



ASA Monitor[®]

THE LEADING SOURCE FOR PERIOPERATIVE HEALTH CARE NEWS



Perioperative Brain Health After Stroke: What Are We Missing?

Matthew K. Whalin, MD, PhD Daniel J. Cole, MD, FASA Arnoley S. Abcejo, MD

Stroke is a national and global issue – compounded by an aging patient population with progressive comorbidities such as hypertension, diabetes mellitus, heart disease, and cardiac arrhythmias. Almost 800,000 people suffer acute stroke each year in the United States (*Circulation* 2023;147:e93-621). Many of these patients will require anesthetic care for interventional and diagnostic procedures related or unrelated to this stroke event. As experts in perioperative medicine and patient safety, it is our

responsibility to understand the physiologic aberrations that occur during anesthesia that leave our patients vulnerable to further injury. In this short update, we will describe the current epidemiologic state of stroke, what neurologic risks these patients may incur during the perioperative period, and practices that may optimize this population's brain health.

For reference, stroke refers to the cerebrovascular disease of acute malperfusion to the central nervous system. There are several types and etiologies of cerebral stroke,

but we will mostly be referencing ischemic stroke for the purposes of this update.

What are the neurologic implications of stroke within the perioperative environment?

Recurrent stroke: Of the 795,000 people who suffer an acute stroke in the U.S. each year, 185,000 are recurrent (*Circulation* 2023;147:e93-621). Prognosis of disability, physical and intellectual morbidity, and mortality rates are higher with recurrent stroke (*Stroke* 1999;30:338-49). In a



Continued on page 4



Rising Rates of Congenital Syphilis

Dibash Kumar Das, PhD Steven L. Shafer, MD, FASA
Editor-in-Chief

Which of the following statements about syphilis are true?

1. It is not the first topic that you expected to find in the *ASA Monitor*
2. It is often called “the great masquerader”

3. It was likely brought by Columbus and his crew from the Americas to Europe
4. It is named after a fictional shepherd, Syphilus, who angered the god Apollo

Continued on page 6

ASA Commercial Conversion Factor Survey Results – 2024

Gordon Morewood, MD, MBA, FASA Helen Olkaba, MS
Jennifer Bartlotti Telesz, MD, FASA Thomas R. Miller, PhD, MBA
Steven Schulman, MD, MHA, FASA Jonathan Gal, MD, MBA, MS, FASA

The ASA Committee on Economics is pleased to present the results of the 2024 commercial conversion factor (CF) survey. Each spring, ASA members are solicited to submit the CFs from their group practice's five largest commercial contracts. Last year, both the survey methodology and reporting format were simplified with the objective of enhancing participation. The CF and demographic data below represent the national

and regional results reported as being in effect during the 2023 calendar year.

Summary

Based on the 2024 ASA commercial CF survey results, the national average commercial CF was \$80.70, and the national median was \$74.59 (Figure 1, Table 1). The mean and median figures for the past 10 surveys are presented in Table 2. The

Continued on page 8



SPECIAL SECTION

Palliative Care: The Unexplored Frontier of Anesthesiology 12-19

Guest Editor: Sandra Sacks, MD, MEd

2024 ASA Commercial Conversion Factor Survey Results

Continued from page 1

2023 national Medicare CF for anesthesia services was \$21.12, or about 26.2% of the contemporaneous mean commercial CF reported here.

Figure 1 shows the frequency in percent and distribution of contracted CF values. The estimated normal distribution is the solid blue line. Table 1 provides the overall survey results nationally as well as by major and minor reporting region. The 2023 survey results comprise 1,351 individual contracts reported by 297 practices.

Methodology

The survey was circulated to all ASA members from April through July 2024. To comply with antitrust “best practices,” the survey requested that participants only report data from contracts that were in effect prior to January 31, 2024. In addition, all survey responses were anonymized upon receipt and aggregated before analysis or dissemination of the results.

