



**MEDICAL SERVICES INSURANCE**  
HI10 -ANNUAL STATISTICAL TABLES

12 MONTHS ENDING MARCH 31, 2025

(with comparative statistics for previous years)

PREPARED BY  
MSI HEALTH INFORMATION DEPARTMENT  
MEDAVIE BLUECROSS FOR  
Nova Scotia Department of Health and Wellness

available at <http://novascotia.ca/DHW>

(August 2025)

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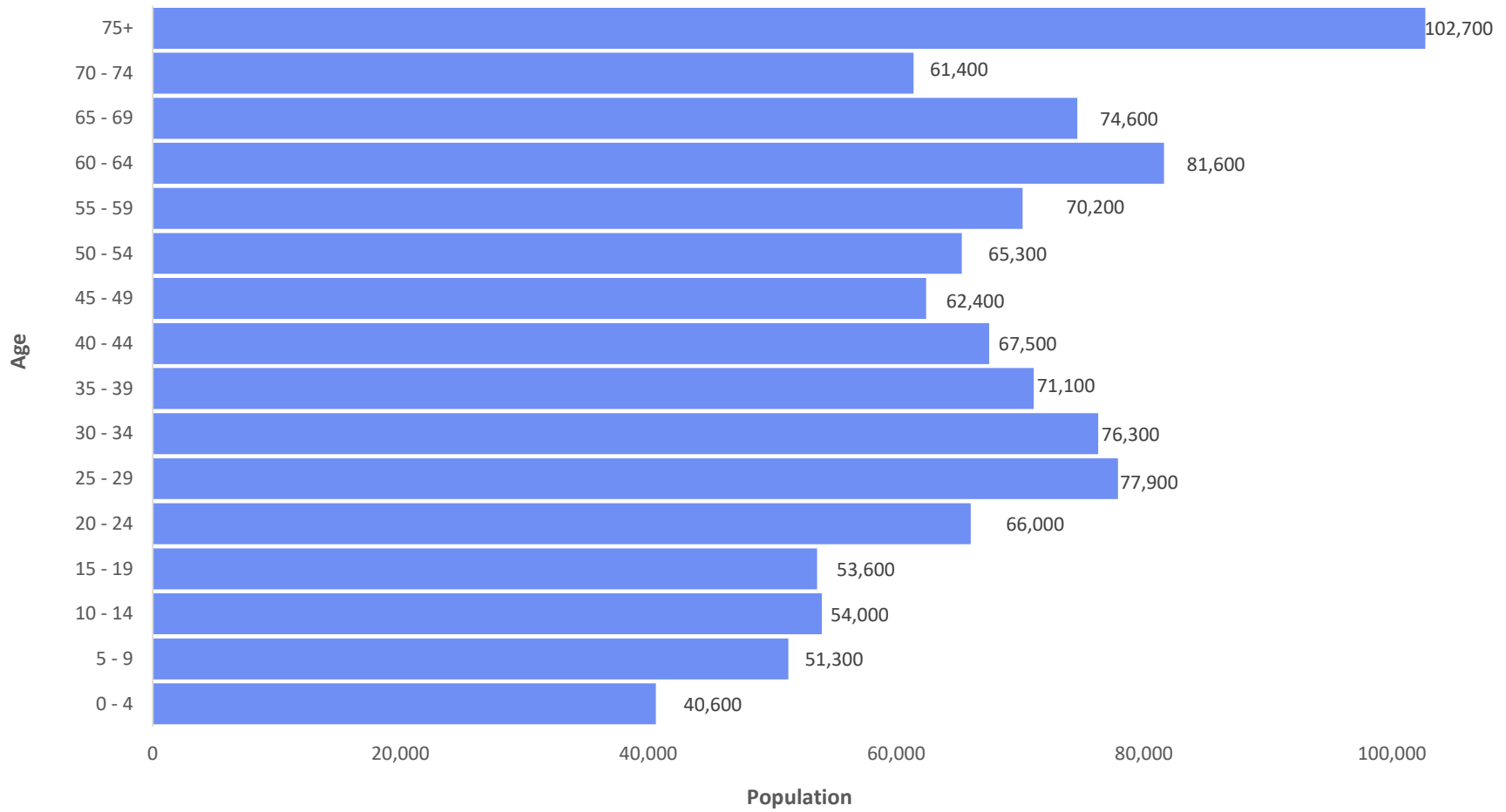
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Section One

## Population Data

Nova Scotia Department of Health - Figure 1  
Population by 5 Year Age Group as of July 1, 2025



Source: Statistics Canada

Nova Scotia Department of Health - Table 1.1  
**Distribution of Population<sup>1</sup> by Age Group**  
**As of July 1st of each year**

Age Group	2019/20 <sup>2</sup>	2020/21 <sup>2</sup>	2021/22 <sup>2</sup>	2022/23 <sup>2</sup>	2023/24 <sup>2</sup>	2024/25 <sup>2</sup>	Percent Change					
							19/20	20/21	21/22	22/23	23/24	24/25
Total	971,400	979,300	992,200	1,019,700	1,058,700	1,076,400	1.2%	0.8%	1.3%	2.8%	3.8%	1.7%
0 - 4	43,200	42,400	41,500	41,600	42,300	40,600	0.7%	(1.9%)	(2.1%)	0.2%	1.7%	(4.0%)
5 - 9	46,300	46,200	46,600	47,500	50,300	51,300	0.0%	(0.2%)	0.9%	1.9%	5.9%	2.0%
10 - 14	47,200	48,200	48,900	50,200	52,300	54,000	1.5%	2.1%	1.5%	2.7%	4.2%	3.3%
15 - 19	51,500	50,800	49,300	50,500	52,500	53,600	0.0%	(1.4%)	(3.0%)	2.4%	4.0%	2.1%
20 - 24	61,900	61,600	62,700	67,800	67,500	66,000	2.1%	(0.5%)	1.8%	8.1%	(0.4%)	(2.2%)
25 - 29	62,900	63,400	65,400	70,600	75,000	77,900	2.9%	0.8%	3.2%	8.0%	6.2%	3.9%
30 - 34	59,300	61,300	63,700	67,400	72,700	76,300	3.0%	3.4%	3.9%	5.8%	7.9%	5.0%
35 - 39	57,600	58,700	60,700	63,700	67,400	71,100	2.3%	1.9%	3.4%	4.9%	5.8%	5.5%
40 - 44	56,500	56,900	57,800	60,000	64,600	67,500	0.2%	0.7%	1.6%	3.8%	7.7%	4.5%
45 - 49	61,700	61,200	60,600	60,100	61,300	62,400	(0.6%)	(0.8%)	(1.0%)	(0.8%)	2.0%	1.8%
50 - 54	67,500	65,300	64,600	64,500	65,300	65,300	(4.4%)	(3.3%)	(1.1%)	(0.2%)	1.2%	0.0%
55 - 59	79,200	78,800	77,300	74,800	73,100	70,200	0.5%	(0.5%)	(1.9%)	3.2%	(2.3%)	(4.0%)
60 - 64	74,900	75,900	77,200	78,200	80,900	81,600	1.5%	1.3%	1.7%	1.3%	3.5%	0.9%
65 - 69	64,900	66,700	68,400	70,300	73,700	74,600	2.2%	2.8%	2.5%	2.8%	4.8%	1.2%
70 - 74	54,800	57,400	59,300	59,100	60,200	61,400	4.8%	4.7%	3.3%	(0.3%)	1.9%	2.0%
75+	82,000	84,800	88,200	93,300	99,600	102,700	2.9%	3.4%	4.0%	5.8%	6.8%	3.1%

<sup>1</sup> Statistics Canada population Census estimates, as of July 1st each year, include Armed Forces and RCMP personnel.

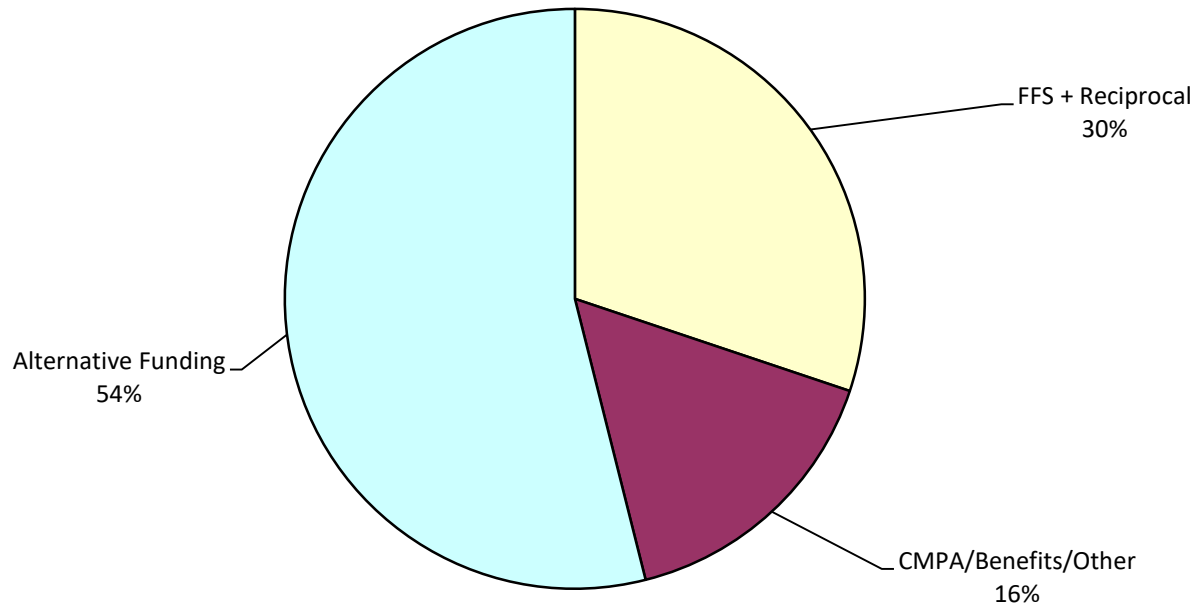
<sup>2</sup> Column may not add to total due to rounding.



