PHYSICIAN TRAINING SERIES

The Big Shift: From Understanding to Action

Preparing Your Pain Practice for Value-Based Care

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PHYSICIAN TRAINING SERIES

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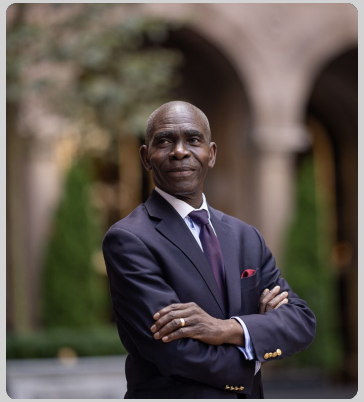

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PART I

The ASM Landscape

Understanding why this model exists and what it fundamentally changes about how pain specialists are paid.

01

What Is the Ambulatory Specialty Model?

ASM OVERVIEW

Jan 1	±12%	2-sided	Mar 31
2027 — Model Start Date	Max Payment Adjustment (at scale)	Risk — upside AND downside	Annual Data Submission Deadline

The Bottom Line

ASM is CMS's first **mandatory** value-based payment model for pain specialists. Starting 2027, every eligible pain physician will have their Medicare reimbursement adjusted – up or down – based on clinical outcomes, total cost of care, care coordination, and interoperability performance. FFS continues, but a risk adjustment layer is added on top.

- Covers chronic **low back pain** and congestive heart failure (outpatient) in initial phase
- Payment adjustments begin at **±9%** in PY1 (2027), rising to **±12%** at scale
- First payment adjustment applied in **2029** based on 2027 performance data

POLICY EVOLUTION

Road to ASM

ASM is the culmination of decades of physician payment reform. Understanding the arc helps explain why this model is different — and mandatory.

1965	Medicare & Medicaid established — President Johnson
1989	RBRVS physician payment schedule enacted (eff. 1992)
1997	Balanced Budget Act introduces Sustainable Growth Rate (SGR)
2010	Affordable Care Act — value-based purchasing programs emerge
2015	MACRA eliminates SGR; establishes MIPS & APMs
Oct 2025	ASM Final Rule published (42 CFR Part 512)
2027	ASM Performance Year 1 begins — claims paid at FFS
2029	First payment adjustments applied (±9% of all Medicare Part B)

PART 2

Your New Obligations

The four performance categories, five quality measures, and submission requirements every participating physician must meet.

02

Four Performance Categories — How You'll Be Scored

PERFORMANCE CATEGORIES

Quality
5 standardized measures across all payers. **50% weight** in final score.

Cost
Total cost of care for attributed patients. **50% weight** in final score.

Improvement Activities
Care coordination & SDOH screening. **Scoring adjustment.**

Interoperability
CEHRT/FHIR compliance, e-prescribing, PDMP. **Scoring adjustment.**

Key Obligation: All-Payer Data Collection

Quality measures must be collected across **all payers** – not just Medicare – per 42 CFR §512, Subsection G. Your EHR and workflow must capture PROs at every eligible visit regardless of insurance.

Five Quality Measures You Must Track

QUALITY MEASURES

- **High-Risk Medications in Older Adults**
  Avoid Beers Criteria drugs in patients 65+; document clinical rationale when necessary
- **Depression Screening & Follow-Up**
  PHQ-9 or GAD-7 at baseline & follow-up visits; document score and action plan
- **BMI Screening & Follow-Up**
  Screen at every visit; document intervention if BMI outside range
- **Functional Status Change**
  ODI or PROMIS-29 at baseline, 90-day, and 1-year intervals; track trajectory over time
- **Excess Utilization / Avoidable Costs**
  ER visits, repeat imaging, opioid fills without documented rationale; attributed to your panel

Outcome Instruments

PAIN VAS / NRS FUNCTION ODI / PROMIS-29 MENTAL HEALTH PHQ-9 / GAD-7

PART 3

Digital Health Tools

A practical look at how digital health tools can support independent and small-group pain practices — from intake to outcome tracking and reporting readiness.

03

What Can Digital Health Tools Do for Your Practice?

PLATFORM OVERVIEW

Outcome Collection

Digital PRO capture at every visit. VAS/NRS, ODI, PROMIS-29, PHQ-9, GAD-7 — auto-scheduled based on visit type and timing rules.

Care Coordination

Structured PCP communication templates, collaborative care agreement tracking, SDOH screening workflows, and referral loops.

ASM Reporting Readiness

Aggregates category evidence for pre-flight validation, gap review, and export packet preparation ahead of March 31 deadlines.

