

Ministry of Health Medical Services Branch



Annual Statistical Report for 2014-15

Preface

This fiscal year 2014-15 report prepared by the Medical Services Branch, pursuant to Section 36 of *The Saskatchewan Medical Care Insurance Act*, is a statistical supplement to the Saskatchewan Ministry of Health Annual Report. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

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Table of Contents

2014-15 Highlights	6
Medical Services Plan Coverage Benefits	9
2014-15 Total Expenditures	12
Statistical Figures and Tables	
Introductory Notes	14
Definitions of Service Groupings.....	14
Categories of Practitioners.....	16
Tables	
1 Analysis of Per Cent Change in Per Capita Costs.....	17
2 Adjustments and Recoveries by the Medical Services Plan	17
3 Claims Paid by Method of Billing	18
4 Services and Payments by Age and Sex of Beneficiaries	19
5 Beneficiaries, Payments and Services by Dollar Value of Benefits	20
6 Physician Services and Payments by Age and Sex.	21
7 Services by Type of Service	22
8 Payments by Type of Service.....	23
9 Average Payment Per Service by Type of Service and Type of Practitioner	24
10 Per Cent of Services and Payments by Type of Service.....	25
11 Payments (\$000's) for Out-of-Province Services by Location and Type of Practitioner.....	26
12 Payments (\$000's) to Saskatchewan Physicians for Services Provided to Beneficiaries of Other Provinces or Territories	27
13a Payments (\$000's) for Out-of-Province Hospital Services by Location and Type of Care	28
13b Number of Out-of-Province Hospital Cases by Location and Type of Care	29
14a Payments (\$000's) for Out-of-Province Residents Hospitalized in Saskatchewan by Place of Residence and Type of Care	30
14b Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care.....	31
15 In-Province Physician Services by Type of Service and Type of Physician.....	32
16 Selected In-Province Medical Procedures – Patients, Services and Payments.....	34
17 Selected In-Province Medical Conditions – Patients, Services and Payments.....	35
18 Turnover of Physicians.....	36
19 Physicians in Relation to Population and Practice Size.....	37
20 Physicians by Size of Practice	38
21 Physicians by Range of Patient Contacts	39

22	Physicians by Place of Graduation.....	40
23	Physicians by Age Group	41
24	Average Payment (\$000's) Per Resident Physician by Specialty and Range of Paid Amount	42
25	Average Payment (\$000's) Per Physician by Specialty, 2009-10 to 2014-15.....	46
26	Physician Payments (\$000's) by Specialty Group	47
27	Payments for Specialist and Rural Emergency Coverage Programs	48
28	Medical Remuneration and Alternate Payment Expenditures	49
29	Insured Population by Age and Sex by Regional Health Authority	50
30	Per Cent of General Practitioner Payments by Regional Health Authority of Patient Residence by Physician Regional Health Authority	51
31	Per Capita Physician Payments and Services by Regional Health Authority Patient Residence and Per Cent of Population Treated (In- and Out-of-Province)	52
32	General Practitioners in Relation to Population, Earnings and Practice Size	53
33	Post-Graduate Medical Education and Retention Rates by Academic Year	54
34	In-Province Optometrists: Selected Indicators	56

Appendix

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

Figures

1	Index of Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services, 2009-10 to 2014-15	59
2	Index of Services Per 1,000 Beneficiaries for Selected Types of In-Province Physician Services, 2009-10 to 2014-15.....	60
3	Per Capita Payments for Insured Services by Age and Sex of Beneficiary.	61
4	Map of Regional Health Authorities	62

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Highlights

Medical Services Plan

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

In 2014-15, the MSP provided for in-province expenditures of \$816.1 million, while program payments totalled \$103.7 million and medical education payments were \$57.6 million. The new agreement between the Ministry of Health and the Saskatchewan Association of Optometrists expanded existing coverage and led to an increase in Optometry fees and services this year as outlined below.

- **Benefits paid for insured services** - provided by physicians, optometrists, and dentists - amounted to \$609.5 million, an increase of 1.0% on a per capita basis (Table 8) from the previous year. Over the last five years the cost of these benefits has grown on average by approximately 4.0% per year.

	2013-14 (000's)	2014-15 (000's)	Per Capita Change
Physicians	\$580,918	\$598,176	0.7 %
Optometrists	\$7,538	\$9,409	22.1 %
Dentists	\$1,694	\$1,888	9.0 %
Total	\$590,150	\$609,474	1.0 %

- **Number of insured services** - provided by physicians, optometrists, and dentists – totalled 12.4 million services, an increase of 1.1% on a per capita basis (Table 7) from the previous year. Over the last five years the number of services has grown on average by 1.7% per year.

	2013-14 (000's)	2014-15 (000's)	Per Capita Change
Physicians	11,858	12,189	0.5 %
Optometrists	155	231	46.1 %
Dentists	16	17	5.9 %
Total	12,029	12,438	1.1 %

- **Out-of-Province:** Payments for Saskatchewan beneficiaries receiving insured services (physician, dentists, optometrist and hospital) outside of Saskatchewan totalled \$122.1 million, up 2.6% from the previous year. Over the last five years, expenditure on out-of-province services has increased on average by 2.9% per year.
- **Cost of non-Saskatchewan beneficiaries receiving services** (physician and hospital) within Saskatchewan (excluding Quebec and Out-of-Canada Beneficiaries) totalled \$45.7 million (Table 12 & 14a) an increase of 3.0%. Over the past five years, hospital and physician costs for non-Saskatchewan beneficiaries have increased on average by 6.6% per year.
- **Cost of services outside of Canada for Saskatchewan patients with prior approvals** totalled \$4.1M, an increase of 13.7% from the previous year.

	2013-14	2014-15
Patients	51	53
Practitioner Costs	\$1,044,896	\$972,119
Hospital Costs	\$2,544,874	\$3,111,785
Total Costs	\$3,589,770	\$4,083,904

Note: the number of patients receiving out of country services in a year may not equal the number of out of country prior approvals during the year. Reasons include patients not going or not receiving treatment in the same year or patients requiring on-going care over two or more years.

Physician Remuneration

- Payments for fee-for-service in-province physicians, excluding the emergency coverage programs, totalled \$498.0 million in 2014-15 (see *Total Expenditures 2014-15*, page 12), an increase of 3.8% from 2013-14.
- Non-fee-for-service funding arrangements for physician services represent a large area of provincial health expenditures. In 2014-15, this sector accounted for \$307.1 million, 37.6% of Saskatchewan Ministry of Health's total in-province services expenditures. The majority of non-fee-for-service expenditures are in areas of medical services associated with Regional Health

Authority (RHA) operations (radiology, laboratory and emergency services; see *Total Expenditures 2014-15*, page 12).

- Average payment per physician is calculated based on total payments (includes payments and shadow billings) in a given year divided by the number of active physicians. In 2012-13 and 2013-14, payments for programs negotiated in the last SMA agreement, including Family Physician Comprehensive Care, Metro On-Call, GP Specialist, Chronic Disease Management and Quality Improvement Physician Compensation Program, were included in the average payment calculation, which resulted in an over-statement of average payment for physicians - most notably General Practitioners. For example, the average program payment to a General Practitioner in 2013-14 totalled approximately \$21,000. For 2014-15, the methodology has been refined and program payments have been removed. This provides a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments between 2014-15 and either 2013-14 or 2012-13 should be done with caution.

- Average payments to active physicians vary by specialty (Table 25):

General Practitioners	\$252,900
Specialists	\$420,400
All Physicians	\$329,900

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

- Bursaries are awarded and tracked by saskdocs. In 2014-15, saskdocs spent \$3.3 million on 102 new and 91 continuing bursaries and grants.

Physician Supply

- Physician supply is measured in two ways: the number of active physicians (those billing more than \$60,000 in the fiscal year) and the number of licensed physicians (the total number of those qualified to practice in the province at the end of the year). Information in this report is presented based on either active or licensed physician numbers in order to improve accuracy.

- **Licensed physicians:** (see "Licensed" definition - *Statistical Figures and Tables*) The number of licensed physicians on March 31, 2015 was 2,224, an increase of 2.7% from the previous year. Over the past five years, the number of licensed physicians has grown on average by 3.4% per year.
- **Active physicians:** (see "Active" definition *Statistical Figures and Tables*) The number of active physicians on March 31, 2015 was 1,652, an increase of 4.3% from the previous year. Over the past five years, the number of active physicians has increased on average by 4.1% per year.
- The number of **active rural general practitioners (GP)** has grown to 251 at March 31, 2015, an increase of 19 physicians or 8.2% from the previous year. Since March 2010 the number of active rural GPs has increased on average by 3.1% per year.
- The number of **active GPs in metro areas** (Regina and Saskatoon) has grown to 434, an increase of 10 physicians or 8.2% from the previous year. Since March 31, 2010 the number of active metro GPs has increased on average by 2.6% per year.
- The number of **active GPs in other urban areas** has grown to 208, an increase of 4 physicians or 2.0% from the previous year. Since March 31, 2010 the number of active urban GPs has increased on average by 3.7% per year.
- The number of **active specialists** has grown to 759, an increase of 35 physicians or 4.8% from the previous year. Since March 31, 2010 the number of specialists has increased on average by 4.7% per year.
- **Turnover:** Each year physicians relocate to and from Saskatchewan, as well as moving within the province or changing the nature of their practice. Turnover is calculated as the percentage increase or decrease from the active physicians practicing at the end of the previous fiscal year compared to active physicians practicing at the end of the current year. Turnover does not reflect the percentage of physicians not retained. Turnover for all physicians has increased by 2.3% from the previous year. (Table 18)

	2013-14 Turnover	2014-15 Turnover
Rural GPs	15.3	17.9
Metro GPs	8.0	14.7
Urban GPs	12.6	14.9
All Physicians (incl. Specialists)	10.2	12.4

- Physician supply is affected by a number of initiatives and programs supported within the Medical Services Plan including the Saskatchewan International Physician Practice Assessment (SIPPA) program and an increase in the retention rate of University of Saskatchewan (U of S) family physicians. See Appendix for more information on recruitment and retention initiatives.

Educational Programs

- The Medical Services Branch supports the Medical Education System managed by the College of Medicine with funding of \$57.6 million in 2014-15 (including Clinical Services Fund and various bursaries). The Medical Education System covers the following areas:
 - Clinical Services Fund;
 - Programs and stipends such as the faculty compensation review, International Medical Graduates (IMGs), distributive medical education, student loan interest relief, JURSI stipend and the Academic Health Sciences network; and
 - 441 post-graduate medical resident positions, including distributed post graduate medical education to Prince Albert, Swift Current, La Ronge, Moose Jaw and North Battleford (see Table 33).

Medical Services Plan Coverage Benefits

Eligibility for Benefits

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

All residents of Saskatchewan, with a few exceptions (members of the Canadian Armed Forces and inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being residency and registration with 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 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 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 includes:

- out-of-hospital x-ray services, including interpretation, provided by a specialist in radiology. Breast screening mammographies for women 50 years of age and older 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 includes:

- 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; and,
- 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 four categories of persons:

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

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

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

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

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; and,
- services for total joint replacement by prosthesis where the beneficiary was referred to a dentist by a specialist in the appropriate surgical field and where prior approval from Medical Services Branch of the Ministry of Health was received.

Dental implants are covered in exceptional circumstances:

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

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

Chiropractic Services

The Medical Services Plan only provides coverage for chiropractic x-ray. The total payments and number of these services are traditionally very low and, unless otherwise noted, have not been included in the data of this report. 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.

Out-of-Province Services

Physician Services

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

Non-emergency services provided outside of Canada are only insured with prior approval from the Medical Services Branch of the Ministry of Health. Emergency physician services obtained Out-of-Country are reimbursed at Saskatchewan rates.

Hospital Services

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

Exclusions

The Medical Services Plan does not insure the following services:

- health services received under other public programs including: *The Workers' Compensation Act*, federal Department of Veteran Affairs, *The Mental Health Services Act*;
- the cost of travel, accommodation and meals;
- 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 – coverage is limited 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 – coverage is limited to those beneficiaries who would be covered under the optometric program (see page 9);
- electrolysis;
- dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over;
- reversals of sterilization for the purposes of restoring fertility;
- implantation of penile prosthesis;
- thermal ablation of obviously benign skin lesions;
- injection of asymptomatic varicose veins; and,
- non-medically required circumcisions.

Methods of Payment

MSP makes payment for insured services by the following methods:

- fee-for-service billing by practitioners or professional corporations based on negotiated fee schedules; and,
- salary, contractual or sessional payment arrangements funded through Regional Health Authority Boards and the College of Medicine.

The Primary Health Services Branch provides global funding 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 patterns of practitioners. These committees are empowered to order the recovery of payments that have been inappropriately billed by practitioners (see Table 2).

Total Expenditures 2014-15

	Expenditures (\$000's)
In-Province Services	
Physician Fee-For-Service (FFS) Sub-Total	497,978
Physician Non-Fee-For-Service (Non-FFS)	
Alternate Payment	47,604
^{1,2} Primary Health Services	66,321
^{1,2} Saskatchewan Cancer Agency	27,629
Medical Remuneration	165,586
Physician Non-Fee-For-Service (Non-FFS) Sub-Total	307,140
Optometry Services Sub-Total	9,101
Dental Services Sub-Total	1,849
Sub-Total: Payments for In-Province Services	816,068
Programs and Recruitment & Retention Initiatives	
General Practitioner	
Family Physician Comprehensive Care Program and Metro On Call	13,300
Rural Emergency Coverage Programs	9,101
Regional Locum Program	3,222
Saskatchewan International Physician Practice Assessment (SIPPA)	3,207
Chronic Disease Management - Quality Improvement Program	3,000
General Practitioner Specialist	1,592
Rural Practice Establishment Grants	1,328
Rural and Remote Incentives	1,138
Family Medicine Bursaries	500
Rural Practice Enhancement Training	174
Rural Physician Incentive	367
General Practitioner Sub-Total	36,929
Specialist	
Specialist Emergency Coverage Programs (SECP)	30,368
Specialist Practice Establishment Grant	840
Specialist Resident Bursary Program	550
Specialist Rural & Remote Incentives	397
Specialist Physician Enhancement Training Bursary	213
Specialist Sub-Total	32,368

Other		
	Canadian Medical Protective Agency (CMPA) Funding	9,109
	Electronic Medical Records Program	8,600
	Physician Retention Fund	7,200
	Continuing Medical Education Program	4,400
	Quality Access Fund	2,871
	saskdocs	1,500
	Parental Leave Program	700
	Practice Enhancement Program	75
Other Sub-Total		34,455
Sub-Total: Programs and Recruitment & Retention Initiatives		103,752
Medical Education		
	Clinical Services Fund (College of Medicine)	53,998
	Other Medical Education	3,663
Sub-Total: Medical Education		57,661
Other Provincial Payments and Administration		
	³ Out-of-Province	122,120
	Quality Assurance Diagnostic Imaging and Lab Programs	509
	Dental Residency Grants	146
	Administration	3,730
Sub-Total: Other Provincial Payments and Administration		126,505
Total Expenditures		1,103,986

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

² These expenditures include payments to physicians only.

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

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

Statistical Figures and Tables

Introductory Notes

General - The following tables are based upon MSP payments made during 2014-15 on a fee-for-service and non-fee-for-service basis for medical, optometric 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 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. 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 2014-15 include some services provided in 2013-14. Fiscal years typically consist of 26 pay runs.

Payment Adjustments - The difference between payments shown in *Total Expenditures 2014-15* 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.

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

Retroactive Payments - From time to time, MSP is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. Any such payments, whether included or excluded from the data tables, are included in the *Total Expenditures 2014-15*.

Optometric Services under Supplementary Health - Changes to the optometric programs in 1992 resulted in a shift in payment responsibility for some services to the Supplementary Health Program. For statistical purposes, however, optometric data for services paid under both MSP and the Supplementary Health Program is reported in this document.

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

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

- (a) **Consultations** - A consultation is the referral of a patient by one physician to another for examination/diagnosis

and requires a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.

- (b) **Major Assessments** - A major (complete or initial) assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Chronic disease management visits and eye examinations by physicians are included here.
- (c) **Other Assessments** - Other assessments are visits that comprise history review, history of the presenting complaint and an examination of the affected parts, regions or systems. Follow-up assessments, well-baby care provided in the office, visits to special care homes and continuous personal attendance are included in this classification.
- (d) **Psychotherapy/Counselling** - Includes treatment interview, group therapy and counselling (including healthy lifestyle/health education counselling).
- (e) **Hospital Care** - Physician services provided in a hospital on a visit per day basis including newborn care in hospital and including attendant and supportive care. Hospital visits, covered by a composite payment such as hospital care following surgery, are not included.
- (f) **Special Calls and Emergency** - Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and any non-system-generated out-of-hours premiums.
- (g) **Major Surgery** - All 42-day surgical procedures excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.
- (h) **Minor Surgery** - All 0 and 10-day surgical procedures excluding those falling in the Obstetrics classification.
- (i) **Surgical Assistance** - Services of physicians as required to assist the surgeon at an operation. Includes assistant standby.
- (j) **Obstetrics** - Includes hospital stay, abortions and 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 9).
- (l) **Diagnostic Radiology** - All out-of-hospital technical procedures and interpretations by specialists in radiology.
- (m) **Laboratory Services** - All common office laboratory services provided by a physician other than a pathologist.
- (n) **Other Diagnostic and Therapeutic Procedures** - All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, Papanicolaou smears and resuscitation and intensive care.
- (o) **Special and Miscellaneous Services** - Includes medical examinations for adoptions, for rape victims, for follow-up cancer reports; examinations and certifications of mental 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, diabetic eye exams and assessments of ocular urgencies and emergencies when provided by an optometrist. Optical coherence tomography and retinal photography are also insured for individuals with a diagnosis of diabetes.
- (q) **Dental Services** - Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate and the extraction of teeth necessary to be performed before the provision of

certain surgical procedures. Includes coverage of dental implants, in exceptional circumstances, where prior approval from Medical Services Branch of the Ministry of Health was received.