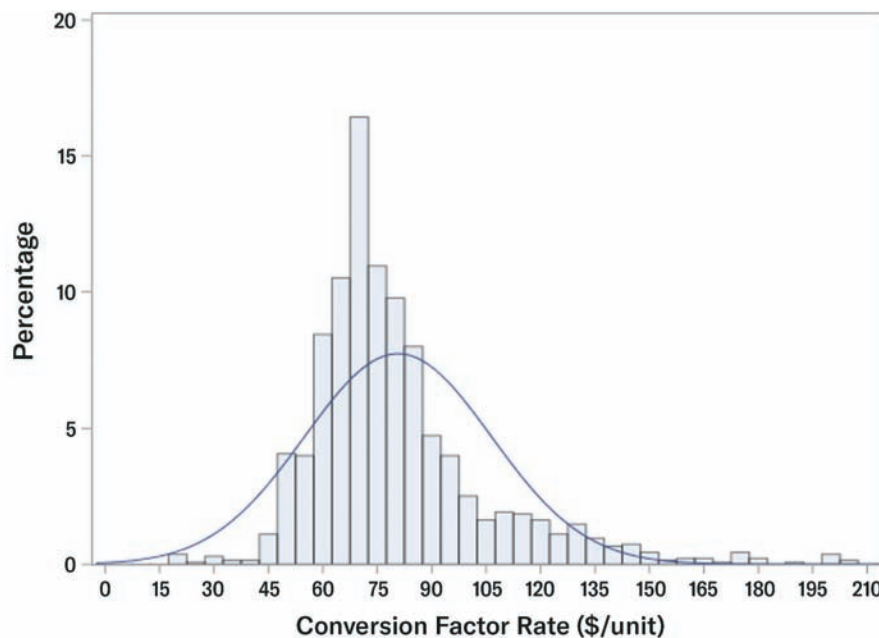
To prevent identification of the prices charged by, or compensation paid to, any particular group practice, no geographic-related statistic was included in the results reported if it consisted of fewer than five respondents. The most obvious effect of this limitation was to restrict state-level reporting to only 26 states.

The survey was formatted as a spreadsheet that could be downloaded in combination with line-by-line instructions. A total of 48 data elements were requested – the first 10 dealt with practice demographics, the next eight with overall service volumes and billing practices, and the final 30 described the details of the group’s five largest commercial contracts by volume. After an individual practice’s clinical leadership completed the first 10 demographic questions, they were encouraged to submit the spreadsheet to whomever was most knowledgeable regarding their billing and contracting details. Once completed, the spreadsheet was returned directly to ASA staff via a designated secure email address.

Often the revenue cycle management details were compiled and submitted by an outsourced billing services vendor contracted by the practice. Starting in 2023, efforts were made to work directly with these billing services vendors to increase practice participation.

ASA urged participation in the survey through various electronic mail offerings, including ASA committee listserves, ASAP (all-member weekly e-mail digest), ASA Monitor Today, Vital Signs, the Monday Morning Outreach, communications to state component societies, and our Anesthesia Administrators and Executives (AAE) members, and via the ASA website.

Figure 1: Distribution of Managed Care Conversion Factors, 2024 (N=1,351)



Results

Tables 3 and 4 present demographic and clinical volume information for 268 and 296 practices, respectively (not all practices provided the supplementary data). Results are aggregated nationally, as well as by Major and Minor Geographic Regions as identified by the Medical Group Management Association (MGMA) (asamonitor.pub/30PLj9B).

The MGMA Major Geographic Regions are as follows:

- Eastern: CT, DE, DC, ME, MD, MA, NH, NJ, NY, NC, PA, RI, VT, VA, WV
- Midwestern: IL, IN, IA, MI, MN, NE, ND, OH, SD, WI
- Southern: AL, AR, FL, GA, KS, KY, LA, MS, MO, OK, SC, TN, TX

- Western: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY
- The MGMA Minor Geographic Regions are defined as:

- CAAKHI: CA, AK, HI
- Eastern Midwest: IL, IN, KY, MI, OH
- Lower Midwest: AR, KS, LA, MO, OK, TX
- Mid Atlantic: DC, DE, MD, VA, WV
- North Atlantic: NJ, NY, PA
- Northeast: CT, MA, ME, NH, RI, VT
- Northwest: ID, OR, WA
- Rocky Mountain: AZ, CO, MT, NM, NV, UT, WY
- Southeast: AL, FL, GA, MS, NC, SC, TN
- Upper Midwest: IA, MN, ND, NE, SD, WI

Table 1: National and Regional Managed Care Anesthesia Conversion Factors (\$/unit), 2024