## Section Two

# Actual Financial Payments to Physicians

**Actual Financial Payments to Physicians by Use of Funds  
Nova Scotia 2024-2025 (Current Dollars)**



**Medical Payments**

**Financial Report<sup>1</sup>**

Payment Type	Actuals	Actuals	Actuals	Actuals	Actuals	Percent Change				
	20/21	21/22	22/23	23/24	24/25	20/21	21/22	22/23	23/24	24/25
<b>Fee for Service and Reciprocal</b>										
Fee for Service	\$288,209,005	\$296,818,556	\$306,059,930	\$381,152,219	\$380,409,599	(4.3%)	3.2%	3.2%	24.5%	(0.2%)
Reciprocal Billing	\$6,861,092	\$6,540,334	\$9,253,607	\$8,945,729	\$8,900,193	(28.0%)	(4.7%)	41.5%	(3.3%)	(0.5%)
<b>Diag Image/Path Rad/Int Med<sup>4</sup></b>	<b>\$54,538,479</b>	<b>\$76,237,970</b>	<b>\$78,867,965</b>	<b>\$0</b>	<b>\$0</b>	<b>(21.8%)</b>	<b>39.8%</b>	<b>3.4%</b>	<b>0.0%</b>	<b>-</b>
<b>Subtotal</b>	<b>\$349,608,576</b>	<b>\$379,596,860</b>	<b>\$394,181,502</b>	<b>\$390,097,948</b>	<b>\$389,309,792</b>	<b>(4.9)</b>	<b>8.6</b>	<b>3.8</b>	<b>(0.0)</b>	<b>(0.0)</b>
<b>Alternative Funding</b>										
Alternative Funding	\$367,187,819	\$389,781,394	\$415,325,822	\$411,310,028	\$423,130,023	13.8%	6.2%	6.6%	(1.0%)	2.9%
Emergency Departments	\$69,660,757	\$71,117,316	\$72,733,888	\$79,087,388	\$87,111,730	16.6%	2.1%	2.3%	8.7%	10.1%
Longitudinal Family Medicine	-	-	-	\$79,560,434	\$186,076,144	-	-	-	0.0%	133.9%
<b>Subtotal</b>	<b>\$436,848,576</b>	<b>\$460,898,710</b>	<b>\$488,059,709</b>	<b>\$569,957,850</b>	<b>\$696,317,897</b>	<b>1423.4%</b>	<b>550.5%</b>	<b>589.3%</b>	<b>16.8%</b>	<b>22.2%</b>
<b>CMPA, Benefits, HST and Other</b>										
Retention and Recruitment (Benefit) Fund	\$6,068,222	\$6,943,325	\$7,394,207	\$8,704,237	\$10,861,238	7.0%	14.4%	6.5%	17.7%	24.8%
CMPA Rebate	\$6,551,303	\$4,994,558	\$4,346,079	-\$936,942	\$480,624	(6.3%)	(23.8%)	(13.0%)	(121.6%)	151.3%
Family Med Residency Expansion	\$1,500,790	\$1,676,405	\$2,542,670	\$3,535,105	\$9,999,678	(4.9%)	11.7%	51.7%	39.0%	182.9%
Debt Assistance and Other Initiatives	\$238,340	\$227,115	\$106,200	\$75,600	\$41,250	(94.1%)	(4.7%)	(53.2%)	(28.8%)	(45.4%)
Resident Salaries and Training	\$37,263,132	\$37,600,921	\$37,961,410	\$41,900,923	\$45,135,245	8.3%	0.9%	1.0%	10.4%	7.7%
Electronic Medical Record	\$7,720,546	\$7,439,968	\$7,501,033	\$1,700,000	\$8,793,565	2.0%	(3.6%)	0.8%	(77.3%)	417.3%
Facility On-Call	\$12,253,805	\$11,969,059	\$12,215,810	\$15,396,820	\$16,403,357	(3.6%)	(2.3%)	2.1%	26.0%	6.5%
Resident Tuition	\$1,102,802	\$1,148,706	\$1,198,736	\$1,299,233	\$1,405,292	6.6%	4.2%	4.4%	8.4%	8.2%
Physician Training Seats	\$94,220	\$70,665	\$4,912	\$103,061	\$116,201	2.4%	(25.0%)	(96.0%)	1998.0%	12.7%
Continuing Medical Education	\$4,440,000	\$3,143,000	\$4,042,753	\$4,331,556	\$4,510,048	6.5%	(29.2%)	28.6%	7.1%	4.1%
Rural Specialist Incentive Program	\$3,474,126	\$5,137,166	\$5,577,333	\$5,772,000	\$10,300,667	(7.4%)	47.9%	8.6%	3.5%	78.5%
Comprehensive Care Incentive Program	\$30,635	\$0	\$0	\$0	\$0	(536.4%)	0.0%	-	-	-
Collaborative Practice Incentive Program	\$1,570,000	\$1,515,000	\$2,020,000	\$735,000	\$3,722,609	12.1%	(3.5%)	33.3%	(63.6%)	406.5%
Collaborative Emergency Centres	\$5,660,810	\$9,058,479	\$8,017,575	\$3,334,378	\$0	(49.5%)	60.0%	(11.5%)	(58.4%)	(100.0%)
Family Medicine Bursary	\$270,000	\$130,000	\$196,000	\$50,000	\$0	(19.2%)	(51.9%)	50.8%	(74.5%)	(100.0%)
Tuition Relief	\$2,168,749	\$2,103,810	\$1,227,970	\$1,000,082	\$316,274	(5.9%)	(3.0%)	(41.6%)	(18.6%)	(68.4%)
Targeted Project Funding	\$1,433,403	\$1,457,111	\$1,178,456	\$1,195,527	\$2,033,594	(1.6%)	24.9%	14.7%	1.4%	70.1%
Physician Hospitalists	\$19,171,328	\$23,937,254	\$27,445,651	\$34,674,733	\$48,775,975	(6.9%)	24.9%	14.7%	26.3%	40.7%
Appeals Costs	\$97,165	\$23,842	\$14,599	\$0	\$1,082	0.4%	(75.5%)	(38.8%)	0.0%	0.0%
Practice Ready Assessment	\$663,823	\$971,884	\$1,387,107	\$1,271,441	\$1,353,459	(1.5%)	46.4%	42.7%	(8.3%)	6.5%
New Family Medicine Residency Spaces (Seats)	\$708,773	\$864,756	\$0	\$0	\$0	99.4%	22.0%	0.0%	-	-
New Specialty Residency Spaces (Seats)	\$87,767	\$97,266	\$99,030	\$122,368	\$148,488	13.5%	10.8%	1.8%	23.6%	21.3%
Technology Incentive	\$1,013,816	\$0	\$0	\$0	\$0	(38.8%)	0.0%	-	-	-
Longitudinal Integrated Clerkship	\$111,180	\$125,073	\$151,543	\$124,340	\$168,366	12.7%	12.5%	21.2%	(18.0%)	35.4%
Community Hospital Inpatient Program	\$4,186,635	\$3,460,270	\$3,300,264	\$4,050,225	\$4,075,943	356.0%	(17.3%)	(4.6%)	22.7%	0.6%
Primary Maternity Care	\$4,400,807	\$4,158,556	\$3,898,098	\$4,309,162	\$4,515,873	0.0%	(5.5%)	(6.3%)	10.5%	4.8%
Primary Care Provider Incentive	-	-	\$507,500	\$2,185,300	\$1,282,750	-	-	0.0%	330.6%	(41.3%)
Specialist Incentive	-	-	\$453,750	\$80,000	\$1,245,500	-	-	0.0%	(82.4%)	1456.9%
UpToDate	-	-	-	\$1,993,529	\$1,801,969	-	-	-	0.0%	(9.6%)
Rostering Grant	-	-	-	\$8,609,698	\$4,503,720	-	-	-	0.0%	(47.7%)
Redeployment	-	-	-	\$287,610	\$570,722	-	-	-	0.0%	98.4%
Allied Health Care Professionals	-	-	-	-	\$159,322	-	-	-	-	-
Central Zone Physician Incentive	-	-	-	-	\$638,000	-	-	-	-	-
Physician Retirement Fund	-	-	-	-	\$22,072,692	-	-	-	-	-
<b>Subtotal</b>	<b>\$122,282,177</b>	<b>\$128,254,188</b>	<b>\$132,788,687</b>	<b>\$145,904,984</b>	<b>\$205,433,502</b>	<b>(0.9%)</b>	<b>4.9%</b>	<b>3.5%</b>	<b>9.9%</b>	<b>40.8%</b>
<b>Grand Total</b>	<b>\$908,739,329</b>	<b>\$968,749,759</b>	<b>\$1,015,029,898</b>	<b>\$1,105,960,783</b>	<b>\$1,291,061,191</b>	<b>4.0%</b>	<b>6.6%</b>	<b>4.8%</b>	<b>9.0%</b>	<b>16.7%</b>

<sup>1</sup> Data provided are Financial Payments with accruals and associated adjustments. There are differences between the Financial Payments shown and the total payments shown in the Statistical Tables. The differences are due to accounting adjustments for accruals, certain recoveries, and retroactive payments.

<sup>4</sup> In previous reports, Diagnostic Imaging, Pathology, Radiation Oncology and Internal Medicine services were reported separately based on historical bulk billing. Since these services are now claimed via Fee for Service or Alternative Funding, the payments are included in the appropriate categories for 2023-2024.



Section Three

## Statistical Data

Summary of Payments<sup>1,2,3</sup>

	Payment Summary					Percent Change				
	2020/21	2021/22	2022/23	2023/24	2024/25	20/21	21/22	22/23	23/24	24/25
<b>Total</b>	<b>\$1,151,525,543</b>	<b>\$1,217,435,649</b>	<b>\$1,293,047,509</b>	<b>\$1,430,499,338</b>	<b>\$1,620,203,808</b>	<b>5.1%</b>	<b>5.7%</b>	<b>6.2%</b>	<b>10.6%</b>	<b>13.3%</b>
Physicians' Services <sup>4</sup>	\$883,191,802	\$923,670,325	\$968,981,019	\$1,068,606,104	\$1,202,076,698	5.1%	4.6%	4.9%	10.3%	12.5%
Dental Services	\$8,842,702	\$9,710,221	\$10,002,768	\$13,953,282	\$15,104,564	(14.6%)	9.8%	3.0%	39.5%	8.3%
Optometric Services	\$7,247,139	\$9,918,602	\$10,036,055	\$10,633,749	\$15,044,970	(17.6%)	36.9%	1.2%	6.0%	41.5%
Prescription Drugs <sup>5,6</sup>	\$250,996,365	\$272,879,062	\$302,577,646	\$335,491,280	\$385,710,278	7.0%	8.7%	10.9%	10.9%	15.0%
Prosthetic Services	\$1,247,536	\$1,257,439	\$1,450,021	\$1,814,923	\$2,267,298	(12.9%)	0.8%	15.3%	25.2%	24.9%

<sup>1</sup> Data is based on date of service, with the exception of limb prostheses under Prosthetic Services, which is based on date of invoice.

<sup>2</sup> Reporting requirements are reviewed on an annual basis and, subsequently, the reporting methodology for Medicare and Special Funding Programs was updated in the 2021-2022 report and reflected in previously reported years 2017-2018, 2018-2019, 2019-2020 and 2020-2021.

<sup>3</sup> Reporting requirements are reviewed on an annual basis and, subsequently, the reporting methodology for Optometric Programs was updated in the 2022-2023 report and reflected in previously reported years 2018-2019, 2019-2020, 2020-2021 and 2021-2022.

<sup>4</sup> Includes CMPA, Benefit Fund, Emergency.

<sup>5</sup> MSI Pharmacare includes Professional Fee, Drug Cost, Upcharge, and Special Funding Assistance Programs. This represents the government paid portion of expenditure only for the Seniors and Family pharmacare programs.

<sup>6</sup> Numbers for 2016/2017 onward were modified in 2020/2021 to include the Family Pharmacare program.



## Section Four

# Physicians' Services

## Nova Scotia Department of Health - Table 4.1

Physicians' Services<sup>1,2</sup>

## Payment Summary by Date of Service

Payment Summary	Payments					Percent Change				
	2020/21	2021/22	2022/23	2023/24	2024/25	20/21	21/22	22/23	23/24	24/25
<b>Fee-for-Service</b>										
NS Resident, NS Physician	\$304,528,329	\$376,406,902	\$391,076,855	\$398,005,321	\$392,061,893	(13.6%)	23.6%	3.9%	1.8%	(1.5%)
NS Resident, Non NS Physician	\$7,060,247	\$7,760,309	\$10,199,636	\$10,244,443	\$10,770,008	(32.7%)	9.9%	31.4%	0.4%	5.1%
<b>Total Fee-for-Service</b>	<b>\$311,588,576</b>	<b>\$384,167,212</b>	<b>\$401,276,491</b>	<b>\$408,249,764</b>	<b>\$402,831,901</b>	<b>12.1%</b>	<b>23.3%</b>	<b>4.5%</b>	<b>1.7%</b>	<b>(1.3%)</b>
<b>Alternative Funding</b>										
Fixed Periodic Payment - Individual	\$119,272,246	\$85,535,943	\$99,980,048	\$81,836,796	\$64,095,226	63.6%	(28.3%)	16.9%	(18.1%)	(21.7%)
Fixed Periodic Payment - Group	\$311,151,260	\$328,464,863	\$343,223,415	\$369,661,450	\$402,707,712	11.2%	5.6%	4.5%	7.7%	8.9%
Sessional	\$16,754,089	\$20,468,860	\$17,774,422	\$24,933,408	\$37,518,877	227.3%	22.2%	(13.2%)	40.3%	50.5%
Psychiatry <sup>3</sup>	\$15,352,097	\$16,101,941	\$17,088,488	\$19,017,709	\$21,576,193	33.6%	4.9%	6.1%	11.3%	13.5%
Emergency Room Levels 1 & 2	\$30,976,579	\$31,951,875	\$33,706,802	\$38,100,567	\$43,859,013	18.8%	3.1%	5.5%	13.0%	15.1%
Emergency Room Levels 3 & 4	\$17,939,923	\$17,457,636	\$15,821,696	\$16,067,801	\$16,930,621	14.3%	(2.7%)	(9.4%)	1.6%	5.4%
Facility On Call <sup>4</sup>	\$12,253,805	\$3,227,040	\$0	\$0	\$0	(3.6%)	(73.7%)	0.0%	0.0%	0.0%
Longitudinal Family Medicine (LFM)	-	-	-	\$64,469,224	\$168,299,056	-	-	-	0.0%	161.1%
Retro Payments <sup>5</sup>	-	-	-	\$9,742,140	\$3,478,836	-	-	-	0.0%	(64.3%)
<b>Total Alternative Funding</b>	<b>\$523,700,000</b>	<b>\$503,208,158</b>	<b>\$527,594,870</b>	<b>\$623,829,093</b>	<b>\$758,465,534</b>	<b>23.6%</b>	<b>(3.9%)</b>	<b>4.8%</b>	<b>18.2%</b>	<b>21.6%</b>
<b>Other Payments</b>										
Retro Payments <sup>6</sup>	\$13,972,627	\$3,889,000	\$4,888,078	\$0	\$0	(0.4%)	(72.2%)	25.7%	0.0%	0.0%
Benefit Fund	\$6,068,222	\$6,943,325	\$7,394,207	\$8,704,237	\$10,861,238	9.4%	14.4%	6.5%	17.7%	24.8%
CMPA	\$6,955,101	\$5,350,859	\$4,821,685	\$171,170	\$413,006	8.5%	(23.1%)	(9.9%)	(96.4%)	141.3%
Incentive Payments	\$21,238,152	\$20,360,288	\$23,492,974	\$29,314,238	\$27,312,418	(25.2%)	(4.1%)	15.4%	24.8%	(6.8%)
Miscellaneous Adjustments <sup>7</sup>	-\$330,876	-\$248,516	-\$487,285	-\$1,662,398	\$2,192,601	49.9%	24.9%	(96.1%)	(241.2%)	231.9%
<b>Total Other Payments</b>	<b>\$47,903,226</b>	<b>\$36,294,955</b>	<b>\$40,109,659</b>	<b>\$36,527,247</b>	<b>\$40,779,263</b>	<b>(10.9%)</b>	<b>(24.2%)</b>	<b>10.5%</b>	<b>(8.9%)</b>	<b>11.6%</b>
<b>Total Physician Payments</b>	<b>\$883,191,802</b>	<b>\$923,670,325</b>	<b>\$968,981,019</b>	<b>\$1,068,606,104</b>	<b>\$1,202,076,698</b>	<b>5.1%</b>	<b>4.6%</b>	<b>4.9%</b>	<b>10.3%</b>	<b>12.5%</b>

