....	190	90	66	16	7	2	3	6
Neurology.....	22	10	9	3	–	–	–	–
Cardiology.....	34	8	13	8	3	2	–	–
Psychiatry.....	74	44	19	5	6	–	–	–
Dermatology.....	8	–	2	–	1	4	1	–
Anesthesia.....	110	109	1	–	–	–	–	–
General Surgery.....	84	50	28	6	–	–	–	–
Cardiac Surgery.....	9	9	–	–	–	–	–	–
Orthopedic Surgery.....	52	26	21	5	–	–	–	–
Plastic Surgery.....	13	5	5	1	2	–	–	–
Neurosurgery.....	13	13	–	–	–	–	–	–
Obstetrics and Gynecology.....	69	29	27	10	3	–	–	–
Urological Surgery.....	17	5	11	1	–	–	–	–
Ophthalmology.....	31	3	4	7	5	5	5	2
Otolaryngology.....	17	4	6	3	3	1	–	–
Pathology and Diagnostic Radiology.....	108	106	2	–	–	–	–	–
<b>All Specialties 2021-22.....</b>	<b>920</b>	<b>565</b>	<b>224</b>	<b>67</b>	<b>31</b>	<b>14</b>	<b>11</b>	<b>8</b>
All Specialties 2020-21 .....	906	621	189	54	21	9	4	8
<b>All Physicians 2021-22 .....</b>	<b>1,885</b>	<b>794</b>	<b>569</b>	<b>250</b>	<b>133</b>	<b>73</b>	<b>38</b>	<b>28</b>
All Physicians 2020-21 .....	1,806	832	539	239	101	42	25	28

- <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 (in-person or via virtual care) a patient professionally 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.							
<b>General Practice</b>										
Metro Association.....	394	173	26	5	24	7	53	105	1	
Metro Solo.....	90	29	4	2	4	3	28	20	–	
Urban Association.....	190	61	5	7	12	1	37	67	–	
Urban Solo.....	36	3	1	4	3	–	7	18	–	
Rural Association.....	242	52	9	7	7	3	76	88	–	
Rural Solo.....	13	5	–	1	2	–	1	4	–	
<b>All General Practice 2021-22 .....</b>	<b>965</b>	<b>323</b>	<b>45</b>	<b>26</b>	<b>52</b>	<b>14</b>	<b>202</b>	<b>302</b>	<b>1</b>	
All General Practice 2020-21 .....	900	283	43	27	51	16	185	293	2	
<b>Specialties</b>										
Pediatrics and Medical Genetics.....	69	16	23	2	3	3	9	12	1	
Internal Medicine and Physical Medicine ...	190	66	43	8	8	10	24	30	1	
Neurology.....	22	8	7	–	2	–	2	3	–	
Cardiology.....	34	17	6	1	1	1	4	4	–	
Psychiatry.....	74	28	8	4	1	3	9	21	–	
Dermatology.....	8	6	2	–	–	–	–	–	–	
Anesthesia.....	110	61	22	1	1	3	7	15	–	
General Surgery.....	84	29	23	2	3	3	9	15	–	
Cardiac Surgery.....	9	1	5	–	–	1	2	–	–	
Orthopedic Surgery.....	52	33	6	1	–	–	3	9	–	
Plastic Surgery.....	13	6	3	2	–	–	–	2	–	
Neurosurgery.....	13	4	4	–	–	–	2	3	–	
Obstetrics and Gynecology.....	69	34	16	1	–	2	4	12	–	
Urological Surgery.....	17	10	4	–	–	–	–	2	1	
Ophthalmology.....	31	19	3	1	4	–	3	1	–	
Otolaryngology.....	17	8	3	–	–	–	–	6	–	
Pathology and Diagnostic Radiology.....	108	38	51	3	3	1	9	2	1	
<b>All Specialties 2021-22.....</b>	<b>920</b>	<b>384</b>	<b>229</b>	<b>26</b>	<b>26</b>	<b>27</b>	<b>87</b>	<b>137</b>	<b>4</b>	
All Specialties 2020-21 .....	906	374	224	28	21	30	86	138	5	
<b>All Physicians 2021-22 .....</b>	<b>1,885</b>	<b>707</b>	<b>274</b>	<b>52</b>	<b>78</b>	<b>41</b>	<b>289</b>	<b>439</b>	<b>5</b>	
Per Cent Distribution 2021-22 .....	100%	38%	15%	3%	4%	2%	15%	23%	0%	
<b>All Physicians 2020-21 .....</b>	<b>1,806</b>	<b>657</b>	<b>267</b>	<b>55</b>	<b>72</b>	<b>46</b>	<b>271</b>	<b>431</b>	<b>7</b>	
Per Cent Distribution 2020-21 .....	100%	36%	15%	3%	4%	3%	15%	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 Physician <sup>1</sup>	Number of Physicians <sup>2</sup>	Age Group				
		Under 35	35-44	45-54	55-64	65+
<b>General Practice</b>						
Metro Association.....	394	53	110	100	89	42
Metro Solo.....	90	3	5	21	37	24
Urban Association.....	190	40	57	56	28	9
Urban Solo.....	36	2	7	9	10	8
Rural Association.....	242	25	90	89	29	9
Rural Solo.....	13	–	1	1	8	3
<b>All General Practice 2021-22 .....</b>	<b>965</b>	<b>123</b>	<b>270</b>	<b>276</b>	<b>201</b>	<b>95</b>
All General Practice 2020-21 .....	900	118	259	243	191	89
<b>Specialties</b>						
Pediatrics and Medical Genetics.....	69	8	22	21	14	4
Internal Medicine and Physical Medicine .....	190	32	51	53	29	25
Neurology.....	22	2	8	8	2	2
Cardiology.....	34	–	13	11	6	4
Psychiatry.....	74	6	19	32	12	5
Dermatology.....	8	2	3	–	2	1
Anesthesia.....	110	8	31	34	23	14
General Surgery.....	84	5	24	27	25	3
Cardiac Surgery.....	9	–	1	4	2	2
Orthopedic Surgery.....	52	3	18	15	11	5
Plastic Surgery.....	13	–	4	6	2	1
Neurosurgery.....	13	–	5	6	–	2
Obstetrics and Gynecology.....	69	13	22	16	12	6
Urological Surgery.....	17	3	5	3	3	3
Ophthalmology.....	31	3	7	11	3	7
Otolaryngology.....	17	2	6	1	6	2
Pathology and Diagnostic Radiology.....	108	10	38	31	22	7
<b>All Specialties 2021-22.....</b>	<b>920</b>	<b>97</b>	<b>277</b>	<b>279</b>	<b>174</b>	<b>93</b>
All Specialties 2020-21 .....	906	112	268	271	172	83
<b>All Physicians 2021-22 .....</b>	<b>1,885</b>	<b>220</b>	<b>547</b>	<b>555</b>	<b>375</b>	<b>188</b>
Per Cent Distribution 2021-22 .....	100%	12%	29%	29%	20%	10%
<b>All Physicians 2020-21 .....</b>	<b>1,806</b>	<b>230</b>	<b>527</b>	<b>514</b>	<b>363</b>	<b>172</b>
Per Cent Distribution 2020-21 .....	100%	13%	29%	28%	20%	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>316.7</b>	<b>1,885</b>	<b>228.6</b>	<b>965</b>	<b>409.2</b>	<b>920</b>
Highest Paid.....	3,315.4		895.0		3,315.4	
All Average per Pay Range						
Less than \$60,000.....	25.1	367	25.5	209	24.5	158
\$60,000 – \$74,999.....	68.1	88	68.4	57	67.6	31
\$75,000 – \$99,999.....	87.3	149	86.9	89	87.9	60
\$100,000 – \$124,999.....	113.4	149	113.9	102	112.1	47
\$125,000 – \$149,999.....	137.8	156	137.8	91	137.7	65
\$150,000 – \$174,999.....	161.9	125	162.4	78	161.2	47
\$175,000 – \$199,999.....	187.4	112	187.4	71	187.5	41
\$200,000 – \$249,999.....	222.6	219	222.6	143	222.5	76
\$250,000 – \$299,999.....	272.7	168	272.1	96	273.4	72
\$300,000 – \$349,999.....	323.7	150	321.7	68	325.4	82
Over \$350,000.....	624.5	569	464.5	170	692.6	399
<b>Practising Physicians<sup>3</sup></b> .....	<b>269.2</b>	<b>2,252</b>	<b>192.4</b>	<b>1,174</b>	<b>352.8</b>	<b>1,078</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>242.7</b>	<b>484</b>	<b>221.4</b>	<b>226</b>	<b>208.0</b>	<b>255</b>
Highest Paid.....	895.0		892.2		581.3	
All Average per Pay Range						
Less than \$60,000.....	25.4	118	21.8	37	28.3	54
\$60,000 – \$74,999.....	68.2	35	67.2	6	69.2	16
\$75,000 – \$99,999.....	86.5	41	86.6	21	87.6	27
\$100,000 – \$124,999.....	113.5	40	113.8	36	114.8	26
\$125,000 – \$149,999.....	138.0	43	137.6	24	137.7	24
\$150,000 – \$174,999.....	163.0	29	161.6	23	162.3	26
\$175,000 – \$199,999.....	188.9	26	188.4	21	184.9	24
\$200,000 – \$249,999.....	223.2	76	216.2	27	225.9	40
\$250,000 – \$299,999.....	273.5	57	270.2	20	269.9	19
\$300,000 – \$349,999.....	321.4	37	329.9	11	317.5	20
Over \$350,000.....	469.8	100	483.3	37	427.2	33
<b>Practising Physicians<sup>3</sup></b> .....	<b>200.1</b>	<b>602</b>	<b>193.4</b>	<b>263</b>	<b>176.6</b>	<b>309</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>213.3</b>	<b>69</b>	<b>332.8</b>	<b>190</b>	<b>817.6</b>	<b>34</b>
Highest Paid.....	1,079.8		1,699.6		1,618.7	
All Average per Pay Range						
Less than \$60,000.....	23.1	27	26.9	31	25.8	1
\$60,000 – \$74,999.....	69.3	6	70.4	10	–	–
\$75,000 – \$99,999.....	85.6	10	88.8	20	–	–
\$100,000 – \$124,999.....	116.0	10	110.5	14	–	–
\$125,000 – \$149,999.....	135.8	11	136.3	14	–	–
\$150,000 – \$174,999.....	161.9	3	161.2	16	–	–
\$175,000 – \$199,999.....	188.0	7	187.4	11	–	–
\$200,000 – \$249,999.....	221.9	7	221.1	15	232.1	1
\$250,000 – \$299,999.....	276.2	4	270.5	14	287.5	3
\$300,000 – \$349,999.....	321.5	2	329.0	8	–	–
Over \$350,000.....	632.4	9	631.2	68	890.2	30
<b>Practising Physicians<sup>3</sup></b> .....	<b>159.8</b>	<b>96</b>	<b>289.9</b>	<b>221</b>	<b>795.0</b>	<b>35</b>

