

PROVINCE OF SASKATCHEWAN



10-11

**ANNUAL
STATISTICAL
REPORT**

MINISTRY OF HEALTH
Medical Services Branch

Preface

This fiscal year 2010-11 report prepared by the Medical Services Branch, pursuant to Section 36 of *The Saskatchewan Medical Care Insurance Act*, is a statistical supplement to the Saskatchewan Ministry of Health Annual Report. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

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

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

Phone: (306) 787-3423
Fax: (306) 787-3761

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Highlights

Medical Services Plan

- The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a wide range of physician, optometrist and a limited range of dental and chiropractic services. The Plan also provides funding to support clinical services provided by residents and faculty at the College of Medicine, as well as a range of recruitment and retention initiatives managed by the Saskatchewan Medical Association (SMA). Payments by the Plan under its program areas (does not include administration costs) totalled \$703.2 million in 2010-11 (see page 5), an increase of \$37 million or 5.6 per cent over 2009-10.
- The Branch supports the Medical Education System at the College of Medicine with funding of \$48.6 million in 2010-11 (see page 5). The Medical Education System covers the following areas:
 - academic and clinical services provided by faculty;
 - undergraduate, post-graduate (including international medical graduates (IMGs)) and re-entry training; and,
 - 317 post-graduate medical resident positions (see Table 33).
- MSP, through its Professional Review Committees, recovered \$247,200 in fee-for-service payments from 10 practitioners who were found to have incorrectly charged the Plan (Table 2).
- The number of claims processed and paid in 2010-11 totalled 8.3 million, a decrease of 8.8 per cent from 2009-10 (Table 3). This is primarily due to the de-insurance of chiropractic services.
- Benefits paid for insured services - provided by physicians, optometrists, chiropractors, and dentists - amounted to \$486 million, a decrease of 4.5 per cent on a per capita basis (Table 8). Total expenditures (000's) by program area:

	2009-10	2010-11	Per Capita Change
Physicians	\$472,860	\$475,870	-2.6 %
Optometrists	\$6,141	\$6,398	0.8 %
Chiropractors	\$11,801	\$1,863	-84.7 %
Dentists	\$2,059	\$1,860	-12.6 %

(see status of current agreements on page 58)

- Payments for out-of-province physician services totalled \$32.8 million (Table 11) up 8.2 per cent. Physician fee increases contributed to this increased cost. Out-of-province hospital payments totalled \$75.2 million (Table 13a) down 5 per cent.
- Services outside Canada for patients with prior approval:

	2009-10	2010-11
Patients	60	64
Practitioner Costs	\$953,005	\$983,449
Hospital Costs	\$3,395,280	\$3,918,190
Total Costs	\$4,348,285	\$4,901,639

(Note that the number of patients receiving services in a year may not equal the number approved during the year. Reasons include patients not going or not receiving treatment in the same year or patients requiring on-going care over two or more years.)

- The number of active physicians (with their own MSP billing number) in Saskatchewan increased at year-end to 1,405 from 1,376 in 2009-10. Metro (Regina and Saskatoon) general practitioners increased by 3 (to 378), other urban general practitioners increased by 2 (to 163), and rural general practitioners decreased by 4 (to 234); specialists increased by 28 (to 630).

Average payments to active physicians (Table 25):

General Practitioners	\$245,800	down 0.4%
Specialists	\$378,200	down 3.9%
All Physicians	\$305,200	down 1.9%

(see "Active" definition - page 12)

- Payments for the Specialist Emergency Coverage Program (SECP) and the Rural (GP) Emergency Coverage Programs totalled \$28 million (Table 27).
- Expenditures for physician services provided through non-fee-for-service payment arrangements (medical remuneration and alternate payments) totalled \$143.3 million (Table 28), an increase of 1.2 per cent.

- The per capita costs for physician services increased by 4.3 per cent to \$470 from \$450 in 2010-11 (Table 31).

Physician Remuneration

- In 2010-11, payments for fee-for-service in-province physicians, excluding the emergency coverage programs, totalled \$450.8 million (see page 6), an increase of 11.4 per cent from 2009-10. This increase is primarily due to accrual amounts for retroactive pay resulting from a new agreement between the Ministry of Health and the Saskatchewan Medical Association.
- Non-fee-for-service funding arrangements for physician services represent a large and rapidly growing area of provincial health expenditures. In 2010-11, this sector accounted for about \$235.9 million, 31.6 per cent of Saskatchewan Ministry of Health's total expenditures on in-province physician services. The majority of expenditures are in areas of medical services associated with Regional Health Authority (RHA) operations (radiology, laboratory and emergency services) (see page 6).
- The amount of new and continuing bursaries and grants increased from 170 to 179 in 2010-11 for a total commitment of \$5.4 million (see page 6).

Medical Services Branch 2010-11 Expenditures

	Payments	Per Cent of Total
Medical Services Plan		
Total In-Province	\$487,959,777	69.0
Physicians – Fee-for-Service ¹	456,500,357	64.5
Physicians – Non-FFS		
- Alternate Payments	6,591,335	0.9
- Northern Health, Student Health & Community Clinics ²	14,854,110	2.1
Chiropractors	61,200	0.0
Optometrists	5,627,049	0.8
Dentists	1,798,103	0.3
Out-Of-Province (including Hospital)	114,925,669	16.2
Saskatchewan Medical Association Programs ³	51,496,846	7.3
Medical Education System	48,597,272	6.9
Dental Residency Grant	115,131	0.0
Optometrists – Continuing Medical Education (CME)	30,000	0.0
Special Projects	500,000	0.1
Optometrists – Children's Vision Initiative	60,000	0.0
Administration	4,050,780	0.6
Total Expenditures	\$707,235,475	100.0

¹ Includes Emergency Rural Coverage Program payments processed through the Claims System.

² These expenditures include payments to physicians only.

³ Includes Specialist Emergency Coverage Program payments.

Notes:

- 1) There is a difference between MSP payments shown above and the total payments shown in the statistical tables. The difference 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; adjustments for retroactive payments; the handling of claims for medical and optometric services provided in community clinics and alternate payment projects, which are included in the statistical tables as if paid on a fee-for-service basis; and, the handling of chiropractic and optometric Supplementary Health Program claims.
- 2) MSP Out-Of-Province payments include physician, chiropractic, optometric, dental and hospital services.
- 3) Payments include accrual amounts for retroactive pay resulting from a new agreement between the Ministry of Health and the Saskatchewan Medical Association.

Expenditures for In-Province Physician Services and Programs, 2010-11

	<u>Expenditures</u>	<u>Recipients of Bursaries & Grants</u>	
		<u>New</u>	<u>Total⁴</u>
<u>Fee-For-Service (FFS)</u>	<u>\$450,801,522</u>		
<u>Emergency Rural Coverage Programs (ERCP)³</u>	<u>\$6,393,009</u>		
<u>Specialist Emergency Coverage Programs (SECP)</u>	<u>\$21,356,846</u>		
<u>Non-fee-for-service (Non-FFS)</u>	<u>\$235,890,121</u>		
Medical Remuneration	\$116,756,647		
^{1,2} Saskatchewan Cancer Agency	\$15,066,675		
^{1,2} Student Health Centre	\$629,303		
^{1,2} Community Clinics	\$6,573,075		
Physician Stabilization	\$2,527,623		
^{1,2} Northern Health Contract Physicians	\$7,651,733		
Alternate Payments - MSB Non-FFS	\$6,591,335		
Alternate Payments - RHA Operating	\$19,970,351		
^{1,2} Alternate Payments - Primary Health Services Sites	\$21,026,300		
Clinical Services Fund (College of Medicine)	\$39,097,080		
Sub-Total: Payments for Physician Services	\$714,441,498		
(including FFS, Emergency Coverage Programs and Non-FFS)			
<u>SMA (excluding Emergency Coverage) and Bursary Programs</u>	<u>\$33,200,043</u>	<u>62</u>	<u>179</u>
Undergraduate Medical Bursaries	\$240,000	7	16
Medical Residency Bursaries	\$362,500	9	15
Physician Re-Entry Training Program	\$0	0	6
Rural Practice Enhancement Training	\$20,000	0	1
Rural Practice Establishment Grants	\$182,500	4	24
Rural and Remote Incentives	\$2,780,000		
Continuing Medical Education Program	\$3,400,000		
Canadian Medical Protective Agency (CMPA) Funding	\$5,082,000		
Practice Enhancement Program	\$75,000		
Physician Retention Fund	\$7,200,000		
Specialist Recruitment and Retention Bursaries and Programs	\$1,555,000	38	88
New Initiatives (including Electronic Medical Record)	\$8,543,000		
Parental Leave Program	\$700,000		
Saskatchewan Health Re-entry Training	\$668,728	0	6
Supernumerary IMG Training Seats	\$2,391,315	4	23
Grand Total: Expenditures (including SMA & Bursary Programs)	\$747,641,541		
Continuing Bursaries from Previous Years		<u>117</u>	--

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

² These expenditures include payments to physicians only.

³ Includes non-fee-for-service rural emergency coverage payments and payments for travel expenses when general practitioners provide weekend relief.

⁴ The total includes new recipients in 2010-11 plus recipients of continuing bursaries from previous years.

Note: 1) Ministry funding for physician services may not equal expenditures by RHAs.

2) Portions of Ministry funding are unavailable, such as compensation to radiologists providing CTs and MRIs.

Medical Services Plan Coverage Benefits

Eligibility for Benefits

MSP provides insurance coverage to Saskatchewan residents (beneficiaries) for a wide range of services provided by physicians, chiropractors, and optometrists, as well as a limited range of services provided by dentists.

All residents of Saskatchewan, with a few exceptions (members of the Canadian Armed Forces, RCMP, inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being residency and registration with the Health Registration Branch. No premiums are levied.

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 all medical disabilities and 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 in hospital by a physician.

Anaesthesia - The administration of anaesthesia by a physician including:

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

Diagnostic Services

- out-of-hospital x-ray services, including interpretations, provided by a specialist in radiology. Breast screening mammographies for women 50-69 years of age are available and funded through the provincial Screening Program for Breast Cancer;

- 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 - Immunization services where not available through any government or regional health authority; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

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

Optometric Services

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

- those under the age of 18;
- Supplementary Health Program beneficiaries;
- recipients of Family Health Benefits Program;
- seniors (age 65+) receiving a Saskatchewan Income Plan supplement; and,
- Workers' Health Benefits Program beneficiaries.

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 one 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 one 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 one every 24 months.

The assessment of ocular urgencies and emergencies provided by an optometrist, for select diagnoses, became an insured service for all Saskatchewan beneficiaries effective April 1, 2006.

Dental Services

Services in connection with maxillofacial surgery required to treat a condition caused by an accident.

Certain services in connection with abnormalities of the mouth and surrounding structures.

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

Extraction of teeth medically required to provide:

- heart surgery;
- services for chronic renal disease;
- head and neck cancer services; or,
- 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 MSP was received.

Effective July 1, 2010 dental implants are covered in exceptional circumstances:

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

The referring specialist in oral maxillofacial surgery must request and receive prior approval from Medical Services Branch.

Chiropractic Services

Effective April 1, 2010, universal chiropractic services were de-insured. Supplementary Health Program beneficiaries, recipients of Family Health Benefits Program and seniors (age 65+) receiving a Saskatchewan Income Plan supplement are insured for a maximum of 12 chiropractic services per year. Medical Services Plan continued to pay insured chiropractic services with dates of services prior to April 1, 2010 and continued to pay for supplementary health beneficiaries until February 22, 2011.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the province, but within Canada.

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 insured 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 plan then bills the home province of the patient for the services provided.

Bone densitometry provided outside of the province are only insured with prior approval from the Ministry of Health. Effective March 18, 2011 prior approval is no longer required for specialist requested Positron Emission Tomography (PET) scans performed in a publicly funded facility.

Non-emergency services provided outside of Canada are only insured with prior approval from the Ministry of Health.

Hospital Services:

Hospital services provided to Saskatchewan beneficiaries in other provinces are covered by a reciprocal billing agreement. The hospital bills the provincial health plan of the province in which services are provided. The host plan 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 Ministry of Health.

Exclusions

The Medical Services Plan does not insure the following services:

- health services received under other public programs including: *The Workers' Compensation Act*, federal Department of Veteran Affairs, *The Mental Health Act*;
- lab services by specialists in pathology;
- travelling;
- advice by telephone except when provided by physicians to allied health personnel;
- surgery for cosmetic purposes;
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings/requirements, vehicle seatbelt exemptions or at the request of a third party;
- autopsy;
- ambulance services and other forms of transportation of patients;
- services provided by special duty nurses;
- services provided by chiropractors, podiatrists, naturopaths or osteopaths;
- services provided by chiropractor are limited in coverage to those beneficiaries covered under the Supplementary Health Program, Family Health, or Seniors Income Plan;
- dentistry, except as described under Insured Services - Dental Services;
- drugs and dressings;
- appliances (e.g. eyeglasses, artificial limbs);
- routine eye examinations by physicians are limited in coverage to those beneficiaries who would be covered under the optometric program (see page 7);
- electrolysis;
- dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over;
- reversals of sterilization;
- implantation of penile prosthesis;
- thermal ablation of obviously benign skin lesions;
- injection of asymptomatic varicose veins; and,
- non-medically necessary circumcisions for newborns.

Methods of Payment

MSP makes payment for insured services by the following methods:

- fee-for-service billing by practitioners or professional corporations based on negotiated fee schedules;
- population-based funding, adjusted by age, gender and geographic area for general practitioner services provided to clients who primarily seek their health care from a single physician clinic; and,
- salary, contractual or sessional payment arrangements funded through RHA Boards.

Alternate methods of compensating physicians for services are designed to:

- provide physicians with the flexibility to develop programs and deliver services that meet the needs of their patients, including initiatives such as health promotion and other educational activities; and
- encourage physicians to work as members of multi-disciplinary health teams.

Funding levels for alternate payment projects are determined based on a number of factors including the population served, service need, and ongoing viability and sustainability of the services.

Alternate payment arrangements for general practitioner services are closely linked with the Ministry's Primary Health Services initiative. Physicians and RHAs considering alternate payment arrangements are encouraged to explore the opportunities and benefits of this approach in the delivery of health services.

The Primary Health Services Branch provides a global system of payment for the operation of four community clinics.

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

Professional Review

Joint Professional Review Committees have been formed with the various professional associations and licensing bodies to evaluate the billing and practice patterns of practitioners. These committees are empowered to order the recovery of payments that have been inappropriately billed by practitioners (see Table 2).

Statistical Figures and Tables

Introductory Notes

General - The following tables are based upon MSP payments made during 2010-11 on a fee-for-service basis for medical, optometric, chiropractic and dental services provided to Saskatchewan beneficiaries. Any work stoppages in the health care system may affect utilization and earnings data presented in this report.

A global system of payment for medical and optometric services is used for four community clinics in the province; however, services are recorded on the same basis as fee-for-service items (shadow billing). Many alternate payment projects, including primary health care projects, have their services recorded on the same basis as fee-for-service items (shadow billing). For statistical purposes all shadow-billing data, including primary health care projects managed by Primary Health Services Branch, is reported in this document.

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

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

Data Limitations – Numbers of certain services or service groupings may differ from year to year as a result of bundling/unbundling or restructuring fee codes through Payment Schedule changes. Beginning in 2004-05 time of day, age and paediatric premiums are no longer counted as individual services. The level of compliance with shadow billing for other than fee-for-service methods of payment can impact the data presented in this report.

Date of Payment - Statistics are based upon the date the service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2010-11 include some services provided in 2009-10. Fiscal years typically consist of 26 pay runs; however, the 2007-08 fiscal year included an additional pay run.

Payment Adjustments - The difference between MSP payments shown in the Statement of Expenditures, page 5, 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, adjustments for retroactive payments; the handling of medical and optometric services provided in community clinics and funded on a global basis through the Primary Health Services Branch; the handling of claims for medical services provided in alternate payment projects; and the payment for medical services through other non-fee-for-service remuneration arrangements. Statistical tables have not been adjusted for recoveries resulting from professional review activities (see Table 2).

Payments to Locum Tenens - Where a physician acts as the principal for a locum tenens physician who is not fully registered by the College of Physicians and Surgeons, 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.

Retroactive Payments - From time to time, MSP is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. Lump sum retroactive payments to dentists in 2009-10 are included (or excluded) in tables as footnoted. Any such payments, whether included or excluded from the data tables, are always included in the expenditure tables on pages 5 and 6.

Chiropractic Services - Statistics included are based on date of service. This results in having services included in the report that were provided prior to April 1, 2010 and paid after March 31, 2010. Effective February 22, 2011, MSP discontinued payment of chiropractic services under the Supplementary Health, Family Health Benefit and Seniors Income Programs. These changes result in inconsistencies, making comparisons from 2009-10 to 2010-11 difficult.

Chiropractic and Optometric Services under Supplementary Health - Changes to the chiropractic and optometric programs in 1992 resulted in a shift in payment responsibility for some services to the Supplementary Health Program. For statistical purposes, however, combined chiropractic and 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 and 15)

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

- (a) **Consultations** - a consultation is the referral of a patient by one physician to another for examination, diagnosis, and 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
- (d) **Psychotherapy/Counselling** - Includes treatment interview, group therapy, and counselling (including healthy lifestyle/health education counselling).
- (e) **Hospital Care** - Physician services provided in a hospital on a visit per day basis including newborn care in hospital and including attendant and supportive care. Hospital visits covered by a composite payment such as hospital care following surgery are not included.
- (f) **Special Calls and Emergency** - Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and any non-system-generated out-of-hours premiums.
- (g) **Major Surgery** - All 42-day surgical procedures excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.
- (h) **Minor Surgery** - All 0 and 10-day surgical procedures excluding those falling in the Obstetrics classification.
- (i) **Surgical Assistance** - Services of physicians as required to assist the surgeon at an operation. Includes assistant standby.
- (j) **Obstetrics** - Includes hospital stay, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Fetal monitoring and transfusions are included here.
- (k) **Anaesthesia** - All anaesthetic procedures, pain management and pain clinic services are included in this category (see page 7).
- (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, and resuscitation and intensive care.

- (o) **Special and Miscellaneous Services** – Medical examinations for adoptions, for rape victims, for follow-up Cancer report; examinations and certifications of mental ill health; immunizations where not elsewhere available; intralesional injections; rural emergency coverage payments; advice to physicians or 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 and assessments of ocular urgencies and emergencies when provided by an optometrist.
- (q) **Services by Chiropractors** - Includes visit services and x-ray services provided by chiropractors.
- (r) **Dental Services** - Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures Effective July 1, 2010 includes coverage of dental implants, in exceptional circumstances, where prior approval from MSP 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. Includes physicians who while not Canadian or foreign certified specialists, limit their practice to specific specialty areas.
 - (i) **Metro** - A general practitioner who practises in Regina or Saskatoon.
 - (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 other 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. As of April 1, 2001, a foreign certified physician listed by the College of Physicians and Surgeons is eligible to receive MSP payments at foreign certified specialist (FCS) rates (visits at designated FCS rates and procedures at general practitioner rates). As of April 1, 2004, a foreign certified physician is eligible to receive MSP payments at specialist rates for both visits and procedures. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services.

