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Government of
Saskatchewan

Annual Statistical Report 2003-04

Saskatchewan Health

Medical Services Branch

Preface

This document is a statistical supplement to the Annual Report of Saskatchewan Health for the fiscal year 2003-04. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

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Highlights

- Payments by MSP under its program areas totaled \$444.5 million (see Page 7). Administrative expenses were less than 1% at \$3.8 million.
- MSP also made payments in 2003-04 to support the Specialist and Rural Emergency Coverage Programs, the Clinical Services Fund, a number of alternate payment projects, a Dental Residency program and a number of Saskatchewan Medical Association programs (see Page 8).

Medical Services Plan

- New fee-for-service agreements were signed with physicians and chiropractors during the year:
 - the physician agreement between Saskatchewan Health and the Saskatchewan Medical Association (SMA) covers three years, April 1, 2003 to March 31, 2006. It provides for fee increases in the Payment Schedule of 8.3% on October 1, 2003 and 6% on April 1, 2004 and 2005 plus \$3 million per year for new items and modernization of the Schedule. The agreement also provides a total of \$11.2 million to bolster recruitment and retention programs (see Recruitment and Retention Initiatives, page 5).
 - the chiropractic agreement between Saskatchewan Health and the Chiropractors' Association of Saskatchewan covers three years, April 1, 2003 to March 31, 2006 and provides for fee increases of 3% in each year of the contract.
- The current optometric agreement between Saskatchewan Health and the Saskatchewan Association of Optometrists covers four years, June 1, 2000 to May 31, 2004. It provided an increase in the Payment Schedule of 5.75% effective January 1, 2001 and a 3% increase effective June 1, 2003.
- The current dental agreement between the College of Dental Surgeons and Saskatchewan Health covers 10 years, August 1, 1995 to March 31, 2005. No adjustments in payments were made for the first six years. A retroactive payment of 2% was made on claims billed between April 1, 2001 and March 31, 2002 plus an additional 3% for claims billed between April 1, 2002 and December 31, 2002. A new Payment Schedule was effective January 1, 2003. The agreement provided for 3% increases April 1, 2003 and April 1, 2004.
- The number of claims received for processing in 2003-04 totaled over 9.3 million, up 5.6%, including

claims for SGI services and out-of-province beneficiaries. Over 98% of claims were submitted via computer (Table 3). The number of claims processed and hence the number of services is influenced by new items and modernization of the Payment Schedule such as the introduction of a hospital discharge fee code and the unbundling of post-op visits from 42-day procedures (Figures 1 and 2 and Table 7).

- The number of beneficiaries eligible to receive services decreased by over 17,000 to 1,007,753 (Figure 1 and Table 29). Of this number, 86.9% received insured services during the year from a physician (up from 84.9%), 9.7% from an optometrist, and 10.9% from a chiropractor (Table 5).
- Benefits paid for insured services - provided by physicians, optometrists, chiropractors, and dentists - amounted to \$360.3 million, an increase of 7.1% on a per capita basis (Table 8).
- Total expenditures by program area were: (Table 8)

physicians	\$345,455,000
optometrists	\$4,126,000
chiropractors	\$9,319,000
dentists	\$1,355,000

- Payments for out-of-province physician services totaled \$20.1 million (Table 11) up 11.0%. Out-of-province hospital payments totaled \$38.0 million (Table 13a) up 15.8%. Physician fee schedule increases in most provinces and increased hospital per diem rates contributed to these increased costs.
- Services provided outside of Canada for patients with prior approval are:

	<u>2002-03</u>	<u>2003-04</u>
Patients	33	33
Practitioner Payments	\$399,300	\$392,700
Hospital Payments	\$707,000	\$517,800
Total Payments	\$1,106,300	\$910,500

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

- To encourage specialist recruitment and retention, MSB and the SMA, in co-operation with the College of Physicians and Surgeons of Saskatchewan, agreed to recognize physicians with specialty certification from outside Canada and who restrict their practice as

eligible to receive MSP payments at foreign certified specialist (FCS) rates as of April 1, 2001. Prior to 2001-02 these physicians would have been classified and included as general practitioners and paid at general practitioner rates. Both the increases in the number of active physicians (Figure 1 and Table 18) and the fluctuations in the average payment per physician (Table 25) may have been influenced by the recognition of foreign certified specialists and by the locum number policy changes in 2000 and 2001.

- The number of active physicians (with their own MSP billing number) in Saskatchewan increased at year end to 1,237 from 1,219 in 2002-03. Metro (Regina and Saskatoon) general practitioners increased by 3 (to 345), other urban general practitioners increased by 2 (to 146), and rural general practitioners increased by 9 (to 239); specialists increased by 4 to 507.

Average payments to active physicians (Table 25):

General Practitioners	\$207,300	up 5.0%
Specialists	316,000	up 5.0%
All Physicians	251,800	up 4.9%

(see "Active" definition - page 14)

- Payments for the Specialist Emergency Coverage Program (SECP) and the Rural Emergency Coverage Program totaled \$20.7 million (Table 27) up 0.8%.
- Expenditures for physician services provided through non-fee-for-service payment arrangements (medical remuneration and alternate payments) totaled \$87.0 million (Table 28) up 10.6%.
- The per capita cost for physician services increased by 7.4% to \$337 from \$314 in 2002-03 (Table 31), primarily attributed to Payment Schedule changes.
- The number of practising chiropractors remained unchanged at 162, while the number of practising optometrists increased by 2 (to 112). The average payment per chiropractor increased by 1.5% to \$55,674 and the average payment per optometrist increased by 1.8% to \$36,260 (Table 34).

Physician Remuneration

- The predominant method of payment for physician services in Saskatchewan is the fee-for-service system. Payment for these services is established by agreement between the Province and the SMA based on rates outlined in the Payment Schedule. In 2003-04,

payments for fee-for-service in-province physicians totaled about \$309.1 million.

- A significant number of physicians derive the majority of their income from mechanisms other than fee-for-service. Non-fee-for-service funding arrangements for physician services represent a large and rapidly growing area of provincial health expenditures. In 2003-04, this sector accounted for about \$125.4 million, 26.9% of Saskatchewan Health's total expenditures on in-province physician services. The majority of expenditures are in areas of medical services associated with Regional Health Authority (RHA) operations (radiology, laboratory and emergency services).
- Alternative forms of compensation for physician services continue to be of interest to physicians and RHAs. They provide a different way of reimbursing physicians for services other than the traditional fee-for-service system. Under these arrangements physicians have an opportunity to work as an integral part of the health team while achieving positive effects in their lifestyle. Recruitment and retention is also facilitated by a stable source of funding.
- In 2003-04 the Medical Compensation Unit was formed which combined responsibility for both contracts and medical remuneration funding. The Unit added four new agreements, expanded two others and established funding arrangements to support Emergency Room physicians in Yorkton, Prince Albert and Saskatoon Royal University Hospital.
- Responsibility for the management of agreements where physicians are working in a primary care arrangement transferred to Primary Care Branch effective April 1, 2004.
- Regional Health Authority (RHA) expenditures on physician services represent a rapidly growing and prominent area of Region operations. The Medical Compensation Unit within MSB assists Health Regions and other stakeholders in providing a standardized provincial approach in this area.

Recruitment and Retention Initiatives

- Specialist Recruitment and Retention Program -- The fund was established as part of the 2000-2003 SMA Agreement and is managed by a tripartite committee with representation from the SMA, RHAs and Saskatchewan Health. Medical residents in specialty training at the U of S are eligible for a maximum of 3 years funding with a commitment to provide one-year return-of-service for each year of funding received.

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- Specialist Emergency Coverage Program -- This program was negotiated as part of the 2000-2003 SMA Agreement and is managed by a tripartite committee which includes the SMA, RHAs and Saskatchewan Health. At a \$15 million annual cost, the primary objective of this program is to meet the emergency needs of the public and to ensure fair compensation to those specialists providing this service (see Table 27).
 - Long Service Retention Program -- A \$4 million program established as part of the 2000-2003 SMA Agreement. It is intended to recognize physicians who provide 10 or more years of service to the province.
 - Specialist Physician Enhancement Training Program -- This program is designed to provide 6 grants of up to \$80,000 per year to allow practising specialists the opportunity to obtain additional training to a maximum of 2 years. All recipients are required to fulfill a return-of-service commitment.
 - Rural Practice Establishment Grant (RPEG) Program -- Grants of \$18,000 are available to Canadian-trained or landed immigrant physicians that establish new practices in rural communities for 18 months minimum.
 - Rural Practice Establishment Grant (RPEG) Program for Foreign-Trained Physicians -- Grants of \$18,000 are available to eligible foreign-trained family physicians that establish practice for 18 months in a rural community. The 18-month return-of-service commitment begins after the first 18 months required to qualify for the program has been completed.
 - Emergency Room Coverage/Weekend Relief Program -- A \$6.7 million fund is directed to compensating physicians providing emergency room coverage in rural areas, and assisting communities with fewer than 3 physicians to access a list of physicians willing to provide relief coverage when needed.
 - Physician Incorporation -- Incorporation has been available to physicians since August 2000 making Saskatchewan competitive with other jurisdictions in attracting and retaining physicians.
 - Regional Practice Establishment (RPEG) Program -- This pilot project will provide \$10,000 to eligible family physicians who establish a practice for 18 months minimum in a regional centre between January and December 2004. An 18-month return-of-service commitment will begin after the initial 18-month qualification period is fulfilled.
 - Medical Resident Bursary Program -- Bursaries of \$25,000 are available to assist family medicine residents with educational expenses in exchange for a rural service commitment.
 - Undergraduate Medical Student Bursary Program -- Grants, at the current level of \$15,000, are available to medical students who sign a return-of-service commitment to a rural Saskatchewan community. Undergraduates who pursue a Family Medicine residency will now be eligible for 3 years of undergraduate funding and 2 years of resident funding to a maximum of \$95,000.
 - Rural Practice Enhancement Training -- This program provides income replacement to in-practice rural physicians and assistance to residents wishing to take specialized training in an area of demand in rural Saskatchewan. A return-of-service commitment is required.
 - Re-Entry Training Program -- This program initiated in 1999 through the Committee on Rural Practice provided two grants annually to rural family physicians who wished to enter specialty training. Physicians must have practised full-time in rural Saskatchewan for 3 years to qualify plus make a return-of-service commitment. In 2000 this program was merged into a new Specialist Re-Entry Training Program that included 2 positions funded by Saskatchewan Health. A joint committee which includes the College of Medicine, the SMA and Saskatchewan Health has developed criteria for awarding the 4 available positions to Saskatchewan-based family physicians.
 - Rural Emergency Care - CME Program -- This Continuing Medical Education program is intended to provide funds to rural physicians for certification and re-certification of skills in emergency care and risk management. Full costs of Canadian tuition and a portion of travel and accommodation expenses may be reimbursed. Eligible physicians must have 12 months continuous licensure and 12 months of practice in rural Saskatchewan. A return-of-service commitment is expected.
 - Locum Service Program -- This program operated by the SMA and managed by the Committee on Rural and Regional Practice provides coverage while physicians take vacation, education or other leave.
 - Support Services -- The SMA operates a Rural Travel Assistance Program and a Rural Extended Leave Program.
 - Technology -- A number of pilot projects are underway that will introduce technology to support and enhance practices of rural physicians.

Physician Resources

- The Department supports educational activities at the College of Medicine through the Clinical Services Fund. With a budget of \$23.6 million in 2003-04, the Clinical Services Fund covers the following areas:
 - academic and clinical services provided by faculty;
 - undergraduate, post-graduate and continuing medical education; and
 - post-graduate medical resident salaries and benefits.
- The post-graduate medical program provides accredited training in 21 programs including family medicine and a number of specialties. These programs are of varying duration -- family medicine is two years, specialties range from 4 to 6 years in length. Table 33 outlines the number of funded residency positions as well as the retention rate of recent program graduates.
- The Saskatchewan Academic Health Sciences Network (SAHSN) was launched in January 2002 in order to foster partnerships in clinical service, research and teaching. It is comprised of RHAs, government (the Departments of Health and Learning), the College of Medicine and the University of Saskatchewan. Historically, approximately 65% of the College's annual budget originates from the Departments of Health and Learning.
- The Department has undertaken a review of Physician Resource Planning activities in other jurisdictions and is working, initially with the RHAs, to establish a physician resource planning process.

Medical Services Branch 2003-04 Expenditures

	Payments	Per Cent of Total
Medical Services Plan		
Total In-Province	\$328,467,862	73.3
Physicians - Fee-for-Service ¹	309,147,049	69.0
Physicians - Alternate Payments ²	6,730,159	1.5
Chiropractors	7,740,825	1.7
Optometrists	3,492,162	0.8
Dentists	1,357,667	0.3
Out-of-Province		
(including Hospital)	60,857,849	13.6
Saskatchewan Medical Association Programs	31,344,124	7.0
Medical Education System - Clinical Services Fund	23,644,924	5.3
Dental Residency Grant Administration	189,289	0.1
	3,815,616	0.9
Total Expenditures	\$448,319,664	100.0

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

² Excludes amounts transferred to the Health Regions' base funding from Alternate Payments during the Budget process.

Notes:

1. There is a difference between Medical Services Plan payments shown above and the total payments shown in the statistical tables. The difference is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries; adjustments for retroactive payments; the handling of claims for medical and optometric services provided in community clinics, which are included in the statistical tables as if paid on a fee-for-service basis, but actually funded on a global basis through the Regional Accountability Branch; and, the handling of claims for medical services provided in other alternate payment projects. For statistical purposes, combined chiropractic and optometric data for services paid under both the Medical Services Plan and the Supplementary Health Program is reported in this document.

2. Medical Services Plan Out-of-Province payments include physician, chiropractic, optometric, dental and hospital services.

Expenditures for In-Province Physician Services and Programs, 2003-04

	Payments	Recipients of Bursaries & Grants	
		New	Total ⁴
<u>Fee-for-Service (FFS)</u>	\$303,336,338		
<u>Rural Emergency Coverage Programs (FFS)</u>	\$5,810,711		
<u>Specialist Emergency Coverage Programs</u>	\$14,565,046		
<u>Non-fee-for-service (Non-FFS)</u>	\$125,396,479		
Medical Remuneration	\$62,781,774		
¹ Saskatchewan Cancer Agency	\$6,547,633		
^{1,2} Student Health Centre	\$283,215		
^{1,2} Community Clinics	\$4,692,752		
Physician Stabilization	\$1,000,000		
^{1,2} Northern Health Contract Physicians	\$3,133,459		
³ Alternate Payments	\$23,312,722		
Clinical Services Fund (College of Medicine)	\$23,644,924		
Sub-Total: Payments for Physician Services	\$449,108,573		
(including FFS, Emergency Coverage Programs and Non-FFS)			
<u>SMA Programs (excluding Emergency Coverage Programs)</u>	\$16,344,124	54	117
Undergraduate Medical Bursaries	\$540,000	11	26
Medical Residency Bursaries	\$175,000	5	8
Physician Re-Entry Training Program	\$252,567	2	5
Rural Practice Enhancement Training	\$82,627	2	2
Rural Practice Establishment Grant	\$201,000	12	16
Rural and Remote Incentives	\$1,388,806		
Continued Medical Education	\$1,700,000		
Canadian Medical Protective Agency (CMPA) Funding	\$6,080,000		
Practice Enhancement Program	\$75,000		
Physician Retention Fund	\$4,000,000		
Specialist Recruitment and Retention Bursaries	\$1,500,000	20	54 ⁵
Saskatchewan Health Re-entry Training	\$349,124	2	6
Grand Total: Payments to Physicians (including SMA Programs)	\$465,452,698		
Continuing Bursaries from Previous Years		63	--

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

² These expenditures include payments to physicians only.

³ Includes some rural emergency coverage payments and payments for travel expenses when general practitioners provide weekend relief. Includes amounts transferred to the Health Regions' base funding during the Budget process.

⁴ The total includes new recipients in 2003-04 plus recipients of continuing bursaries from previous years.

⁵ Four recipients of Specialist Physician Enhancement Training bursaries are included.

Notes: 1) In 2003-04, the Medical Services Branch was responsible for about \$449.1 million in expenditures for physician remuneration, up 6.5% from \$421.7 million in 2002-03.

2) In addition to physician remuneration, the Branch provided an additional \$16.3 million to physicians through SMA programs, up 6.4% from \$15.4 million in 2002-03.

3) Department funding for physician services may not equal expenditures by Regional Health Authorities.

4) The numbers of bursaries and grants issued in 2003-04 are up to 54, from 49 in 2002-03.

Medical Services Plan

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

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

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

Physician Services

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

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

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

Anaesthesia - The administration of anaesthesia by a physician including:

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

Diagnostic Services

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

Laboratory Services

- any laboratory services, including interpretations, provided by specialists in pathology;
- an approved list of laboratory services provided by a physician other than a pathologist.

Preventive Medical Services - Immunization services where not available through any government or municipal

agency; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

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

Optometric Services

Coverage for optometric services 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;
- seniors (age 65+) receiving a Saskatchewan Income Plan supplement.

The services covered include routine eye examinations, partial examinations and tonometry (for persons 40 years of age and over).

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

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

Dental Services

Services in connection with maxillo-facial 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 for the provision of:

- heart surgery,
- services for chronic renal disease, or
- services for total joint replacement by prosthesis

where the beneficiary was referred to a dentist by a specialist in the appropriate surgical field and where prior approval of the MSP is received.

Chiropractic Services

Chiropractic visit and x-ray services are insured with no limits. Chiropractic visit services are insured through a co-payment system whereby MSP makes payment to chiropractors for each visit service provided. Chiropractors are also allowed to charge beneficiaries an additional amount beyond the amount of government payment. Supplementary Health Program beneficiaries, recipients of Family Health Benefits Program, and seniors (age 65+) receiving a Saskatchewan Income Plan supplement are fully insured for chiropractic services.

Out-of-Province Services

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

Physician Services:

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

Cataract surgery, magnetic resonance imaging (MRI) and private facility bone densitometry provided outside of the province are only insured with prior approval from Saskatchewan Health.

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

Hospital Services:

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

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

Emergency hospital services for persons traveling outside Canada are covered on the following basis: \$100 (Canadian) per day for in-patient services; \$50 (Canadian) for an out-patient visit. Non-emergency hospital services provided outside Canada are covered only if prior approval has been obtained from Saskatchewan Health.