Active Physicians Only	Neurology		Psychiatry		Dermatology	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
	<b>Active Physicians<sup>2</sup></b> .....	<b>330.7</b>	<b>22</b>	<b>351.5</b>	<b>74</b>	<b>425.1</b>
Highest Paid.....	1,021.9		1,095.9		734.8	
All Average per Pay Range						
Less than \$60,000.....	29.5	2	30.5	12	48.0	1
\$60,000 – \$74,999.....	–	–	63.9	2	–	–
\$75,000 – \$99,999.....	–	–	89.7	4	–	–
\$100,000 – \$124,999.....	120.8	1	110.8	2	–	–
\$125,000 – \$149,999.....	140.4	2	139.9	10	–	–
\$150,000 – \$174,999.....	164.2	3	165.3	4	169.1	1
\$175,000 – \$199,999.....	183.1	3	188.1	7	184.2	1
\$200,000 – \$249,999.....	236.0	4	222.7	7	202.7	1
\$250,000 – \$299,999.....	263.1	1	273.2	4	–	–
\$300,000 – \$349,999.....	313.1	2	328.9	8	–	–
Over \$350,000.....	666.4	6	640.0	26	568.9	5
<b>Practising Physicians<sup>3</sup></b> .....	<b>305.6</b>	<b>24</b>	<b>306.7</b>	<b>86</b>	<b>383.2</b>	<b>9</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) Payments and services in 2021-22 affected by COVID-19.

## 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>347.9</b>	<b>110</b>	<b>348.6</b>	<b>84</b>	<b>393.2</b>	<b>9</b>
Highest Paid.....	988.3		976.9		820.7	
All Average per Pay Range						
Less than \$60,000 .....	24.5	11	40.7	6	–	–
\$60,000 – \$74,999 .....	68.7	2	61.8	3	65.8	1
\$75,000 – \$99,999 .....	97.4	1	81.5	4	–	–
\$100,000 – \$124,999.....	112.0	6	108.2	2	–	–
\$125,000 – \$149,999.....	139.2	3	140.1	10	133.1	1
\$150,000 – \$174,999.....	164.0	2	164.3	2	157.0	1
\$175,000 – \$199,999.....	183.4	4	188.0	3	–	–
\$200,000 – \$249,999.....	223.8	10	215.1	5	–	–
\$250,000 – \$299,999.....	275.2	14	277.4	7	261.9	1
\$300,000 – \$349,999.....	326.4	18	326.3	12	315.5	2
Over \$350,000.....	478.3	50	537.0	36	763.4	3
<b>Practising Physicians<sup>3</sup></b> .....	<b>318.5</b>	<b>121</b>	<b>328.1</b>	<b>90</b>	<b>393.2</b>	<b>9</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>467.6</b>	<b>52</b>	<b>537.9</b>	<b>13</b>	<b>604.8</b>
Highest Paid.....	1,235.9		1,146.9		1,482.7	
All Average per Pay Range						
Less than \$60,000 .....	36.9	2	33.9	3	25.2	2
\$60,000 – \$74,999 .....	64.6	2	–	–	–	–
\$75,000 – \$99,999 .....	89.8	2	–	–	84.8	1
\$100,000 – \$124,999.....	104.9	1	–	–	–	–
\$125,000 – \$149,999.....	–	–	–	–	–	–
\$150,000 – \$174,999.....	154.3	2	–	–	–	–
\$175,000 – \$199,999.....	177.7	1	–	–	–	–
\$200,000 – \$249,999.....	218.3	4	231.7	1	239.8	2
\$250,000 – \$299,999.....	277.0	6	278.8	1	273.6	1
\$300,000 – \$349,999.....	334.8	4	323.9	3	327.4	2
Over \$350,000.....	651.3	30	688.8	8	910.0	7
<b>Practising Physicians<sup>3</sup></b> .....	<b>451.6</b>	<b>54</b>	<b>443.4</b>	<b>16</b>	<b>527.6</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	Type of Physician <sup>4</sup>					
	Obstetrics and Gynecology		Urological Surgery		Ophthalmology	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
<b>Active Physicians<sup>2</sup></b> .....	<b>316.9</b>	<b>69</b>	<b>494.8</b>	<b>17</b>	<b>1,246.0</b>	<b>31</b>
Highest Paid.....	1,157.9		833.6		3,315.4	
All Average per Pay Range						
Less than \$60,000.....	20.7	8	46.7	1	–	–
\$60,000 – \$74,999.....	66.9	2	–	–	–	–
\$75,000 – \$99,999.....	88.0	4	–	–	–	–
\$100,000 – \$124,999.....	113.7	4	–	–	–	–
\$125,000 – \$149,999.....	135.5	5	–	–	132.8	1
\$150,000 – \$174,999.....	156.8	5	161.4	2	168.2	1
\$175,000 – \$199,999.....	–	–	–	–	–	–
\$200,000 – \$249,999.....	218.1	9	–	–	242.9	1
\$250,000 – \$299,999.....	270.3	9	–	–	–	–
\$300,000 – \$349,999.....	318.4	10	326.4	3	–	–
Over \$350,000.....	565.9	21	592.5	12	1,360.0	28
<b>Practising Physicians<sup>3</sup></b> .....	<b>286.1</b>	<b>77</b>	<b>470.0</b>	<b>18</b>	<b>1,246.0</b>	<b>31</b>

Active Physicians Only	Pathology and Diagnostic Radiology			
	Otolaryngology		Pathology and Diagnostic Radiology	
	Average Payment	Number	Average Payment	Number
<b>Active Physicians<sup>2</sup></b> .....	<b>546.0</b>	<b>17</b>	<b>422.2</b>	<b>108</b>
Highest Paid.....	1,289.6		2,565.7	
All Average per Pay Range				
Less than \$60,000.....	58.8	1	18.0	50
\$60,000 – \$74,999.....	–	–	65.7	3
\$75,000 – \$99,999.....	91.5	1	88.7	13
\$100,000 – \$124,999.....	–	–	110.2	7
\$125,000 – \$149,999.....	146.5	2	135.8	6
\$150,000 – \$174,999.....	–	–	158.0	5
\$175,000 – \$199,999.....	–	–	196.3	4
\$200,000 – \$249,999.....	228.2	1	221.0	8
\$250,000 – \$299,999.....	281.7	3	256.7	4
\$300,000 – \$349,999.....	–	–	324.5	8
Over \$350,000.....	782.4	10	713.9	50
<b>Practising Physicians<sup>3</sup></b> .....	<b>518.9</b>	<b>18</b>	<b>294.3</b>	<b>158</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) Payments and services in 2021-22 affected by COVID-19.

