

MIMS matters

Don't Rush to Crush

- Second edition available in MIMS Online

MIMS ONLINE



COMING SOON

Don't Rush to Crush in

eMIMSCloud

In April 2016, the latest version of "Don't Rush to Crush" (DRTC) from the Society of Hospital Pharmacists of Australia (SHPA), was updated in MIMS Online. This unique resource provides decision support when needed at the point of care. Healthcare professionals can be confident that patients receiving oral medicines are administered medications in the right manner; one that is safe for the patient and maintains the efficacy of the medicine.

MIMS Online has included the SHPA's DRTC as an optional module for some time. This outstanding resource adds tremendous value to all the areas of health that use MIMS Online every day, including hospitals, rehabilitation services, and clinics.

DRTC provides Australia's most comprehensive guide to administering oral medicines to patients who are unable to swallow.

When administering tablets and capsules to patients who have difficulty swallowing or have an enteral feeding tube, healthcare professionals need to answer to following questions:

- Can I crush it?
- Can I dissolve it?
- Can I open the capsule?
- Is there a liquid formulation?
- Can I give the injection orally?

DRTC can answer those questions speedily and easily when using MIMS Online. A multidisciplinary approach is important to achieving positive medication outcomes for consumers. To best meet this need the team producing DRTC content includes health professionals and clinicians from a variety of disciplines including pharmacy, dietetics, nursing, and speech therapy. Over forty five clinicians and health professionals review and maintain the content. All contributors are currently practicing in Australia.

A rigorous content review ensures that the guidance is evidence-based, and facilitates unbiased decision making according to current standards of care.

Several pharmaceutical companies have provided information that has been included in the individual medicine monographs. This information has been provided on the understanding that the company does not endorse the use of their products other than as described in the Approved Product Information.

The second edition of DRTC includes over 60 new monographs, updated quick guides and improved decision support. Methods are now supported by practice points to assist in the preparation of medicines. The focus of the monographs is more about the patient, and includes sections on what to do for patients with enteral feeding tubes or with swallowing difficulties.

In MIMS Online, crush information for specific medications can be retrieved via the standard search methods; searching for a product by brand name, generic or ingredient name, therapeutic class or action / indication will lead the user to a number of tabbed windows that display information about the medication. Typically in MIMS Online, the available tabs are Abbreviated Product Information, Full Product Information and Consumer Medicines Information. When DRTC content is available an additional tab is displayed containing DRTC advice and guidance. The associated product information and consumer information for the medication is only one mouse click away.

To strengthen MIMS Australia's position as a leader in clinical standards and integrated health information, eMIMS Cloud will soon introduce SHPA "Don't Rush to Crush" monographs and provide an integrated Medicines Information module with a stand-alone clinical resource module.

DRTC content is now included on the Pharmacy Board of Australia's list of essential references for pharmacists, so having DRTC seamlessly integrated into MIMS Online - and soon in eMIMSCloud - will prove to be of value to both community and hospital pharmacy.

For more information about DRTC in MIMS please call our Client Services team on 1800 800 629.

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‘Hi, I am the pharmacist and I have just driven 450 km to talk to you about your tablets’: journey of a pioneering pharmacist in rural Queensland



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This is a precis of an article that appeared in the March issue of the SHPA's Journal of Pharmacy Practice and Research written by Karalyn J Huxhagen, a Consultant Pharmacist based in Mackay, Queensland. To read the full story visit <http://onlinelibrary.wiley.com/doi/10.1002/jppr.1205/abstract>

Karalyn works in community pharmacy in Mackay and understands how important her advice, guidance and knowledge are to her customers. Feeling she could contribute so much more in a rural setting, by taking her clinical and management skills out of the pharmacy to those who needed them most in her rural community and in an aged car, Karalyn began a journey that over many years has led her to be 'the pharmacist that has just driven 450 km to talk to you about your tablets'.

She describes it as 'a tumultuous journey with many dry gullies and road blocks'. It has clearly been a high learning curve and in this paper Karalyn shares those lessons.