Similar prior approval provisions exist for coverage of hospital services provided outside the province in respect of cataract surgery, MRIs and bone densitometry, as noted above for physicians.

Exclusions

The following services are not insured by the Medical Services Plan:

- health services received under other public programs including: The Workers' Compensation Act, federal Department of Veteran Affairs, The Mental Health Act.
- traveling
- advice by telephone except when provided by physicians to physicians or allied health personnel
- surgery for cosmetic purposes
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party
- autopsy
- ambulance services and other forms of transportation of patients
- services provided by special duty nurses
- services provided by chiropodists, podiatrists, naturopaths or osteopaths
- dentistry, except as described under Insured Services - Dental Services
- drugs and dressings
- appliances (e.g. eyeglasses, artificial limbs)
- routine eye examinations by physicians are limited in coverage to those beneficiaries who would be covered under the optometric program (see page 9)
- electrolysis
- dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over
- reversals of sterilization
- implantation of penile prosthesis
- thermal ablation of obviously benign skin lesions
- injection of asymptomatic varicose veins
- non-medically necessary circumcisions for newborns.

Methods of Payment

The Medical Services Plan makes payment for insured services by the following methods:

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

Alternate methods of compensating physicians for services are designed to:

- provide physicians with the flexibility to develop programs and deliver services that meet the needs of their patients, including initiatives such as health promotion and other educational activities, and
- encourage physicians to work as members of multi-disciplinary health teams without experiencing loss of income.

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

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

A global system of payment for the operation of four community clinics is provided by the Regional Accountability Branch.

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

Professional Review

Joint Professional Review Committees have been formed with the various professional associations and licensing bodies to evaluate the billing and practice patterns of practitioners. These Committees are empowered to make monetary reassessments and levy fines of up to \$50,000 (see Table 2).

Statistical Figures and Tables

Introductory Notes

General - The following tables are based upon Medical Services Plan payments made during 2003-04 on a fee-for-service basis for medical, optometric, chiropractic and dental services provided to Saskatchewan beneficiaries. Any work stoppages in the health care system may affect utilization and earnings data presented in this report.

A global system of payment for medical and optometric services is used for four community clinics in the province, however, services are recorded on the same basis as fee-for-service items (shadow billing). Many alternate payment projects have their services recorded on the same basis as fee-for-service items (shadow billing). **Note:** **The level of compliance to shadow bill for other than fee-for-service methods of payment can impact on the data presented in this report.**

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 which present Saskatchewan physician and hospital data for services provided to out-of-province beneficiaries. Tables 13a, 13b, 14a and 14b are the only tables which 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.

Service groupings are based on national (Canadian Institute for Health Information) grouping classifications.

Date of Payment - Statistics are based upon the date a service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2003-04 include some services provided in 2002-03.

Payment Adjustments - The difference between MSP payments shown in the Statement of Expenditures, page 7, 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 Regional Accountability Branch; the handling of claims for medical services provided in alternate payment projects; and the payment for medical services through other non-fee-for-service remuneration arrangements. Statistical

tables have not been adjusted for recoveries resulting from professional review activities (see Table 2).

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

Retroactive Payments - From time to time, MSB is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. The data excludes any lump sum payments made to the SMA in lieu of delayed implementation of Payment Schedule amendments. The data also excludes lump sum payments to dentists and dental surgeons in 2002-03 and 2003-04 in lieu of retroactivity. Such payments are included in the Expenditure tables on pages 7 and 8.

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

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

- (a) **Consultations** - A consultation is the referral of a patient by one physician to another for examination, diagnosis, and a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.
- (b) **Major Assessments** - A major 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. Eye examinations by physicians are included here.
- (c) **Other Assessments** - Other assessments are visits which 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** - Includes treatment interview, group therapy, and counseling.
- (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 out-of-hours premiums.
- (g) **Major Surgery** - All 42-day surgical procedures excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.
- (h) **Minor Surgery** - All 0 and 10-day surgical procedures excluding those falling in the Obstetrics classification.
- (i) **Surgical Assistance** - Services of physicians as required to assist the surgeon at an operation. Includes assistant standby.
- (j) **Obstetrics** - Includes hospital stay, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Foetal 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** - Examinations for adoptions, for rape victims, for follow-up Cancer report; examinations and certifications of mental ill health; immunizations where not elsewhere available; intralesional injections; rural emergency coverage payments; advice to physicians or allied health personnel via telecommunications; and any other services not elsewhere classified.

- (p) **Services by Optometrists** - Includes eye examinations to determine the refractive state of the eye, when provided by an optometrist, partial examinations and tonometry testing.
- (q) **Services by Chiropractors** - Includes visit services and x-ray services provided by chiropractors.
- (r) **Dental Services** - Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures.

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

I. Physicians

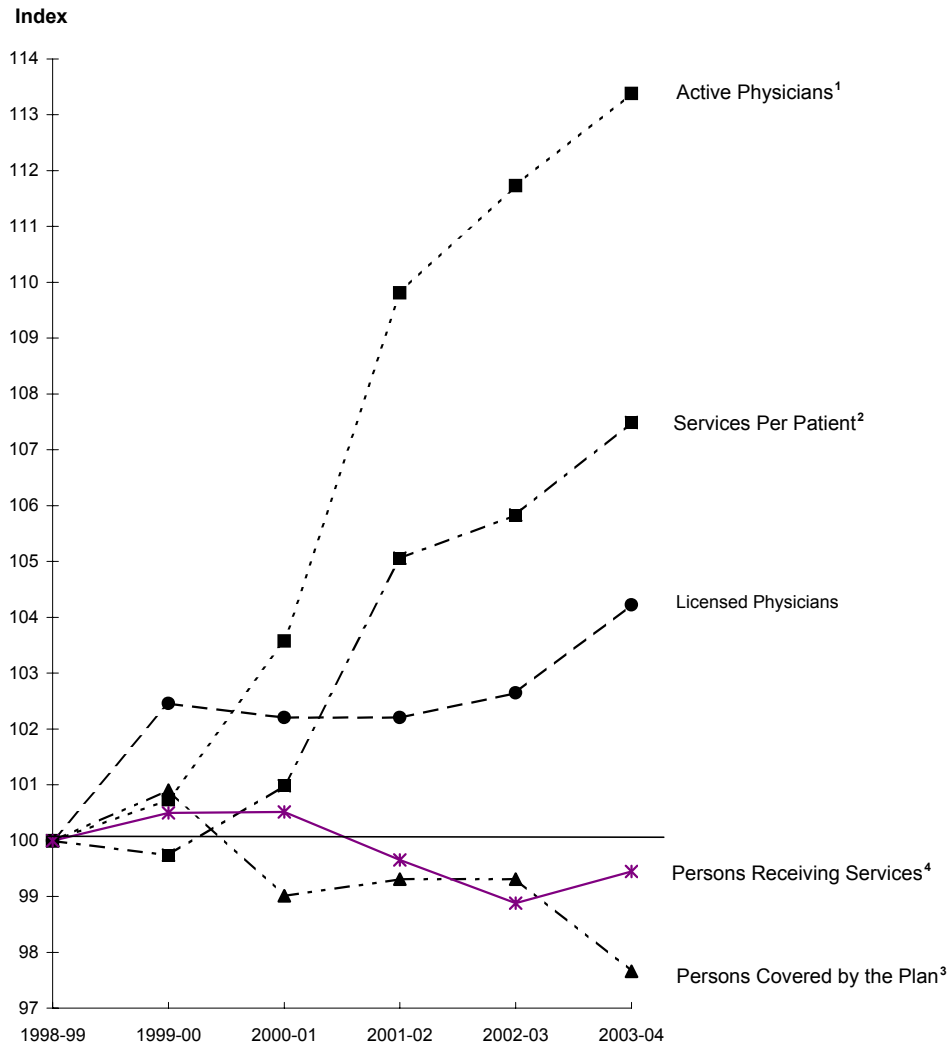
- (a) **General Practitioner** - A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not Canadian or foreign certified specialists, limit their practice to specific specialty areas.
 - (i) **Metro** - A general practitioner who practises in Regina or Saskatoon.
 - (ii) **Urban** - A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.
 - (iii) **Rural** - A general practitioner who practises in a locality having fewer than 10,000 residents.
 - (iv) **Association** - A general practitioner who maintains patients' medical records with one or more other physicians.
 - (v) **Solo** - A general practitioner who is not working in association with another physician.
- (b) **Specialist** - A Canadian certified physician listed by the College of Physicians and Surgeons of Saskatchewan as eligible to receive MSP payments at specialist rates and, as of April 1, 2001, a foreign certified physician listed by the College of Physicians and Surgeons as eligible to receive MSP payments at foreign certified specialist (FCS) rates. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services. (See "Highlights" - page 4)
Note: Psychiatrists are included with Internists, Medical Geneticists with Paediatricians, and Pathologists with Diagnostic Radiologists.

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

III. Chiropractor - A practitioner registered by the Chiropractors' Association of Saskatchewan.

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

Figure 1
Index of Persons Covered by the Plan, Physician, Services Per Patient, and Persons Receiving Services
1998-99 to 2003-04



¹ Policy changes in 2000 and 2001 regarding issuing locums MSP billing numbers affect year over year comparisons of Active Physicians.

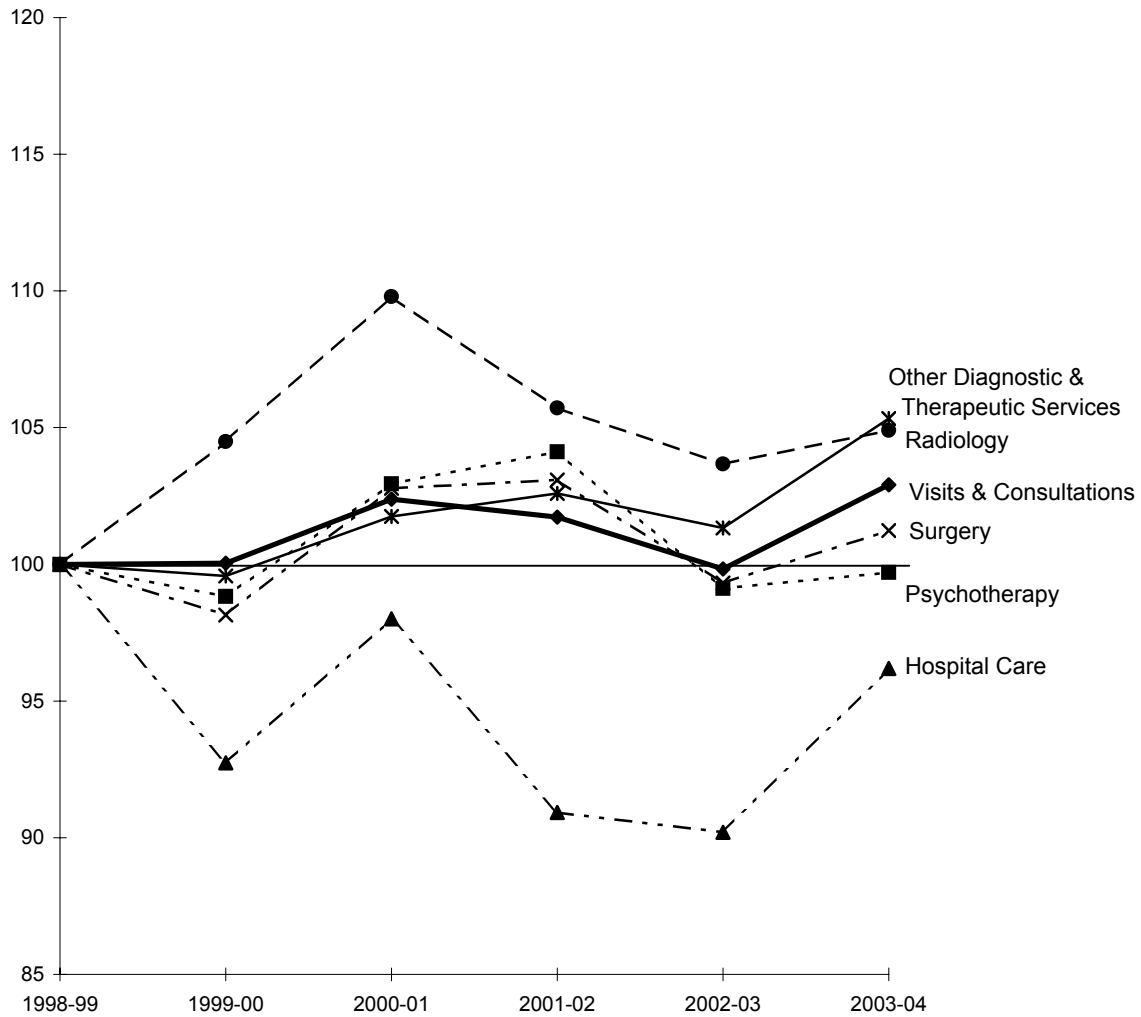
² Services Per Patient exclude any surcharges or premiums but include services that contain additional units. Service counts are affected by the Anaesthesia Section restructuring in January 2001, by the expansion of fee codes related to telephone advice in June 2001, by a new hospital discharge fee code and unbundling of post-op visits in October 2003.

³ The number of beneficiaries decreased by 17,000 in 2003-04 compared to 2002-03.

⁴ 86.9% of beneficiaries received services from a physician in 2003-04, up from 84.9% in 2002-03.

Figure 2
Index of Services Per 1,000 Beneficiaries for
Selected Types of In-Province Physician Services
1998-99 to 2003-04

Index



Note: The level of compliance to shadow bill, for other than fee-for-service methods of payment, as well as any health care work stoppages can affect year over year comparisons (see "Introductory Notes").