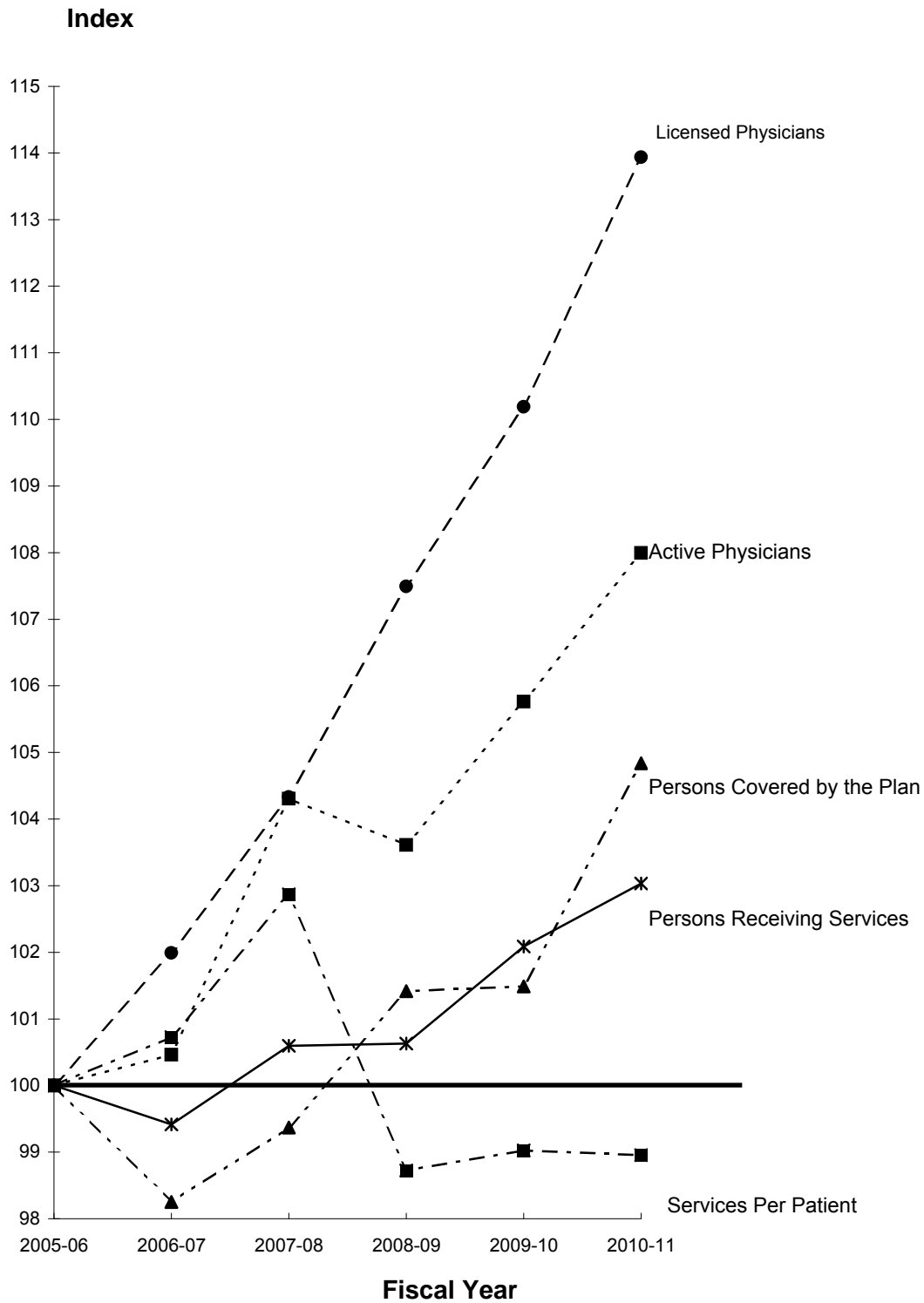
Note: Psychiatrists are included with Internists, Medical Geneticists with Paediatricians, and Pathologists with Diagnostic Radiologists.

- II. **Optometrist** - A practitioner registered by the Saskatchewan Association of Optometrists.
- III. **Chiropractor** - A practitioner registered by the Chiropractors' Association of Saskatchewan.
- IV. **Dentist** - A practitioner registered by the College of Dental Surgeons of Saskatchewan.

Note: Definition of Active Physician -

Physicians receiving \$60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year. General Practitioners are categorized in the group in which they earned the most income if they practised in various clinics or locations throughout the year.

Figure 1
Index of Persons Covered by the Plan, Physicians,
Services Per Patient, and Persons Receiving Services
2005-06 to 2010-11



Note: Data comparability is affected by the extra pay run in 2007-08.

Figure 2
Index of Services Per 1,000 Beneficiaries for
Selected Types of In-Province Physician Services
2005-06 to 2010-11

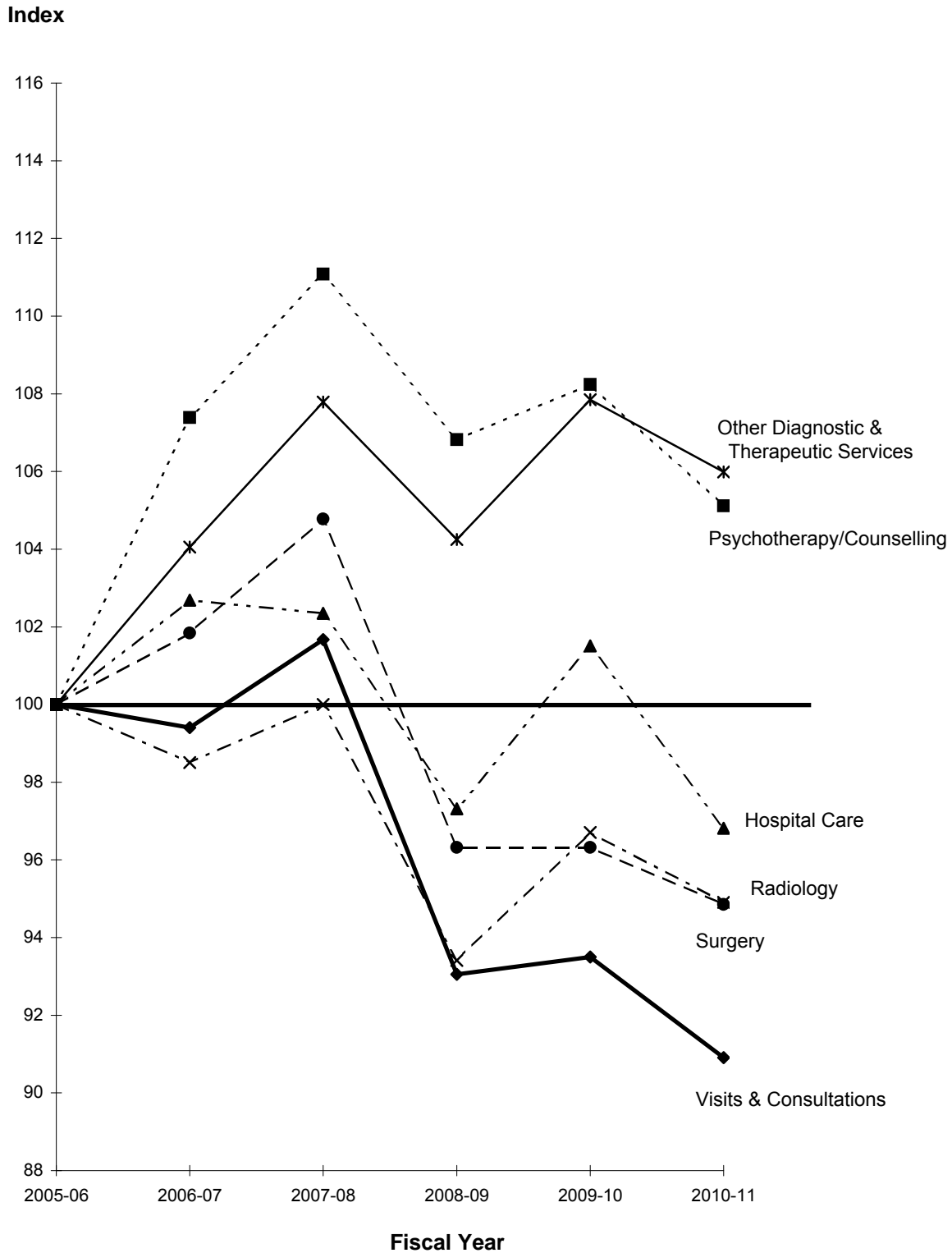


Figure 3
Per Capita Payments for Insured Services
by Age and Sex of Beneficiary

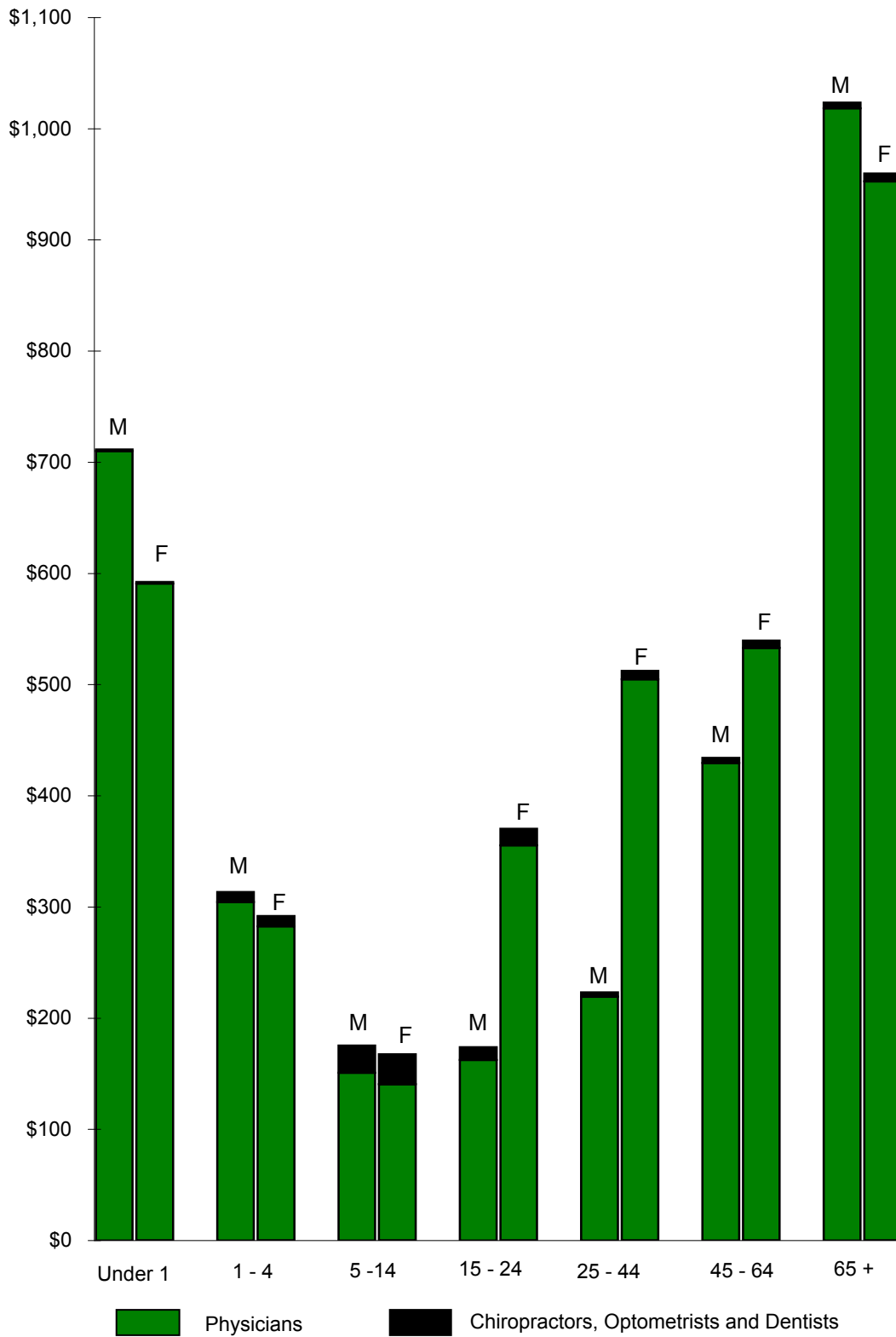


Figure 4
Map of Regional Health Authorities

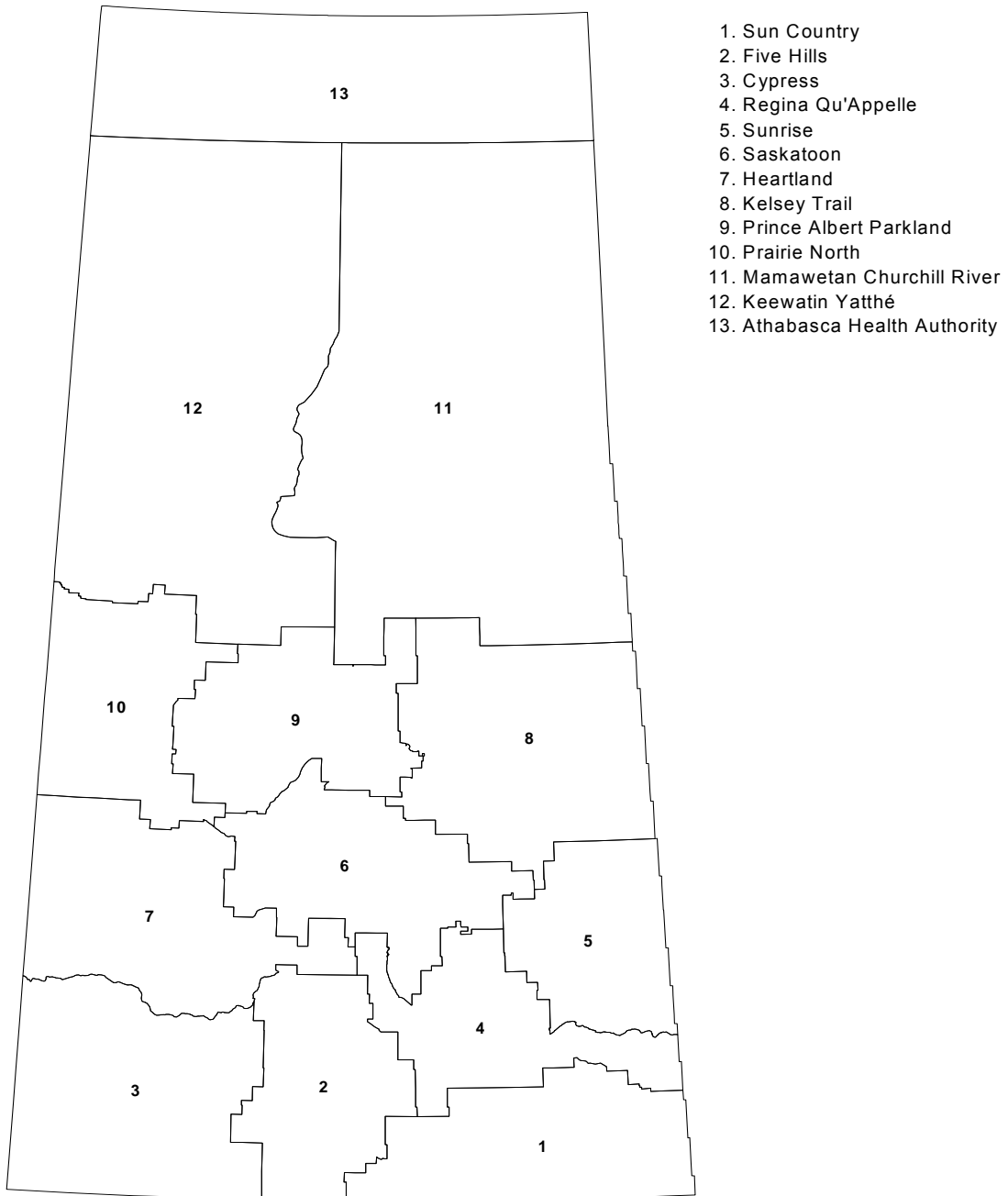


Table 1
Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services ¹ (000's)	Total Per Cent Change In Per Capita Costs ²	Per Cent Change Due to Fee Schedule Increases ⁴	Per Cent Change Due to Utilization Increases ⁵
2006-07 ³	429,562	2.26	1.54	0.71
2007-08 ^{3,6}	466,585	3.66	4.81	-1.10
2008-09 ⁶	465,619	1.31	3.59	-2.20
2009-10 ³	481,060	3.24	0.07	3.17
2010-11.....	484,127	-2.58	0.07	-2.65
Average Annual Per Cent Change 2006-07 to 2010-11.....	3.09	1.41	2.14	-0.69

¹ All physician, optometric and dental insured services are included. Lump sum payments made to physicians in lieu of retroactive amendments to the Payment Schedule are excluded.

Includes payments for rural emergency coverage but excludes payments for specialist emergency coverage.

² 2010-11 cost per capita figures have been adjusted for program coverage and covered population to allow for comparison to the previous year. The total per cent change in per capita costs is equal to the per cent change due to fee increases multiplied by the per cent change due to utilization increases.

³ Lump sum payments in lieu of retroactive amendments to Payment Schedules made to physicians in 2006-07, to physicians and optometrists in 2007-08, and dentists and dental surgeons in 2007-08 and 2009-10 are included.

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

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

⁶ An adjustment was made for the extra pay run in 2007-08 prior to per capita cost and utilization calculations.

Table 2
Adjustments and Recoveries by the Medical Services Plan

	2009-10		2010-11	
	Number of Practitioners	Adjustment or Recovery (000's)	Number of Practitioners	Adjustment or Recovery (000's)
Routine Assessment on In-Province Claims ¹	2,114	\$6,451.4	2,174	\$6,654.0
Routine Assessment on Out-of-Province Claims ¹	--	1,496.1	--	1,140.4
Special MSP Studies and Professional Review Activity ²	10	316.5	10	247.2
Third Party Liability Recoveries.....	--	2,972.1	--	2,298.7
Total.....	--	\$11,236.2	--	\$10,340.3

¹ The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs. The In-Province number is net of time of day, paediatric and age premiums, which are system generated, the patient's co-payment portion on chiropractor claims and any lump sum retroactive payments to practitioners.

² The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by MSP and Professional Review Committees.

Table 3
Claims Paid by Method of Billing

Claims Received from:	Number of Claims Paid		Per Cent of Claims Paid	
	2009-10	2010-11	2009-10	2010-11
Physicians, Dentist & Dental Surgeons.....	8,038,019	8,060,894	88.67	97.32
In-Province Claims ¹	7,771,294	7,788,445	85.73	94.03
Out-of-Province Reciprocal Billing ²	264,384	269,880	2.92	3.26
Other Out-of-Province	2,341	2,569	0.03	0.03
Optometrists³.....	131,773	135,698	1.45	1.64
In-Province Claims	130,303	134,248	1.44	1.62
Out-of-Province	1,470	1,450	0.02	0.02
Chiropractors³.....	889,150	83,252	9.81	1.01
In-Province Claims	883,400	82,420	9.74	1.00
Out-of-Province	5,750	832	0.06	0.01
Beneficiaries.....	6,295	3,068	0.07	0.04
Total.....	9,065,237	8,282,912	100.00	100.00

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

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

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

Note: See "Data Limitations" on page 10.

