

AN INDUSTRY WHITE PAPER FOR PAIN MANAGEMENT & SPINE GROUPS

State of Pain Management & Spine, 2026

Capital, Consolidation, and Strategic Considerations for Physician Groups

Prepared jointly by Vector Medical Group and Baker Donelson

with strategic commentary from:

Dana Jacoby, CEO & Founder of Vector Medical Group and

Gary W. Herschman, Co-Chair, Health Care Transactions, Baker Donelson

SEPTEMBER 2026



Pain Management and Spine Care Are Entering a Period of Meaningful Transition

Independent spine surgeons and interventional pain physicians are seeing heightened interest from private equity firms, venture investors, family offices, and payor-aligned strategic buyers. Against this backdrop, forward-looking physician groups are reassessing their position, aligning on priorities, and taking deliberate steps to remain well-positioned as their markets continue to evolve.

MARKET FORCES DRIVING INTENSIFIED INTEREST IN PAIN MANAGEMENT AND SPINE

Pain management and spine practices sit at the intersection of patient complexity, clinical need, and shifting care delivery models — a combination that continues to draw capital and strategic attention.



Demographics & Demand

Chronic pain affects a significant portion of aging adults, and demand continues to rise as the baby boomer generation enters higher-utilization years.



Policy Tailwinds

Regulatory and clinical pressures are accelerating the shift toward minimally invasive, non-opioid, and non-pharmacologic treatments. The NO PAIN Act and CMS add-on payments for non-opioid therapies reinforce interventional pain care delivered in outpatient settings.



Interventional Economics

Conservative therapy, image-guided injections, radiofrequency ablation, neuromodulation, and surgical interventions each represent distinct clinical and financial events — many performed in office-based procedure rooms or ASCs, where scheduling is efficient and payer incentives align with lower-cost sites of service.



Room to Consolidate

The specialty remains less consolidated than other areas of medicine, creating opportunities for platform formation, roll-ups, regional density strategies, and multi-state consolidation efforts -- coupled with well-capitalized centralized practice management with seasoned executive teams.

THE PRACTICE LANDSCAPE

Pain management and spine practices operate across a range of structural models, yet all face the same pressures reshaping the healthcare landscape: payment shifts, consolidation, technology adoption, and increasing clinical complexity. While these dynamics affect every practice, the most strategic response varies based on practice size, patient population, payor mix, suite of ancillary services, and long-term goals.

Investors and payors evaluate all models through similar criteria — case mix, site-of-service strategy, ancillary integration, physician alignment, and scalability — but no single approach fits every organization.

One of the leading drivers of pain management and spine groups partnering with investor platforms is the desire to own ASCs, supported by the platforms' capital resources and experience in developing and operating successful pain- and spine-focused ASCs.

The Shifting Landscape and the Central Role of Ambulatory Surgery Centers (ASCs)

Investor-backed pain management and spine platforms have expanded significantly in recent years — of the seventeen platforms tracked in this briefing, half were formed in the last four years, concentrated in Texas and the Southeast. Recapitalizations are becoming more common as early platforms mature, and new sponsors enter the space. At the same time, payment structures continue to move beyond traditional fee-for-service toward value-based arrangements, direct-to-employer contracts, and cash-pay models.

Investors increasingly recognize that they are not simply acquiring revenue; they are investing in physician alignment, infrastructure, and the ability to operate effectively in a more complex healthcare landscape. Ambulatory surgery centers sit at the center of this equation.

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For pain and spine practices, ASCs are no longer optional — ownership has become foundational and a defining element of long-term strategic value.

— VECTOR MEDICAL GROUP × BAKER DONELSON, STATE OF PAIN MANAGEMENT & SPINE 2026

ASC VALUE DRIVERS

- **Capture facility fees** alongside professional fees.
- **Enable efficient scheduling** for injections, ablations, neuromodulation, and spine procedures.
- **Align with payer preferences** for lower-cost, high quality sites of service.
- **Support risk-bearing contracts**, site-of-service bundles, and longitudinal care models through predictable costs and consistent outcomes.

From the physician perspective, ASCs help preserve independence. They allow physicians to control case selection, maintain governance, and participate directly in the value created by the care they deliver. In markets dominated by health systems, ASC ownership can mean the difference between remaining independent and being absorbed into an employed model.

CAPITAL & CONSOLIDATION

Select Investor Pain Management & Spine Platforms

PLATFORM	INVESTOR(S) (START DATE)	LOCATIONS	SELECT AFFILIATED GROUPS
	Physician-Owned (2025)	33 Locations: AZ, CA, NV, TX, GA, OK, KS	          
	BC Partners Credit (July 2023)	70 Locations: AR, CO, FL, IL, IN, IA, LA, MI, MS, NE	     
	Triton Pacific Capital Partners (January 2023)	7 Locations: TX	 
	Compass Group Equity Partners (September 2022)	21 Locations: AL, GA, LA, MS, SC, TN	    
	Iron Path Capital (June 2022)	20+ Locations: TX, OH, KY, CO, MN, IN	       
	Chicago Pacific Founders (January 2022)	13 Locations: CA, FL	
	AEA Investors, Leavitt Equity Partners (January 2022)	37 Locations: IL, IN, KY, NC, OH, SC, TN	  
	Trinity Hunt Partners (January 2022)	2 Locations: CO	
	Caydan Capital Partners (f/k/a Asydan Capital Management) (November 2021)	8 Locations: AZ, FL, VA	 

Source: Baker Donelson x Vector Medical Group platform tracking based on multiple press releases, articles, and platform websites.