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

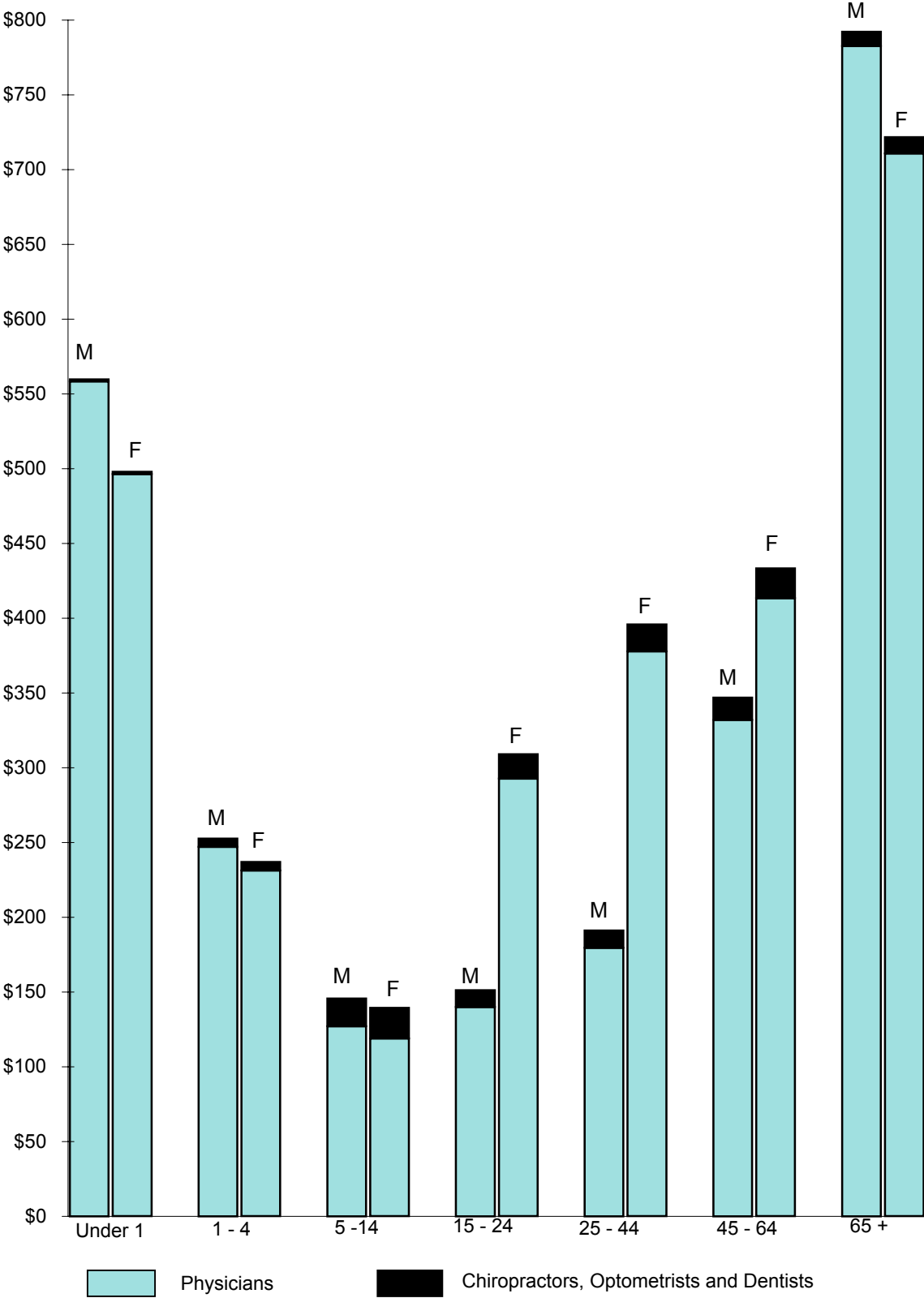


Figure 4
Map of Regional Health Authorities

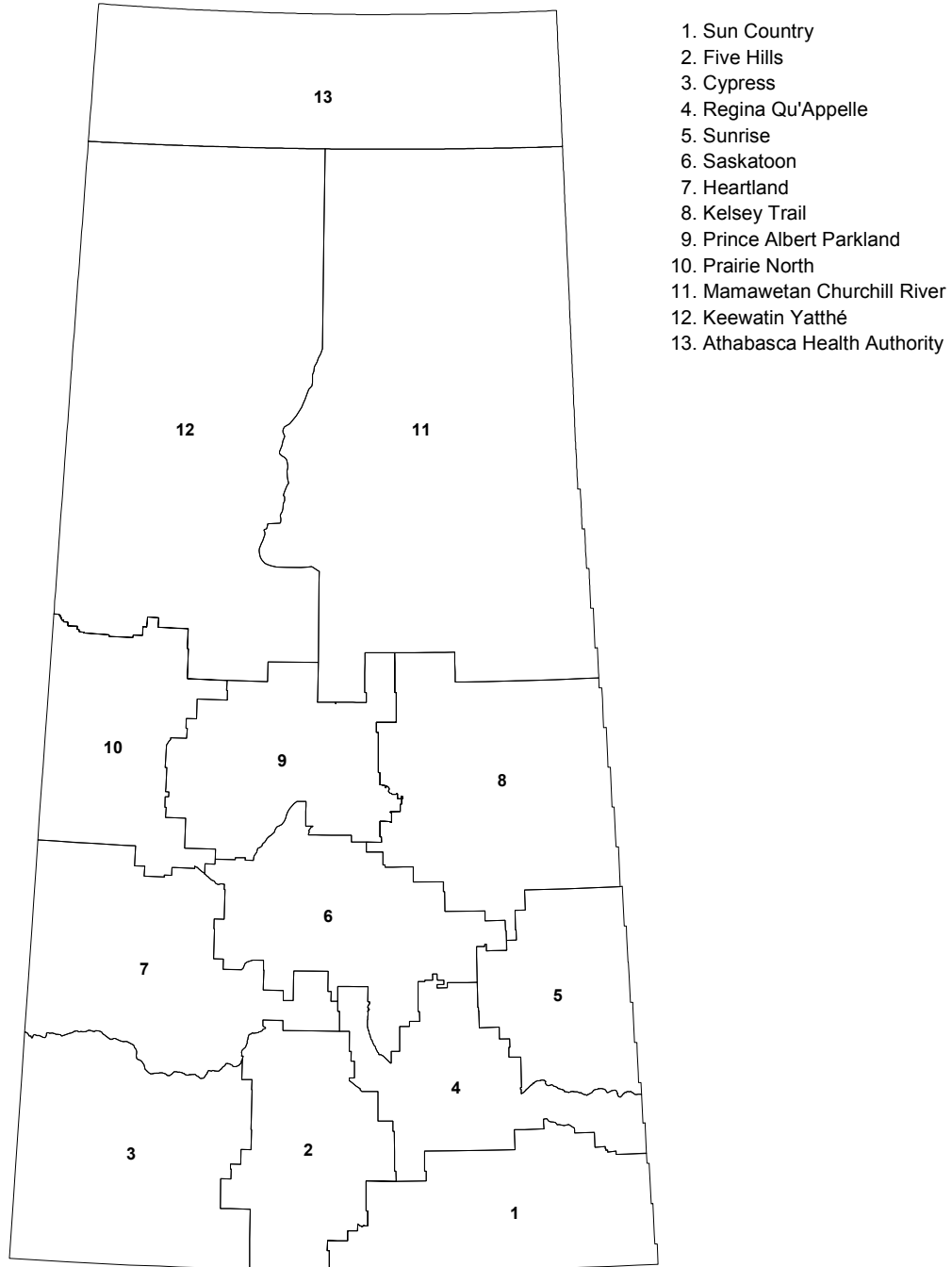


Table 1
Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services (000's)	Total Per Cent Change In Per Capita Costs ¹	Per Cent Change Due to Fee Increases	Per Cent Change Due to Utilization Increases ³
1999-00 ²	296,750	3.08	2.16	0.90
2000-01 ²	305,074	4.67	0.06	4.60
2001-02 ²	325,120	5.27	4.82	0.43
2002-03 ²	342,007	4.51	4.34	0.16
2003-04 ²	360,254	6.57	3.87	2.60
Average Annual Per Cent				
Change 1999-00 to 2003-04.....	4.98	5.25	3.27	1.95

- ¹ Current year cost per capita figures have been adjusted for claims inventory, 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.
- ² Payments in all years exclude lump sum payments made to the SMA for distribution to physicians in the province in lieu of retroactive amendments to the Payment Schedule.
Payments in 2002-03 and 2003-04 exclude lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.
Includes payments for rural emergency coverage but excludes payments for specialist emergency coverage.
- ³ The change in utilization may be affected by changes in data capture for physicians participating in non-fee-for-service arrangements.

Table 2
Adjustments and Recoveries by the Medical Services Plan

	2002-03		2003-04	
	Number of Practitioners	Adjustment or Recovery (000's)	Number of Practitioners	Adjustment or Recovery (000's)
Routine Assessment on In-Province Claims ¹	1,970	\$4,657.2	1,970	\$4,549.5
Routine Assessment on Out-of-Province Claims ¹	--	860.8	--	928.5
Special MSP Studies and Professional Review Activity ²	9	42.4	15	130.8
Third Party Liability Recoveries.....	--	2,693.2	--	2,999.8
Total.....	--	\$8,253.6	--	\$8,608.6

- ¹ The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs. The In-Province number is net of after hour premiums, which are system generated, and the patient's co-payment portion on chiropractor claims.
- ² The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the MSP and Professional Review Committees.

Table 3
Claims Received by Method of Billing

Claims Received from:	Number of Claims Received		Per Cent of Claims Received	
	2002-03	2003-04	2002-03	2003-04
Physicians	7,898,089	8,371,828	89.44	89.81
In-Province Claim Forms ^{1,4}	60,100	46,703	0.68	0.50
In-Province Direct Input ^{1,4}	7,594,869	8,062,568	86.01	86.50
Out-of-Province Reciprocal Billing ²	241,017	260,652	2.73	2.80
Other Out-of-Province.....	2,103	1,905	0.02	0.02
Optometrists ³	115,711	113,158	1.31	1.21
In-Province Claim Forms ⁴	66,461	63,987	0.75	0.69
In-Province Direct Input ⁴	46,427	46,659	0.53	0.50
Out-of-Province.....	2,823	2,512	0.03	0.03
Chiropractors ³	807,997	828,046	9.15	8.88
In-Province Claim Forms.....	10,025	6,918	0.11	0.07
In-Province Direct Input.....	793,074	816,167	8.98	8.76
Out-of-Province.....	4,898	4,961	0.06	0.05
Beneficiaries	8,785	8,226	0.10	0.09
In-Province.....	274	250	0.00	0.00
Out-of-Province.....	8,511	7,976	0.10	0.09
Total	8,830,582	9,321,258	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.

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

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

⁴ Includes claims for SGI driver medicals and visual exams.

Table 4
Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2003		Rate Per 1,000 Beneficiaries			
	Male	Female	Services		Payments	
			Male	Female	Male	Female
A. Physicians						
Under 1	5,945	5,651	16,022	14,767	558,292	496,373
1 - 4	25,056	24,035	9,075	8,344	247,009	231,287
5 - 14	73,389	69,995	5,249	4,982	127,115	118,977
15 - 24	78,549	74,881	5,322	10,957	139,909	292,649
25 - 44	135,601	135,556	6,440	13,140	179,523	377,701
45 - 64	116,891	114,664	10,661	14,164	331,977	413,362
65 and over	64,045	83,495	24,431	24,041	782,607	710,758
All Beneficiaries.....	499,476	508,277	9,630	13,508	286,495	386,694
B. Optometrists						
Under 1	5,945	5,651	8	9	293	348
1 - 4	25,056	24,035	122	128	4,796	5,012
5 - 14	73,389	69,995	403	445	16,016	17,694
15 - 24	78,549	74,881	130	176	5,192	7,007
25 - 44	135,601	135,556	16	33	538	1,152
45 - 64	116,891	114,664	29	32	758	826
65 and over	64,045	83,495	20	41	518	1,074
All Beneficiaries.....	499,476	508,277	99	116	3,804	4,380
C. Chiropractors						
Under 1	5,945	5,651	71	63	950	856
1 - 4	25,056	24,035	53	48	743	651
5 - 14	73,389	69,995	143	139	1,845	1,791
15 - 24	78,549	74,881	332	547	3,919	6,520
25 - 44	135,601	135,556	882	1,297	10,210	15,506
45 - 64	116,891	114,664	1,105	1,518	12,629	17,314
65 and over	64,045	83,495	717	775	8,196	8,915
All Beneficiaries.....	499,476	508,277	667	918	7,715	10,753
D. Dentists						
Under 1	5,945	5,651	1	2	187	255
1 - 4	25,056	24,035	1	2	58	73
5 - 14	73,389	69,995	12	17	751	944
15 - 24	78,549	74,881	23	36	2,115	2,873
25 - 44	135,601	135,556	13	21	939	1,481
45 - 64	116,891	114,664	20	27	1,486	1,894
65 and over	64,045	83,495	12	12	866	871
All Beneficiaries.....	499,476	508,277	15	21	1,162	1,525

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

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

3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.

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

5) Excludes lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.

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

Dollar Value of Benefits	2002-03				2003-04			
	Number of Beneficiaries	% of Beneficiaries	% of Payments	% of Services	Number of Beneficiaries	% of Beneficiaries	% of Payments	% of Services
A. Physicians Only								
\$ 0.00 ¹	154,637	15.1	--	<0.1	132,445	13.1	--	<0.1
\$ 0.01 - \$ 25.00.....	76,392	7.5	0.5	0.7	70,976	7.0	0.4	0.6
\$ 25.01 - \$ 50.00.....	80,695	7.9	1.0	1.4	78,457	7.8	0.9	1.3
\$ 50.01 - \$ 100.00.....	140,860	13.7	3.3	4.6	139,904	13.9	3.1	4.3
\$100.01 - \$ 250.00.....	246,116	24.0	12.5	16.3	243,942	24.2	11.8	15.3
\$250.01 - \$ 500.00.....	155,691	15.2	17.1	19.8	162,353	16.1	16.9	19.6
\$500.01 - \$1,000.00....	96,760	9.4	21.1	21.3	100,943	10.0	20.8	21.3
\$1,000.01-\$1,500.00...	36,826	3.6	14.0	12.3	38,318	3.8	13.8	12.4
\$1,500.01-\$2,000.00...	16,945	1.7	9.1	7.7	18,092	1.8	9.2	7.8
\$2,000.01-\$5,000.00...	17,148	1.7	15.0	12.0	19,127	1.9	15.8	12.8
Over \$5,000.00.....	2,757	0.3	6.6	4.0	3,196	0.3	7.2	4.5
Total	1,024,827	100.0	100.0	100.0	1,007,753	100.0	100.0	100.0
B. Optometrists Only								
\$ 0.00 ¹	925,177	90.3	--	<0.1	909,918	90.3	--	<0.1
\$ 0.01 - \$ 25.00.....	2,290	0.2	1.1	2.1	2,288	0.2	1.1	2.1
\$ 25.01 - \$ 50.00.....	87,402	8.5	85.2	79.4	85,415	8.5	84.7	78.7
Over \$50.00.....	9,958	1.0	13.7	18.6	10,132	1.0	14.2	19.2
Total	1,024,827	100.0	100.0	100.0	1,007,753	100.0	100.0	100.0
C. Chiropractors Only								
\$ 0.00 ¹	917,877	89.6	--	0.1	898,264	89.1	--	<0.1
\$ 0.01 - \$ 25.00.....	31,760	3.1	5.9	5.5	33,160	3.3	6.3	5.9
\$ 25.01 - \$ 50.00.....	21,812	2.1	8.9	8.8	22,239	2.2	9.2	9.2
\$ 50.01 - \$ 100.00.....	25,307	2.5	19.6	20.0	25,626	2.5	19.8	20.1
\$100.01 - \$ 250.00.....	21,181	2.1	35.4	36.1	21,977	2.2	36.3	37.2
\$250.01 - \$ 500.00.....	5,601	0.5	20.2	20.2	5,296	0.5	19.0	19.0
Over \$500.00.....	1,289	0.1	10.0	9.3	1,191	0.1	9.5	8.5
Total	1,024,827	100.0	100.0	100.0	1,007,753	100.0	100.0	99.9

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

3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.

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

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

Age Groups	Sex	Population		Per Cent Treated	Average Per Person Insured		Average Per Person Treated		Average Payment Per Service
		Insured ¹	Treated ²		Services	Cost	Services	Cost	
Under 1	M	5,945	7,200	100.00	16.02	558.29	13.23	460.98	34.84
	F	5,651	6,904	100.00	14.77	496.37	12.09	406.29	33.61
	T	11,596	14,104	100.00	15.41	528.12	12.67	434.21	34.27
1 - 4	M	25,056	23,188	92.54	9.08	247.01	9.81	266.91	27.22
	F	24,035	22,066	91.81	8.34	231.29	9.09	251.92	27.72
	T	49,091	45,254	92.18	8.72	239.31	9.46	259.60	27.45
5 - 9	M	34,111	27,888	81.76	5.56	135.41	6.80	165.63	24.36
	F	32,752	26,680	81.46	5.26	124.91	6.45	153.33	23.76
	T	66,863	54,568	81.61	5.41	130.27	6.63	159.62	24.08
10 - 14	M	39,278	30,145	76.75	4.98	119.91	6.49	156.24	24.08
	F	37,243	28,592	76.77	4.74	113.76	6.17	148.18	24.00
	T	76,521	58,737	76.76	4.86	116.92	6.34	152.32	24.04
15 - 19	M	40,595	31,347	77.22	5.37	140.09	6.96	181.42	26.08
	F	38,586	34,073	88.30	8.91	228.38	10.09	258.63	25.63
	T	79,181	65,420	82.62	7.10	183.12	8.59	221.64	25.80
20 - 24	M	37,954	28,552	75.23	5.27	139.71	7.00	185.72	26.52
	F	36,295	34,837	95.98	13.13	360.97	13.68	376.08	27.49
	T	74,249	63,389	85.37	9.11	247.87	10.67	290.34	27.20
25 - 29	M	32,105	23,764	74.02	5.59	151.79	7.55	205.07	27.17
	F	31,350	29,855	95.23	15.19	443.94	15.96	466.17	29.22
	T	63,455	53,619	84.50	10.33	296.13	12.23	350.45	28.66
30 - 34	M	30,361	22,405	73.80	6.10	167.04	8.26	226.36	27.40
	F	30,500	27,803	91.16	14.21	415.92	15.59	456.27	29.27
	T	60,861	50,208	82.50	10.16	291.77	12.32	353.67	28.71
35 - 39	M	33,497	24,643	73.57	6.74	189.49	9.16	257.57	28.11
	F	34,063	29,688	87.16	11.80	335.57	13.54	385.02	28.44
	T	67,560	54,331	80.42	9.29	263.14	11.55	327.22	28.32
40 - 44	M	39,638	30,115	75.98	7.14	203.12	9.40	267.35	28.45
	F	39,643	35,312	89.07	11.85	332.11	13.30	372.85	28.04
	T	79,281	65,427	82.53	9.49	267.62	11.50	324.29	28.19
45 - 49	M	38,752	30,414	78.48	8.06	235.55	10.27	300.13	29.22
	F	37,865	34,180	90.27	12.28	350.78	13.61	388.60	28.56
	T	76,617	64,594	84.31	10.15	292.50	12.04	346.94	28.82
50 - 54	M	32,147	26,788	83.33	9.72	290.49	11.66	348.60	29.90
	F	31,015	28,871	93.09	13.84	394.74	14.86	424.06	28.53
	T	63,162	55,659	88.12	11.74	341.68	13.32	387.74	29.10
55 - 59	M	25,804	22,641	87.74	12.28	396.67	13.99	452.08	32.31
	F	25,184	24,141	95.86	15.40	456.58	16.06	476.31	29.65
	T	50,988	46,782	91.75	13.82	426.26	15.06	464.58	30.85
60 - 64	M	20,188	18,173	90.02	15.09	500.45	16.76	555.94	33.17
	F	20,600	19,554	94.92	16.60	503.59	17.49	530.52	30.33
	T	40,788	37,727	92.50	15.85	502.03	17.14	542.77	31.67
65 - 69	M	17,609	16,396	93.11	18.42	627.00	19.78	673.38	34.04
	F	18,734	17,804	95.04	18.97	593.39	19.96	624.39	31.28
	T	36,343	34,200	94.10	18.70	609.67	19.87	647.88	32.60
70 - 74	M	16,398	15,572	94.96	22.41	751.17	23.60	791.01	33.52
	F	18,349	17,627	96.07	20.94	664.68	21.80	691.90	31.74
	T	34,747	33,199	95.54	21.63	705.50	22.64	738.39	32.61
75 & Over	M	30,038	31,006	100.00	29.06	890.99	28.15	863.18	30.66
	F	46,412	47,617	100.00	27.32	776.35	26.62	756.70	28.42
	T	76,450	78,623	100.00	28.00	821.39	27.23	798.69	29.33
Total all ages	M	499,476	410,237	82.13	9.63	286.50	11.72	348.82	29.75
	F	508,277	465,604	91.60	13.51	386.69	14.75	422.13	28.63
	T	1,007,753	875,841	86.91	11.59	337.03	13.33	387.79	29.09

¹ As at June 30, 2003.² Population treated at anytime during the fiscal year.

Note: Excludes payments for specialist and rural emergency coverage programs and any lump sum payments made to the SMA due to delayed implementation of Payment Schedule amendments.