<sup>1</sup>Data is based on date of service.<sup>2</sup>Reporting requirements are reviewed on an annual basis and, subsequently, the reporting methodology for Medicare Programs was updated in the 2021-2022 report and reflected in previously reported years 2017-2018, 2018-2019, 2019-2020 and 2020-2021.<sup>3</sup>Includes Hourly Paid, Institutional Psychiatry and Psychiatry Stabilization Funding.<sup>4</sup>Facility On Call moved to Fee for Service as of July 1, 2021.<sup>5</sup>Includes all retroactive payments for adjustments made to fixed period payments, sessional and psychiatry payment models.<sup>6</sup>Starting in 2023-2024, retroactive payments are included in the appropriate categories (ie. Fee-for-service, Alternative Funding).<sup>7</sup>Miscellaneous adjustments include audit recoveries, recovery of overpayments of Alternative Funding programs etc.

Nova Scotia Department of Health - Table 4.2  
**Total Payments<sup>1,2</sup> for Physicians Services and Expenditure Per Insured Person**

Year	Total Paid	Expenditure per Insured Person <sup>3</sup>	Percentage Change from Previous Year
2024/25	\$1,202,076,698	\$1,025.41	11.0%
2023/24	\$1,068,606,104	\$923.38	(2.8%)
2022/23	\$968,981,019	\$950.26	2.1%
2021/22	\$923,670,325	\$930.93	3.2%
2020/21	\$883,191,802	\$901.86	3.0%
2019/20	\$840,230,882	\$875.24	5.0%
2018/19	\$800,443,256	\$833.80	3.3%
2017/18	\$769,648,158	\$806.84	4.2%
2016/17	\$735,418,537	\$774.53	(1.4%)
2015/16	\$740,465,887	\$785.06	1.3%

<sup>1</sup>Data is based on date of service.

<sup>2</sup>Reporting requirements are reviewed on an annual basis and, subsequently, the reporting methodology for Medicare Programs was updated in the 2021-2022 report and reflected in previously reported years 2017-2018, 2018-2019, 2019-2020 and 2020-2021.

<sup>3</sup>Based on Medavie insured person data. Reporting prior to 2023-24 was based on Statistics Canada total population data.

Nova Scotia Department of Health - Table 4.3

**Physicians' Services<sup>1</sup>**  
**Number of Physicians Paid<sup>2</sup>**

Payment Category	Number of Physicians				Percent Change			
	21/22	22/23	23/24	24/25	21/22	22/23	23/24	24/25
Fee-for-Service payments only	553	600	673	630	72.3%	8.5%	12.2%	(6.4%)
Physicians receiving types of Alternative Funding <sup>3</sup>	835	956	824	908	(7.1%)	14.5%	(13.8%)	10.2%
Fee-for-Service with other combinations of payment types	1518	1477	1525	1687	(5.1%)	(2.7%)	3.2%	10.6%
<b>Total Physicians receiving Payments</b>	<b>2,906</b>	<b>3,033</b>	<b>3,022</b>	<b>3,225</b>	<b>3.0%</b>	<b>4.4%</b>	<b>(0.4%)</b>	<b>6.7%</b>

<sup>1</sup> Data is based on date of service.

<sup>2</sup> Includes physicians with a total payment => \$1.00 and physicians from Alternative Funded Groups.

<sup>3</sup> Alternative Funding includes LFM.

Nova Scotia Department of Health - Table 4.4

Utilization of Physicians' Services<sup>1</sup>

Utilization Summary	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
Total Payments for Physicians' Services	\$883,191,802	\$923,670,325	\$968,981,019	\$1,068,606,104	\$1,202,076,698	5.1%	4.6%	4.9%	10.3%	12.5%
Total Services <sup>3</sup>	8,065,555	8,792,136	8,905,621	9,064,814	9,511,281	(1.3%)	9.0%	1.3%	1.8%	4.9%
Insured Persons <sup>4</sup>	979,300	992,200	1,019,700	1,157,279	1,172,289	80.0%	1.3%	2.8%	13.5%	1.3%
Services per Insured Person	7.6	8.0	7.9	7.8	8.1	1.6%	1.8%	2.5%	(0.6%)	3.6%
Expenditure per Insured Person	\$901.86	\$930.93	\$950.26	\$923.38	\$1,025.41	(3.1%)	4.9%	(1.2%)	(2.8%)	11.0%
Total Beneficiaries receiving Insured Services	766,702	793,097	813,386	819,763	846,245	(3.1%)	3.4%	2.6%	0.8%	3.2%
Percent of Beneficiaries to Insured Persons	78.3%	79.9%	79.7%	70.8%	72.2%	(3.9%)	2.1%	(0.2%)	(11.1%)	1.9%
Services per Beneficiary	10.5	11.1	10.9	11.1	11.2	1.8%	5.4%	(1.2%)	1.0%	1.6%
Expenditure per Beneficiary	\$1,151.94	\$1,164.64	\$1,191.29	\$1,303.55	\$1,420.48	12.3%	1.1%	2.3%	9.4%	9.0%

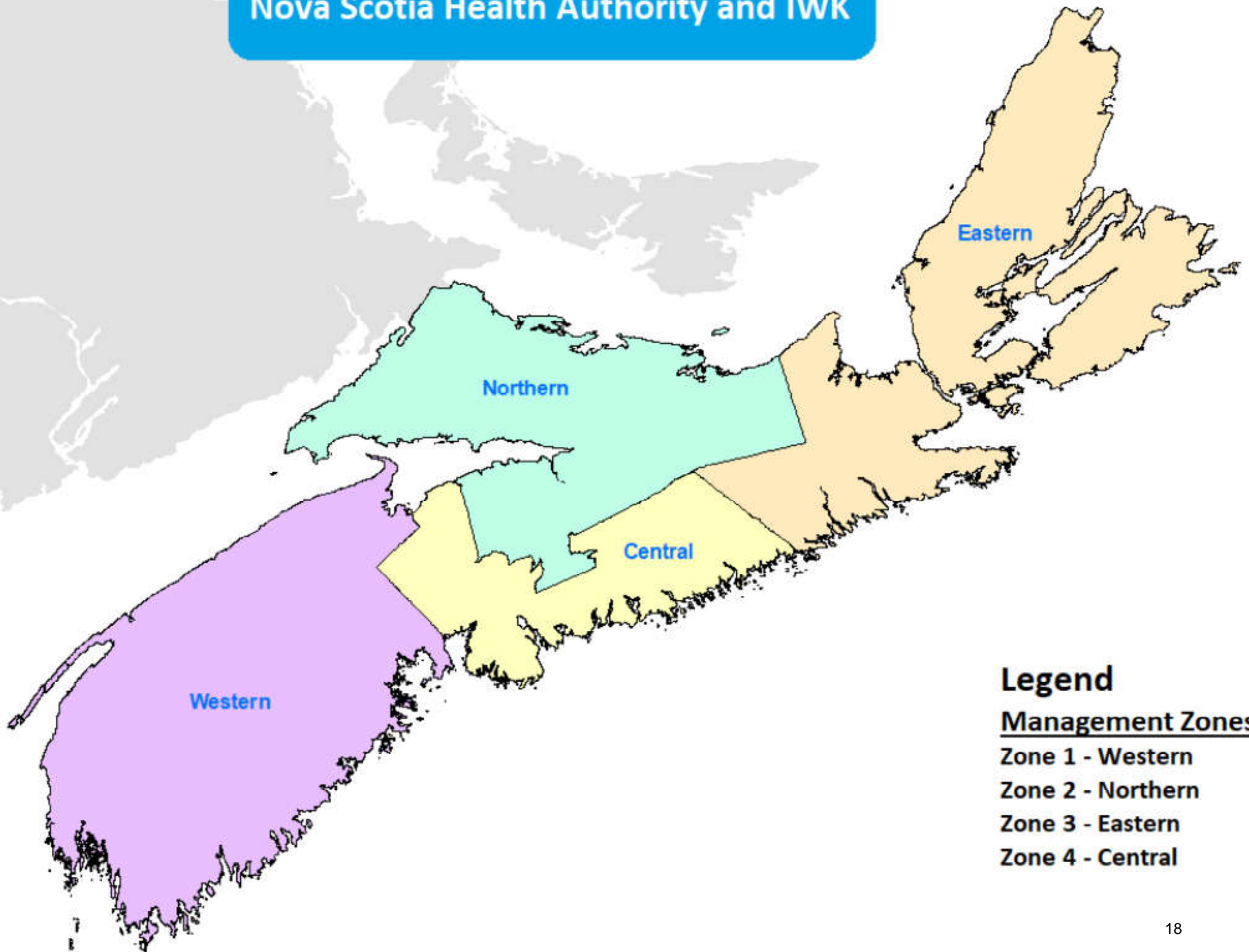
<sup>1</sup>Data is based on date of service.

<sup>2</sup>Reporting requirements are reviewed on an annual basis and, subsequently, the reporting methodology for Medicare Programs was updated in the 2021-2022 report and reflected in previously reported years 2017-2018, 2018-2019, 2019-2020 and 2020-2021.

<sup>3</sup>Includes Fee-for-Service, Shadow and Pay Patient Services.

<sup>4</sup>Based on Medavie insured person data. Reporting prior to 2023-24 was based on Statistics Canada total population data.

# Nova Scotia Health Authority and IWK



## Legend

### Management Zones

- Zone 1 - Western
- Zone 2 - Northern
- Zone 3 - Eastern
- Zone 4 - Central

Nova Scotia Department of Health - Table 4.5  
**Physicians' Gross Payments by Zone**

Zone	2022/23			2023/24			2024/25		
	No. of Physicians <sup>2</sup>	Amount Paid	Average Paid Per Physician	No. of Physicians <sup>2</sup>	Amount Paid	Average Paid Per Physician	No. of Physicians <sup>2</sup>	Amount Paid	Average Paid Per Physician
1 - Western	504	\$153,850,524	\$305,259	511	\$173,488,298	\$339,507	548	\$198,098,856	\$361,494
2 - Northern	296	\$104,225,079	\$352,112	311	\$115,907,180	\$372,692	347	\$134,264,931	\$386,931
3 - Eastern	396	\$147,627,193	\$372,796	430	\$167,339,724	\$389,162	477	\$185,119,483	\$388,091
4 - Central	1760	\$559,631,642	\$317,973	1761	\$606,874,130	\$344,619	1817	\$667,977,413	\$367,627
Other <sup>3</sup>	77	\$2,404,642	\$31,229	9	\$419,551	\$46,617	36	\$8,731,169	\$242,532
<b>Total</b>	<b>3,033</b>	<b>\$967,739,080</b>	<b>\$319,070</b>	<b>3,022</b>	<b>\$1,064,028,884</b>	<b>\$352,094</b>	<b>3,225</b>	<b>\$1,194,191,853</b>	<b>\$370,292</b>

<sup>1</sup>Includes Fee-for-Service, Fixed Periodic Payments/Sessional, Pathology/Radiology/Internal Medicine Contracts, Emergency Unit payments, and Alternative Funded groups.

<sup>2</sup>Physician count includes all physicians with a total payment => \$1.00 and physicians from Alternative Funded Groups.

<sup>3</sup>Other includes physicians with an unknown zone (ie. providing virtual care).