'For me, the key aspects that I have learnt during this journey have been as follows:

- The health literacy of the average Australian consumer is limited and, while everyone talks about this issue, very little is being done to improve the problem.
- A home visit by a pharmacist provides one-on-one advice and dialogue in a non-threatening environment, with follow-up information if needed.
- The various silos of health programs and initiatives, e.g. federal, state primary health and private provider care, can lead to duplication, waste, poor follow-up and mismanagement.
- Pharmacists are respected by consumers and fellow health professionals.
- Pharmacists are recognised as ideally placed primary health providers within the health disciplines.
- To be able to provide a medication management service you need more than clinical aptitude. You have to build your networks and knowledge of the health systems.
- You have to be very disciplined, respectful and use your skills within your scope of practice.'

Karalyn became an Accredited Pharmacist in 1997 and was employed in community pharmacy, fitting in home medicine reviews around her other duties. By May 2014 she had established herself as a consultant pharmacist business entity and commenced on a journey of building a viable business model. Delivering QUM presentations to 'any group that would listen', networking and building a database of contacts was imperative. 'If the local healthcare team do not know who you are, then very quickly referrals dwindle'.

Financial viability is always of concern both because of the restriction on the number of reviews a pharmacist can perform each month and because working in rural Queensland means travelling long distances, often on dirt roads. 'A rural loading allowance only applies if you travel 200 km or more in one round trip and at \$125 per trip with fuel now at \$1.50 per litre there is a fine line between the trip being affordable and losing money.'

There are time costs too:

- Business administration, including claiming, reconciliation, accounting.
- Travel.
- Performing the HMR.
- Discussing the review with the GP.
- Delivering in-service training to GPs and practice support staff.
- Presenting to consumer groups, allied health and nursing.

The way the HMR program is defined creates restrictions of its own, specifically regarding how it allows follow-up of patients. The model does not allow for teleconferencing so in spite of Queensland Health setting up telehealth hubs in rural communities, they cannot be utilised to save money and time while providing the program to some of the most remote communities in the country. The referral process restricts things too as only the GP can refer even if another HCP in the patient's care team or the rehabilitation coordinator have concerns about a patient's medication adherence and adverse events.

Karalyn believes there is a way forward. 'The HMR program is a primary care program of proven benefit.¹ The program requires expansion in business rules and funding parameters to fulfil unmet need in the primary health care environment.'

Karalyn finishes her paper with this: 'The development of the practice of medication management services has been a long and often heart-breaking journey, but for those of us who are practicing in this field it is very rewarding. The gratitude and thanks I receive from consumers, family members, carers and the health professionals I work with is what keeps me chipping away. I have gained the respect of many GPs who now refer their troublesome cases to me as a normal part of their patient management process in their GP practices. Working in rural and remote Australia I am often greeted with an offer of a cup of tea and warm scones. The interview is concluded with a warm handshake, fresh vegetables from the garden and the satisfaction that my visit was worth the long drive. If only the policy makers would listen to the consumers and health professionals who find value in the medication management programs.'

1. Jokanovic N, Tan EC, Van den Bosch D, Kirkpatrick CM, Dooley MJ, Bell JS. Clinical medication review in Australia: a systematic review. Res Social Adm Pharm 2015; S1551-7411: 00124-2.

The Digitally Empowered Consumer – opportunities and challenges for the health care system

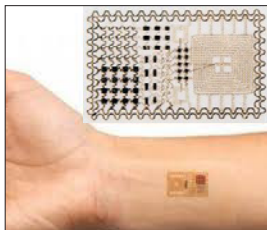


The average person is likely to generate more than one million gigabytes of health-related data in their lifetime. Equivalent to 300 million books

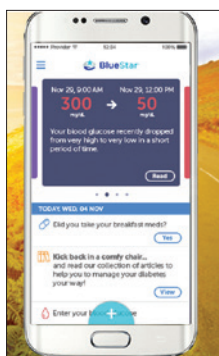
IBM Watson Health

IBM's Watson artificial intelligence engine is working on a number of health projects, with many directed at the consumer.

Embeddables are a reality. There are already prototypes of tattoos that will monitor and report on sun exposure.



Oculus Rift, a virtual reality headset, has been used by Alzheimers Australia Victoria to train aged care workers by allowing them to experience what it feels like to have dementia. The application of VR technology to health has been identified as one of its most promising opportunities.



BlueStar is the first mobile prescription therapy that has been approved by the FDA to allow diabetes 2 patients to manage their condition.

It seems almost unbelievable that 20 years ago there was virtually no online health information and that patients were dependant on healthcare professionals, support groups and associations, or a book to obtain health information. Virtually all information was printed and the main types of health tracking devices were either printed health diaries or, for fitness fanatics, high tech watches that allowed monitoring of athletic performance.