# Table 25

## Average Payment<sup>1</sup> (\$000s) Per Physician by Specialty, 2019-20 to 2021-22

Type of Physician <sup>2</sup>	Average Payment (\$000s)			Average Annual
	2019-20	2020-21 <sup>3,4</sup>	2021-22 <sup>5</sup>	Per Cent Change 2019-20 to 2021-22
<b>General Practice</b>				
Metro Association.....	253.2	209.0	242.2	-2.20
Metro Solo.....	247.8	214.1	245.2	-0.53
Urban Association.....	251.0	179.5	210.4	-8.44
Urban Solo.....	320.1	273.0	279.9	-6.49
Rural Association.....	235.9	180.1	199.6	-8.02
Rural Solo.....	356.7	298.1	364.3	1.06
<b>All General Practice.....</b>	<b>252.6</b>	<b>201.1</b>	<b>228.6</b>	<b>-4.87</b>
<b>Specialties</b>				
Pediatrics and Medical Genetics.....	211.8	165.7	213.3	0.35
Internal Medicine and Physical Medicine.....	378.9	287.4	332.8	-6.28
Neurology.....	345.3	258.2	330.7	-2.14
Cardiology.....	836.3	719.8	817.6	-1.12
Psychiatry.....	354.3	303.0	351.5	-0.40
Dermatology.....	327.1	335.2	425.1	14.00
Anesthesia.....	386.2	274.6	347.9	-5.09
General Surgery.....	387.1	287.4	348.6	-5.10
Cardiac Surgery.....	771.4	455.6	393.2	-28.61
Orthopedic Surgery.....	570.9	413.2	467.6	-9.50
Plastic Surgery.....	637.5	405.5	537.9	-8.14
Neurosurgery.....	612.7	525.1	604.8	-0.65
Obstetrics and Gynecology.....	370.8	279.6	316.9	-7.55
Urological Surgery.....	470.7	360.8	494.8	2.53
Ophthalmology.....	1,401.0	1,058.0	1,246.0	-5.69
Otolaryngology.....	636.3	424.0	546.0	-7.37
Pathology and Diagnostic Radiology.....	530.4	353.8	422.2	-10.78
<b>All Specialties.....</b>	<b>454.7</b>	<b>344.4</b>	<b>409.2</b>	<b>-5.14</b>
Spec. less Pathology & Radiology.....	446.1	343.1	407.5	-4.43
<b>All Physicians.....</b>	<b>349.1</b>	<b>273.0</b>	<b>316.7</b>	<b>-4.75</b>
Phys. less Pathology & Radiology.....	339.8	267.8	310.3	-4.45

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

<sup>4</sup> Payments in 2020-21 do not include \$80,864,043 paid to 907 physicians through Pandemic Physician Services Agreements with the Saskatchewan Health Authority.

<sup>5</sup> Payments and services in 2021-22 affected by COVID-19.

### Notes:

- Earnings may reflect an upward bias as a result of physicians sponsoring locums.
- Laboratory services provided by Pathologists are the responsibility of the Saskatchewan Health Authority. 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.

**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:</b>								
Regina .....	187	258.9	112	521.4	95	592.3	85	394.4
Saskatoon <sup>3</sup> .....	284	231.6	241	286.5	144	475.4	114	367.1
Moose Jaw .....	35	241.5	13	374.0	11	501.9	–	–
Prince Albert .....	62	233.7	11	364.9	23	397.4	8	619.0
Yorkton .....	18	214.9	4	**	5	505.1	1	**
Swift Current .....	25	220.5	4	**	7	315.5	1	**
North Battleford .....	26	247.8	6	416.3	10	356.2	8	370.6
Estevan .....	16	231.0	–	–	1	**	–	–
Weyburn .....	16	205.8	–	–	–	–	–	–
All Other Locations .....	296	204.8	6	182.8	9	261.3	1	**
<b>B. By Activity Threshold:</b>								
1. Total Active Physicians <sup>2</sup> .....	965	228.6	397	358.8	305	492.4	218	384.7
2. Total Licensed Physicians <sup>4</sup> .....	1,416	–	609	–	358	–	413	–
3. Resident and Active in Two Consecutive Years <sup>2</sup> .....	800	249.1	357	382.9	280	523.4	191	398.6
4. Resident at Year End With Payments of \$15,000 or More in Each Quarter of the Year .....	776	257.6	320	415.6	260	552.4	159	463.2
<b>C. By Age Group:</b>								
Under 35 .....	123	169.0	50	230.3	29	414.0	18	312.5
35 – 44 .....	270	206.4	116	330.2	92	443.0	69	364.4
45 – 54 .....	276	242.3	125	394.6	89	605.5	65	414.6
55 – 64 .....	201	259.6	65	392.0	64	477.0	45	367.4
65+ .....	95	263.0	41	434.5	31	419.3	21	458.0

<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) Payments and services in 2021-22 affected by COVID-19.

## 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			
<b>Health Reporting Zone</b>					
1 Athabasca Health Authority .....	-	-	-	117,234	117,234
2 Far North East.....	-	-	-	181,693	181,693
3 Far North West.....	-	-	-	318,314	318,314
4 North Central.....	8	3	1,802,006	488,594	2,290,600
5 North East.....	-	5	409,602	831,539	1,241,142
6 North West .....	12	8	2,850,536	737,314	3,587,850
7 Central East.....	7	1	1,279,313	1,610,712	2,890,025
8 Central West.....	-	2	165,773	1,024,342	1,190,114
9 Saskatoon .....	46	33	13,356,353	183,036	13,539,389
10 Regina.....	34	17	8,695,491	194,472	8,889,963
11 South Central .....	8	2	1,660,100	454,171	2,114,270
12 South East .....	3	2	531,001	1,615,092	2,146,092
13 South West .....	7	2	1,399,471	390,426	1,789,897
<b>All Health Reporting Zones</b>	<b>125</b>	<b>75</b>	<b>32,149,645</b>	<b>8,146,939</b>	<b>40,296,584</b>
<b>Other Emergency Coverage</b>					
Medical Health Officers .....	-	3	450,000	-	450,000
Saskatchewan Cancer Agency.....	2	6	1,246,563	-	1,246,563
<b>All Emergency Coverage.....</b>	<b>127</b>	<b>84</b>	<b>33,846,208</b>	<b>8,146,939</b>	<b>41,993,147</b>

<sup>1</sup> Includes payments made indirectly to physicians through the Saskatchewan Health Authority 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 ERCP and Family Physician on call payments as well as any payments for travel expenses when general practitioners provide weekend relief.

#### Notes:

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

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



## Table 28

### Non-Fee-For-Service Payments (\$000s)

		Non-Fee-For-Service Total Payments	
		2020-21 <sup>3</sup> (Restated)	2021-22
<b>Health Reporting Zone<sup>1</sup></b>			
1	Athabasca Health Authority .....	–	–
2	Far North East.....	222	228
3	Far North West.....	–	–
4	North Central.....	20,586	22,468
5	North East.....	948	1,252
6	North West .....	12,965	14,323
7	Central East.....	9,324	10,906
8	Central West.....	998	1,038
9	Saskatoon .....	155,042	172,960
10	Regina.....	85,567	101,212
11	South Central .....	13,100	14,555
12	South East .....	3,261	3,491
13	South West .....	9,456	9,935
<b>All Health Reporting Zones .....</b>		<b>311,469</b>	<b>352,369</b>
	Provincial Projects <sup>2</sup> .....	1,755	701
<b>All Expenditures .....</b>		<b>313,224</b>	<b>353,070</b>

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

<sup>2</sup> These non-fee-for-service clinical arrangements, which are not provided through the SHA, are intended to benefit the entire provincial population. The majority of provincial program funding was transferred to SHA base funding in 2020-21 and 2021-22.