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

I. Physicians

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

eligible to receive MSP payments at specialist rates. 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: Within the tables select specialist categories are combined due to confidentiality.

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

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

Notes:

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

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

Table 1

Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services ¹ (000's)	Total Per Cent Change In Per Capita Costs ²	Per Cent Change Due to Fee Schedule Increases ⁴	Per Cent Change Due to Utilization Increases ⁵
2010-11 ³	520,972	2.36	7.12	-4.44
2011-12 ³	539,691	2.28	1.34	0.93
2012-13	571,711	5.27	2.93	2.27
2013-14	590,150	0.32	0.00	0.32
2014-15	609,474	1.01	0.00	1.01
Average Annual Per Cent Change 2010-11 to 2014-15	4.01	2.22	1.07	1.13

¹ All physician, optometric and dental insured services are included. 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 dentists and surgeons in 2009-10 are included. Lump sum payments made in 2011-12 for retroactive amendments to the physician Payment Schedule have been allocated to 2009-10 and 2010-11.

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

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

Table 2

Adjustments and Recoveries by the Medical Services Plan

	2013-14		2014-15	
	Number of Practitioners	Adjustment or Recovery (000's)	Number of Practitioners	Adjustment or Recovery (000's)
Routine Assessment on In-Province Claims ¹	2,219	\$10,677.0	2,292	\$8,828.9
Routine Assessment on Out-of-Province Claims ¹	–	1,906.1	–	2,008.9
Special MSP Studies and Professional Review Activity ²	14	640.3	9	506.5
Third Party Liability Recoveries ³	–	3,491.3	–	3,534.5
Total	–	\$16,714.7	–	\$14,878.9

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

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

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

Table 3

Claims Paid by Method of Billing

Claims Received from:	Number of Claims Paid		Per Cent of Claims Paid	
	2013-14	2014-15	2013-14	2014-15
Physicians, Dentist & Dental Surgeons	8,043,945	8,286,640	98.11	97.74
In-Province Claims ¹	7,746,499	7,980,620	94.48	94.13
Out-of-Province Reciprocal Billing ²	295,644	304,287	3.61	3.59
Other Out-of-Province	1,802	1,733	0.02	0.02
Optometrists ³	152,748	189,539	1.86	2.24
In-Province Claims	151,595	188,314	1.85	2.22
Out-of-Province	1,153	1,225	0.01	0.01
Beneficiaries ⁴	2,275	2,308	0.03	0.03
Total	8,198,968	8,478,487	100.00	100.00

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

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

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

⁴ Payments made directly to beneficiaries for claims

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

Table 4

Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2014		Rate Per 1,000 Beneficiaries			
	Male	Female	Services		Payments	
			Male	Female	Male	Female
A. Physicians						
Under 1	7,607	7,346	14,280	12,780	854,282	734,151
1 - 4.....	31,409	30,019	6,363	5,708	334,250	288,180
5 - 14.....	73,034	69,900	4,196	4,044	178,164	165,986
15 - 24.....	79,609	75,082	4,101	8,358	191,594	401,322
25 - 44.....	162,266	154,117	5,428	11,809	252,380	605,238
45 - 64.....	148,773	144,452	10,437	13,025	516,646	618,404
65 and over.....	74,276	89,843	24,002	23,983	1,198,013	1,108,644
All Beneficiaries.....	576,974	570,759	8,939	12,319	436,867	585,797
B. Optometrists						
Under 1	7,607	7,346	39	35	2,012	1,827
1 - 4.....	31,409	30,019	206	209	10,911	11,050
5 - 14.....	73,034	69,900	470	509	25,172	27,256
15 - 24.....	79,609	75,082	151	203	7,605	10,014
25 - 44.....	162,266	154,117	57	95	1,840	3,148
45 - 64.....	148,773	144,452	146	172	4,114	5,228
65 and over.....	74,276	89,843	303	304	8,420	9,228
All Beneficiaries.....	576,974	570,759	185	218	7,518	8,886
C. Dentists						
Under 1	7,607	7,346	1	3	46	395
1 - 4.....	31,409	30,019	1	-	44	35
5 - 14.....	73,034	69,900	9	17	525	868
15 - 24.....	79,609	75,082	21	29	3,557	4,483
25 - 44.....	162,266	154,117	9	13	1,390	1,648
45 - 64.....	148,773	144,452	14	23	1,388	1,850
65 and over.....	74,276	89,843	17	15	1,506	1,096
All Beneficiaries.....	576,974	570,759	13	18	1,503	1,789

Notes:

- 1) Includes out-of-province services and costs.
- 2) Excludes payments for specialist and rural emergency coverage programs.
- 3) Includes optometric services covered by the Supplementary Health Program. Effective Oct. 1/14 coverage of an annual eye exam for the management of diabetic patients is included in this total.
- 4) For comparative purposes, payment figures in this table have been adjusted to exclude retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.
- 5) See "Data Limitations" in *Statistical Figures and Tables*.

Table 5

Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	2013-14				2014-15			
	Number of Beneficiaries ¹	% of Beneficiaries	% of Payments	% of Services	Number of Beneficiaries ¹	% of Beneficiaries	% of Payments	% of Services
A. Physicians Only								
\$0.00	195,245	17.4	–	<0.1	205,193	17.9	–	<0.1
\$0.01 - \$25.00.....	10,632	0.9	–	0.1	10,594	0.9	–	0.1
\$25.01 - \$50.00.....	102,228	9.1	0.6	1.0	103,561	9.0	0.6	1.0
\$50.01 - \$100.00.....	117,176	10.4	1.6	2.3	118,508	10.3	1.6	2.3
\$100.01 - \$250.00.....	226,202	20.2	6.6	9.2	228,577	19.9	6.5	9.1
\$250.01 - \$500.00	181,522	16.2	11.4	14.5	183,000	15.9	11.1	14.2
\$500.01 - \$1,000.00.....	141,251	12.6	17.3	19.6	144,516	12.6	17.2	19.4
\$1,000.01 - \$1,500.00	54,971	4.9	11.8	12.3	56,636	4.9	11.7	12.3
\$1,500.01 - \$2,000.00.....	30,767	2.7	9.3	8.6	32,158	2.8	9.4	8.8
\$2,000.01 - \$5,000.00.....	52,683	4.7	26.8	22.0	54,711	4.8	27.1	22.3
Over \$5,000.00.....	9,860	0.9	14.6	10.3	10,279	0.9	14.7	10.5
Total	1,122,537	100.0	100.0	100.0	1,147,733	100.0	100.0	100.0
B. Optometrists Only								
\$0.00	996,097	88.7	–	<0.1	1,002,865	87.4	–	<0.1
\$0.01 - \$25.00.....	16	–	–	–	15	–	–	–
\$25.01 - \$50.00.....	17,828	1.6	10.4	11.5	15,701	1.4	7.3	6.9
Over \$50.00.....	108,596	9.7	89.6	88.4	129,152	11.3	92.7	93.1
Total	1,122,537	100.0	100.0	100.0	1,147,733	100.0	100.0	100.0

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

Notes:

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

Table 6**Physician Services and Payments by Age and Sex**

Age Groups	Sex	Population		Per Cent Treated	Average Per Person Insured		Average Per Person Treated		Average Payment Per Service
		Insured ¹	Treated ²		Services	Cost	Services	Cost	
Under 1	M	7,607	9,053	100.00	14.28	854.28	12.00	717.83	59.82
	F	7,346	8,731	100.00	12.78	734.15	10.75	617.69	57.45
	T	14,953	17,784	100.00	13.54	795.26	11.39	668.67	58.72
1 - 4	M	31,409	26,915	85.69	6.36	334.25	7.43	390.06	52.53
	F	30,019	25,131	83.72	5.71	288.18	6.82	344.23	50.49
5 - 9	T	61,428	52,046	84.73	6.04	311.74	7.13	367.93	51.59
	M	37,885	28,035	74.00	4.53	194.66	6.12	263.05	42.96
	F	36,282	26,933	74.23	4.15	170.59	5.59	229.80	41.08
10 - 14	T	74,167	54,968	74.11	4.35	182.88	5.86	246.76	42.08
	M	35,149	23,710	67.46	3.83	160.39	5.68	237.76	41.83
	F	33,618	23,023	68.48	3.93	161.02	5.73	235.12	41.01
15 - 19	T	68,767	46,733	67.96	3.88	160.70	5.71	236.46	41.43
	M	36,967	24,558	66.43	4.13	188.55	6.22	283.82	45.64
	F	35,458	28,281	79.76	6.85	315.57	8.59	395.65	46.05
20 - 24	T	72,425	52,839	72.96	5.46	250.74	7.49	343.68	45.89
	M	42,642	26,495	62.13	4.08	194.23	6.56	312.60	47.66
	F	39,624	34,257	86.46	9.70	478.06	11.22	552.96	49.26
25 - 29	T	82,266	60,752	73.85	6.79	330.94	9.19	448.13	48.76
	M	45,362	29,164	64.29	4.31	197.51	6.70	307.21	45.87
	F	42,390	37,445	88.33	12.08	644.62	13.68	729.74	53.34
30 - 34	T	87,752	66,609	75.91	8.06	413.49	10.62	544.74	51.28
	M	42,725	29,251	68.46	5.22	238.39	7.62	348.20	45.69
	F	40,825	36,080	88.38	12.68	680.39	14.35	769.87	53.67
35 - 39	T	83,550	65,331	78.19	8.86	454.37	11.33	581.07	51.27
	M	38,672	27,291	70.57	5.82	272.32	8.25	385.88	46.77
	F	36,825	31,943	86.74	11.55	572.88	13.31	660.44	49.61
40 - 44	T	75,497	59,234	78.46	8.62	418.92	10.98	533.94	48.63
	M	35,507	25,897	72.93	6.69	317.60	9.17	435.45	47.49
	F	34,077	29,148	85.54	10.71	501.19	12.52	585.94	46.81
45 - 49	T	69,584	55,045	79.11	8.66	407.51	10.94	515.14	47.08
	M	36,044	26,486	73.48	7.59	355.51	10.33	483.80	46.82
	F	34,585	29,213	84.47	11.21	522.88	13.27	619.04	46.66
50 - 54	T	70,629	55,699	78.86	9.36	437.47	11.87	554.73	46.73
	M	41,233	32,339	78.43	9.22	446.35	11.76	569.11	48.41
	F	40,320	35,295	87.54	12.31	573.16	14.07	654.76	46.55
55 - 59	T	81,553	67,634	82.93	10.75	509.05	12.96	613.81	47.36
	M	39,304	32,787	83.42	11.21	563.06	13.44	674.98	50.23
	F	38,216	34,289	89.72	13.46	648.62	15.01	722.90	48.18
60 - 64	T	77,520	67,076	86.53	12.32	605.24	14.24	699.48	49.12
	M	32,192	28,865	89.67	14.23	730.43	15.88	814.61	51.31
	F	31,331	29,415	93.88	15.41	745.21	16.42	793.75	48.34
65 - 69	T	63,523	58,280	91.75	14.82	737.72	16.15	804.09	49.79
	M	24,465	23,330	95.36	18.02	948.52	18.89	994.66	52.65
	F	24,850	23,942	96.35	18.36	919.95	19.06	954.84	50.09
70 - 74	T	49,315	47,272	95.86	18.19	934.12	18.98	974.49	51.35
	M	17,405	16,870	96.93	21.65	1,129.70	22.34	1,165.53	52.18
	F	18,532	18,078	97.55	21.15	1,052.93	21.68	1,079.37	49.79
75 & Over	T	35,937	34,948	97.25	21.39	1,090.11	22.00	1,120.96	50.96
	M	32,406	33,351	100.00	29.78	1,423.06	28.94	1,382.74	47.78
	F	46,461	47,499	100.00	28.12	1,231.79	27.50	1,204.87	43.81
Total all ages	T	78,867	80,850	100.00	28.80	1,310.38	28.10	1,278.24	45.49
	M	576,974	444,397	77.02	8.94	436.87	11.61	567.20	48.87
	F	570,759	498,703	87.38	12.32	592.18	14.10	677.74	48.07
	T	1,147,733	943,100	82.17	10.62	514.10	12.92	625.65	48.41

¹ Population as at June 30, 2014.

² Population treated at anytime during the fiscal year.

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

2) Includes out-of-province services and costs

Table 7

Services by Type of Service

Type of Service ¹	Number of Services (000's)		Number of Services Per 1,000 Beneficiaries		
	2013-14	2014-15	2013-14	2014-15	Per Cent Change
In-Province Physician Services	11,152.7	11,465.3	9,935	9,990	0.55
Consultations.....	511.9	530.5	456	462	1.36
Major Assessments.....	498.0	511.2	444	445	0.39
Other Assessments.....	3,998.1	4,097.1	3,562	3,570	0.23
Psychotherapy.....	402.5	407.9	359	355	-0.89
Total Visit Services	5,410.6	5,546.7	4,820	4,833	0.27
Hospital Care	614.3	645.0	547	562	2.68
Special Calls and Emergency	246.3	257.9	219	225	2.42
Major Surgery.....	136.7	140.8	122	123	0.74
Minor Surgery.....	210.0	229.4	187	200	6.87
Surgical Assistance.....	161.1	162.2	144	141	-1.55
Obstetrics.....	29.6	30.2	26	26	-0.13
Anaesthesia.....	751.0	777.6	669	678	1.27
Total Surgical Services	1,288.4	1,340.2	1,148	1,168	1.74
Diagnostic Radiology.....	264.9	258.7	236	225	-4.50
Laboratory Services.....	313.1	313.7	279	273	-2.01
Other Diagnostic and Therapeutic Services.....	1,971.0	2,050.9	1,756	1,787	1.77
Special and Miscellaneous Services.....	1,044.2	1,052.2	930	917	-1.44
Total Diagnostic Services	3,593.1	3,675.5	3,201	3,202	0.05
In-Province Dental Services	16.0	17.3	14	15	5.94
In-Province Optometric Services	150.6	227.0	134	198	47.47
Refractions by Optometrists.....	99.7	104.5	89	91	2.55
Other Optometric Services.....	50.9	122.5	45	107	135.43
Out-of-Province Services					
Physician Services.....	705.0	723.6	628	630	0.39
Dental Services.....	0.1	0.1	–	–	–
Optometric Services.....	4.3	4.8	4	4	7.39
All Services	12,028.7	12,438.1	10,716	10,837	1.13

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

Notes:

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

Table 8

Payments by Type of Service

Type of Service ¹	Dollar Payments (000's)		Dollar Payments Per 1,000 Beneficiaries		
	2013-14	2014-15	2013-14	2014-15	Per Cent Change
In-Province Physician Services	543,785	559,659	484,425	487,621	0.66
Consultations.....	65,494	68,251	58,345	59,466	1.92
Major Assessments.....	31,737	32,191	28,272	28,048	-0.79
Other Assessments	155,298	159,662	138,346	139,110	0.55
Psychotherapy	18,416	18,565	16,406	16,176	-1.40
Total Visit Services	270,946	278,670	241,369	242,800	0.59
Hospital Care	18,826	19,938	16,771	17,372	3.59
Special Calls and Emergency	10,746	11,226	9,573	9,781	2.18
Major Surgery.....	54,155	55,382	48,243	48,253	0.02
Minor Surgery.....	7,874	8,410	7,014	7,328	4.46
Surgical Assistance.....	13,497	13,518	12,024	11,778	-2.04
Obstetrics.....	14,428	14,696	12,853	12,804	-0.38
Anaesthesia.....	36,984	38,429	32,947	33,483	1.63
Total Surgical Services	126,939	130,435	113,082	113,646	0.50
Diagnostic Radiology	13,303	13,141	11,851	11,449	-3.39
Laboratory Services.....	1,421	1,442	1,266	1,256	-0.76
Other Diagnostic and Therapeutic Services	81,005	84,080	72,163	73,257	1.52
Special and Miscellaneous Services ²	20,599	20,727	18,351	18,059	-1.59
Total Diagnostic Services	116,329	119,389	103,630	104,022	0.38
In-Province Dental Services	1,670	1,871	1,488	1,630	9.56
In-Province Optometric Services	7,317	9,178	6,518	7,997	22.68
Refractions by Optometrists	5,521	5,733	4,918	4,995	1.56
Other Optometric Services.....	1,796	3,445	1,600	3,001	87.61
Out-of-Province Services					
Physician Services.....	37,134	38,518	33,080	33,560	1.45
Dental Services.....	24	18	22	15	-28.89
Optometric Services.....	221	231	197	201	2.30
All Services	590,150	609,474	525,729	531,024	1.01

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

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

Notes:

- 1) Includes optometric services covered by the Supplementary Health Program.
- 2) Payments for prior-approved services in the United States have been adjusted to reflect their value in Canadian Funds.
- 3) See "Data Limitations" in *Statistical Figures and Tables*.