Nova Scotia Department of Health - Table 4.6  
**Distribution of Gross Payments<sup>1</sup> by Specialty and Zone**

Zone	Family Practice <sup>2</sup>			Specialists <sup>2,3</sup>			Total		
	No. of Physicians <sup>4</sup>	Payments	Average Per Physician	No. of Physicians <sup>4</sup>	Payments	Average Per Physician	No. of Physicians <sup>4</sup>	Payments	Average Per Physician
1 - Western	292	\$94,692,281	\$324,289	256	\$103,406,575	\$403,932	548	\$198,098,856	\$361,494
2 - Northern	169	\$60,414,617	\$357,483	178	\$73,850,314	\$414,889	347	\$134,264,931	\$386,931
3 - Eastern	235	\$91,549,740	\$389,573	242	\$93,569,743	\$386,652	477	\$185,119,483	\$388,091
4 - Central	653	\$183,183,939	\$280,527	1164	\$484,793,474	\$416,489	1817	\$667,977,413	\$367,627
Other <sup>5</sup>	23	\$1,226,703	\$53,335	13	\$7,504,466	\$577,267	36	\$8,731,169	\$242,532
<b>Total</b>	<b>1372</b>	<b>\$431,067,280</b>	<b>\$314,189</b>	<b>1,853</b>	<b>\$763,124,573</b>	<b>\$411,832</b>	<b>3,225</b>	<b>\$1,194,191,853</b>	<b>\$370,292</b>

<sup>1</sup>Data is based on date of service.

<sup>2</sup>Alternative Funded Emergency Room Units Level 2, 3, and 4 amounts paid have been included in Family Practice as the majority of physicians in these units are Family Practitioners.

<sup>3</sup>Includes Palliative Care.

<sup>4</sup>Physician count includes all physicians with total billed => \$1.00.

<sup>5</sup>Other includes physicians with an unknown zone (ie. providing virtual care).

Nova Scotia Department of Health - Table 4.7  
**Physicians' Services<sup>1</sup> Fee for Service and Shadow Services**  
**Number of Services by Type of Service**

	2021/22		2022/23		2023/24		2024/25		Percent Change			
	No. of Services	% of Total	No. of Services	% of Total	No. of Services	% of Total	No. of Services	% of Total	21/22	22/23	23/24	24/25
Consultations	417,270	4.8	424,547	4.8	448,698	5.0	470,953	5.0	13.1%	1.7%	5.7%	5.0%
Office Visits	3,389,009	38.6	3,399,138	38.2	3,330,280	36.8	3,457,067	36.4	4.4%	0.3%	(2.0%)	3.8%
Home Visits	24,816	0.3	23,828	0.3	22,243	0.2	19,917	0.2	(10.1%)	(4.0%)	(6.7%)	(10.5%)
Nursing Home Visits	112,492	1.3	117,417	1.3	114,066	1.3	118,259	1.2	5.7%	4.4%	(2.9%)	3.7%
Hospital Visits	514,201	5.9	500,169	5.6	508,951	5.6	513,501	5.4	4.8%	(2.7%)	1.8%	0.9%
Other Visits	377	0.0	497	0.0	436	0.0	146	0.0	23.6%	31.8%	(12.3%)	(66.5%)
Emergency & Out-Patient Dept. Visit	426,959	4.9	425,308	4.8	404,163	4.5	402,835	4.2	2.7%	(0.4%)	(5.0%)	(0.3%)
Critical Care	49,814	0.6	49,519	0.6	49,656	0.5	50,861	0.5	5.3%	(0.6%)	0.3%	2.4%
Psychiatric Services	61,428	0.7	55,904	0.6	46,940	0.5	38,170	0.4	(3.5%)	(9.0%)	(16.0%)	(18.7%)
<b>Subtotal</b>	<b>4,996,366</b>	<b>56.9</b>	<b>4,996,327</b>	<b>56.2</b>	<b>4,925,433</b>	<b>54.5</b>	<b>5,071,709</b>	<b>53.4</b>	<b>4.8%</b>	<b>0.0%</b>	<b>(1.4%)</b>	<b>3.0%</b>
Eye Examinations	23,605	0.3	25,140	0.3	26,954	0.3	27,806	0.3	18.7%	6.5%	7.2%	3.2%
Other Diagnostic & Therapeutic	989,640	11.3	1,018,469	11.5	1,014,927	11.2	1,043,279	11.0	28.4%	2.9%	(0.3%)	2.8%
<b>Subtotal</b>	<b>1,013,245</b>	<b>11.5</b>	<b>1,043,609</b>	<b>11.7</b>	<b>1,041,881</b>	<b>11.5</b>	<b>1,071,085</b>	<b>11.3</b>	<b>28.2%</b>	<b>3.0%</b>	<b>(0.2%)</b>	<b>2.8%</b>
Obstetrical Care	74,004	0.8	72,109	0.8	73,844	0.8	75,259	0.8	8.1%	(2.6%)	2.4%	1.9%
Major Surgery	102,618	1.2	112,577	1.3	118,838	1.3	125,940	1.3	7.7%	9.7%	5.6%	6.0%
Minor Surgery	90,338	1.0	98,982	1.1	104,738	1.2	106,342	1.1	19.2%	9.6%	5.8%	1.5%
Surgical Assist	28,329	0.3	32,090	0.4	33,344	0.4	37,043	0.4	3.7%	13.3%	3.9%	11.1%
Anaesthesia	60,270	0.7	64,261	0.7	65,846	0.7	69,802	0.7	2.4%	6.6%	2.5%	6.0%
<b>Subtotal</b>	<b>355,559</b>	<b>4.0</b>	<b>380,019</b>	<b>4.3</b>	<b>396,610</b>	<b>4.4</b>	<b>414,386</b>	<b>4.4</b>	<b>9.2%</b>	<b>6.9%</b>	<b>4.4%</b>	<b>4.5%</b>
All Other Services <sup>2</sup>	2,418,542	27.5	2,470,651	27.8	2,681,564	29.6	2,935,664	30.9	11.2%	2.2%	8.5%	9.5%
<b>Total Fee-for-Service</b>	<b>8,783,712</b>	<b>100.0</b>	<b>8,890,606</b>	<b>100.0</b>	<b>9,045,488</b>	<b>100.0</b>	<b>9,492,844</b>	<b>100.0</b>	<b>9.0%</b>	<b>1.2%</b>	<b>1.7%</b>	<b>4.9%</b>
Pay Patient <sup>3</sup>	8,424		15,015		19,326		18,437		22.0%	78.2%	28.7%	(4.6%)
<b>Grand Total</b>	<b>8,792,136</b>		<b>8,905,621</b>		<b>9,064,814</b>		<b>9,511,281</b>		<b>9.0%</b>	<b>1.3%</b>	<b>1.8%</b>	<b>4.9%</b>

<sup>1</sup>Data is based on date of service and includes Shadow Services from Alternative Funded Programs.

<sup>2</sup>Includes services for add on, bone grafts, casts and splints, complete care, default, dislocations, manual assess, non-obstetrical pain management and radiology/pathology/int medicine (starting in 15/16).

<sup>3</sup>Includes Out-of-Country and Quebec services for Nova Scotia residents.

Nova Scotia Department of Health - Table 4.8  
**Physicians<sup>1</sup> Services Fee For Service and Shadow Services**  
**Services Per 1,000 Insured Persons<sup>2</sup>**

	Number of Services Per 1,000 Insured					Percent Change				
	2020/21	2021/22	2022/23	2023/24	2024/25	20/21	21/22	22/23	23/24	24/25
Consultations	377	421	416	388	402	(15.3%)	11.7%	(1.0%)	(6.9%)	3.6%
Office Visits	3,315	3,416	3,333	2,878	2,949	(5.4%)	3.0%	(2.4%)	(13.7%)	2.5%
Home Visits	28	25	23	19	17	(6.8%)	(11.3%)	(0.6%)	(17.7%)	(11.6%)
Nursing Home Visits	109	113	115	99	101	(6.2%)	4.3%	1.6%	(14.4%)	2.3%
Hospital Visits	501	518	491	440	438	(6.4%)	3.4%	(5.4%)	(10.3%)	(0.4%)
Other Visits	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Emergency & Out-Patient Dept. Visit	424	430	417	349	344	(13.4%)	1.4%	(3.1%)	(16.3%)	(1.6%)
Intensive/Critical Care	48	50	49	43	43	(7.4%)	3.9%	(3.3%)	(11.6%)	1.1%
Psychiatric Services	65	62	55	41	33	(11.8%)	(4.7%)	(11.4%)	(26.0%)	(19.7%)
<b>Subtotal</b>	<b>4,868</b>	<b>5,036</b>	<b>4,900</b>	<b>4,256</b>	<b>4,326</b>	<b>(7.2%)</b>	<b>3.5%</b>	<b>(2.7%)</b>	<b>(13.1%)</b>	<b>1.7%</b>
Eye Examinations	20	24	25	23	24	(15.5%)	17.2%	3.6%	(5.5%)	1.8%
Other Diagnostic & Therapeutic	787	997	999	877	890	(4.1%)	26.7%	0.1%	(12.2%)	1.5%
<b>Subtotal</b>	<b>807</b>	<b>1,021</b>	<b>1,023</b>	<b>900</b>	<b>914</b>	<b>(4.4%)</b>	<b>26.5%</b>	<b>0.2%</b>	<b>(12.0%)</b>	<b>1.5%</b>
Obstetrical Care	70	75	71	64	64	(11.6%)	6.7%	(5.2%)	(9.8%)	0.6%
Major Surgery	97	103	110	103	107	(9.2%)	6.3%	6.7%	(7.0%)	4.6%
Minor Surgery	77	91	97	91	91	(23.9%)	17.7%	6.6%	(6.8%)	0.2%
Surgical Assist	28	29	31	29	32	(13.6%)	2.4%	10.2%	(8.4%)	9.7%
Anaesthesia	60	61	63	57	60	(10.8%)	1.1%	3.7%	(9.7%)	4.7%
<b>Subtotal</b>	<b>333</b>	<b>358</b>	<b>373</b>	<b>343</b>	<b>353</b>	<b>(14.2%)</b>	<b>7.8%</b>	<b>4.0%</b>	<b>(8.0%)</b>	<b>3.1%</b>
All Other Services <sup>3</sup>	2,229	2,446	2,438	2,334	2,520	(17.4%)	9.8%	(0.3%)	(4.3%)	8.0%
<b>TOTAL<sup>4</sup></b>	<b>8,236</b>	<b>8,861</b>	<b>8,734</b>	<b>7,833</b>	<b>8,113</b>	<b>(10.2%)</b>	<b>7.6%</b>	<b>(1.4%)</b>	<b>(10.3%)</b>	<b>3.6%</b>

<sup>1</sup>Data is based on date of service and includes shadow services from Alternative Funded Programs.

<sup>2</sup>Based on Medavie insured person data. Reporting prior to 2023-24 was based on Statistics Canada total population data.

<sup>3</sup>Includes services for add on, bone grafts, casts and splints, complete care, default, dislocations, manual assess, non-obstetrical pain management and radiology/pathology/int medicine (starting 15/16).

<sup>4</sup>Columns may not add to totals and subtotals due to rounding.



Section Five

## Dental Programs

Nova Scotia Department of Health - Table 5.1

**Dental Programs  
Payment Summary<sup>1</sup>**

Payment Summary	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
Children's Oral Health Program	\$5,357,904	\$6,118,156	\$6,226,154	\$9,838,018	\$10,942,218	(16.4%)	14.2%	1.8%	58.0%	11.2%
Oral and Maxillofacial Surgery	\$1,385,924	\$1,208,786	\$1,477,749	\$1,472,102	\$1,450,462	(5.1%)	(12.8%)	22.3%	(0.4%)	(1.5%)
IWK Dental Academic Funding Plan <sup>2</sup>	\$1,048,669	\$1,106,586	\$1,123,184	\$1,189,335	\$1,169,008	(5.3%)	5.5%	1.5%	5.9%	(1.7%)
<b>Subtotal Dental Programs</b>	<b>\$7,792,498</b>	<b>\$8,433,528</b>	<b>\$8,827,088</b>	<b>\$12,499,455</b>	<b>\$13,561,687</b>	<b>(13.2%)</b>	<b>8.2%</b>	<b>4.7%</b>	<b>41.6%</b>	<b>8.5%</b>
Special Dental Programs <sup>3</sup>										
Maxillofacial Prosthodontics	\$448,313	\$469,960	\$533,511	\$627,988	\$676,890	(38.7%)	4.8%	13.5%	17.7%	7.8%
Cleft Palate	\$280,951	\$410,846	\$269,156	\$416,289	\$449,662	4.3%	46.2%	(34.5%)	54.7%	8.0%
Individuals with Special Needs	\$260,446	\$301,984	\$315,616	\$342,843	\$373,348	(25.1%)	15.9%	4.5%	8.6%	8.9%
Exceptional Circumstances	\$60,495	\$93,903	\$57,397	\$66,707	\$42,977	66.7%	55.2%	(38.9%)	16.2%	(35.6%)
<b>Subtotal Special Dental Programs</b>	<b>\$1,050,205</b>	<b>\$1,276,694</b>	<b>\$1,175,681</b>	<b>\$1,453,827</b>	<b>\$1,542,877</b>	<b>(24.1%)</b>	<b>21.6%</b>	<b>(7.6%)</b>	<b>23.7%</b>	<b>6.1%</b>
<b>Total Dental Payments</b>	<b>\$8,842,702</b>	<b>\$9,710,221</b>	<b>\$10,002,768</b>	<b>\$13,953,282</b>	<b>\$15,104,564</b>	<b>(14.6%)</b>	<b>9.8%</b>	<b>3.0%</b>	<b>39.5%</b>	<b>8.3%</b>

<sup>1</sup>Data is based on date of service.