Region	No. of Contracts	25 th Percentile	Median	Mean	75 th Percentile
National	1,351	65.86	74.59	80.70	88.38
Major Region					
Eastern	292	70.75	82.04	89.69	100.00
Midwest	351	62.00	71.70	73.39	81.00
Southern	318	67.84	78.00	85.60	100.30
Western	390	65.00	72.15	76.56	83.50
Minor Region					
CAAKHI	96	62.00	70.00	72.71	80.00
Eastern Midwest	310	60.06	68.00	69.10	75.00
Lower Midwest	98	59.00	72.05	75.13	85.00
Mid Atlantic	77	73.13	81.18	86.94	94.00
North Atlantic	125	67.66	82.50	90.57	112.21
Northeast	61	72.30	77.02	82.03	87.33
Northwest	165	64.00	70.05	71.03	78.23
Rocky Mountain	129	70.00	80.00	86.50	91.80
Southeast	206	73.00	91.09	95.74	117.00
Upper Midwest	84	74.72	84.95	91.01	98.18

Note: Regions are based on MGMA regions as defined in the text. CAAKHI represents California, Alaska, and Hawaii.

Table 2: National Managed Care Anesthesia Conversion Factors (\$/unit), 2014-2024

Statistic	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Median	66.00	68.00	68.00	72.00	71.81	72.00	73.00	78.00	78.00	79.00	74.59
Mean	70.00	71.92	71.02	78.57	76.32	77.01	82.14	85.23	85.42	85.41	80.70



Gordon Morewood, MD, MBA, FASA
Vice Chair, ASA Committee on Economics, and Professor, Department of Anesthesiology, Lewis Katz School of Medicine, Temple University, Philadelphia, Pennsylvania.



Thomas R. Miller, PhD, MBA
ASA Director of Analytics and Research Services, and Director of the Center for Anesthesia Workforce Studies.



Helen Olkaba, MS
ASA Director of Payment and Practice Management.



Steven Schulman, MD, MHA, FASA
ASA Committee on Economics, President, New York Cardiovascular Anesthesiologists, P.C., and Associate Medical Director, St. Francis Hospital and Heart Center, Roslyn, New York.



Jennifer Bartlotti Telesz, MD, FASA
ASA Committee on Economics, and Division Chief, Obstetric Anesthesia, Southwest Healthcare, Temecula, California.



Jonathan Gal, MD, MBA, MS, FASA
Chair, ASA Committee on Economics, System Medical Director, Facility Revenue Integrity and Optimization, Mid-Revenue Cycle and Clinical Business Intelligence, System Medical Director, Offsite Ambulatory Surgery Centers Anesthesia, and Professor of Anesthesiology, Department of Anesthesiology, Perioperative and Pain Medicine, Icahn School of Medicine at Mount Sinai, Mount Sinai Health System, New York, New York.

These 268 practices reported employing or contracting with 12,351 full-time equivalent (FTE) anesthesiologists, 12,220 FTE nurse anesthetists, and 1,221 FTE anesthesiologist assistants (AAs).

The 296 practices reporting practice volume data accounted for a total of 14,184,557 anesthetic cases and 171,355,928 ASA units. Less than half of the total case and unit volumes (43% of both) were attributed to commercial contracts.

Ninety-six percent of the contracts reported were based upon a 15-minute time unit. The remaining 4% employed 12-, 10-, or 1-minute time units. Conversion factor values from contracts with less than 15-minute time units were normalized to 15 minutes using the appropriate adjustment factor. Adjustment factors were calculated as ratios based on the mean time and mean base units per case. The CMS Physician/Supplier Procedure Summary (PSPS) data set was used to make these calculations (asamonitor.pub/462Wieg).

A total of 146 of respondents indicated that they had at least one flat fee contract. The most common clinical service involved was Labor and Delivery (134 respondents), with Endoscopy (34 respondents), Cataracts (5 respondents) and "Other" (31 respondents) reported somewhat less frequently. Among the 1043 commercial contracts for which data were available, 79% provided payment for Physical Status modifiers. Twenty-two percent of the 237 practices that answered the question reported that they participated in some form of bundled payment arrangement.