Table 4
Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2010		Rate Per 1,000 Beneficiaries			
	Male	Female	Services		Payments	
			Male	Female	Male	Female
A. Physicians						
Under 1	7,212	7,100	14,497	12,356	710,139	590,825
1 - 4	28,606	27,329	7,089	6,428	304,399	282,582
5 - 14	67,420	64,586	4,335	4,163	150,795	140,535
15 - 24	80,214	76,183	4,221	9,115	162,304	355,276
25 - 44	141,135	136,957	5,582	12,174	219,325	504,676
45 - 64	141,914	139,436	10,033	13,225	429,474	533,049
65 and over	67,529	84,856	23,248	23,592	1,018,372	952,724
All Beneficiaries.....	534,030	536,447	8,838	12,564	370,180	507,692
B. Optometrists						
Under 1	7,212	7,100	20	18	937	890
1 - 4	28,606	27,329	165	168	8,370	8,510
5 - 14	67,420	64,586	440	483	22,753	24,921
15 - 24	80,214	76,183	140	188	7,006	9,199
25 - 44	141,135	136,957	34	66	1,267	2,393
45 - 64	141,914	139,436	43	61	1,578	2,257
65 and over	67,529	84,856	62	99	2,295	3,608
All Beneficiaries.....	534,030	536,447	114	142	5,430	6,520
C. Chiropractors						
Under 1	7,212	7,100	12	15	412	501
1 - 4	28,606	27,329	25	23	654	636
5 - 14	67,420	64,586	33	33	1,044	1,036
15 - 24	80,214	76,183	30	53	741	1,344
25 - 44	141,135	136,957	60	132	1,333	3,360
45 - 64	141,914	139,436	77	114	1,511	2,332
65 and over	67,529	84,856	72	97	1,785	2,507
All Beneficiaries.....	534,030	536,447	56	91	1,263	2,215
D. Dentists						
Under 1	7,212	7,100	0	0	0	30
1 - 4	28,606	27,329	0	0	8	20
5 - 14	67,420	64,586	13	15	804	1,091
15 - 24	80,214	76,183	22	35	3,927	4,563
25 - 44	141,135	136,957	12	17	1,190	1,908
45 - 64	141,914	139,436	17	25	1,558	1,990
65 and over	67,529	84,856	11	11	982	916
All Beneficiaries.....	534,030	536,447	14	19	1,545	1,930

Notes: 1) Includes out-of-province services and costs.
2) Excludes payments for specialist and rural emergency coverage programs.
3) Includes optometric and chiropractic services covered by the Supplementary Health Program.
4) See "Data Limitations" on page 10.

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

Dollar Value of Benefits	2009-10				2010-11			
	Number of Beneficiaries	% of Beneficiaries	% of Payments	% of Services	Number of Beneficiaries	% of Beneficiaries	% of Payments	% of Services
A. Physicians Only								
\$ 0.00 ¹	146,462	14.1	--	<0.1	172,334	16.1	--	<0.1
\$ 0.01 - \$ 25.00.....	8,224	0.8	0.0	0.1	8,562	0.8	0.0	0.1
\$ 25.01 - \$ 50.00.....	97,344	9.4	0.7	1.0	99,149	9.3	0.7	1.1
\$ 50.01 - \$ 100.00.....	131,356	12.7	2.0	3.0	132,608	12.4	2.1	3.0
\$100.01 - \$ 250.00.....	232,802	22.5	8.3	11.3	232,868	21.8	8.2	11.2
\$250.01 - \$ 500.00.....	176,452	17.0	13.5	16.8	177,861	16.6	13.5	16.8
\$500.01 - \$1,000.00.....	125,821	12.1	18.8	20.8	126,993	11.9	18.9	20.7
\$1,000.01-\$1,500.00.....	48,264	4.7	12.6	12.6	49,844	4.7	13.0	12.9
\$1,500.01-\$2,000.00.....	26,349	2.5	9.8	8.6	27,236	2.5	10.0	8.7
\$2,000.01-\$5,000.00.....	36,815	3.6	22.6	18.3	36,750	3.4	22.4	18.2
Over \$5,000.00.....	6,395	0.6	11.7	7.6	6,272	0.6	11.2	7.3
Total	1,036,284	100.0	100.0	100.0	1,070,477	100.0	100.0	100.0
B. Optometrists Only								
\$ 0.00 ¹	925,655	89.3	--	<0.1	958,130	89.5	--	<0.1
\$ 0.01 - \$ 25.00.....	1,606	0.2	0.6	1.2	216	0.0	0.1	0.2
\$ 25.01 - \$ 50.00.....	8,886	0.9	6.1	6.7	11,285	1.1	7.2	8.2
Over \$50.00.....	100,137	9.7	93.3	92.1	100,846	9.4	92.7	91.6
Total	1,036,284	100.0	100.0	100.0	1,070,477	100.0	100.0	100.0
C. Chiropractors Only								
\$ 0.00 ¹	907,982	87.6	--	0.0	1,039,086	97.1	--	0.2
\$ 0.01 - \$ 25.00.....	28,420	2.7	4.2	4.0	19,291	1.8	16.0	30.2
\$ 25.01 - \$ 50.00.....	31,605	3.0	9.9	9.6	4,973	0.5	10.6	14.5
\$ 50.01 - \$ 100.00.....	31,113	3.0	19.0	19.3	2,231	0.2	8.8	9.3
\$100.01 - \$ 250.00.....	28,471	2.7	37.5	38.4	2,906	0.3	25.0	17.8
\$250.01 - \$ 500.00.....	7,204	0.7	20.3	20.4	1,933	0.2	38.2	26.6
Over \$500.00.....	1,489	0.1	9.2	8.3	57	0.0	1.7	1.4
Total	1,036,284	100.0	100.0	100.0	1,070,477	100.0	100.0	100.0

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

Notes: 1) Includes out-of-province services and costs.

2) Excludes payments for specialist and rural emergency coverage programs.

3) Includes optometric and chiropractic services covered by the Supplementary Health Program.

4) See "Data Limitations" on page 10.

Table 6
Physician Services and Payments by Age and Sex (In- & Out-of-Province)

Age Groups	Sex	Population		Per Cent Treated	Average Per Person Insured		Average Per Person Treated		Average Payment Per Service
		Insured ¹	Treated ²		Services	Cost	Services	Cost	
Under 1	M	7,212	8,706	100.00	14.50	710.14	12.01	588.27	48.98
	F	7,100	8,063	100.00	12.36	590.82	10.88	520.26	47.82
	T	14,312	16,769	100.00	13.44	650.95	11.47	555.57	48.45
1 - 4	M	28,606	25,600	89.49	7.09	304.40	7.92	340.14	42.94
	F	27,329	24,290	88.88	6.43	282.58	7.23	317.94	43.96
	T	55,935	49,890	89.19	6.77	293.74	7.59	329.33	43.42
5 - 9	M	34,332	25,038	72.93	4.46	156.99	6.12	215.26	35.17
	F	32,954	24,015	72.87	4.18	141.82	5.74	194.60	33.90
	T	67,286	49,053	72.90	4.33	149.56	5.93	205.15	34.57
10 - 14	M	38,941	23,745	60.98	3.57	122.67	5.85	201.17	34.36
	F	36,878	23,197	62.90	3.55	119.40	5.65	189.82	33.60
	T	75,819	46,942	61.91	3.56	121.08	5.75	195.56	34.00
15 - 19	M	41,273	26,524	64.26	4.03	154.62	6.27	240.60	38.37
	F	39,305	30,315	77.13	6.90	259.23	8.95	336.10	37.56
	T	80,578	56,839	70.54	5.43	205.65	7.70	291.54	37.87
20 - 24	M	39,544	27,279	68.98	4.36	167.85	6.32	243.31	38.52
	F	37,860	35,104	92.72	11.18	445.78	12.05	480.77	39.88
	T	77,404	62,383	80.59	7.69	303.79	9.55	376.94	39.49
25 - 29	M	35,515	26,720	75.24	5.17	197.03	6.87	261.89	38.13
	F	34,330	34,612	100.00	14.42	614.61	14.30	609.60	42.63
	T	69,845	61,332	87.81	9.71	402.28	11.06	458.11	41.42
30 - 34	M	33,093	25,125	75.92	5.66	225.01	7.45	296.37	39.76
	F	32,256	30,918	95.85	13.96	596.99	14.57	622.82	42.76
	T	65,349	56,043	85.76	9.76	408.62	11.38	476.47	41.88
35 - 39	M	32,983	23,820	72.22	5.91	234.09	8.18	324.13	39.61
	F	32,511	28,471	87.57	11.37	461.41	12.99	526.88	40.58
	T	65,494	52,291	79.84	8.62	346.93	10.80	434.53	40.24
40 - 44	M	39,833	24,189	60.73	5.58	220.66	9.18	363.37	39.57
	F	39,355	27,872	70.82	8.95	349.69	12.64	493.76	39.06
	T	79,188	52,061	65.74	7.25	284.79	11.03	433.18	39.26
45 - 49	M	33,088	29,921	90.43	8.98	362.10	9.93	400.43	40.33
	F	31,632	34,187	100.00	14.23	564.26	13.17	522.09	39.65
	T	64,720	64,108	99.05	11.55	460.91	11.66	465.31	39.92
50 - 54	M	39,557	32,020	80.95	8.91	365.19	11.01	451.15	40.98
	F	38,909	34,912	89.73	12.63	498.07	14.08	555.09	39.43
	T	78,466	66,932	85.30	10.76	431.08	12.61	505.37	40.08
55 - 59	M	34,792	30,029	86.31	11.06	491.67	12.81	569.66	44.47
	F	33,657	31,276	92.93	13.81	564.88	14.86	607.88	40.91
	T	68,449	61,305	89.56	12.41	527.67	13.86	589.16	42.52
60 - 64	M	27,732	25,178	90.79	14.05	627.98	15.47	691.69	44.71
	F	27,515	26,218	95.29	15.90	657.31	16.69	689.83	41.33
	T	55,247	51,396	93.03	14.97	642.59	16.09	690.74	42.92
65 - 69	M	20,026	18,732	93.54	16.99	783.97	18.17	838.13	46.14
	F	20,533	19,599	95.45	18.29	799.46	19.16	837.56	43.72
	T	40,559	38,331	94.51	17.65	791.81	18.67	837.84	44.87
70 - 74	M	15,791	15,380	97.40	20.93	967.74	21.49	993.60	46.23
	F	17,245	16,970	98.41	21.08	912.92	21.42	927.71	43.30
	T	33,036	32,350	97.92	21.01	939.12	21.46	959.04	44.69
75 & Over	M	31,712	32,686	100.00	28.35	1191.61	27.50	1156.10	42.03
	F	47,078	47,936	100.00	26.83	1034.15	26.35	1015.64	38.55
	T	78,790	80,622	100.00	27.44	1097.53	26.82	1072.59	40.00
Total all ages	M	534,030	420,692	78.78	8.84	370.18	11.22	469.91	41.89
	F	536,447	477,955	89.10	12.56	507.69	14.10	569.82	40.41
	T	1,070,477	898,647	83.95	10.71	439.09	12.75	523.05	41.02

¹ As at June 30, 2010.

² Population treated at anytime during the fiscal year.

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

2) See "Data Limitations" on page 10.

Table 7
Services by Type of Service

Type of Service ¹	Number of Services (000's)		Number of Services Per 1,000 Beneficiaries		
	2009-10	2010-11	2009-10	2010-11	Per Cent Change 2009-10 to 2010-11
In-Province Physician Services.....	10,775.1	10,840.4	10,398	10,127	-2.61
Consultations.....	496.0	495.6	479	463	-3.28
Major Assessments.....	476.8	480.4	460	449	-2.47
Other Assessments.....	4,078.4	4,097.2	3,936	3,827	-2.75
Psychotherapy/Counselling.....	394.4	395.7	381	370	-2.86
	5,445.6	5,468.8	5,255	5,109	-2.78
Hospital Care.....	626.9	617.5	605	577	-4.64
Special Calls and Emergency.....	252.2	246.5	243	230	-5.39
Major Surgery.....	122.4	123.4	118	115	-2.44
Minor Surgery.....	212.1	216.2	205	202	-1.31
Surgical Assistance.....	135.2	137.9	130	129	-1.26
Obstetrics.....	27.9	27.3	27	26	-5.25
Anaesthesia	668.2	664.9	645	621	-3.68
	1,165.9	1,169.8	1,125	1,093	-2.87
Diagnostic Radiology.....	271.0	276.5	262	258	-1.23
Laboratory Services.....	353.2	342.3	341	320	-6.17
Other Diagnostic and Therapeutic Services.....	1,737.3	1,763.5	1,676	1,647	-1.73
Special and Miscellaneous Services.....	923.1	955.6	891	893	0.22
	3,284.5	3,337.9	3,169	3,118	-1.62
In-Province Dental Services.....	22.3	17.8	22	17	-22.90
In-Province Optometric Services.....	131.1	133.1	127	124	-1.70
Refractions by Optometrists.....	94.0	93.9	91	88	-3.36
Other Optometric Services ²	37.1	39.3	36	37	2.51
In-Province Chiropractic Services.....	878.2	76.1	847	71	-91.61
Chiropractic Visit Services.....	877.9	75.9	847	71	-91.63
Chiropractic X-Ray Services.....	0.3	0.2	0	0	-30.95
Out-of-Province Services					
Physician Services.....	595.6	619.3	575	579	0.65
Dental Services.....	0.1	0.1	--	--	--
Optometric Services.....	3.2	4.0	3	4	21.47
Chiropractic Services.....	19.1	2.5	18	2	-87.26
All Services.....	12,424.6	11,693.3	11,990	10,923	-8.89

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) See "Data Limitations" on page 10.

Table 8
Payments by Type of Service

Type of Service ¹	Dollar Payments (000's)		Dollar Payments Per 1,000 Beneficiaries		Per Cent Change 2009-10 to 2010-11
	2009-10	2010-11	2009-10	2010-11	
In-Province Physician Services.....	442,601	443,056	427,104	413,886	-3.09
Consultations.....	52,200	52,754	50,372	49,281	-2.17
Major Assessments.....	27,864	27,823	26,889	25,991	-3.34
Other Assessments.....	134,378	135,034	129,673	126,144	-2.72
Psychotherapy/Counselling.....	15,428	15,598	14,887	14,571	-2.12
	229,870	231,209	221,822	215,987	-2.63
Hospital Care.....	16,537	16,375	15,958	15,297	-4.14
Special Calls and Emergency.....	5,665	5,487	5,467	5,126	-6.24
Major Surgery.....	43,263	42,945	41,748	40,118	-3.90
Minor Surgery.....	6,267	6,369	6,047	5,949	-1.62
Surgical Assistance.....	10,459	10,392	10,093	9,708	-3.82
Obstetrics.....	10,380	10,209	10,016	9,537	-4.78
Anaesthesia.....	28,487	27,972	27,489	26,130	-4.94
	98,855	97,887	95,394	91,442	-4.14
Diagnostic Radiology.....	11,930	11,929	11,512	11,143	-3.20
Laboratory Services.....	1,375	1,366	1,327	1,276	-3.83
Other Diagnostic and Therapeutic Services.....	62,850	63,343	60,650	59,173	-2.44
Special and Miscellaneous Services ²	15,518	15,460	14,975	14,442	-3.56
	91,674	92,098	88,464	86,035	-2.75
In-Province Dental Services.....	2,013	1,827	1,943	1,707	-12.14
In-Province Optometric Services.....	5,983	6,207	5,774	5,798	0.43
Refractions by Optometrists.....	4,901	4,989	4,729	4,660	-1.46
Other Optometric Services ³	1,082	1,218	1,044	1,138	9.00
In-Province Chiropractic Services.....	11,557	1,825	11,152	1,705	-84.72
Chiropractic Visit Services.....	11,546	1,817	11,142	1,697	-84.77
Chiropractic X-Ray Services.....	11	8	11	7	-31.62
Out-of-Province Services					
Physician Services.....	30,259	32,814	29,199	30,653	4.98
Dental Services.....	46	33	45	31	-30.53
Optometric Services.....	158	191	153	178	16.57
Chiropractic Services.....	244	38	235	36	-84.89
All Services.....	492,861	485,990	475,604	453,994	-4.54

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

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

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) Includes retroactive payment adjustments to dentists and dental surgeons in 2009-10.

3) Payments for services in the United States are not adjusted to reflect their value in Canadian funds.

4) See "Data Limitations" on page 10.

Table 9
Average Payment Per Service by Type of Service
and Type of Practitioner

Type of Service ¹	2009-10			2010-11		
	General Practitioners (\$)	Specialists (\$)	All Practitioners (\$)	General Practitioners (\$)	Specialists (\$)	All Practitioners (\$)
In-Province Physician Services.....	30.05	58.93	41.08	29.89	58.52	40.87
Consultations.....	71.88	106.82	105.24	72.77	107.98	106.45
Major Assessments.....	55.29	73.23	58.44	54.83	72.64	57.92
Other Assessments.....	31.89	42.05	32.95	31.87	42.07	32.96
Psychotherapy/Counselling.....	33.57	64.94	39.12	33.65	60.35	39.42
	34.28	73.93	42.21	34.24	73.83	42.28
Hospital Care.....	26.72	25.91	26.38	26.74	26.23	26.52
Special Calls and Emergency.....	22.26	22.80	22.46	21.91	22.88	22.26
Major Surgery.....	245.07	357.44	353.36	229.16	352.60	348.05
Minor Surgery.....	17.10	68.62	29.54	16.56	71.36	29.45
Surgical Assistance.....	67.40	148.62	77.36	66.03	149.23	75.36
Obstetrics.....	432.65	337.95	371.68	439.41	337.09	373.51
Anaesthesia	39.27	43.01	42.63	38.91	42.46	42.07
	51.96	99.58	84.79	50.61	99.30	83.68
Diagnostic Radiology.....	0.00	44.02	44.02	0.00	43.14	43.14
Laboratory Services.....	3.86	4.44	3.89	3.84	6.54	3.99
Other Diagnostic and Therapeutic Services.....	13.29	42.06	36.18	13.23	41.72	35.92
Special and Miscellaneous Services ²	9.17	14.27	10.21	8.95	14.32	10.07
	8.96	39.11	26.06	8.87	38.69	25.84
In-Province Dental Services.....	--	--	90.07	--	--	102.61
In-Province Optometric Services.....	--	--	45.63	--	--	46.62
Refractions by Optometrists.....	--	--	52.13	--	--	53.15
Other Optometric Services ³	--	--	29.17	--	--	31.02
In-Province Chiropractic Services.....	--	--	13.16	--	--	23.97
Chiropractic Visit Services.....	--	--	13.15	--	--	23.93
Chiropractic X-Ray Services.....	--	--	40.83	--	--	40.44
Out-of-Province Services						
Physician Services.....	44.26	54.75	50.80	46.15	56.94	52.99
Dental Services.....	--	--	508.62	--	--	495.77
Optometric Services.....	--	--	50.15	--	--	48.12
Chiropractic Services.....	--	--	12.79	--	--	15.17
All Services.....	30.52	58.59	39.67	30.42	58.39	41.56

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

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

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) Includes retroactive payment adjustments to dentists and dental surgeons in 2009-10.

3) See "Data Limitations" on page 10.