<sup>2</sup>Expenditures are based on bi-weekly payment cycles that occurred during the fiscal year and may differ slightly from the government's commitment defined in the IWK Dental Academic Funding Plan contract.

<sup>3</sup>Special Dental Programs procedures are also provided under the IWK Dental Academic Funding Plan. Amount paid excludes the IWK expenditure. This is included in the amount paid in Table 5.4.

**Children's Oral Health Program****Utilization Summary<sup>1,2,3</sup>**

Utilization Summary	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
Services Rendered <sup>4</sup>	139,943	153,959	149,844	176,675	175,047	(16.0%)	10.0%	(2.7%)	17.9%	(0.9%)
Amount Paid	\$5,357,904	\$6,118,156	\$6,226,154	\$9,838,018	\$10,942,218	(16.4%)	14.2%	1.8%	58.0%	11.2%
Persons Insured <sup>5</sup>	153,984	156,722	160,909	162,896	162,451	0.2%	1.8%	2.7%	1.2%	(0.3%)
Claimants <sup>6</sup>	41,788	41,998	39,823	43,927	42,677	(16.0%)	0.5%	(5.2%)	10.3%	(2.8%)
Services per Claimant	3.3	3.7	3.8	4.0	4.1	0.1%	9.5%	2.6%	6.9%	2.0%
Paid per Claimant	\$128.22	\$145.68	\$156.35	\$223.96	\$256.40	(0.4%)	13.6%	7.3%	43.2%	14.5%

<sup>1</sup>Data is based on date of service.<sup>2</sup>Reporting requirements are reviewed on an annual basis and, subsequently, the reporting methodology for Dental Programs was updated in the 2022-2023 report and reflected in previously reported years 2018-2019, 2019-2020, 2020-2021 and 2021-2022.<sup>3</sup>Excludes services from providers funded by the IWK Dental Academic Funding Plan. See Table 5.4 for the IWK Dental Academic Funding Plan services.<sup>4</sup>Services rendered includes laboratory services.<sup>5</sup>A person who is eligible for children's dental services, provided by the province of Nova Scotia, at any point during fiscal year.<sup>6</sup>Persons receiving insured services.

**Oral and Maxillofacial Surgery****Utilization Summary<sup>1,2,3</sup>**

Utilization Summary	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
Services Rendered <sup>4</sup>	6,303	6,728	7,172	7,957	8,496	(1.2%)	6.7%	6.6%	10.9%	6.8%
Amount Paid	\$1,385,924	\$1,208,786	\$1,477,749	\$1,472,102	\$1,450,462	(5.1%)	(12.8%)	22.3%	(0.4%)	(1.5%)
Persons Insured <sup>5</sup>	1,083,472	1,103,255	1,130,643	1,157,279	1,172,289	1.6%	1.8%	2.5%	2.4%	1.3%
Claimants <sup>6</sup>	2,673	2,639	2,604	2,521	2,530	2.3%	(1.3%)	(1.3%)	(3.2%)	0.4%
Services per Claimant	2.4	2.5	2.8	3.2	3.4	(3.4%)	8.1%	8.0%	14.6%	6.4%
Paid per Claimant	\$518.49	\$458.05	\$567.49	\$583.94	\$573.31	(7.2%)	(11.7%)	23.9%	2.9%	(1.8%)

<sup>1</sup>Data is based on date of service.

<sup>2</sup>Reporting requirements are reviewed on an annual basis and, subsequently, the reporting methodology for Dental Programs was updated in the 2022-2023 report and reflected in previously reported years 2018-2019, 2019-2020, 2020-2021 and 2021-2022.

<sup>3</sup>Excludes services from providers funded by the IWK Dental Academic Funding Plan. See Table 5.4 for the IWK Dental Academic Funding Plan services.

<sup>4</sup>Services rendered includes laboratory services.

<sup>5</sup>A person who is eligible for public funded health services provided by the province of Nova Scotia at any point during fiscal year.

<sup>6</sup>Persons receiving insured services.

**IWK Dental Academic Funding Plan****Utilization Summary<sup>1,2</sup>**

Utilization Summary	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
Services Rendered <sup>3</sup>	8,513	9,991	9,247	9,989	13,078	(20.9%)	17.4%	(7.4%)	8.0%	30.9%
Amount Paid <sup>4</sup>	\$1,048,669	\$1,106,586	\$1,123,184	\$1,189,335	\$1,169,008	(5.3%)	5.5%	1.5%	5.9%	(1.7%)
Claimants <sup>5</sup>	1,422	1,795	1,716	1,674	2,357	(23.7%)	26.2%	(4.4%)	(2.4%)	40.8%
<b>Services by Program</b>										
Children's Oral Health	8,399	9,690	8,867	9,522	12,797	(19.8%)	15.4%	(8.5%)	7.4%	34.4%
Cleft Palate	1	1	5	7	13	(87.5%)	0.0%	400.0%	40.0%	85.7%
Individuals with Special Needs	113	300	375	460	268	(61.0%)	165.5%	25.0%	22.7%	(41.7%)
Oral and Maxillofacial Surgery	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%
Exceptional Circumstances	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%

<sup>1</sup>Data is date of service.<sup>2</sup>Includes services from providers funded by the IWK Dental Academic Funding Plan.<sup>3</sup>Services rendered includes laboratory services.<sup>4</sup>Expenditures are based on bi-weekly payment cycles that occurred during the fiscal year and may differ slightly from the government's commitment defined in the IWK Dental Academic Funding Plan contract.<sup>5</sup>Persons receiving insured services.

Nova Scotia Department of Health - Table 5.5  
**Special Dental Program - Maxillofacial Prosthodontics**  
**Utilization Summary<sup>1,2</sup>**

Utilization Summary	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
Services Rendered <sup>3</sup>	1,030	920	1,041	1,104	1,088	(47.8%)	(10.7%)	13.2%	6.1%	(1.4%)
Amount Paid	\$448,313	\$469,960	\$533,511	\$627,988	\$676,890	(38.7%)	4.8%	13.5%	17.7%	7.8%
Claimants <sup>4</sup>	490	390	374	384	382	(46.2%)	(20.4%)	(4.1%)	2.7%	(0.5%)
Services Per Claimant	2.1	2.4	2.8	2.9	2.8	(3.1%)	12.2%	18.0%	3.3%	(0.9%)
Paid Per Claimant	\$914.92	\$1,205.03	\$1,426.50	\$1,635.39	\$1,771.96	13.9%	31.7%	18.4%	14.6%	8.4%

<sup>1</sup>Data is based on date of service.

<sup>2</sup>Excludes services from providers funded by the IWK Dental Academic Funding Plan. See Table 5.4 for the IWK Dental Academic Funding Plan services.

<sup>3</sup>Services rendered includes laboratory services.

<sup>4</sup>Persons receiving insured services.

Nova Scotia Department of Health - Table 5.6

**Special Dental Program - Cleft Palate**

**Utilization Summary<sup>1,2</sup>**

Utilization Summary	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
Services Rendered <sup>3</sup>	808	1,029	883	984	998	(0.2)	27.4%	(14.2%)	11.4%	1.4%
Amount Paid	\$280,951	\$410,846	\$269,156	\$416,289	\$449,662	4.3%	46.2%	(34.5%)	54.7%	8.0%
Claimants <sup>4</sup>	183	207	214	211	205	(12.4%)	13.1%	3.4%	(1.4%)	(2.8%)
Services Per Claimant	4.4	5.0	4.1	4.7	4.9	(0.1)	12.6%	(17.0%)	13.0%	4.4%
Paid Per Claimant	\$1,535.25	\$1,984.77	\$1,257.74	\$1,972.93	\$2,193.47	19.2%	29.3%	(36.6%)	56.9%	11.2%

<sup>1</sup>Data is based on date of service.

<sup>2</sup>Excludes services from providers funded by the IWK Dental Academic Funding Plan. See Table 5.4 for the IWK Dental Academic Funding Plan services.

<sup>3</sup>Services rendered includes laboratory services.

<sup>4</sup>Persons receiving insured services.

Nova Scotia Department of Health - Table 5.7  
**Special Dental Program - Individuals with Special Needs**  
**Utilization Summary<sup>1,2</sup>**

Utilization Summary	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
Services Rendered <sup>3</sup>	3,932	4,650	4,444	4,653	4,750	(27.0%)	18.3%	(4.4%)	4.7%	2.1%
Amount Paid	\$260,446	\$301,984	\$315,616	\$342,843	\$373,348	(25.1%)	15.9%	4.5%	8.6%	8.9%
Claimants <sup>4</sup>	737	796	787	818	792	(18.2%)	8.0%	(1.1%)	3.9%	(3.2%)
Services Per Claimant	5.3	5.8	5.6	5.7	6.0	(10.8%)	9.5%	(3.3%)	0.7%	5.4%
Paid Per Claimant	\$ 353.39	\$ 379.38	\$ 401.04	\$ 419.12	\$ 471.40	(8.4%)	7.4%	5.7%	4.5%	12.5%

<sup>1</sup>Data is based on date of service.

<sup>2</sup>Excludes services from providers funded by the IWK Dental Academic Funding Plan. See Table 5.4 for the IWK Dental Academic Funding Plan services.

<sup>3</sup>Services rendered includes laboratory services.

<sup>4</sup>Persons receiving insured services.

Nova Scotia Department of Health - Table 5.8  
**Special Dental Program - Exceptional Circumstances**  
**Utilization Summary<sup>1,2</sup>**

Utilization Summary	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
Services Rendered <sup>3</sup>	83	73	132	70	69	(17.8%)	(12.0%)	80.8%	(47.0%)	(1.4%)
Amount Paid	\$60,495	\$93,903	\$57,397	\$66,707	\$42,977	66.7%	55.2%	(38.9%)	16.2%	(35.6%)
Claimants <sup>4</sup>	8	12	19	19	11	(46.7%)	50.0%	58.3%	0.0%	(42.1%)
Services Per Claimant	10.4	6.1	6.9	3.7	6.3	54.1%	(41.4%)	14.2%	(47.0%)	70.3%
Paid Per Claimant	\$7,561.90	\$7,825.25	\$3,020.92	\$3,510.87	\$3,907.04	212.6%	3.5%	(61.4%)	16.2%	11.3%

<sup>1</sup>Data is based on date of service.

<sup>2</sup>Excludes services from providers funded by the IWK Dental Academic Funding Plan. See Table 5.4 for the IWK Dental Academic Funding Plan services.

<sup>3</sup>Services rendered includes laboratory services.

<sup>4</sup>Persons receiving insured services.



Section Six

## Optometric Services

Nova Scotia Department of Health - Table 6.1

**Optometric Services**

**Payment and Utilization Summary<sup>1,2</sup>**

Payment Summary	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
Fee-for-Service Payments	\$7,247,086	\$8,729,884	\$10,035,939	\$10,633,719	\$13,640,881	(17.6%)	20.5%	15.0%	6.0%	28.3%
Pay Patient	\$53	\$0	\$0	\$30	\$0	>100	(>100)	0.0%	0.0%	0.0%
Retroactive Payments	\$0	\$1,188,718	\$116	\$0	\$1,404,089	0.0%	(>100)	(>100)	(>100)	>100
<b>Total</b>	<b>\$7,247,139</b>	<b>\$9,918,602</b>	<b>\$10,036,055</b>	<b>\$10,633,749</b>	<b>\$15,044,970</b>	<b>(17.6%)</b>	<b>36.9%</b>	<b>1.2%</b>	<b>6.0%</b>	<b>41.5%</b>
<b>Utilization Summary</b>										
Services Rendered	143,949	171,411	185,614	195,925	209,494	(19.0%)	19.1%	8.3%	5.6%	6.9%
Persons Receiving Services(Claimants)	118,076	137,067	144,480	152,069	159,478	(16.2%)	16.1%	5.4%	5.3%	4.9%

<sup>1</sup> Data is based on date of service.

<sup>2</sup> Reporting requirements are reviewed on an annual basis and, subsequently, the reporting methodology for Optometric Programs was updated in the 2022-2023 report and reflected in previously reported years 2018-2019, 2019-2020, 2020-2021 and 2021-2022.



