



UnitDoseAlert

HCPC's electronic newsletter reporting on Compliance Prompting Packaging

HCPC would like to thank our member sponsors for this edition of UnitDoseAlert: Körber Medipak and Nosco



April 30, 2010

[HCPC's 18th National Symposium on Patient Compliance](#)

Be a part of the industry's singular educational event focusing specifically on compliance prompting pharmaceutical packaging.

May 5, 2010
Crowne Plaza Hotel
Valley Forge, PA

[Compliance Package of the Year](#)

Five entries were entered into HCPC's 2009 Compliance Package of the Year Competition! These entries were judged Tuesday, April 20th, at the Interphex exhibition. The results will be revealed at our upcoming National Symposium on Patient Compliance. Please register for this informational and networking event.

[Thinking Outside the Pillbox – Medication Adherence as a Priority for Health Care Reform.](#)

Published in the April 7, 2010, edition of the New England Journal of Medicine, Drs. Cutler and Everett note that more than \$100 billion is spent each year on avoidable hospitalizations. That is

Industry News

Letter From HCPC Board

Hello UDA Readers! Thanks for opening up our second digital issue of UDA.

Hard to believe Interphex has already come and gone. We hope that your exhibition or attendance to the show was successful. HCPC was present once again in order to conduct its' Annual Compliance Package of the Year judging on the first day of the show. Historically, the contest has drawn some of the most interesting and innovative packages on the market. In addition, the winners, upon accepting their awards, get to designate scholarships to the packaging school of their choice. Awards will be presented at HCPC's 18th Annual Symposium being held again in Valley Forge, PA on May 5th. Since inception, the CPY has provided more than \$50,000 in scholarship funds to packaging programs in the US. Scholarship funds are donated by the HCPC and Canon Communications.

Every year the HCPC Symposium addresses topical issues offering insight to the environment we work in and 2010 is no different. Our morning speaker will bring us up to date with the latest information regarding healthcare reform efforts in Washington, DC and how it may affect compliance efforts. We will explore opportunities being created by this dynamic environment and how to craft our message for this time. John O'Brien, Executive Director of the Responsible Health Institute will provide this industry overview.

On the other end of the day, hear about a developing model in this ever-shifting healthcare industry, Medical Homes. Edwina Rogers, Executive Director of The Patient Centered Primary Care Collaborative, also in located in Washington, will discuss this evolving community-based Pay for Performance application that will yield many opportunities for incorporation of compliance enhancing technologies. The detriments of poor adherence is well understood in these communities and must be addressed for the participants in Medical Homes to realize their income potential.

In between, we will have two presentations focusing upon the science of packaging and how it relates to compliance prompting packaging. We will hear from CyPak, an industry leader in the development of interactive packaging technologies that can aid compliance, and MSU's Laura Bix, who will speak about packaging design as it relates to the package/user interface. Packaging at its core is still about containment and protection, but when paired with developing technologies and by taking into account the human factor, it becomes a powerful tool that can enhance the performance of the product. In the pharmaceutical packaging realm, this means having an impact on the safety and efficacy of life-saving products. What a great industry in which to work.

I hope you will join us at this year's Symposium.

Walt Berghahn

Vice President of Packaging Technology
AmerisourceBergen Packaging Group

and
HCPC Board Chairman

HCPC Sponsor



With an F=1 rating, Nosco's Key.In™ CR/SF patient adherence line gives Seniors ease of use while providing the highest level of Child Resistance. Key.In offers design flexibility and plenty of billboard space to build your brand and promote adherence. Unique to Key.In™ is a key that allows the package to be opened. For homes without children, the key can be left in the package. Contact Joe Tenhagen at 847.360.4801 or jtenhagen@nosco.com for versions under development.

Washington Beat

What a Difference a Month Makes!

In my last column, I described Washington's worst winter and bleak prospects for passing health reform. In March, after a week of temperatures in the seventies, the House passed the Senate's health insurance reform bill and a reconciliation bill negotiated with the Senate. The final health insurance reform legislation signed by President Obama will ensure that all Americans have access to quality, affordable health care and significantly reduce long-term health care costs. While not everyone agrees if Congress can require Americans to have health insurance, if the low-income subsidies will be enough to make insurance affordable, or if the penalties for not having insurance will be enough to encourage people to buy it, the health quality community is celebrating a number of provisions to improve health and fight chronic disease. Many of these provisions involve better medication use and provide opportunities to discuss compliance prompting packaging with policymakers and other health care stakeholders.