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

Type of Service ¹	2013-14			2014-15		
	General Practitioners (\$)	Specialists (\$)	All Practitioners (\$)	General Practitioners (\$)	Specialists (\$)	All Practitioners (\$)
In-Province Physician Services	35.31	67.71	48.76	35.37	67.40	48.84
Consultations.....	84.01	130.39	127.94	82.40	131.07	128.65
Major Assessments.....	60.32	85.30	63.72	59.77	84.43	62.97
Other Assessments.....	36.97	51.95	38.84	36.98	52.65	38.97
Psychotherapy.....	36.01	68.66	45.75	38.24	58.94	45.52
Average Of Visit Services	39.73	86.93	50.08	39.78	90.80	50.62
Hospital Care	30.08	31.27	30.64	30.09	31.74	30.91
Special Calls and Emergency	42.46	45.40	43.63	42.35	45.23	43.52
Major Surgery.....	254.07	401.37	396.18	255.41	398.11	393.01
Minor Surgery.....	19.25	83.05	37.50	18.89	74.21	36.66
Surgical Assistance.....	73.60	156.87	83.76	73.12	153.22	83.33
Obstetrics.....	566.40	451.85	488.07	567.19	450.88	486.85
Anaesthesia.....	44.42	49.82	49.25	44.63	49.98	49.42
Average Of Surgical Services	60.62	114.71	98.53	59.79	112.91	97.31
Diagnostic Radiology.....	–	50.22	50.22	–	50.80	50.80
Laboratory Services.....	4.45	5.95	4.54	4.49	6.20	4.60
Other Diagnostic and Therapeutic Services.....	14.97	46.56	41.10	15.14	46.10	41.00
Special and Miscellaneous Services ²	10.38	16.41	11.75	10.40	16.87	11.82
Average Of Diagnostic Services	10.25	43.33	30.06	10.42	43.25	30.27
In-Province Dental Services	–	–	104.27	–	–	104.27
In-Province Optometric Services	–	–	48.60	–	–	40.61
Refractions by Optometrists.....	–	–	55.39	–	–	55.39
Other Optometric Services.....	–	–	35.29	–	–	28.12
Out-of-Province Services						
Physician Services.....	47.28	55.21	52.67	48.65	55.30	53.23
Dental Services.....	–	–	301.80	–	–	283.12
Optometric Services.....	–	–	50.96	–	–	48.55
All Services	35.71	66.53	49.06	35.77	66.27	48.34

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

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

Notes:

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

Table 10

Per Cent of Services and Payments by Type of Service

Type of Service ¹	Per Cent of Total Services		Per Cent of Total Payments	
	2013-14	2014-15	2013-14	2014-15
In-Province Physician Services	92.73	92.18	92.14	91.83
Consultations.....	4.26	4.27	11.10	11.20
Major Assessments.....	4.14	4.11	5.38	5.28
Other Assessments	33.24	32.94	26.31	26.20
Psychotherapy	3.35	3.28	3.12	3.05
	44.98	44.59	45.91	45.72
Hospital Care.....	5.11	5.19	3.19	3.27
Special Calls and Emergency.....	2.05	2.07	1.82	1.84
Major Surgery	1.14	1.13	9.18	9.09
Minor Surgery.....	1.75	1.84	1.33	1.38
Surgical Assistance.....	1.34	1.30	2.29	2.22
Obstetrics.....	0.25	0.24	2.44	2.41
Anaesthesia.....	6.24	6.25	6.27	6.31
	10.71	10.78	21.51	21.40
Diagnostic Radiology.....	2.20	2.08	2.25	2.16
Laboratory Services.....	2.60	2.52	0.24	0.24
Other Diagnostic and Therapeutic Services.....	16.39	16.49	13.73	13.80
Special and Miscellaneous Services ²	8.68	8.46	3.49	3.40
	29.87	29.55	19.71	19.59
In-Province Dental Services	0.13	0.14	0.28	0.31
In-Province Optometric Services	1.25	1.83	1.24	1.51
Refractions by Optometrists	0.83	0.84	0.94	0.94
Other Optometric Services.....	0.42	0.98	0.30	0.57
Out-of-Province Services				
Physician Services.....	5.86	5.82	6.29	6.32
Dental Services.....	–	–	–	–
Optometrist Services.....	0.04	0.04	0.04	0.04
All Services	100.00	100.00	100.00	100.00

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

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

Notes:

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

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

Table 11

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

Type of Practitioner	Location of Services								
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners	10,967.5	117.3	18.1	419.9	1,577.6	7,636.1	1,022.8	134.2	41.5
Specialists									
Paediatricians and Medical Geneticists.....	1,495.4	7.6	4.1	36.0	61.5	1,340.9	34.9	10.0	0.5
Internists and Physiatrists.....	3,583.2	18.8	6.0	117.9	311.9	2,876.9	135.4	109.5	6.7
Neurologists.....	273.5	2.3	0.3	10.1	46.2	190.4	18.4	5.6	0.2
Psychiatrists.....	1,123.1	8.5	6.9	71.6	59.2	864.2	111.9	0.4	0.4
Dermatologists.....	235.9	15.9	0.2	5.7	17.3	190.6	5.2	0.8	0.3
Anaesthetists.....	2,963.5	20.4	6.7	123.8	220.3	2,444.7	117.0	27.9	2.7
General and Thoracic Surgeons.....	3,183.7	7.6	5.0	67.6	355.8	2,626.0	86.8	33.6	1.2
Orthopaedic Surgeons.....	1,394.0	6.8	7.5	36.4	208.0	1,038.1	71.3	22.8	3.2
Plastic and Reconstructive Surgeons.....	424.4	0.9	0.8	12.1	30.9	361.1	17.8	0.7	–
Neurological Surgeons.....	258.7	3.2	3.2	15.0	44.5	162.8	22.4	7.5	–
Obstetricians and Gynaecologists.....	1,120.2	14.4	0.9	58.2	210.7	785.3	48.5	1.2	1.0
Urological Surgeons.....	347.4	1.5	0.4	14.7	38.2	261.2	25.8	4.9	0.7
Ophthalmologists.....	897.9	8.4	0.3	38.2	57.7	744.0	37.2	11.1	1.1
Otolaryngologists.....	781.5	2.9	0.3	12.8	33.2	708.2	21.8	1.9	0.4
Pathologists.....	4,673.1	1.2	2.7	55.9	27.8	4,428.4	149.2	6.9	0.8
Diagnostic Radiologists.....	3,941.4	7.2	0.5	63.5	315.9	3,507.9	41.8	4.1	0.5
US Services with Prior Approval	972.1	–	–	–	–	–	–	972.1	–
All Physicians	38,636.5	245.1	63.9	1,159.4	3,616.7	30,166.8	1,968.3	1,355.3	61.0
Dentists.....	17.6	–	1.2	4.1	2.7	9.5	–	–	–
Optometrists.....	232.1	–	–	0.2	31.5	199.5	0.2	0.5	–

Notes:

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

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

Type of Practitioner	Home Province or Territory of Beneficiary											
	All Locations	Newfoundland	PEI	Nova Scotia	New Brunswick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
General Practitioners.....	5,134.0	50.7	18.3	100.1	71.9	666.2	1,296.8	2,278.2	605.5	24.3	13.2	8.8
Specialists												
Paediatricians and Medical Geneticists..	230.4	0.7	0.8	1.0	0.8	13.2	52.2	143.4	14.8	1.7	0.9	1.1
Internists and Psychiatrists.....	855.4	6.1	0.5	14.6	3.6	97.8	214.6	424.5	86.5	2.1	3.7	1.4
Neurologists	86.8	1.3	0.0	1.2	1.3	12.8	21.6	34.7	13.0	0.2	0.3	0.5
Cardiologists.....	356.2	6.0	1.3	5.6	0.7	31.4	122.9	130.7	53.9	3.1	0.6	0.0
Psychiatrists	268.4	4.5	2.7	9.1	4.4	44.7	38.6	97.8	55.8	5.3	2.6	2.9
Dermatologists	20.5	0.2	0.0	1.2	0.2	3.5	7.0	5.9	2.5	0.0	0.0	0.0
Anaesthetists	1,147.4	5.3	2.4	6.8	6.9	106.0	261.9	663.9	87.8	2.0	3.2	1.1
General Surgeons.....	985.9	5.4	1.9	4.0	4.5	63.2	194.0	656.5	54.6	1.6	0.0	0.3
Cardiac Surgeons	119.3	0.0	0.0	0.2	0.0	9.6	55.0	31.4	23.1	0.0	0.0	0.0
Orthopaedic Surgeons	650.2	3.3	1.9	5.2	5.3	62.6	144.0	356.1	69.0	0.3	2.2	0.2
Plastic and Reconstructive Surgeons.....	116.0	3.2	0.0	0.8	2.0	16.1	29.9	43.2	19.1	0.8	0.9	0.0
Neurological Surgeons.....	372.9	0.0	0.2	2.1	5.4	26.9	66.6	250.4	20.6	0.7	0.0	0.0
Obstetricians and Gynaecologists.....	766.1	1.5	2.1	6.2	12.9	43.0	363.2	287.1	42.3	5.0	1.1	1.7
Urological Surgeons.....	122.5	0.4	0.0	2.8	0.2	19.4	60.4	31.7	5.8	0.0	0.1	1.7
Ophthalmologists.....	722.9	1.8	0.1	2.3	2.2	28.1	322.5	343.1	21.6	0.3	0.1	0.8
Otolaryngologists	182.5	1.1	1.1	0.9	0.4	7.7	52.3	107.5	10.0	0.4	0.7	0.3
Pathologists	593.2	7.9	1.6	13.4	9.7	125.6	78.4	259.4	90.7	1.0	3.1	2.4
Diagnostic Radiologists.....	377.7	3.0	2.6	5.8	6.3	74.3	74.1	154.8	51.2	2.2	2.1	1.3
All Physicians.....	13,108.4	102.5	37.6	183.3	138.7	1,452.1	3,455.9	6,300.3	1,328.0	51.0	34.7	24.4

Notes:

- 1) Quebec is the only province that does not participate in a reciprocal billing agreement between provinces. See "Out-of-Province Services" in *Medical Services Plan Coverage Benefits*.
- 2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan Physician Payment Schedule rates.
- 3) See "Data Limitations" in *Statistical Figures and Tables*.

Table 13a

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

	Location of Services								
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Cochlear Implant.....	1,317.6	-	-	-	-	22.3	-	1,074.5	220.8
Bone Marrow/Stem Cell Transplant.....	1,370.4	-	-	724.6	-	645.8	-	-	-
Out-of-Country.....	2,700.8	-	-	-	-	-	-	2,669.6	31.2
Defibrillator Pacemaker Implantation.....	830.6	-	-	-	-	830.6	-	-	-
Liver Transplant.....	645.9	-	-	-	-	645.9	-	-	-
Heart or Heart and Lung Transplant.....	399.9	-	-	-	-	399.9	-	-	-
Lung Transplant.....	1,948.5	-	-	-	-	1,948.5	-	-	-
Kidney or Kidney and Pancreas Transplant.....	151.2	-	-	-	-	151.2	-	-	-
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases.....	561.7	4.4	-	18.0	45.2	386.9	95.9	8.3	3.1
II. Neoplasms.....	3,023.8	7.2	-	316.1	199.9	2,298.3	139.8	62.3	0.3
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	912.4	-	1.4	-	55.6	757.6	93.7	2.2	1.9
IV. Diseases of Blood & Blood-Forming Organs.....	197.1	-	-	-	29.4	162.1	5.4	0.1	-
V. Mental Disorders.....	2,755.2	43.4	8.0	235.7	570.5	1,397.6	499.6	0.4	0.0
VI. Diseases of Nervous System & Sense Organs.....	1,188.6	3.2	0.0	63.3	60.4	667.7	47.2	214.3	132.5
VII. Diseases of the Circulatory System.....	6,124.6	34.6	22.8	259.5	702.4	4,816.3	264.3	19.4	5.3
VIII. Diseases of the Respiratory System.....	2,265.5	24.6	6.9	136.8	246.3	1,771.9	72.7	4.1	2.2
IX. Diseases of the Digestive System.....	3,424.8	56.6	0.0	96.5	686.2	2,402.6	162.0	15.3	5.6
X. Diseases of the Genitourinary System.....	1,016.1	10.6	0.0	38.7	64.2	838.8	56.7	6.0	1.1
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	1,353.3	23.7	3.3	87.8	303.7	864.0	70.8	0.0	0.1
XII. Diseases of the Skin & Subcutaneous Tissue.....	569.0	20.8	7.0	9.3	44.9	436.3	49.4	1.2	0.2
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	1,204.6	0.0	61.9	5.8	229.7	826.5	76.1	0.8	3.8
XIV. Congenital Anomalies.....	5,024.3	8.7	7.0	144.5	27.5	4,741.8	94.8	0.0	0.0
XV. Certain Conditions Originating in the Perinatal Period.....	809.0	0.0	0.0	0.0	75.0	632.3	95.5	6.2	0.0
XVI. Symptoms, Signs, & Ill-defined Conditions.....	1,997.0	79.9	0.0	112.5	144.3	1,534.0	117.8	4.9	3.7
XVII. Injury and Poisoning.....	4,053.6	137.9	21.9	145.3	541.7	2,727.0	451.1	11.4	17.3
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	1,518.3	21.6	24.0	137.7	220.4	1,005.7	108.9	0.0	0.0
Outpatient Treatment									
Standard Outpatient Visit.....	13,829.8	364.6	85.8	654.7	1,904.9	9,505.0	1,250.4	47.8	16.5
Day Surgery.....	2,213.1	12.9	8.2	87.7	629.4	1,359.1	113.4	1.9	0.5
Haemodialysis.....	1,339.3	5.0	2.5	36.2	139.0	1,082.4	71.6	1.7	0.9
Computerized Axial Tomography (CAT Scan).....	1,377.6	18.8	7.7	84.5	428.1	649.9	188.7	0.0	0.0
Magnetic Resonance Imaging (MRI).....	339.5	1.8	0.0	37.7	40.6	221.0	38.5	0.0	0.0
Positron Emission Tomography (PET Scan).....	43.7	0.0	0.0	1.1	10.0	30.1	2.5	0.0	0.0
Radiotherapy Services.....	49.4	0.0	0.0	0.0	0.0	49.4	0.0	0.0	0.0
Cancer Chemotherapy Visit.....	797.8	3.9	5.3	54.4	341.1	335.3	57.7	0.0	0.0
Gamma Knife Procedure.....	358.5	0.0	0.0	18.5	340.0	0.0	0.0	0.0	0.0
Brachytherapy.....	824.4	0.0	0.0	2.8	10.0	99.1	712.5	0.0	0.0
Out-of-Country.....	387.2	0.0	0.0	0.0	0.0	0.0	0.0	385.8	1.3
Other Outpatient Treatment.....	3,050.1	64.5	18.7	90.9	570.3	1,977.4	304.5	22.0	1.8
Total.....	71,974.2	948.7	292.2	3,600.5	8,660.8	48,220.3	5,241.6	4,560.1	450.0

- 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) The majority of cochlear implants are performed in Saskatchewan as of 2013-14. The devices are purchased from 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

