

INTRODUCTION

- ACGME pain fellowship is unique in the sense that although it is an anesthesia-based fellowship, it has historically taken some of its applicants from PM&R, Neurology, Emergency Medicine, and Psychiatry.
- For over a decade, there has been a continued decline in Medicare compensation for pain procedures (1).
- This may affect trainee interest, especially if compensations in general specialties such as anesthesiology and other subspecialties are not declining at a similar rate.

Methods and Materials

- Data regarding the quantity of residents applying to interventional pain was gathered from the National Resident Matching Program (NRMP), Specialties Matching Service Results and Data (2016-2025).
- A peer-reviewed literature was used to acquire the average Medicare procedural payment as well as estimate cumulative inflation-adjusted declines in procedural compensation.
- Lastly, data regarding anesthesia conversion factor (CF) and its yearly changes (2017-2024) were gathered from the American Society of Anesthesiologists.
- There were no patients or IRB involvement in the making of this report.

Falling Pain Fellowship Interest with Ongoing Reimbursement Cuts: A Comparison to General Anesthesiology Trends

Abenezer B. Amare, DO; Khashayar Rishsefid Mahalleh, MD

Results

- Overall trends in pain fellowship applicants from 2016 to 2025 show that there has been a 30.15% decline in US MD applicants and an 18% decline in all applicants. On the other hand, positions offered have increased by 27.54% (Table 1).
- The applicants-per-position ratio has decreased by 35.7%. In 2016, there were 1.35 applicants per position as opposed to 0.88 applicants per position in 2025. The number of unfilled spots also increased from 2 in 2016 to 35 in 2025, which amounts to a decrease from 97% filled program to 83% (Table 1).
- Like the decline of pain fellowship applicants, adjusted Medicare facility and non-facility reimbursement have also decreased by 36.05% and 28%, respectively, from 2016 to 2023 (Table 3).
- In comparison, Medicare's anesthesiology conversion factor (CF) has also decreased from \$22.0454 in 2017 to \$20.4370 in 2024, which represents a decrease of 7.3% (Table 2).
- In comparison, the RBRVS CF, which is used to bill for interventional pain (IP) procedures and is RVU-based, has decreased from \$35.8887 in 2017 to \$32.7476, which represents a decrease of 8.8% (Table 2). Although they are both decreasing, the rate of decrease for IP procedures is greater than that of general anesthesia.

Year	US MD Applicants	All applicants	Positions offered	US MD Matches	All Matches	Percent Filled	Unfilled Programs
2016	263	416	305	214	303	99.3	2
2017	268	401	316	214	309	97.8	3
2018	287	438	335	231	331	98.8	3
2019	269	435	359	226	345	96.1	8
2020	279	430	367	248	361	98.4	5
2021	238	395	349	215	337	96.6	10
2022	258	428	378	232	362	95.8	11
2023	229	415	377	208	358	95	12
2024	200	359	393	189	332	84.5	35
2025	183	341	389	177	320	82.3	36

Table 1: ACGME Pain Fellowship Match Trends: Applicants, Positions, and Fill rates (2016-2025). (Ref #3)

Year	Anesthesia CF	% Change	RBRVS CF	% Change
2017	\$22.0454	-	\$35.8887	-
2018	\$22.1887	0.7%	\$35.9996	0.3%
2019	\$22.2730	0.4%	\$36.0391	0.1%
2020	\$22.2016	-0.3%	\$36.0896	0.1%
2021	\$21.5600	-2.9%	\$34.8931	-3.3%
2022	\$21.5623	0.0%	\$34.6062	-0.8%
2023	\$21.1249	-2.0%	\$33.8872	-2.1%
2024	\$20.4370	-3.3%	\$32.7576	-3.4%

Table 2 – Medicare Conversion Factor Trends for Anesthesia and RBRVS-Based Services (2017-2024). (Ref #2)