Table 7
Services by Type of Service

Type of Service ¹	Number of Services (000's)		Number of Services Per 1,000 Beneficiaries		
	2002-03	2003-04	2002-03	2003-04	Per Cent Change 2002-03 to 2003-04
In-Province Physician Services.....	11,019.9	11,160.8	10,753	11,075	2.99
Consultations.....	470.4	469.9	459	466	1.60
Major Assessments.....	408.1	409.2	398	406	1.98
Other Assessments.....	4,496.4	4,569.6	4,387	4,534	3.35
Psychotherapy.....	345.8	341.9	337	339	0.54
	5,720.6	5,790.6	5,582	5,746	2.94
 Hospital Care.....	 508.8	 534.2	 497	 530	 6.77
 Special Calls and Emergency.....	 893.9	 900.4	 872	 893	 2.43
 Major Surgery.....	 108.1	 106.3	 105	 105	 -0.01
Minor Surgery.....	221.7	225.0	216	223	3.20
Surgical Assistance.....	102.4	116.5	100	116	15.64
Obstetrics.....	24.4	23.5	24	23	-1.94
Anaesthesia	588.6	576.7	574	572	-0.36
	1,045.2	1,048.0	1,020	1,040	1.96
 Diagnostic Radiology.....	 260.7	 258.7	 254	 257	 0.93
Laboratory Services.....	538.5	458.9	525	455	-13.33
Other Diagnostic and Therapeutic Services.....	1,480.5	1,514.1	1,445	1,502	4.00
Special and Miscellaneous Services.....	571.7	655.9	558	651	16.67
	2,851.3	2,887.6	2,782	2,865	2.99
In-Province Dental Services.....	18.5	18.3	18	18	0.83
In-Province Optometric Services.....	107.6	106.3	105	105	0.42
Refractions by Optometrists.....	95.7	94.1	93	93	-0.04
Other Optometric Services.....	11.9	12.2	12	12	4.11
In-Province Chiropractic Services.....	793.5	777.9	774	772	-0.30
Chiropractic Visit Services.....	791.5	776.7	772	771	-0.20
Chiropractic X-Ray Services.....	2.0	1.2	2	1	-38.23
Out-of-Province Services					
Physician Services.....	464.0	515.1	453	511	12.88
Dental Services.....	0.1	0.1	--	--	--
Optometric Services.....	2.7	2.5	3	2	-4.78
Chiropractic Services.....	22.1	21.9	22	22	0.65
All Services.....	12,428.3	12,602.8	12,127	12,506	3.12

¹ The "Introductory Notes", page 12, describe inclusions in these classifications.

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

2) The "Highlights", page 4, describe program changes.

Table 8
Payments by Type of Service

Type of Service ¹	Dollar Payments (000's)		Dollar Payments Per 1,000 Beneficiaries		
	2002-03	2003-04	2002-03	2003-04	Per Cent Change 2002-03 to 2003-04
In-Province Physician Services.....	309,602	325,502	302,102	322,997	6.92
Consultations.....	32,631	33,837	31,840	33,577	5.45
Major Assessments.....	19,033	19,977	18,572	19,824	6.74
Other Assessments.....	102,475	109,931	99,992	109,086	9.09
Psychotherapy.....	9,712	10,151	9,477	10,073	6.29
	163,850	173,897	159,881	172,559	7.93
Hospital Care.....	9,945	10,468	9,704	10,388	7.04
Special Calls and Emergency.....	13,261	13,491	12,940	13,387	3.46
Major Surgery.....	30,632	31,127	29,890	30,887	3.34
Minor Surgery.....	5,123	5,346	4,999	5,305	6.13
Surgical Assistance.....	4,975	5,734	4,854	5,690	17.22
Obstetrics.....	5,345	5,461	5,216	5,419	3.90
Anaesthesia.....	16,636	16,838	16,233	16,709	2.93
	62,711	64,507	61,191	64,010	4.61
Diagnostic Radiology.....	10,098	10,110	9,854	10,032	1.81
Laboratory Services.....	1,781	1,390	1,738	1,379	-20.64
Other Diagnostic and Therapeutic Services.....	37,708	40,806	36,794	40,493	10.05
Special and Miscellaneous Services ²	10,248	10,834	9,999	10,750	7.51
	59,835	63,139	58,386	62,654	7.31
In-Province Dental Services.....	1,264	1,346	1,234	1,336	8.27
In-Province Optometric Services.....	3,997	4,026	3,900	3,995	2.43
Refractions by Optometrists.....	3,829	3,849	3,736	3,819	2.21
Other Optometric Services.....	168	177	164	176	7.27
In-Province Chiropractic Services.....	9,028	9,076	8,809	9,006	2.23
Chiropractic Visit Services.....	8,986	9,050	8,768	8,980	2.42
Chiropractic X-Ray Services.....	42	26	41	26	-36.95
Out-of-Province Services					
Physician Services.....	17,744	19,953	17,314	19,799	14.35
Dental Services.....	27	9	26	9	-64.52
Optometric Services.....	105	100	102	100	-2.64
Chiropractic Services.....	241	243	235	241	2.72
All Services.....	342,007	360,254	333,722	357,483	7.12

¹ The "Introductory Notes", page 12, describe inclusions in these classifications.

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

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

2) The "Highlights", page 4, describe program changes.

3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.

4) Excludes lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.

5) Payments for services in the United States have not been adjusted to reflect their value in Canadian funds.

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

Type of Service ¹	2002-03			2003-04		
	General Practitioners (\$)	Specialists (\$)	All Practitioners (\$)	General Practitioners (\$)	Specialists (\$)	All Practitioners (\$)
In-Province Physician Services.....	21.04	41.43	28.09	21.92	43.07	29.16
Consultations.....	46.29	70.31	69.37	49.45	73.08	72.01
Major Assessments.....	44.59	52.08	46.64	46.77	54.44	48.82
Other Assessments.....	22.54	25.67	22.79	23.74	27.56	24.06
Psychotherapy.....	22.72	38.67	28.09	23.80	41.12	29.69
	24.04	49.42	28.64	25.32	51.31	30.03
Hospital Care.....	20.69	17.97	19.55	20.58	18.17	19.60
Special Calls and Emergency.....	12.91	18.52	14.83	13.01	19.01	14.98
Major Surgery.....	171.87	288.91	283.37	179.76	299.12	292.87
Minor Surgery.....	16.51	46.68	23.11	17.26	45.17	23.76
Surgical Assistance.....	41.80	85.49	48.56	41.50	90.84	49.22
Obstetrics.....	252.77	196.14	219.10	266.68	210.77	232.16
Anaesthesia	24.29	28.79	28.26	25.53	29.69	29.20
	33.54	72.99	60.00	34.50	75.33	61.55
Diagnostic Radiology.....	--	38.74	38.74	--	39.08	39.08
Laboratory Services.....	2.93	5.69	3.31	2.91	4.79	3.03
Other Diagnostic and Therapeutic Services.....	9.04	30.21	25.47	9.57	31.76	26.95
Special and Miscellaneous Services ²	7.12	11.48	7.67	7.03	11.42	7.66
	6.11	29.63	18.93	6.32	31.26	19.85
In-Province Dental Services.....	--	--	68.39	--	--	73.43
In-Province Optometric Services.....	--	--	37.14	--	--	37.89
Refractions by Optometrists.....	--	--	40.00	--	--	40.91
Other Optometric Services.....	--	--	14.10	--	--	14.53
In-Province Chiropractic Services.....	--	--	11.38	--	--	11.67
Chiropractic Visit Services.....	--	--	11.35	--	--	11.65
Chiropractic X-Ray Services.....	--	--	21.00	--	--	21.44
Out-of-Province Services						
Physician Services.....	33.21	42.08	38.24	33.66	42.48	38.74
Dental Services.....	--	--	366.54	--	--	169.72
Optometric Services.....	--	--	39.20	--	--	40.08
Chiropractic Services.....	--	--	10.89	--	--	11.11
All Services.....	21.37	41.48	27.52	22.26	43.02	28.59

¹ The "Introductory Notes", page 12, describe inclusions in these classifications.

² Excludes payments for specialist and rural emergency coverage programs to avoid distortion.

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

2) The "Highlights", page 4, describe program changes.

3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.

4) Excludes lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.

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	
	2002-03	2003-04	2002-03	2003-04
In-Province Physician Services.....	88.67	88.56	90.52	90.35
Consultations.....	3.78	3.73	9.54	9.39
Major Assessments.....	3.28	3.25	5.57	5.55
Other Assessments.....	36.18	36.26	29.96	30.51
Psychotherapy.....	2.78	2.71	2.84	2.82
	46.03	45.95	47.91	48.27
Hospital Care.....	4.09	4.24	2.91	2.91
Special Calls and Emergency.....	7.19	7.14	3.88	3.74
Major Surgery.....	0.87	0.84	8.96	8.64
Minor Surgery.....	1.78	1.79	1.50	1.48
Surgical Assistance.....	0.82	0.92	1.45	1.59
Obstetrics.....	0.20	0.19	1.56	1.52
Anaesthesia	4.74	4.58	4.86	4.67
	8.41	8.32	18.34	17.91
Diagnostic Radiology.....	2.10	2.05	2.95	2.81
Laboratory Services.....	4.33	3.64	0.52	0.39
Other Diagnostic and Therapeutic Services.....	11.91	12.01	11.03	11.33
Special and Miscellaneous Services ²	4.60	5.20	3.00	3.01
	22.94	22.91	17.50	17.53
In-Province Dental Services.....	0.15	0.15	0.37	0.37
In-Province Optometric Services.....	0.87	0.84	1.17	1.12
Refractions by Optometrists.....	0.77	0.75	1.12	1.07
Other Optometric Services.....	0.10	0.10	0.05	0.05
In-Province Chiropractic Services.....	6.38	6.17	2.64	2.52
Chiropractic Visit Services.....	6.37	6.16	2.63	2.51
Chiropractic X-Ray Services.....	0.02	0.01	0.01	0.01
Out-of-Province Services				
Physician Services.....	3.73	4.09	5.19	5.54
Dental Services.....	0.00	0.00	0.01	0.00
Optometrist Services.....	0.02	0.02	0.03	0.03
Chiropractic Services.....	0.18	0.17	0.07	0.07
All Services.....	100.00	100.00	100.00	100.00

¹ The "Introductory Notes", page 12, describe inclusions in these classifications.

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

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
 2) The "Highlights", page 4, describe program changes.
 3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.
 4) Excludes lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.

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

Type of Practitioner	All Locations	Location of Services							
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners.....	7,354.5	88.3	21.2	247.4	1,038.8	5,113.3	784.3	37.8	23.5
Specialists									
Paediatricians and									
Medical Geneticists.....	741.7	2.5	1.5	14.6	31.0	671.3	19.6	1.0	0.2
Internists and Psychiatrists.....	1,728.7	14.6	5.7	85.4	98.9	1,359.3	97.5	64.9	2.5
Neurologists.....	142.2	1.0	1.9	6.7	22.6	88.2	7.4	14.4	0.0
Psychiatrists.....	706.8	2.6	3.1	35.7	24.6	591.8	47.9	0.9	0.2
Dermatologists.....	95.7	1.0	0.9	3.0	2.4	81.8	6.0	0.5	0.2
Anaesthetists.....	1,551.9	2.5	12.2	100.2	75.9	1,211.1	93.2	55.7	1.0
General and									
Thoracic Surgeons.....	2,195.1	4.3	6.3	49.4	79.5	1,876.1	56.8	120.2	2.4
Orthopaedic Surgeons.....	570.4	3.8	7.5	33.0	41.1	401.0	60.5	22.2	1.4
Plastic and									
Reconstructive Surgeons.....	249.2	0.3	3.0	18.5	10.9	189.9	14.0	12.6	0.0
Neurological Surgeons.....	177.6	0.2	5.1	50.6	11.1	61.4	10.5	38.8	0.0
Obstetricians and									
Gynaecologists.....	420.3	4.5	1.1	17.5	35.2	339.5	19.6	2.5	0.5
Urological Surgeons.....	154.7	1.1	1.1	10.4	11.5	108.0	8.4	14.0	0.2
Ophthalmologists.....	467.3	3.1	0.8	10.0	17.6	343.9	28.5	63.3	0.2
Otolaryngologists.....	345.2	1.0	0.3	6.8	5.0	264.1	18.0	50.0	0.0
Pathologists.....	2,056.3	0.1	0.3	51.8	19.1	1,892.3	85.3	6.9	0.4
Diagnostic Radiologists.....	1,102.9	2.0	1.1	39.6	79.5	907.0	28.9	44.3	0.4
All Physicians.....	20,060.5	132.7	72.9	780.7	1,604.7	15,499.9	1,386.5	550.0	33.2
Dentists.....	9.3	0.0	0.0	0.1	5.5	3.6	0.2	0.0	0.0
Optometrists.....	100.3	0.0	0.0	0.0	18.6	81.1	0.5	0.0	0.0
Chiropractors.....	243.1	0.1	0.1	4.2	87.6	143.9	5.4	1.6	0.1

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

2) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" on page 10.

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

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	New-found-land	PEI	Nova Scotia	New Brunswick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
General Practitioners.....	2,659.3	21.1	3.4	31.4	18.8	227.2	739.7	1,159.6	412.9	26.4	11.6	7.3
Specialists												
Paediatricians and												
Medical Geneticists.....	124.7	0.1	0.0	0.5	0.3	9.3	50.3	51.4	10.1	1.1	0.6	1.1
Internists and Physiatrists.....	352.3	0.8	0.0	2.6	2.7	34.6	111.8	145.3	50.2	3.0	0.7	0.6
Neurologists.....	35.5	0.3	0.0	0.0	0.2	2.4	14.4	12.1	5.0	0.5	0.2	0.2
Cardiologists.....	137.4	1.0	0.0	0.9	0.5	18.8	54.9	34.1	25.5	0.8	0.4	0.5
Psychiatrists.....	111.7	0.7	0.0	0.6	0.9	9.0	17.2	50.0	26.3	3.1	1.8	2.0
Dermatologists.....	18.1	0.1	0.0	0.3	0.2	1.4	7.2	5.8	2.5	0.4	0.0	0.1
Anaesthetists.....	263.1	1.3	0.0	1.0	0.3	15.3	100.6	108.7	30.3	4.1	0.9	0.7
General Surgeons.....	213.6	0.4	0.1	0.4	0.3	10.7	95.7	77.5	26.1	2.3	0.1	0.1
Cardiac Surgeons.....	56.1	0.0	0.0	0.0	0.0	3.2	30.9	14.6	6.9	0.1	0.5	0.0
Orthopaedic Surgeons.....	163.9	0.5	0.0	1.0	3.0	10.4	49.5	79.5	18.4	1.0	0.4	0.2
Plastic and												
Reconstructive Surgeons.....	53.8	0.1	0.1	0.0	1.2	4.0	14.7	26.9	6.0	0.6	0.0	0.3
Neurological Surgeons.....	50.8	0.2	0.0	1.0	0.1	3.6	21.3	20.1	4.5	0.1	0.0	0.0
Obstetricians and												
Gynaecologists.....	375.0	0.9	0.0	2.5	2.2	15.0	214.0	110.3	23.4	3.4	0.8	2.3
Urological Surgeons.....	121.0	1.2	0.2	0.2	0.0	4.0	81.0	23.5	9.9	1.0	0.0	0.0
Ophthalmologists.....	424.6	1.9	0.0	0.1	0.6	6.2	368.0	33.0	12.5	1.2	1.0	0.0
Otolaryngologists.....	166.1	0.1	0.0	0.6	0.0	2.8	37.3	120.8	4.0	0.4	0.0	0.1
Pathologists.....	129.6	0.6	0.0	0.8	0.8	19.0	21.4	63.1	21.6	1.0	0.6	0.6
Diagnostic Radiologists.....	254.9	1.4	0.3	2.3	0.5	16.8	49.8	147.8	30.1	4.1	0.9	1.1
All Physicians.....	5,711.4	32.6	4.2	46.0	32.6	413.8	2,079.8	2,284.0	726.2	54.6	20.5	17.2

Notes: 1) Quebec is the only province that does not participate in a reciprocal billing agreement between provinces. See "Out-of-Province Services" on page 10.

2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan physician Payment Schedule rates.

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									
Intermediate/Complex Cardiovascular Paediatric.....	1,748.7	0.0	0.0	0.0	0.0	1,748.7	0.0	0.0	0.0
Liver Transplant.....	1,318.4	0.0	0.0	247.2	0.0	1,071.2	0.0	0.0	0.0
Cardiac Surgery with or without Valve Replacement.....	775.9	12.1	0.0	140.0	0.0	615.3	8.5	0.0	0.0
Bone Marrow/Stem Cell Transplant.....	740.5	0.0	0.0	0.0	253.0	398.1	89.4	0.0	0.0
Defibrillator Pacemaker Implantation.....	635.1	0.0	0.0	0.0	0.0	635.1	0.0	0.0	0.0
Lung Transplant.....	555.6	0.0	0.0	0.0	111.1	444.5	0.0	0.0	0.0
Cochlear Implant.....	521.4	0.0	0.0	0.0	0.0	55.3	0.0	466.1	0.0
Cardiac Catheterization with or without Stent(s).....	435.1	0.0	0.0	60.0	21.1	339.5	14.5	0.0	0.0
Heart Transplant.....	376.1	0.0	0.0	0.0	0.0	376.1	0.0	0.0	0.0
Special Out-of-Country.....	177.7	0.0	0.0	0.0	0.0	0.0	0.0	177.7	0.0
Other Pacemaker Insertion or Replacement.....	108.6	0.0	0.0	35.0	12.7	47.8	13.1	0.0	0.0
Kidney Transplant.....	78.0	0.0	0.0	0.0	0.0	78.0	0.0	0.0	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases.....	662.3	0.0	28.6	66.2	2.8	512.6	46.6	1.8	3.7
II. Neoplasms.....	2,341.0	0.0	6.3	288.6	272.5	1,662.9	97.4	13.1	0.1
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	521.3	0.8	0.0	1.6	37.6	470.1	10.0	1.1	0.0
IV. Diseases of Blood & Blood-Forming Organs.....	385.0	17.3	3.7	0.0	77.4	279.0	7.5	0.0	0.0
V. Mental Disorders.....	1,335.2	36.9	24.8	158.9	166.5	881.9	64.4	1.9	0.0
VI. Diseases of the Nervous System & Sense Organs.....	653.9	0.0	25.6	112.6	5.8	481.1	28.6	0.2	0.0
VII. Diseases of the Circulatory System.....	3,381.9	20.4	5.6	465.1	186.5	2,520.6	164.8	16.2	2.8
VIII. Diseases of the Respiratory System.....	1,185.8	0.0	2.1	99.8	107.3	930.3	38.6	3.2	4.6
IX. Diseases of the Digestive System.....	2,283.5	27.1	5.7	202.5	133.1	1,789.1	117.9	6.1	2.1
X. Diseases of the Genitourinary System.....	961.7	0.0	7.0	78.4	92.2	732.3	50.6	0.6	0.6
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	695.0	10.6	1.3	54.9	198.9	393.3	34.6	0.4	0.9
XII. Diseases of the Skin & Subcutaneous Tissue.....	284.5	9.8	1.8	48.7	15.7	201.7	5.6	1.1	0.0
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	1,102.9	18.5	23.0	86.3	58.8	856.6	58.6	0.5	0.7
XIV. Congenital Anomalies.....	1,092.1	0.0	15.2	252.8	49.9	774.2	0.0	0.0	0.0
XV. Certain Conditions Originating in the Perinatal Period.....	867.5	0.0	0.0	2.5	178.0	446.4	239.1	0.0	1.5
XVI. Symptoms, Signs, & Ill-defined Conditions.....	1,345.2	2.8	0.0	161.1	60.2	1,099.8	15.3	2.8	3.3
XVII. Injury and Poisoning (Nature).....	3,076.0	12.0	13.7	270.4	161.8	2,349.7	253.3	7.9	7.2
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	1,610.6	75.2	87.3	120.5	189.3	1,007.4	130.7	0.2	0.0
Outpatient Treatment									
Standard Outpatient Visit.....	4,210.6	125.5	41.4	234.6	514.7	2,794.3	463.9	30.3	5.9
Day Care Surgery.....	587.0	6.4	5.6	32.4	113.2	392.0	36.2	1.0	0.2
Haemodialysis.....	72.1	0.2	1.3	1.3	31.2	22.2	10.8	0.2	4.8
Computerized Axial Tomography.....	221.7	1.2	3.2	11.6	47.8	139.4	18.4	0.1	0.0
Magnetic Resonance Imaging (MRI).....	189.1	0.0	4.6	18.3	15.1	139.3	11.1	0.7	0.0
Cancer Chemotherapy Visit.....	266.3	0.0	0.0	2.8	1.1	248.2	14.2	0.0	0.0
Special Out-of-Country.....	330.2	0.0	0.0	0.0	0.0	0.0	0.0	330.2	0.0
Other Outpatient Treatment.....	902.2	1.3	2.2	21.3	146.7	596.0	134.6	0.1	0.0
Total.....	38,035.7	378.3	310.0	3,275.3	3,262.1	27,530.1	2,178.1	1,063.4	38.4

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

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

3) Although all Cochlear Implants are performed in Alberta, payment for the device itself is made to the United States.

