Application of Lean Thinking to Radiation Therapy

To the Editor: The article on lean thinking in bone and brain metastases by Kim et al in the July 2007 issue of *JOP* provides yet another lesson to all of us on the potential advantages for patient care in applying innovative approaches based on production methods developed by the manufacturing industry.¹

While I question the assertion that same-day irradiation in and of itself leads to rapid amelioration of symptoms in patients with bone and brain metastases, judicious pain management in the former and steroids in the latter provide the initial rapid relief, and the same-day approach has important psychological and logistical benefits to the patients and their families.

Reference

1. Kim CK, Hayman JA, Billi JE, et al: The application of lean thinking to the care of patients with bone and brain metastasis with radiation therapy. *J Oncol Pract* 3:189-193, 2007

For other centers, the details may differ, as pointed out by the authors, but the broad principle of establishing a “uniform standard process” based on stepwise improvements from a detailed analysis of existing approaches will be similar.

Have the authors parlayed their system to a broader group of patients, and will this produce cost savings?

Julian Proctor, MD, PhD

University of Pennsylvania Medical Center, Jameson Cancer Center, New Castle, Pennsylvania

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In Reply:

We thank Dr Proctor for his thoughtful letter. Perhaps our most successful project, which applies to all patients, involves our simulator. In the past, simulation was frequently delayed because the patient record was missing information (eg, the consent form or serum creatinine). By standardizing our simulation procedures, we eliminated the 22 hours per month of overtime that was previously required. It also seems likely that our bone and brain metastases project has decreased the

overall cost of care by decreasing the administrative burden of multiple visits, as well as saving the patient’s caregiver missed days of work.

Theodore S. Lawrence MD, PhD, on behalf of the authors

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Erosion of Drug Margin Will Not Slow

To the Editor: I read with some dismay the analysis of Akscin, Barr, and Towle in the July 2007 issue of *JOP*, which would indicate that community oncology practice is presently in a deepening financial crisis.¹

While the study has the disadvantage of only a limited response rate of 13%, it is the first collection of data I have seen that reveals the change in practice economics since the average sales price drug reimbursement formula was put in place.

The information in Figure 5C shows that for 25% of practices, there is no margin in drugs, which provide 77% (Figure 4) of the practice revenue. Furthermore, as some of these practices are forced to close or curtail operations, they will drop out of the drug-purchasing pool. Their inability to purchase pharmaceuticals at an acceptable margin indicates that they are at the wrong end of the spectrum that makes up the average sales price; as they leave, the ASP will shift downward. I, therefore, disagree that “it is reasonable to expect that the erosion of drug margin will slow,” but would alternatively suspect that it there will continue to be pressure on the viability of practices.

I applaud the authors for this vital study, and look to the ASCO Membership and Leaders to disseminate this data among the public policy planners, legislators and private insurance stakeholders who can impact the clear threat to patient access and care.

Joseph O'Connell, MD

Connecticut Oncology Association, Milford, Connecticut

DOI: 10.1200/JOP.0759006

Reference

1. Akscin J, Barr TR, Towle EL: Key practice indicators in office-based oncology practices: 2007 report on 2006 data. *J Oncol Pract* 3:200-203, 2007

In Reply:

We thank Dr O'Connell for his comments on our article. Our main objective in publishing the results of our second annual Office-Based Oncology Business Benchmarking Survey was to share a few of the findings and propose some possible explanations for our observed results. While we agree that a 13% participation rate has its disadvantages, we felt that sharing the findings from over 150 practices was important, as to our knowledge, this remains the largest post-MMA (Medicare Modernization Act) survey available that focused on key practice indicators in community oncology practice.

We are pleased to see that your interpretation of our findings may lead to a different understanding of the effects of MMA

on the community-based oncology practice than was originally intended by the statute. This is precisely what we had hoped for. When looking at the 10 calendar quarter history of the average sales price, we note that the changes (with the exception of some multisource drugs) on a quarterly basis seem to affect fewer drugs, and the percentage of change is lower, especially over the most recent four calendar quarters.

John F. Akscin, on behalf of the authors

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DOI: 10.1200/JOP.0759007

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