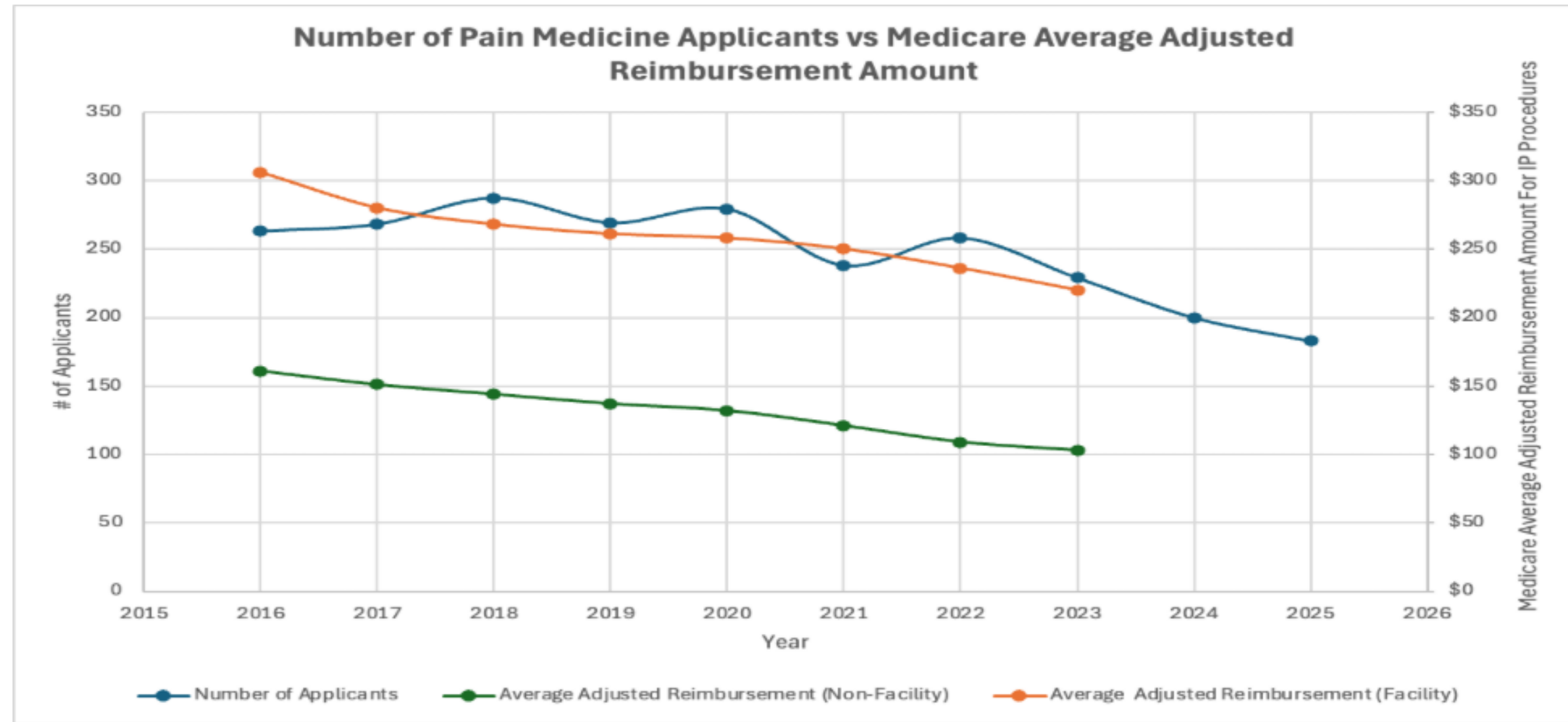


Figure 1: Number of Pain Medicine Applicants Vs. Medicare Average Adjusted Reimbursement Amount

Discussion

- Given the continued decline in Medicare average adjusted reimbursement rates for IP procedures over the years, it is no surprise that the number of applicants has decreased.
- Although general anesthesiology CF is also decreasing, the rate of decline is less compared to that of IP.
- This could deter anesthesiologist trainees from pursuing fellowship training.
- Consequently, this creates increased opportunities for specialties like PM&R, EM, FM, and Neurology, leading to broader specialty representation in pain medicine

Year	Non-facility	Facility
2016	\$306.55	\$161.20
2017	\$280.15	\$151.86
2018	\$268.36	\$144.53
2019	\$261.45	\$137.94
2020	\$258.02	\$132.25
2021	\$250.01	\$121.65
2022	\$236.88	\$109.11
2023	\$220.60	\$103.09

Table 3 – Medicare Average Adjusted Reimbursement Rates for Interventional Pain Procedures (Ref #1)

References

1. Park, A. M., Khurana, A., Wang, R. R., & Eltorai, A. E. M. (2024). Medicare reimbursement for interventional pain procedures: 2000 to 2023. *Interventional pain medicine*, 3(4), 100526. <https://doi.org/10.1016/j.inpm.2024.100526>
2. Anesthesiologists Denounce Another Year of Medicare Payment Cuts, Urge Immediate Reforms. (n.d.). [Wwww.asahq.org](https://www.asahq.org). <https://www.asahq.org/about-asahq/newsroom/news-releases/2023/07/anesthesiologists-denounce-another-year-of-medicare-payment-cuts-urge-immediate-reforms>
3. National Resident Matching Program 2016-2025. Results and Data: Specialties Matching Service, Appointment Years 2016-2025. Washington, DC. <https://www.nrmp.org>