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The Average Sales Price Debate

by Lee E. Mortenson, DPA

When I was completing my master's degree in advertising and marketing—back before there was light—the professor gave us a book called *How To Lie with Statistics* by Darrell Huff. Thirty-plus years later, I am interested to see it's in the top 2,000 books purchased through Amazon.com. I guess that's not too surprising, since anyone who plays with numbers knows they can be manipulated to prove whatever you would like them to prove.

These days a fear of statistics is not just a distant grad school memory for the oncology community. As pharmaceutical manufacturers report their data to the Centers for Medicare & Medicaid Services (CMS), ACCC and other organizations have discussed with the agency our concerns that these data may not be accurate. Even more alarming is that CMS is mandated by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) to use these data to set 2005 reimbursement rates for oncology practices. And, if the data do not accurately reflect the cost at which physicians purchase drugs, where will that leave oncology practices?

In his book, Huff cautions, "The secret language of statistics, so appealing in a fact-minded culture, is employed to sensationalize, inflate, confuse, and oversimplify." Personally, having lived in and around Washington, D.C., for three decades, I believe we should hand out copies of this book to everyone who gets off an airplane at the three regional airports.

In any case, it's not just the data that come in to CMS, it's how the data are applied. Small numbers

make it easy to calculate an "average" that is wildly different from what folks in the field are actually experiencing.

In our comments to CMS on average sales price, we asked the agency to establish an exceptions process in instances where the rate is well below the price that medical oncologists actually pay to acquire the drug. Specifically, we pointed out our concern that infrequently used drugs might generate data that were insufficient to calculate an accurate finding and distort the rate.



We also asked CMS to continue to monitor the impact of the MMA, since we're concerned that the switch to ASP+6 percent could have an adverse impact on the availability of patient care in the physician office setting. We suggested that the agency establish a "hotline" that beneficiaries can

call if they are having difficulty accessing oncology care in their area or that physicians can call if they are having difficulty with the same issue or with obtaining drugs at ASP rates.

Of course there is no guarantee that ASP+6 percent—even calculated the best way possible—will be a sufficient amount to keep an oncology office open. But we'll know better when we analyze the numbers.

Regardless of how clever you are with statistics, if income doesn't balance with your expenses, something will have to give. Whether that "give" is letting a few staff members go, closing an office location, or shutting down an entire operation remains to be seen. Given how far we've seen oncology care come over the past three decades, all I do know is that seeing access to quality cancer care unravel will be a painful sight for all of us. ☐