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

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

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

	Location of Services								
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment -- High Cost Procedures -- Cases									
Intermediate/Complex Cardiovascular Paediatric...	50	0	0	0	0	50	0	0	0
Liver Transplant.....	16	0	0	3	0	13	0	0	0
Cardiac Surgery with or without Valve Replacement.....	65	1	0	8	0	55	1	0	0
Bone Marrow/Stem Cell Transplant.....	6	0	0	0	1	4	1	0	0
Defibrillator Pacemaker Implantation.....	21	0	0	0	0	21	0	0	0
Lung Transplant.....	5	0	0	0	1	4	0	0	0
Cochlear Implant.....	16	0	0	0	0	16	0	0	0
Cardiac Catheterization with or without Stent(s)....	49	0	0	1	3	41	4	0	0
Heart Transplant.....	5	0	0	0	0	5	0	0	0
Special Out-of-Country.....	5	0	0	0	0	0	0	5	0
Other Pacemaker Insertion or Replacement.....	12	0	0	4	1	6	1	0	0
Kidney Transplant.....	4	0	0	0	0	4	0	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis -- Cases									
I. Infectious & Parasitic Diseases.....	80	0	1	9	3	36	10	4	17
II. Neoplasms.....	241	0	1	29	21	170	16	3	1
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	75	1	0	2	10	55	3	3	1
IV. Diseases of Blood & Blood-Forming Organs....	45	1	1	0	4	35	4	0	0
V. Mental Disorders.....	165	5	1	21	23	97	15	3	0
VI. Diseases of the Nervous System & Sense Organs.....	133	0	1	8	3	106	14	1	0
VII. Diseases of the Circulatory System.....	531	7	1	52	36	331	48	52	4
VIII. Diseases of the Respiratory System.....	341	0	2	13	43	242	21	9	11
IX. Diseases of the Digestive System.....	509	4	3	47	50	349	34	15	7
X. Diseases of the Genitourinary System.....	210	0	1	16	23	144	16	5	5
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	324	3	2	23	80	189	20	2	5
XII. Diseases of the Skin & Subcutaneous Tissue..	45	2	1	5	5	26	2	4	0
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	204	2	3	14	26	140	16	2	1
XIV. Congenital Anomalies.....	84	0	2	19	4	59	0	0	0
XV. Certain Conditions Originating in the Perinatal Period.....	105	0	0	4	21	70	9	0	1
XVI. Symptoms, Signs, & Ill-defined Conditions....	314	1	0	29	24	218	10	19	13
XVII. Injury and Poisoning (Nature).....	552	4	4	38	52	362	55	17	20
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	580	3	2	24	62	454	34	1	0
Outpatient Treatment -- Services									
Standard Outpatient Visit.....	39,669	1,192	393	2,225	4,788	25,771	4,502	662	136
Day Care Surgery.....	1,532	16	14	87	313	989	101	10	2
Haemodialysis.....	314	1	6	6	145	103	49	3	1
Computerized Axial Tomography.....	1,130	6	18	62	243	703	97	1	0
Magnetic Resonance Imaging (MRI).....	296	0	7	29	23	218	18	1	0
Cancer Chemotherapy Visit.....	413	1	0	2	4	387	19	0	0
Special Out-of-Country.....	57	0	0	0	0	0	0	57	0
Other Outpatient Treatment.....	2,974	42	69	117	383	1,965	396	2	0
Total.....	51,177	1,292	533	2,897	6,395	33,438	5,516	881	225

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Although all Cochlear Implants are performed in Alberta, the devices are purchased from the United States.
3) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
4) Inpatient MRIs are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

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

	All Locations	Home Province or Territory of Beneficiary					
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment -- High Cost Procedures							
Cardiac Catheterization with or without Stent(s).....	243.3	13.1	0.0	43.2	58.1	75.1	53.9
Cardiac Surgery with or without Valve Replacement.....	166.0	0.0	0.0	8.6	98.9	45.9	12.6
Pacemaker Insertion or Replacement.....	104.8	46.0	0.0	0.0	58.8	0.0	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases.....	261.3	0.0	0.0	43.9	58.8	104.0	54.6
II. Neoplasms.....	536.5	1.0	0.0	22.2	309.8	104.8	98.8
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	172.4	0.0	0.0	0.0	48.3	97.7	26.4
IV. Diseases of Blood and Blood-Forming Organs.....	37.0	0.0	0.0	3.6	18.1	12.7	2.6
V. Mental Disorders.....	1,735.3	31.6	8.3	93.0	148.6	1,144.8	309.0
VI. Diseases of the Nervous System & Sense Organs.....	152.9	1.6	1.9	11.0	54.2	77.6	6.5
VII. Diseases of the Circulatory System.....	1,010.4	24.2	17.0	119.0	341.5	233.3	275.5
VIII. Diseases of the Respiratory System.....	761.1	22.5	8.4	60.1	260.7	296.2	113.3
IX. Diseases of the Digestive System.....	848.7	22.9	8.1	31.9	295.0	357.7	133.1
X. Diseases of the Genitourinary System.....	450.3	2.3	2.6	13.7	243.8	135.8	52.1
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	636.6	48.6	0.0	26.8	294.2	192.5	74.5
XII. Diseases of the Skin and Subcutaneous Tissue.....	57.7	1.0	0.0	3.5	26.1	18.1	9.0
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	343.9	0.0	0.0	3.2	141.5	159.1	40.1
XIV. Congenital Anomalies.....	15.1	0.0	0.0	0.0	10.7	4.4	0.0
XV. Certain Conditions Originating in the Perinatal Period.....	183.5	10.7	0.0	18.9	77.7	73.1	3.0
XVI. Symptoms, Signs, and Ill-defined Conditions.....	260.5	10.1	2.2	25.0	78.6	97.1	47.4
XVII. Injury and Poisoning (Nature).....	1,238.1	24.6	4.0	141.8	408.2	484.2	175.2
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	431.0	4.3	0.0	22.0	267.7	101.1	35.8
Outpatient Treatment							
Standard Outpatient Visit.....	2,489.5	106.6	24.9	192.4	776.3	1,024.4	365.0
Day Care Surgery.....	473.2	6.0	0.4	8.0	348.8	96.4	13.6
Haemodialysis.....	84.9	0.0	0.4	0.7	13.6	22.4	47.7
Computerized Axial Tomography.....	47.0	4.2	0.2	2.0	15.0	16.8	8.8
Magnetic Resonance Imaging (MRI).....	50.4	2.0	0.0	1.3	28.2	13.8	5.2
Cancer Chemotherapy Visit.....	60.2	0.0	0.0	1.2	41.4	13.0	4.6
Other Outpatient Treatment.....	70.2	1.3	0.2	2.4	37.3	13.2	15.6
Total.....	12,921.6	384.6	78.7	899.4	4,559.8	5,015.2	1,983.9

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

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

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

	All Locations	Home Province or Territory of Beneficiary					
		Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment -- High Cost Procedures -- Cases							
Cardiac Catheterization with or without Stent(s).....	29	2	0	6	6	8	7
Cardiac Surgery with or without Valve Replacement.....	11	0	0	1	6	3	1
Pacemaker Insertion or Replacement.....	8	1	0	0	7	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis -- Cases							
I. Infectious & Parasitic Diseases.....	53	0	0	6	17	21	9
II. Neoplasms.....	123	1	0	4	83	21	14
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders.....	49	0	0	0	13	29	7
IV. Diseases of Blood and Blood-Forming Organs.....	17	0	0	1	6	8	2
V. Mental Disorders.....	219	8	1	11	27	133	39
VI. Diseases of the Nervous System & Sense Organs.....	55	1	1	3	33	14	3
VII. Diseases of the Circulatory System.....	247	9	4	34	79	65	56
VIII. Diseases of the Respiratory System.....	254	7	4	22	75	116	30
IX. Diseases of the Digestive System.....	272	7	3	17	95	114	36
X. Diseases of the Genitourinary System.....	186	3	2	8	101	49	23
XI. Complications of Pregnancy, Childbirth & the Puerperium.....	276	16	0	11	134	92	23
XII. Diseases of the Skin and Subcutaneous Tissue.....	20	1	0	2	7	6	4
XIII. Diseases of the Musculoskeletal System & Connective Tissue.....	94	0	0	3	40	41	10
XIV. Congenital Anomalies.....	9	0	0	0	5	4	0
XV. Certain Conditions Originating in the Perinatal Period.....	63	3	0	2	41	16	1
XVI. Symptoms, Signs, and Ill-defined Conditions.....	152	8	1	11	42	66	24
XVII. Injury and Poisoning (Nature).....	327	10	3	35	104	138	37
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services.....	229	4	0	8	128	71	18
Outpatient Treatment -- Services							
Standard Outpatient Visit.....	22,805	992	227	1,783	7,080	9,404	3,319
Day Care Surgery.....	1,185	15	1	20	873	242	34
Haemodialysis.....	410	0	2	3	62	126	217
Computerized Axial Tomography.....	236	21	1	10	76	84	44
Magnetic Resonance Imaging (MRI).....	77	3	0	2	43	21	8
Cancer Chemotherapy Visit.....	71	0	0	1	49	16	5
Other Outpatient Treatment.....	1,076	43	7	81	383	368	194
Total.....	28,553	1,155	257	2,085	9,615	11,276	4,165

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

2) Inpatient MRIs 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 Physiatrists	Neurologists	Cardiologists	Psychiatrists	Dermatologists	General Surgeons	Cardiac Surgeons
Visits									
Consultations.....	21.5	28.3	95.3	23.1	18.8	8.4	17.1	55.1	2.5
Special Eye Examination.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Major Assessments.....	300.0	17.2	24.1	1.9	2.3	4.9	1.0	4.0	0.0
Other Assessments.....	4,194.2	37.1	63.9	3.2	7.2	13.9	14.0	37.7	1.4
Hospital									
Newborn, Premature.....	0.7	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other.....	315.0	24.7	127.6	7.6	17.8	11.5	0.0	20.3	0.0
Special Calls and Emergency									
Surcharges.....	252.0	6.9	17.2	2.9	1.8	1.7	0.5	11.0	0.2
Premiums.....	352.2	14.1	50.6	2.8	11.4	4.3	0.2	12.7	1.3
Psychotherapy									
Base Time ²	133.3	1.9	0.3	0.4	0.0	65.2	0.0	0.1	0.0
Additional Time.....	92.2	1.2	0.2	0.0	0.0	42.1	0.0	0.1	0.0
Major Surgery.....	5.6	0.0	0.2	0.3	0.0	0.0	0.1	16.4	6.9
Minor Surgery.....	172.5	0.4	0.4	0.0	0.1	0.0	18.0	8.0	0.1
Surgical Assistance.....	98.3	0.0	0.0	0.0	0.0	0.0	0.0	7.9	1.5
Obstetrics.....	9.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Anaesthesia									
Operative.....	62.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nerve Blocks & Epidurals.....	5.5	0.0	0.2	0.1	0.0	0.0	0.0	0.0	0.0
Diagnostic Radiology.....	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pathology/									
Laboratory Services.....	430.0	0.5	0.3	0.0	0.0	0.0	0.2	0.0	0.0
Diagnostic Ultrasound.....	2.5	2.0	15.1	0.0	24.5	0.0	0.0	0.0	0.0
Other Diagnostic and Therapeutic Services.....	325.7	137.5	331.7	10.9	93.5	6.6	19.3	38.8	0.2
Special Services.....	155.9	0.2	0.2	0.0	0.0	0.0	1.3	16.2	0.0
Miscellaneous Services ³	406.8	5.0	14.1	1.8	1.2	6.7	1.2	5.8	0.1
Total Services.....	7,335.7	277.4	741.3	55.1	178.5	165.3	72.9	234.0	14.1

¹ The "Introductory Notes", page 12, describe inclusions in these classifications.

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

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

**Table 15
(Continued)**

Orthopaedic Surgeons	Type of Physician								Total Services
	Plastic and Reconstructive Surgeons	Neurological Surgeons	Obstetricians and Gynaecologists	Urological Surgeons	Ophthalmologists	Otolaryngologists	Anaesthetists	Pathologists and Diagnostic Radiologists	
37.9	18.3	8.6	42.4	15.0	39.6	27.1	10.8	0.1	469.9
0.0	0.0	0.0	0.0	0.0	1.7	0.0	0.0	0.0	1.7
1.9	0.3	0.1	8.3	5.6	27.7	8.2	0.0	0.0	407.5
30.1	7.5	2.9	59.6	7.2	65.0	21.8	2.9	0.0	4,569.6
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9
2.0	0.2	2.6	2.8	0.7	0.3	0.3	0.0	0.0	533.3
5.5	1.1	1.4	10.4	1.0	1.5	1.1	14.1	0.3	330.5
8.6	2.5	2.1	14.6	1.4	1.8	0.9	87.9	0.6	569.9
0.0	0.0	0.0	2.2	0.0	0.0	0.0	0.0	0.0	203.5
0.0	0.0	0.0	2.5	0.0	0.0	0.0	0.0	0.0	138.4
16.4	7.7	2.7	6.6	4.8	31.5	7.1	0.0	0.0	106.3
1.7	9.2	0.0	2.0	1.4	8.3	2.8	0.0	0.1	225.0
2.2	1.3	0.5	2.8	1.7	0.0	0.3	0.0	0.0	116.5
0.0	0.0	0.0	14.4	0.0	0.0	0.0	0.0	0.0	23.5
0.0	0.0	0.0	0.0	0.0	0.0	0.0	472.7	0.0	535.5
0.0	0.0	0.2	0.0	0.0	0.0	0.0	35.1	0.1	41.2
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	258.7	258.7
0.0	0.0	0.0	23.2	1.3	0.0	0.0	0.0	3.4	458.9
0.0	0.0	0.0	16.4	0.0	11.5	0.0	0.4	95.6	167.9
8.8	1.1	0.2	20.4	12.5	198.6	108.6	10.2	21.7	1,346.2
0.0	0.5	0.0	20.3	0.0	0.0	0.0	0.0	0.0	194.6
1.9	0.3	0.7	6.7	3.5	4.3	0.9	0.0	0.3	461.3
116.9	50.0	22.0	255.7	56.1	391.6	179.1	634.1	380.9	11,160.7

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 2002-03 to 2003-04
		Patients	Payments	Services	
Electrocardiograms and Echocardiograms.....	376,926	152.78	7,267.25	374.03	3.18
Allergy Investigations and Hyposensitization Injections.....	310,357	10.61	576.93	307.97	2.62
Submission of Papanicolaou Smear.....	131,319	234.79 f	1,290.49 f	258.36 f	3.44
Artificial Extra Corporeal Haemodialysis.....	65,774	0.80	2,400.92	65.27	10.79
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts.....	29,609	24.58	1,299.24	29.38	1.61
Plantar Wart Excision or Fulguration.....	26,470	12.67	428.05	26.27	-2.55
Suturing of Wounds.....	25,016	23.22	1,168.55	24.82	-1.66
Arthrocentesis - Joint Injections					
Shoulder, Elbow, Knee.....	17,747	11.31	248.61	17.61	3.02
Delivery - Vaginal.....	8,939	17.36 f	6,912.70 f	17.59 f	3.46
- Caesarean.....	2,224	4.36 f	2,076.02 f	4.38 f	8.21
Cataract Extraction.....	11,102	8.25	4,595.05	11.02	-3.33
Cystoscopy.....	10,447	8.58	740.04	10.37	-1.28
Fractures, Open Surgical or Closed Reduction.....	6,059	5.25	1,401.55	6.01	0.12
Psychological Testing.....	5,481	3.11	193.89	5.44	-2.55
Sigmoidoscopy.....	5,334	4.86	261.26	5.29	0.88
Cardiac Catheterization.....	4,572	3.59	472.83	4.54	-5.42
Hernia Repair.....	3,963	3.47	1,333.49	3.93	-2.72
Electroencephalograms or Echoencephalograms.....	3,890	3.45	87.02	3.86	-6.39
Gall Bladder or Other Biliary Tract Surgery.....	2,482	2.44	1,201.12	2.46	-10.97
Arthroplasty - Total Hip Replacement.....	1,119	1.00	748.38	1.11	2.15
- Total Knee Replacement.....	1,334	1.16	879.13	1.32	18.79
Vasectomy.....	1,825	3.64 m	676.84 m	3.65 m	-6.09
Hysterectomy - Abdominal.....	1,200	2.34 f	927.03 f	2.36 f	-3.32
- Vaginal.....	550	1.08 f	452.30 f	1.08 f	5.98
Therapeutic Abortion.....	1,672	3.24 f	454.50 f	3.29 f	-1.71
Tubal Ligation.....	1,572	3.07 f	553.66 f	3.09 f	-0.61
Dilatation and Curettage.....	1,476	2.82 f	342.86 f	2.90 f	-1.78
Varicose Veins (Ligation).....	1,378	0.59	205.04	1.37	-2.21
Tonsillectomy (With or Without Adenoidectomy).....	1,223	1.21	224.78	1.21	0.62
Electroconvulsive Therapy.....	1,111	0.20	47.18	1.10	11.09
Appendectomy.....	951	0.94	293.64	0.94	-3.00
Genital Prolapse Repair.....	936	1.59 f	526.97 f	1.84 f	3.11
Coronary By-Pass.....	876	0.87	2,034.68	0.87	6.82
Prostatectomy (With or Without Vasectomy).....	870	1.72 m	1,163.09 m	1.74 m	-8.10
Septoplasty or Submucous Resection.....	790	0.78	237.07	0.78	1.44
Spinal Disc Excision.....	763	0.73	481.57	0.76	3.04
Salpingectomy, Oophorectomy and/or Ovarian Cystectomy.....	540	1.04 f	323.30 f	1.06 f	1.92
Strabismus Operation.....	147	0.14	84.38	0.15	-18.31
Peptic Ulcer Surgery.....	141	0.13	84.04	0.14	-13.10

f Rate per 1,000 female beneficiaries.

m Rate per 1,000 male beneficiaries.