Table 10
Per Cent of Services and Payments by Type of Service

Type of Service ¹	Per Cent of Total Services		Per Cent of Total Payments	
	2009-10	2010-11	2009-10	2010-11
In-Province Physician Services.....	86.72	92.85	89.80	91.17
Consultations.....	3.99	4.24	10.59	10.85
Major Assessments.....	3.84	4.11	5.65	5.72
Other Assessments.....	32.83	35.09	27.26	27.79
Psychotherapy/Counselling.....	3.17	3.39	3.13	3.21
	43.83	46.84	46.64	47.57
Hospital Care.....	5.05	5.29	3.36	3.37
Special Calls and Emergency.....	2.03	2.11	1.15	1.13
Major Surgery.....	0.99	1.06	8.78	8.84
Minor Surgery.....	1.71	1.85	1.27	1.31
Surgical Assistance.....	1.09	1.18	2.12	2.14
Obstetrics.....	0.22	0.23	2.11	2.10
Anaesthesia	5.38	5.69	5.78	5.76
	9.38	10.02	20.06	20.14
Diagnostic Radiology.....	2.18	2.37	2.42	2.45
Laboratory Services.....	2.84	2.93	0.28	0.28
Other Diagnostic and Therapeutic Services.....	13.98	15.10	12.75	13.03
Special and Miscellaneous Services ²	7.61	8.18	3.15	3.18
	26.44	28.59	18.60	18.95
In-Province Dental Services.....	0.18	0.15	0.41	0.38
In-Province Optometric Services.....	1.06	1.14	1.21	1.28
Refractions by Optometrists.....	0.76	0.80	0.99	1.03
Other Optometric Services ³	0.30	0.34	0.22	0.25
In-Province Chiropractic Services.....	7.07	0.65	2.34	0.38
Chiropractic Visit Services.....	7.07	0.65	2.34	0.37
Chiropractic X-Ray Services.....	0.00	0.00	0.00	0.00
Out-of-Province Services				
Physician Services.....	4.79	5.30	6.14	6.75
Dental Services.....	0.00	0.00	0.01	0.01
Optometrist Services.....	0.03	0.03	0.03	0.04
Chiropractic Services.....	0.15	0.02	0.05	0.01
All Services.....	100.00	100.00	100.00	100.00

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

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

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) Includes retroactive payment adjustments to dentists and dental surgeons in 2009-10.

3) See "Data Limitations" on page 10.

Table 11
Payments (\$000's) for Out-of-Province Services by Location
and Type of Practitioner

Type of Practitioner	Location of Services								
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners.....	10,459.5	106.4	20.0	332.1	1,477.9	7,472.9	902.1	100.4	47.8
US Services with Prior Approval.....	983.8 -	-	-	-	-	-	-	983.8 -	
Specialists									
Paediatricians and Medical Geneticists.....	1,044.2	4.2	1.2	20.1	46.7	943.0	22.1	6.5	0.3
Internists and Physiatrists.....	3,288.5	18.8	8.4	110.3	238.8	2,695.8	118.0	96.4	2.0
Neurologists.....	270.9	1.0	0.5	6.7	34.6	208.5	14.1	5.5	0.0
Psychiatrists.....	1,001.0	6.8	8.9	63.2	32.4	812.5	76.7	0.6	0.0
Dermatologists.....	164.1	14.7	0.3	4.9	5.6	132.8	5.3	0.5	0.0
Anaesthetists.....	2,770.5	10.8	6.9	90.3	151.7	2,369.8	117.9	22.0	1.1
General and Thoracic Surgeons.....	3,067.6	4.8	1.4	77.1	212.0	2,675.4	74.5	21.6	0.9
Orthopaedic Surgeons.....	1,163.5	3.9	4.8	33.0	166.6	862.8	78.0	13.9	0.5
Plastic and Reconstructive Surgeons.....	269.9	0.9	1.2	8.7	13.6	224.3	20.5	0.4	0.3
Neurological Surgeons.....	303.3	2.7	2.8	9.3	42.9	221.8	20.4	3.3	0.1
Obstetricians and Gynaecologists.....	1,016.9	11.3	0.1	43.2	67.0	855.2	38.2	1.4	0.3
Urological Surgeons.....	351.4	1.1	0.5	11.7	38.8	281.4	16.7	1.0	0.3
Ophthalmologists.....	692.2	2.2	0.3	26.7	55.3	570.9	30.7	5.9	0.2
Otolaryngologists.....	581.5	4.4	0.7	11.3	17.4	528.7	17.4	1.3	0.2
Pathologists.....	3,349.9	0.9	0.0	69.2	17.6	3,160.4	98.1	3.4	0.2
Diagnostic Radiologists.....	2,051.3	4.1	0.7	72.1	187.4	1,750.1	35.0	1.4	0.5
All Physicians.....	32,829.9	198.9	58.7	989.9	2,806.3	25,766.2	1,685.9	1,269.2	54.8
Dentists.....	33.2	0.6	0.0	3.0	11.7	17.9	0.0	0.0	0.0
Optometrists.....	190.6	0.0	0.0	0.0	22.9	167.0	0.1	0.6	0.0
Chiropractors.....	38.1	0.1	0.4	0.3	12.2	22.3	0.9	1.9	0.0

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" on page 8.

3) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

4) See "Data Limitations" on page 10.

Table 12
Payments (\$000's) to Saskatchewan Physicians for Services
Provided to Beneficiaries of Other Provinces or Territories

Type of Practitioner	Home Province or Territory of Beneficiary											
	New- All found- Locations	New- land	PEI	Nova Scotia	New Bruns- wick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
General Practitioners.....	3,792.9	32.1	9.6	47.9	30.9	433.7	1,114.2	1,606.5	481.0	17.6	11.5	7.8
Specialists												
Paediatricians and												
Medical Geneticists.....	152.9	0.3	0.2	0.8	1.4	10.3	64.3	61.9	11.7	0.0	0.9	1.1
Internists and Psychiatrists.....	461.6	2.6	1.1	6.7	3.9	42.2	136.2	194.6	72.9	0.8	0.1	0.4
Neurologists.....	49.5	0.8	0.0	0.5	0.6	5.0	11.0	20.4	10.1	0.1	0.5	0.6
Cardiologists.....	256.0	0.2	0.0	2.3	1.6	23.7	75.7	113.9	34.8	2.0	1.6	0.1
Psychiatrists.....	158.2	5.8	0.2	0.9	1.9	12.7	28.6	63.3	38.3	0.4	0.8	5.5
Dermatologists.....	18.7	0.2	0.0	0.0	0.1	2.3	8.7	5.9	1.4	0.1	0.0	0.1
Anaesthetists.....	478.4	3.4	1.5	4.7	2.4	29.8	154.4	231.4	46.7	0.3	2.7	1.1
General Surgeons.....	557.8	4.5	0.5	5.3	2.0	31.7	186.8	291.8	34.2	0.0	0.3	0.7
Cardiac Surgeons.....	88.0	0.0	0.0	0.0	0.1	0.6	47.5	33.8	5.3	0.7	0.0	0.0
Orthopaedic Surgeons.....	363.4	1.0	0.0	3.2	1.4	21.9	85.9	200.3	45.9	0.1	3.8	0.0
Plastic and												
Reconstructive Surgeons....	82.1	0.6	0.0	0.1	2.5	5.2	22.6	39.5	10.9	0.5	0.0	0.1
Neurological Surgeons.....	103.2	0.1	0.1	0.0	0.3	8.3	28.4	58.4	7.3	0.1	0.0	0.0
Obstetricians and												
Gynaecologists.....	600.8	0.8	0.0	3.3	1.0	31.9	344.6	187.6	29.1	0.2	0.5	1.9
Urological Surgeons.....	120.6	0.3	0.1	0.8	1.0	6.9	58.6	43.4	9.3	0.2	0.0	0.0
Ophthalmologists.....	744.6	1.2	0.0	0.7	0.6	17.4	470.7	239.7	13.1	0.1	0.6	0.4
Otolaryngologists.....	194.6	2.2	0.2	0.1	0.4	5.8	65.8	111.8	6.7	1.3	0.0	0.3
Pathologists.....	477.7	3.9	0.7	5.7	6.8	89.9	58.9	224.4	77.5	4.8	1.5	3.7
Diagnostic Radiologists.....	359.4	2.9	0.4	4.9	2.7	45.7	123.2	127.2	46.3	2.8	0.9	2.3
All Physicians.....	9,060.4	62.9	14.5	87.8	61.7	825.0	3,086.2	3,855.9	982.4	32.2	25.7	26.0

- Notes:** 1) Quebec is the only province that does not participate in a reciprocal billing agreement between provinces. See "Out-of-Province Services" on page 8.
- 2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan physician Payment Schedule rates.
- 3) See "Data Limitations" on page 10.

Table 13a
Payments (\$000's) for Out-of-Province Hospital Services
By Location and Type of Care

	Location of Services								
	All Locations	Maritimes/ Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of World
Inpatient Treatment -- High Cost Procedures									
Organ Procurement Transplant.....	58.4	0.0	0.0	0.0	0.0	58.4	0.0	0.0	0.0
Bone Marrow/Stem Cell Transplant.....	1,991.4	0.0	0.0	104.8	890.1	996.5	0.0	0.0	0.0
Lung Transplant.....	1,692.1	0.0	0.0	0.0	163.5	1,528.6	0.0	0.0	0.0
Liver Transplant.....	866.0	0.0	0.0	103.7	0.0	762.2	0.0	0.0	0.0
Cardiac Surgery with or without Valve Replacement.....	3.4	0.0	0.0	0.0	0.0	3.4	0.0	0.0	0.0
Special Out-of-Country.....	2,189.5	0.0	0.0	0.0	0.0	0.0	0.0	2,133.4	56.1
Out-of-Country Pre-Approved.....	0.0								
Defibrillator Pacemaker Implantation.....	707.5	0.0	0.0	0.0	0.0	632.9	74.7	0.0	0.0
Heart or Heart and Lung Transplant.....	229.1	0.0	0.0	0.0	0.0	229.1	0.0	0.0	0.0
Cochlear Implant.....	1,102.9	0.0	0.0	0.0	0.0	0.0	0.0	1,102.9	0.0
Other Pacemaker Insertion or Replacement.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Kidney or Kidney and Pancreas Transplant.....	937.7	0.0	0.0	29.8	0.0	907.8	0.0	0.0	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases.....	791.6	0.0	0.0	61.2	10.3	502.4	211.1	4.5	2.1
II. Neoplasms.....	3,511.6	48.3	0.0	153.4	469.7	2,690.0	149.0	1.2	0.0
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	1,115.1	2.5	3.3	8.8	389.7	666.3	43.4	0.7	0.4
IV. Diseases of Blood & Blood-Forming Organs.....	433.8	0.0	0.0	0.0	40.1	379.9	11.8	2.0	0.0
V. Mental Disorders.....	2,515.6	50.1	378.1	268.5	263.7	1,035.5	516.7	2.9	0.1
VI. Diseases of Nervous System & Sense Organs....	994.5	0.0	0.0	7.4	68.1	761.0	156.5	0.9	0.6
VII. Diseases of the Circulatory System.....	5,948.2	93.7	9.6	176.7	259.7	4,909.7	474.1	18.5	6.1
VIII. Diseases of the Respiratory System.....	2,208.4	40.6	2.3	56.3	306.7	1,653.6	136.5	5.6	6.9
IX. Diseases of the Digestive System.....	2,796.7	17.9	23.1	158.6	294.0	2,060.0	229.1	9.1	5.0
X. Diseases of the Genitourinary System.....	699.8	1.0	10.1	55.8	88.0	372.9	167.4	1.6	3.1
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	835.3	14.7	26.8	45.3	253.8	403.7	89.9	0.3	0.6
XII. Diseases of the Skin & Subcutaneous Tissue....	203.0	0.0	4.5	0.0	84.0	95.3	13.5	1.2	4.5
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	1,434.4	17.8	16.7	87.4	298.0	806.4	207.2	0.0	0.9
XIV. Congenital Anomalies.....	3,894.9	1.7	6.1	55.7	11.6	3,803.2	16.7	0.0	0.0
XV. Certain Conditions Originating in the Perinatal Period.....	1,733.1	1.8	0.0	13.5	248.0	1,367.4	102.5	0.0	0.0
XVI. Symptoms, Signs, & Ill-defined Conditions.....	5,414.6	81.7	145.7	106.6	359.8	4,398.5	310.7	8.4	3.2
XVII. Injury and Poisoning	5,451.2	6.5	54.9	108.8	759.4	3,676.3	828.0	7.5	9.7
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services....	2,341.6	69.5	9.4	62.0	250.4	1,696.1	253.2	1.0	0.0
Outpatient Treatment									
Standard Outpatient Visit.....	12,812.3	371.6	92.4	629.3	1,384.0	8,886.4	1,383.4	46.5	18.7
Day Care Surgery.....	1,534.7	19.0	3.0	86.0	516.2	801.5	107.0	1.6	0.6
Haemodialysis.....	979.6	0.0	0.0	9.4	13.6	893.9	61.8	0.7	0.1
Computerized Axial Tomography (CAT Scan).....	1,221.2	12.0	22.4	80.0	384.0	557.7	165.2	0.0	0.0
Magnetic Resonance Imaging (MRI).....	579.4	4.9	3.7	23.1	91.3	442.1	14.2	0.0	0.0
Positron Emission Tomography (PET Scan).....	315.0	0.0	0.0	1.5	112.5	195.0	6.0	0.0	0.0
Radiotherapy Services.....	283.5	0.0	7.2	48.6	30.7	167.3	29.8	0.0	0.0
Cancer Chemotherapy Visit.....	933.4	1.1	4.7	86.7	134.8	682.3	23.9	0.0	0.0
Gamma Knife Procedure.....	578.0	0.0	0.0	0.0	578.0	0.0	0.0	0.0	0.0
Brachytherapy.....	767.5	0.0	0.0	2.1	42.0	123.5	600.0	0.0	0.0
Special Out-of-Country.....	1,728.4	0.0	0.0	0.0	0.0	0.0	0.0	1,706.1	22.2
Other Outpatient Treatment.....	1,346.0	9.8	13.5	92.3	180.7	966.3	83.1	0.0	0.3
Total.....	75,180.4	866.1	837.5	2,723.3	8,976.5	50,113.0	6,466.2	5,056.6	141.2

- 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) Although all Cochlear Implants are performed in Alberta, payment for the device itself is made to the United States.
4) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
5) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 13b
Number of Out-of-Province Hospital Cases
By Location and Type of Care

	All Locations	Location of Services							
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	Columbia	British Columbia	United States
Inpatient Treatment -- High Cost Procedures -- Cases									
Organ Procurement Transplant.....	3	0	0	0	0	3	0	0	0
Bone Marrow/Stem Cell Transplant.....	15	0	0	1	7	7	0	0	0
Lung Transplant.....	10	0	0	0	1	9	0	0	0
Liver Transplant.....	8	0	0	1	0	7	0	0	0
Cardiac Surgery with or without Valve Replacement.....	1	0	0	0	0	1	0	0	
Special Out-of-Country.....	16	0	0	0	0	0	0	15	1
Out-of-Country Pre-Approved.....	0								
Defibrillator Pacemaker Implantation.....	36	0	0	0	0	32	4	0	0
Heart or Heart and Lung Transplant.....	2	0	0	0	0	2	0	0	0
Cochlear Implant.....	0	0	0	0	0	0	0	0	0
Other Pacemaker Insertion or Replacement.....	0								
Kidney or Kidney and Pancreas Transplant.....	31	0	0	1	0	30	0	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis -- Cases									
I. Infectious & Parasitic Diseases.....	71	0	0	4	4	29	15	8	11
II. Neoplasms.....	265	8	0	25	23	194	13	2	0
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	69	1	1	2	10	40	10	2	3
IV. Diseases of Blood & Blood-Forming Organs.....	33	0	0	0	6	18	6	3	0
V. Mental Disorders.....	169	4	7	20	28	72	35	2	1
VI. Diseases of Nervous System & Sense Organs.....	188	0	0	2	14	153	14	2	3
VII. Diseases of the Circulatory System.....	531	9	3	20	49	310	77	49	14
VIII. Diseases of the Respiratory System.....	264	3	1	13	50	141	24	18	14
IX. Diseases of the Digestive System.....	338	3	4	17	65	182	32	21	14
X. Diseases of the Genitourinary System.....	147	1	2	12	27	74	21	4	6
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	293	7	1	15	89	142	34	2	3
XII. Diseases of the Skin & Subcutaneous Tissue.....	33	0	1	0	8	13	5	3	3
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	200	2	3	11	71	96	14	0	3
XIV. Congenital Anomalies.....	212	1	2	8	6	191	4	0	0
XV. Certain Conditions Originating in the Perinatal Period.....	81	1	0	2	21	54	3	0	0
XVI. Symptoms, Signs, & Ill-defined Conditions.....	537	14	5	20	103	294	62	26	13
XVII. Injury and Poisoning.....	498	1	6	21	65	278	81	19	27
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	548	12	4	13	102	364	50	3	0
Outpatient Treatment -- Services									
Standard Outpatient Visit.....	54,050	1,545	381	2,599	5,972	36,501	5,693	929	430
Day Care Surgery.....	1,566	19	3	88	517	806	111	16	6
Haemodialysis.....	2,161	0	0	20	100	1,898	128	14	1
Computerized Axial Tomography (CAT Scan).....	1,906	19	35	124	600	872	256	0	0
Magnetic Resonance Imaging (MRI).....	947	8	6	37	154	716	26	0	0
Positron Emission Tomography (PET Scan).....	253	0	0	2	90	156	4	0	1
Radiotherapy Services.....	923	0	23	159	100	544	97	0	0
Cancer Chemotherapy Visit.....	820	1	4	76	119	594	26	0	0
Gamma Knife Procedure.....	34	0	0	0	34	0	0	0	0
Brachytherapy.....	74	0	0	1	9	16	48	0	0
Special Out-of-Country.....	595	0	0	0	0	0	0	592	3
Other Outpatient Treatment.....	6,352	174	57	24	2,468	3,081	548	0	0
Total.....	74,280	1,833	549	3,338	10,912	47,920	7,441	1,730	557

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Although all Cochlear Implants are performed in Alberta, the devices are purchased from the United States.

3) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.

4) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 14a
Payments (\$000's) for Out-of-Province Residents Hospitalized
In Saskatchewan By Place of Residence and Type of Care

	Home Province or Territory of Beneficiary						
	All Locations	Maritimes/ Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment -- High Cost Procedures							
Cardiac Catheterization with or without Stent(s).....	4.5	0.0	0.0	0.0	4.5	0.0	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases.....	333.8	8.4	0.0	14.2	94.2	189.9	27.0
II. Neoplasms.....	626.7	11.8	8.5	20.9	439.2	91.1	55.2
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	90.1	0.0	0.0	19.6	15.9	24.9	29.6
IV. Diseases of Blood and Blood-Forming Organs.....	119.0	0.0	0.0	8.5	51.5	47.4	11.7
V. Mental Disorders.....	2,345.6	23.1	4.4	118.3	239.9	1,437.8	522.0
VI. Diseases of the Nervous System & Sense Organs.....	193.3	37.0	0.0	10.4	53.6	63.3	29.1
VII. Diseases of the Circulatory System.....	2,439.7	59.4	0.0	187.7	1,070.0	800.4	322.2
VIII. Diseases of the Respiratory System.....	1,575.1	82.2	15.8	68.4	360.9	839.4	208.4
IX. Diseases of the Digestive System.....	854.2	78.9	27.6	85.1	374.5	230.7	57.5
X. Diseases of the Genitourinary System.....	583.7	5.1	2.4	-10.9	233.1	269.8	84.2
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	889.8	37.5	1.4	64.6	379.6	357.7	48.9
XII. Diseases of the Skin and Subcutaneous Tissue.....	143.6	10.0	3.7	15.3	15.0	93.2	6.6
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	396.9	4.1	0.0	9.2	210.6	160.0	13.1
XIV. Congenital Anomalies.....	89.3	0.0	0.0	0.0	18.2	70.4	0.7
XV. Certain Conditions Originating in the Perinatal Period.....	564.7	1.0	1.4	4.6	323.6	193.8	40.2
XVI. Symptoms, Signs, and Ill-defined Conditions.....	2,444.5	72.1	54.2	210.8	815.4	1,034.0	258.0
XVII. Injury and Poisoning	2,095.4	51.8	105.4	236.6	460.5	861.6	379.5
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	718.1	17.0	1.8	106.9	301.8	241.9	48.9
Outpatient Treatment							
Standard Outpatient Visit.....	7,498.6	349.2	92.1	751.0	2,130.9	3,148.2	1,027.1
Day Care Surgery.....	1,745.9	23.9	4.0	58.0	1,007.9	578.2	73.9
Haemodialysis.....	147.8	2.4	2.4	8.0	27.9	91.1	16.1
Computerized Axial Tomography (CAT Scan).....	309.3	19.9	3.2	36.3	124.3	85.5	40.2
Magnetic Resonance Imaging (MRI).....	121.7	1.2	1.8	11.7	37.3	56.1	13.6
Radiotherapy Services.....	85.2	0.0	0.0	3.0	51.3	13.8	17.2
Cancer Chemotherapy Visit.....	83.6	10.6	0.0	3.5	34.3	25.8	9.4
Other Outpatient Treatment.....	64.4	2.2	0.2	6.7	13.6	32.4	9.3
Total.....	26,564.7	908.6	330.4	2,048.5	8,889.6	11,038.3	3,349.3

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

Table 14b**Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care**

	Home Province or Territory of Beneficiary						
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment -- High Cost Procedures -- Cases							
Cardiac Catheterization with or without Stent(s).....	1	0	0	0	1	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis -- Cases							
I. Infectious & Parasitic Diseases.....	36	2	0	2	7	20	5
II. Neoplasms.....	91	4	1	2	60	19	5
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	21	0	0	3	5	8	5
IV. Diseases of Blood and Blood-Forming Organs.....	23	0	0	1	12	8	2
V. Mental Disorders.....	205	4	2	14	29	129	27
VI. Diseases of the Nervous System & Sense Organs.....	39	2	0	4	13	16	4
VII. Diseases of the Circulatory System.....	312	5	0	26	139	102	40
VIII. Diseases of the Respiratory System.....	243	11	3	16	73	112	28
IX. Diseases of the Digestive System.....	218	9	6	20	100	68	15
X. Diseases of the Genitourinary System.....	178	3	1	13	71	73	17
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	316	12	1	23	160	104	16
XII. Diseases of the Skin and Subcutaneous Tissue.....	33	2	1	4	6	16	4
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	84	2	0	3	35	39	5
XIV. Congenital Anomalies.....	18	0	0	0	10	7	1
XV. Certain Conditions Originating in the Perinatal Period.....	91	1	1	2	64	20	3
XVI. Symptoms, Signs, and Ill-defined Conditions.....	493	14	7	38	200	185	49
XVII. Injury and Poisoning	312	7	10	30	88	133	44
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	206	2	2	16	124	48	14
Outpatient Treatment -- Services							
Standard Outpatient Visit.....	31,258	1,461	381	3,135	8,837	13,264	4,180
Day Care Surgery.....	1,776	24	4	60	1,027	587	74
Haemodialysis.....	316	5	5	17	58	197	34
Computerized Axial Tomography (CAT Scan).....	492	31	5	58	196	139	63
Magnetic Resonance Imaging (MRI).....	204	2	4	20	61	95	22
Radiotherapy Services.....	324	0	0	10	169	90	55
Cancer Chemotherapy Visit.....	93	9	0	3	31	42	8
Other Outpatient Treatment.....	1,395	51	5	139	293	711	196
Total.....	38,778	1,663	439	3,659	11,869	16,232	4,916

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 15
In-Province Physician Services by Type of Service and Type of Physician

Type of Service ¹ (000'S)	Type of Physician								
	General Practitioners	Paedia- tricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Cardiologists	Psychiatrists	Dermatologists	General Surgeons	Cardiac Surgeons
Visits									
Consultations.....	21.5	30.4	101.5	23.4	24.2	7.8	13.6	59.2	3.0
Special Eye Examination.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Major Assessments.....	397.0	14.0	14.0	0.3	1.5	3.2	2.7	3.9	0.0
Other Assessments.....	3,659.3	32.8	65.5	6.8	11.2	10.1	12.2	44.8	1.2
Hospital Care Days.....	353.7	34.4	151.9	9.2	24.8	9.8	0.0	21.7	0.3
Special Calls and Emergency									
Surcharges.....	154.1	6.8	15.8	2.8	2.6	1.4	0.5	9.9	0.3
Premiums.....	3.1	0.2	1.1	0.1	0.2	0.1	0.0	0.0	0.0
Psychotherapy/Counselling									
Base Time ²	179.4	1.1	0.1	0.0	0.0	60.7	0.0	0.0	0.0
Additional Time.....	101.7	0.3	0.2	0.0	0.0	48.6	0.0	0.1	0.0
Major Surgery.....	4.6	0.0	0.3	0.4	0.0	0.0	0.1	17.3	7.5
Minor Surgery.....	165.4	0.1	0.2	0.0	0.2	0.0	7.3	6.1	0.3
Surgical Assistance.....	122.4	0.0	0.0	0.0	0.0	0.0	0.0	5.4	0.9
Obstetrics.....	9.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Anaesthesia									
Operative.....	68.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nerve Blocks and Epidurals.....	4.6	0.0	0.4	0.1	0.0	0.0	0.0	0.7	0.0
Diagnostic Radiology.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pathology/									
Laboratory Services.....	323.7	0.5	0.1	0.0	0.0	0.0	0.2	0.0	0.0
Diagnostic Ultrasound.....	1.7	1.8	10.8	0.0	42.1	0.0	0.0	0.0	0.0
Other Diagnostic and Therapeutic Services									
Other Diagnostic and Therapeutic Services.....	357.6	147.8	311.9	13.0	142.3	14.2	15.3	52.4	0.5
Special Services.....	143.0	0.1	0.1	0.0	0.0	0.0	0.9	11.5	0.0
Miscellaneous Services ³	611.8	12.7	22.8	4.6	4.9	12.0	1.3	24.3	1.8
Total Services.....	6,682.6	283.0	696.9	60.8	254.0	167.9	54.0	257.4	15.8

¹ The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

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

³ This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel, the fee code for hospital discharge and documentation and the fee code for Saskatchewan Surgical Care Network prioritization form completion.

Note: See "Data Limitations" on page 10.

**Table 15
(Continued)**

Type of Physician									
Ortho- paedic Surgeons	Plastic and Recon- structive Surgeons	Neuro- logical Surgeons	Obstetri- cians and Gynaeco- logists	Urological Surgeons	Ophthal- mologists	Otolaryn- gologists	Anaes- thetists	Pathologists and Diagnostic Radiologists	Total Services
40.0	19.5	7.4	42.4	14.1	45.1	27.9	14.1	0.3	495.6
0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.6
0.6	0.1	0.1	10.8	3.1	21.0	7.3	0.0	0.0	479.7
46.5	15.8	4.5	75.9	7.3	77.2	23.0	3.3	0.0	4,097.4
2.4	0.3	3.4	4.2	0.8	0.1	0.3	0.0	0.0	617.5
5.4	1.7	1.2	7.3	0.7	1.6	0.9	17.0	0.3	230.3
0.0	0.0	0.0	0.0	0.0	0.0	0.0	11.4	0.0	16.2
0.0	0.0	0.0	1.8	0.0	0.0	0.0	0.0	0.0	243.2
0.0	0.0	0.0	1.7	0.0	0.0	0.0	0.0	0.0	152.6
23.1	9.4	5.0	8.1	5.5	33.4	8.7	0.0	0.0	123.4
1.5	10.4	0.1	1.6	1.4	14.6	7.2	0.0	0.1	216.2
1.5	1.4	0.4	4.3	1.3	0.1	0.1	0.0	0.0	137.9
0.0	0.0	0.0	17.6	0.0	0.0	0.0	0.0	0.0	27.3
0.0	0.0	0.0	0.0	0.0	0.0	0.0	560.9	0.0	629.4
0.4	0.0	0.1	0.1	0.0	0.0	0.0	29.4	0.5	36.1
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	276.5	276.5
0.0	0.0	0.0	18.3	0.0	0.0	0.0	0.0	0.0	342.8
0.0	0.0	0.0	21.0	0.6	11.1	0.0	0.3	134.5	223.9
17.0	3.1	1.1	25.9	9.6	304.1	88.9	7.1	27.8	1,539.6
0.0	0.4	0.0	20.3	0.0	0.0	0.0	0.0	0.0	176.2
19.5	2.9	2.9	27.9	5.5	12.2	11.9	0.1	0.3	779.4
157.7	65.0	26.2	289.1	50.0	521.0	176.3	643.5	440.3	10,841.6

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 2009-10 to 2010-11
		Patients	Payments	Services	
Electrocardiograms and Echocardiograms.....	433,042	162.45	9,702.59	404.53	-3.25
Allergy Investigations and Hyposensitization Injections.....	265,955	8.22	531.40	248.45	-5.20
Submission of Papanicolaou Smear.....	113,464	193.31 ^f	2,770.76 ^f	211.51 ^f	-5.15
Artificial Extra Corporeal Haemodialysis.....	89,958	0.99	3,914.65	84.04	-1.60
Plantar Wart Excision or Fulguration.....	30,882	12.37	491.01	28.85	-0.17
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts.....	30,713	23.30	1,372.53	28.69	-1.26
Pulmonary Function Studies.....	29,676	17.31	1,097.18	27.72	0.05
Optical Coherence Tomography.....	33,462	23.73	1,331.99	31.26	26.26
Colonoscopy.....	22,587	20.51	3,677.96	21.10	0.60
Arthrocentesis - Joint Injections					
Shoulder, Elbow, Knee.....	19,323	11.68	290.17	18.05	-9.06
Upper GI Endoscopy.....	16,855	13.61	1,880.92	15.75	-0.54
Suturing of Wounds.....	12,540	11.09	750.70	11.71	-10.00
Delivery - Vaginal.....	10,046	18.48 ^f	12,549.86 ^f	18.73 ^f	-4.42
- Caesarean.....	2,897	5.39 ^f	3,633.50 ^f	5.40 ^f	-2.57
Cataract Extraction.....	11,719	7.37	5,012.23	10.95	-7.27
Psychological Testing.....	12,884	5.18	471.64	12.04	19.32
Cystoscopy.....	9,549	7.42	802.96	8.92	-2.90
Coronary Angiography.....	6,160	4.81	953.21	5.75	-2.74
Fractures, Open Surgical or Closed Reduction.....	5,626	4.40	1,960.21	5.26	-5.10
Cardiac Catheterization.....	5,600	4.37	655.03	5.23	-2.53
Angioplasty.....	4,777	2.06	1,631.16	4.46	-8.14
Sigmoidoscopy.....	3,927	3.26	201.00	3.67	9.92
Hernia Repair.....	3,942	3.22	1,388.33	3.68	-1.01
Electroencephalograms or Echoencephalograms.....	4,079	3.32	98.95	3.81	2.70
Arthroplasty - Hip or Total Hip Replacement.....	1,561	1.40	1,168.84	1.46	-6.78
- Knee or Total Knee Replacement.....	2,015	1.69	1,425.56	1.88	-15.90
Arthroscopy.....	4,289	3.76	529.55	4.01	21.69
Gall Bladder or Other Biliary Tract Surgery.....	2,719	2.52	1,431.60	2.54	2.94
Vasectomy.....	2,132	3.97 ^m	936.32 ^m	3.99 ^m	0.16
Therapeutic Abortion.....	1,785	3.25 ^f	507.23 ^f	3.33 ^f	-10.30
Tonsillectomy (With or Without Adenoidectomy).....	1,560	1.46	362.81	1.46	-5.91
Hysterectomy - Abdominal or vaginal.....	1,635	3.04 ^f	1,375.09 ^f	3.05 ^f	1.66
Tubal Ligation.....	1,497	2.77 ^f	551.00	2.79 ^f	5.55
Dilatation and Curettage.....	1,393	2.51 ^f	383.88 ^f	2.60 ^f	5.65
Septoplasty or Submucous Resection.....	1,036	0.96	330.69	0.97	-7.31
Electroconvulsive Therapy.....	1,307	0.17	82.24	1.22	8.61
Appendectomy.....	984	0.92	377.25	0.92	-8.05
Varicose Veins (Ligation).....	710	0.31	111.16	0.66	-30.30
Genital Prolapse Repair.....	1,037	1.57 ^f	617.89 ^f	1.93 ^f	14.49
Coronary By-Pass.....	716	0.67	1,932.86	0.67	-13.4
Prostatectomy (With or Without Vasectomy).....	817	1.49 ^m	1,241.37 ^m	1.53 ^m	5.35
Salpingectomy, Oophorectomy &/or Ovarian Cystectomy	646	1.17	417.74	1.20	-2.24
Strabismus Operation.....	245	0.20	81.15	0.23	19.18
Peptic Ulcer Surgery.....	125	0.11	79.12	0.12	-12.90

^f Rate per 1,000 female beneficiaries.

^m Rate per 1,000 male beneficiaries.

Note: See "Data Limitations" on page 10.

Table 17
Selected In-Province Medical Conditions --
Patients, Services and Payments

Conditions	I.C.D. ¹	Number of Services (000's)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
General Medical Examination - No Specific Diagnosis.....	V70	401	183.0	13,838	374
Acute Upper Respiratory Infection (Except Influenza).....	460 - 465	340	190.0	10,091	318
Hypertension.....	401 - 405	329	124.9	9,181	307
Diseases Affecting Genitourinary Tract.....	580 - 599, 788	352	78.3	13,310	329
Chronic Sinusitis & Other Respiratory Symptoms.....	473 & 786	223	86.2	9,556	208
Ischaemic Heart Disease.....	410 - 414	188	30.2	11,886	176
Diabetes Mellitus.....	250	272	52.4	7,457	254
Rheumatic Disease.....	725 - 729	148	73.8	5,492	138
Arthritis.....	710 - 716	158	52.1	6,755	147
Psychoses.....	295 -299	205	20.7	7,039	192
Otitis Media.....	381 - 382	125	53.8	3,927	117
Asthma.....	493	111	36.0	2,482	104
Bronchitis.....	466, 490 - 491	103	62.8	3,130	96
Neuroses.....	300	123	51.0	3,891	115
Eczema.....	690 - 692	103	49.3	2,517	96
Cataract.....	366	125	17.5	7,659	117
Vertebrogenic Pain Syndrome.....	724	119	49.5	5,271	111
Symptomatic Heart Disease.....	428 - 429	106	20.1	4,190	99
Cardiac Disrhythmias.....	427	108	21.3	3,808	101
Glaucoma.....	365	126	19.9	3,457	118
Hay Fever.....	477	70	7.8	572	66
Diarrheal Disease.....	009	63	32.0	2,291	59
Pneumonia.....	480 - 486	74	17.4	2,538	69
Disorders of Menstruation.....	Z082 & 626	64	47.3 ^f	4,418 ^f	119 ^f
Cerebrovascular Disease.....	430 - 438	56	7.3	2,195	52
Cellulitis and Abscess.....	681 - 682	61	25.0	1,926	57
Anaemias.....	280 - 285	47	15.8	1,760	44
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva.....	615 - 616	53	38.6 ^f	2,875 ^f	98 ^f
Chronic Airways Obstruction.....	496	60	12.1	2,015	56
Myxedema.....	244	50	26.4	1,289	47
Gastritis and Duodenitis.....	535	23	13.6	731	22
Migraine.....	346	25	12.1	825	24
Alzheimer's Disease and Other Cerebral Degenerations.....	331	16	2.2	475	15
Menopausal Symptoms.....	627	20	19.3 ^f	1,162 ^f	37 ^f
Influenza.....	487	14	10.8	380	13
Varicose Veins of Lower Extremity.....	454	21	4.3	617	19
Disorders of Functions of Stomach.....	536 - 537	16	9.8	555	15
Hyperkinetic Syndrome of Childhood (ADHD).....	314	18	4.7	726	17
Obesity.....	278	10	5.4	516	9
Epilepsy.....	345	11	3.6	409	11
Alcoholic Psychosis and Alcoholism.....	291 & 303	10	3.1	326	9
Multiple Sclerosis.....	340	13	2.2	452	12
Ulcers of Duodenum and Stomach.....	531 - 534	7	3.8	290	7

¹ Ninth Revision International Classification of Diseases, 1977.

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

^f Rate per 1,000 female beneficiaries.

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

2) Comparison to the previous years' Annual Statistical Reports would be affected by the time of day, age and paediatric premiums which are no longer counted as individual services.