Fast forward to 2016 and we are on the tipping point of realising both the challenges and benefits of having truly digitally empowered health consumers. Today fitness tracking devices seem more commonplace than watches (though it is interesting to observe if this is currently resulting in behaviour change), and smart phones with their associated access to information and health apps are ubiquitous. Search the web for information on a health issue or condition and you will be returned pages of search results ranging from the obscure to the scholarly.

However, even with the changes that technology has brought, we are still just pioneers at the start of a very long journey. Further advances in technology, devices, and artificial intelligence will break down the barriers to consumers having a greater understanding of their health. Consumers will gain the confidence and ability to contribute to and drive decisions related to their care and management. Having devices that can collect different and more useful information, with big data analytics platforms that can aggregate this data and artificial intelligence systems that can transform it into information that can be acted on will empower consumers to change the way they interact with the health system.

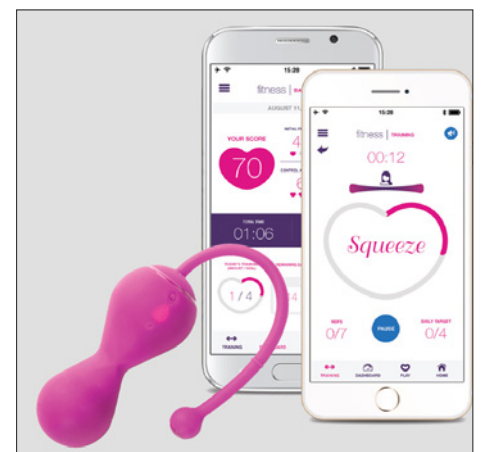
Other factors that will drive this change are the advances in genomics (and potentially around the microbiome) and economic factors. Access to and the cost of genomic testing has changed significantly in the last decade. It is now easy and inexpensive to access genomic testing online – the opportunity is translating this information into something that can be understood and acted on. Economic factors will be a driver as the trend for consumers to contribute towards the cost of their treatment accelerates and the government struggles to manage the triad of rising consumer expectations with more, expensive treatments being available and healthcare costs that are rising faster than the GDP.

Whether it is embraced or not, it is clear that consumer empowerment is not only here to stay but will grow. The real challenge is how to adapt, especially given that even changing the vernacular from 'patient' to 'consumer' is likely to raise the ire of many! Changing the mindset, the role definitions of healthcare provider and

consumer, and the ways of communicating and making decisions are undoubtedly some of the biggest challenges ahead. Others are the challenges surrounding privacy legislation, legal implications and business models. Privacy legislation and the law are likely to lag the change – adapting as needed through precedent being created and it becoming clear that both areas need to be updated to support the change that has occurred. Changing business models will be more difficult and it is likely that these changes will be driven by disruptive thinkers that pioneer new ways of looking at the ecosystem of healthcare interactions and finding a way to monetise them.

Whilst the challenges are not small, the rewards of having empowered consumers are potentially transformative to the healthcare system. Providing better, more tailored information, real time feedback, greater insights and refinements in how diseases are both prevented and managed are all benefits that will be realised from better technology, data and analytics. Consumer empowerment is one of the foundation stones of precision medicine and all its promise. Chronic disease management will become far more effective and preventative health and wellness will finally evolve from passive, gross interventions to finely tuned, specific, real time interactive programs.

We are on the brink of a new era in healthcare. The dynamism and innovation surrounding digital health will lead not only to a revolution in the tools we have to manage health but also to an inevitable redefinition of the role of the consumer. As a result consumers will have the insight, the tools and the data to be far more active and dynamic participants in the management of their health.



Voted one of the best new health and fitness devices at the 2016 Consumer Electronics Show, OhMiBod is a device that uses a mobile installed app to provide biofeedback for pelvic floor exercises.

eHealth Queensland Expo 2016 – Your dose of digital



Recently, MIMS had the privilege of attending the inaugural eHealth Queensland Expo, held at the Royal International Convention Centre in Brisbane.

It was attended by over 1000 ehealth enthusiasts from around Australia who were all treated to an inspiring and stimulating program. Topics included local projects and initiatives, health innovation and what the future of health and technology might look like, delivered by entertaining and thought-provoking speakers.

Many of the key themes focused on collaboration, partnership and leveraging the expertise within industry, academia, technology vendors and start-ups for the improvement of patient safety and outcomes using technology.