<sup>3</sup> Payments in 2020-21 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 Health Reporting Zone

Age Groups	Sex	Health Reporting Zone of Patient Residence														Total
		1 Athabasca Health Authority	2 Far North East	3 Far North West	4 North Central	5 North East	6 North West	7 Central East	8 Central West	9 Saskatoon	10 Regina	11 South Central	12 South East	13 South West	Unassigned <sup>1</sup>	
Under 1	M	26	266	87	559	243	611	497	210	2,015	1,508	309	481	221	1	<b>7,034</b>
	F	21	264	83	542	216	608	450	224	1,795	1,465	270	419	172	1	<b>6,530</b>
	T	47	530	170	1,101	459	1,219	947	434	3,810	2,973	579	900	393	2	<b>13,564</b>
1 – 4	M	89	982	427	2,533	1,044	2,808	2,161	931	8,717	6,628	1,297	2,110	881	7	<b>30,615</b>
	F	83	958	479	2,319	1,020	2,684	2,042	843	8,301	6,450	1,199	2,042	775	9	<b>29,204</b>
	T	172	1,940	906	4,852	2,064	5,492	4,203	1,774	17,018	13,078	2,496	4,152	1,656	16	<b>59,819</b>
5 – 9	M	114	1,112	545	3,180	1,293	3,776	2,961	1,168	11,758	9,137	1,924	2,878	1,162	7	<b>41,015</b>
	F	117	1,115	530	3,095	1,284	3,588	2,805	1,194	11,065	8,813	1,739	2,832	1,107	10	<b>39,294</b>
	T	231	2,227	1,075	6,275	2,577	7,364	5,766	2,362	22,823	17,950	3,663	5,710	2,269	17	<b>80,309</b>
10 – 14	M	157	1,281	595	3,469	1,412	3,785	3,098	1,208	11,056	8,901	2,017	3,023	1,132	4	<b>41,138</b>
	F	136	1,144	557	3,274	1,351	3,746	2,964	1,183	10,544	8,318	1,855	2,947	1,108	6	<b>39,133</b>
	T	293	2,425	1,152	6,743	2,763	7,531	6,062	2,391	21,600	17,219	3,872	5,970	2,240	10	<b>80,271</b>
15 – 19	M	125	1,063	455	3,113	1,356	3,454	2,941	1,170	9,710	7,784	1,721	2,733	1,166	4	<b>36,795</b>
	F	130	1,047	442	2,952	1,193	3,407	2,681	1,065	9,286	7,317	1,645	2,693	1,064	18	<b>34,940</b>
	T	255	2,110	897	6,065	2,549	6,861	5,622	2,235	18,996	15,101	3,366	5,426	2,230	22	<b>71,735</b>
20 – 24	M	116	950	500	2,996	1,244	3,338	2,866	1,125	10,408	8,972	1,783	2,540	1,129	52	<b>38,019</b>
	F	110	937	436	2,784	1,252	3,244	2,619	1,067	10,216	8,114	1,564	2,452	1,120	100	<b>36,015</b>
	T	226	1,887	936	5,780	2,496	6,582	5,485	2,192	20,624	17,086	3,347	4,992	2,249	152	<b>74,034</b>
25 – 29	M	108	1,055	521	2,938	1,291	3,398	2,911	1,159	11,797	9,537	1,861	2,747	1,182	37	<b>40,542</b>
	F	103	962	524	2,887	1,151	3,107	2,701	1,091	12,031	9,250	1,734	2,500	1,178	46	<b>39,265</b>
	T	211	2,017	1,045	5,825	2,442	6,505	5,612	2,250	23,828	18,787	3,595	5,247	2,360	83	<b>79,807</b>
30 – 34	M	98	903	485	3,042	1,225	3,571	2,988	1,283	13,997	11,228	1,928	2,974	1,248	25	<b>44,995</b>
	F	99	882	515	2,907	1,211	3,408	2,736	1,202	14,259	10,900	1,834	2,898	1,229	30	<b>44,110</b>
	T	197	1,785	1,000	5,949	2,436	6,979	5,724	2,485	28,256	22,128	3,762	5,872	2,477	55	<b>89,105</b>
35 – 39	M	107	756	376	2,742	1,171	3,491	2,957	1,247	14,152	11,828	2,003	2,986	1,203	11	<b>45,030</b>
	F	113	756	356	2,852	1,147	3,417	2,829	1,156	14,069	11,093	1,986	2,884	1,269	12	<b>43,939</b>
	T	220	1,512	732	5,594	2,318	6,908	5,786	2,403	28,221	22,921	3,989	5,870	2,472	23	<b>88,969</b>
40 – 44	M	94	680	281	2,549	1,195	3,236	2,930	1,130	12,509	10,566	1,892	2,954	1,184	8	<b>41,208</b>
	F	77	654	302	2,494	1,127	3,075	2,818	1,078	11,956	9,768	1,899	2,731	1,083	9	<b>39,071</b>
	T	171	1,334	583	5,043	2,322	6,311	5,748	2,208	24,465	20,334	3,791	5,685	2,267	17	<b>80,279</b>
45 – 49	M	77	651	346	2,382	1,194	2,828	2,804	1,006	10,592	8,825	1,703	2,651	1,021	3	<b>36,083</b>
	F	60	637	340	2,446	1,095	2,727	2,643	980	10,267	8,252	1,655	2,367	1,056	3	<b>34,528</b>
	T	137	1,288	686	4,828	2,289	5,555	5,447	1,986	20,859	17,077	3,358	5,018	2,077	6	<b>70,611</b>
50 – 54	M	79	624	350	2,422	1,158	2,625	2,856	1,088	9,703	7,960	1,601	2,560	1,028	6	<b>34,060</b>
	F	68	565	372	2,379	1,163	2,591	2,746	977	9,335	7,561	1,647	2,451	1,069	4	<b>32,928</b>
	T	147	1,189	722	4,801	2,321	5,216	5,602	2,065	19,038	15,521	3,248	5,011	2,097	10	<b>66,988</b>
55 – 59	M	55	561	353	2,599	1,400	3,018	3,454	1,287	10,277	8,432	2,124	2,954	1,317	7	<b>37,838</b>
	F	69	584	323	2,739	1,335	3,002	3,391	1,246	10,182	8,531	2,056	2,841	1,404	9	<b>37,712</b>
	T	124	1,145	676	5,338	2,735	6,020	6,845	2,533	20,459	16,963	4,180	5,795	2,721	16	<b>75,550</b>
60 – 64	M	38	515	284	2,774	1,415	3,023	3,751	1,459	9,551	8,064	2,342	3,106	1,554	10	<b>37,886</b>
	F	42	493	261	2,883	1,372	2,999	3,464	1,326	9,937	8,076	2,315	2,975	1,466	7	<b>37,616</b>
	T	80	1,008	545	5,657	2,787	6,022	7,215	2,785	19,488	16,140	4,657	6,081	3,020	17	<b>75,502</b>
65 – 69	M	21	381	197	2,434	1,383	2,572	3,436	1,419	7,942	6,509	2,053	2,779	1,300	12	<b>32,438</b>
	F	26	365	160	2,333	1,320	2,491	3,341	1,258	8,363	6,974	2,045	2,621	1,235	8	<b>32,540</b>
	T	47	746	357	4,767	2,703	5,063	6,777	2,677	16,305	13,483	4,098	5,400	2,535	20	<b>64,978</b>
70 – 74	M	26	292	148	1,822	1,162	1,919	2,749	974	5,591	4,811	1,575	2,110	955	10	<b>24,144</b>
	F	21	243	116	1,879	1,121	1,902	2,691	935	6,338	5,281	1,583	2,016	988	8	<b>25,122</b>
	T	47	535	264	3,701	2,283	3,821	5,440	1,909	11,929	10,092	3,158	4,126	1,943	18	<b>49,266</b>
75 & Over	M	21	294	160	2,683	1,790	2,837	4,475	1,505	8,285	6,855	2,401	3,209	1,640	10	<b>36,165</b>
	F	23	310	165	3,388	2,223	3,279	5,764	1,852	12,104	9,948	3,162	4,040	2,008	12	<b>48,278</b>
	T	44	604	325	6,071	4,013	6,116	10,239	3,357	20,389	16,803	5,563	7,249	3,648	22	<b>84,443</b>
<b>Total all ages</b>	M	<b>1,351</b>	<b>12,366</b>	<b>6,110</b>	<b>44,237</b>	<b>20,976</b>	<b>50,290</b>	<b>49,835</b>	<b>19,369</b>	<b>168,060</b>	<b>137,545</b>	<b>30,534</b>	<b>44,795</b>	<b>19,323</b>	<b>214</b>	<b>605,005</b>
	F	<b>1,298</b>	<b>11,916</b>	<b>5,961</b>	<b>44,153</b>	<b>20,581</b>	<b>49,275</b>	<b>48,685</b>	<b>18,677</b>	<b>170,048</b>	<b>136,111</b>	<b>30,188</b>	<b>43,709</b>	<b>19,331</b>	<b>292</b>	<b>600,225</b>
	T	<b>2,649</b>	<b>24,282</b>	<b>12,071</b>	<b>88,390</b>	<b>41,557</b>	<b>99,565</b>	<b>98,520</b>	<b>38,046</b>	<b>338,108</b>	<b>273,656</b>	<b>60,722</b>	<b>88,504</b>	<b>38,654</b>	<b>506</b>	<b>1,205,230</b>