Regional CF data is presented in Figures 2 and 3, and state-specific data is reported in Table 5 and Figure 4. At the state level, the mean CF ranged from a low of \$63.44 in Hawaii to a high of \$115.78 in New York. Both interstate and intrastate CF variability was significant, indicating that local market conditions play a substantial role in determining commercial CFs.

Discussion

The 2024 ASA CF survey accrued data from 297 practices, compared to 211 in the 2023 survey (41% increase). The number of physician FTEs represented (12,351 vs. 9,989), cases reported (14,184,557 vs. 10,595,943) and total ASA units (171,355,928 vs.

Table 4: Respondent Utilization Information by Geographic Region, 2024

Region	Practices Reporting ¹	Total Number of:		Mean Number of:		Commercial Contracts	
		Cases	Units	Units/Physician	Units/ Case	Cases (%)	Units (%)
National	296	14,184,557	171,355,928	13,434.40	11.62	43.6	43.2
Major Region							
Eastern	61	3,025,788	37,332,692	12,001.63	11.25	42.0	42.3
Midwest	78	3,035,382	37,580,117	15,220.28	11.99	44.6	44.6
Southern	70	4,746,800	59,790,434	17,658.20	11.87	43.5	43.0
Western	87	3,376,587	36,652,685	9,965.74	11.37	44.4	43.0
Minor Region							
CAAKHI	24	827,663	11,517,324	7,363.58	13.63	40.1	42.1
Eastern Midwest	69	2,078,409	26,119,461	14,605.07	11.89	42.3	42.5
Lower Midwest	22	2,193,722	29,062,122	19,271.72	12.46	45.6	45.8
Mid Atlantic	15	749,862	9,760,911	14,590.30	13.18	41.7	44.1
North Atlantic	27	1,240,405	15,499,169	10,918.51	10.52	43.7	42.1
Northeast	13	302,237	3,315,241	9,385.62	9.98	41.9	43.1
Northwest	34	837,372	9,835,504	12,619.66	10.30	44.4	43.6
Rocky Mountain	29	1,711,552	15,299,856	8,880.62	10.74	46.4	43.4
Southeast	45	2,945,499	35,852,122	16,654.47	11.93	41.6	40.5
Upper Midwest	18	1,297,836	15,094,218	18,640.56	11.63	46.4	46.8

Note: Regions are based on MGMA regions as defined in the text. CAAKHI represents California, Alaska, and Hawaii. ¹296 of the 297 practices reported at least some volume data. The number of practices reporting can differ by variable.

120,917,435) also grew substantially, providing a robust national sample of active CFs. The average group size among respondents was smaller for the 2024 survey (41.7 physician FTEs/practice) than in 2023 (47.3 physicians/practice), but larger than in 2022 (32.8 physicians/practice).

The year-over-year reduction in the mean (from \$85.41 in 2023 to \$80.70 in 2024, -5.5%) and median (from \$79.00 in 2023 to \$74.59 in 2024, -5.6%) national CF reported here is the largest measured over the past decade. Previous annual decreases were minor and likely did not meet statistical significance. Although causation is impossible to determine from this survey, contemporaneous implementation of the No Surprises Act (NSA) is concerning (asamonitor.pub/3sQG Zam). Commercial insurers, emboldened by the NSA, have adopted a practice of terminating anesthesia agreements with

