

Six readiness questions every pain practice should answer before CMS ASM begins.

The Ambulatory Specialty Model moves low back pain care toward accountable, episode-based performance. The near-term opportunity is practical: identify the right patients, organize the workflow, document consistently, and track outcomes without burying clinicians in manual work.

START WITH THIS QUESTION

Can your practice find, stratify, follow, and report on every likely ASM low back pain episode?

If the answer is partly manual, ASM readiness becomes an operating problem, not just a billing or compliance problem.

Jan 2027

ASM performance period begins

LBP

First specialty episode focus

20+

Medicare episodes can create exposure

+/-9%

Potential payment adjustment by 2031

QUESTIONS TO USE WITH CLINICAL AND ADMINISTRATIVE TEAMS

1 Which patients are likely to fall into the ASM low back pain cohort?

Review EHR panels, diagnoses, procedures, Medicare attribution signals, and episode history before the reporting year starts.

2 How will the practice stratify low, moderate, and high-risk patients?

Use severity, function, opioid risk, utilization, behavioral health flags, and escalation risk to guide the care pathway.

3 Which data elements must be captured at the visit and between visits?

Define the minimum documentation set for pain, function, treatment plan, follow-up, outcomes, and audit-ready exports.

4 Which patients can be grouped into shared care pathways?

Cluster patients by diagnosis, risk, readiness, and treatment plan so group visits and follow-up can be operationalized.

5 What happens after the patient leaves the clinic?

Plan between-visit monitoring, app engagement, reminders, symptom tracking, and escalation protocols.

6 How will leadership know whether ASM is working?

Track readiness, outcomes, utilization, adherence, missing data, and revenue exposure in a format leaders can review weekly.

A PRACTICAL ASM LAUNCH WORKFLOW

1. Panel Review

Find likely ASM-eligible low back pain patients.

2. Risk Stratification

Assign severity and utilization risk.

3. Pathway Assignment

Route patients to care plans or group visits.

4. Follow-Up

Monitor symptoms, function, and adherence.

5. Reporting

Produce readiness, outcome, and audit exports.

WHERE SOFTWARE HELPS

PainOS is being built as an ASM operating layer for pain practices: patient identification, risk stratification, group-visit clustering, between-visit follow-up, and compliance-grade reporting in one workflow.

WHAT TO ASK FOR IN A DEMO

- A live ASM readiness score
- Risk and severity logic
- Group visit clustering
- EHR/panel review workflow
- Patient app follow-up
- CMS-ready data export