<sup>1</sup> There are 506 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, 2021.
- 2) Band members are placed in health reporting zones as indicated by their mailing address.

# Table 30

## Per Cent of General Practitioner Payments by Health Reporting Zone of Patient Residence by Physician Health Reporting Zone

Health Reporting Zone of Patient Residence		Health Reporting Zone of Physician Practice													Total		
		1	2	3	4	5	6	7	8	9	10	11	12	13			
		Athabasca Health Authority	Far North East	Far North West	North Central	North East	North West	Central East	Central West	Saskatoon	Regina	South Central	South East	South West	Unassigned <sup>1</sup>	Out of Province	
1	Athabasca Health Authority ...	50.6	1.5	0.2	26.3	0.2	1.5	0.2	0.0	17.5	0.3	–	0.1	–	0.0	1.6	100.0
2	Far North East.....	0.1	49.2	0.2	28.4	0.7	0.8	0.3	0.1	8.8	0.7	0.1	0.1	0.1	0.4	10.2	100.0
3	Far North West.....	0.0	0.4	53.1	8.0	0.1	20.9	0.2	0.0	12.0	0.4	0.1	0.3	0.1	0.1	4.4	100.0
4	North Central.....	0.0	0.2	0.1	83.4	0.8	0.9	0.5	0.1	10.6	0.4	0.1	0.2	0.0	1.0	1.7	100.0
5	North East.....	0.0	0.1	0.0	9.1	77.5	0.3	2.2	0.1	7.8	0.6	0.2	0.1	0.0	0.1	1.8	100.0
6	North West.....	0.0	0.0	0.1	2.0	0.1	67.6	0.1	0.7	6.2	0.3	0.1	0.1	0.1	0.1	22.6	100.0
7	Central East.....	0.0	0.0	0.0	0.4	0.7	0.4	79.0	0.2	7.3	7.2	0.6	1.5	0.1	0.1	2.5	100.0
8	Central West.....	–	0.0	0.0	0.2	0.1	4.4	0.2	66.9	18.9	0.8	1.6	0.2	2.6	0.2	3.7	100.0
9	Saskatoon.....	0.0	0.0	0.0	1.1	0.2	0.5	0.6	0.2	91.3	0.5	0.2	0.2	0.1	2.9	2.1	100.0
10	Regina.....	0.0	0.0	0.0	0.1	0.1	0.1	0.6	0.0	1.1	93.9	0.7	1.0	0.1	0.0	2.2	100.0
11	South Central.....	0.0	0.0	0.0	0.1	0.1	0.1	0.2	0.1	1.6	5.7	84.9	0.6	4.6	0.0	1.9	100.0
12	South East.....	0.0	0.0	0.0	0.1	0.1	0.1	3.2	0.1	1.2	16.7	1.2	74.4	0.1	0.0	2.7	100.0
13	South West.....	–	0.0	0.0	0.1	0.1	0.2	0.1	0.7	2.3	2.5	1.9	0.1	83.0	0.0	9.1	100.0
	Unassigned.....	–	0.0	–	7.3	3.3	2.4	14.7	5.3	16.5	14.6	0.5	20.4	2.5	3.9	8.5	100.0
	Out of Province.....	2.0	6.3	5.9	4.6	11.2	18.0	10.7	3.2	9.1	3.4	2.6	19.2	3.8	–	–	100.0
	Family Physician Emergency Coverage.....	1.5	2.3	4.1	5.0	11.2	9.5	20.6	12.6	1.3	–	5.8	20.9	5.0	–	–	100.0
<b>All Health Reporting Zones.....</b>		<b>0.2</b>	<b>0.8</b>	<b>0.7</b>	<b>8.1</b>	<b>3.5</b>	<b>7.4</b>	<b>7.7</b>	<b>2.8</b>	<b>28.2</b>	<b>20.5</b>	<b>4.9</b>	<b>7.0</b>	<b>3.2</b>	<b>0.9</b>	<b>4.3</b>	<b>100.0</b>

<sup>1</sup> There are 506 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) 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 health reporting zones.
  - 3) Band members are placed in health reporting zones as indicated by their mailing address.
  - 4) Payments to physicians by health reporting zone 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 Health Reporting Zone of Patient Residence and Per Cent of Population Treated (In- and Out-of-Province)**

Health Reporting Zone of Patient Residence	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 Athabasca Health Authority .....	100.9	2.6	54.6	286.3	4.6	37.9	387.2	7.1	62.1
2 Far North East.....	116.3	2.7	54.3	239.9	3.7	35.6	356.2	6.3	62.4
3 Far North West.....	165.9	3.8	63.6	256.5	3.8	36.2	422.4	7.6	67.6
4 North Central.....	228.1	5.8	76.7	328.8	5.1	44.1	556.9	10.9	80.1
5 North East.....	212.3	5.1	72.3	277.7	3.8	39.1	490.1	8.9	75.9
6 North West .....	231.8	5.4	70.2	371.0	6.2	45.8	602.8	11.7	74.3
7 Central East.....	177.0	4.5	64.8	301.1	4.1	40.8	478.1	8.6	69.2
8 Central West.....	214.0	5.2	72.0	304.4	4.6	43.9	518.4	9.8	76.0
9 Saskatoon .....	204.1	5.3	77.2	351.4	5.6	49.1	555.5	10.9	80.7
10 Regina.....	181.1	4.7	72.9	382.8	5.5	50.5	563.9	10.1	78.1
11 South Central .....	209.2	5.5	74.4	347.3	4.9	47.5	556.6	10.4	78.6
12 South East .....	207.5	4.9	70.8	312.0	4.0	41.9	519.5	8.9	75.1
13 South West .....	209.1	5.0	71.7	295.4	4.0	42.7	504.5	9.0	75.9
<b>All Health Reporting Zones .....</b>	<b>208.1</b>	<b>5.1</b>	<b>72.8</b>	<b>344.1</b>	<b>5.1</b>	<b>46.4</b>	<b>552.2</b>	<b>10.2</b>	<b>77.0</b>

**Notes:**

- 1) This data is not adjusted for any demographic differences between health reporting zones.
- 2) Band members are placed in health reporting zones as indicated by their mailing address.
- 3) Excludes payments for specialist and family physician emergency coverage programs and lump sum payments to physicians.
- 4) Payments and services in 2021-22 affected by COVID-19.
- 5) See "Data Limitations" in *Statistical Figures and Tables*.