1. **Patient Check-In**
   PRO forms sent via SMS/portal
2. **Visit Documentation**
   Scores auto-imported into note
3. **Care Coordination**
   PCP letter generated & sent
4. **Performance Dashboard**
   Real-time category scoring
5. **Reporting Packet**
   Validated for review by Mar 31

How Do Digital Health Tools Map to ASM?

REQUIREMENT COVERAGE

Performance categories	Your Obligation	How Digital Tools Can Help
QUALITY 50%	Collect 5 measures across all payers; submit by Mar 31	Auto-scheduled PRO forms; all-payer tagging; measure-level dashboard tracking
COST 50%	Reduce total cost for attributed Medicare patients	Utilization alerts, ER pattern flags, opioid stewardship tracking
IMPROVEMENT ACTIVITIES	SDOH screening, PCP collaboration, care agreements	Built-in SDOH screener, PCP letter templates, collaborative care agreement tracker
INTEROPERABILITY	CEHRT/FHIR, e-prescribing, PDMP query, patient access	FHIR R4 certified; integrated PDMP query; patient portal with health summary export

PART 4

Taking Action

Practical steps your practice can take to use digital health workflows for outcome collection, care coordination, and ASM reporting readiness.

04

CARE COORDINATION

How can digital tools support care coordination?

Digital health tools can organize referrals, MDT review, PCP collaboration, patient context, and care-plan handoffs so the next care action is visible to the team.

PCP collaboration

Shared care plans, PCP updates, referral status, and handoff notes align specialty and primary care.

MDT workflow

Referral queues, wait times, meeting agendas, and ownership are tracked in one view.

Closed-loop handoffs

Status, due dates, notes, and follow-up actions help teams close the loop.

How can digital tools collect outcomes at the patient level?

Digital twins can be used within the patient profile to capture pain-map inputs and PROMs data in the same clinician workflow, so outcome collection is visible during care.

Patient-level capture

Pain location, intensity, and descriptors are recorded through the digital twin view.

PROMs tracking

NRS, PROMIS, PHQ-9, EQ-5D, and completion status are organized in the profile.

Actionable follow-up

Care teams can see gaps, trends, next due items, and review prompts without leaving the patient record.

How do outcome gaps become visible early?

AI can continuously scan PROMs completion, due lists, individual scores, threshold alerts, and 30-day compliance patterns to surface outcome gaps in the same workflow.

Seven active instruments

NRS, PROMIS, PHQ-9, GAD-7, EQ-5D, ODI, and compliance measures can be monitored.

Watchlist workflow

Low-compliance and high-risk patients are suggested for follow-up.

Submission evidence

Completion calendars and patient details create a defensible audit trail.

Where are ASM risk and readiness gaps showing up?

A digital ASM console can effectively translate gaps in clinical work into model risk: likely episodes, downside exposure, medicated episode cost, category readiness, and patient action queues.

Episode attribution

Likely ASM episodes and medicated episode cost are visible before payment adjustment years.

PCP collaboration evidence

Care-plan updates, referral loop closure, transition notes, and co-management signals are tracked.

Action queue

Patients driving downside risk are sorted with specific gap tags and projected exposure.

PART 5

Your 90-Day Readiness Plan

The specific steps to take in your practice over the next 90 days to be fully ASM-ready using practical digital health workflows by January 1, 2027.

05

90-Day ASM Readiness Checklist

ACTION PLAN

Days 1–30 — Confirm & Configure

- Confirm ASM participant status on CMS eligibility list
- Complete ASM contact information form with CMS
- Select or configure digital health tools for ASM readiness workflows
- Import patient panel & configure attribution rules

Days 31–60 — Clinical Workflows

- Enable digital PRO capture for all LBP patients
- Add SDOH screening to new patient intake workflow
- Execute PCP collaborative care agreements (template provided)
- Train front desk on PRO reminder & completion tracking

Days 61–90 — Tech & Compliance

- Verify EHR is FHIR R4 / CEHRT certified
- Enable e-prescribing integration & PDMP auto-query
- Connect EHR data through a FHIR integration pathway where available
- Run first CMS pre-flight validation check using your reporting workflow

Support & Resources

TRAINING painmed.org/value-based-care-pain-practice

SUPPORT info@painmed.org

REGULATORY CMS 42 CFR Part 512 Subpart G

FIRESIDE CHAT September 22 at 8:00 PM EST

DISCUSSION

Questions?

What would help your practice feel more prepared for ASM readiness, outcome tracking, and care coordination?

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Thank You

Preparing pain practices for value-based specialty care.

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