Table 18
Turnover of Physicians

	General Practitioners					
	Metro		Urban		Rural	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2005-06 ¹	370	11.9	150	13.3	231	18.6
Still Practising in 2006-07 ²	326		130		188	
Practising in 2006-07 ¹	370	10.8	152	12.5	230	17.8
Still Practising in 2007-08 ²	330		133		189	
Practising in 2007-08 ¹	401	16.5	159	11.9	227	15.4
Still Practising in 2008-09 ²	335		140		192	
Practising in 2008-09 ¹	378	13.5	159	10.1	243	20.6
Still Practising in 2009-10 ²	327		143		193	
Practising in 2009-10 ¹	364	9.3	160	9.4	230	13.9
Still Practising in 2010-11 ²	330		145		198	
Practising in 2010-11 ¹	377		163		221	

	All General Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
	Practising in 2005-06 ¹	751	14.2	521	10.0	1,272
Still Practising in 2006-07 ²	644		469		1,113	
Practising in 2006-07 ¹	752	13.3	529	7.9	1,281	11.1
Still Practising in 2007-08 ²	652		487		1,139	
Practising in 2007-08 ¹	787	15.2	566	7.6	1,353	12.0
Still Practising in 2008-09 ²	667		523		1,190	
Practising in 2008-09 ¹	780	15.0	580	5.9	1,360	11.1
Still Practising in 2009-10 ²	663		546		1,209	
Practising in 2009-10 ¹	754	10.7	600	7.7	1,354	9.4
Still Practising in 2010-11 ²	673		554		1,227	
Practising in 2010-11 ¹	761		625		1,386	

¹ Physicians with their own MSP billing numbers receiving \$15,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

² Physicians with their own MSP billing numbers receiving \$15,000 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

- Notes:** 1) The net number of physicians who entered practice in 2010-11 was 159, the difference between "Practising" (1,386) and "Still Practising" (1,227).
 2) Effective April 1, 2001, all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners.
 3) Effective April 1, 2002, all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.
 4) 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.
 5) All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 19
Physicians in Relation to Population and Practice Size

Type of Physician ¹	Number of Physicians		Population Per Physician (000's)		Average Number of Patients Per Physician ² (000's)		Average Patient Contacts Per Physician ³ (000's)		Per Cent of Beneficiaries Treated	
	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11
	General Practitioner⁴.....	774	775	1.3	1.4	2.4	2.4	5.8	5.8	81.7
Specialists⁴										
Paediatricians and										
Medical Geneticists.....	41	43	25.3	24.9	1.1	1.1	2.4	2.3	3.6	3.6
Internists and Psychiatrists.....	109	116	9.5	9.2	1.8	1.7	3.9	3.7	12.6	12.1
Neurologists.....	14	16	74.0	66.9	1.7	1.7	2.7	2.6	2.1	2.2
Cardiologists.....	20	21	51.8	51.0	4.3	4.3	4.3	3.9	5.2	5.5
Psychiatrists.....	41	44	25.3	24.3	0.4	0.4	1.8	1.8	1.5	1.5
Dermatologists.....	4	4	259.1	267.6	4.2	4.4	7.8	8.1	1.7	1.6
Anaesthetists.....	90	96	11.5	11.2	0.9	0.8	1.1	0.9	6.0	5.7
General Surgeons.....	62	64	16.7	16.7	1.2	1.2	2.5	2.4	6.5	6.2
Cardiac Surgeons.....	7	6	148.0	178.4	0.7	0.7	1.0	1.0	0.3	0.3
Orthopaedic Surgeons.....	34	38	30.5	28.2	1.4	1.3	2.6	2.5	4.1	4.1
Plastic and										
Reconstructive Surgeons....	14	14	74.0	76.5	1.5	1.6	2.9	3.0	2.0	2.0
Neurological Surgeons.....	10	12	103.6	89.2	0.9	0.7	1.8	1.4	0.8	0.8
Obstetricians and										
Gynaecologists.....	50	49	20.7	21.8	1.4	1.4	3.0	3.0	4.8	4.7
Urological Surgeons.....	14	13	74.0	82.3	1.5	1.6	2.3	2.6	1.8	1.8
Ophthalmologists.....	24	24	43.2	44.6	3.1	3.3	6.9	7.2	7.0	6.9
Otolaryngologists.....	14	14	74.0	76.5	2.7	2.7	4.9	4.8	3.5	3.4
Pathologists and										
Diagnostic Radiologists.....	54	56	19.2	19.1	4.8	4.7	0.2	0.2	19.3	19.0
All Specialists⁴.....	602	630	1.7	1.7	1.8	1.8	2.6	2.5	43.1	41.7
All Physicians⁴.....	1,376	1,405	0.8	0.8	2.1	2.1	4.4	4.3	83.9	81.9
Licensed Physicians ⁵	1,882	1,946	0.6	0.6	--	--	--	--	--	--

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

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

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

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

⁵ Licensed physicians, as of the last day of the fiscal year, includes temporary licensed locum physicians but excludes educational locums and medical residents.

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

2) 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.

Table 20
Physicians by Size of Practice

Type of Physician ¹	Number of Physicians ²	Size of Practice by Range of Patients ³							
		Less than 501	501- 1,000	1,001- 1,500	1,501- 2,000	2,001- 2,500	2,501- 3,000	3,001- 3,500	More than 3,500
General Practitioners									
Metro Association.....	303	9	29	48	46	30	29	20	92
Metro Solo.....	75	19	19	12	10	9	5	0	1
Urban Association.....	128	2	10	23	23	14	12	8	36
Urban Solo.....	35	1	5	4	8	7	5	1	4
Rural Association.....	190	0	8	42	39	41	30	16	14
Rural Solo.....	44	2	10	8	6	10	6	2	0
All General Practitioners 2010-11.....	775	33	81	137	132	111	87	47	147
All General Practitioners 2009-10.....	774	31	77	127	132	136	83	46	142
Specialists									
Paediatricians and Medical Geneticists.....	43	6	23	8	2	0	2	0	2
Internists and Physiatrists.....	116	5	42	19	13	8	11	7	11
Neurologists.....	16	0	5	2	4	3	0	1	1
Cardiologists.....	21	0	1	1	0	2	1	5	11
Psychiatrists.....	44	33	9	1	1	0	0	0	0
Dermatologists.....	4	0	0	0	0	0	1	1	2
Anaesthetists.....	96	17	56	20	0	2	1	0	0
General Surgeons.....	64	11	16	15	17	4	1	0	0
Cardiac Surgeons.....	6	1	5	0	0	0	0	0	0
Orthopaedic Surgeons.....	38	1	6	20	10	1	0	0	0
Plastic and Reconstructive Surgeons.....	14	0	5	3	1	3	1	1	0
Neurological Surgeons.....	12	3	7	2	0	0	0	0	0
Obstetricians and Gynaecologists.....	49	3	15	9	10	9	2	1	0
Urological Surgeons.....	13	0	1	4	6	1	1	0	0
Ophthalmologists.....	24	0	1	0	3	4	2	4	10
Otolaryngologists.....	14	0	3	2	1	1	1	2	4
Pathologists and Diagnostic Radiologists.....	56	1	7	5	6	2	0	7	28
All Specialists 2010-11.....	630	81	202	111	74	40	24	29	69
All Specialists 2009-10.....	602	79	168	119	66	54	24	25	67
All Physicians 2010-11.....	1,405	114	283	248	206	151	111	76	216
All Physicians 2009-10.....	1,376	110	245	246	198	190	107	71	209

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

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

³ The size of practice is the number of different persons 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) 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.

Table 21
Physicians by Range of Patient Contacts

Type of Physician ¹	Number of Physicians ²	Range of Patient Contacts ³						
		1- 2,000	2,001- 4,000	4,001- 6,000	6,001- 8,000	8,001- 10,000	10,001- 12,000	Over 12,000
General Practitioners								
Metro Association.....	303	33	68	57	73	28	20	24
Metro Solo.....	75	35	9	7	10	8	2	4
Urban Association.....	128	14	26	27	25	18	9	9
Urban Solo.....	35	10	3	2	9	6	2	3
Rural Association.....	190	19	63	50	20	18	9	11
Rural Solo.....	44	6	7	12	8	5	2	4
All General Practitioners 2010-11.....	775	117	176	155	145	83	44	55
All General Practitioners 2009-10.....	774	111	183	144	146	94	44	52
Specialists								
Paediatricians and Medical Geneticists....	43	28	10	2	0	2	0	1
Internists and Physiatrists.....	116	37	40	19	12	3	0	5
Neurologists.....	16	6	9	1	0	0	0	0
Cardiologists.....	21	4	10	5	1	0	1	0
Psychiatrists.....	44	35	5	3	0	0	0	1
Dermatologists.....	4	0	0	1	1	1	0	1
Anaesthetists.....	96	93	2	1	0	0	0	0
General Surgeons.....	64	28	31	5	0	0	0	0
Cardiac Surgeons.....	6	6	0	0	0	0	0	0
Orthopaedic Surgeons.....	38	8	28	2	0	0	0	0
Plastic and Reconstructive Surgeons.....	14	4	6	3	1	0	0	0
Neurological Surgeons.....	12	11	1	0	0	0	0	0
Obstetricians and Gynaecologists.....	49	13	22	12	2	0	0	0
Urological Surgeons.....	13	3	8	2	0	0	0	0
Ophthalmologists.....	24	0	3	7	4	6	3	1
Otolaryngologists.....	14	3	3	3	3	2	0	0
Pathologists and Diagnostic Radiologists.....	56	56	0	0	0	0	0	0
All Specialists 2010-11.....	630	335	178	66	24	14	4	9
All Specialists 2009-10.....	602	305	180	65	27	10	7	8
All Physicians 2010-11.....	1,405	452	354	221	169	97	48	64
All Physicians 2009-10.....	1,376	416	363	209	173	104	51	60

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

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

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

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

2) 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.

Table 22
Physicians by Place of Graduation¹

Type of Physician ²	Number of Physi- cians ³	Canada		U.S.A.,	United	Conti- ental Europe	Asia	Africa	Australia
		Sask.	Other Prov.	Central and South America	Kingdom and Eire				
General Practitioners									
Metro Association.....	303	132	16	8	25	7	55	60	0
Metro Solo.....	75	22	2	3	8	2	25	13	0
Urban Association.....	128	26	3	2	10	3	13	71	0
Urban Solo.....	35	5	0	1	4	0	10	15	0
Rural Association.....	190	39	7	4	6	5	13	115	1
Rural Solo.....	44	10	3	1	9	0	3	18	0
All General Practitioners 2010-11.....	775	234	31	19	62	17	119	292	1
All General Practitioners 2009-10.....	774	233	29	17	66	17	122	289	1
Specialists									
Paediatricians and Medical Geneticists.....	43	10	13	2	3	1	10	4	0
Internists and Physiatrists.....	116	42	21	4	7	6	17	19	0
Neurologists.....	16	3	5	0	1	0	3	4	0
Cardiologists.....	21	11	2	0	0	1	3	4	0
Psychiatrists.....	44	18	3	2	2	0	13	6	0
Dermatologists.....	4	3	0	0	0	0	0	1	0
Anaesthetists.....	96	45	18	0	2	1	9	21	0
General Surgeons.....	64	20	18	0	3	1	9	13	0
Cardiac Surgeons.....	6	1	4	0	0	1	0	0	0
Orthopaedic Surgeons.....	38	21	4	0	3	1	3	6	0
Plastic and Reconstructive Surgeons.....	14	9	2	1	0	0	0	2	0
Neurological Surgeons.....	12	2	2	0	0	0	4	4	0
Obstetricians and Gynaecologists.....	49	22	6	2	1	1	7	10	0
Urological Surgeons.....	13	6	3	0	0	0	1	2	1
Ophthalmologists.....	24	13	0	1	5	0	2	3	0
Otolaryngologists.....	14	7	0	0	2	0	2	3	0
Pathologists and Diagnostic Radiologists.....	56	29	15	0	3	1	4	3	1
All Specialists 2010-11.....	630	262	116	12	32	14	87	105	2
All Specialists 2009-10.....	602	244	118	12	32	14	82	97	3
All Physicians 2010-11.....	1,405	496	147	31	94	31	206	397	3
Per Cent Distribution 2010-11.....	100%	35%	10%	2%	7%	2%	15%	28%	0%
All Physicians 2009-10.....	1,376	477	147	29	98	31	204	386	4
Per Cent Distribution 2009-10.....	100%	35%	11%	2%	7%	2%	15%	28%	0%

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

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

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

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) 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.

Table 23
Physicians by Age Group

Type of Physician ¹	Number of Physicians ²	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Metro Association.....	303	36	54	96	69	48
Metro Solo.....	75	3	11	24	22	15
Urban Association.....	128	35	31	35	18	9
Urban Solo.....	35	4	2	9	11	9
Rural Association.....	190	56	52	40	27	15
Rural Solo.....	44	5	8	13	7	11
All General Practitioners 2010-11.....	775	139	158	217	154	107
All General Practitioners 2009-10.....	774	130	173	210	165	96
Specialists						
Paediatricians and Medical Geneticists.....	43	3	12	11	9	8
Internists and Physiatrists.....	116	8	31	29	29	19
Neurologists.....	16	1	7	3	3	2
Cardiologists.....	21	0	11	6	2	2
Psychiatrists.....	44	4	11	15	6	8
Dermatologists.....	4	0	0	2	1	1
Anaesthetists.....	96	8	29	37	18	4
General Surgeons.....	64	4	20	25	7	8
Cardiac Surgeons.....	6	0	2	2	2	0
Orthopaedic Surgeons.....	38	5	13	10	6	4
Plastic and Reconstructive Surgeons.....	14	1	4	4	4	1
Neurological Surgeons.....	12	1	5	0	5	1
Obstetricians and Gynaecologists.....	49	9	11	15	9	5
Urological Surgeons.....	13	1	2	3	6	1
Ophthalmologists.....	24	0	11	5	5	3
Otolaryngologists.....	14	0	0	8	1	5
Pathologists and Diagnostic Radiologists.....	56	10	17	14	12	3
All Specialists 2010-11.....	630	55	186	189	125	75
All Specialists 2009-10.....	602	47	182	187	123	63
All Physicians 2010-11.....	1,405	194	344	406	279	182
Per Cent Distribution 2010-11.....	100%	14%	24%	29%	20%	13%
All Physicians 2009-10.....	1,376	177	355	397	288	159
Per Cent Distribution 2009-10.....	100%	13%	26%	29%	21%	12%

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

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

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) 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.

Table 24
Average Payment ¹ (\$000's) Per Resident Physician² by Specialty
and Range of Paid Amount

	Type of Physician ³					
	All Physicians		All General Practitioners		All Specialists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	305.2	1,405	245.8	775	378.2	630
Highest Paid.....	2,183.2		1,008.5		2,183.2	
Less than \$ 60,000.....	26.3	247	26.4	163	26.3	84
\$ 60,000 - \$ 74,999.....	68.0	60	68.4	41	67.1	19
\$ 75,000 - \$ 99,999.....	86.9	93	85.8	56	88.5	37
\$100,000 - \$124,999.....	111.9	103	112.1	67	111.5	36
\$125,000 - \$149,999.....	137.3	101	137.9	63	136.2	38
\$150,000 - \$174,999.....	162.6	86	162.1	57	163.5	29
\$175,000 - \$199,999.....	188.0	74	188.2	49	187.6	25
\$200,000 - \$249,999.....	225.9	179	226.0	114	225.8	65
\$250,000 - \$299,999.....	276.6	150	275.2	91	278.7	59
\$300,000 - \$349,999.....	324.3	149	322.8	94	326.8	55
Over \$350,000.....	568.5	410	468.9	143	628.8	267
Total.....	263.5	1,652	207.6	938	336.8	714

	General Practitioners					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	240.2	378	239.8	234	267.4	163
Highest Paid.....	766.3		771.2		1008.5	
Less than \$ 60,000.....	28.2	100	27.5	16	21.9	47
\$ 60,000 - \$ 74,999.....	67.6	23	70.8	11	67.5	7
\$ 75,000 - \$ 99,999.....	87.8	24	83.3	11	84.9	21
\$100,000 - \$124,999.....	112.5	34	111.7	7	111.7	26
\$125,000 - \$149,999.....	136.7	27	138.3	12	139.1	24
\$150,000 - \$174,999.....	161.7	28	161.1	9	163.1	20
\$175,000 - \$199,999.....	187.1	20	187.9	13	190.0	16
\$200,000 - \$249,999.....	225.5	60	227.2	25	226.0	29
\$250,000 - \$299,999.....	276.3	54	275.0	15	272.6	22
\$300,000 - \$349,999.....	321.4	49	320.0	20	327.9	25
Over \$350,000.....	460.0	59	483.7	40	467.3	44
Total.....	195.8	478	245.9	179	203.4	281

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

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

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

⁴ 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.

Table 24 (Continued)

	Type of Physician ³					
	Paediatricians and Medical Geneticists		Internists and Physiatrists		Cardiologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	205.6	43	332.8	116	740.7	21
Highest Paid.....	979.4		1,052.4		1,697.1	
Less than \$ 60,000.....	18.1	20	23.7	24	28.2	1
\$ 60,000 - \$ 74,999.....	68.8	4	66.0	4	0	0
\$ 75,000 - \$ 99,999.....	85.9	9	86.9	5	0	0
\$100,000 - \$124,999.....	113.4	4	110.6	10	103	1
\$125,000 - \$149,999.....	131.0	6	136.5	8	0	0
\$150,000 - \$174,999.....	155.8	2	164.1	8	0	0
\$175,000 - \$199,999.....	190.9	4	183.5	6	0	0
\$200,000 - \$249,999.....	221.9	7	221.7	12	0	0
\$250,000 - \$299,999.....	0.0	0	279.4	11	0	0
\$300,000 - \$349,999.....	321.8	3	327.6	4	0	0
Over \$350,000.....	739.9	4	546.8	48	772.6	20
Total.....	146.1	63	279.8	140	708.3	22

	Neurologists		Psychiatrists		Dermatologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
	Physicians ⁴	284.3	16	211.4	44	433.5
Highest Paid.....	843.9		770.1		684.1	
Less than \$ 60,000.....	0	0	46.4	8	19.2	1
\$ 60,000 - \$ 74,999.....	0	0	67.8	5	0	0
\$ 75,000 - \$ 99,999.....	84.2	1	94.6	4	0	0
\$100,000 - \$124,999.....	112.9	2	120.3	4	0	0
\$125,000 - \$149,999.....	138.2	2	138.0	8	0	0
\$150,000 - \$174,999.....	173.0	2	162.6	3	0	0
\$175,000 - \$199,999.....	0.0	0	189.1	3	0	0
\$200,000 - \$249,999.....	228.8	2	222.1	4	0	0
\$250,000 - \$299,999.....	269.4	1	278.3	4	285.8	1
\$300,000 - \$349,999.....	0	0	329.9	4	0	0
Over \$350,000.....	481.6	6	524.2	5	482.7	3
Total.....	284.3	16	186.0	52	350.7	5

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
 2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.
 Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 24 (Continued)
Average Payment¹ (\$000's) Per Resident Physician² by Specialty
and Range of Paid Amount

	Type of Physician ³					
	Anaesthetists		General Surgeons		Cardiac Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	283.0	96	373.4	64	768.0	6
Highest Paid.....	1044.3		727.3		918.5	
Less than \$ 60,000.....	21.4	3	41.3	4	0	0
\$ 60,000 - \$ 74,999.....	0	0	67.9	2	0	0
\$ 75,000 - \$ 99,999.....	92.5	5	90.1	4	0	0
\$100,000 - \$124,999.....	110.1	4	103.7	2	0	0
\$125,000 - \$149,999.....	141.6	6	128.6	1	0	0
\$150,000 - \$174,999.....	161.6	5	170.3	1	0	0
\$175,000 - \$199,999.....	188.6	3	184.7	3	0	0
\$200,000 - \$249,999.....	234.3	21	219.8	4	0	0
\$250,000 - \$299,999.....	279.6	18	277.5	8	0	0
\$300,000 - \$349,999.....	327.4	14	319.5	8	0	0
Over \$350,000.....	475.3	20	538.3	31	768.0	6
Total.....	275.1	99	353.9	68	768.0	6

	Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
	Physicians ⁴	420.2	38	428.7	14	339.6
Highest Paid.....	872.8		886.5		581.6	
Less than \$ 60,000.....	39.2	2	0	0	59.2	1
\$ 60,000 - \$ 74,999.....	0	0	0	0	0	0
\$ 75,000 - \$ 99,999.....	80.7	1	75.3	1	86.2	1
\$100,000 - \$124,999.....	0	0	0	0	113	1
\$125,000 - \$149,999.....	134.2	1	139.6	2	0	0
\$150,000 - \$174,999.....	0	0	0	0	158.2	1
\$175,000 - \$199,999.....	0	0	176.2	1	0	0
\$200,000 - \$249,999.....	215.4	3	0	0	249.5	1
\$250,000 - \$299,999.....	283.3	5	0.0	0	0.0	0
\$300,000 - \$349,999.....	322.9	5	326.7	3	331.7	4
Over \$350,000.....	525.1	23	641.6	7	535.3	4
Total.....	401.2	40	428.7	14	318.0	13

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

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

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

⁴ 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.