Section Seven

## Prosthetic Programs

Nova Scotia Department of Health - Table 7.1

**Prosthetic Programs**

**Payment Summary<sup>1</sup>**

Payment Summary	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
Breast <sup>1</sup>	\$125,654	\$137,927	\$151,073	\$262,694	\$272,624	(15.9%)	9.8%	9.5%	73.9%	3.8%
Limb <sup>2</sup>	\$996,503	\$961,801	\$1,157,199	\$1,404,714	\$1,578,109	(11.8%)	(3.5%)	20.3%	21.4%	12.3%
Ocular <sup>1</sup>	\$125,379	\$157,711	\$141,749	\$147,515	\$416,565	(18.0%)	25.8%	(10.1%)	4.1%	182.4%
<b>Total Prosthetic Programs Payments</b>	<b>\$1,247,536</b>	<b>\$1,257,439</b>	<b>\$1,450,021</b>	<b>\$1,814,923</b>	<b>\$2,267,298</b>	<b>(12.9%)</b>	<b>0.8%</b>	<b>15.3%</b>	<b>15.3%</b>	<b>24.9%</b>

<sup>1</sup>Data is based on date of service.

<sup>2</sup>Data is based on date of invoice.

Nova Scotia Department of Health - Table 7.2

**Prosthetic Programs - Breast Prostheses**

**Utilization Summary<sup>1</sup>**

Utilization Summary	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
Services Rendered	729	806	787	842	873	(16.2%)	10.6%	(2.4%)	7.0%	3.7%
Amount Paid	\$125,654	\$137,927	\$151,073	\$262,694	\$272,624	(15.9%)	9.8%	9.5%	73.9%	3.8%
Claimants <sup>2</sup>	641	681	681	735	749	(15.8%)	6.2%	0.0%	7.9%	1.9%
Paid Per Service	\$172.4	\$171.1	\$192.0	\$312.0	\$312.3	0.4%	(0.7%)	12.2%	62.5%	0.1%
Services Per Claimant	1.1	1.2	1.2	1.1	1.2	(0.5%)	4.1%	(2.4%)	(0.9%)	1.7%
Paid Per Claimant	\$196.0	\$202.5	\$221.8	\$357.4	\$364.0	(0.2%)	3.3%	9.5%	61.1%	1.8%

<sup>1</sup>Data is based on date of service.

<sup>2</sup>Persons receiving Insured Services.

Nova Scotia Department of Health - Table 7.3

**Prosthetic Programs - Limb Prostheses**

**Utilization Summary<sup>1</sup>**

Utilization Summary	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
Services Rendered	1,995	1,938	2,428	2,843	2,988	(12.4%)	(2.9%)	25.3%	17.1%	5.1%
Amount Paid	\$996,503	\$961,801	\$1,157,199	\$1,404,714	\$1,578,109	(11.8%)	(3.5%)	20.3%	21.4%	12.3%
Claimants <sup>2</sup>	388	384	411	440	474	(8.3%)	(1.0%)	7.0%	7.1%	7.7%
Services Per Claimant	5.1	5.0	5.9	6.5	6.3	(4.5%)	(1.8%)	17.1%	9.4%	(2.4%)
Paid Per Claimant	\$2,568.3	\$2,504.7	\$2,815.6	\$3,192.5	\$3,329.3	(3.8%)	(2.5%)	12.4%	13.4%	4.3%

<sup>1</sup>Data is based on date of invoice.

<sup>2</sup>Persons receiving Insured Services.

Nova Scotia Department of Health - Table 7.4

**Prosthetic Programs - Ocular Prostheses**

**Utilization Summary<sup>1</sup>**

Utilization Summary	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
Services Rendered	240	403	453	537	673	(59.3%)	67.9%	12.4%	18.5%	25.3%
Amount Paid	\$125,379	\$157,711	\$141,749	\$147,515	\$416,565	(18.0%)	25.8%	(10.1%)	4.1%	182.4%
Claimants <sup>2</sup>	221	276	290	343	377	(42.1%)	24.9%	5.1%	18.3%	9.9%
Paid Per Service	\$522.4	\$391.3	\$312.9	\$274.7	\$619.0	101.3%	(25.1%)	(20.0%)	(12.2%)	125.3%
Services Per Claimant	1.1	1.5	1.6	1.6	1.8	(29.6%)	34.5%	7.0%	0.2%	14.0%
Paid Per Claimant	\$567.3	\$571.4	\$488.8	\$430.1	\$1,104.9	41.8%	0.7%	(14.5%)	(12.0%)	156.9%

<sup>1</sup>Data is based on date of service.

<sup>2</sup>Persons receiving Insured Services.



Section Eight

## Pharmacare Programs

**Seniors' Pharmacare Program  
Payment and Utilization Summary<sup>1</sup>**

						Percent Change				
	2020/21	2021/22	2022/23	2023/24	2024/25	20/21	21/22	22/23	23/24	24/25
<b>Total Cost of Claims<sup>2</sup></b>	<b>\$219,771,981</b>	<b>\$231,485,810</b>	<b>\$249,600,393</b>	<b>\$274,374,816</b>	<b>\$309,880,521</b>	<b>6.5%</b>	<b>5.3%</b>	<b>7.8%</b>	<b>9.9%</b>	<b>12.9%</b>
<b>Total Government Expenditure</b>	<b>\$192,406,471</b>	<b>\$203,278,249</b>	<b>\$219,702,194</b>	<b>\$243,359,719</b>	<b>\$276,804,846</b>	<b>7.1%</b>	<b>5.7%</b>	<b>8.1%</b>	<b>10.8%</b>	<b>13.7%</b>
<b>Utilization Summary</b>										
No. of Seniors <sup>3</sup>	208,825	215,879	222,727	233,519	238,698	3.5%	3.4%	3.2%	4.8%	2.2%
Persons Insured <sup>4</sup>	142,625	146,962	151,483	154,124	157,477	2.4%	3.0%	3.1%	1.7%	2.2%
Claimants <sup>5</sup>	131,788	135,772	139,913	142,925	146,622	1.9%	3.0%	3.0%	2.2%	2.6%
Percent of Persons Insured	92.4	92.4	92.4	92.7	93.1	(0.4%)	(0.0%)	(0.0%)	0.4%	0.4%
Total Claims <sup>6</sup>	4,701,227	4,630,489	4,772,820	4,984,559	5,278,771	5.4%	(1.5%)	3.1%	4.4%	5.9%
Claims Per Insured	33.0	31.5	31.5	32.3	33.5	3.1%	(4.5%)	(0.0%)	2.6%	3.6%
Govt Expenditure Per Insured	\$1,349.0	\$1,383.2	\$1,450.3	\$1,579.0	\$1,757.7	4.5%	2.5%	4.9%	8.9%	11.3%
Claims Per Claimant	35.7	34.1	34.1	34.9	36.0	3.4%	(4.4%)	0.0%	2.2%	3.2%
Govt Expenditure Per Claimant	\$1,459.97	\$1,497.20	\$1,570.28	\$1,702.71	\$1,887.88	5.0%	2.6%	4.9%	8.4%	10.9%

<sup>1</sup>Data is based on date of service.

<sup>2</sup>Total Expenditure includes total professional fee paid, total drug cost paid and total upcharge paid. This represents the total expenditure for the Pharmacare programs, not only the Department of Health expenditure.

<sup>3</sup>Estimate of insured persons 65 years & older from Statistics Canada as of July 1st each year.

<sup>4</sup>Persons registered in the program at any point during fiscal year.

<sup>5</sup>Persons receiving insured services.

<sup>6</sup>Includes initial prescription, all refills and pharmacy professional services.

**Seniors' Pharmacare Program****Total Drug Utilization<sup>1</sup> by Age**

<b>Age Group<sup>2</sup></b>	<b>Claimants<sup>3</sup></b>	<b>Number of Claims</b>	<b>Drug Cost</b>	<b>Pharmacists' Fees<sup>4</sup></b>	<b>Total Cost of Claims<sup>5</sup></b>	<b>Total Government Expenditure</b>	<b>Claims Per Claimant</b>	<b>Govt Expend Per Claimant</b>
65 - 69	34,667	937,365	\$51,737,244	\$15,804,765	\$67,542,009	\$60,876,245	27	\$1,756.03
70 - 74	37,749	1,211,847	\$62,588,827	\$20,075,973	\$82,664,800	\$74,452,909	32	\$1,972.31
75 - 79	33,362	1,241,167	\$53,329,727	\$19,798,066	\$73,127,794	\$65,285,101	37	\$1,956.87
80 - 84	21,100	905,159	\$33,211,747	\$13,967,368	\$47,179,115	\$42,042,645	43	\$1,992.54
85 - 89	11,937	572,980	\$16,889,070	\$8,572,217	\$25,461,287	\$22,310,600	48	\$1,869.03
90 - 94	5,687	298,326	\$6,432,701	\$4,305,627	\$10,738,327	\$9,220,876	52	\$1,621.40
95 - 99	1,775	95,058	\$1,406,678	\$1,332,462	\$2,739,140	\$2,276,309	54	\$1,282.43
100+	345	16,869	\$194,856	\$233,194	\$428,049	\$340,160	49	\$985.97
<b>Total</b>	<b>146,622</b>	<b>5,278,771</b>	<b>\$225,790,850</b>	<b>\$84,089,670</b>	<b>\$309,880,521</b>	<b>\$276,804,846</b>	<b>36</b>	<b>\$1,887.88</b>

<sup>1</sup> Data is based on date of service.<sup>2</sup> Age as of March 31.<sup>3</sup> Persons receiving insured services.<sup>4</sup> Pharmacists Fees includes Total Professional Fee Paid and Total Upcharge Paid.<sup>5</sup> This represents the total expenditure for the Seniors Pharmacare program, not only the Department of Health expenditure.

## Seniors' Pharmacare Program

Female Drug Utilization<sup>1</sup> by Age

Fiscal Year 2024/25

Age Group <sup>2</sup>	Claimants <sup>3</sup>	Number of Claims	Drug Cost	Pharmacists' Fees <sup>4</sup>	Total Cost of Claims <sup>5</sup>	Total Government Expenditure	Claims Per Claimant	Govt Expend Per Claimant
65 - 69	19,106	500,671	\$26,719,727	\$8,388,997	\$35,108,724	\$31,543,634	26	\$1,650.98
70 - 74	20,510	639,600	\$30,438,767	\$10,434,017	\$40,872,784	\$36,479,278	31	\$1,778.61
75 - 79	18,291	671,419	\$26,162,629	\$10,493,681	\$36,656,311	\$32,386,719	37	\$1,770.64
80 - 84	11,863	510,828	\$15,291,442	\$7,675,832	\$22,967,274	\$20,124,860	43	\$1,696.44
85 - 89	7,266	353,980	\$8,781,592	\$5,176,492	\$13,958,084	\$12,087,374	49	\$1,663.55
90 - 94	3,858	206,615	\$3,495,657	\$2,916,890	\$6,412,547	\$5,385,307	54	\$1,395.88
95 - 99	1,385	76,565	\$958,099	\$1,059,332	\$2,017,431	\$1,651,772	55	\$1,192.62
100+	320	15,959	\$177,616	\$219,956	\$397,572	\$315,751	50	\$986.72
<b>Total</b>	<b>82,599</b>	<b>2,975,637</b>	<b>\$112,025,530</b>	<b>\$46,365,197</b>	<b>\$158,390,727</b>	<b>\$139,974,696</b>	<b>36</b>	<b>\$1,694.63</b>

Male Drug Utilization<sup>1</sup> by Age

Fiscal Year 2024/25

Age Group <sup>2</sup>	Claimants <sup>3</sup>	Number of Claims	Drug Cost	Pharmacists' Fees <sup>4</sup>	Total Cost of Claims <sup>5</sup>	Total Government Expenditure	Claims Per Claimant	Govt Expend Per Claimant
65 - 69	15,561	436,694	\$25,017,517	\$7,415,768	\$32,433,285	\$29,332,611	28	\$1,885.01
70 - 74	17,239	572,247	\$32,150,060	\$9,641,955	\$41,792,015	\$37,973,631	33	\$2,202.77
75 - 79	15,071	569,748	\$27,167,098	\$9,304,385	\$36,471,483	\$32,898,382	38	\$2,182.89
80 - 84	9,237	394,331	\$17,920,305	\$6,291,536	\$24,211,841	\$21,917,784	43	\$2,372.82
85 - 89	4,671	219,000	\$8,107,479	\$3,395,724	\$11,503,203	\$10,223,226	47	\$2,188.66
90 - 94	1,829	91,711	\$2,937,043	\$1,388,737	\$4,325,780	\$3,835,569	50	\$2,097.09
95 - 99	390	18,493	\$448,579	\$273,130	\$721,710	\$624,537	47	\$1,601.38
100+	25	910	\$17,239	\$13,238	\$30,477	\$24,409	36	\$976.38
<b>Total</b>	<b>64,023</b>	<b>2,303,134</b>	<b>\$113,765,320</b>	<b>\$37,724,473</b>	<b>\$151,489,794</b>	<b>\$136,830,150</b>	<b>36</b>	<b>\$2,137.20</b>

<sup>1</sup> Data is based on date of service.<sup>2</sup> Age as of March 31.<sup>3</sup> Persons receiving insured services.<sup>4</sup> Pharmacists Fees includes Total Professional Fee Paid and Total Upcharge Paid.<sup>5</sup> This represents the total expenditure for the Seniors Pharmacare program, not only the Department of Health expenditure.