	Location of Services								
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Cochlear Implant.....	8	–	–	–	–	8	–	–	–
Bone Marrow/Stem Cell Transplant.....	7	–	–	3	–	4	–	–	–
Out-of-Country.....	4	–	–	–	–	–	–	4	–
Defibrillator Pacemaker Implantation.....	15	–	–	–	–	15	–	–	–
Liver Transplant.....	5	–	–	–	–	5	–	–	–
Heart or Heart and Lung Transplant.....	3	–	–	–	–	3	–	–	–
Lung Transplant.....	10	–	–	–	–	10	–	–	–
Kidney or Kidney and Pancreas Transplant.....	4	–	–	–	–	4	–	–	–
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases.....	88	1	–	5	6	35	8	20	13
II. Neoplasms.....	249	2	–	21	20	180	18	7	1
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	104	–	1	–	12	69	10	8	4
IV. Diseases of Blood & Blood-Forming Organs.....	24	–	–	–	6	14	3	1	–
V. Mental Disorders.....	205	3	2	17	37	95	49	2	–
VI. Diseases of Nervous System & Sense Organs.....	111	1	–	7	14	70	6	6	7
VII. Diseases of the Circulatory System.....	488	3	5	31	59	286	40	56	8
VIII. Diseases of the Respiratory System.....	308	4	2	11	71	180	20	12	8
IX. Diseases of the Digestive System.....	445	9	–	17	72	239	44	36	28
X. Diseases of the Genitourinary System.....	176	3	–	8	20	113	13	16	3
XI. Complications of Pregnancy Childbirth & the Puerperium.....	416	6	2	15	98	271	23	–	1
XII. Diseases of the Skin & Subcutaneous Tissue.....	45	2	1	1	4	27	3	5	2
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	251	–	5	1	69	154	16	2	4
XIV. Congenital Anomalies.....	216	1	1	10	4	189	11	–	–
XV. Certain Conditions Originating in the Perinatal Period.....	92	–	–	–	24	65	2	1	–
XVI. Symptoms, Signs, & Ill-defined Conditions.....	268	5	–	18	24	156	21	23	21
XVII. Injury and Poisoning.....	509	8	3	19	47	294	79	30	29
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	420	6	3	15	95	286	15	–	–
Outpatient Treatment									
Standard Outpatient Visit.....	49,527	1,328	298	2,284	6,711	33,166	4,411	964	365
Day Surgery.....	1,939	12	7	76	558	1,163	98	19	6
Haemodialysis.....	3,147	11	6	85	311	2,517	166	33	18
Computerized Axial Tomography (CAT Scan).....	2,144	30	13	132	642	1,021	306	–	–
Magnetic Resonance Imaging (MRI).....	905	5	–	101	111	585	103	–	–
Positron Emission Tomography (PET Scan).....	31	–	–	1	8	20	2	–	–
Radiotherapy Services.....	7	–	–	–	–	7	–	–	–
Cancer Chemotherapy Visit.....	608	3	4	41	263	252	45	–	–
Gamma Knife Procedure.....	21	–	–	1	20	–	–	–	–
Brachytherapy.....	75	–	–	1	2	15	57	–	–
Out-of-Country.....	69	–	1	–	–	–	–	67	1
Other Outpatient Treatment.....	9,021	437	51	91	2,395	4,307	1,725	13	2
Total.....	71,965	1,880.0	405.0	3,012.0	11,703.0	45,825.0	7,294.0	1,325.0	521.0

Notes:

- 1) More than one of the same high cost procedure can occur during a single hospitalization.
- 2) The majority of cochlear implants are performed in Saskatchewan as of 2013-14. 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							
Defibrillator-Pacemaker	11.4	–	–	–	11.4	–	–
Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases.....	586.8	8.8	5.3	20.9	81.7	358.8	111.3
II. Neoplasms	883.1	33.5	–	11.1	524.3	284.9	29.2
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	410.1	53.0	–	22.2	119.1	188.1	27.8
IV. Diseases of Blood and Blood-Forming Organs.....	97.9	1.9	2.4	5.1	50.0	38.5	–
V. Mental Disorders.....	3,245.8	241.6	19.1	350.1	518.4	1,500.2	616.5
VI. Diseases of the Nervous System & Sense Organs.....	478.1	9.4	9.4	104.2	185.6	143.2	26.4
VII. Diseases of the Circulatory System.....	2,689.6	80.0	7.2	277.7	819.4	1,025.4	479.8
VIII. Diseases of the Respiratory System	1,267.1	14.3	10.2	127.0	489.1	329.8	296.8
IX. Diseases of the Digestive System.....	1,486.0	74.9	3.6	257.9	543.2	447.4	159.0
X. Diseases of the Genitourinary System.....	542.1	11.9	2.6	59.4	223.7	185.6	58.8
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	1,048.5	69.2	6.7	65.0	500.9	333.7	73.2
XII. Diseases of the Skin and Subcutaneous Tissue	224.5	–	–	34.2	82.9	42.6	64.8
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	1,072.8	23.9	36.1	11.8	312.5	457.0	231.5
XIV. Congenital Anomalies	53.1	–	–	6.6	41.2	2.7	2.7
XV. Certain Conditions Originating in the Perinatal Period	950.5	115.8	–	28.9	500.9	297.6	7.4
XVI. Symptoms, Signs, and Ill-defined Conditions	1,397.1	66.7	–	109.7	533.7	497.4	189.8
XVII. Injury and Poisoning	2,572.8	36.6	141.3	492.7	444.7	799.5	658.1
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	1,008.0	20.8	0.4	39.4	460.0	278.2	209.1
Outpatient Treatment							
Standard Outpatient Visit.....	9,049.5	587.8	112.9	1,234.3	2,637.0	3,353.3	1,124.2
Day Surgery.....	1,730.8	55.0	1.2	101.8	832.6	644.4	95.9
Haemodialysis	107.8	3.4	0.8	41.3	18.2	42.8	1.3
Computerized Axial Tomography (CAT Scan).....	645.1	42.0	10.7	98.2	202.1	206.5	85.6
Magnetic Resonance Imaging (MRI).....	198.7	6.2	2.7	24.7	54.8	93.9	16.4
Radiotherapy Services.....	80.2	1.4	–	4.2	33.6	41.0	–
Cancer Chemotherapy Visit.....	182.5	–	–	8.0	100.0	67.9	6.6
Other Outpatient Treatment.....	595.7	42.4	4.3	80.4	131.5	268.3	68.7
Total	32,615.6	1,600.3	377.1	3,616.5	10,452.4	11,928.5	4,640.8

Notes:

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

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							
Defibrillator-Pacemaker	1	–	–	–	1	–	–
Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases.....	49	3	1	7	10	20	8
II. Neoplasms	83	2	–	3	47	27	4
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	78	6	–	5	22	36	9
IV. Diseases of Blood and Blood-Forming Organs.....	17	1	1	2	5	8	–
V. Mental Disorders.....	270	24	3	21	40	145	37
VI. Diseases of the Nervous System & Sense Organs.....	64	1	1	10	23	24	5
VII. Diseases of the Circulatory System.....	317	9	1	30	111	110	56
VIII. Diseases of the Respiratory System	211	5	4	23	81	72	26
IX. Diseases of the Digestive System.....	340	19	1	45	122	108	45
X. Diseases of the Genitourinary System.....	146	7	1	16	68	44	10
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	329	20	2	23	155	107	22
XII. Diseases of the Skin and Subcutaneous Tissue	31	–	–	5	11	9	6
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	145	7	3	3	52	71	9
XIV. Congenital Anomalies	10	–	–	1	7	1	1
XV. Certain Conditions Originating in the Perinatal Period	64	1	–	5	39	17	2
XVI. Symptoms, Signs, and Ill-defined Conditions	242	14	–	23	96	76	33
XVII. Injury and Poisoning	329	7	6	45	76	137	58
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	249	10	1	19	132	67	20
Outpatient Treatment							
Standard Outpatient Visit.....	31,629	2,064	396	4,296	9,195	11,720	3,958
Day Surgery.....	1,485	47	1	89	714	552	82
Haemodialysis	253	8	2	97	43	100	3
Computerized Axial Tomography (CAT Scan).....	1,023	67	19	154	320	327	136
Magnetic Resonance Imaging (MRI).....	290	9	4	36	80	137	24
Radiotherapy Services.....	214	4	0	11	91	108	0
Cancer Chemotherapy Visit.....	137	0	0	6	75	51	5
Other Outpatient Treatment.....	4,034	294	30	548	821	1,856	485
Total	42,040	2,629	477	5,523	12,437	15,930	5,044

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

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

Type of Service ¹ (000's)	Type of Physician								
	General Practitioners	Paediatricians and Medical Geneticists	Internists and Psychiatrists	Neurologists	Cardiologists	Psychiatrists	Dermatologists	General Surgeons	Cardiac Surgeons
Visits									
Consultations.....	26.3	30.5	113.5	22.3	29.7	11.6	15.8	58.5	2.7
Special Eye Examination.....	–	–	–	–	–	–	–	–	–
Major Assessments.....	444.7	11.1	4.6	0.8	0.8	4.6	2.5	2.3	–
Other Assessments.....	3,576.1	36.6	89.4	11.1	15.2	14.6	12.7	50.3	0.8
Hospital Care Days.....	324.2	36.5	199.6	12.9	24.5	13.9	–	20.3	0.1
Special Calls and Emergency									
Surcharges.....	147.7	4.2	20.9	3.4	3.6	3.3	0.2	9.4	0.9
Premiums.....	5.8	0.4	3.6	0.1	0.4	0.3	–	0.2	0.0
Psychotherapy									
Base Time ²	165.7	0.1	0.1	–	–	72.6	–	–	–
Additional Time.....	98.9	0.1	0.1	–	–	65.6	–	–	–
Major Surgery.....	5.0	–	0.5	0.8	0.2	–	–	16.9	6.4
Minor Surgery.....	155.8	0.1	0.4	–	0.1	–	17.9	7.2	0.6
Surgical Assistance.....	141.6	–	–	–	–	–	–	5.9	0.7
Obstetrics.....	9.3	–	–	–	–	–	–	–	–
Anaesthesia									
Operative.....	74.8	–	–	–	–	–	–	–	–
Nerve Blocks and Epidurals.....	7.0	–	0.4	0.2	–	–	–	–	–
Diagnostic Radiology.....	–	–	–	–	–	–	–	–	–
Pathology/Laboratory Services.....	294.3	0.2	–	–	–	–	0.2	–	–
Diagnostic Ultrasound.....	1.7	2.2	6.6	0.0	49.2	–	–	–	–
Other Diagnostic and Therapeutic Services.....	336.5	118.2	383.8	14.8	157.0	39.9	8.8	61.7	0.5
Special Services.....	121.7	0.0	0.2	–	–	–	1.0	9.7	–
Miscellaneous Services ³	699.0	18.2	70.4	8.0	8.2	22.4	2.1	14.9	1.0
Total Services.....	6,636.2	258.5	894.1	74.4	289.0	248.7	61.0	257.4	13.6

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

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

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

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

Table 15 (Continued)

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

Type of Service ¹ (000's)	Type of Physician									Total Services
	Orthopaedic Surgeons	Plastic and Reconstructive Surgeons	Neurological Surgeons	Obstetricians and Gynaecologists	Urological Surgeons	Ophthalmologists	Otolaryngologists	Anaesthetists	Pathologists and Diagnostic Radiologists	
Visits										
Consultations.....	46.0	15.7	7.0	47.7	12.5	48.7	26.9	14.7	0.4	530.5
Special Eye Examination.....	–	–	–	–	–	0.3	–	–	–	0.3
Major Assessments.....	0.3	0.1	–	10.8	2.6	21.2	4.5	–	–	510.8
Other Assessments.....	59.3	12.8	4.3	91.7	7.8	89.1	20.9	4.5	–	4,097.1
Hospital Care Days.....	2.7	0.2	3.3	4.9	0.7	0.2	1.1	–	–	645.0
Special Calls and Emergency										
Surcharges.....	7.3	1.6	1.2	7.7	1.4	1.7	1.4	17.2	0.4	233.5
Premiums.....	–	–	–	–	–	–	–	13.7	–	24.4
Psychotherapy										
Base Time ²	–	–	–	2.8	–	–	–	–	–	241.3
Additional Time.....	–	–	–	1.6	–	–	–	–	–	166.3
Major Surgery.....	31.3	8.7	8.0	8.0	5.7	39.1	10.2	–	0.1	140.8
Minor Surgery.....	2.0	7.9	0.2	1.4	2.0	26.2	7.5	–	0.2	229.4
Surgical Assistance.....	1.4	0.8	0.7	6.2	2.4	–	2.3	–	–	161.9
Obstetrics.....	–	–	–	20.8	–	–	–	–	–	30.2
Anaesthesia										
Operative.....	–	–	–	–	–	–	–	663.4	–	738.3
Nerve Blocks and Epidurals.....	0.4	–	0.0	0.1	0.1	–	–	29.9	1.0	39.3
Diagnostic Radiology.....	–	–	–	–	–	–	–	–	258.7	258.7
Pathology/Laboratory Services.....	–	–	–	19.0	–	–	–	–	–	313.6
Diagnostic Ultrasound.....	–	–	–	22.1	–	12.8	–	0.4	148.9	243.9
Other Diagnostic and Therapeutic Services.....	23.8	2.2	0.9	24.7	8.8	489.5	69.5	7.7	58.8	1,807.1
Special Services.....	–	0.4	–	16.7	–	–	–	–	–	149.7
Miscellaneous Services ³	12.2	1.0	2.2	20.5	4.4	6.0	11.4	0.2	0.5	902.5
Total Services.....	186.8	51.3	27.9	306.8	48.2	734.7	155.5	751.7	468.9	11,464.5

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 2013-14 to 2014-15
		Patients	Payments	Services	
Electrocardiograms and Echocardiograms.....	457,129	162.58	10,578.13	398.29	1.87
Allergy Investigations and Hyposensitization Injections.....	210,600	6.47	364.50	183.49	-3.20
Artificial Extra Corporeal Haemodialysis.....	96,994	0.97	4,243.57	84.51	-1.76
Submission of Papanicolaou Smear.....	85,635	140.18 ^f	2,443.63 ^f	150.04 ^f	-5.63
Optical Coherence Tomography.....	58,569	33.60	2,237.91	51.03	10.19
Psychological Testing.....	33,740	8.83	1,197.90	29.40	27.87
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts.....	32,753	22.49	1,548.47	28.54	7.16
Pulmonary Function Studies.....	30,304	16.13	1,176.10	26.40	3.54
Plantar Wart Excision or Fulguration.....	29,965	11.48	492.86	26.11	2.87
Colonoscopy.....	27,064	22.57	4,618.14	23.58	-1.83
Arthrocentesis - Joint Injections Shoulder, Elbow, Knee.....	22,917	12.96	385.13	19.97	-0.55
Upper GI Endoscopy.....	19,940	14.94	2,394.91	17.37	0.17
Cataract Extraction.....	13,732	7.55	5,493.59	11.96	2.81
Suturing of Wounds.....	11,735	9.53	817.23	10.22	-0.52
Delivery - Vaginal.....	10,824	18.71 ^f	16,864.61 ^f	18.96 ^f	1.44
- Caesarean.....	3,202	5.60 ^f	4,853.77 ^f	5.61 ^f	-1.82
Cystoscopy.....	9,145	6.46	807.20	7.97	0.19
Coronary Angiography.....	6,149	4.47	989.53	5.36	-1.96
Fractures, Open Surgical or Closed Reduction.....	6,033	4.43	2,589.14	5.26	2.58
Cardiac Catheterization.....	5,934	4.21	729.09	5.17	-1.71
Angioplasty.....	4,755	1.95	1,894.86	4.14	-2.57
Arthroscopy.....	4,736	3.91	548.51	4.13	-6.65
Electroencephalograms or Echoencephalograms.....	4,501	3.23	100.50	3.92	25.28
Sigmoidoscopy.....	3,731	2.84	206.19	3.25	-5.10
Hernia Repair.....	3,559	2.81	1,367.24	3.10	1.04
Arthroplasty - Hip or Total Hip Replacement.....	2,867	2.23	2,093.31	2.50	-8.21
- Knee or Total Knee Replacement.....	2,019	1.67	1,597.57	1.76	-2.96
Gall Bladder or Other Biliary Tract Surgery.....	2,580	2.24	1,470.02	2.25	-5.14
Vasectomy.....	2,207	3.81 ^m	1,009.69 ^m	3.83 ^m	-1.27
Therapeutic Abortion.....	1,792	3.05 ^f	539.16 ^f	3.14 ^f	-5.18
Electroconvulsive Therapy.....	1,686	0.17	113.77	1.47	-4.90
Tubal Ligation.....	1,548	2.69 ^f	620.43 ^f	2.71 ^f	-6.53
Tonsillectomy (With or without Adenoidectomy).....	1,459	1.27	381.36	1.27	-16.80
Dilatation and Curettage.....	1,322	2.24 ^f	429.07 ^f	2.32 ^f	6.19
Septoplasty or Submucous Resection.....	1,132	0.97	343.27	0.99	-5.69
Appendectomy.....	1,043	0.91	498.25	0.91	-8.67
Prostatectomy (With or Without Vasectomy).....	852	1.45 ^m	1,372.14 ^m	1.48 ^m	8.71
Genital Prolapse Repair.....	820	1.04 ^f	362.49 ^f	1.44 ^f	-7.53
Varicose Veins (Ligation).....	683	0.26	95.54	0.60	-5.78
Salpingectomy, Oophorectomy &/or Ovarian Cystectomy.....	584	1.01 ^f	432.24 ^f	1.02 ^f	3.30
Coronary By-Pass.....	541	0.47	1,397.24	0.47	-10.80
Hysterectomy - Abdominal.....	488	0.86 ^f	431.77 ^f	0.86 ^f	-10.10
- Vaginal.....	314	0.55 ^f	279.32 ^f	0.55 ^f	1.89
Strabismus Operation.....	234	0.17	77.34	0.20	-0.06
Peptic Ulcer Surgery.....	133	0.10	91.19	0.12	0.84

^f Rate per 1,000 female beneficiaries^m Rate per 1,000 male beneficiaries**Notes:** Includes out-of-province services and costs.