Table 24 (Continued)

	Type of Physician ³					
	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	376.1	49	425.1	13	897.3	24
Highest Paid.....	1,073.2		1,070.0		1,705.9	
Less than \$ 60,000.....	24.2	7	13.8	1	16.3	2
\$ 60,000 - \$ 74,999.....	62.6	2	0	0	0	0
\$ 75,000 - \$ 99,999.....	85.1	2	0	0	0	0
\$100,000 - \$124,999.....	115.7	2	0	0	0	0
\$125,000 - \$149,999.....	134.1	2	0	0	0	0
\$150,000 - \$174,999.....	159.6	2	172	1	0	0
\$175,000 - \$199,999.....	189.7	2	0	0	0	0
\$200,000 - \$249,999.....	237.4	3	211.3	2	213.0	1
\$250,000 - \$299,999.....	274.6	5	296	1	253.1	1
\$300,000 - \$349,999.....	328.4	3	0	0	331.1	1
Over \$350,000.....	533.2	26	515.0	9	987.5	21
Total.....	332.1	56	395.7	14	829.5	26

	Pathologists and Diag- nostic Radiologists			
	Otolaryngologists		Pathologists and Diag- nostic Radiologists	
	Average Payment	Number	Average Payment	Number
Physicians ⁴	449.7	14	467.8	56
Highest Paid.....	1013.4		2,183.2	
Less than \$ 60,000.....	0	0	28.2	10
\$ 60,000 - \$ 74,999.....	0	0	67.7	2
\$ 75,000 - \$ 99,999.....	88.8	1	93.4	3
\$100,000 - \$124,999.....	111.7	1	108.4	5
\$125,000 - \$149,999.....	130.1	1	127.5	1
\$150,000 - \$174,999.....	0	0	163.6	4
\$175,000 - \$199,999.....	199.8	1	191.9	2
\$200,000 - \$249,999.....	0	0	215.0	5
\$250,000 - \$299,999.....	250.6	1	285.3	3
\$300,000 - \$349,999.....	0	0	333.5	6
Over \$350,000.....	612.7	9	805.7	25
Total.....	449.7	14	401.2	66

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.

Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 25
Average Payment (\$000's) Per Physician
By Specialty, 2005-06 to 2010-11

Type of Physician ¹	Average Payment ² (\$000's)						Average Annual
	2005-06	2006-07	2007-08	2008-09	2009-10 ³	2010-11 ³	Per Cent Change 2005-06 to 2010-11
General Practitioners							
Metro Association.....	206.2	210.6	228.5	233.5	237.9	243.1	3.38
Metro Solo.....	243.5	238.6	240.3	236.7	232.0	228.4	-1.27
Urban Association.....	248.8	252.2	272.4	257.2	256.2	245.3	-0.17
Urban Solo.....	290.9	290.7	310.9	338.0	338.5	348.0	3.71
Rural Association.....	245.2	245.8	267.0	248.5	244.3	234.1	-0.79
Rural Solo.....	287.2	264.1	269.0	260.7	246.5	264.2	-1.51
All General Practitioners	234.2	234.6	251.4	247.3	246.7	245.8	1.02
Specialists							
Paediatricians and Medical Geneticists.....	222.4	206.1	210.8	206.5	216.7	205.6	-1.46
Internists and Physiatrists.....	333.3	328.4	369.2	359.7	350.0	332.8	0.15
Neurologists.....	280.8	295.7	307.2	303.8	291.6	284.3	0.32
Cardiologists.....	736.9	691.2	647.1	692.0	778.0	740.7	0.40
Psychiatrists.....	218.5	207.5	218.7	223.1	206.3	211.4	-0.53
Dermatologists.....	372.2	419.1	414.7	425.3	418.2	433.5	3.22
Anaesthetists.....	283.0	291.3	304.1	304.5	317.0	283.0	0.17
General Surgeons.....	366.7	387.5	397.2	395.5	384.7	373.4	0.41
Cardiac Surgeons.....	722.6	725.2	718.9	722.4	802.2	768.0	1.35
Orthopaedic Surgeons.....	365.1	380.7	376.8	407.5	435.6	420.2	2.95
Plastic and Reconstructive Surgeons.....	363.8	376.6	380.9	413.0	430.9	428.7	3.38
Neurological Surgeons.....	396.8	400.0	314.3	401.0	446.3	339.6	-1.13
Obstetricians and Gynaecologists.....	358.6	351.3	369.7	357.7	370.8	376.1	1.01
Urological Surgeons.....	381.9	388.3	399.0	400.2	391.6	425.1	2.23
Ophthalmologists.....	726.9	751.6	777.6	837.7	844.3	897.3	4.33
Otolaryngologists.....	415.9	435.4	443.8	442.1	451.2	449.7	1.59
Pathologists and Diagnostic Radiologists.....	453.6	481.1	505.3	500.4	487.3	467.8	0.70
All Specialists	366.1	371.0	385.9	390.1	393.7	378.2	0.68
Spec. less Pathologists & Radiologists.....	357.5	360.8	375.0	379.7	384.5	369.5	0.69
All Physicians	288.4	291.4	308.2	308.6	311.0	305.2	1.17
Phys. less Pathologists & Radiologists.....	282.0	284.5	301.0	301.2	303.8	298.5	1.17

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

² Represents gross payments by the MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. 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. Payments for the specialist coverage program are excluded.

³ Does not include retroactive lump sum payments (to be made in 2011-12 with accrual funds from 2010-11).

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Laboratory services provided by Pathologists are now the responsibility of RHAs. As a result, Pathologists' fee-for-service payments are minimal.

3) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy changes.

4) Effective April 1, 2001, all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners.

5) Effective April 1, 2002, all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

6) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 26
Physician Payments (\$000's) by Specialty Group

	General Practitioners		Medical Specialists ¹		Surgical Specialists ¹		Technical Specialists ¹	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:²								
Regina	156	270.7	66	478.5	78	483.5	48	419.9
Saskatoon ³	224	217.9	154	251.9	109	449.5	92	312.3
Moose Jaw.....	24	297.1	4	634.2	8	506.8	4	280.5
Prince Albert.....	60	246.4	8	392.0	17	355.1	6	513.1
Yorkton.....	15	280.0	5	175.1	8	544.0	--	--
Swift Current.....	19	219.1	4	317.3	5	359.9	2	**
North Battleford.....	22	297.3	2	**	7	409.8	--	--
Estevan.....	9	403.0	--	--	--	--	--	--
Weyburn.....	14	224.1	--	--	--	--	--	--
All Other Locations.....	232	240.8	1	**	2	**	--	--
B. By Activity Threshold:								
1. Total Active Physicians ²	775	245.8	244	322.1	234	454.4	152	351.1
2. Total Licensed Physicians ⁴	1,034	--	393	--	266	--	253	--
3. Resident and Active in Two Consecutive Years ²	696	259.1	212	347.4	220	468.9	140	365.8
4. Resident at Year End With Payments of \$15,000 or More in Each Quarter of the Year.....	661	269.0	205	360.0	207	494.7	125	391.9
C. By Age Group:²								
Under 35.....	139	195.6	16	173.7	21	299.1	18	241.3
35 - 44.....	158	233.1	72	315.6	68	515.8	46	265.1
45 - 54.....	217	268.6	66	307.3	72	509.8	51	363.7
55 - 64.....	154	270.4	50	352.0	45	436.0	30	508.3
65 +	107	247.9	40	380.1	28	309.0	7	433.2

¹ Physicians are grouped as follows:

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

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

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

⁴ Licensed Physicians are all physicians on the Medical Care Insurance Physician Registry except for those we know are retired. Locums are included even though they do not have their own billing number. Educational locums, residents and interns are typically excluded.

** Not shown, to preserve confidentiality.

Note: Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 27
Payments¹ for Specialist and Rural Emergency Coverage Programs

	Specialist Emergency Coverage		Rural (GP) Emergency Coverage ³	Total Payments for Emergency Coverage	
	Number of Rotations				
	Tier I	Tier II			
Regional Health Authority					
1 Sun Country.....	3	3	\$477,491	\$597,159	\$1,074,650
2 Five Hills.....	7	3	\$1,094,411	\$320,840	\$1,415,251
3 Cypress.....	6	4	\$931,384	\$507,124	\$1,438,508
4 Regina Qu'Appelle.....	30	14	\$5,736,816	\$668,478	\$6,405,294
5 Sunrise.....	6	2	\$912,568	\$528,760	\$1,441,328
6 Saskatoon.....	41	23	\$7,998,933	\$895,507	\$8,894,440
7 Heartland.....	0	2	\$91,862	\$869,805	\$961,667
8 Kelsey Trail.....	0	5	\$211,999	\$725,941	\$937,940
9 Prince Albert Parkland.....	7	4	\$1,331,154	\$213,340	\$1,544,494
10 Prairie North.....	11	7	\$1,750,226	\$650,262	\$2,400,488
11 Mamawetan Churchill River.....	0	0	\$0	\$127,981	\$127,981
12 Keewatin Yatthé.....	0	0	\$0	\$196,709	\$196,709
13 Athabasca.....	0	0	\$0	\$91,103	\$91,103
All Regional Health Authorities.....	111	67	\$20,536,843	\$6,393,008	\$26,929,851
Other Emergency Coverage					
Medical Health Officers.....	0	3	\$300,276	--	\$300,276
Saskatchewan Cancer Agency.....	2	5	\$808,565	--	\$808,565
All Emergency Coverage.....	113	75	\$21,645,684	\$6,393,008	\$28,038,692

¹ Includes payments made indirectly to physicians through RHAs, the Saskatchewan Cancer Agency or other.

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

³ Includes all ERCP 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
Medical Remuneration and Alternate Payment Expenditures (\$000's)

	Medical Remuneration		Alternate Payments		Non-Fee-For-Service	
	Payments ¹				Total Payments	
	2009-10	2010-11	2009-10	2010-11	2009-10	2010-11
Regional Health Authority						
1 Sun Country.....	\$1,717	\$2,009	\$0	\$0	\$1,717	\$2,009
2 Five Hills.....	\$5,171	\$5,171	\$1,841	\$1,841	\$7,012	\$7,012
3 Cypress.....	\$4,327	\$4,635	\$2,587	\$2,598	\$6,914	\$7,233
4 Regina Qu'Appelle.....	\$47,347	\$48,020	\$1,712	\$1,712	\$49,059	\$49,731
5 Sunrise.....	\$4,838	\$4,838	\$0	\$0	\$4,838	\$4,838
6 Saskatoon.....	\$38,083	\$36,504	\$6,355	\$7,930	\$44,438	\$44,434
7 Heartland.....	\$593	\$593	\$0	\$0	\$593	\$593
8 Kelsey Trail.....	\$1,041	\$1,041	\$0	\$0	\$1,041	\$1,041
9 Prince Albert Parkland.....	\$5,786	\$6,112	\$5,040	\$5,344	\$10,826	\$11,456
10 Prairie North.....	\$6,694	\$7,764	\$1,348	\$545	\$8,042	\$8,310
11 Mamawetan Churchill River.....	\$69	\$69	\$0	\$0	\$69	\$69
12 Keewatin Yatthé.....	\$0	\$0	\$0	\$0	\$0	\$0
13 Athabasca.....	\$0	\$0	\$0	\$0	\$0	\$0
All Regional Health Authorities.....	\$115,667	\$116,757	\$18,883	\$19,970	\$134,550	\$136,727
Provincial Projects ²	\$0		\$7,010	\$6,591	\$7,010	\$6,591
All Expenditures.....	\$115,667	\$116,757	\$25,893	\$26,562	\$141,560	\$143,318

¹ These expenditures for physician services are administered through RHAs and funded by the Ministry of Health.

² These Alternate Payment arrangements are intended to benefit the entire provincial population.

Note: Payments for primary care arrangements are excluded. Responsibility for the management of these agreements was transferred to Primary Health Services Branch effective April 1, 2004.

Table 29
Insured Population by Age and Sex by Regional Health Authority

		Regional Health Authority of Patient Residence														
		1	2	3	4	5	6	7	8	9	10	11	12	13		
		Regina					Saska-			Prince		Mama-		Kee-		
Age Groups	Sex	Sun Country	Five Hills	Cypress	Qu'Appelle	Sunrise	toon	land	Kelsey Trail	Albert Parkland	Prairie North	Churchill River	watin Yatthé	Atha-basca	Total	
Under 1	M	340	316	229	1,716	291	2,030	240	255	589	703	343	122	38	7,212	
	F	349	289	223	1,674	320	2,027	265	241	596	652	276	150	38	7,100	
	T	690	605	452	3,390	611	4,057	504	496	1,185	1,355	619	272	76	14,312	
1 - 4	M	1,389	1,223	968	6,914	1,258	8,043	996	955	2,411	2,651	1,156	504	139	28,606	
	F	1,418	1,184	884	6,558	1,214	7,657	951	924	2,260	2,623	1,069	461	128	27,329	
	T	2,807	2,406	1,851	13,471	2,472	15,701	1,946	1,879	4,671	5,274	2,225	965	267	55,935	
5 - 9	M	1,621	1,482	1,306	7,730	1,545	9,351	1,217	1,230	2,853	2,931	1,179	499	144	33,088	
	F	1,618	1,391	1,239	7,401	1,471	8,904	1,120	1,132	2,668	2,922	1,152	466	147	31,632	
	T	3,239	2,873	2,545	15,131	3,016	18,255	2,337	2,362	5,521	5,853	2,331	965	291	64,720	
10 - 14	M	1,695	1,576	1,403	8,035	1,646	9,783	1,290	1,323	2,827	2,972	1,146	504	133	34,332	
	F	1,710	1,469	1,360	7,736	1,508	9,307	1,252	1,240	2,834	2,850	1,114	449	128	32,954	
	T	3,404	3,045	2,762	15,770	3,154	19,090	2,542	2,562	5,661	5,822	2,260	953	261	67,286	
15 - 19	M	1,924	1,842	1,561	9,280	1,850	11,163	1,480	1,434	3,321	3,167	1,230	570	119	38,941	
	F	1,782	1,776	1,481	8,821	1,762	10,542	1,378	1,354	3,173	2,984	1,164	543	118	36,878	
	T	3,706	3,618	3,042	18,101	3,612	21,705	2,858	2,788	6,494	6,151	2,394	1,113	237	75,819	
20 - 24	M	2,023	2,100	1,516	10,290	1,793	12,589	1,548	1,386	3,102	3,250	1,045	500	131	41,273	
	F	1,821	1,877	1,380	9,875	1,742	12,374	1,478	1,239	2,859	3,059	991	497	112	39,305	
	T	3,844	3,977	2,896	20,165	3,536	24,963	3,026	2,625	5,962	6,309	2,036	997	243	80,578	
25 - 29	M	1,966	1,849	1,298	10,431	1,577	13,008	1,360	1,120	2,597	3,063	798	370	106	39,544	
	F	1,800	1,738	1,251	9,938	1,543	12,613	1,146	989	2,555	3,000	813	347	128	37,860	
	T	3,766	3,587	2,549	20,369	3,120	25,621	2,506	2,110	5,152	6,063	1,611	717	234	77,404	
30 - 34	M	1,826	1,557	1,242	9,648	1,507	11,577	1,126	1,019	2,248	2,618	746	305	96	35,515	
	F	1,569	1,572	1,221	9,357	1,416	11,371	1,006	971	2,230	2,536	688	308	85	34,330	
	T	3,396	3,128	2,462	19,005	2,923	22,948	2,132	1,990	4,479	5,154	1,434	613	181	69,845	
35 - 39	M	1,643	1,468	1,181	8,765	1,524	10,693	1,035	1,109	2,232	2,371	662	329	80	33,093	
	F	1,510	1,466	1,238	8,524	1,445	10,316	989	994	2,308	2,344	700	344	79	32,256	
	T	3,153	2,934	2,419	17,289	2,969	21,009	2,024	2,103	4,540	4,715	1,362	673	159	65,349	
40 - 44	M	1,638	1,432	1,237	8,709	1,553	10,487	1,112	1,093	2,380	2,236	684	348	75	32,983	
	F	1,557	1,536	1,286	8,492	1,618	10,153	1,076	1,099	2,393	2,244	626	355	76	32,511	
	T	3,195	2,967	2,523	17,201	3,171	20,640	2,188	2,193	4,773	4,480	1,310	703	151	65,494	
45 - 49	M	2,122	2,064	1,706	10,250	2,053	12,331	1,520	1,446	2,687	2,638	615	334	68	39,833	
	F	1,978	2,057	1,730	10,297	1,989	12,057	1,494	1,316	2,818	2,627	599	322	73	39,355	
	T	4,099	4,121	3,435	20,546	4,042	24,389	3,014	2,762	5,504	5,265	1,214	656	141	79,188	
50 - 54	M	2,172	2,262	1,861	9,811	2,221	11,704	1,811	1,451	2,743	2,604	589	280	49	39,557	
	F	2,026	2,177	1,780	9,914	2,077	11,845	1,586	1,373	2,724	2,545	564	255	43	38,909	
	T	4,198	4,439	3,641	19,724	4,298	23,549	3,397	2,823	5,467	5,149	1,153	535	92	78,466	
55 - 59	M	1,904	2,011	1,590	8,563	2,140	10,041	1,615	1,452	2,502	2,252	484	213	26	34,792	
	F	1,692	2,036	1,482	8,642	2,031	9,908	1,436	1,361	2,352	2,054	426	207	29	33,657	
	T	3,596	4,047	3,071	17,205	4,170	19,950	3,051	2,813	4,854	4,307	910	420	55	68,449	
60 - 64	M	1,468	1,721	1,363	6,761	1,757	7,788	1,226	1,240	2,061	1,752	381	190	24	27,732	
	F	1,435	1,623	1,297	6,879	1,771	7,814	1,215	1,249	2,120	1,631	313	135	34	27,515	
	T	2,903	3,345	2,660	13,639	3,528	15,603	2,441	2,489	4,180	3,382	694	325	58	55,247	
65 - 69	M	1,151	1,191	980	4,647	1,451	5,356	981	1,052	1,575	1,268	213	133	29	20,026	
	F	1,108	1,220	1,004	5,042	1,512	5,700	932	974	1,524	1,210	179	112	18	20,533	
	T	2,259	2,411	1,984	9,689	2,963	11,055	1,913	2,026	3,099	2,477	392	245	47	40,559	
70 - 74	M	898	944	829	3,649	1,247	4,120	794	870	1,195	976	150	106	13	15,791	
	F	965	1,029	879	4,147	1,344	4,823	807	837	1,240	948	141	76	10	17,245	
	T	1,863	1,974	1,708	7,797	2,590	8,942	1,601	1,706	2,434	1,924	291	182	23	33,036	
75 & Over	M	2,121	2,232	1,818	6,993	2,715	8,184	1,710	1,696	2,190	1,714	191	124	25	31,712	
	F	2,905	3,359	2,488	10,901	3,918	12,841	2,438	2,413	3,070	2,351	247	130	16	47,077	
	T	5,026	5,591	4,305	17,894	6,632	21,027	4,148	4,109	5,260	4,065	438	254	41	78,790	
Total all ages	M	27,901	27,269	22,084	132,191	28,128	158,249	21,061	20,132	39,513	39,166	11,612	5,431	1,295	534,030	
	F	27,243	27,799	22,219	134,195	28,679	160,252	20,568	19,705	39,725	38,580	11,062	5,157	1,262	536,447	
	T	55,144	55,068	44,303	266,386	56,808	318,502	41,629	39,836	79,237	77,746	22,674	10,588	2,557	1,070,477	

Notes: 1) Population as at June 30, 2010.