Figure 2: Managed Care Conversion Factors by Major Region, 2024

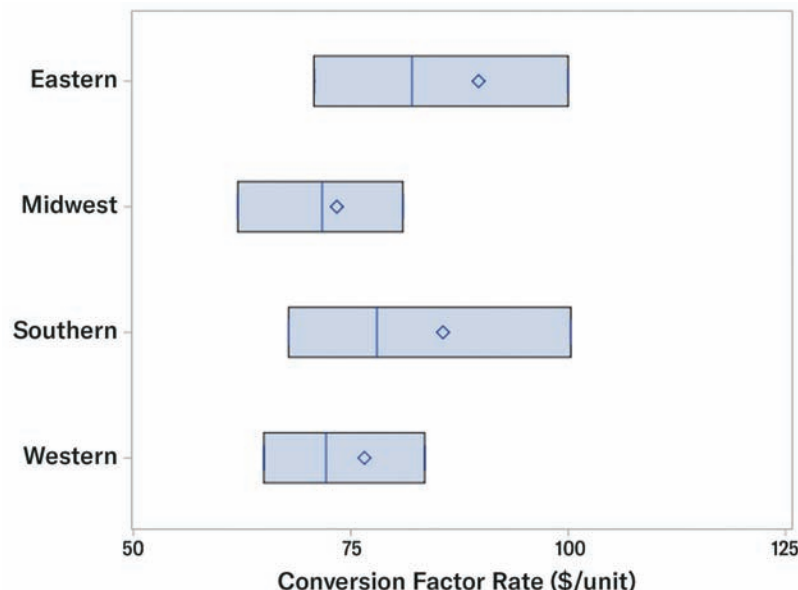


Figure 3: Managed Care Conversion Factors by Minor Region, 2024

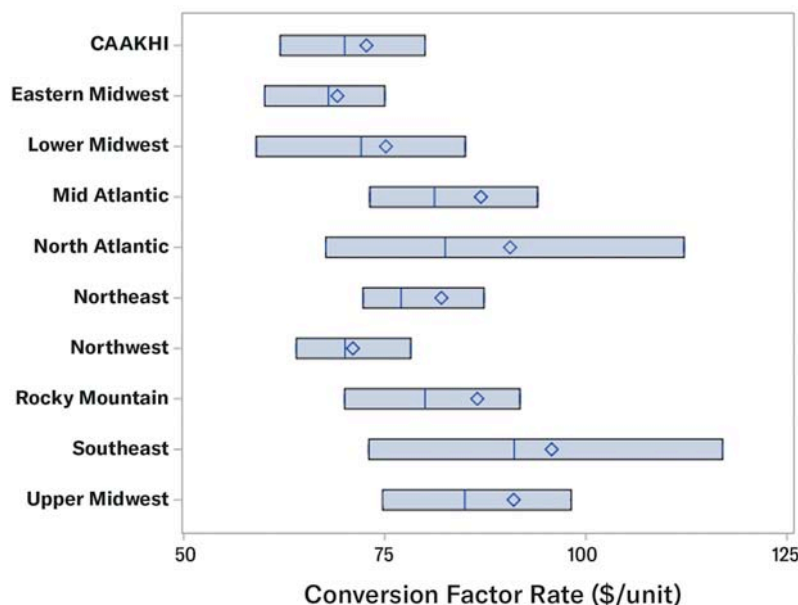


Table 3: Respondent Staffing Information by Geographic Region, 2024

Region	Practices Reporting ¹	FTE Physician	FTE Nurse	
			Anesthetist	FTE CAA
National	268	12,351	12,220 (1,534)	1,221
Major Region				
Eastern	53	2,727	3,592 (205)	44
Midwest	72	2,418	2,066 (313)	178
Southern	58	3,864	5,294 (866)	821
Western	87	3,342	1,267 (150)	178
Minor Region				
CAAKHI	23	978	116 (13)	0
Eastern Midwest	64	1,892	2,128 (321)	136
Lower Midwest	19	2,027	2,282 (96)	284
Mid Atlantic	12	812	1,040 (0)	0
North Atlantic	24	1,086	1,430 (0)	0
Northeast	11	271	284 (0)	15
Northwest	34	976	528 (125)	0
Rocky Mountain	28	1,388	623 (12)	178
Southeast	36	2,077	3,140 (832)	566
Upper Midwest	17	845	648 (135)	42

Note: Regions are based on MGMA regions as defined in the text. CAAKHI represents California, Alaska, and Hawaii. FTE=full-time equivalent. (Numbers in parentheses indicate the number of non-employed FTEs).

¹268 of the 297 practices reported at least some FTE data. The number of practices reporting can differ by variable.