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

Conditions	I.C.D. ¹	Number of Services (000'S)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
Diseases Affecting Genitourinary Tract.....	580 - 599, 788	388	77.0	15,922	338
Diabetes Mellitus	250	349	55.9	9,931	304
General Medical Examination - No Specific Diagnosis	V70	347	161.8	13,521	303
Hypertension	401 - 405	296	111.6	8,823	258
Acute Upper Respiratory Infection (Except Influenza)	460 - 465	294	164.9	9,997	262
Psychoses	295 - 299	261	18.6	9,830	228
Chronic Sinusitis & Other Respiratory Symptoms.....	473 - 786	222	80.4	10,717	193
Ischaemic Heart Disease	410 - 414	176	26.5	11,514	153
Glaucoma	365	167	19.7	4,196	146
Arthritis	710 - 716	160	48.6	8,212	140
Rheumatic Disease	725 - 729	153	69.6	6,504	133
Cataract	366	144	15.7	8,560	126
Neuroses	300	144	48.4	5,227	126
Vertebrogenic Pain Syndrome	724	132	48.3	7,822	115
Cardiac Disrhythmias.....	427	126	23.5	5,514	110
Asthma.....	493	108	32.1	2,598	94
Symptomatic Heart Disease.....	428 - 429	107	19.3	4,660	94
Otitis Media	381 - 382	104	44.6	3,804	90
Eczema.....	690 - 692	96	45.6	2,787	84
Bronchitis	466, 490 - 491	85	50.8	2,928	74
Pneumonia	480 - 486	71	14.9	2,681	62
Chronic Airways Obstruction.....	496	70	12.7	2,522	61
Cellulitis and Abscess	681 - 682	65	23.8	2,310	57
Myxedema.....	244	59	28.9	1,612	51
Diarrheal Disease	009	59	28.1	2,392	51
Cerebrovascular Disease	430 - 438	55	6.8	2,470	48
Disorders of Menstruation	Z08 ² - 626	54	39.3 ^f	4,661 ^f	94 ^f
Anaemias	280 - 285	52	16.8	2,267	45
Hay Fever	477	49	6.7	425	43
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva.....	615 - 616	36	29.6 ^f	2,348 ^f	63 ^f
Hyperkinetic Syndrome of Childhood (ADHD).....	314	27	5.4	1,225	24
Migraine	346	26	11.9	1,020	23
Gastritis and Duodenitis.....	535	21	12.0	762	18
Varicose Veins of Lower Extremity	454	19	4.1	620	17
Menopausal Symptoms.....	627	18	16.5 ^f	1,191 ^f	31 ^f
Disorders of Functions of Stomach.....	536 - 537	15	8.4	545	13
Influenza.....	487	13	9.0	387	11
Epilepsy.....	345	13	3.8	531	12
Multiple Sclerosis	340	13	2.1	494	11
Alzheimer's Disease and Other Cerebral Degenerations.....	331	12	1.7	440	11
Alcoholic Psychosis and Alcoholism.....	291 - 303	12	2.9	492	11
Obesity.....	278	8	4.2	474	7
Ulcers of Duodenum and Stomach	531 - 534	6	2.9	286	5

¹ Ninth Revision International Classification of Diseases, 1977.

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

^f Rate per 1,000 female beneficiaries.

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

Table 18**Turnover* of Physicians**

	General Practitioners					
	Metro		Urban		Rural	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2009-10 ¹	372	9.9	172	9.3	210	15.7
Still Practising in 2010-11 ²	335		156		177	
Practising in 2010-11 ¹	384	8.3	176	12.5	202	15.3
Still Practising in 2011-12 ²	352		154		171	
Practising in 2011-12 ¹	404	7.2	178	3.4	194	17.5
Still Practising in 2012-13 ²	375		172		160	
Practising in 2012-13 ¹	427	8.0	190	12.6	215	15.3
Still Practising in 2013-14 ²	393		166		182	
Practising in 2013-14 ¹	430	14.7	201	14.9	234	17.9
Still Practising in 2014-15 ²	367		171		192	
Practising in 2014-15 ¹	412		201		254	

	General Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
	Practising in 2009-10 ¹	754	10.7	600	7.7	1,354
Still Practising in 2010-11 ²	673		554		1,227	
Practising in 2010-11 ¹	761	11.0	625	8.0	1,386	9.7
Still Practising in 2011-12 ²	677		575		1,252	
Practising in 2011-12 ¹	776	8.9	651	5.8	1,427	7.5
Still Practising in 2012-13 ²	707		613		1,320	
Practising in 2012-13 ¹	832	10.9	703	9.2	1,535	10.2
Still Practising in 2013-14 ²	741		638		1,379	
Practising in 2013-14 ¹	865	15.6	694	8.5	1,559	12.4
Still Practising in 2014-15 ²	730		635		1,365	
Practising in 2014-15 ¹	867		729		1,596	

* Turnover includes physicians who have left the province, physicians who have moved to different communities within the province, physicians who did not meet the billing threshold and physicians who remain in the same location but have changed specialties. Turnover does not reflect the percentage of physicians not retained.

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 2014-15 was 231, the difference between "Practising" (1,596) and "Still Practising" (1,365).
- 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.
- 3) All current recruitment and retention initiatives are outlined in the Appendix.
- 4) The table has been adjusted historically, as Lloydminster is now classified as an Urban Community.

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	
	2013-14	2014-15	2013-14	2014-15	2013-14	2014-15	2013-14	2014-15	2013-14	2014-15
General Practitioner¹	860	893	1.3	1.3	2.2	2.1	5.1	5	78.1	77.7
Specialists⁴										
Paediatricians and Medical Geneticists.....	48	54	23.4	21.3	1.0	0.9	2.0	1.9	3.5	3.5
Internists and Physiatrists.....	134	143	8.4	8.0	1.6	1.6	3.6	3.7	12.4	12.8
Neurologists.....	16	17	70.2	67.5	1.6	1.7	2.9	2.9	2.1	2.2
Cardiologists.....	25	27	44.9	42.5	4.1	4.1	3.8	3.5	5.7	5.8
Psychiatrists.....	51	58	22.0	19.8	0.4	0.4	1.9	1.8	1.6	1.7
Dermatologists.....	4	6	280.6	191.3	4.3	3.2	7.2	5.4	1.5	1.7
Anaesthetists.....	108	113	10.4	10.2	0.8	0.8	0.9	0.9	6.0	6.1
General Surgeons.....	72	75	15.6	15.3	1.1	1.0	2.2	2.1	5.9	5.7
Cardiac Surgeons.....	6	6	187.1	191.3	0.7	0.6	1.0	0.9	0.3	0.3
Orthopaedic Surgeons.....	42	41	26.7	28.0	1.3	1.4	2.6	2.8	4.3	4.4
Plastic and Reconstructive Surgeons.....	11	12	102.0	95.6	1.5	1.5	3.0	2.9	1.4	1.5
Neurological Surgeons.....	11	12	102.0	95.6	0.7	0.7	1.5	1.4	0.7	0.7
Obstetricians and Gynaecologists.....	60	58	18.7	19.8	1.3	1.3	2.9	2.9	4.7	4.6
Urological Surgeons.....	13	14	86.3	82.0	1.4	1.4	2.2	2.2	1.4	1.5
Ophthalmologists.....	28	26	40.1	44.1	3.1	3.2	6.9	7.5	7.0	6.9
Otolaryngologists.....	15	14	74.8	82.0	2.4	2.5	4.0	4.2	3.0	2.9
Pathologists and Diagnostic Radiologists.....	80	83	14.0	13.8	3.7	3.4	0.2	0.2	18.5	18.1
All Specialists⁴	724	759	1.6	1.5	1.6	1.6	2.4	2.4	42.3	42.3
All Physicians⁴	1,584	1,652	0.7	0.7	1.9	1.9	3.8	3.8	80.6	80.2
Licensed Physicians ⁵	2,165	2,224	0.5	0.5	-	-	-	-	-	-

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

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

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

⁴ 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.....	343	15	40	55	55	37	24	26	91
Metro Solo.....	91	4	21	40	25	17	14	10	29
Urban Association.....	160	24	27	10	11	10	7	–	2
Urban Solo.....	48	8	9	4	9	4	5	3	6
Rural Association.....	212	1	23	62	62	31	24	3	6
Rural Solo.....	39	2	6	4	14	7	3	3	–
All General Practitioners 2014-15.....	893	54	126	175	176	106	77	45	134
All General Practitioners 2013-14.....	860	54	116	172	164	105	73	39	137
Specialists									
Paediatricians and Medical Geneticists.....	54	14	24	11	2	–	1	1	1
Internists and Physiatrists.....	143	18	41	24	20	12	9	7	12
Neurologists.....	17	1	5	–	5	3	2	–	1
Cardiologists.....	27	1	–	1	2	3	3	1	16
Psychiatrists.....	58	43	12	1	2	–	–	–	–
Dermatologists.....	6	–	–	1	2	–	1	–	2
Anaesthetists.....	113	16	71	22	1	3	–	–	–
General Surgeons.....	75	16	22	21	13	3	–	–	–
Cardiac Surgeons.....	6	2	4	–	–	–	–	–	–
Orthopaedic Surgeons.....	41	4	6	16	10	2	1	1	1
Plastic and Reconstructive Surgeons.....	12	–	4	4	1	1	1	–	1
Neurological Surgeons.....	12	4	6	2	–	–	–	–	–
Obstetricians and Gynaecologists.....	58	9	14	12	16	1	6	–	–
Urological Surgeons.....	14	1	1	6	5	–	1	–	–
Ophthalmologists.....	26	–	1	1	2	5	2	4	11
Otolaryngologists.....	14	–	2	2	2	1	3	2	2
Pathologists and Diagnostic Radiologists.....	83	–	12	12	10	5	4	11	29
All Specialists 2014-15.....	759	129	225	136	93	39	34	27	76
All Specialists 2013-14.....	724	103	224	147	85	38	31	22	74
All Physicians 2014-15.....	1,652	183	351	311	269	145	111	72	210
All Physicians 2013-14.....	1,584	157	340	319	249	143	104	61	211

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

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

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

Notes:

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

2) 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.....	343	48	92	77	55	30	16	25
Metro Solo.....	91	51	6	12	9	8	2	3
Urban Association.....	160	24	49	39	18	16	8	6
Urban Solo.....	48	20	2	7	6	6	3	4
Rural Association.....	212	40	93	37	24	9	6	3
Rural Solo.....	39	4	7	12	8	2	2	4
All General Practitioners 2014-15.....	893	187	249	184	120	71	37	45
All General Practitioners 2013-14.....	860	182	233	166	129	63	43	44
Specialists								
Paediatricians and Medical Geneticists.....	54	38	12	2	1	1	–	–
Internists and Physiatrists.....	143	51	44	29	8	5	2	4
Neurologists.....	17	6	8	2	1	–	–	–
Cardiologists.....	27	2	18	5	–	1	1	–
Psychiatrists.....	58	43	8	6	–	–	–	1
Dermatologists.....	6	1	2	1	–	1	1	–
Anaesthetists.....	113	110	2	1	–	–	–	–
General Surgeons.....	75	39	32	4	–	–	–	–
Cardiac Surgeons.....	6	6	–	–	–	–	–	–
Orthopaedic Surgeons.....	41	13	24	1	2	1	–	–
Plastic and Reconstructive Surgeons.....	12	4	5	2	1	–	–	–
Neurological Surgeons.....	12	9	3	–	–	–	–	–
Obstetricians and Gynaecologists.....	58	26	13	15	4	–	–	–
Urological Surgeons.....	14	5	7	2	–	–	–	–
Ophthalmologists.....	26	1	3	7	5	4	3	3
Otolaryngologists.....	14	3	4	5	1	1	–	–
Pathologists and Diagnostic Radiologists.....	83	83	–	–	–	–	–	–
All Specialists 2014-15.....	759	440	185	82	23	14	7	8
All Specialists 2013-14.....	724	425	180	70	22	10	8	9
All Physicians 2014-15.....	1,652	627	434	266	143	85	44	53
All Physicians 2013-14.....	1,584	607	413	236	151	73	51	53

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

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

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

Notes:

- 1) Earnings and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.
- 2) 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 Physicians ³	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia	
		Sask.	Other Prov.							
General Practitioners										
Metro Association.....	343	156	21	8	23	10	54	71	–	
Metro Solo.....	91	27	3	4	6	3	27	20	1	
Urban Association.....	160	33	5	1	8	4	23	86	–	
Urban Solo.....	48	6	1	1	3	1	13	23	–	
Rural Association.....	212	39	6	4	10	2	22	127	2	
Rural Solo.....	39	9	1	2	5	1	2	19	–	
All General Practitioners 2014-15.....	893	270	37	20	55	21	141	346	3	
All General Practitioners 2013-14.....	860	274	42	16	58	18	131	320	1	
Specialists										
Paediatricians and Medical Geneticists.....	54	12	18	2	1	2	11	8	–	
Internists and Physiatrists.....	143	51	25	6	6	10	21	24	–	
Neurologists.....	17	3	5	–	1	–	3	5	–	
Cardiologists.....	27	13	2	1	–	3	4	4	–	
Psychiatrists.....	58	25	4	1	1	2	12	13	–	
Dermatologists.....	6	4	2	–	–	–	–	–	–	
Anaesthetists.....	113	56	19	1	1	2	11	23	–	
General Surgeons.....	75	27	22	–	1	1	10	14	–	
Cardiac Surgeons.....	6	1	4	–	–	1	–	–	–	
Orthopaedic Surgeons.....	41	24	5	–	1	–	3	8	–	
Plastic and Reconstructive Surgeons.....	12	6	2	2	–	–	–	2	–	
Neurological Surgeons.....	12	4	1	1	–	–	2	4	–	
Obstetricians and Gynaecologists.....	58	23	9	2	1	2	6	15	–	
Urological Surgeons.....	14	7	3	–	–	–	–	3	1	
Ophthalmologists.....	26	16	–	1	4	–	3	2	–	
Otolaryngologists.....	14	8	1	–	1	–	–	4	–	
Pathologists and Diagnostic Radiologists.....	83	36	28	–	3	1	7	7	1	
All Specialists 2014-15.....	759	316	150	17	21	24	93	136	2	
All Specialists 2013-14.....	724	296	139	17	25	21	94	130	2	
All Physicians 2014-15.....	1,652	586	187	37	76	45	234	482	5	
Per Cent Distribution 2014-15.....	100%	35%	11%	2%	5%	3%	14%	29%	0%	
All Physicians 2013-14.....	1,584	570	181	33	83	39	225	450	3	
Per Cent Distribution 2013-14.....	100%	36%	11%	2%	5%	2%	14%	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) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.
- 2) Per Cent distributions may not add to 100 percent due to rounding.

Table 23

Physicians by Age Group

Type of Physician ¹	Number of Physicians ²	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Metro Association.....	343	46	72	100	82	43
Metro Solo.....	91	4	10	33	21	23
Urban Association.....	160	31	64	36	15	14
Urban Solo.....	48	3	13	12	9	11
Rural Association.....	212	61	74	45	21	11
Rural Solo.....	39	2	7	15	8	7
All General Practitioners 2014-15	893	147	240	241	156	109
All General Practitioners 2013-14.....	860	153	205	229	161	112
Specialists						
Paediatricians and Medical Geneticists.....	54	9	19	13	7	6
Internists and Physiatrists.....	143	9	42	41	25	26
Neurologists.....	17	–	8	4	2	3
Cardiologists.....	27	1	10	11	2	3
Psychiatrists.....	58	5	24	15	7	7
Dermatologists.....	6	3	–	–	2	1
Anaesthetists.....	113	10	42	30	27	4
General Surgeons.....	75	7	20	25	18	5
Cardiac Surgeons.....	6	–	1	3	2	–
Orthopaedic Surgeons.....	41	3	16	13	6	3
Plastic and Reconstructive Surgeons.....	12	2	4	4	2	–
Neurological Surgeons.....	12	1	5	1	4	1
Obstetricians and Gynaecologists.....	58	6	15	18	12	7
Urological Surgeons.....	14	3	2	5	3	1
Ophthalmologists.....	26	3	7	5	8	3
Otolaryngologists.....	14	1	2	5	5	1
Pathologists and Diagnostic Radiologists.....	83	4	41	15	19	4
All Specialists 2014-15	759	67	258	208	151	75
All Specialists 2013-14.....	724	57	252	190	144	81
All Physicians 2014-15	1,652	214	498	449	307	184
Per Cent Distribution 2014-15.....	100%	13%	30%	27%	19%	11%
All Physicians 2013-14	1,584	210	457	419	305	193
Per Cent Distribution 2013-14.....	100%	13%	29%	27%	19%	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) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.
- 2) Per Cent Distributions will not add to 100 percent due to rounding.