**Table 32****General Practitioners in Relation to Population, Earnings and Practice Size**

Health Reporting Zone 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>5,6</sup>
1 Athabasca Health Authority .....	7	4	662	76,507	869	1,031	2,649
2 Far North East.....	23	13	1,868	93,931	1,312	1,876	24,282
3 Far North West.....	25	11	1,097	106,361	1,163	1,485	12,071
4 North Central.....	106	83	1,065	226,927	1,878	4,209	88,390
5 North East.....	48	37	1,123	204,680	1,417	3,005	41,557
6 North West .....	114	87	1,144	192,799	1,396	3,064	99,565
7 Central East.....	89	69	1,428	240,524	1,510	4,137	98,520
8 Central West.....	26	23	1,654	277,282	1,588	4,440	38,046
9 Saskatoon .....	440	296	1,142	233,036	1,908	4,352	338,108
10 Regina.....	334	187	1,463	258,861	1,859	5,019	273,656
11 South Central .....	70	45	1,349	254,421	1,517	4,710	60,722
12 South East .....	88	73	1,212	210,775	1,429	3,508	88,504
13 South West .....	46	37	1,045	202,263	1,468	3,527	38,654
<b>All Health Reporting Zones .....</b>	<b>1,416</b>	<b>965</b>	<b>1,248</b>	<b>228,557</b>	<b>1,703</b>	<b>4,129</b>	<b>1,204,724</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 the practitioner saw (in-person or via virtual care) a patient professionally 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.

<sup>5</sup> Excludes 506 beneficiaries who have no residence assigned. The majority of these beneficiaries are students or temporary workers who cannot be connected to a Saskatchewan address.

<sup>6</sup> Population as at June 30, 2021.

**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) Payments and services in 2021-22 affected by COVID-19.

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	2016-17		2017-18		2018-19	
	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>5</sup>	10	12 <sup>4</sup>	7	9 <sup>6</sup>	5
Family Medicine – Saskatoon.....	12 <sup>6</sup>	5	12	9	11	9
Family Medicine – Rural.....	20 <sup>5</sup>	15	16 <sup>5</sup>	13	24 <sup>7</sup>	17
Family Medicine/Emergency .....	7	6	6	5	12	11
Family Medicine/Enhanced Skills .....	5 <sup>4</sup>	2	3	2	4	1
<b>All Family Medicine .....</b>	<b>56</b>	<b>38</b>	<b>49</b>	<b>36</b>	<b>60</b>	<b>43</b>
Anesthesia.....	6	–	6	3	6	3
Cardiology.....	3	2	2	1	2	1
Diagnostic Radiology.....	4	1	4	–	3	–
Emergency Medicine .....	2	2	5	3	1	–
General Surgery.....	5	–	7	3	5	2
Internal Medicine.....	3	2	5	1	11 <sup>7</sup>	3
Nephrology .....	1	1	1	–	–	–
Neurology.....	2	–	1	–	2	–
Neurosurgery .....	–	–	1	–	–	–
Obstetrics/Gynecology.....	4	3	6	4	6	3
Ophthalmology.....	2	–	1	–	1	–
Orthopedic Surgery.....	3	–	1	–	1	–
Pediatrics.....	6	2	5	1	3	–
Pathology.....	1	–	1	–	2	–
Physical Medicine & Rehabilitation.....	1	1	2	1	1	–
Public Health & Preventive Medicine.....	2	1	2	1	–	–
Psychiatry.....	5	3	6 <sup>4</sup>	5	5 <sup>5</sup>	2
Respiratory Medicine .....	3	1	2	1	2	2
Rheumatology.....	–	–	1	–	1	–
<b>All Specialists .....</b>	<b>53</b>	<b>19</b>	<b>59</b>	<b>24</b>	<b>52</b>	<b>16</b>
<b>Total CSF Funded .....</b>	<b>109</b>	<b>57</b>	<b>108</b>	<b>60</b>	<b>112</b>	<b>59</b>
<b>Externally Funded .....</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>
<b>Total Physicians.....</b>	<b>109</b>	<b>57</b>	<b>108</b>	<b>60</b>	<b>112</b>	<b>59</b>
<b>CSF Funded Retention Rates<sup>8</sup></b>						
Family Medicine .....		79%		78%		81%
Specialists.....		36%		41%		35%
<b>All Physicians.....</b>		<b>56%</b>		<b>58%</b>		<b>60%</b>
<b>CSF Funded and Externally Funded Retention Rates<sup>8</sup></b>						
<b>All Physicians.....</b>		<b>56%</b>		<b>58%</b>		<b>60%</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> 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.

<sup>9</sup> Five graduates went on to a further residency.

## Table 33 (Continued)

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

Type of Physician	2019-20		2020-21		CSF Funded Positions in 2021-22	Retention Rate <sup>9</sup> of June 2021 Graduates
	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 .....	15 <sup>6</sup>	8	10 <sup>5</sup>	6	25	75%
Family Medicine – Saskatoon.....	15 <sup>4</sup>	9	8	7	28	88%
Family Medicine – Rural.....	22	20	23 <sup>10</sup>	16	51	89%
Family Medicine/Emergency.....	8	6	8	7	10	88%
Family Medicine/Enhanced Skills .....	6	2	2 <sup>4</sup>	–	6	–
<b>All Family Medicine .....</b>	<b>66</b>	<b>45</b>	<b>51</b>	<b>36</b>	<b>120</b>	<b>84%</b>
Anesthesia.....	8	4	6	4	31	67%
Cardiology.....	1	1	2	1	6	50%
Diagnostic Radiology.....	5	3	2	–	21	–
Emergency Medicine.....	2	1	3	3	18	100%
General Surgery.....	7	3	2	–	27	–
Internal Medicine.....	5 <sup>9</sup>	4	6 <sup>9</sup>	3	83	50%
Nephrology.....	1	1	–	–	–	–
Neurology.....	1	1	2	–	14	–
Neurosurgery.....	1	–	1	–	6	–
Obstetrics/Gynecology.....	5	1	6	2	36	33%
Ophthalmology.....	1	1	1	1	5	100%
Orthopedic Surgery.....	4	–	1	–	11	–
Pediatrics.....	4	4	4	–	31	–
Pathology.....	1	–	1	–	13	–
Physical Medicine & Rehabilitation.....	2	2	–	–	13	–
Public Health & Preventive Medicine.....	2	1	1	1	5	100%
Psychiatry.....	7	6	6 <sup>5</sup>	3	41	75%
Respiratory Medicine.....	2	1	2	–	4	–
Rheumatology.....	1	–	3	3	1	100%
<b>All Specialists .....</b>	<b>60</b>	<b>34</b>	<b>49</b>	<b>21</b>	<b>366</b>	<b>45%</b>
<b>Total CSF Funded .....</b>	<b>126</b>	<b>79</b>	<b>100</b>	<b>57</b>	<b>486</b>	<b>63%</b>
<b>Externally Funded .....</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>
<b>Total Physicians.....</b>	<b>126</b>	<b>79</b>	<b>100</b>	<b>57</b>	<b>486</b>	<b>63%</b>
<b>CSF Funded Retention Rates<sup>8</sup></b>						
Family Medicine .....		73%		84%		
Specialists.....		57%		45% <sup>9</sup>		
<b>All Physicians.....</b>		<b>65%</b>		<b>63%</b>		
<b>CSF Funded and Externally Funded Retention Rates<sup>8</sup></b>						
<b>All Physicians.....</b>		<b>65%</b>		<b>63%</b>		

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

## Table 34

### Optometrists: Selected Indicators

	2020-21 <sup>3</sup>	2021-22 <sup>4</sup>
Number of Registered <sup>1</sup> Practitioners.....	181	183
Population Per Registered <sup>1</sup> Practitioner.....	6,769	6,586
Per Cent of Beneficiaries Treated (%).....	12.4	13.8
<b>Practising<sup>2</sup> Optometrists:</b>		
Number of Practitioners.....	179	182
Number by Age Group: Under 35.....	61	55
35 – 44.....	44	56
45 – 54.....	37	37
55 – 64.....	23	24
65 and over.....	14	11
Average Number of Patients Per Practising Optometrist.....	866	932
Average Patient Contacts Per Practising Optometrist.....	954	1,035
Average Payment (\$) Per Practising Optometrist.....	64,006	75,602
Number by Dollar Range: Less than \$10,000.....	7	10
\$10,000 – 19,999.....	10	3
\$20,000 – 39,999.....	31	19
\$40,000 – 59,999.....	39	34
\$60,000 – 79,999.....	36	34
\$80,000 – 99,999.....	27	35
\$100,000 – 119,999.....	18	20
\$120,000 – 139,999.....	7	19
\$140,000 – 159,999.....	4	4
\$160,000 – 179,999.....	–	5
\$180,000 & over.....	–	–

<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.