Overall the Expo was a great success and MIMS was able to engage with this key group on patient safety, enhancing patient experience, mitigating risk and exploring what the future holds in ehealth.

Scientists Design 3D-Printed Pills For Personalized Medicine: How It Works

And following up on our last issue's story on Personalised Medicines, see this article in Tech Times: **Scientists Design 3D-Printed Pills for Personalised Medicine: How It Works**

<http://www.techtimes.com/articles/161784/20160530/scientists-design-3d-printed-pills-for-personalized-medicine-how-it-works.htm>

30 May 2016, 4:54 am EDT By Alyssa Navarro Tech Times

A breakthrough invention designed by a team of engineers in Singapore may be the solution: each medication can be adjusted to suit every patient's personalised needs.

This revolutionary invention is in the form of 3D-printed tablets developed by scientists from the National University of Singapore (NUS). Their goal is to make personalised medicine easier to take and friendlier to your wallet.



MIMS New eStore

MIMS
100% pure knowledge

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We have a new eStore where customers can renew their subscriptions and/or purchase new subscriptions. To access the new eStore go to **www.mims.com.au** and click on the shopping cart icon in the top right hand corner. Detailed help is available to guide you through creating your password, logging on, viewing and renewing your subscriptions, and adding new product subscriptions.

Presently the new eStore is for existing customers however, we are adding functionality to allow new customers to create an account in the next few months.

To use the eStore

Create your password using the forgotten password feature. Your MIMS Customer ID is your username. An email will be sent to you containing a link to create your password

1. Logon to the eStore
2. View and renew your existing subscriptions
3. Add new product subscriptions
4. View and update your name and address
5. Pay by credit card or EFT

Hospital in the Home and Home Health Care – keeping people out of hospital and well



Hospital in the Home is not new in Australia but over the last few years its' growth and uptake by each State and Territory department of Health has seen more and more people discharged earlier from hospital and cared for at home. In March this year the Federal Government, as part of the Turnbull Government's revolutionary **Healthier Medicare** reform package, announced the Health Care Homes model, aimed at keeping the chronically-ill out of hospital.

What's the difference?

Hospital in the Home (HITH) is generally seen as a means of providing therapy normally provided in hospital to patients who have been admitted to hospital and subsequently discharged for care in their own homes.

The care received through a HITH service is comparable with the care received in a hospital. Patients are still regarded as hospital inpatients, and remain under the care of their hospital doctor and care teams made up of nurses, doctors, or allied health professionals, with additional home support arranged as required.

Some of the benefits for patients include:

- the ability to remain in the comfort of their own home
- not having to adjust to the hospital's routine - they can eat their own food, watch TV when they want and sleep in their own bed
- a reduced risk of adverse events from hospital admission

- family and friends can visit when it suits the patient rather than the hospital routine
- dying at home in a society within which currently 90% of people die in hospital while the majority want to die at home

Each State has its own set of guidelines for what can and cannot be treated at home, and how the program is managed, but the types of conditions treated under the HITH model of care are usually chronic and require long-term treatment. They include but are not limited to:

- cellulitis
- pulmonary embolism
- urinary tract infections
- respiratory infections
- venous thrombosis
- post-operative care
- breast care
- complex wound management
- home dialysis

HITH is a priority for each State Health department as they struggle to ensure beds are available for emergencies while dealing with an aging population suffering from a range of chronic diseases. The cost of continuing to care for this aging population within the hospital setting is simply not sustainable.

In 2012 the Medical Journal of Australia published "A meta-analysis of 'hospital in the home'"¹, the objective being to assess the effect of HITH services for in-hospital time, mortality, readmission rates, patient care and carer satisfaction, and costs. The study concluded that HITH is associated with reductions in mortality, readmission rates and costs, and increases in patient and carer satisfaction.

In March 2016 the Federal Government announced their **Health Care Homes** initiative. This tool is designed to keep those living with multiple and chronic disease out of hospital. The initiative allows patients to enrol with their GP or primary health care services. A tailored care plan is designed in consultation with the patient that not only outlines the health services they need, but co-ordinates them as well. Patients will be able to nominate their preferred clinician who is then responsible for their care co-ordination.

About 65,000 Australians will participate in the initial two-year trial of Health Care Homes in up to 200 medical practices from July 1st 2017.