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

Conditions	I.C.D. ¹	Number of Services (000'S)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
General Medical Examination - No Specific Diagnosis.....	V70	465	203.8	11,040	462
Acute Upper Respiratory Infection (Except Influenza).....	460 - 465	450	233.8	9,939	447
Hypertension.....	401 - 405	370	121.5	8,855	367
Diseases Affecting Genitourinary Tract.....	580 - 599, 788	323	77.5	9,408	320
Chronic Sinusitis & Other Respiratory Symptoms.....	473 & 786	220	85.9	6,545	218
Ischaemic Heart Disease.....	410 - 414	211	31.0	10,600	210
Diabetes Mellitus.....	250	180	39.6	4,220	178
Rheumatic Disease.....	725 - 729	176	90.9	4,919	175
Arthritis.....	710 - 716	166	59.6	5,642	165
Psychoses.....	295 - 299	157	17.2	4,859	156
Otitis Media.....	381 & 382	148	62.9	3,375	147
Asthma.....	493	148	41.4	2,634	146
Bronchitis.....	466, 490 & 491	146	82.9	3,291	145
Neuroses.....	300	135	55.4	3,288	134
Eczema.....	690 - 692	119	60.6	2,334	118
Cataract.....	366	113	21.6	6,703	112
Vertebrogenic Pain Syndrome.....	724	111	51.7	3,055	110
Symptomatic Heart Disease.....	428 & 429	110	21.2	3,154	109
Cardiac Disrhythmias.....	427	104	19.6	2,816	103
Glaucoma.....	365	81	17.1	1,909	81
Hay Fever.....	477	80	10.5	567	79
Diarrheal Disease.....	009	79	38.9	2,070	79
Pneumonia.....	480 - 486	79	19.2	2,035	78
Disorders of Menstruation.....	Z08 ² & 626	70	56.1 ^f	3,662 ^f	137 ^f
Cerebrovascular Disease.....	430 - 438	69	9.5	2,005	68
Cellulitis and Abscess.....	681 & 682	65	27.0	1,492	64
Anaemias.....	280 - 285	56	18.3	1,493	56
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva.....	615 & 616	55	46.1 ^f	2,455 ^f	109 ^f
Chronic Airways Obstruction.....	496	49	10.3	1,286	49
Myxedema.....	244	40	22.1	879	40
Gastritis and Duodenitis.....	535	36	20.5	857	36
Migraine.....	346	34	13.5	774	33
Alzheimer's Disease and Other Cerebral Degenerations.....	331	30	3.0	653	29
Menopausal Symptoms.....	627	28	29.8 ^f	1,241 ^f	54 ^f
Influenza.....	487	26	19.8	561	26
Varicose Veins of Lower Extremity.....	454	26	4.7	678	26
Disorders of Functions of Stomach.....	536 & 537	22	12.8	581	22
Hyperkinetic Syndrome of Childhood (ADHD).....	314	18	4.6	564	18
Obesity.....	278	14	7.2	480	14
Epilepsy.....	345	14	4.5	369	14
Alcoholic Psychosis and Alcoholism.....	291 & 303	14	3.9	350	14
Multiple Sclerosis.....	340	13	2.0	365	13
Ulcers of Duodenum and Stomach.....	531 - 534	9	5.2	264	9

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.

Note: 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		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 1998-99 ¹	674		439		1,113	
		11.1		6.4		9.3
Still Practising in 1999-00 ²	599		411		1,010	
Practising in 1999-00 ¹	693		443		1,136	
		12.1		8.1		10.6
Still Practising in 2000-01 ²	609		407		1,016	
Practising in 2000-01 ¹	735		440		1,175	
		18.4		2.0		12.3
Still Practising in 2001-02 ²	600		431		1,031	
Practising in 2001-02 ¹	706		497		1,203	
		11.6		10.9		11.3
Still Practising in 2002-03 ²	624		443		1,067	
Practising in 2002-03 ¹	715		496		1,211	
		13.6		7.9		11.2
Still Practising in 2003-04 ²	618		457		1,075	
Practising in 2003-04 ¹	715		500		1,215	

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 2003-04 was 140, the difference between "Practising" (1,215) and "Still Practising" (1,075).

2) Effective April 1, 2001 all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners (see "Highlights" - page 4).

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

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

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	
	2002-03	2003-04	2002-03	2003-04	2002-03	2003-04	2002-03	2003-04	2002-03	2003-04
General Practitioner⁴	716	730	1.4	1.4	2.6	2.6	6.6	6.6	81.0	83.0
Specialists⁴										
Paediatricians and										
Medical Geneticists.....	39	39	26.3	25.8	1.2	1.3	2.5	2.8	3.8	3.9
Internists and Psychiatrists....	96	94	10.7	10.7	1.9	1.9	4.1	4.3	12.2	12.5
Neurologists.....	13	13	78.8	77.5	2.2	2.1	2.9	2.8	2.5	2.5
Cardiologists.....	14	15	73.2	67.2	3.8	3.8	4.7	4.4	3.8	3.9
Psychiatrists.....	31	32	33.1	31.5	0.5	0.5	2.8	2.7	1.5	1.5
Dermatologists.....	4	5	256.2	201.6	4.6	4.1	8.6	7.8	1.8	2.0
Anaesthetists.....	73	74	14.0	13.6	1.1	1.0	1.2	1.2	5.9	5.7
General Surgeons.....	51	54	20.1	18.7	1.3	1.2	2.7	2.6	5.9	6.0
Cardiac Surgeons.....	7	8	146.4	126.0	0.4	0.5	0.7	0.8	0.3	0.3
Orthopaedic Surgeons.....	26	28	39.4	36.0	1.6	1.6	2.8	2.8	4.3	4.1
Plastic and										
Reconstructive Surgeons...	13	13	78.8	77.5	1.4	1.5	2.2	2.5	1.7	1.9
Neurological Surgeons.....	8	7	128.1	144.0	0.9	1.1	1.7	2.1	0.7	0.8
Obstetricians and										
Gynaecologists.....	38	38	27.0	26.5	1.4	1.5	3.2	3.3	4.6	4.6
Urological Surgeons.....	13	12	78.8	84.0	1.8	1.9	3.0	3.1	2.2	2.1
Ophthalmologists.....	29	27	35.3	37.3	2.7	3.0	5.9	6.3	7.1	7.5
Otolaryngologists.....	11	10	93.2	100.8	3.2	3.4	6.0	6.2	3.4	3.5
Pathologists and										
Diagnostic Radiologists.....	37	38	27.7	26.5	6.6	6.2	0.2	0.2	18.8	18.7
All Specialists⁴	503	507	2.0	2.0	2.0	2.0	2.9	3.0	42.5	43.1
All Physicians⁴	1,219	1,237	0.8	0.8	2.3	2.4	5.1	5.1	83.0	84.9
Licensed Physicians ⁵	1,629	1,654	0.6	0.6	--	--	--	--	--	--

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

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

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

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

⁵ Licensed physicians includes temporary licensed locum physicians and excludes house officers in hospital 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 500	500- 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.....	282	2	12	41	52	36	34	30	75
Metro Solo.....	63	6	6	11	11	8	5	4	12
Urban Association.....	111	0	7	8	9	27	14	7	39
Urban Solo.....	35	2	5	4	3	3	7	6	5
Rural Association.....	173	0	2	26	32	38	39	20	16
Rural Solo.....	66	1	2	20	19	11	10	2	1
All General Practitioners 2003-04.....	730	11	34	110	126	123	109	69	148
All General Practitioners 2002-03.....	716	12	30	114	120	123	122	53	142
Specialists									
Paediatricians and Medical Geneticists.....	39	2	12	15	4	4	0	2	0
Internists and Physiatrists.....	94	4	29	16	11	9	7	3	15
Neurologists.....	13	0	3	2	1	2	2	1	2
Cardiologists.....	15	0	0	0	0	5	2	1	7
Psychiatrists.....	32	20	8	3	1	0	0	0	0
Dermatologists.....	5	0	0	1	0	0	0	1	3
Anaesthetists.....	74	5	30	33	6	0	0	0	0
General Surgeons.....	54	5	12	18	14	5	0	0	0
Cardiac Surgeons.....	8	4	4	0	0	0	0	0	0
Orthopaedic Surgeons.....	28	1	5	6	9	5	2	0	0
Plastic and Reconstructive Surgeons.....	13	1	3	1	5	3	0	0	0
Neurological Surgeons.....	7	0	3	3	0	1	0	0	0
Obstetricians and Gynaecologists.....	38	2	8	11	8	7	1	0	1
Urological Surgeons.....	12	0	2	2	4	2	1	0	1
Ophthalmologists.....	27	0	0	0	5	5	2	5	10
Otolaryngologists.....	10	0	1	1	0	1	2	0	5
Pathologists and Diagnostic Radiologists.....	38	3	0	2	4	2	3	2	22
All Specialists 2003-04.....	507	47	120	114	72	51	22	15	66
All Specialists 2002-03.....	503	48	127	105	68	47	25	21	62
All Physicians 2003-04.....	1,237	58	154	224	198	174	131	84	214
All Physicians 2002-03.....	1,219	60	157	219	188	170	147	74	204

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

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

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

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

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

Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 21
Physicians by Range of Patient Contacts

Type of Physician ¹	Number of Physicians ²	Range of Patient Contacts ³						
		1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
General Practitioners								
Metro Association.....	282	10	77	58	63	48	10	16
Metro Solo.....	63	15	12	14	6	5	7	4
Urban Association.....	111	4	11	23	29	22	14	8
Urban Solo.....	35	5	5	4	5	7	4	5
Rural Association.....	173	2	37	35	40	37	11	11
Rural Solo.....	66	2	10	19	12	9	8	6
All General Practitioners 2003-04.....	730	38	152	153	155	128	54	50
All General Practitioners 2002-03.....	716	41	136	151	171	116	57	44
Specialists								
Paediatricians and Medical Geneticists....	39	17	16	3	2	0	1	0
Internists and Psychiatrists.....	94	28	26	17	11	6	3	3
Neurologists.....	13	4	5	4	0	0	0	0
Cardiologists.....	15	2	4	7	1	1	0	0
Psychiatrists.....	32	18	8	3	1	1	0	1
Dermatologists.....	5	0	1	0	2	0	1	1
Anaesthetists.....	74	69	5	0	0	0	0	0
General Surgeons.....	54	15	32	7	0	0	0	0
Cardiac Surgeons.....	8	8	0	0	0	0	0	0
Orthopaedic Surgeons.....	28	6	20	2	0	0	0	0
Plastic and Reconstructive Surgeons.....	13	4	8	1	0	0	0	0
Neurological Surgeons.....	7	4	3	0	0	0	0	0
Obstetricians and Gynaecologists.....	38	9	18	9	2	0	0	0
Urological Surgeons.....	12	1	9	1	1	0	0	0
Ophthalmologists.....	27	0	6	7	7	5	2	0
Otolaryngologists.....	10	1	1	2	3	3	0	0
Pathologists and Diagnostic Radiologists.....	38	38	0	0	0	0	0	0
All Specialists 2003-04.....	507	224	162	63	30	16	7	5
All Specialists 2002-03.....	503	232	153	61	32	17	3	5
All Physicians 2003-04.....	1,237	262	314	216	185	144	61	55
All Physicians 2002-03.....	1,219	273	289	212	203	133	60	49

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

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

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

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

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

Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 22
Physicians by Place of Graduation¹

Type of Physician ²	Number of 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.....	282	136	14	4	31	5	46	44	2
Metro Solo.....	63	23	2	2	10	2	13	11	0
Urban Association.....	111	25	3	1	13	2	15	52	0
Urban Solo.....	35	8	1	1	7	0	7	11	0
Rural Association.....	173	45	5	0	8	6	14	94	1
Rural Solo.....	66	7	3	1	14	0	5	35	1
All General Practitioners 2003-04.....	730	244	28	9	83	15	100	247	4
All General Practitioners 2002-03.....	716	239	34	9	86	12	89	244	3
Specialists									
Paediatricians and									
Medical Geneticists.....	39	10	10	3	5	1	6	4	0
Internists and Physiatrists.....	94	28	17	5	7	6	13	18	0
Neurologists.....	13	3	1	1	2	0	4	2	0
Cardiologists.....	15	6	1	0	0	2	3	3	0
Psychiatrists.....	32	12	3	1	3	0	11	1	1
Dermatologists.....	5	3	0	0	0	0	0	2	0
Anaesthetists.....	74	34	15	0	3	1	9	12	0
General Surgeons.....	54	19	13	1	3	0	9	9	0
Cardiac Surgeons.....	8	1	5	1	0	1	0	0	0
Orthopaedic Surgeons.....	28	12	5	0	3	0	4	4	0
Plastic and Reconstructive Surgeons....	13	6	4	1	0	0	1	1	0
Neurological Surgeons.....	7	1	1	0	0	0	2	3	0
Obstetricians and Gynaecologists.....	38	16	4	1	0	1	5	11	0
Urological Surgeons.....	12	4	6	0	0	0	1	0	1
Ophthalmologists.....	27	13	2	1	6	0	0	5	0
Otolaryngologists.....	10	7	0	0	1	0	2	0	0
Pathologists and									
Diagnostic Radiologists.....	38	20	7	0	4	1	3	2	1
All Specialists 2003-04.....	507	195	94	15	37	13	73	77	3
All Specialists 2002-03.....	503	190	92	16	44	12	74	72	3
All Physicians 2003-04.....	1,237	439	122	24	120	28	173	324	7
Per Cent Distribution 2003-04.....	100%	35%	10%	2%	10%	2%	14%	26%	1%
All Physicians 2002-03.....	1,219	429	126	25	130	24	163	316	6
Per Cent Distribution 2002-03.....	100%	35%	10%	2%	11%	2%	13%	26%	0%

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

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

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

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

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

Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 23
Physicians by Age Group

Type of Physician ¹	Number of Physicians ²	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Metro Association.....	282	32	73	89	61	27
Metro Solo.....	63	2	11	18	19	13
Urban Association.....	111	24	34	30	15	8
Urban Solo.....	35	1	10	5	15	4
Rural Association.....	173	38	68	29	31	7
Rural Solo.....	66	9	16	13	15	13
All General Practitioners 2003-04.....	730	106	212	184	156	72
All General Practitioners 2002-03.....	716	123	206	177	147	63
Specialists						
Paediatricians and Medical Geneticists.....	39	6	9	8	9	7
Internists and Psychiatrists.....	94	7	26	27	27	7
Neurologists.....	13	1	3	3	2	4
Cardiologists.....	15	1	7	3	4	0
Psychiatrists.....	32	0	9	7	8	8
Dermatologists.....	5	0	2	1	2	0
Anaesthetists.....	74	9	31	24	8	2
General Surgeons.....	54	2	24	16	9	3
Cardiac Surgeons.....	8	1	4	2	0	1
Orthopaedic Surgeons.....	28	3	6	11	6	2
Plastic and Reconstructive Surgeons.....	13	2	4	2	3	2
Neurological Surgeons.....	7	1	0	3	2	1
Obstetricians and Gynaecologists.....	38	4	12	11	10	1
Urological Surgeons.....	12	1	2	3	3	3
Ophthalmologists.....	27	2	7	10	5	3
Otolaryngologists.....	10	0	1	5	2	2
Pathologists and Diagnostic Radiologists.....	38	3	11	16	7	1
All Specialists 2003-04.....	507	43	158	152	107	47
All Specialists 2002-03.....	503	39	158	160	98	48
All Physicians 2003-04.....	1,237	149	370	336	263	119
Per Cent Distribution 2003-04.....	100%	12%	30%	27%	21%	10%
All Physicians 2002-03.....	1,219	162	364	337	245	111
Per Cent Distribution 2002-03.....	100%	13%	30%	28%	20%	9%

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

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

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

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

Table 24**Average 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	251.8	1,237	207.3	730	316.0	507
Highest Paid.....	1,204.9		677.7		1,204.9	
Less than \$ 60,000.....	25.8	206	26.8	127	24.3	79
\$ 60,000 - \$ 74,999.....	67.4	48	67.7	39	66.3	9
\$ 75,000 - \$ 99,999.....	88.1	87	87.5	61	89.3	26
\$100,000 - \$124,999.....	112.0	117	112.2	78	111.5	39
\$125,000 - \$149,999.....	137.4	92	136.7	52	138.3	40
\$150,000 - \$174,999.....	162.3	88	163.5	62	159.2	26
\$175,000 - \$199,999.....	186.7	104	185.9	72	188.6	32
\$200,000 - \$249,999.....	225.4	212	225.9	138	224.5	74
\$250,000 - \$299,999.....	270.6	156	271.3	113	268.8	43
\$300,000 - \$349,999.....	324.7	101	324.0	56	325.6	45
Over \$350,000.....	510.3	232	406.8	59	545.7	173
Total.....	219.6	1,443	180.6	857	276.7	586