Table 24**Average Payment¹ (\$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	329.9	1,652	252.9	893	420.4	759
Highest Paid.....	2,241.6		1,172.0		2,241.6	
Less than \$60,000.....	26.6	267	27.5	182	24.5	85
\$60,000 - \$74,999.....	66.6	64	67.1	46	65.4	18
\$75,000 - \$99,999.....	86.7	116	87.0	73	86.2	43
\$100,000 - \$124,999.....	112.8	103	112.7	69	113.0	34
\$125,000 - \$149,999.....	136.8	107	136.4	73	137.6	34
\$150,000 - \$174,999.....	161.8	110	162.1	71	161.2	39
\$175,000 - \$199,999.....	188.0	100	188.4	69	187.2	31
\$200,000 - \$249,999.....	225.5	184	224.8	114	226.6	70
\$250,000 - \$299,999.....	273.4	175	274.2	111	271.9	64
\$300,000 - \$349,999.....	322.1	134	320.4	70	323.9	64
Over \$350,000.....	601.7	557	487.8	196	663.6	361
Total	287.9	1,917	214.9	1,074	380.9	843

	General Practitioners					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	254.0	434	262.6	208	242.9	251
Highest Paid.....	1,107.6		1,172.0		842.4	
Less than \$60,000.....	26.5	98	24.0	42	33.5	42
\$60,000 - \$74,999.....	67.2	22	68.0	13	65.6	11
\$75,000 - \$99,999.....	85.4	33	86.2	17	89.9	23
\$100,000 - \$124,999.....	113.2	36	111.9	17	112.5	16
\$125,000 - \$149,999.....	136.3	38	136.9	13	136.2	22
\$150,000 - \$174,999.....	160.9	27	164.1	14	162.3	30
\$175,000 - \$199,999.....	188.2	32	189.2	21	187.6	16
\$200,000 - \$249,999.....	225.0	53	222.3	28	226.5	33
\$250,000 - \$299,999.....	274.6	59	272.6	21	274.8	31
\$300,000 - \$349,999.....	322.7	42	314.9	11	318.3	17
Over \$350,000.....	485.2	92	507.7	53	471.9	51
Total	212.1	532	222.5	250	213.5	292

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

² 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.

Notes: In 2012-13 and 2013-14, payments for programs negotiated in the last SMA agreement were included in the average payment calculation, which resulted in an over-statement of average payment for physicians, most notably General Practitioners. For 2014-15, the methodology has been refined and program payments have been removed. This will provide a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments between 2013-14 or 2012-13 should be done with caution. For more details, see page 7.

Table 24 (Continued)

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

	Type of Physician ³					
	Paediatricians and Medical Geneticists		Internists and Psychiatrists		Cardiologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	206.6	54	370.4	143	779.2	27
Highest Paid.....	788.2		1,186.1		1,937.3	
Less than \$60,000.....	25.0	21	19.1	18	–	–
\$60,000 - \$74,999.....	65.4	5	64.7	1	–	–
\$75,000 - \$99,999.....	88.5	9	85.5	12	–	–
\$100,000 - \$124,999.....	111.9	5	113.9	10	–	–
\$125,000 - \$149,999.....	138.8	5	137.4	6	–	–
\$150,000 - \$174,999.....	159.7	7	161.2	8	–	–
\$175,000 - \$199,999.....	181.7	2	191.4	7	182.6	2
\$200,000 - \$249,999.....	231.1	7	229.9	16	237.3	1
\$250,000 - \$299,999.....	259.2	4	271.8	14	–	–
\$300,000 - \$349,999.....	318.6	3	315.0	10	–	–
Over \$350,000.....	527.2	7	628.3	59	851.5	24
Total	155.8	75	333.7	161	779.2	27

	Neurologists		Psychiatrists		Dermatologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
	Physicians ⁴	366.3	17	261.0	58	351.9
Highest Paid.....	1,011.1		982.3		670.9	
Less than \$60,000.....	–	–	31.2	7	40.3	1
\$60,000 - \$74,999.....	64.6	1	64.9	4	–	–
\$75,000 - \$99,999.....	–	–	83.2	5	–	–
\$100,000 - \$124,999.....	114.9	3	112.8	4	–	–
\$125,000 - \$149,999.....	131.9	1	138.6	5	143.9	1
\$150,000 - \$174,999.....	165.1	1	160.5	2	–	–
\$175,000 - \$199,999.....	–	–	188.9	6	188.6	1
\$200,000 - \$249,999.....	–	–	227.0	10	–	–
\$250,000 - \$299,999.....	–	–	274.3	2	254.4	1
\$300,000 - \$349,999.....	345.2	2	321.7	7	330.8	1
Over \$350,000.....	536.7	9	561.2	12	596.8	2
Total	366.3	17	239.0	64	307.4	7

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.
- 3) Laboratory services provided by Pathologists are the responsibility of Regional Health Authorities. As a result, Pathologists' fee-for-service payments are minimal.

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	341.8	113	378.4	75	791.4	6
Highest Paid.....	1,145.0		918.7		1,006.6	
Less than \$60,000.....	11.7	3	17.5	4	—	—
\$60,000 - \$74,999.....	66.7	1	66.0	3	—	—
\$75,000 - \$99,999.....	92.0	2	87.0	2	—	—
\$100,000 - \$124,999.....	106.3	1	113.7	2	—	—
\$125,000 - \$149,999.....	135.1	5	137.7	3	—	—
\$150,000 - \$174,999.....	157.5	2	155.9	5	—	—
\$175,000 - \$199,999.....	186.7	4	180.9	1	—	—
\$200,000 - \$249,999.....	223.6	14	226.2	3	—	—
\$250,000 - \$299,999.....	269.7	21	283.2	9	—	—
\$300,000 - \$349,999.....	328.0	17	318.7	8	—	—
Over \$350,000.....	481.7	46	528.9	39	791.4	6
Total	333.3	116	360.1	79	791.4	6

	Plastic and Reconstructive Surgeons					
	Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	594.0	41	521.6	12	525.4	12
Highest Paid.....	2,072.9		1,217.4		1,120.4	
Less than \$60,000.....	28.4	4	23.4	4	20.2	1
\$60,000 - \$74,999.....	—	—	—	—	68.9	1
\$75,000 - \$99,999.....	81.2	1	—	—	—	—
\$100,000 - \$124,999.....	—	—	—	—	—	—
\$125,000 - \$149,999.....	136.4	3	—	—	—	—
\$150,000 - \$174,999.....	—	—	—	—	—	—
\$175,000 - \$199,999.....	—	—	182.0	2	—	—
\$200,000 - \$249,999.....	209.2	1	—	—	242.8	2
\$250,000 - \$299,999.....	276.5	2	—	—	267.4	2
\$300,000 - \$349,999.....	323.9	4	342.1	1	308.8	1
Over \$350,000.....	726.9	30	617.0	9	817.7	6
Total	543.7	45	397.0	16	486.5	13

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

Notes: In 2012-13 and 2013-14, payments for programs negotiated in the last SMA agreement were included in the average payment calculation, which resulted in an over-statement of average payment for physicians, most notably General Practitioners. For 2014-15, the methodology has been refined and program payments have been removed. This will provide a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments between 2013-14 or 2012-13 should be done with caution. For more details, see page 7.

Table 24 (Continued)

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

	Type of Physician ³					
	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	420.8	58	456.6	14	1,135.0	26
Highest Paid.....	1,086.3		1,186.8		2,241.6	
Less than \$60,000.....	27.7	6	41.0	2	17.7	1
\$60,000 - \$74,999.....	64.8	1	–	–	–	–
\$75,000 - \$99,999.....	87.3	4	–	–	–	–
\$100,000 - \$124,999.....	123.5	1	105.9	1	–	–
\$125,000 - \$149,999.....	132.4	1	–	–	–	–
\$150,000 - \$174,999.....	167.2	7	–	–	–	–
\$175,000 - \$199,999.....	180.0	2	193.6	1	–	–
\$200,000 - \$249,999.....	222.4	6	232.9	1	–	–
\$250,000 - \$299,999.....	289.4	2	250.0	1	–	–
\$300,000 - \$349,999.....	310.0	1	–	–	–	–
Over \$350,000.....	605.5	33	561.0	10	1135.0	26
Total	383.9	64	404.7	16	1094.0	27

	Pathologists and Diagnostic Radiologists			
	Otolaryngologists			
	Average Payment	Number	Average Payment	Number
Physicians ⁴	558.3	14	400.4	83
Highest Paid.....	1,175.6		1,845.7	
Less than \$60,000.....	34.0	1	27.2	12
\$60,000 - \$74,999.....	–	–	63.0	1
\$75,000 - \$99,999.....	77.3	1	86.4	7
\$100,000 - \$124,999.....	–	–	111.9	7
\$125,000 - \$149,999.....	142.9	1	138.9	3
\$150,000 - \$174,999.....	–	–	161.2	7
\$175,000 - \$199,999.....	–	–	189.3	3
\$200,000 - \$249,999.....	205.3	1	222.6	8
\$250,000 - \$299,999.....	–	–	271.4	6
\$300,000 - \$349,999.....	–	–	329.8	9
Over \$350,000.....	671.8	11	728.0	32
Total	523.3	15	353.3	95

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.
- 3) Laboratory services provided by Pathologists are the responsibility of Regional Health Authorities. As a result, Pathologists' fee-for-service payments are minimal.

Table 25

Average Payment² (\$000's) Per Physician by Specialty, 2009-10 to 2014-15

Type of Physician ¹							Average Annual
	2009-10 ³	2010-11 ³	2011-12	2012-13	2013-14	2014-15 ⁴	Per Cent Change 2009-10 to 2014-15
General Practitioners							
Metro Association.....	245.0	262.9	261.3	274.6	288.3	257.5	1.22
Metro Solo.....	239.0	247.0	244.9	259.5	262.9	240.7	0.27
Urban Association.....	263.9	265.3	267.5	280.4	261.8	245.0	-1.37
Urban Solo.....	348.7	376.4	322.1	372.5	358.2	321.5	-0.98
Rural Association.....	251.6	253.2	263.2	264.7	262.6	226.9	-1.85
Rural Solo.....	253.9	285.7	278.4	338.0	355.5	330.1	5.88
All General Practitioners.....	254.1	265.8	265.2	280.2	281.4	252.9	0.07
Specialists							
Paediatricians and Medical Geneticists.....	223.2	222.4	207.9	207.8	220.5	206.6	-1.42
Internists and Physiatrists.....	360.5	359.9	359.2	362.8	374.3	370.4	0.55
Neurologists.....	300.3	307.5	334.7	328.7	354.9	366.3	4.12
Cardiologists.....	801.3	801.1	753.9	810.9	821.9	779.2	-0.44
Psychiatrists.....	212.5	228.6	247.0	277.5	267.7	261.0	4.39
Dermatologists.....	430.7	468.8	459.9	455.9	440.0	351.9	-3.49
Anaesthetists.....	326.5	306.1	323.0	344.5	341.5	341.8	11.78
General Surgeons.....	396.2	403.8	379.4	383.1	397.6	378.4	-0.84
Cardiac Surgeons.....	826.3	830.6	849.9	844.7	841.3	791.4	-0.82
Orthopaedic Surgeons.....	448.7	454.4	508.0	552.8	551.5	594.0	5.87
Plastic and Reconstructive Surgeons.....	443.8	463.6	422.2	489.2	551.3	521.6	3.74
Neurological Surgeons.....	459.7	367.3	428.0	521.6	548.6	525.4	3.85
Obstetricians and Gynaecologists.....	381.9	406.8	406.0	408.3	410.3	420.8	1.99
Urological Surgeons.....	403.3	459.7	420.7	466.1	455.6	456.6	2.85
Ophthalmologists.....	869.6	970.4	1,002.0	1,102.0	1,023.0	1,135.0	5.72
Otolaryngologists.....	464.7	486.4	463.4	494.5	521.1	558.3	3.83
Pathologists and Diagnostic Radiologists.....	501.9	505.9	480.1	449.8	421.6	400.4	-4.38
All Specialists.....	405.5	409.0	410.5	423.9	426.7	420.4	0.74
Spec. less Pathologists & Radiologists.....	396.0	399.6	403.5	420.9	427.3	422.9	1.33
All Physicians.....	320.3	330.1	331.5	346.8	347.8	329.9	0.65
Phys. less Pathologists & Radiologists.....	312.9	322.8	325.0	421.4	427.2	421.5	6.71

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

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

³ For comparative purposes, payment figures in this table have been adjusted to include retroactive payments for services provided in previous years, pursuant to the agreement with the Saskatchewan Medical Association.

⁴ In 2012-13 and 2013-14, payments for programs negotiated in the last SMA agreement were included in the average payment calculation, which resulted in an over-statement of average payment for physicians, most notably General Practitioners. For 2014-15, the methodology has been refined and program payments have been removed. This will provide a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments between 2014-15 and either 2013-14 or 2012-13 should be done with caution.

Notes:

- 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
- 2) Laboratory services provided by Pathologists are the responsibility of Regional Health Authorities. As a result, Pathologists' fee-for-service payments are minimal.
- 3) Changes in the number of active physicians and average payments may have been influenced by the locum billing number policy changes.
- 4) 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	177	284.8	82	522.0	80	648.6	72	377.7
Saskatoon ³	251	232.5	186	290.2	122	519.4	104	359.0
Moose Jaw	30	268.8	7	445.8	9	396.5	4	**
Prince Albert	64	271.0	11	426.3	19	425.3	11	457.0
Yorkton	21	265.9	3	**	7	576.0	1	**
Swift Current	20	254.3	3	**	6	393.0	3	**
North Battleford	23	327.0	5	**	7	504.3	–	–
Estevan	11	423.0	–	–	–	–	–	–
Weyburn	17	216.8	–	–	1	**	–	–
All Other Locations	279	233.5	8	144.8	7	183.1	1	**
B. By Activity Threshold:								
1. Total Active Physicians ²	893	252.9	305	357.6	258	535.5	196	366.6
2. Total Licensed Physicians ⁴	1,181	–	439	–	301	–	303	–
3. Resident and Active in Two Consecutive Years ²	770	269.4	262	392.7	240	562.1	180	375.1
4. Resident at Year End With Payments of \$15,000 or More in Each Quarter of the Year	713	293.6	242	418.7	229	582.1	157	415.8
C. By Age Group:²								
Under 35	147	196.5	27	183.3	26	414.2	14	328.8
35 - 44	240	231.5	103	334.2	72	587.3	83	319.3
45 - 54	241	276.7	84	376.7	79	539.9	45	351.3
55 - 64	156	276.5	45	423.3	60	565.4	46	470.2
65+	109	289.6	46	413.1	21	406.5	8	414.6

¹ Physicians are grouped as follows:

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

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

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

⁴ Licensed Physicians are all physicians on the Medical Care Insurance Physician Registry except for those known to be 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:

- 1) Data capture may not be complete for physicians participating in non-fee-for-service arrangements.
- 2) Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.
- 3) In 2012-13 and 2013-14, payments for programs negotiated in the last SMA agreement were included in the average payment calculation, which resulted in an over-statement of average payment for physicians, most notably General Practitioners. For 2014-15, the methodology has been refined and program payments have been removed. This will provide a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments between 2014-15 and either 2013-14 or 2012-13 should be done with caution.

Table 27

Payments¹ for Specialist and Rural Emergency Coverage Programs

	Specialist Emergency Coverage			Rural (GP) Emergency Coverage ³	Total Payments for Emergency Coverage
	Number of Rotations		Payments ²		
	Tier I	Tier II			
Regional Health Authority					
1 Sun Country.....	1	5	\$664,240	\$1,167,158	\$1,831,398
2 Five Hills.....	7	3	\$1,452,985	\$420,283	\$1,873,268
3 Cypress.....	7	2	\$1,372,809	\$539,176	\$1,911,985
4 Regina Qu'Appelle.....	31	13	\$7,883,114	\$962,018	\$8,845,132
5 Sunrise.....	6	2	\$1,175,255	\$795,714	\$1,970,968
6 Saskatoon.....	43	25	\$11,158,107	\$1,267,088	\$12,425,195
7 Heartland.....	–	2	\$65,070	\$1,152,661	\$1,217,730
8 Kelsey Trail.....	–	5	\$286,961	\$1,090,009	\$1,376,970
9 Prince Albert Parkland.....	8	3	\$1,814,473	\$278,946	\$2,093,419
10 Prairie North.....	12	7	\$2,899,695	\$754,126	\$3,653,821
11 Mamawetan Churchill River.....	–	–	–	\$197,236	\$197,236
12 Keewatin Yatthé.....	–	–	–	\$334,082	\$334,082
13 Athabasca.....	–	–	–	\$142,345	\$142,345
All Regional Health Authorities.....	115	67	\$28,772,708	\$9,100,840	\$37,873,548
Other Emergency Coverage					
Medical Health Officers.....	–	3	\$445,000	–	\$445,000
Saskatchewan Cancer Agency.....	2	5	\$1,150,000	–	\$1,150,000
All Emergency Coverage.....	115	75	\$30,367,708	\$9,100,840	\$39,468,548

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

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

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

Notes:

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

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

Table 28

Medical Remuneration and Alternate Payment Expenditures (\$000's)

	Medical Remuneration Payments ¹		Alternate Payments		Non-Fee-For-Service Total Payments	
	2013-14	2014-15	2013-14	2014-15	2013-14	2014-15
Regional Health Authority						
1 Sun Country.....	\$2,344	\$2,719	–	–	\$2,344	\$2,719
2 Five Hills.....	\$6,495	\$6,461	\$3,625	\$3,979	\$10,120	\$10,440
3 Cypress.....	\$5,710	\$6,042	\$3,230	\$3,230	\$8,940	\$9,272
4 Regina Qu'Appelle.....	\$62,523	\$65,398	\$3,352	\$3,352	\$65,875	\$68,750
5 Sunrise.....	\$5,867	\$6,325	–	–	\$5,867	\$6,325
6 Saskatoon.....	\$55,485	\$57,636	\$16,358	\$18,428	\$71,843	\$76,064
7 Heartland.....	\$754	\$1,254	–	–	\$754	\$1,254
8 Kelsey Trail.....	\$1,208	\$1,583	–	–	\$1,208	\$1,583
9 Prince Albert Parkland.....	\$8,228	\$8,322	\$7,917	\$7,959	\$16,144	\$16,280
10 Prairie North.....	\$9,247	\$9,767	\$723	\$723	\$9,970	\$10,490
11 Mamawetan Churchill River.....	\$79	\$79	–	–	\$79	\$79
12 Keewatin Yatthé.....	–	–	–	–	–	–
13 Athabasca.....	–	–	–	–	–	–
All Regional Health Authorities.....	\$157,940	\$165,586	\$35,204	\$37,671	\$193,144	\$203,257
Provincial Projects ²	–	–	\$5,390	\$5,390	\$5,390	\$5,390
All Expenditures.....	\$157,940	\$165,586	\$40,594	\$43,061	\$198,534	\$208,647

¹ These expenditures for physician services are administered through Regional Health Authorities 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.