As technology advances and telemedicine becomes the norm, patients will have the ability to self-monitor and both lay people and professionals will need to make use of a wide range of technology, some of which is quite complex. Patients and healthcare providers

may no longer be in the same suburb or town; they may quite possibly be on the other side of the country or indeed anywhere in the world. Technology in the patient's home will measure and feedback data to the HCPs managing their care. Imagine dressings that can detect infection and send a message to the care team; a prescription is then generated, transferred electronically to the patient's pharmacy and delivered to their home, quite possibly by a drone.

Australians are already searching for answers about their health via 70 million health searches per month. 1,000 people use the Healthdirect Australia symptom checker every day. More and more doctors are available for online access; there are apps to support people with mental health issues, Quit lines, gambling lines and more. Australians are a connected population with 91% owning a mobile, 80% a desktop or laptop, 77% a smartphone and 41% a tablet – many with more than one of these devices. 4% of us are already using wearables to manage our health, so linking those up to our healthcare professionals when we are managing chronic disease will be the norm sooner rather than later.

If all goes according to plan in the Health Care Homes initiative, patients will have fewer trips to the doctor and/or the hospital and their conditions will be closely monitored using intelligent software systems. There are some fantastic examples of technology innovation but it is still early days; making sure they are safe is imperative. The TGA already regulates medical device software used for therapeutic purposes under the medical devices regulatory framework. Products that have a role in diagnosing or managing illness using software that analyses clinical data, such as the results of blood tests or ECGs, would, if they come within the definition above, be considered to be medical devices and would therefore be subject to the TGA's regulatory oversight.

The future is already here but as with all innovation there will be challenges. For health care providers one of those is how much the practice will be paid and what that fee will be calculated. Interoperability between clinical systems in both the acute and primary care space will require on-going investment from Government and software providers. From the patients' perspective, they need to be confident they will be cared for, able to manage the technology and understand the benefits before they enrol.

¹ A meta-analysis of "hospital in the home" Gideon A Caplan, Nur S Sulaiman, Dee A Mangin, Nicoletta Aimonino Ricauda, Andrew D Wilson and Louise Barclay *Med J Aust* 2012; 197 (9): 512-519.

MIMS Partner Update Mediclinic launches with MIMS integrated



Mediclinic cloud-based software is well known among allied health professionals and in the Aged Care sector where their practice management and accounts system has been used for many years. With such a respected practice management system it was inevitable that expansion to a fully functional clinical interface (EMR) would be the next step for this innovative solution provider based in Melbourne.

One of the key benefits of moving to a cloud-based solution is the ease of logging in using any computer that has Internet access; your clinic is available to you anywhere and anytime you need it.

Mediclinic's Aged Care module is specifically designed for HC, LC, Medicare, DVA home visits and emergency visits. The EMR has all the features you would expect including MIMS Integrated and multi-clinic, multi-location, multi-practitioner unlimited administration. Online bookings for your patients and Medicare and DVA online claiming mean you can easily manage your patients' services. The MIMS Integrated database provides prescribing information including PBS data and a suite of clinical decision support modules such as drug to drug and drug to allergy interactions, all available at the point of care. MIMS Integrated is an additional module to which you can subscribe simply by calling the MIMS Client Services team on 1800 800 629.

Mediclinic's philosophy is to produce user-centric solutions by working with you to tailor their products to your business or practice needs. Mediclinic does this at no cost if they believe the changes will benefit other users.

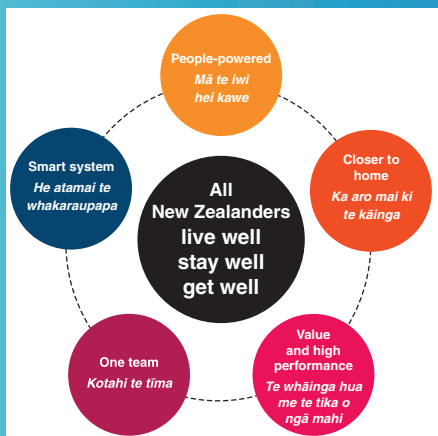
Mediclinic understands the value and importance of your information, so security of your patient and practice records is of the utmost priority to the Mediclinic team. Your data, stored on Australian servers is encrypted with security that is equivalent to that used in the banking sector. You can be confident your patient and your practice information are safe. All of the data from your clinic is accessible only to you on your own private, non-shared database. An added bonus of a cloud-based solution is that backing up your data is a thing of the past, saving both time and money.