	General Practitioners					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	183.9	345	237.2	146	222.8	239
Highest Paid.....	447.5		677.7		579.4	
Less than \$ 60,000.....	28.0	83	29.2	15	22.1	29
\$ 60,000 - \$ 74,999.....	68.4	24	65.5	5	67.1	10
\$ 75,000 - \$ 99,999.....	88.0	35	87.2	9	86.8	17
\$100,000 - \$124,999.....	112.2	47	110.5	10	113.0	21
\$125,000 - \$149,999.....	137.9	31	135.1	8	134.6	13
\$150,000 - \$174,999.....	162.3	32	162.3	13	166.7	17
\$175,000 - \$199,999.....	187.2	41	190.9	9	181.5	22
\$200,000 - \$249,999.....	225.3	64	227.2	28	225.9	46
\$250,000 - \$299,999.....	269.7	40	272.9	27	271.7	46
\$300,000 - \$349,999.....	318.0	13	321.6	19	329.1	24
Over \$350,000.....	387.2	18	426.0	18	407.0	23
Total.....	153.7	428	217.8	161	201.1	268

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

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

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

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

Table 24 (Continued)

	Type of Physician ³					
	Paediatricians and Medical Geneticists		Internists and Physiatrists		Cardiologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	178.6	39	284.9	94	550.9	15
Highest Paid.....	557.7		902.6		1,204.9	
Less than \$ 60,000.....	12.2	11	30.6	24	--	--
\$ 60,000 - \$ 74,999.....	68.1	3	--	--	--	--
\$ 75,000 - \$ 99,999.....	91.7	5	85.6	7	--	--
\$100,000 - \$124,999.....	106.9	4	112.2	10	--	--
\$125,000 - \$149,999.....	139.0	9	138.5	9	142.0	2
\$150,000 - \$174,999.....	157.1	4	158.3	6	--	--
\$175,000 - \$199,999.....	185.2	3	190.1	6	--	--
\$200,000 - \$249,999.....	221.8	5	225.7	13	--	--
\$250,000 - \$299,999.....	266.2	1	266.9	6	--	--
\$300,000 - \$349,999.....	301.1	1	329.9	8	340.6	1
Over \$350,000.....	441.0	4	501.6	29	636.6	12
Total.....	142.0	50	233.2	118	550.9	15

	Neurologists		Psychiatrists		Dermatologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
	Physicians ⁴	235.2	13	217.3	32	327.5
Highest Paid.....	532.2		684.5		492.8	
Less than \$ 60,000.....	0.9	1	34.3	8	10.6	1
\$ 60,000 - \$ 74,999.....	--	--	63.9	1	--	--
\$ 75,000 - \$ 99,999.....	82.6	2	90.1	2	--	--
\$100,000 - \$124,999.....	115.3	1	110.6	10	107.0	1
\$125,000 - \$149,999.....	129.3	2	144.2	2	--	--
\$150,000 - \$174,999.....	--	--	158.1	3	--	--
\$175,000 - \$199,999.....	187.5	3	187.6	3	--	--
\$200,000 - \$249,999.....	248.7	1	222.2	4	--	--
\$250,000 - \$299,999.....	--	--	287.4	1	--	--
\$300,000 - \$349,999.....	330.7	1	321.2	1	325.2	2
Over \$350,000.....	458.7	3	556.2	5	440.1	2
Total.....	218.4	14	180.7	40	274.7	6

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

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

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

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

	Type of Physician ³					
	Anaesthetists		General Surgeons		Cardiac Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	237.7	74	304.7	54	511.0	8
Highest Paid.....	566.6		573.1		771.7	
Less than \$ 60,000.....	46.3	1	20.9	9	--	--
\$ 60,000 - \$ 74,999.....	--	--	70.6	1	--	--
\$ 75,000 - \$ 99,999.....	--	--	91.7	3	95.8	1
\$100,000 - \$124,999.....	113.7	7	111.0	2	--	--
\$125,000 - \$149,999.....	141.3	6	137.3	5	--	--
\$150,000 - \$174,999.....	157.8	3	164.7	1	--	--
\$175,000 - \$199,999.....	190.0	8	--	--	--	--
\$200,000 - \$249,999.....	220.0	24	224.4	8	--	--
\$250,000 - \$299,999.....	269.9	12	274.0	8	--	--
\$300,000 - \$349,999.....	321.8	6	313.4	4	--	--
Over \$350,000.....	438.3	8	445.2	22	570.3	7
Total.....	235.2	75	264.2	63	511.0	8

	Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
	Physicians ⁴	323.0	28	297.9	13	343.0
Highest Paid.....	566.3		601.8		589.7	
Less than \$ 60,000.....	31.6	1	46.6	1	35.2	2
\$ 60,000 - \$ 74,999.....	--	--	64.8	1	--	--
\$ 75,000 - \$ 99,999.....	--	--	93.6	1	--	--
\$100,000 - \$124,999.....	107.3	1	--	--	--	--
\$125,000 - \$149,999.....	125.3	1	--	--	128.1	1
\$150,000 - \$174,999.....	170.3	1	155.9	1	--	--
\$175,000 - \$199,999.....	176.5	1	185.9	1	194.1	1
\$200,000 - \$249,999.....	229.2	7	--	--	--	--
\$250,000 - \$299,999.....	256.9	1	266.8	3	266.1	2
\$300,000 - \$349,999.....	321.8	2	337.3	1	--	--
Over \$350,000.....	425.7	14	447.0	5	515.4	3
Total.....	312.9	29	280.0	14	274.6	9

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

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

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

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

Table 24 (Continued)

	Type of Physician ³					
	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians ⁴	305.2	38	350.5	12	543.6	27
Highest Paid.....	1,051.9		938.7		1,040.1	
Less than \$ 60,000.....	23.2	5	35.6	1	53.7	2
\$ 60,000 - \$ 74,999.....	--	--	--	--	--	--
\$ 75,000 - \$ 99,999.....	88.8	3	--	--	92.7	1
\$100,000 - \$124,999.....	113.7	2	--	--	--	--
\$125,000 - \$149,999.....	135.7	2	--	--	--	--
\$150,000 - \$174,999.....	158.6	4	--	--	162.9	2
\$175,000 - \$199,999.....	185.7	2	194.2	2	--	--
\$200,000 - \$249,999.....	232.0	4	--	--	220.8	2
\$250,000 - \$299,999.....	265.4	2	272.3	2	252.6	1
\$300,000 - \$349,999.....	320.1	4	333.4	7	345.4	2
Over \$350,000.....	472.4	15	938.7	1	677.6	19
Total.....	272.4	43	326.2	13	509.8	29

	Pathologists and Diagnostic Radiologists			
	Otolaryngologists		Pathologists and Diagnostic Radiologists	
	Average Payment	Number	Average Payment	Number
Physicians ⁴	395.6	10	490.9	38
Highest Paid.....	740.2		1,194.4	
Less than \$ 60,000.....	--	--	10.2	12
\$ 60,000 - \$ 74,999.....	--	--	64.3	3
\$ 75,000 - \$ 99,999.....	96.4	1	--	--
\$100,000 - \$124,999.....	119.2	1	--	--
\$125,000 - \$149,999.....	--	--	145.0	1
\$150,000 - \$174,999.....	--	--	163.2	1
\$175,000 - \$199,999.....	--	--	187.9	2
\$200,000 - \$249,999.....	240.2	1	228.7	5
\$250,000 - \$299,999.....	259.0	1	265.2	3
\$300,000 - \$349,999.....	329.3	1	317.2	4
Over \$350,000.....	582.4	5	766.8	19
Total.....	395.6	10	375.5	50

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

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

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

Table 25
Average Payment (\$000's) Per Physician by Specialty, 1998-99 to 2003-04

Type of Physician ¹	Average Payment ² (\$000'S)						Average Annual Per Cent Change 1998-99 to 2003-04
	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	
General Practitioners							
Metro Association.....	157.3	162.0	159.8	164.3	169.4	180.0	2.76
Metro Solo.....	165.0	172.7	170.9	175.2	179.8	201.3	4.14
Urban Association.....	224.9	237.2	218.3	219.7	220.5	231.0	0.66
Urban Solo.....	234.9	220.8	212.4	247.2	252.8	256.8	2.08
Rural Association.....	221.1	233.5	223.5	206.3	216.7	224.1	0.42
Rural Solo.....	229.5	220.6	211.8	210.1	217.6	219.4	-0.86
All General Practitioners	194.3	198.5	191.3	191.6	197.4	207.3	1.35
Specialists							
Paediatricians and Medical Geneticists....	150.2	148.7	156.1	151.1	152.1	178.6	3.77
Internists and Physiatrists.....	249.5	247.7	233.4	253.5	268.9	284.9	2.83
Neurologists.....	233.3	231.3	238.8	237.6	228.6	235.2	0.19
Cardiologists.....	450.8	537.3	561.8	567.8	556.3	550.9	4.37
Psychiatrists.....	209.4	196.9	205.0	210.8	208.6	217.3	0.82
Dermatologists.....	321.7	289.7	310.3	311.1	357.4	327.5	0.79
Anaesthetists.....	190.2	198.5	200.9	215.1	237.1	237.7	4.63
General Surgeons.....	273.7	276.7	291.7	298.8	304.7	304.7	2.19
Cardiac Surgeons.....	563.7	526.8	480.0	505.5	441.8	511.0	-1.41
Orthopaedic Surgeons.....	280.7	305.2	308.9	286.2	305.8	323.0	3.01
Plastic and Reconstructive Surgeons.....	243.4	239.0	277.4	286.0	254.6	297.9	4.68
Neurological Surgeons.....	330.0	391.7	325.1	347.7	280.2	343.0	2.33
Obstetricians and Gynaecologists.....	260.4	275.4	275.1	250.8	277.5	305.2	3.49
Urological Surgeons.....	282.6	291.1	323.2	294.6	322.1	350.5	4.67
Ophthalmologists.....	511.1	498.5	500.3	452.9	497.6	543.6	1.51
Otolaryngologists.....	432.7	429.6	391.2	337.2	359.3	395.6	-1.36
Pathologists and Diagnostic Radiologists.....	401.1	468.3	499.1	499.2	498.7	490.9	4.33
All Specialists	279.9	288.3	292.3	290.0	301.0	316.0	2.48
Spec. less Pathologists & Radiologists.....	267.8	272.0	274.3	274.0	285.3	301.8	2.44
All Physicians	228.2	233.9	230.4	232.1	240.1	251.8	2.02
Phys. less Pathologists & Radiologists.....	221.8	226.0	221.8	224.1	232.0	244.3	1.98

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

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

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

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

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

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

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

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

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

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

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

	General Practitioners		Medical Specialists ¹		Surgical Specialists ¹		Technical Specialists ¹	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:²								
Regina	163	183.1	53	383.2	62	406.7	36	377.9
Saskatoon ³	182	184.6	121	221.5	95	356.6	65	306.1
Moose Jaw.....	27	243.9	3	614.3	6	392.6	1	**
Prince Albert.....	47	215.7	10	200.5	12	271.2	7	297.8
Yorkton.....	14	260.9	3	222.8	8	338.0	--	--
Swift Current.....	16	204.2	4	314.7	5	250.6	2	**
North Battleford.....	19	283.1	2	**	5	214.2	--	--
Estevan.....	11	283.7	--	--	--	--	--	--
Weyburn.....	12	207.4	--	--	--	--	--	--
All Other Locations.....	239	222.8	2	**	4	141.5	1	**
B. By Activity Threshold:								
1. Resident at Year End and No Change in Location During Year ²	688	209.6	190	273.5	193	352.9	110	325.4
2. Resident Full Year ²	683	213.1	194	272.9	188	366.1	106	333.6
3. Resident and Active in Two Consecutive Years ²	637	203.1	186	260.9	182	343.3	102	332.5
4. Resident During Any Portion of the Year and Earning \$60,000 or More..	768	202.9	201	268.9	205	349.0	116	316.1
5. Person-Year Equivalents and Earning \$60,000 or More ⁴	739.1	210.9	199.0	271.5	199.6	358.4	112.1	327.1
6. Resident at Year End With Payments of \$15,000 or More in Each Quarter of the Year.....	629	224.1	172	293.3	178	382.0	97	353.6
7. Resident at Year End and Not in Teaching Institutions ²	724	208.2	135	314.0	161	361.9	78	379.4
C. By Age Group:²								
Under 35.....	106	180.4	15	147.4	16	350.5	12	198.9
35 - 44.....	212	217.4	56	230.0	60	349.4	42	241.9
45 - 54.....	184	215.2	49	324.4	63	406.5	40	384.1
55 - 64.....	156	215.0	52	307.6	40	356.7	15	464.5
65 +	72	180.1	26	256.8	18	213.4	3	455.3

¹ Physicians are grouped as follows:

- . Medical Specialists include Paediatricians, Internists, Neurologists, Cardiologists, Psychiatrists, Dermatologists, Physiatriests, 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 Person-year equivalents are prorated on the number of months in practice.

** Not shown, to preserve confidentiality.

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

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

Table 27**Payments¹ for Specialist and Rural Emergency Coverage Programs**

	Specialist Emergency Coverage			Rural (GP) Emergency Coverage ³	Total Payments for Emergency Coverage
	Number of Rotations		Payments ²		
	Tier I	Tier II			
Regional Health Authority					
1 Sun Country.....	4	2	\$400,498	\$636,947	\$1,037,445
2 Five Hills.....	5	5	\$662,205	\$349,707	\$1,011,912
3 Cypress.....	5	4	\$612,291	\$554,284	\$1,166,575
4 Regina Qu'Appelle.....	35	6	\$4,214,014	\$538,133	\$4,752,147
5 Sunrise.....	5	4	\$634,056	\$623,139	\$1,257,195
6 Saskatoon.....	42	18	\$5,203,636	\$600,477	\$5,804,113
7 Heartland.....	0	0	\$0	\$765,428	\$765,428
8 Kelsey Trail.....	0	7	\$198,368	\$718,925	\$917,293
9 Prince Albert Parkland.....	7	4	\$839,114	\$459,904	\$1,299,018
10 Prairie North.....	11	4	\$1,321,110	\$539,847	\$1,860,956
11 Mamawetan Churchill River.....	0	0	\$0	\$118,425	\$118,425
12 Keewatin Yatthe.....	0	0	\$0	\$163,920	\$163,920
13 Athabasca.....	0	0	\$0	\$61,100	\$61,100
All Regional Health Authorities.....	114	54	\$14,085,291	\$6,130,237	\$20,215,528
Other Emergency Coverage					
Medical Health Officers.....	0	2	\$119,755	--	\$119,755
Saskatchewan Cancer Agency....	0	6	\$360,000	--	\$360,000
All Emergency Coverage.....	114	62	\$14,565,046	\$6,130,237	\$20,695,283

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 payments processed through the Claims System as well as any alternate payments and 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 & clinical judgment of the responding physician.

Table 28
Medical Remuneration and Alternate Payment Expenditures

	Medical Remuneration Payments ¹	Alternate Payments	Total Non-Fee-For-Service Payments
Regional Health Authority			
1 Sun Country.....	\$1,394,499	\$1,844,710	\$3,239,209
2 Five Hills.....	\$2,290,061	\$507,696	\$2,797,757
3 Cypress.....	\$1,783,661	\$1,814,610	\$3,598,271
4 Regina Qu'Appelle.....	\$28,854,815	\$3,302,656	\$32,157,471
5 Sunrise.....	\$2,645,630	\$94,024	\$2,739,654
6 Saskatoon.....	\$19,009,165	\$4,563,244	\$23,572,409
7 Heartland.....	\$266,509	\$309,156	\$575,665
8 Kelsey Trail.....	\$870,717	\$1,887,370	\$2,758,087
9 Prince Albert Parkland.....	\$3,209,453	\$3,715,557	\$6,925,010
10 Prairie North.....	\$3,402,747	\$741,788	\$4,144,535
11 Mamawetan Churchill River.....	\$54,517	\$397,952	\$452,469
12 Keewatin Yatthe.....	\$0	\$842,262	\$842,262
13 Athabasca.....	\$0	\$61,100	\$61,100
All Regional Health Authorities.....	\$63,781,774	\$20,082,124	\$83,863,898
Provincial Projects ²	\$0	\$3,174,170	\$3,174,170
All Expenditures.....	\$63,781,774	\$23,256,294 ³	\$87,038,068

¹ These expenditures for physician services are administered through Regional Health Authorities and funded by Saskatchewan Health include .

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

³ There is a difference between the Alternate Payments shown above and those shown in the Expenditure Tables on pages 7 and 8 due to accounting adjustments.