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PLATFORM	INVESTOR(S) (START DATE)	LOCATIONS	SELECT AFFILIATED GROUPS
	Shore Capital Partners (October 2020)	32 Locations: GA, NC, FL, TN, MS	    
	Revelar Capital (f/k/a Wellspring Capital Management; April 2025), MSouth Equity Partners (June 2021) Past: Fulcrum Equity Partners (2018)	43 Locations: GA, SC, TN	  
	Spindletop Capital (May 2018)	22 Locations: TX	   
	Cedar Pine (January 2024), Peakline Partners (f/k/a Cresset Partners; January 2024), American Discovery Capital (February 2018)	44 Locations: GA, IN, OH, KY	   
	NexPhase Capital (February 2018)	94 Locations: AL, DE, FL, GA, MD, NJ, PA, TX, SC, VA *Plus multiple "Clearway Pain" branded locations	   
	CommonView Capital (October 2017)	17 Locations: TX	 
	Physician-Founded (2013)	30 Locations: FL, TX	 
	Piney Lake Capital Mgt. (2023), Avista Capital Partners & Constitution Capital (2017), Sentinel Capital Partners (September 2011)	81 Locations: AL, CT, FL, GA, MD, MS, NJ, NY, NC, VA	      

Source: Baker Donelson x Vector Medical Group platform tracking based on multiple press releases, articles, and platform websites.

Benefits of Capital and Strategic Partners

Many pain management and spine groups are evaluating whether to remain independent or partner with larger organizations. These entities — investor-backed platforms, family-office supported groups, or strategic health-system affiliates — bring advantages that are increasingly difficult for independent practices to match on their own.



Data Analytics

Analytics that support employer contracts, bundles, and value-based arrangements.



Managed Care Expertise

Negotiation expertise that supports more favorable payer contracts, including value-based care and direct-to-employer.



Referral Network Expansion

Broader relationships with primary care, orthopedics, neurology, and hospital systems.



Capital Access

Capital for ASC development, de novo offices, and other ancillary revenue expansion.



Succession Planning

Support that stabilizes operations and ensures continuity of care upon founder and key executive retirements.



Group Purchasing Power

Implants, disposables, malpractice coverage, health insurance, EMR licensing, and revenue cycle services.



Seasoned Executives

Access to experienced C-Suite leaders for operations, compliance, and growth planning.



HR & IT Infrastructure

Recruitment, retention, training, IT hardware & support, cybersecurity, and data reporting capability.

These advantages do not make partnership the inevitable choice for every group, but they do underscore why many practices are thoughtfully evaluating their options.

Choosing a Path Forward — Intentionally

Pain and spine practices have several viable paths forward. When considering the path ahead, physicians and administrators should factor in their local market dynamics, group culture, group goals, and existing infrastructure.

Groups that thrive will be those who understand where the industry is heading and align their clinical, operational, and financial decisions with that future

OPTIONS FOR PHYSICIAN GROUPS

- **Remain independent**, which requires:
 - **A defined ASC strategy** including advanced data gathering and payer negotiations.
 - **Maximize the ancillary footprint** by optimizing margin and patient access through the right mix of physical therapy, imaging, DME, and ASC integration.
 - **Preparation** for alternative payment models and employer-based arrangements.
- **Join or build** a larger musculoskeletal organization.
- **Partner with an investor-backed platform**, with a track record of improvements and physician satisfaction.
- **Pursue a strategic partnership with a healthcare system** in the region that values physician input and governance.

None of these paths is universally right or wrong. What matters is choosing intentionally and aligning decisions with long-term goals.

THE TIME IS NOW: ALIGN AND EXECUTE ON A STRATEGY

Pain management and spine care are becoming central to the evolution of musculoskeletal and chronic disease management, influencing both care delivery and the broader economic model. The pace of change is accelerating, and groups without a defined strategy risk being shaped by external forces rather than their own priorities.

A thoughtful approach requires:

- **An honest assessment of current position and vulnerabilities.**
- **A clear view of local and regional consolidation patterns.**
- **A realistic plan for ASC access, data integrity, and payer alignment.**
- **A succession roadmap that protects patient care and operational stability.**
- **Engagement with experienced advisors who understand capital, governance, and the specific dynamics of pain and spine.**

Prepared Jointly by:

Vector Medical Group and Baker Donelson

For counsel on strategic, forward-looking transactions, governance, capital strategy, and payer dynamics shaping pain management and spine groups, contact:



Dana Jacoby

CEO & FOUNDER — VECTOR MEDICAL GROUP

Dana Jacoby is CEO and Founder of Vector Medical Group, a strategic healthcare consulting firm specializing in musculoskeletal care strategy, M&A advisory, and value-based care design. Her work centers on the structures that determine whether spine, orthopedic, and pain enterprises thrive amid consolidation — joint-venture and partnership design, physician alignment and governance, ASC and case-mix strategy, alternative payment models, and succession planning.



Gary W. Herschman

SHAREHOLDER, CO-CHAIR — HEALTH CARE TRANSACTIONS, BAKER DONELSON

Gary W. Herschman is a shareholder in Baker Donelson's Metropark (Iselin), New Jersey office and co-chair of the Firm's Health Care Transactions Group. He guides health care providers, physician groups, and industry stakeholders through complex mergers, acquisitions, private equity partnerships, joint ventures, and affiliations — with a track record of successfully closing transactions, and negotiating physician group deals ranging from \$5 million to more than \$250 million. He has extensive experience throughout the MSK provider sector, including representing more than 30 spine, pain and orthopedic groups in strategic transactions, as well as dozens of ASCs.



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