



**American Association of Oral and Maxillofacial Surgeons**

Miro A. Pavelka, DDS, MSD  
*President*

Robert C. Rinaldi, PhD, CAE  
*Executive Director*

February 25, 2013

The Honorable Fred Upton  
Chairman, Energy & Commerce Committee  
House of Representatives  
2125 Rayburn House Office Building  
Washington, DC 20515

The Honorable Dave Camp Chairman,  
Committee on Ways & Means  
House of Representatives  
1102 Longworth House Office Building  
Washington, DC 20515

Dear Chairmen Upton and Camp:

The American Association of Oral and Maxillofacial Surgeons (AAOMS), the professional association that represents more than 9,000 oral and maxillofacial surgeons in the United States, commends your commitment to payment reform and appreciates the opportunity to offer comments in response to the framework for SGR Repeal and Payment Reform.

The AAOMS fully supports repealing the SGR and any future rate cuts and development of a more predictable and defined payment system that will ease financial burdens that the proposed SGR cuts would have placed upon providers. Repealing SGR is imperative to securing Medicare beneficiaries' access to care, as the continuous threats of reimbursement reductions under the current system drives more physicians to terminating their participation or opting out of the Medicare program.

While the AAOMS is in agreement with rewarding physicians who deliver high-quality and efficient care, the rewards should be sufficient enough to create incentives to providers to continue treating Medicare beneficiaries. The AAOMS also supports multiple reimbursement options from which physicians can choose to fit their practice; however, we respectfully request adequate time be considered for a transition period to this new payment system. There are currently limited measures applicable to many specialties. The process to determine and create clinically meaningful quality and efficiency measures is lengthy not to mention labor-intensive. In addition to limited quality measures, the claim thresholds that are to be met for successful reporting cannot be achieved by some specialties making reporting and participation in this reformed payment system difficult. For instance, while oral and maxillofacial surgeons often treat Medicare beneficiaries, most procedures performed are not covered by Medicare; therefore, reporting three quality measures for at least 50% of the Part B patients treated is unattainable. Furthermore, alternative payment models such as the bundled payment initiative and the accountable care organizations shared savings models have not fully evolved creating uncertainty as to the impact on surgical specialties. These factors will limit physicians' choices of which Medicare payment system suits them best and may cause more physicians to turn away Medicare beneficiaries if they are unable to meet program requirements.

Before a transition period or implementation date is announced, the AAOMS recommends data be analyzed and shared with stakeholders from the bundled payment initiative and accountable care organizations shared savings program so that the impact on specialties and providers can be examined. There must be improved assistance and guidance made available to specialties to assist with developing specialty-specific quality measures and participating in clinical improvement registries. Such efforts will ensure the continuation of quality care for patients relying on the Medicare program and the security of participating providers.

The AAOMS appreciates your consideration of our comments. Should you have questions, please contact Karin Wittich, CAE, Associate Executive Director, Practice Management and Governmental Affairs, at 847/233-4334 or via e-mail at [karinw@aaoms.org](mailto:karinw@aaoms.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Miro A. Pavelka, DDS, MSD". The signature is written in a cursive style with a large initial "M".

Miro A. Pavelka, DDS, MSD  
President