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

<sup>4</sup> Payments and services in 2021-22 affected by COVID-19.

**Note:**

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



# Appendix

## Significant Initiatives and Programs

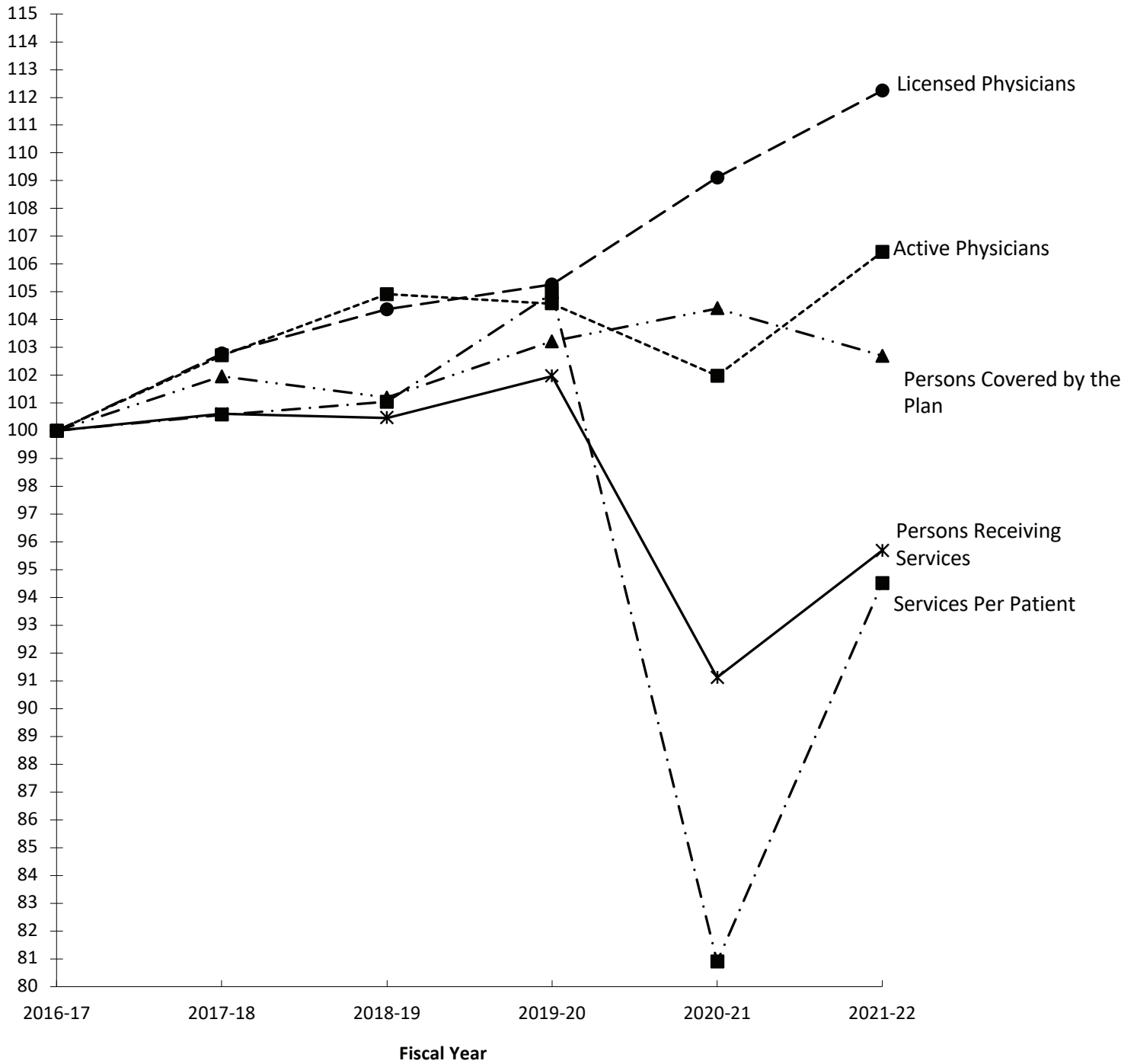
- ⇒ **Physician Recruitment and Retention Initiatives:** Programs developed to increase the number of physicians within Saskatchewan communities and in needed specialty areas, such as the Saskatchewan International Physician Practice Assessment Program (SIPPA) and the Rural Physician Incentive Program (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, 2016 to March 31, 2022. It provided increases of 1% in 2019-20, 2% in 2020-21, and 2% in 2021-22. In addition, it provided for expansion of services for high risk medication and JIA consultations, cycloplegic retinoscopy for children, post-cataract care, and a virtual care service, all effective February 1, 2022. Program funding for the Children's Vision Initiative and Continuing Medical Education continued.
- ⇒ 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.

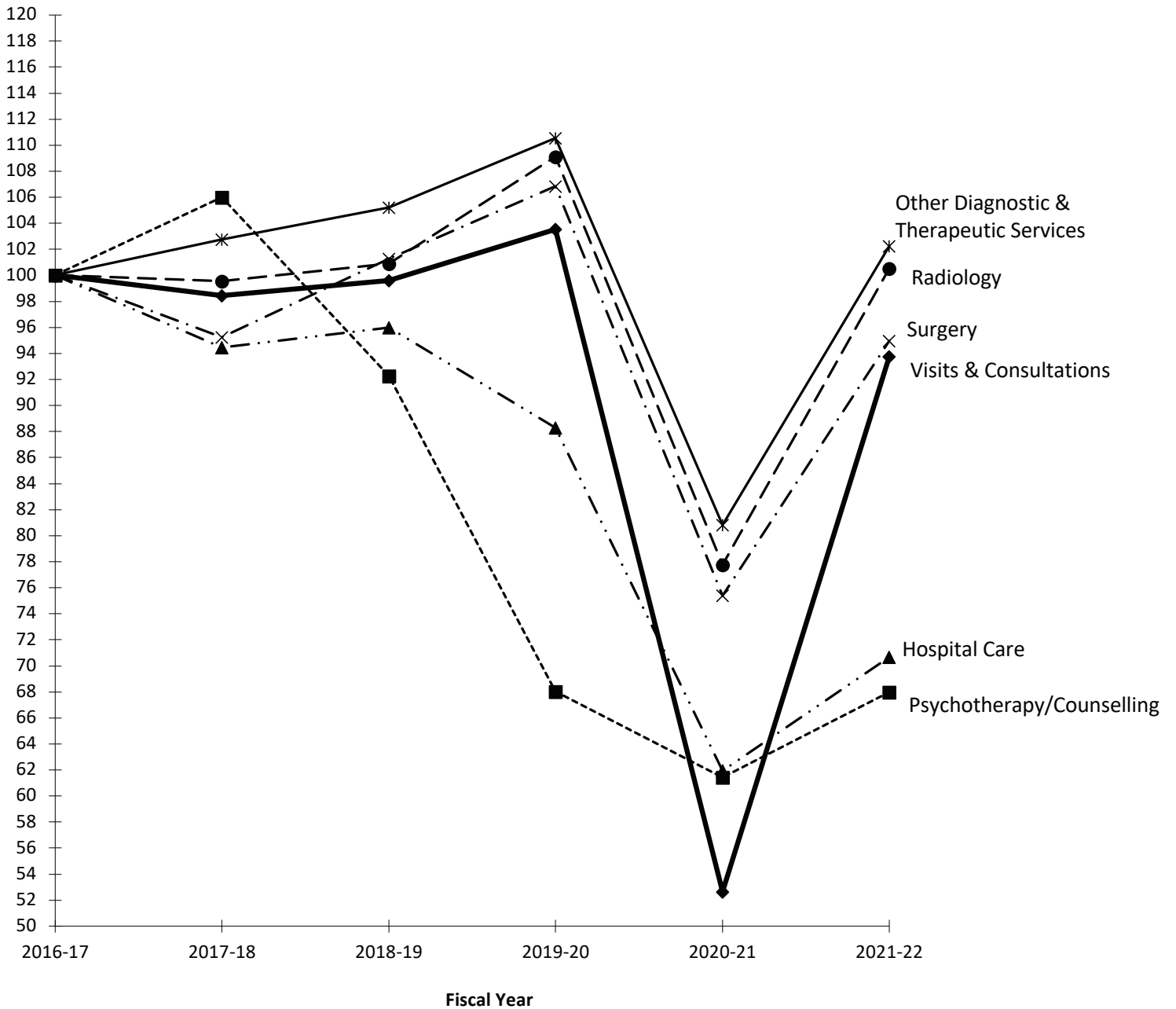
# Figure 1

## Index of Persons Covered by the Plan, Physicians, Services Per Patient and Persons Receiving Services, 2016-17 to 2021-22