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

		Regional Health Authority of Patient Residence													
		1	2	3	4	5	6	7	8	9	10	11	12	13	
Age Groups	Sex	Sun Country	Five Hills	Cypress	Regina		Saskatoon	Heartland	Kelsey Trail	Prince Albert	Prairie North	Mama-wetan River	Kee-watin Yatthe	Atha-basca	Total
					Qu'Appelle	Sunrise									
Under 1	M	289	292	210	1,368	260	1,682	213	226	542	509	217	112	24	5,945
	F	272	254	187	1,310	249	1,565	219	208	485	527	233	111	30	5,651
	T	561	546	397	2,678	509	3,248	432	434	1,027	1,037	450	223	54	11,596
1 - 4	M	1,177	1,176	984	5,680	1,129	6,922	942	1,031	2,188	2,274	972	472	110	25,056
	F	1,204	1,081	923	5,494	1,101	6,559	908	965	2,194	2,150	912	436	108	24,035
	T	2,381	2,257	1,907	11,174	2,229	13,482	1,850	1,996	4,382	4,423	1,884	908	218	49,091
5 - 9	M	1,746	1,567	1,358	7,853	1,542	9,560	1,375	1,419	2,848	2,879	1,198	634	135	34,111
	F	1,660	1,543	1,300	7,452	1,477	8,985	1,330	1,440	2,833	2,788	1,232	583	130	32,752
	T	3,406	3,110	2,657	15,305	3,018	18,545	2,704	2,858	5,681	5,667	2,430	1,217	265	66,863
10 - 14	M	2,002	1,943	1,606	9,083	1,948	10,744	1,667	1,582	3,446	3,177	1,250	691	139	39,278
	F	1,925	1,809	1,541	8,741	1,866	10,061	1,601	1,583	3,164	2,923	1,222	669	139	37,243
	T	3,927	3,752	3,147	17,824	3,814	20,805	3,268	3,165	6,610	6,100	2,472	1,360	278	76,521
15 - 19	M	2,105	2,342	1,745	9,504	2,090	10,828	1,957	1,797	3,198	3,163	1,109	618	140	40,595
	F	2,008	2,098	1,653	8,970	2,114	10,377	1,877	1,668	3,017	3,047	1,004	607	147	38,586
	T	4,113	4,439	3,398	18,473	4,204	21,206	3,834	3,464	6,215	6,210	2,113	1,225	287	79,181
20 - 24	M	2,035	2,097	1,543	9,229	1,931	10,775	1,687	1,541	2,773	2,904	881	451	108	37,954
	F	1,787	1,905	1,403	9,055	1,898	10,876	1,434	1,297	2,604	2,732	786	407	112	36,295
	T	3,821	4,002	2,945	18,284	3,829	21,651	3,121	2,839	5,377	5,636	1,667	858	220	74,249
25 - 29	M	1,671	1,556	1,165	8,072	1,602	9,711	1,229	1,254	2,265	2,357	732	394	99	32,105
	F	1,456	1,536	1,126	8,009	1,349	9,792	1,115	1,126	2,304	2,279	784	396	78	31,350
	T	3,127	3,092	2,290	16,081	2,951	19,503	2,344	2,380	4,568	4,636	1,516	790	177	63,455
30 - 34	M	1,494	1,343	1,126	7,735	1,417	9,261	1,095	1,171	2,267	2,164	778	423	85	30,361
	F	1,428	1,443	1,162	7,821	1,431	9,317	1,016	1,091	2,377	2,166	737	426	85	30,500
	T	2,922	2,787	2,288	15,556	2,848	18,579	2,111	2,262	4,644	4,330	1,515	849	170	60,861
35 - 39	M	1,734	1,585	1,290	8,664	1,714	9,991	1,294	1,293	2,449	2,241	723	444	75	33,497
	F	1,669	1,727	1,383	8,851	1,698	10,136	1,286	1,320	2,526	2,302	666	417	81	34,063
	T	3,403	3,312	2,673	17,514	3,412	20,128	2,580	2,613	4,975	4,544	1,389	861	156	67,560
40 - 44	M	2,159	2,203	1,775	9,963	2,051	11,627	1,754	1,547	2,795	2,644	658	398	65	39,638
	F	2,027	2,149	1,785	10,022	2,023	11,862	1,716	1,474	2,906	2,615	638	355	72	39,643
	T	4,186	4,351	3,560	19,985	4,073	23,489	3,470	3,022	5,701	5,259	1,296	753	137	79,281
45 - 49	M	2,191	2,262	1,807	9,487	2,205	11,167	1,905	1,572	2,727	2,480	586	311	51	38,752
	F	1,995	2,175	1,725	9,707	2,050	11,158	1,637	1,484	2,660	2,429	554	249	43	37,865
	T	4,186	4,438	3,531	19,194	4,255	22,325	3,541	3,057	5,387	4,909	1,140	560	94	76,617
50 - 54	M	1,747	1,806	1,452	7,883	2,002	9,025	1,527	1,463	2,353	2,104	499	254	33	32,147
	F	1,618	1,758	1,369	7,866	1,887	8,973	1,349	1,339	2,289	1,890	429	221	28	31,015
	T	3,364	3,564	2,821	15,749	3,889	17,998	2,875	2,802	4,642	3,994	928	475	61	63,162
55 - 59	M	1,463	1,556	1,193	6,191	1,639	7,068	1,195	1,249	2,036	1,614	376	197	27	25,804
	F	1,398	1,451	1,193	6,287	1,707	6,826	1,172	1,228	1,964	1,458	316	153	30	25,184
	T	2,861	3,006	2,386	12,478	3,346	13,894	2,368	2,476	4,001	3,072	692	350	57	50,988
60 - 64	M	1,138	1,097	998	4,676	1,499	5,306	940	1,158	1,616	1,326	249	157	29	20,188
	F	1,141	1,213	1,016	4,984	1,547	5,491	930	1,069	1,558	1,284	214	134	19	20,600
	T	2,279	2,309	2,014	9,660	3,046	10,797	1,870	2,227	3,174	2,610	463	291	48	40,788
65 - 69	M	1,109	1,101	947	4,014	1,392	4,400	900	936	1,384	1,115	185	113	14	17,609
	F	1,127	1,134	984	4,382	1,518	5,040	931	913	1,379	1,078	158	77	14	18,734
	T	2,235	2,235	1,931	8,396	2,910	9,440	1,830	1,849	2,763	2,193	343	190	28	36,343
70 - 74	M	1,097	1,086	902	3,651	1,375	4,055	905	860	1,279	948	142	80	18	16,398
	F	1,110	1,245	973	4,284	1,475	4,756	993	989	1,332	976	130	77	10	18,349
	T	2,207	2,332	1,875	7,935	2,850	8,811	1,897	1,848	2,611	1,924	272	157	28	34,747
75 & Over	M	2,105	2,248	1,762	6,178	2,952	7,195	1,877	1,766	2,048	1,638	152	106	14	30,038
	F	3,133	3,466	2,581	10,363	4,184	11,873	2,689	2,502	2,954	2,362	197	96	15	46,412
	T	5,237	5,714	4,343	16,543	7,134	19,067	4,565	4,267	5,001	4,002	349	202	29	76,450
Total all ages	M	27,260	27,259	21,860	119,230	28,747	139,317	22,460	21,863	38,213	35,539	10,707	5,855	1,166	499,476
	F	26,956	27,987	22,299	123,597	29,573	143,649	22,200	21,696	38,546	35,007	10,212	5,414	1,141	508,277
	T	54,217	55,246	44,158	242,827	58,319	282,967	44,660	43,560	76,759	70,546	20,919	11,269	2,307	1,007,753

Notes: 1) Population as at June 30, 2003.

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

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

Regional Health Authority of Patient Residence	Regional Health Authority of Physician Practice													Total	
	1	2	3	4	5	6	7	8	9	10	11	12	13		
	Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatthe	Athabasca	Out of Province	
1 Sun Country	84.4	0.8	0.1	10.8	0.2	0.7	0.4	0.1	0.1	0.1	0.0	0.0	0.0	2.3	100.0
2 Five Hills	1.0	88.6	0.7	5.5	0.1	1.4	0.4	0.0	0.1	0.1	0.0	0.0	0.0	2.1	100.0
3 Cypress	0.1	1.7	86.4	1.8	0.1	1.8	0.6	0.1	0.1	0.1	0.0	0.0	0.0	7.2	100.0
4 Regina Qu'Appelle	0.6	0.5	0.1	94.0	0.6	1.4	0.1	0.1	0.2	0.1	0.0	0.0	0.0	2.2	100.0
5 Sunrise	0.3	0.2	0.1	6.4	86.0	3.1	0.3	0.5	0.1	0.1	0.0	0.0	0.0	3.0	100.0
6 Saskatoon	0.1	0.2	0.1	1.0	0.3	93.6	0.3	0.5	1.0	0.6	0.0	0.0	0.0	2.3	100.0
7 Heartland	0.1	1.0	1.5	0.5	0.0	9.4	75.7	0.1	0.2	4.0	0.0	0.0	0.0	7.5	100.0
8 Kelsey Trail	0.1	0.2	0.3	0.8	0.7	6.1	0.1	83.3	6.0	0.3	0.0	0.0	0.0	2.2	100.0
9 Prince Albert Parkland	0.0	0.1	0.0	0.4	0.1	6.0	0.1	1.5	87.2	2.2	0.2	0.1	0.0	2.1	100.0
10 Prairie North	0.1	0.1	0.1	0.4	0.1	3.2	0.7	0.1	1.1	74.9	0.0	0.0	0.0	19.3	100.0
11 Mamawetan Churchill River	0.0	0.1	0.0	0.5	0.1	4.1	0.1	0.4	20.6	0.4	43.8	0.2	0.0	29.6	100.0
12 Keewatin Yatthe	0.0	0.0	0.0	0.3	0.1	6.2	0.0	0.0	4.3	38.9	0.8	44.9	0.0	4.3	100.0
13 Athabasca	0.0	0.6	0.0	2.1	0.5	15.0	0.4	0.5	61.3	0.6	8.8	1.6	0.0	8.6	100.0
Rural Emergency Coverage	10.7	6.6	9.9	9.3	10.8	10.0	13.0	9.8	6.9	9.2	2.0	1.8	0.0	0.0	100.0
All Regional Health Authorities	5.6	5.6	4.3	22.8	6.0	25.9	4.3	4.4	8.3	7.1	0.7	0.5	0.0	4.4	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) Only those payments that have been processed through the Claims Processing System either as fee-for-service or as shadow billing are included.

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

Regional Health Authority of Patient Residence	General Practitioners			Specialists			All Physicians		
	Per Capita Payments Excluding Emergency Coverage (\$)	Per 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	184.22	8.29	86.2	139.07	2.83	36.1	323.29	11.11	87.2
2 Five Hills	173.51	8.44	88.2	175.46	3.87	43.1	348.97	12.31	89.6
3 Cypress	167.85	7.98	84.2	164.28	3.83	42.9	332.13	11.81	87.2
4 Regina Qu'Appelle	152.60	7.11	86.7	189.75	4.18	47.9	342.35	11.29	88.5
5 Sunrise	179.22	8.61	85.7	169.65	3.86	41.2	348.87	12.47	87.8
6 Saskatoon	148.05	7.00	86.7	202.33	4.98	52.1	350.38	11.99	88.9
7 Heartland	179.12	8.21	86.7	163.27	3.66	42.7	342.39	11.87	88.5
8 Kelsey Trail	174.43	8.13	85.4	137.93	3.01	34.9	312.36	11.15	86.6
9 Prince Albert Parkland	178.08	8.36	89.3	156.19	3.68	44.5	334.27	12.04	90.6
10 Prairie North	185.88	8.01	86.2	151.62	3.95	39.3	337.50	11.96	87.6
11 Mamawetan Churchill River	99.57	4.24	70.9	98.81	2.19	28.1	198.38	6.43	73.6
12 Keewatin Yatthe	127.44	5.13	75.4	108.10	2.26	27.1	235.54	7.39	77.0
13 Athabasca	27.91	1.19	27.3	107.29	2.41	34.0	135.20	3.60	46.4
All Regional Health Authorities	166.87	7.50	85.1	175.91	4.09	45.0	337.03	11.59	86.9

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.
2) This data is not adjusted for any demographic differences between regional health authorities.
3) Band members are placed in the regional health authority as indicated by their mailing address.
4) Excludes payments for specialist and rural emergency coverage programs and any lump sum payments made to the SMA due to delayed implementation of Payment Schedule amendments.
5) 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 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.....	44	40	1,355	\$220,551	2,176	6,708
2 Five Hills.....	49	37	1,493	\$241,045	2,694	7,594
3 Cypress.....	38	30	1,472	\$213,918	2,041	6,826
4 Regina Qu'Appelle.....	269	193	1,258	\$191,445	2,763	6,358
5 Sunrise.....	40	34	1,715	\$269,932	2,823	8,681
6 Saskatoon.....	291	215	1,316	\$190,316	2,709	6,084
7 Heartland.....	30	26	1,718	\$260,684	2,275	7,835
8 Kelsey Trail.....	38	30	1,452	\$234,419	2,411	6,863
9 Prince Albert Parkland.....	74	59	1,301	\$225,905	3,115	7,363
10 Prairie North.....	78	51	1,383	\$224,907	2,480	6,574
11 Mamawetan Churchill River....	13	8	2,615	\$115,669	2,428	3,688
12 Keewatin Yatthe.....	13	7	1,610	\$84,682	1,360	2,498
13 Athabasca.....	2	0	--	--	--	--
All Regional Health Authorities.....	946	730	1,380	\$207,301	2,644	6,590

¹ Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

Physicians may be counted in more than one 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 different persons on whose behalf a claim was paid during the year.

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

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

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

Table 33**Post-Graduate Medical Education¹ and Retention Rates by Academic Year²**

Type of Physician	1999		2000		2001	
	Graduates in 1999	Remained ³ in Saskatchewan	Graduates in 2000	Remained ³ in Saskatchewan	Graduates in 2001	Remained ³ in Saskatchewan
Funded by the Clinical Services Fund						
Family Medicine – Regina.....	10	6	12 ⁴	7	11 ⁴	6
Family Medicine – Saskatoon.....	11	9	10 ⁵	7	8	5
Family Medicine/Emergency.....	2	1	2	1	2	2
All Family Medicine.....	23	16	24	15	21	13
Anaesthesia.....	-	-	2	-	2	2
Anatomical Pathology.....	-	-	1	-	-	-
Cardiology.....	1	-	1	1	1	-
General Pathology.....	1	1	1	1	-	-
General Surgery.....	3	2	4	-	4	2
Internal Medicine.....	4	3	4 ⁴	-	1 ⁴	-
Medical Imaging.....	3	3	1	-	2	-
Neonatal/Perinatal.....	-	-	-	-	-	-
Neurology.....	1	-	1	-	1	-
Neurosurgery.....	-	-	-	-	1	1
Obstetrics/Gynaecology.....	2	1	4	1	3	1
Ophthalmology.....	1	1	1	-	2	-
Orthopaedic Surgery.....	2	-	2	-	2	1
Paediatric Neurology.....	-	-	-	-	-	-
Paediatrics.....	2	1	3	1	-	-
Psychiatry.....	4	1	-	-	4	1
Physical Medicine & Rehabilitation.....	1	1	-	-	-	-
Respiratory Medicine.....	1	1	1	1	1	1
Rheumatology.....	1	-	1	1	1	-
All Specialists.....	27	15	27	6	25	9
Total CSF Funded.....	50	31	51	21	46	22
Externally Funded.....	6		6	5	9	4
Total Physicians.....	56		57	26	55	26
CSF Funded Retention Rates⁷						
Family Medicine.....		70%		71%		65%
Specialists.....		56%		23%		38%
All Physicians.....		62%		45%		50%

¹ The Department 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
- . medical and health-related research.

² Period ending June of stated year.

³ Graduates who practised in Saskatchewan for at least six months upon graduation.

⁴ One graduate went on to a further residency program

⁵ Two graduates went on to a further residency program

⁶ Positions actually occupied as of June 30, 2003.

⁷ Net of the number of graduates who have entered further training.

⁸ Three graduates went on to a further residency program

⁹ Two students did not attend the full year.

Table 33
(Continued)

Type of Physician	2002		2003		CSF Funded Positions ⁶ in 2003-04	Retention Rate ⁷ of 2003 Graduates
	Graduates in 2002	Remained ³ in Saskatchewan	Graduates in 2003	Remained ³ in Saskatchewan		
Funded by the Clinical Services Fund						
Family Medicine – Regina.....	9 ⁵	2	8 ⁴	6	22	86%
Family Medicine – Saskatoon.....	13	10	10 ⁸	5	28 ⁹	71%
Family Medicine/Emergency.....	2	2	1	1	2	100%
All Family Medicine.....	24	14	19	12	52	80%
Anaesthesia.....	2	1	3	2	15	67%
Anatomical Pathology.....	-	-	-	-	0	0%
Cardiology.....	1	-	1	-	4	0%
General Pathology.....	-	-	-	-	3	0%
General Surgery.....	3	1	2	-	17	0%
Internal Medicine.....	2	-	-	-	27	0%
Medical Imaging.....	3	2	3	2	16	67%
Neonatal/Perinatal.....	-	-	-	-	1	0%
Neurology.....	1	-	-	-	4	0%
Neurosurgery.....	-	-	-	-	6	0%
Obstetrics/Gynaecology.....	3	2	3	1	13	33%
Ophthalmology.....	1	1	-	-	5	0%
Orthopaedic Surgery.....	2	-	2	1	9	50%
Paediatric Neurology.....	-	-	-	-	1	0%
Paediatrics.....	-	-	-	-	18	0%
Psychiatry.....	3	1	4	1	14	25%
Physical Medicine & Rehabilitation.....	1	1	1	1	5	100%
Respiratory Medicine.....	1	1	1	-	2	0%
Rheumatology.....	1	1	-	-	1	0%
All Specialists.....	24	11	20	8	161	40%
Total CSF Funded.....	48	25	39	20	213	57%
Externally Funded.....	3	2	0	0	18	
Total Physicians.....	51	27	39	20	231	
CSF Funded Retention Rates⁷						
Family Medicine.....		64%		80%		
Specialists.....		46%		40%		
All Physicians.....		54%		57%		

Table 34
In-Province Chiropractors and Optometrists: Selected Indicators

	Chiropractors		Optometrists	
	2002-03	2003-04	2002-03	2003-04
Number of Registered ¹ Practitioners.....	162	162	110	112
Population Per Registered ¹ Practitioner.....	6,326	6,221	9,317	8,998
Per Cent of Beneficiaries Treated.....	10.2%	10.6%	9.5%	9.5%
Practising² Chiropractors and Optometrists:				
Number of Practitioners.....	162	162	110	112
Number by Age Group: Under 35.....	58	54	28	29
35 - 44.....	51	50	33	30
45 - 54.....	35	37	25	25
55 - 64.....	12	15	18	21
65 and over.....	6	4	6	6
Average Number of Patients Per Practitioner.....	825	855	871	866
Average Patient Contacts Per Practitioner.....	4,809	4,765	898	896
Average Payment Per Practitioner.....	\$54,876	\$55,674	\$35,618	\$36,260
Number by Dollar Range: Less than \$10,000.....	6	7	5	6
\$10,000 - 19,999.....	18	17	17	13
\$20,000 - 39,999.....	32	26	45	50
\$40,000 - 59,999.....	48	47	33	33
\$60,000 - 79,999.....	28	35	8	8
\$80,000 - 99,999.....	17	13	2	0
\$100,000 - 119,999.....	4	7	0	1
\$120,000 - 139,999.....	4	3	0	0
\$140,000 - 159,999.....	2	4	0	0
\$160,000 - 179,999.....	3	1	0	0
\$180,000 & over.....	0	0	0	0

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

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

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