Nova Scotia Department of Health - Table 8.4

**Seniors' Pharmacare Program**

**Utilization<sup>1</sup> by Zone of Claimant(Claims)**

Fiscal 2023/24 to 2024/25

Zone	Claimants <sup>2</sup>		Percent Change		Claims Count		Percent Change		Claims/Claimant	
	23/24	24/25	23/24	24/25	23/24	24/25	23/24	24/25	23/24	24/25
1- Western Zone	36,182	37,260	2.1%	3.0%	1,167,839	1,245,464	4.5%	6.6%	32.3	33.4
2- Northern Zone	25,047	25,788	1.8%	3.0%	930,419	983,855	4.1%	5.7%	37.1	38.2
3- Eastern Zone	32,775	33,394	1.6%	1.9%	1,332,183	1,407,028	5.1%	5.6%	40.6	42.1
4 - Central Zone	49,348	50,731	2.3%	2.8%	1,549,465	1,639,838	4.1%	5.8%	31.4	32.3
Unknown	272	291	(56.8%)	7.0%	4,653	2,586	(30.8%)	(44.4%)	17.1	8.9
<b>Total</b>	<b>142,925</b>	<b>146,622</b>	<b>2.2%</b>	<b>2.6%</b>	<b>4,984,559</b>	<b>5,278,771</b>	<b>4.4%</b>	<b>5.9%</b>	<b>34.9</b>	<b>36.0</b>

<sup>1</sup> Data is based on date of service.

<sup>2</sup> Persons receiving insured services. Column totals may not add to totals as residents may be counted in more than one zone.

Nova Scotia Department of Health - Table 8.5  
**Seniors' Pharmacare Program**  
**Utilization<sup>1</sup> by Zone of Claimant(Expenditure)**  
**Fiscal 2023/24 to 2024/25**

Zone	Claimants <sup>2</sup>		Total Cost of Claims <sup>3</sup>		Total Government Expenditure		Percent Change		Govt Expend/Claimant	
	23/24	24/25	23/24	24/25	23/24	24/25	23/24	24/25	23/24	24/25
1- Western Zone	36,182	37,260	\$66,324,647	\$75,942,718	\$58,464,665	\$67,488,241	10.5%	15.4%	\$1,615.85	\$1,811.28
2- Northern Zone	25,047	25,788	\$46,726,387	\$52,081,772	\$40,951,287	\$46,041,265	8.5%	12.4%	\$1,634.98	\$1,785.38
3- Eastern Zone	32,775	33,394	\$69,768,349	\$77,389,986	\$62,324,167	\$69,540,673	13.1%	11.6%	\$1,901.58	\$2,082.43
4 - Central Zone	49,348	50,731	\$91,334,077	\$104,244,662	\$81,426,925	\$93,532,830	10.7%	14.9%	\$1,650.06	\$1,843.70
Unknown	272	291	\$221,356	\$221,383	\$192,675	\$201,837	(45.1%)	4.8%	\$708.36	\$693.60
<b>Total</b>	<b>142,925</b>	<b>146,622</b>	<b>\$274,374,816</b>	<b>\$309,880,521</b>	<b>\$243,359,719</b>	<b>\$276,804,846</b>	<b>10.8%</b>	<b>13.7%</b>	<b>\$1,702.71</b>	<b>\$1,887.88</b>

<sup>1</sup> Data is based on date of service.

<sup>2</sup> Persons receiving insured services. Column totals may not add to totals as residents may be counted in more than one zone.

<sup>3</sup> This represents the total expenditure for the Seniors Pharmacare program, not only the Department of Health expenditure.

Nova Scotia Department of Health - Table 8.6  
**Special Funding Assistance Programs for Residents**  
**Payment Summary<sup>1,2</sup>**

Payment Summary	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
Cystic Fibrosis <sup>3</sup>										
- drugs	\$1,974,918	\$9,146,740	\$28,850,639	\$33,168,488	\$39,661,652	(7.7%)	363.1%	215.4%	15.0%	19.6%
- equipment & emergency	\$34,823	\$18,742	\$21,183	\$20,860	\$20,663	(63.6%)	(46.2%)	13.0%	(1.5%)	(0.9%)
Subtotal Cystic Fibrosis	\$2,009,741	\$9,165,482	\$28,871,822	\$33,189,348	\$39,682,315	(10.1%)	356.1%	215.0%	15.0%	19.6%
Diabetes Insipidus	\$116,518	\$112,315	\$94,974	\$99,531	\$103,111	(2.6%)	(3.6%)	(15.4%)	4.8%	3.6%
Cancer	\$4,171,029	\$4,280,786	\$5,804,634	\$8,875,042	\$10,372,053	32.8%	2.6%	35.6%	52.9%	16.9%
Growth Hormone Deficiency	\$481,393	\$488,052	\$460,605	\$520,379	\$483,713	23.0%	1.4%	(5.6%)	13.0%	(7.0%)
HIV/AIDS Program	\$25,261	\$13,555	\$13,798	\$13,908	\$10,365	(30.7%)	(46.3%)	1.8%	0.8%	(25.5%)
MS Copayment Program	\$7,088	\$12,899	\$3,535	\$7,336	\$0	(4.6%)	82.0%	(72.6%)	107.5%	(100.0%)
<b>Total Special Assistance Programs</b>	<b>\$6,811,030</b>	<b>\$14,073,089</b>	<b>\$35,249,368</b>	<b>\$42,705,544</b>	<b>\$50,651,557</b>	<b>14.8%</b>	<b>106.6%</b>	<b>150.5%</b>	<b>21.2%</b>	<b>18.6%</b>

<sup>1</sup> Data is based on date of invoice for manual claims and date of service for electronic claims.

<sup>2</sup> Reporting requirements are reviewed on an annual basis and, subsequently, the reporting methodology for Special Funding program was updated in the 2021-2022 report and reflected in previously reported years 2017-2018, 2018-2019, 2019-2020 and 2020-2021.

<sup>3</sup> Fiscal years 2021-22 onward reflect the addition of coverage under the program for a new high-cost drug.

Nova Scotia Department of Health - Table 8.7  
**Special Funding Assistance Programs for Residents with Cystic Fibrosis**  
**Utilization Summary<sup>1,2</sup>**

Program Expenditure	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
Drugs <sup>5</sup>	\$1,974,918	\$9,146,740	\$28,850,639	\$33,168,488	\$39,661,652	(7.7%)	363.1%	215.4%	15.0%	19.6%
Equipment and Emergency	\$34,823	\$18,742	\$21,183	\$20,860	\$20,663	(63.6%)	(46.2%)	13.0%	(1.5%)	(0.9%)
<b>Total Program Expenditure</b>	<b>\$2,009,741</b>	<b>\$9,165,482</b>	<b>\$28,871,822</b>	<b>\$33,189,348</b>	<b>\$39,682,315</b>	(10.1%)	356.1%	215.0%	15.0%	19.6%
<b>Utilization Summary</b>										
Claimants <sup>3</sup>	172	177	178	185	186	0.0%	2.9%	0.5%	3.9%	0.5%
Expenditure Per Claimant <sup>4</sup>	\$11,482.08	\$51,782.38	\$162,201.24	\$179,289.12	\$213,234.69	(7.7%)	350.9%	213.2%	10.5%	18.9%

<sup>1</sup> Data is based on date of invoice for manual claims and date of service for electronic claims.

<sup>2</sup> Reporting requirements are reviewed on an annual basis and, subsequently, the reporting methodology for Special Funding program was updated in the 2023-2024 report and reflected in previously reported years 2021-2022 and 2022-2023.

<sup>3</sup> Persons receiving insured services.

<sup>4</sup> Per Claimant expenditure excludes dollar value for equipment.

<sup>5</sup> Fiscal years 2021-22 onward reflect the addition of coverage under the program for a new high-cost drug.

Nova Scotia Department of Health - Table 8.8  
**Special Funding Assistance Programs for Residents with Diabetes Insipidus**  
**Utilization Summary<sup>1,2</sup>**

	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
<b>Program Expenditure</b>	\$116,518	\$112,315	\$94,974	\$99,531	\$103,111	(2.6%)	(3.6%)	(15.4%)	4.8%	3.6%
<b>Utilization Summary</b>										
Claimants <sup>3</sup>	78	81	84	86	87	(1.3%)	3.8%	3.7%	2.4%	1.2%
Expenditure Per Claimant	\$1,493.82	\$1,386.60	\$1,130.64	\$1,157.34	\$1,185.18	(1.4%)	(7.2%)	(18.5%)	2.4%	2.4%

<sup>1</sup> Data is based on date of invoice.

<sup>2</sup> Reporting requirements are reviewed on an annual basis and, subsequently, the reporting methodology for Special Funding program was updated in the 2021-2022 report and reflected in previously reported years 2017-2018, 2018-2019, 2019-2020 and 2020-2021.

<sup>3</sup> Persons receiving insured services.

Nova Scotia Department of Health - Table 8.9  
**Special Funding Assistance Programs for Residents with Cancer**  
**Utilization Summary<sup>1,2</sup>**

	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
<b>Program Expenditure</b>	\$4,171,029	\$4,280,786	\$5,804,634	\$8,875,042	\$10,372,053	32.8%	2.6%	35.6%	52.9%	16.9%
<b>Utilization Summary</b>										
Claimants <sup>2</sup>	1021	1248	1641	1978	2206	17.4%	22.2%	31.5%	20.5%	11.5%
Expenditure Per Claimant	\$4,085.24	\$3,430.12	\$3,537.25	\$4,486.88	\$4,701.75	13.1%	(16.0%)	3.1%	26.8%	4.8%

<sup>1</sup> Data is based on date of service.

<sup>2</sup> Persons receiving insured services.

Nova Scotia Department of Health - Table 8.10  
**Special Funding Assistance Programs for Residents with Growth Hormone Deficiency**  
**Utilization Summary<sup>1,2</sup>**

	2020/21	2021/22	2022/23	2023/24	2024/25	Percent Change				
						20/21	21/22	22/23	23/24	24/25
<b>Program Expenditure</b>	\$481,393	\$488,052	\$460,605	\$520,379	\$483,713	23.0%	1.4%	(5.6%)	13.0%	(7.0%)
<b>Utilization Summary</b>										
Claimants <sup>3</sup>	40	39	39	40	37	11.1%	(2.5%)	0.0%	2.6%	(7.5%)
Expenditure Per Claimant	\$12,034.83	\$12,514.15	\$11,810.38	\$13,009.48	\$13,073.32	10.7%	4.0%	(5.6%)	10.2%	0.5%

<sup>1</sup> Data is based on date of invoice.

<sup>2</sup> Reporting requirements are reviewed on an annual basis and, subsequently, the reporting methodology for Special Funding program was updated in the 2021-2022 report and reflected in previously reported years 2017-2018, 2018-2019, 2019-2020 and 2020-2021.

<sup>3</sup> Persons receiving insured services.

**Family Pharmacare Program  
Payment and Utilization Summary<sup>1</sup>**

						Percent Change				
	2020/21	2021/22	2022/23	2023/24	2024/25	20/21	21/22	22/23	23/24	24/25
<b>Total Cost of Claims<sup>2</sup></b>	<b>\$71,319,751</b>	<b>\$77,561,947</b>	<b>\$69,749,558</b>	<b>\$71,038,954</b>	<b>\$82,328,555</b>	<b>5.2%</b>	<b>8.8%</b>	<b>(10.1%)</b>	<b>1.8%</b>	<b>15.9%</b>
<b>Total Government Expenditure</b>	<b>\$51,778,864</b>	<b>\$55,527,724</b>	<b>\$47,626,084</b>	<b>\$49,426,017</b>	<b>\$58,253,875</b>	<b>5.6%</b>	<b>7.2%</b>	<b>(14.2%)</b>	<b>3.8%</b>	<b>17.9%</b>
Persons Insured <sup>3</sup>	39,547	39,942	38,368	37,283	38,640	(2.8%)	1.0%	(3.9%)	(2.8%)	3.6%
Claimants <sup>4</sup>	25,017	25,780	24,646	23,800	24,821	(5.5%)	3.0%	(4.4%)	(3.4%)	4.3%
Percent of Persons Insured	63.3	64.5	64.2	63.8	64.2	(2.8%)	2.0%	(0.5%)	(0.6%)	0.6%
Total Claims <sup>5</sup>	666,423	700,609	617,008	584,131	606,674	(1.4%)	5.1%	(11.9%)	(5.3%)	3.9%
Claims Per Insured	16.9	17.5	16.1	15.7	15.7	1.4%	4.1%	(8.3%)	(2.6%)	0.2%
Govt Expenditure Per Insured	\$1,309.3	\$1,390.2	\$1,241.3	\$1,325.7	\$1,507.6	8.6%	6.2%	(10.7%)	6.8%	13.7%
Claims Per Claimant	26.6	27.2	25.0	24.5	24.4	4.2%	2.0%	(7.9%)	(2.0%)	(0.4%)
Govt Expenditure Per Claimant	\$2,069.75	\$2,153.91	\$1,932.41	\$2,076.72	\$2,346.96	11.7%	4.1%	(10.3%)	7.5%	13.0%

<sup>1</sup>Data is based on date of service.

