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## Industry News

### Letter From HCPC Board

Hello *Unit Dose Alert* Readers,

Welcome to the new digital *Unit Dose Alert*! As we enter this new decade, HCPC is going through some significant changes that include launching this new electronic format for *Unit Dose Alert*. We've also been working on a new, more comprehensive and user-friendly Web site. All has been accomplished under a new organizational structure with increased involvement from the HCPC board. Now that these rebranding initiatives have been launched, we are ready to turn that energy outward. 2010 promises to be a pivotal year for the organization.

The HCPC "old timers" will remember UDA was originally a multipage black and white newsletter that evolved into a color publication some 5 + years ago. It is now transforming into this digital version. Maybe just a sign of the times but, a great step forward for this once simple newsletter reporting the progress of the HCPC and related industry news.

We hope you will enjoy the new format. The new page provides direct links to our sponsors' websites and guest columns, including one by Tassilo Korab, the Chairman of e-HCPC, our sister organization, and the Washington Beat, contributed by Dr. John O'Brien, Assistant Professor at Notre Dame College of Pharmacy. We will have other guest columnists as appropriate. Anyone in particular you would like to hear from? Any topics you would like to have addressed? Let us know.

HCPC continues to keep a watchful eye on the activities in Washington, D.C. with an added effort to influence where possible. We have entered the era of healthcare where many are sounding like Jerry Maguire, "Show me the money!" Find the groups that will have economic benefit from improved patient outcomes and we will have found friends.

You may wonder why now is any different than years past. The biggest change is that more organizations are looking at the big picture, not taking a compartmentalized view of healthcare that ends with the impact on their specific P&L. For instance, the concept of improving compliance through packaging may have been interesting to a healthcare provider because of the potential benefits but, their Pharmacy Benefits Manager (PBM) would have seen the minor cost increase for packaging and the increase in drug consumption caused by improved compliance as unacceptable. The PBM focused on a different profit center and, sadly, had little interest in increasing pharmaceutical use. Cost reductions were the goal, not increased volume.

### [HCPC Events](#)

HCPC's 18th National Symposium on Patient Compliance. Be a part of the industry's singular educational event focusing on compliance-prompting pharmaceutical packaging.

May 5, 2010  
Crowne Plaza Hotel  
Valley Forge,  
Pennsylvania

### [Compliance Package of the Year](#)

Gain recognition for your innovative, compliance-prompting package! Enter your package in the HCPC's Compliance Package of the Year Awards Competition! Entries must be in a unit dose format, have at least one compliance-enhancing feature, have been commercially available in 2009, and not require patient repackaging. Entries accepted through March 15, 2010. [Click here](#) for Official Rules and shipping information.

Now Pay for Performance (P4P) enters the picture. Performance and outcomes based payment models are growing in popularity as payers begin to realize that past models were not reducing costs. Compensating on patient volume or worse, rewarding for minimizing costs by restricting procedures and prescriptions, was a recipe for failure. This new policy of *rewarding for improved outcomes provides economic incentive* to doctors and institutions for improved long term outcomes beyond what happens inside their walls. This new scope encourages patient interventions through various means after discharge. Therein lays the opportunity for compliance prompting packaging: Aiding physicians and pharmacists in creating more compliant patients, leading to improved outcomes and actually increasing the bottom line for medical professionals. Wow!

A broader application of this concept is the evolution of Medical Homes. Medical Homes operate on a larger, community-based scale but under similar principles to P4P, where hospitals, doctors and pharmacists take "responsibility" for the improved outcomes of collective patients in their care. They are compensated for improving outcomes. From all the reading I've done, compliance prompting packaging has not crossed their radar to date and HCPC is going to change that.

The HCPC is entering a stage of increased outward activity. For much too long we gathered in small groups of likeminded individuals and companies to share our ideas on improving compliance or adherence. Influence and change can only happen outside these circles.

I look forward to reporting on our activities as the year progresses. Thanks for your continued support.