Mediclinic is the most affordable, cost effective and comprehensive cloud-based patient management system available today.

Support is offered, and for a small additional cost Mediclinic staff can take your calls during busy periods, after hours, before hours, and on weekends.

To take up the offer of a 30-day FREE TRIAL or to find out more about Mediclinic's cloud-based practice and clinical solution visit <http://www.mediclinic.com.au>

10-Year strategy for New Zealand Health recently released



In April 2016, the Ministry of Health (MOH) in New Zealand announced that it had updated the NZ Health IT strategy to provide high-level direction for the next 10 years. The health strategy was last updated in 2000. Through an in-depth process of engagement with the community and various stakeholder groups, the Ministry has gathered information to strengthen its strategic plan.

The strategic plan is developed around 5 themes and their associated roadmap of action points. Whilst the plan has a vision of what life will be like in 2026, the roadmap of actions also translates this into 5-year action plans. As such, the roadmap helps to coalesce and explain the strategy in more detail.

The strategy document identifies 5 themes:

People powered – essentially this theme discusses the role of the individual in making healthcare decisions and the importance of providing health education. For example, patient portals are considered a key activity that would promote “people powered”.

Closer to home – examines the importance of being able to manage an individual's health as close to their home and community as possible. It also includes preventative health services to promote health and wellbeing.

Value and high performance – this discusses the balance of managing performance, quality and value for money. Similarly to most other health systems, New Zealand is facing quickly rising healthcare costs resulting in rationing and increasing pressure on how the health dollar is spent.

One team – essentially this addresses fragmentation across the sector, and emphasises the gains that can be achieved by a more cohesive health and disability sector. The benefits of moving towards this direction are better health outcomes and more efficient application of limited resources.

Smart system – this discusses the value that can be derived from the application of technology to health systems. New Zealand has been very proactive in promoting health IT programs. Many of the themes are similar to those in Australia and other parts of the world, with the importance of online health records and interoperability between systems being identified as key.

The document and the associated roadmap of actions are all available for review at the MOH website. For more information, please refer to www.health.govt.nz/publication/new-zealand-health-strategy-2016.

National Medicines Symposium

Canberra May 2016



The ninth National Medicines Symposium was held in Canberra in late May and provided a truly stimulating look at how health decision making happens in the real world.

Attended by around 350 people from all facets of the health sector, the symposium reinforced the importance of understanding how health decisions are made; the tools, infrastructure and resources that are necessary to support better health decision making; and the importance of placing the consumer firmly at the centre of health care. Improving health literacy, focusing on shared decision making and helping people to find and access high quality health information online were flagged as key priorities to support consumer health decision making.

Topics of discussions covered over the two days were wide ranging and covered the spectrum of decision making from governments right through to how choices are made at an individual level.

From a medicines perspective one of the most interesting sessions came from Canadian speaker Professor Bruce Carleton from the University of British Columbia. Prof Carleton's presentation about Adverse Drug Reactions (ADRs) focused on his field of expertise, pharmacogenomics, and how the identification of genetic markers is essential for developing diagnostic tests to predict which patients are at higher risk of developing ADRs—and how he would like other countries, including Australia, to work closely together on this serious medicines issue. Ultimately, this will lead to the modification of treatment for susceptible individuals and therefore, a reduction in the incidence of severe ADRs.

ADRs cause significant morbidity and mortality around the world and work highlighted by Prof Carleton from North America, tells much the same story as we see here in Australia. In North America, there are 2 million severe ADRs every year, and ADRs:

- are the 4th leading cause of death
- results in 100,00 - 218,00 deaths
- cost US\$ 37-177 billion nationally
- cause 4-30% of hospital admissions and
- 95% are unreported.

These figures are supported by our own statistics. According to recent studies cited by the Australian Commission on Safety Quality in Health Care (ACSQHC), the financial cost of ADRs is estimated to be \$1.2 million in Australia¹.

Following the broadcast of the ABC's Four Corners episode on complementary medicines, NPS MedicineWise is reminding people to take these medicines with care.

Many people like to use complementary medicines, which include natural and herbal medicines, alternative or holistic remedies, traditional remedies, homeopathy, aromatherapy oils, and vitamins and minerals (although these can be part of medical treatment too).