For example, qualified health plans offered as a result of reform are required to include prescription drugs, as well as prevention and wellness services and chronic disease management programs. Health insurers will be required to spend 85 cents of every premium dollar collected from the large group market, or 80% of premiums from the individual or small group market, on medical care or "activities that improve health care quality." Hospitals will face reduced payments if they have readmission rates in excess of established rates. Medical homes, accountable care organizations (ACOs), and community health teams will be eligible for grants and financial incentives to improve care and reduce costs; many will use pharmacists to improve medication use during transitions of care. Perhaps the most exciting aspect of health care reform is the creation of a national strategy for quality improvement in health care, and other quality improvement initiatives like the CMS Center for Medicare and Medicaid Innovation, AHRQ Center for Quality Improvement and Patient Safety, and the implementation of medication management services in the treatment of chronic disease. [For more information about the impact of health reform on medication use, please attend the 18th Annual National Symposium on Patient Compliance.]

HCPC won't be alone in describing the importance of adherence as a component of better medication use. Pharmacist organizations and pharmacy trade groups have already met with Congress and the Administration about the creation and funding of the new initiatives described above, and improving medication adherence will be a key theme at this week's National Association of Chain Drug Stores annual meeting. Last week, a senior official from the Senate Finance Committee met with leaders from patient groups and disease advocacy organizations to discuss the role of adherence in improving quality and lowering costs. A number of planned research projects will only increase the frequency and intensity of these discussions, as will a number of non-health reform related conversations related to better medication use.

The greatest challenge for HCPC may be ensuring the growing number of conversations about medication adherence include the value of compliance-prompting packaging. Medicare, Medicaid, and private insurers alike are all seeking new ways to improve medication use. Pharmacists, pharmacy benefit managers, and drug wholesalers are all

one aspect of an even larger problem, as NEHI announced in July 2009 its estimate that poor medication adherence leads to \$290 billion in total annual costs, or 13 percent of all healthcare expenditures. The HCPC is thrilled that medication adherence is now being considered a priority, but, compliance packaging seems to be missing from the equation and it is our challenge to ensure it is considered a valuable tool. Click [here](#) to review the full article.

[Membership Information](#)

The HCPC offers its members a "voice" in pharmaceutical packaging issues and the opportunity to help promote the many benefits of patient compliance packaging. From suppliers of pharmaceutical packaging components, to machinery manufacturers, to contract packagers, to industry consultants and experts, our members share the mission of promoting broader adoption of compliance prompting packaging to improve patient outcomes. Become a member of this dynamic organization today!

seeking to add value to the health care system. Manufacturers of brand and generic drugs envision a new era where patient-centered health outcomes define their brands. There has never been a more important time to highlight the role packaging can play in a 21st century health system. Fortunately, HCPC has become increasingly innovative in communicating with policymakers, payors, and the pharmaceutical community, and robustly accepted this challenge.

John Michael O'Brien, Pharm.D., MPH

Executive Director

Responsible Health Institute

HCPC Europe

HCPC-Europe's Mission more Relevant than Ever

In a study on the future of the pharma industry published in Sept 4, 2009, Roland Berger & Partner, one of the world's top ranking business consulting agencies, describe new models of medication reimbursement as the health care payers will no longer be able to cover the cost of medicines which quite often don't work. These new models will include guaranties for the effectiveness of a drug or it will not be paid for. The classical way by which the health care system pays the price once negotiated with the pharma company will become the exception in a few years time. In Canada, Novartis returns the cost for an Osteoporosis medication if it fails to provide the desired effect already today. The pharma company even pays the surgical intervention that may become necessary as the consequence of the medicine's failure.

Such drastic changes in cost coverage emphasize once more one of the main factors if medicines fail to work. Medicines which are not taken cannot be effective. It is common knowledge that patients' compliance/adherence to their therapy plays a crucial role in achieving a positive outcome, or as R.B. Haynes put it, *"Increasing the effectiveness of adherence interventions might have a far greater impact on the health of the population than any improvement in specific medical treatment."*¹ And, Heneghan CJ, Glasziou P, Perera R found in their study about the role of packaging with regard to long term medicinal treatment that, *"People often miss taking prescribed medication because of forgetfulness, changing medication schedules or busy lifestyles. It is estimated that between 40% and 60% of people do not take medication as prescribed, which can lead to worse health outcomes. Packaging of medications with reminder systems for the day and/or time of the week is an attempt to help people take long-term medications."*²