Walt Berghahn  
Vice President of Packaging Technology  
AmerisourceBergen Packaging Group  
and  
HCPC Board Chairman

### [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. Become a member of this dynamic organization today!

### [Meet an Author](#)

John O'Brien, PharmD, MPH, author of Washington Beat, is Executive Director of the Responsible Health Institute and Assistant Professor of Clinical and Administrative Sciences at the College of Notre Dame School of Pharmacy. He has studied the relationship between medication compliance and quality health outcomes for over a decade and is a frequent author and lecturer in public health, Medicare and Medicaid policy, and health care reform. [Read more](#) on John O'Brien.

#### HCPC Sponsor



[AmerisourceBergen Packaging Group](#) is a worldwide provider of [customized and differentiated packaging solutions](#) to pharmaceutical manufacturers and healthcare providers. We support pharmaceutical manufacturers to market products by providing customized and proprietary packages and services. Other specialty capabilities include expertise with [parenteral products packaging and related services](#). We supply healthcare providers with [brand](#) and [generic products](#) differentiated by packaging. Our products support [patient safety](#), [pharmacy efficiency](#) and [cost savings](#). For manufacturing partners, our expertise in package differentiation and commercialization can [enhance marketshare](#).

### **Washington Beat** *Weathering the Storm*

2010 will forever be known as the year a historic snowfall brought Washington, DC to a standstill. The weather has shut down much of the federal government. Even the President's

motorcade was affected when an SUV carrying photographers collided with an ambulance during the short drive from the White House to the Capitol Hilton. Sensational headlines, unrealistic predictions, and forecast overload have perhaps caused more frustration and apathy than the storm itself.

The same could be said about health care reform.

2010 was to forever be known as the year President Obama signed historic legislation to extend coverage, lower costs, and improve quality. Instead, a historic election brought progress to a standstill. Efforts to merge the House and Senate bills and send it to the White House collided with the election of Sen. Scott Brown to fill the seat of the late Ted Kennedy. Sen. Mary Landrieu (D-LA) described health reform as “being on life support” after losing a filibuster-proof Senate majority. Sensational headlines, unrealistic predictions, and forecast overload may also be causing more frustration and apathy than the proposed policies.

### *Today's Weather*

President Obama concluded his State of the Union health reform remarks by telling Congress “Do not walk away from reform. Not now. Not when we are so close. Let us find a way to come together and finish the job for the American people.” Reform opponents immediately claimed his remarks included fewer than 500 words about health care and were softer than expected. The President toughened his remarks in a televised question-and-answer session at the House Republican retreat, and offered encouragement to Senate Democrats during their gathering in Washington, DC. It wasn't enough for Senator Al Franken (D-MN), who told the press Senate Dems are frustrated the White House hasn't won over the American people, and angry the President hasn't laid out a better plan. President Obama spoke strongly in support of reform during three separate talks at the DNC Winter Meeting, and invited Republicans to the White House in late February for a televised health reform summit. As this article went to press, however, Republican leaders wary of his last televised victory said they'd participate only if the current legislation was scrapped in favor of starting over. Policymakers and pundits alike are struggling to make sense of the politics of reform absent a filibuster-proof Senate majority in which only 4 scenarios are possible:

1. The House passes the more conservative Senate bill as written. Discussions of this option led House leadership to claim they lack the votes.
2. The House passes the Senate bill, and the Senate addresses the House's concerns by passing “sidecar” legislation during a reconciliation process that only requires 51 Senate votes. Senate Dems are now publicly doubting their ability to do so.
3. Both Houses pass a scaled-back measure, or series of smaller bills, designed to attract GOP support.
4. No bill gets passed.

The erosion of stakeholder support has also hurt the chances of passing comprehensive health reform. The American Medical Association's biggest priority – Medicare physician payment rates – may instead be addressed via a Senate jobs bill. So may increased federal funding for state Medicaid programs. The Pharmaceutical Research and Manufacturers of America suggested they would oppose the bill if the White House shortened the exclusivity period of biologic drugs, and labor unions view President Obama's support for an excise tax on their generous health benefits as a betrayal. More stakeholders backing away from the original bill, fewer time-sensitive priorities for immediate passage, and the looming November elections add up to a lower likelihood of passing legislation.