2) Band members are placed in the regional health authority as indicated by their mailing address.

Table 30
Per Cent of General Practitioner Payments by Patient Regional Health Authority by Physician Regional Health Authority

		Regional Health Authority of Physician Practice													Total	
		1	2	3	4	5	6	7	8	9	10	11	12	13		
Regional Health Authority of Patient Residence		Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatthé	Athabasca	Out of Province	
1	Sun Country	79.2	1.7	0.1	14.5	0.2	1.0	0.1	0.1	0.1	0.1	0.0	0.0	0.0	3.0	100.0
2	Five Hills	0.5	85.0	0.6	7.9	0.1	2.3	0.4	0.1	0.2	0.1	0.0	0.0	0.0	2.9	100.0
3	Cypress	0.2	1.7	79.0	2.5	0.1	2.3	0.8	0.0	0.1	0.1	0.0	0.0	0.0	13.0	100.0
4	Regina Qu'Appelle	0.5	0.4	0.1	93.9	0.7	1.8	0.1	0.1	0.2	0.1	0.0	0.0	0.0	2.1	100.0
5	Sunrise	0.3	0.2	0.3	7.0	83.4	3.5	0.1	0.8	0.2	0.1	0.0	0.0	0.0	4.2	100.0
6	Saskatoon	0.1	0.1	0.1	1.0	0.2	94.2	0.3	0.5	1.0	0.4	0.0	0.0	0.0	2.3	100.0
7	Heartland	0.1	0.9	1.1	0.5	0.2	12.6	72.0	0.1	0.2	4.9	0.0	0.0	0.0	7.5	100.0
8	Kelsey Trail	0.2	0.1	0.1	1.0	0.5	7.6	0.8	81.4	6.0	0.2	0.0	0.0	0.0	2.1	100.0
9	Prince Albert Parkland	0.0	0.1	0.0	0.5	0.0	7.0	0.1	1.9	86.2	1.9	0.2	0.0	0.0	2.0	100.0
10	Prairie North	0.0	0.0	0.0	0.4	0.1	5.6	1.1	0.1	0.7	68.7	0.0	0.1	0.0	23.1	100.0
11	Mamawetan Churchill River	0.0	0.0	0.0	0.7	0.2	6.3	0.1	0.4	25.2	0.4	39.8	0.2	0.1	26.6	100.0
12	Keewatin Yatthé	0.0	0.0	0.0	0.3	0.0	9.4	0.0	0.1	7.6	28.7	0.6	50.1	0.0	3.2	100.0
13	Athabasca	0.0	0.0	0.0	0.7	0.1	8.3	0.0	0.2	28.9	1.4	1.5	0.6	54.2	4.2	100.0
	Rural Emergency Coverage	10.1	5.7	9.0	9.4	9.2	11.7	14.1	12.1	2.2	9.4	2.2	3.4	1.6	0.0	100.0
All Regional Health Authorities		4.9	4.5	3.5	23.9	5.4	28.9	4.0	4.1	8.5	6.0	0.6	0.5	0.1	5.0	100.0

- Notes:** 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.
2) This data is not adjusted for any demographic differences between regional health authorities.
3) Band members are placed in the regional health authority as indicated by their mailing address.
4) Payments to physicians by regional health authority have not been adjusted for itinerant services.
5) See "Data Limitations" on page 10.

Table 31
Per Capita Physician Payments and Services by Patient Regional Health Authority and Per Cent of Population Treated (In- and Out-of-Province)

Regional Health Authority of Patient Residence	General Practitioners			Specialists			All Physicians		
	Per Capita Payments Excluding Emergency Coverage	Per Cent of Insured	Per Cent of Insured	Per Capita Payments Excluding Emergency Coverage	Per Cent of Insured	Per Cent of Insured	Per Capita Payments Excluding Emergency Coverage	Per Cent of Insured	Per Cent of Insured
	(\$)	(%)	(%)	(\$)	(%)	(%)	(\$)	(%)	(%)
1 Sun Country	216.90	6.91	84.3	211.92	3.11	37.1	428.82	10.02	85.8
2 Five Hills	184.46	6.70	82.7	273.85	4.40	44.8	458.31	11.10	85.1
3 Cypress	211.40	6.77	79.1	319.32	5.58	38.7	530.71	12.36	81.8
4 Regina Qu'Appelle	185.07	6.31	82.7	280.67	4.57	48.8	465.75	10.89	85.3
5 Sunrise	224.64	7.71	82.2	265.03	4.32	44.0	489.67	12.04	85.1
6 Saskatoon	183.55	6.36	82.4	270.35	4.87	48.1	453.90	11.22	84.6
7 Heartland	251.51	8.16	88.4	258.61	4.32	44.8	510.12	12.48	90.5
8 Kelsey Trail	225.35	7.54	87.9	243.56	3.69	40.9	468.91	11.23	89.7
9 Prince Albert Parkland	230.06	7.63	87.1	247.57	4.21	44.9	477.63	11.84	88.8
10 Prairie North	242.11	6.89	75.9	310.05	6.32	36.5	552.17	13.22	77.9
11 Mamawetan Churchill River	161.87	4.49	67.8	187.78	3.15	34.0	349.65	7.63	71.6
12 Keewatin Yatthe	173.24	4.84	79.6	195.06	3.19	33.9	368.29	8.03	82.0
13 Athabasca	87.17	2.51	60.4	210.29	3.36	37.6	297.45	5.87	65.1
All Regional Health Authorities	200.68	6.67	81.7	269.09	4.62	44.8	469.77	11.28	83.9

- 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 regional health authorities.
3) Band members are placed in the regional health authority as indicated by their mailing address.
4) Excludes payments for specialist and rural emergency coverage programs and lump sum payments to physicians.
5) See "Data Limitations" on page 10.

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

Regional Health Authority of Physician Practice	Number of Registered General Practitioners ¹	Number of Active General Practitioners ²	Population Per Active General Practitioner	Average Payment Per Active GP	Average Number of Patients Per Active GP ³	Average Patient Contacts Per Active GP ⁴
1 Sun Country.....	42	36	1,532	\$279,643	2,327	6,420
2 Five Hills.....	47	36	1,530	\$266,799	2,361	6,427
3 Cypress.....	39	32	1,384	\$219,651	2,011	5,262
4 Regina Qu'Appelle.....	298	176	1,514	\$278,282	2,801	6,878
5 Sunrise.....	41	34	1,671	\$313,322	2,395	7,294
6 Saskatoon.....	392	256	1,244	\$224,770	2,351	5,246
7 Heartland.....	28	26	1,601	\$301,225	2,085	6,679
8 Kelsey Trail.....	49	35	1,138	\$230,908	2,000	4,998
9 Prince Albert Parkland.....	95	69	1,148	\$240,244	2,810	5,890
10 Prairie North.....	88	53	1,467	\$221,421	1,823	4,479
11 Mamawetan Churchill River....	15	11	2,061	\$114,213	2,103	2,785
12 Keewatin Yatthé.....	16	9	1,176	\$104,131	1,583	2,667
13 Athabasca.....	5	2	--	\$92,274	1,187	2,017
All Regional Health Authorities.....	1,087	775	1,381	\$245,776	2,405	5,785

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

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

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

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

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums. Payments for the rural emergency coverage program are included.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 33
Post-Graduate Medical Education ¹
and Retention Rates by Academic Year ²

Type of Physician	2005-06		2006-07		2007-08	
	Completed Program	Remained ³ in Saskatchewan	Completed Program	Remained ³ in Saskatchewan	Completed Program	Remained ³ in Saskatchewan
Funded by the Clinical Services Fund						
Family Medicine – Regina.....	8 ⁵	6	8 ⁶	3	8	7
Family Medicine – Saskatoon.....	9 ⁴	8	12 ⁶	5	11 ⁵	8
Family Medicine – Rural	1	1	6	5	4 ⁴	3
Family Medicine/Emergency.....	3	2	2	1	2	2
Family Medicine/Anaesthesia.....	-	-	-	-	-	-
All Family Medicine.....	21	17	28	14	25	20
Anaesthesia.....	2	2	4	3	1	1
Cardiology.....	1	1	-	-	1	0
Clinical Investigator	-	-	-	-	-	-
Diagnostic Radiology ⁹	3	2	4	1	3	1
General Surgery.....	3	1	2	1	4	2
Internal Medicine.....	2	2	1	0	1	1
Neurology.....	-	-	1	0	1	0
Neurosurgery.....	1	-	-	-	1	0
Obstetrics/Gynaecology.....	2	1	3	1	1	1
Ophthalmology.....	1	-	1	0	1	0
Orthopaedic Surgery.....	1	-	1	0	2	0
Paediatrics.....	2	-	3	2	4	2
Pathology.....	-	-	1	1	1	1
Physical Medicine & Rehabilitation.....	3	2	1	1	1	0
Psychiatry.....	3	2	2	2	1	1
Respiratory Medicine.....	-	-	1	1	1	1
Rheumatology.....	-	-	1	1	-	-
All Specialists.....	24	13	26	14	24	11
Total CSF Funded.....	45	30	54	28	49	31
Externally Funded.....	5	1	5	5	6	6
Total Physicians.....	50	31	59	33	55	37
CSF Funded Retention Rates⁸						
Family Medicine.....		94%		64%		91%
Specialists.....		54%		54%		46%
All Physicians.....		71%		58%		67%
CSF Funded and Externally Funded Retention Rates⁸						
All Physicians.....		66%		62%		71%

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

² Period ending June of stated year.

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

⁴ One graduate went on to a further residency program.

⁵ Two graduates went on to a further residency program.

⁶ Three graduates went on to a further residency program.

⁷ Four graduates went on to a further residency program.

⁸ Net of the number of graduates who have entered further training.

Note: All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

**Table 33
(Continued)**

Type of Physician	2008-09		2009-10		CSF Funded Positions in 2010-11	Retention Rate ⁸ of June 2010 Graduates
	Completed Program	Remained ³ in Saskatchewan	Completed Program	Remained ³ in Saskatchewan		
Funded by the Clinical Services Fund						
Family Medicine – Regina.....	9	7	13 ⁴	4 ⁴	23	31%
Family Medicine – Saskatoon.....	11 ⁷	6	7 ⁶	3 ⁷	25	100%
Family Medicine – Rural	4	4	5	3	8	60%
Family Medicine/Emergency.....	2	2	6	6	6	100%
Family Medicine/Anaesthesia.....	-	-	n/a	n/a	1	0%
All Family Medicine.....	26	19	31	16	63	57%
Anaesthesia.....	4	2	5	4	31	80%
Cardiology.....	3	2	1	0	4	0%
Clinical Investigator	-	-	-	-	1	0%
Diagnostic Radiology.....	3	2	3	1	17	33%
General Surgery.....	5	0	3	0	29	0%
Internal Medicine.....	4	2	2	2	52	100%
Neurology.....	2	1	1	1	7	100%
Neurosurgery.....	1	0	1	0	6	0%
Obstetrics/Gynaecology.....	3	3	3	0	21	0%
Ophthalmology.....	1	0	1	0	5	0%
Orthopaedic Surgery.....	3	0	3	0	18	0%
Paediatrics.....	0	0	3	0	26	0%
General Pathology.....	3	1	2	1	6	50%
Physical Medicine & Rehabilitation.....	0	0	1	1	7	100%
Psychiatry.....	2	2	5	1	20	20%
Respiratory Medicine.....	2	1	1	0	3	0%
Rheumatology.....	-	-	1	0	1	0%
All Specialists.....	36	16	36	11	254	31%
Total CSF Funded.....	62	35	67	27	317	42%
Externally Funded.....	8	6	5	3	48	60%
Total Physicians.....	70	41	72	30	365	43%
CSF Funded Retention Rates⁸						
Family Medicine.....		86%		59%		
Specialists.....		44%		31%		
All Physicians.....		60%		43%		
CSF Funded and Externally Funded Retention Rates⁸						
All Physicians.....		62%		44%		

Table 34
In-Province Chiropractors and Optometrists: Selected Indicators

	Chiropractors		Optometrists	
	2009-10	2010-11	2009-10	2010-11
Number of Registered ¹ Practitioners.....	178	184	135	140
Population Per Registered ¹ Practitioner.....	5,822	5,818	7,676	7,646
Per Cent of Beneficiaries Treated.....	12.1%	2.8%	10.4%	10.2%
Practising² Chiropractors and Optometrists:				
Number of Practitioners.....	173	177	134	139
Number by Age Group: Under 35.....	31	32	35	39
35 - 44.....	72	72	37	34
45 - 54.....	41	41	24	28
55 - 64.....	21	23	28	24
65 and over.....	8	9	10	14
Average Number of Patients Per Practitioner.....	947	188	817	795
Average Patient Contacts Per Practitioner.....	5,052	427	978	956
Average Payment Per Practitioner.....	\$66,492	\$10,264	\$44,649	\$44,562
Number by Dollar Range: Less than \$10,000.....	6	103	5	4
\$10,000 - 19,999.....	12	60	19	16
\$20,000 - 39,999.....	23	11	40	46
\$40,000 - 59,999.....	45	3	36	46
\$60,000 - 79,999.....	35	0	24	15
\$80,000 - 99,999.....	25	0	8	10
\$100,000 - 119,999.....	14	0	2	2
\$120,000 - 139,999.....	4	0	0	0
\$140,000 - 159,999.....	3	0	0	0
\$160,000 - 179,999.....	3	0	0	0
\$180,000 & over.....	3	0	0	0

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

² Chiropractors and Optometrists receiving \$1 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Note: Includes chiropractic and optometric services covered by the Supplementary Health Program.

Effective April 1, 2010: Chiropractic services are no longer insured by the Medical Services Plan. Beneficiaries of Supplementary Health, Family Health & Seniors Income Plan and eligible for a maximum of 12 treatments per year. MSP paid supplementary health services until February 22, 2011

Appendix

Recruitment and Retention Initiatives

- Physician Recruitment Strategy – Receives \$3.5 million in annualized funding, and includes the following initiatives: The Physician Recruitment Agency of Saskatchewan, Distributed Medical Education, Expedited Assessment of Physician Licensure Applications, and a Saskatchewan-Based Assessment Program.
- Specialist Recruitment and Retention Program -- A \$2.0 million fund, jointly managed by the SMA, RHAs and the Ministry of Health in a tripartite committee, is used to fund three programs: 1) *The Specialist Residency Bursary Program* offers up to 15 bursaries of \$25,000 to fund residents in specialty training at the U of S for a maximum of three years. These bursaries require a return-of-service commitment of one year for each year of funding received; 2) *The Specialist Recruitment Incentive* provides up to 15 grants of \$30,000 to eligible specialists who establish a practice in Saskatchewan for a minimum of 36 months; and 3) *The Specialist Physician Enhancement Training Program* funds practising specialists to obtain additional training. This program provides six grants of up to \$80,000 per year for a maximum of two years, and requires a return-of-service commitment of two months for each month of funding received. Candidates must have practised in Saskatchewan for two years to be eligible.
- Specialist Emergency Coverage Program -- This program is jointly managed by the SMA, RHAs 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).
- Long Service Retention Program -- This program is intended to recognize physicians who provide 10 or more years of service to the province.
- Committee on Rural and Regional Practice--A \$3.14 million fund, jointly managed by the SMA and the Ministry of Health, which funds a variety of programs including: 1) Rural Practice Establishment Grant Programs -- Grants of \$25,000 are available to physicians who establish new practices in rural Saskatchewan for a minimum of 18 months. Eligible communities are those that have a population of 10,000 or less that can support two or more physicians in a group or shared call arrangement; 2) Regional Practice Establishment (RPEG) Program -- Grants of \$10,000 are available to eligible family physicians who establish a practice for a minimum of 18 months in a regional centre; 3) Family Medicine Residency Bursary Program -- Bursaries of \$25,000 to fund family medicine residents in exchange for a rural return-of-service commitment; 4) Undergraduate Medical Student Bursary Program – Grants of \$15,000, are available to medical students who sign a return of service commitment to a rural Saskatchewan community; 5) Rural Practice Enhancement Training -- This program provides funding to practicing rural physicians and assistance to residents wishing to take specialized training in an area of demand in rural Saskatchewan. A return-of-service commitment is required. 6) Specialist Re-Entry Program -- This program provides up to four grants annually to practising family physicians entering specialty training. The Ministry of Health and the SMA co-manage and fund this program (each fund two of the grants). Physicians must have practised full-time in rural Saskatchewan for three years to qualify plus make a return-of-service commitment of one year for every year of training.

- Emergency Room Coverage/Weekend Relief Program -- This fund is directed to compensating physicians (through the Payment Schedule) for providing emergency room coverage in rural areas, and assisting communities with fewer than three physicians to access a list of physicians willing to provide relief coverage when needed (see Table 27).
- Rural Emergency Care - CME Program -- This Continuing Medical Education program provides funds to rural physicians for certification and re-certification of skills in emergency care and risk management such as Advanced Cardiac Life Support and Paediatric Advanced Life Support. Full costs of Canadian tuition and a portion of travel and accommodation expenses (to a maximum of \$250) may be reimbursed. Eligible physicians must have 12 months continuous licensure and 12 months of practice in rural Saskatchewan. A return of service commitment is expected.
- Locum Service Program -- This program, operated by the SMA and managed by the Committee on Rural and Regional Practice, provides coverage while physicians take vacation, education or other leave.
- Support Services -- The SMA operates a Rural Travel Assistance Program, a Rural Extended Leave Program, a Liability Insurance Coverage Program, a Continuing Medical Education fund, and Parental Leave Program.
- Information Technology Fund -- A \$2.0 million initiative to assist in the development of the electronic medical record as part of the overall Electronic Health Record.
- Saskatchewan Health International Medical Graduates (IMG) Residency Training Program -- This program funds up to four residency positions annually at the U of S. These positions are dedicated to international medical graduates who require a period of residency training in order to qualify for licensure to practise in Saskatchewan.

Agreements with Professional Associations

- The physician agreement reached in early 2011 between the Ministry of Health and the SMA covers four years, April 1, 2009 to March 31, 2013. It provides general fee increases of 11 per cent, along with a 2 per cent market adjustment over the term. The agreement also includes \$33 million in special programs that reward physicians choosing to adopt a full-scope of practice, patient focused care, chronic disease management and improved after hours access. Retroactive payments for the 2009-10 and 2010-11 fiscal years will be made in the 2011-12 fiscal year with accrual funds from 2010-11.
- Effective April 1, 2010, chiropractic coverage changes established that low-income individuals receiving Supplementary or Family Health benefits or on the Seniors Income Plan will be eligible for a maximum of 12 treatments per year. All other coverage has been eliminated.
- The optometric agreement between the Ministry of Health and the Saskatchewan Association of Optometrists covers the period April 1, 2010 to March 31, 2013. It provides a 2 per cent general fee increase and a 2 per cent market adjustment effective April 1, 2010, a 2 per cent general fee increase and a 1 per cent market adjustment effective April 1, 2011, and 2 per cent general fee increase effective April 1, 2012.
- The dental agreement between the College of Dental Surgeons and the Ministry of Health covered three years, April 1, 2008 to March 31, 2011. It provided a 0 per cent general fee increase in the first year, a 6.1 per cent general fee increase retroactive for services provided on or between April 1, 2009 and March 31, 2010, and a 3 per cent general fee increase effective April 1, 2010. The agreement also provided a total of \$100,000 over the term of the agreement for new items and modernization of the Payment Schedule.