"The global growth of the pharmaceutical industry will increasingly require financing from beyond health insurance companies" says the study from Roland Berger & Partner on the future of the pharmaceutical industry and it continues *"innovative partnerships with payers have sprung up in the established markets as well, particularly in light of increasing cost pressure: Survey respondents are placing priority on value-added models (43%) and risk-sharing models (38%)."*³ What this means is best described by the cost coverage agreement between Novartis and the health insurance in Canada for a new osteoporosis medicine, as mentioned earlier. The insurance company pays the price Novartis requires for this novel medicine. If, however, the drug fails Novartis not only returns the expense for the medication but even cover the cost of surgical interventions as they may become necessary to correct the consequence of frequently occurring complicated bone fractures with patients suffering from this disease. Another model by which the pharma company guarantees the effectiveness if its drug was negotiated between Pfizer, Schering and the Italian Servizio Sanitario Nazionale. During the first three months of treatment the pharma companies only get half of the negotiated price for their cancer medication. In the case the treatment provides the desired effect, the pharma companies are paid the full price. If, however, the

¹ Haynes R.B. et al.: Interventions for helping patients follow prescriptions for medications. Cochrane Database of Systematic Reviews. 2001

² Heneghan CJ, Glasziou P, Perera R *The Cochrane Library* (ISSN 1464-780X).

³ [Global pharmaceutical sector searches for new innovation model, Roland Berger & Partner](#) Sept. 4, 2009

drug has no or insufficient effect it will no longer be applied. While in clinical trials the outcome decides over the future of a medicine the assessment of the effectiveness of a treatment, in “real life” this decision is left to the patients and their doctors, who in most cases ignore whether the drugs were applied in the correct way, the correct quantity at the correct time; and drugs that are not taken cannot work. Under these circumstances, pharma companies will struggle to guarantee the effectiveness of their products and they will have to make significant efforts to help patients be as compliant as possible as non-adherence to medical treatment remains a persistent and still underestimated problem. “In spite of many advances made in adherence research, non-adherence rates have remained nearly unchanged in the last decades.”⁴ Statements like these suggest that efforts to improve patients’ adherence have been insufficient and/or ineffective. With these new models of cost coverage for medicines this matter is to be seen from a new, different angle. Profitability of medicines will more than ever before depend on patients’ compliance/adherence.

The reasons for non-compliance are well known. Numerous studies have looked into the matter and show that most patients will be non-compliant some of the time and there are various patterns of compliance or rather non-compliance according to which the likely reasons and causes can be linked. As previously mentioned, “*People often miss taking prescribed medication, because of forgetfulness, changing medication schedules or busy lifestyles. It is estimated that between 40% and 60% of people do not take medication as prescribed, which can lead to worse health outcomes.*”⁵ Omissions of doses are mostly linked with forgetfulness or with the complexity of the therapy.

While it will be difficult to influence some of the causes for non-compliance/adherence, the main factor – forgetfulness – can be dealt with rather easily. Calendar drug packages or innovative packs incorporating a chip with reminder functions, capable of communicating with a central database are commercially available and designed to help patients to adhere to their therapies.

The background of pharmaceutical packaging in Europe may differ greatly from pharmaceutical packaging in the US. Our objectives, however, are very similar. The European HCPC, a not for profit organisation, who’s mission is to assist and to educate the healthcare sector in the improvement of patient compliance through the use of packaging solutions, was set up between the pharmaceutical, the packaging and the machinery industries, with the assistance of patient organisations, driven by the awareness that health care systems are losing enormous sums of money through medication that is not taken properly or not at all. Thoughtful packaging of medicines, the founders and members of HCPC Europe argue, can in itself play a significant part in patient compliance and that, by organizing as a body, HCPC Europe can be effective in promoting packaging-related initiatives which will help improve patient compliance.

One of HCPC Europe’s initiatives is their yearly conference at which innovative pack design is awarded with a trophy representing Columbus’ egg. (***“Columbus’ Egg”*** is a turn of phrase that describes a stupefying simple solution for what might appear to be a complex unsolvable problem. Anecdotal - folklore suggests that when Christopher Columbus returned from his voyage of discovery of the Americas in the year 1493 he was having dinner with Cardinal Mendoza who commented that it had not really been such a big deal to discover the Americas - in fact anyone could have done it. In retaliation Christopher Columbus challenged all persons present to stand an egg on end. Everyone tried but failed. Christopher then took the egg - he tapped it gently on the table breaking it slightly and, with this, the egg stood on its end. Hence the Egg of Columbus. Allegedly the other persons did protest that they too could have done this, but Christopher simply responded that “ye,s they could have done it but **he actually did it.**”)