### *Long-term Outlook*

Health care spending as a share of the economy jumped in 2009 by 1.1 points to 17.3 percent, the largest leap yet. Federal health spending is now predicted to exceed private spending by 2012. Media attention has begun to focus on the real problem in the health care system: controlling rising health costs. An increased focus on lowering costs while improving quality may prove positive for medication adherence, described as a bipartisan issue by Sen. Johnny Isakson (D-GA) during a 2009 “walkthrough” of the bill. Scaled-back or bipartisan efforts to pass reform may include the elements of medication adherence described while the bills were being drafted, debated, and amended. The National Consumers League has begun publicly describing their planned 100-plus member coalition to improve medication adherence, supported by a public relations campaign led by the Ad Council.

Others see reform becoming a state priority, which may also have benefits for the medication adherence community. The National Conference of State Legislatures recently released a brief on the importance of better medication use, and state Medicaid directors have a strong incentive to do more with less. Pharmacist associations, pharmacy trade groups, and the pharmaceutical industry alike are actively engaging state legislatures to improve medication use and fight chronic disease.

Outside of health care reform, the Department of Health and Human Services continues progress on a number of quality improvement initiatives. The FDA's 2011 budget includes \$10 million more dollars for the Office of Generic Drugs, and funds to hire an additional FTE to manage the Safe Use Initiative. AHRQ launches or continues a number of initiatives to improve the value and safety of patient-centered care. CMS is more carefully observing medication therapy management activities of Part D plan sponsors after lowering the threshold for MTM payment. Though the budget does not contain specific funding to study or use compliance-prompting packaging, the potential exists to highlight its value to the above activities.

All told, predictions about health reform are likely to resemble the weather. It could be better, worse, or different than originally described. However, there is a 100% chance that compliance-prompting packaging can help patients safely take their medicine when and how it is prescribed. By continuing to engage stakeholders in the public and private sector about better medication use – and discussing non-reform driven conversations such as comparative effectiveness, value-based insurance design, and safer medication use – the Healthcare Compliance Packaging Council will be prepared for whatever comes next. It may be a long winter, but I believe the best is yet to come.

## Member News

### **Alcan Packaging Acquisition Complete**

Amcor announced earlier this month that the acquisition of the Alcan Packaging businesses has been completed. This acquisition provides Amcor with leading global positions in the nominated strategic growth markets for flexible packaging and folding carton packaging for tobacco. [Read More](#)

### **Recent Appointment at Catalent**

Catalent Pharma Solutions recently appointed Bobby Romance to the newly created position of Director of Environmental Health & Safety for Catalent's Printed Components business. He will be responsible for providing a safe, healthy environment in Catalent's Philadelphia regional sites and in its other Printed Components facilities in the United States, Puerto Rico, and Ireland. [Read More](#)

### **Tekni-Plex Europe NV Acquires Top-Seals, Germany**

Tekni-Plex Europe NV, a global, diversified manufacturer of packaging products and materials for the healthcare, consumer, and food packaging industries, recently acquired Top-Seals Dichtungseinlagen GmbH, located in Gronau (Leine) Germany. The well-known company, which will now operate under the name of Top-Seals GmbH, manufactures liners, cap seals, and gaskets for the closure industry. [Read More](#)

### **Klößner Pentaplast Introduces the Next-Generation of Films For Pharmaceutical Blister Packaging with Pentapharm® kpVantage™**

The Pentapharm® film product line has been extended to include Pentapharm® kpVantage™ polyester films for pharmaceutical blister packaging. The first of its kind, Pentapharm® kpVantage™ films are high-performance polyester films that incorporate a wide range of structures to meet pharmaceutical packaging needs. These innovative films are designed to be processed on existing equipment maintaining all critical package components--no need to change tooling, lidding, or package design. [Read More](#)

Got News? Send it to us!  
[vickiwelch@hcpconline.org](mailto:vickiwelch@hcpconline.org)

Healthcare Compliance Packaging Council  
2711 Buford Road, #268  
Bon Air, Virginia 23235-2423  
Phone 804 338-5778  
Fax 888 812-HCPC (4272)  
[www.hcpconline.org](http://www.hcpconline.org)

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