Table 30

Per Cent of General Practitioner Payments by Regional Health Authority of Patient Residence 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.....	76.7	1.6	0.1	14.6	0.3	0.8	0.1	0.1	0.1	0.1	-	-	-	2.8	100.0
2	Five Hills.....	0.5	82.4	0.7	8.4	0.1	2.8	0.5	-	0.1	0.1	-	-	-	2.2	100.0
3	Cypress.....	0.2	1.6	72.5	2.5	0.1	1.9	0.7	0.1	0.1	0.1	-	-	-	10.2	100.0
4	Regina Qu'Appelle.....	0.4	0.4	0.1	92.1	0.6	1.6	0.1	0.1	0.1	0.1	0.2	-	-	2.0	100.0
5	Sunrise.....	0.3	0.1	-	7.0	82.1	3.1	0.1	0.4	0.1	0.1	-	-	-	3.3	100.0
6	Saskatoon.....	0.1	0.1	0.1	1.1	0.2	92.1	0.3	0.4	0.9	0.4	-	-	-	2.2	100.0
7	Heartland.....	0.1	0.4	1.4	0.5	-	11.9	67.7	0.2	0.1	5.1	-	-	-	6.3	100.0
8	Kelsey Trail.....	0.2	0.1	0.1	1.3	0.5	8.0	0.1	79.1	7.1	0.2	-	-	-	1.7	100.0
9	Prince Albert Parkland.....	0.1	0.1	0.1	0.6	-	7.0	0.1	1.7	84.5	1.8	0.2	-	-	1.9	100.0
10	Prairie North.....	-	0.1	0.1	0.3	-	4.6	1.2	0.1	0.5	60.2	-	-	-	16.4	100.0
11	Mamawetan Churchill River.....	-	-	-	0.5	0.1	5.3	-	0.2	20.9	0.3	35.0	0.1	0.1	18.6	100.0
12	Keewatin Yatthé.....	-	-	-	0.4	0.1	11.1	0.3	0.1	8.7	27.7	0.4	43.4	-	3.8	100.0
13	Athabasca.....	0.1	0.1	0.1	0.6	0.1	9.7	-	0.1	28.2	1.5	1.7	0.1	56.4	0.7	100.0
	Rural Emergency Coverage.....	13.8	4.6	6.5	9.2	9.5	13.5	13.3	12.7	2.3	6.5	2.4	3.9	1.7	-	100.0
	All Regional Health Authorities.....	5.0	4.2	3.4	23.2	5.2	27.8	3.8	3.8	7.8	6.1	0.8	0.6	0.2	4.0	100.0

Notes:

- 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.
- 2) This data is not adjusted for any demographic differences between 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" in *Statistical Figures and Tables*.

Table 31**Per Capita Physician Payments and Services by Regional Health Authority of Patient Residence 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 Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage (\$)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage (\$)	Per Capita Services	Per Cent of Insured Population Treated (%)
1 Sun Country.....	250.5	6.2	80.3	254.7	3.3	35.5	505.2	9.6	82.1
2 Five Hills.....	215.5	6.3	81.0	326.3	4.5	43.5	541.8	10.8	83.5
3 Cypress.....	245.4	6.6	78.3	367.1	5.8	38.0	612.5	12.4	80.9
4 Regina Qu'Appelle.....	211.3	5.9	81.2	349.9	4.8	48.1	561.2	10.7	84.2
5 Sunrise.....	253.3	7.2	80.3	296.1	4.2	41.4	549.4	11.3	82.9
6 Saskatoon.....	207.7	5.9	82.5	329.1	5.4	47.7	536.8	11.3	84.8
7 Heartland.....	280.8	7.2	82.5	317.1	4.9	46.1	597.9	12.1	85.0
8 Kelsey Trail.....	234.8	6.2	80.6	266.4	3.7	39.2	501.2	9.9	83.3
9 Prince Albert Parkland.....	256.9	7.1	84.8	310.0	4.8	44.6	566.9	11.9	87.0
10 Prairie North.....	266.0	6.6	74.8	450.0	8.5	41.1	716.0	15.1	77.5
11 Mamawetan Churchill River.....	175.0	4.5	65.7	257.2	3.8	35.0	432.2	8.2	70.9
12 Keewatin Yatthé.....	163.1	4.0	69.5	232.3	3.4	32.1	395.4	7.5	72.0
13 Athabasca.....	118.3	3.4	65.4	240.7	3.8	40.1	359.1	7.1	71.6
All Regional Health Authorities.....	229.2	6.2	79.6	332.1	5.1	44.4	561.3	11.3	82.2

Notes:

- 1) In 2012-13 and 2013-14, payments for programs negotiated in the last SMA agreement were included in the average payment calculation, which resulted in an over-statement of average payment for physicians, most notably General Practitioners. For 2014-15, the methodology has been refined and program payments have been removed. This will provide a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments between 2013-14 or 2012-13 should be done with caution. For more details, see page 7.
- 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" in *Statistical Figures and Tables*.

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.....	59	46	1,304	\$265,781	1,951	4,837
2 Five Hills.....	53	39	1,449	\$272,379	1,985	5,628
3 Cypress.....	43	34	1,335	\$233,365	1,759	4,737
4 Regina Qu'Appelle.....	352	204	1,409	\$285,679	2,396	5,945
5 Sunrise.....	56	47	1,267	\$279,430	1,979	5,581
6 Saskatoon.....	442	292	1,186	\$235,857	2,222	4,641
7 Heartland.....	37	29	1,537	\$325,803	1,835	5,794
8 Kelsey Trail.....	65	38	1,122	\$233,735	1,767	3,931
9 Prince Albert Parkland.....	106	72	1,147	\$265,300	2,654	5,404
10 Prairie North.....	118	70	1,186	\$211,863	1,551	3,514
11 Mamawetan Churchill River.....	19	13	1,883	\$119,235	1,914	2,362
12 Keewatin Yatthé.....	22	8	1,539	\$109,197	1,423	2,058
13 Athabasca.....	1	1	2,638	\$83,907	752	1,286
All Regional Health Authorities.....	1,268	893	1,285	\$252,895	2,144	4,966

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

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

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

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

Notes:

- 1) In 2012-13 and 2013-14, payments for programs negotiated in the last SMA agreement were included in the average payment calculation, which resulted in an over-statement of average payment for physicians, most notably General Practitioners. For 2014-15, the methodology has been refined and program payments have been removed. This provides a more precise description of the clinical earnings of physicians across Saskatchewan. As a result of this change in methodology, comparisons of average payments between 2013-14 or 2012-13 should be done with caution. For more details, see page 7.
- 2) 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.
- 3) 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.
- 4) See "Data Limitations" in *Statistical Figures and Tables*.
- 5) Numbers in this table will be different from the Quarterly Supply documents by RHA because this table includes GP – non certified specialists. The Quarterly Supply documents by RHA by community remove the GP – non certified specialists.

Table 33

Post-Graduate Medical Education¹ and Retention Rates by Academic Year²

Type of Physician	2009-10		2010-11		2011-12	
	Completed Program	Remained ³ in Sask-athehwan	Completed Program	Remained ³ in Sask-athehwan	Completed Program	Remained ³ in Sask-athehwan
Funded by the Clinical Services Fund						
Family Medicine - Regina.....	13 ⁴	4	12 ⁶	4	11 ⁵	6
Family Medicine - Saskatoon.....	7 ⁶	3	10	9	14 ⁶	8
Family Medicine - Rural.....	5	3	5 ⁴	4	8	5
Family Medicine/Emergency.....	6	6	6	2	9	2
Family Medicine/Enhanced Skills.....	n/a	n/a	-	-	3	2
All Family Medicine.....	31	16	33	19	45	23
Anaesthesia.....	5	4	3	2	3	2
Cardiology.....	1	-	1	1	2	1
Diagnostic Radiology.....	3	1	2	-	3	-
Emergency Medicine.....	-	-	-	-	-	-
General Surgery.....	3	-	3	-	4	-
Internal Medicine.....	2	2	1	-	-	-
Nephrology.....	-	-	-	-	-	-
Neurology.....	1	1	1	-	-	-
Neurosurgery.....	1	-	1	-	-	-
Obstetrics/Gynaecology.....	3	-	2	1	4	1
Ophthalmology.....	1	-	1	-	1	-
Orthopaedic Surgery.....	3	-	1	-	3	-
Paediatrics.....	3	-	2	1	6	2
Pathology.....	2	1	-	-	-	-
Physical Medicine & Rehabilitation.....	1	1	-	-	1	1
Public Health & Preventive Medicine.....	-	-	-	-	-	-
Psychiatry.....	5	1	-	-	1	1
Respiratory Medicine.....	1	-	-	-	-	-
Rheumatology.....	1	-	-	-	-	-
All Specialists.....	36	11	18	5	28	8
Total CSF Funded.....	67	27	51	24	73	31
Externally Funded.....	5	3	10	7	8	6
Total Physicians.....	72	30	61	31	81	37
CSF Funded Retention Rates⁸						
Family Medicine.....		59%		66%		56%
Specialists.....		31%		28%		29%
All Physicians.....		43%		51%		45%
CSF Funded and Externally Funded Retention Rates⁸						
All Physicians.....		44%		54%		49%

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

² Period ending June of stated year.

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

⁴ One graduate went on to a further residency program.

⁵ Two graduates went on to a further residency program.

⁶ Three graduates went on to a further residency program.

⁷ Four graduates went on to a further residency program.

⁸ Five graduates went on to a further residency program.

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

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

Table 33 (Continued)

Post-Graduate Medical Education¹ and Retention Rates by Academic Year²

Type of Physician	2012-13		2013-14		CSF Funded Positions in 2014-15	Retention Rate ⁹ of June 2014 Graduates
	Completed Program	Remained ³ in Sask-atheawan	Completed Program	Remained ³ in Sask-atheawan		
Funded by the Clinical Services Fund						
Family Medicine - Regina.....	17 ⁸	8	13	8 ⁶	28	80%
Family Medicine - Saskatoon.....	16 ⁷	10	11	7 ⁴	35	70%
Family Medicine - Rural.....	9 ⁴	7	11	6 ⁴	37	60%
Family Medicine/Emergency	8	4	7	7	9	100%
Family Medicine/Enhanced Skills	5	2	3	2	5	67%
All Family Medicine	55	31	45	30	114	75%
Anaesthesia.....	4	2	7	3	32	43%
Cardiology.....	2	1	-	-	8	-
Diagnostic Radiology.....	3	1	5	-	19	0%
Emergency Medicine.....	-	-	-	-	11	-
General Surgery.....	5	-	3	-	32	0%
Internal Medicine.....	1	1	3	2	81	67%
Nephrology.....	-	-	1	1	1	100%
Neurology.....	1	1	1	-	11	0%
Neurosurgery.....	1	-	-	-	7	-
Obstetrics/Gynaecology.....	1	1	9	3	28	33%
Ophthalmology.....	1	1	1	1	5	100%
Orthopaedic Surgery.....	3	-	4	-	15	0%
Paediatrics.....	5	1	4	3	27	75%
General Pathology.....	1	-	1	-	10	0%
Physical Medicine & Rehabilitation.....	2	1	1	-	10	0%
Public Health & Preventive Medicine.....	-	-	-	-	6	-
Psychiatry.....	3	2	7	6	29	86%
Respiratory Medicine.....	3	1	3	2	3	67%
Rheumatology.....	-	-	-	-	2	-
All Specialists	36	13	50	21	337	42%
Total CSF Funded	91	44	95	51	441	57%
Externally Funded	8	7	6	4	10	67%
Total Physicians	99	51	101	55	451	57%
CSF Funded Retention Rates⁸						
Family Medicine.....		62%		75%		
Specialists.....		36%		42%		
All Physicians.....		51%		57%		
CSF Funded and Externally Funded Retention Rates⁸						
All Physicians.....		54%		57%		

Table 34

In-Province Optometrists: Selected Indicators

	2013-14	2014-15
Number of Registered ¹ Practitioners.....	156	168
Population Per Registered ¹ Practitioner	7,196	6,832
Per Cent of Beneficiaries Treated.....	10.9%	12.3%
Practising² Optometrists:		
Number of Practitioners.....	152	166
Number by Age Group: Under 35	53	62
35 - 44.....	36	39
45 - 54.....	29	30
55 - 64.....	22	21
65 and over	12	14
Average Number of Patients Per Practitioner	812	817
Average Patient Contacts Per Practitioner.....	971	981
Average Payment Per Practitioner.....	\$48,319	\$47,639
Number by Dollar Range: Less than \$10,000.....	8	9
\$10,000 - 19,999.....	13	19
\$20,000 - 39,999	50	46
\$40,000 - 59,999	31	40
\$60,000 - 79,999	36	33
\$80,000 - 99,999.....	10	11
\$100,000 - 119,999.....	4	7
\$120,000 - 139,999.....	–	1
\$140,000 - 159,999.....	–	–
\$160,000 - 179,999.....	–	–
\$180,000 & over.....	–	–

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

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

Note: Includes optometric services covered by the Medical Services Plan and the Supplementary Health Program.

Appendix

Significant Initiatives and Programs

- **Physician Recruitment Strategy:** Supports the Physician Recruitment Agency of Saskatchewan (saskdocs) and the Saskatchewan International Physician Practice Assessment Program (SIPPA).
- **Specialist Recruitment and Retention Program:** Jointly managed by the Saskatchewan Medical Association, Regional Health Authorities, saskdocs, and the Ministry of Health in a tripartite committee that identifies, develops and administers programs to support the recruitment and retention of specialist physicians. Details on individual programs are available on the SMA website at www.sma.sk.ca.
- **Specialist Emergency Coverage Program:** This program is jointly managed by the Saskatchewan Medical Association, Regional Health Authorities and the Ministry of Health in a tripartite committee. The primary objective of the Program is to meet the emergency needs of new or unassigned patients requiring specialty care and to ensure fair compensation for specialists who are available to provide coverage as part of an established call rotation (see Table 27).
- **Committee on Rural and Regional Practice (CORRP):** Jointly managed by the Saskatchewan Medical Association and the Ministry of Health along with representation from regional health authorities and saskdocs that identifies, develops and administers programs to support the recruitment and retention of physicians in rural and regional practices. Details on individual programs are available on the SMA website at www.sma.sk.ca.
- **Emergency Room Coverage/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).
- **Support Services:** The Saskatchewan Medical Association operates a Liability Insurance Coverage Program, a Continuing Medical Education fund, a Long Service Retention Program and Parental Leave Program.
- **Other Initiatives:** 1) *Family Physician Comprehensive Care and Metro On-Call Program* – Recognizes and compensates family physicians for the value and continuity of care they provide to patients when they provide a full range of services; 2) *General Practitioner Specialist Program* – Provides an incentive payment and mentorship to family physicians that provide specialty services in rural and regional areas; 3) *Quality and Access* – Encourages physicians to participate in the development and adoption of new ways of practicing to improve the quality of services and beneficiary access to services; 4) *Chronic Disease Management – Quality Improvement Program* – Voluntary program to encourage and incent physicians to continually improve their practice by adopting and utilizing the best and most current tools such as electronic medical record software, for providing high quality patient care; 5) *Rural Relief Locum Program* – The Ministry of Health provides funding to the Regional Health Authorities to support locum arrangements to assist with emergency and primary health medical services in rural areas; and, 6) *Electronic Medical Record Program* - supports the adoption of Electronic Medical Records in physicians' clinics.