CFs above their median contracted rate (as reflected by the "qualified payment amount" or "QPA", often determined by insurers using a flawed methodology) (asamonitor.pub/3AS5AQ7). This has

effectively lowered the QPA over time. Although group practices have demonstrated significant positive outcomes arbitrating out-of-network payments through

Continued on page 11

2024 ASA Commercial Conversion Factor Survey Results

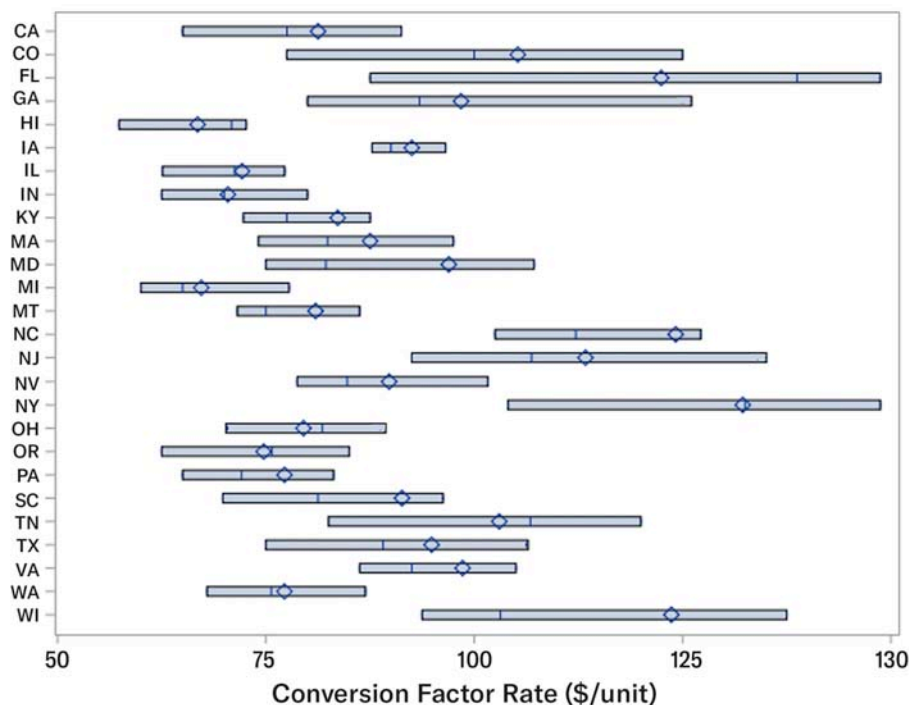
Continued from page 9

the NSA's independent dispute resolution process, these results will not be reflected in this survey of in-network commercial rates (asamonitor.pub/4dPmNIv).

Table 5: Eligible States Managed Care Anesthesia Conversion Factors (\$/unit), 2024

State	No. of Contracts	25 th Percentile	Median	Mean	75 th Percentile
California	77	62.00	72.02	75.00	83.00
Colorado	33	72.00	90.00	94.18	110.00
Florida	63	80.00	120.99	107.95	129.00
Georgia	28	74.00	84.75	88.73	110.87
Hawaii	19	55.90	66.70	63.44	68.10
Illinois	109	60.06	67.00	67.70	71.80
Indiana	27	60.00	66.00	66.34	74.00
Iowa	22	80.19	82.00	84.00	87.25
Kentucky	43	67.84	72.00	76.89	80.00
Maryland	39	70.00	75.75	87.56	95.75
Massachusetts	29	69.27	75.92	80.00	88.00
Michigan	71	58.00	62.00	63.79	72.22
Montana	29	67.25	70.00	74.76	79.00
Nevada	35	73.00	77.80	81.83	91.31
New Jersey	28	84.00	95.50	100.68	118.05
New York	35	93.25	116.00	115.78	129.00
North Carolina	29	92.00	99.75	109.35	111.75
Ohio	60	66.15	75.42	73.60	81.48
Oregon	66	60.00	70.58	69.78	78.00
Pennsylvania	62	62.00	67.66	71.78	76.50
South Carolina	35	65.86	75.00	83.06	87.00
Tennessee	34	76.00	95.39	92.40	106.00
Texas	48	70.00	81.25	85.90	95.18
Virginia	25	79.00	84.00	88.88	94.00
Washington	90	64.35	70.51	71.78	79.55
Wisconsin	29	85.00	92.51	108.92	120.00

Figure 4: Managed Care Conversion Factors by Eligible State, 2024



The Committee on Economics would like to sincerely thank all of the 2024 survey participants. Many respondents emphasized the critical nature of the survey data for practice managers attempting to understand the market for anesthesia services.

The committee will continue to refine the survey methodology in future years based on feedback received. The goal is to achieve participation by a majority of anesthesiology practices in order to continue to provide this important service to ASA members. ■