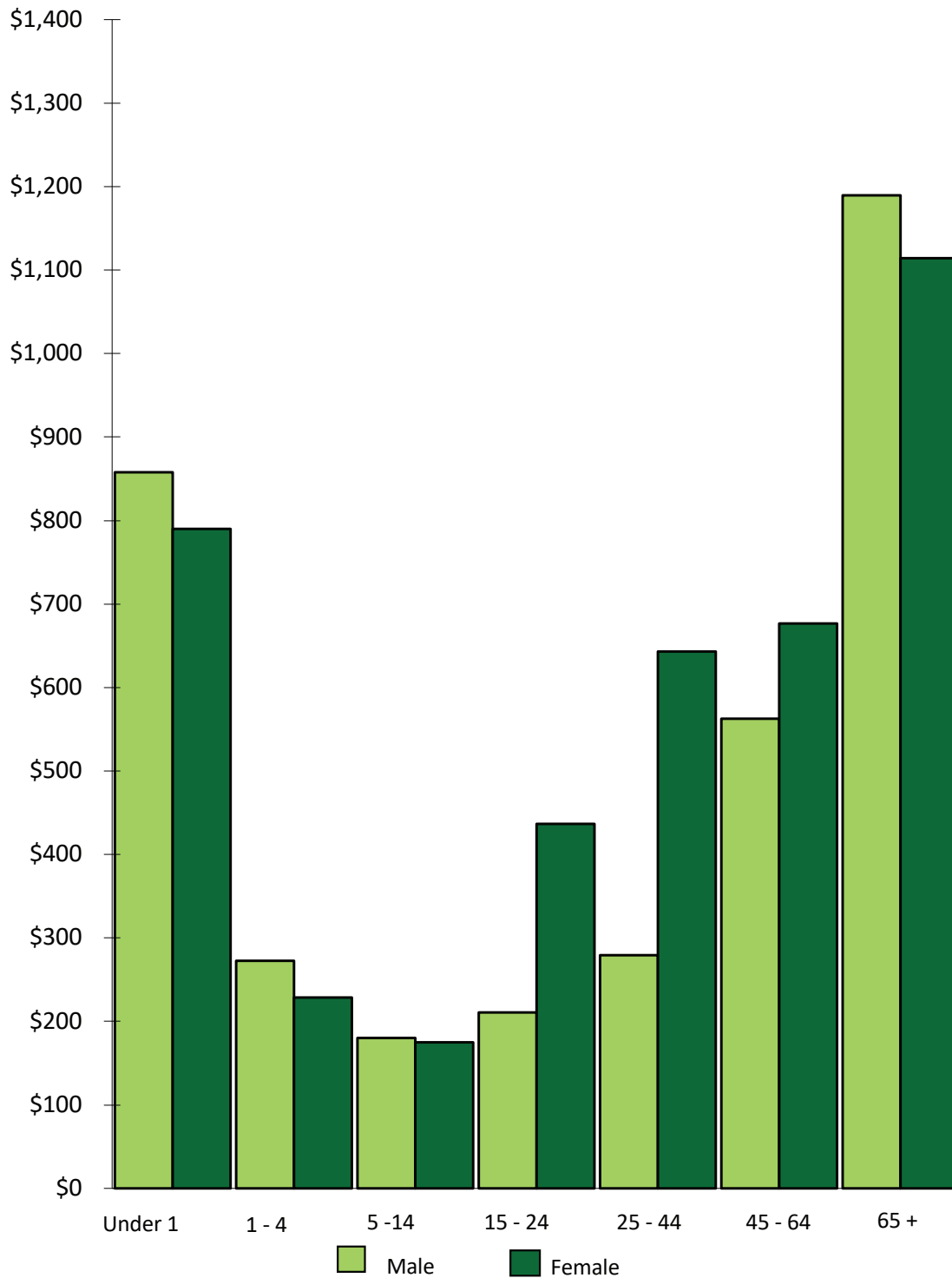
# Figure 2

## Index of Services Per 1,000 Beneficiaries for Selected Types of In-Province Physician Services, 2016-17 to 2021-22



# Figure 3

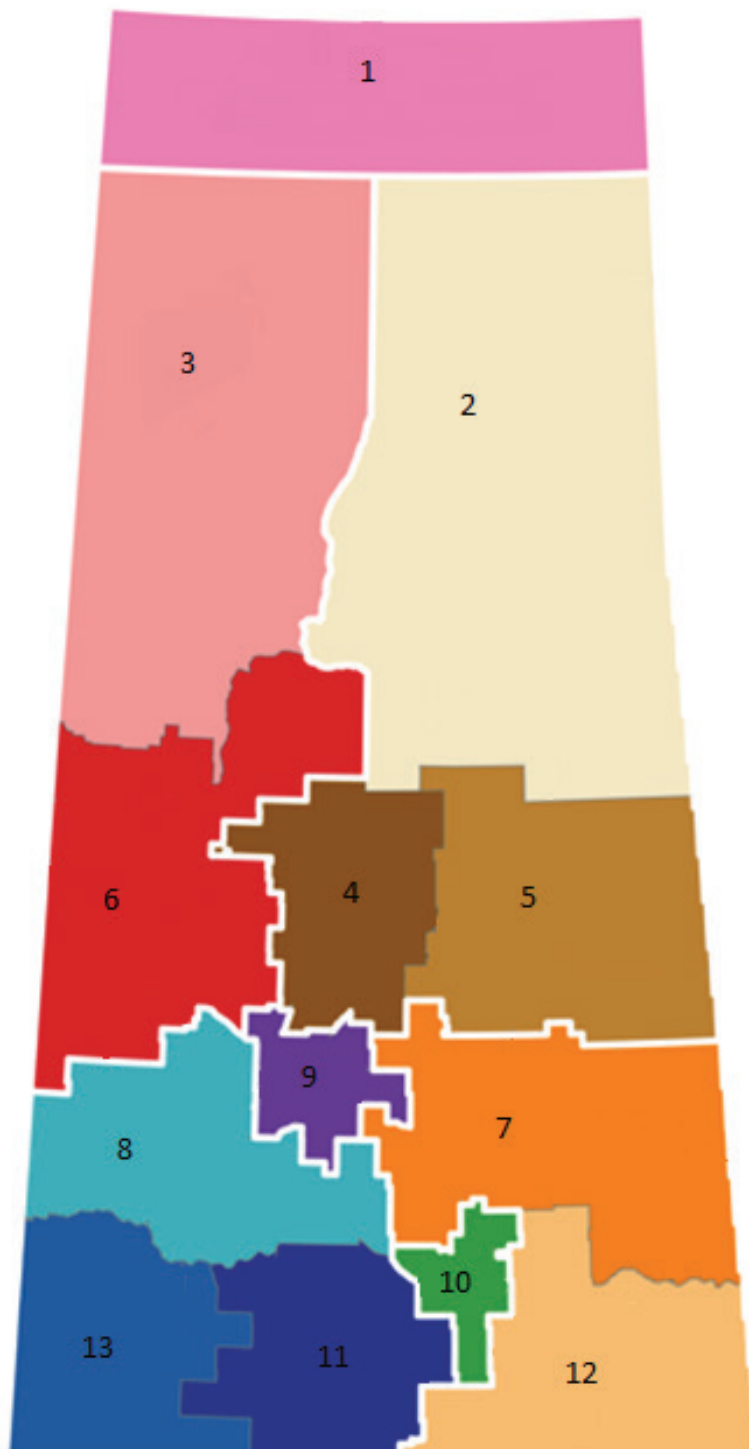
## Per Capita Payments for Insured Services by Age and Sex of Beneficiary



# Figure 4

## Map of Health Reporting Zones

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- 1 Athabasca Health Authority
- 2 Far North East
- 3 Far North West
- 4 North Central
- 5 North East
- 6 North West
- 7 Central East
- 8 Central West
- 9 Saskatoon
- 10 Regina
- 11 South Central
- 12 South East
- 13 South West