Agreements with Professional Associations

- The physician agreement reached in early 2011 between the Ministry of Health and the Saskatchewan Medical Association covered four years, April 1, 2009 to March 31, 2013. It provided general fee increases of 11%, along with a 2% market adjustment over the term. The agreement also included \$33 million in other 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 were provided in 2011-12.
- The optometric agreement between the Ministry of Health and the Saskatchewan Association of Optometrists covers the period April 1, 2013 to March 31, 2016. It provided a one-time lump sum payment of 1.5% in 2014-15, a 2% general fee increase effective April 1, 2015 and included expansion of an existing

tonometry fee code to be billed with ocular urgency fee codes and coverage of an annual eye exam for the management of diabetic patients effective October 1, 2014.

- The dental agreement between the College of Dental Surgeons and the Ministry of Health covered three years, April 1, 2008 to March 31, 2011. It provided a zero per cent general fee increase in the first year, a 6.1% general fee increase effective April 1, 2009 and a 3% general fee increase effective April 1, 2010. The agreement also provided a total of \$100,000 over the term of the agreement for new items and modernization of the Payment Schedule.

Figure 1

Index of Persons Covered by the Plan, Physicians, Services per Patient, and Persons Receiving Services 2009-10 to 2014-15

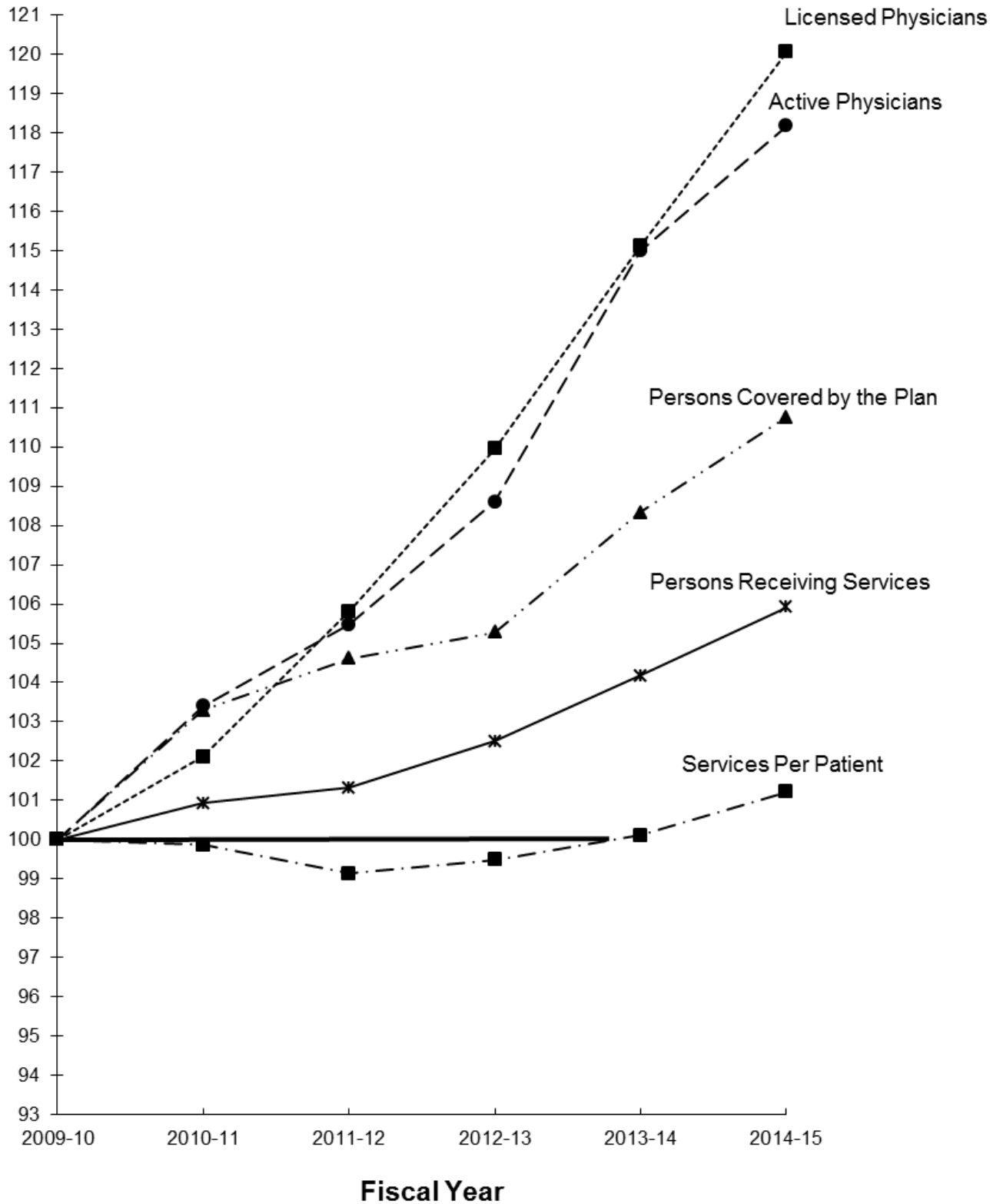


Figure 2

Index of Services per 1,000 Beneficiaries for Selected Types of In-Province Physician Services 2009-10 to 2014-15

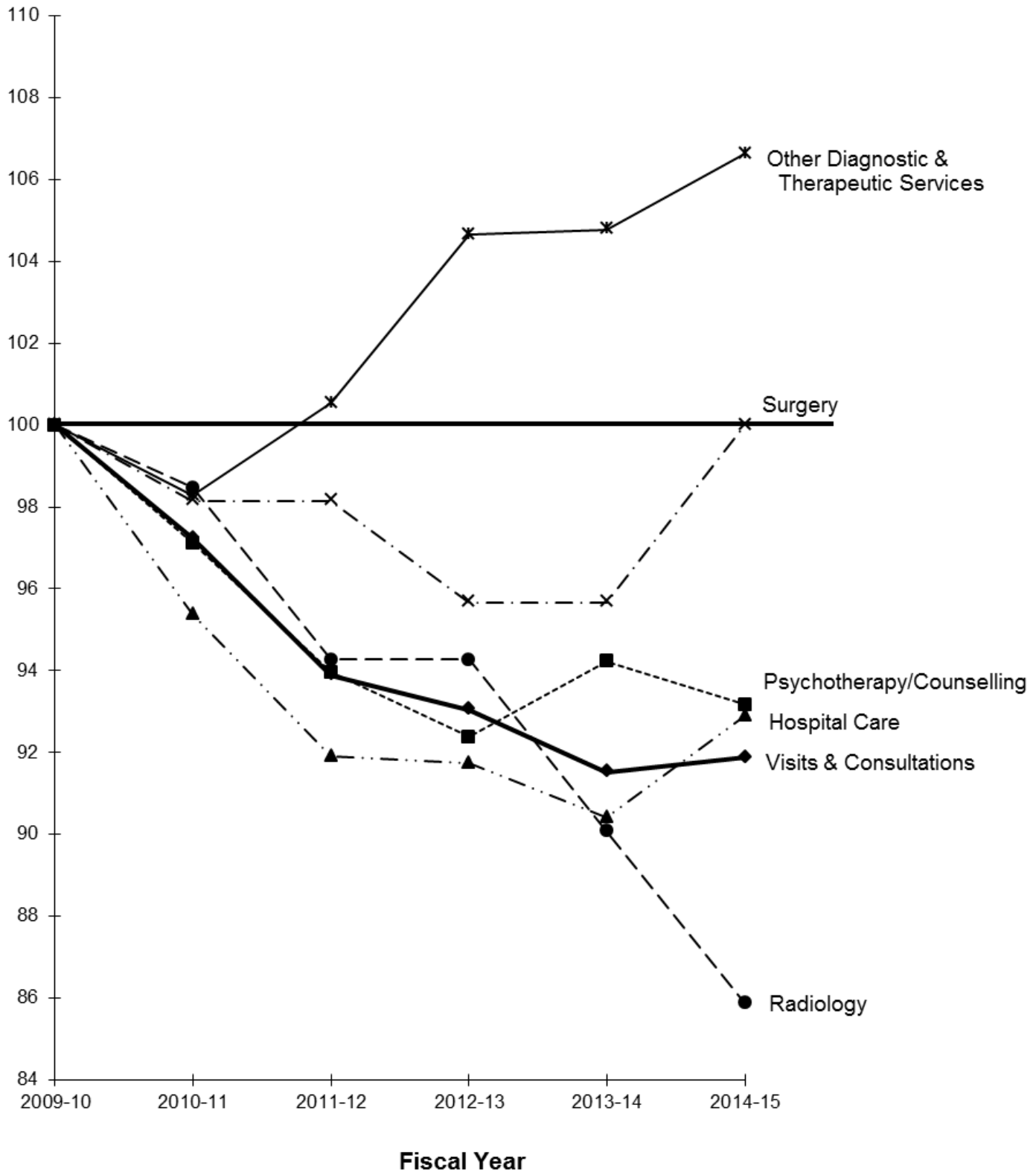


Figure 3

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

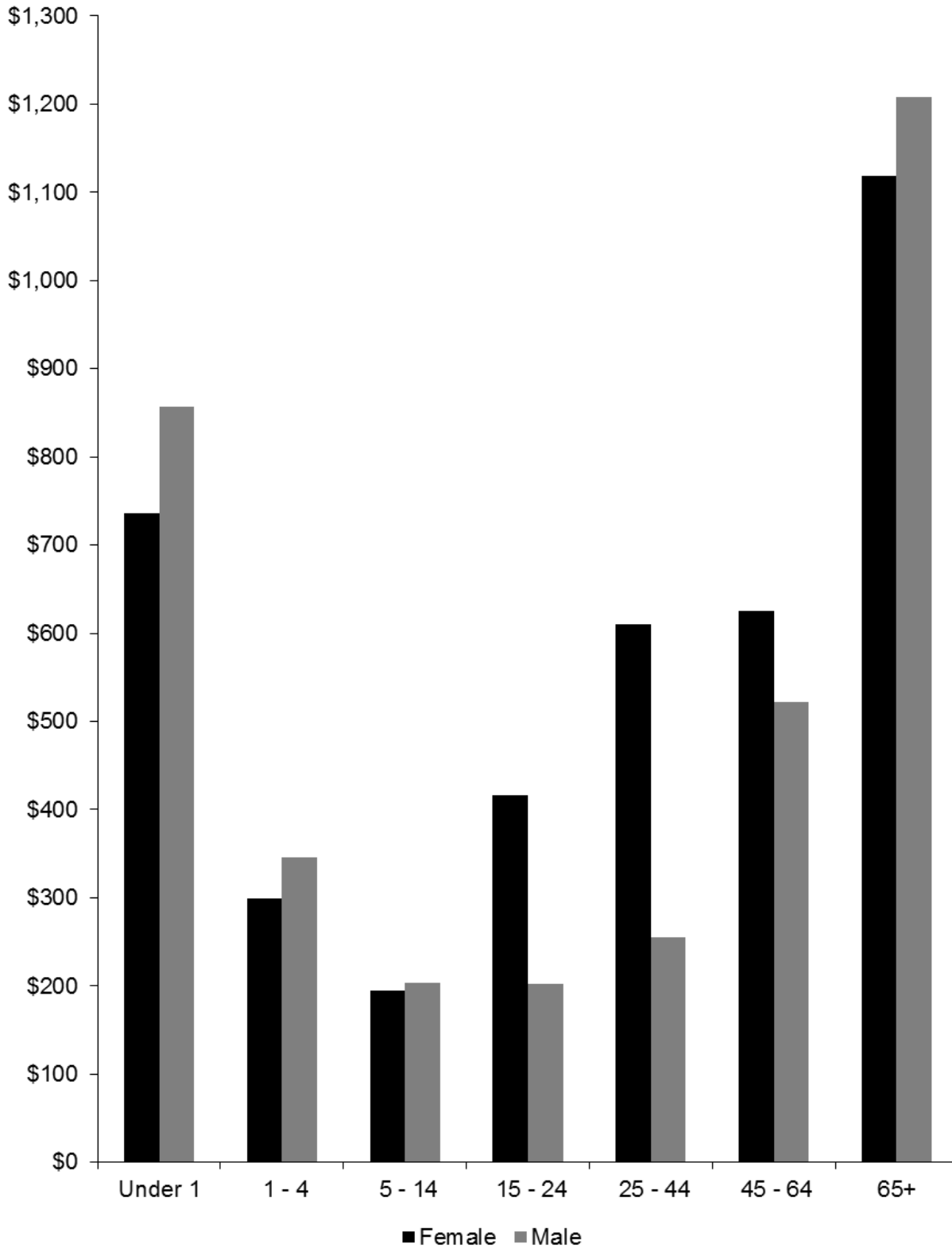
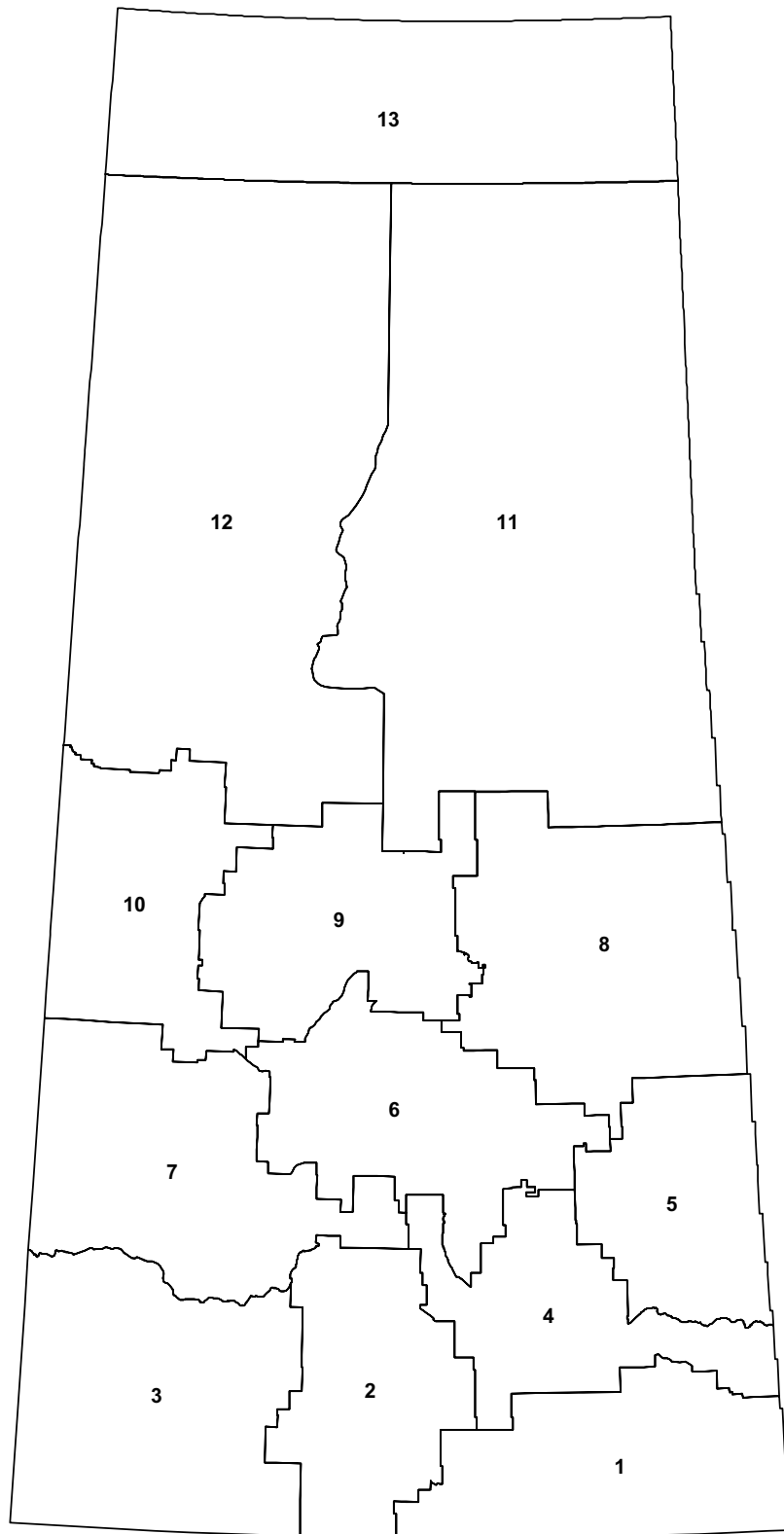


Figure 4

Map of Regional Health Authorities



- 1. Sun Country
- 2. Five Hills
- 3. Cypress
- 4. Regina Qu'Appelle
- 5. Sunrise
- 6. Saskatoon
- 7. Heartland
- 8. Kelsey Trail
- 9. Prince Albert Parkland
- 10. Prairie North
- 11. Mamawetan Churchill River
- 12. Keewatin Yatthé
- 13. Athabasca Health Authority