The new models for cost coverage of medicines underline the importance of HCPC Europe’s initiatives. While last year’s conference, which took place at the Basel-City facilities of the Institute of Pharma Technology at the FHNW School of Life Sciences, Basel, Switzerland,

⁴ van Dulmen et al; Patient adherence to medical treatment: a review of reviews; BioMed Central Ltd. 2007

⁵ Heneghan CJ, Glasziou P, Perera R *The Cochrane Library* (ISSN 1464-780X).

concentrated on a Voice of the Patient survey carried out by the European Patients' Forum (an umbrella organisation of European Patients organisations representing 150 Million patients) and HCPC Europe, this year's conference, scheduled to take place on Nov. 3rd - 4th at the Royal Pharmaceutical Society in London, will focus on the implementation and commercial use by the pharmaceutical industry of the many clever ideas presented for the Columbus Award, ranging from low cost solutions using conventional technology combined with clever design, to the most sophisticated electronically-assisted drug delivery systems. And, like in the years before, we expect again many exciting innovative entries for the Columbus Award 2010.

Tassilo Korab

Executive Director
HCPC-Europe

FDA to Focus on Drug Packaging to Prevent Medication Errors

The April 12, 2010 Federal Register announced an FDA public workshop on "Developing Guidance on Naming, Labeling, and Packaging Practices to Reduce Medication Errors." The meeting seeks to create conversations and information exchange among regulators, researchers, drug makers, health professionals, health quality organizations, and the public about drug naming practices and the design of drug labels and product packaging. Three of the four panels scheduled will focus on packaging and labeling to reduce the risk of medication error, and the FDA is also seeking advance comments to assist in the development of draft guidance.

According to the FDA, a medication error is any preventable event that may cause or lead to inappropriate medication use or harm to a patient. The examples listed in their FDA 101 consumer updates describe misuse and mixups by health professionals and overdoses experiences by patients. However, the Food and Drug Amendments Act of 2007 defined serious adverse drug experiences in many ways, including an adverse event, whether or not considered drug related, that led to inpatient hospitalization, prolongation of existing hospitalization, death, or other serious consequences. Research findings that not taking medications as prescribed leads to poorer health, more frequent hospitalization, and a higher risk of death may suggest that medication nonadherence is a form of medication error that can be prevented by better packaging.

John Michael O'Brien, Pharm.D., MPH
Executive Director
Responsible Health Institute

Member News

Klöckner Pentaplast Invests In New Production Capacity In Asia And Americas

Klöckner Pentaplast Group will add to its global production capacity for transverse-direction oriented shrink-label films. Primarily used for full- or partial-body shrink-sleeve applications, the new shrink film capacity will be located at the company's Rayong, Thailand, and Rural Retreat, VA, USA, manufacturing facilities. In addition, kp announced that it will be adding PVC production capacity to its Rayong, Thailand, site. [Read More](#)

Klöckner Pentaplast Adds New Polyester Capacity At U.S. Site

The Klöckner Pentaplast Group recently announced that it has added new polyester production capacity at the company's Rural Retreat, Virginia, manufacturing facility. The new line will increase capacity for high-performance polyester films to support growth in full-body shrink-label, general-purpose thermoforming, medical device, and all-plastic box packaging applications. Klöckner Pentaplast invested \$4.9 Mio USD (€3.6 Mio) for the expansion. [Read More](#)

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Member News

Anderson Packaging Names Misher to Lead Clinical Services Division

Anderson Packaging, a business unit of AmerisourceBergen Packaging Group, has named Robert Misher as Senior Vice President and General Manager of Anderson Clinical Services. Misher brings extensive experience in the area of Clinical Trials, including founding and operating Misher Pharmaceutical Consulting Services for the past 8 years. Prior to Misher Consulting Services, Misher held leadership positions at pharmaceutical organizations including Aptuit, Almedica International, BlisTech, Boehringer Ingelheim, and Wyeth. Misher holds an undergraduate degree from Widener University with a Masters of Business Administration from Drexel University. [Read More](#)

MWV's Dosepak Express® Receives Ease-of-Use Commendation from the Arthritis Foundation

MeadWestvaco Corp. recently announced that its Dosepak Express® child resistant, adherence packaging has earned commendation from the Arthritis Foundation's Ease-of-Use program, as a user-friendly product for the 46 million people in the United States living with arthritis. Dosepak Express is the first blister-designed, adherence packaging to receive the Ease-of-Use designation from the Arthritis Foundation. It has already been tested by the U.S. Consumer Product Safety Commission, and received a 100 percent rating on senior opening protocol tests, as well as the CPSC's highest child resistance rating. [Read More](#)

Got News? Send it to us!
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