NPS MedicineWise CEO Dr Lynn Weekes says that over 50% of all calls to Medicines Line about complementary medicines are questions about drug interactions – with the most enquiries regarding Vitamin D and calcium preparations, multivitamin products, fish oil and other marine oil preparations, glucosamine products and St John's wort.

“Although complementary medicines can have benefits, they can still have side effects, interactions and cause allergic reactions, and they also undergo less testing in general compared to other types of medicines, so they still need to be used with care,” says Dr Weekes.

With complementary medicines in the spotlight, MIMS would like to take this opportunity to remind you that we have available an Australian Evidence based Drug herb, food and supplement data base available as an add-on to eMIMS Cloud and eMIMS Classic. Developed by a team at the University Of Sydney School Of Pharmacy, the locally researched, evidence based drug herb interactions are designed to provide health professionals with the ability to retrieve information on clinically significant drug and herb interactions. To find out more about please contact our Client Services Team on 1800 800 629 or visit our website www.mims.com.au

¹ Marcus, A. (2015), A consumer perspective on adverse drug reactions. *Journal of Pharmacy Practice and Research*, 45: 134–135. doi: 10.1002/jppr.1099

MIMS Staff Profile



Ben Hopkinson
Solutions Delivery Manager
Australia & NZ

What is your role at MIMS?

As the Solutions Delivery Manager, my key responsibility will be managing project delivery for all new products in Australia and New Zealand. My role is a first for MIMS, combining my experience in project management and business development with a highly skilled clinical and technical Innovations team. We will be closely involved in all pre-sales engagements as we reposition our brand in the emerging markets within healthcare, and my role will be to work across the team to ensure the successful delivery of each opportunity. It will include implementing a methodology to manage projects and product delivery, while mitigating risk with a robust governance program.

What is your background?

I joined MIMS in April 2016.

I've spent many years working across a variety of medical disciplines developing a passion for technical healthcare solutions. After studying Literature and Philosophy with majors in Semiotics and Linguistics at Sydney University, I joined Amfac, a software vendor that had a strong reputation for providing retail pharmacy with dispensing solutions, before moving on to other opportunities within acute healthcare. As a Technical Support Consultant, Trainer, Business Analyst, and Project Manager, I spent the following decade working for various software vendors across community pharmacy and acute care, gaining an invaluable understanding of the market, the technology used to support the industry, and what needed to change to ensure innovation met utility. In 2011 I joined Varian Medical Systems, an industry leader in delivery of Oncology treatment systems.

As a Project Manager, I worked with healthcare professionals to deliver solutions that measured the value of technology by how it added quality to patient outcomes. I also worked closely with Varian's Account Management team to develop solutions for customers that maximised the potential for sales growth, remained innovative and patient focused, while presenting the least risk to the business. A champion for change, I also participated in an internal Strategic Account Management program that re-focused the business plan, to better understand the value proposition of our customers and what that meant to vendors and suppliers.

What do you enjoy most about your role?

The role is new, and therefore is still evolving. However, so far I see some exciting challenges and opportunities ahead that I'm very excited to be involved in.

What do you enjoy outside the office?

I discovered CrossFit over 5 years ago and I haven't looked back. CrossFit combines gymnastics, weightlifting, and cardio fitness into a single program that varies each day. When I'm not training (or eating) I spend a lot of time outdoors. I love kayaking and will take to the water whenever possible. Primarily I river kayak in winter, but spend most of my time in and around the harbour in summer. I enjoy hiking, and I'm always on the lookout for new tracks to explore. I love travelling. I also have a dog named Clive, he's a Maltese cross with 9 years under his belt who goes everywhere with me. Being a minimalist I'm not a collector of anything, so my other hobbies typically involve activities that don't result in clutter, like movies, cooking and reading on my kindle – I leave it everywhere!

Upcoming Conferences

Conpharm 2016 Conference

Friday 17th June to Sunday 19th June
Hilton Hotel Adelaide
<https://www.aacp.com.au/about/conpharm>
Come and see the MIMS team at MIMS Stand

HIC 2016 Conference

Monday 25th July to Wednesday 27th July
Melbourne Convention & Exhibition Centre
<http://www.hisa.org.au/hic>

Pharmaceutical Society of Australia – PSA16 Conference

Friday 29th July to Sunday 31st July
Four Points by Sheraton,
Darling Harbour, Sydney
<https://www.psa.org.au/psa16>
Come and see the MIMS team at Stand No. 8

MIMS
100% pure knowledge

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