<sup>2</sup>Total Expenditure includes total professional fee paid, total drug cost paid and total upcharge paid. This represents the total expenditure for the Family Pharmacare program, not on the Department of Health expenditure.

<sup>3</sup>Persons registered in program at any point during fiscal year.

<sup>4</sup>Persons receiving insured services.

<sup>5</sup>Includes initial prescription, all refills and pharmacy professional services.

## Family Pharmacare Program

Total Drug Utilization<sup>1</sup> by Age

Fiscal 2024/25

Age Group <sup>2</sup>	Claimants <sup>3</sup>	Number of Claims	Drug Cost	Pharmacists' Fees <sup>4</sup>	Total Cost of Claims <sup>5</sup>	Total Government Expenditure	Claims Per Claimant	Govt Expend Per Claimant
0-4	358	1,283	\$405,690	\$21,413	\$427,103	\$348,895	4	\$974.57
5-9	703	3,433	\$207,476	\$59,394	\$266,870	\$141,000	5	\$200.57
10-14	841	5,743	\$1,046,022	\$109,727	\$1,155,750	\$874,690	7	\$1,040.06
15-19	981	7,410	\$1,583,964	\$163,153	\$1,747,117	\$1,361,297	8	\$1,387.66
20-24	944	11,983	\$2,858,285	\$353,512	\$3,211,797	\$2,691,693	13	\$2,851.37
25-29	1,235	28,504	\$5,898,724	\$717,465	\$6,616,189	\$5,296,126	23	\$4,288.36
30-34	1,327	32,287	\$5,345,762	\$714,721	\$6,060,483	\$4,679,975	24	\$3,526.73
35-39	1,414	37,895	\$5,527,813	\$802,790	\$6,330,603	\$4,742,688	27	\$3,354.09
40-44	1,466	38,412	\$5,639,236	\$817,122	\$6,456,358	\$4,791,705	26	\$3,268.56
45-49	1,669	41,072	\$5,783,235	\$928,441	\$6,711,677	\$4,771,625	25	\$2,858.97
50-54	2,121	57,928	\$6,861,595	\$1,239,145	\$8,100,739	\$5,427,339	27	\$2,558.86
55-59	3,142	92,779	\$8,425,548	\$1,809,332	\$10,234,880	\$6,899,718	30	\$2,195.96
60-64	5,994	184,236	\$15,313,310	\$3,443,094	\$18,756,405	\$12,423,103	31	\$2,072.59
65+	2,626	63,709	\$5,087,997	\$1,164,587	\$6,252,584	\$3,804,022	24	\$1,448.60
<b>Total</b>	<b>24,821</b>	<b>606,674</b>	<b>\$69,984,657</b>	<b>\$12,343,898</b>	<b>\$82,328,555</b>	<b>\$58,253,875</b>	<b>24</b>	<b>\$2,346.96</b>

<sup>1</sup> Data is based on date of service.<sup>2</sup> Age as of March 31.<sup>3</sup> Persons receiving insured services.<sup>4</sup> Pharmacists Fees includes Total Professional Fee Paid and Total Upcharge Paid.<sup>5</sup> This represents the total expenditure for the Family Pharmacare program, not only the Department of Health expenditure.

Nova Scotia Department of Health - Table 8.13

**Family Pharmacare Program  
Female Drug Utilization<sup>1</sup> by Age  
Fiscal Year 2024/25**

<b>Age Group<sup>2</sup></b>	<b>Claimants<sup>3</sup></b>	<b>Number of Claims</b>	<b>Drug Cost</b>	<b>Pharmacists' Fees<sup>4</sup></b>	<b>Total Cost of Claims<sup>5</sup></b>	<b>Total Government Expenditure</b>	<b>Claims Per Claimant</b>	<b>Govt Expend Per Claimant</b>
0-4	183	532	26,735	\$9,121	\$35,856	\$21,963	3	\$120.02
5-9	298	1,185	52,010	\$18,957	\$70,967	\$45,069	4	\$151.24
10-14	381	2,401	703,878	\$51,336	\$755,214	\$658,054	6	\$1,727.18
15-19	573	4,327	484,347	\$90,876	\$575,223	\$341,672	8	\$596.29
20-24	593	7,744	1,427,915	\$216,729	\$1,644,644	\$1,345,423	13	\$2,268.84
25-29	706	14,589	3,037,275	\$381,158	\$3,418,432	\$2,725,507	21	\$3,860.49
30-34	774	13,555	3,654,549	\$350,334	\$4,004,882	\$3,173,072	18	\$4,099.58
35-39	841	17,063	3,435,815	\$406,396	\$3,842,211	\$2,860,062	20	\$3,400.79
40-44	899	21,891	3,378,905	\$471,783	\$3,850,687	\$2,981,818	24	\$3,316.82
45-49	999	23,222	3,377,296	\$553,746	\$3,931,042	\$2,721,094	23	\$2,723.82
50-54	1,223	32,992	3,999,839	\$707,289	\$4,707,128	\$3,177,177	27	\$2,597.86
55-59	1,837	53,904	5,115,385	\$1,063,365	\$6,178,750	\$4,268,297	29	\$2,323.52
60-64	3,429	101,713	8,601,895	\$1,890,134	\$10,492,029	\$6,918,460	30	\$2,017.63
65+	1,362	32,030	2,322,264	\$566,736	\$2,889,000	\$1,670,800	24	\$1,226.73
<b>Total</b>	<b>14,098</b>	<b>327,148</b>	<b>\$39,618,107</b>	<b>\$6,777,959</b>	<b>\$46,396,066</b>	<b>\$32,908,467</b>	<b>23</b>	<b>\$2,334.26</b>

<sup>1</sup> Data is based on date of service.

<sup>2</sup> Age as of March 31.

<sup>3</sup> Persons receiving insured services.

<sup>4</sup> Pharmacists Fees includes Total Professional Fee Paid and Total Upcharge Paid.

<sup>5</sup> This represents the total expenditure for the Family Pharmacare program, not only the Department of Health expenditure.

Nova Scotia Department of Health - Table 8.13

**Family Pharmacare Program  
Male Drug Utilization<sup>1</sup> by Age  
Fiscal Year 2024/25**

<b>Age Group<sup>2</sup></b>	<b>Claimants<sup>3</sup></b>	<b>Number of Claims</b>	<b>Drug Cost</b>	<b>Pharmacists' Fees<sup>4</sup></b>	<b>Total Cost of Claims<sup>5</sup></b>	<b>Total Government Expenditure</b>	<b>Claims Per Claimant</b>	<b>Govt Expend Per Claimant</b>
0-4	175	751	378,954	\$12,293	\$391,247	\$326,932	4	\$1,868.18
5-9	405	2,248	155,466	\$40,437	\$195,903	\$95,931	6	\$236.87
10-14	460	3,342	342,144	\$58,392	\$400,536	\$216,636	7	\$470.95
15-19	408	3,083	1,099,617	\$72,277	\$1,171,894	\$1,019,625	8	\$2,499.08
20-24	351	4,239	1,430,370	\$136,784	\$1,567,154	\$1,346,270	12	\$3,835.53
25-29	529	13,915	2,861,450	\$336,307	\$3,197,757	\$2,570,619	26	\$4,859.39
30-34	553	18,732	1,691,214	\$364,387	\$2,055,601	\$1,506,903	34	\$2,724.96
35-39	573	20,832	2,091,998	\$396,394	\$2,488,392	\$1,882,626	36	\$3,285.56
40-44	567	16,521	2,260,331	\$345,340	\$2,605,671	\$1,809,887	29	\$3,192.04
45-49	670	17,850	2,405,940	\$374,696	\$2,780,635	\$2,050,530	27	\$3,060.49
50-54	898	24,936	2,861,756	\$531,856	\$3,393,611	\$2,250,162	28	\$2,505.75
55-59	1,305	38,875	3,310,164	\$745,967	\$4,056,131	\$2,631,421	30	\$2,016.41
60-64	2,565	82,523	6,711,415	\$1,552,960	\$8,264,375	\$5,504,643	32	\$2,146.06
65+	1,264	31,679	2,765,733	\$597,851	\$3,363,584	\$2,133,222	25	\$1,687.68
<b>Total</b>	<b>10,723</b>	<b>279,526</b>	<b>\$30,366,550</b>	<b>\$5,565,940</b>	<b>\$35,932,490</b>	<b>\$25,345,408</b>	<b>26</b>	<b>\$2,363.65</b>

<sup>1</sup> Data is based on date of service.

<sup>2</sup> Age as of March 31.

<sup>3</sup> Persons receiving insured services.

<sup>4</sup> Pharmacists Fees includes Total Professional Fee Paid and Total Upcharge Paid.

<sup>5</sup> This represents the total expenditure for the Family Pharmacare program, not only the Department of Health expenditure.

**Family Pharmacare Program**

**Utilization<sup>1</sup> by Zone of Claimant (Claims)**

**Fiscal 2023/24 to 2024/25**

Zone	Claimants <sup>2</sup>		Percent Change		Claims Count		Percent Change		Claims/Claimant	
	23/24	24/25	23/24	24/25	23/24	24/25	23/24	24/25	23/24	24/25
1- Western Zone	7,107	7,344	(1.3%)	3.3%	165,795	173,099	(3.7%)	4.4%	23.3	23.6
2- Northern Zone	4,211	4,453	(4.4%)	5.7%	106,859	113,179	(5.1%)	5.9%	25.4	25.4
3- Eastern Zone	4,144	4,362	(5.4%)	5.3%	134,492	134,126	(9.6%)	(0.3%)	32.5	30.7
4 - Central Zone	8,414	8,804	(4.0%)	4.6%	176,596	185,334	(3.2%)	4.9%	21.0	21.1
Unknown	34	59	(67.0%)	73.5%	389	936	(58.8%)	140.6%	11.4	15.9
<b>Total</b>	<b>23,800</b>	<b>24,821</b>	<b>(3.4%)</b>	<b>4.3%</b>	<b>584,131</b>	<b>606,674</b>	<b>(5.3%)</b>	<b>3.9%</b>	<b>24.5</b>	<b>24.4</b>

<sup>1</sup> Data is based on date of service.

<sup>2</sup> Persons receiving insured services. Column totals may not add to totals as residents may be counted in more than one zone.

Nova Scotia Department of Health - Table 8.15  
 Family Pharmacare Program  
**Utilization<sup>1</sup> by Zone of Claimant (Expenditure)**  
**Fiscal 2023/24 to 2024/25**

Zone	Claimants <sup>2</sup>		Total Cost of Claims <sup>3</sup>		Total Government Expenditure		Percent Change		Govt Expend/Claimant	
	23/24	24/25	23/24	24/25	23/24	24/25	23/24	24/25	23/24	24/25
1- Western Zone	7,107	7,344	\$19,031,043	\$23,488,342	\$12,556,621	\$16,446,348	3.8%	23.4%	\$1,766.80	\$2,239.43
2- Northern Zone	4,211	4,453	\$11,290,481	\$13,187,939	\$7,675,308	\$9,052,709	2.3%	16.8%	\$1,822.68	\$2,032.95
3- Eastern Zone	4,144	4,362	\$13,526,563	\$15,312,010	\$9,423,360	\$11,126,491	(0.3%)	13.2%	\$2,273.98	\$2,550.78
4 - Central Zone	8,414	8,804	\$27,148,632	\$30,300,396	\$19,735,808	\$21,599,471	3.8%	11.6%	\$2,345.59	\$2,453.37
Unknown	34	59	\$42,235	\$39,867	\$34,920	\$28,855	(73.0%)	(5.6%)	\$1,027.07	\$489.08
<b>Total</b>	<b>23,800</b>	<b>24,821</b>	<b>\$71,038,954</b>	<b>\$82,328,555</b>	<b>\$49,426,017</b>	<b>\$58,253,875</b>	<b>1.8%</b>	<b>15.9%</b>	<b>\$2,076.72</b>	<b>\$2,346.96</b>

<sup>1</sup> Data is based on date of service.

<sup>2</sup> Persons receiving insured services. Column totals may not add to totals as residents may be counted in more than one zone.

<sup>3</sup> This represents the total expenditure for the Family Pharmacare program, not only the Department of Health expenditure.