

MIMS MATTERS

Spring Edition 2012

In this issue

- p1. A new evidence base drug herb delivered in eMIMS
- p2. A new evidence base drug herb delivered in eMIMS cont
- p3. Praise for Medical Observer's iPad App with more being offered for clinicians
- p3. Letter to the Editor
- p4. MIMS Training 2012
- p5. Tool for viewing Decision Support
- p6. Interview - Regina Holliday
- p7. Free Posters
- p8. Staff Profile
- p8. Conference Dates - October - November 2012

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A new evidence based drug herb delivered in eMIMS

During the last decade, use of complimentary medicines (CMs) has gained popularity both with the consumer and with healthcare professionals.

At the same time their use has expanded both at home in Australia and around the world.

What we need to remember is that complimentary medicines are medicines too!

In 2004 a study in the MJA by MacLennan et al. revealed that



- ✓ approximately 52% of the Australian population used CMs and
- ✓ about 26% have consulted practitioners of CM.
- ✓ Extrapolated figures from this study indicate Australians spent approximately \$1.31 billion on CMs in 2004.
- ✓ Women were more likely to use CMs than men, particularly between the ages of 25 to 44 years of age.
- ✓ Users of CM were more highly educated and higher income earners than those who did not use CMs.
- ✓ Vitamins (39%), herbal medicines (21%) and mineral (14%) supplements were most commonly used and supplements were mostly self-prescribed to "promote general health".

It would be interesting to know of the 52% who use CMs what percentage of those tell their doctor or pharmacist what they take and why. People who take CMs believe them to be safe and see them "natural", not having any "toxic" effect. The truth of the matter is that many of these 'natural products' interact with prescribed medicines. So, understanding why patients use complimentary medicines (CMs) and in turn ensuring the ones they do take will not interact in a negative way with prescribed or other over the counter medicines grows in importance each and every year.



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continued from page 1

It's really just a question of asking the question and then doing quick drug herb interactions in eMIMS

As the growth of use and integrative medical practice increases, MIMS has recognised the need to offer an evidence based drug herb interactions data base for our subscribers. We are very pleased to be partnered with Unity Health to deliver a local Australian data base of

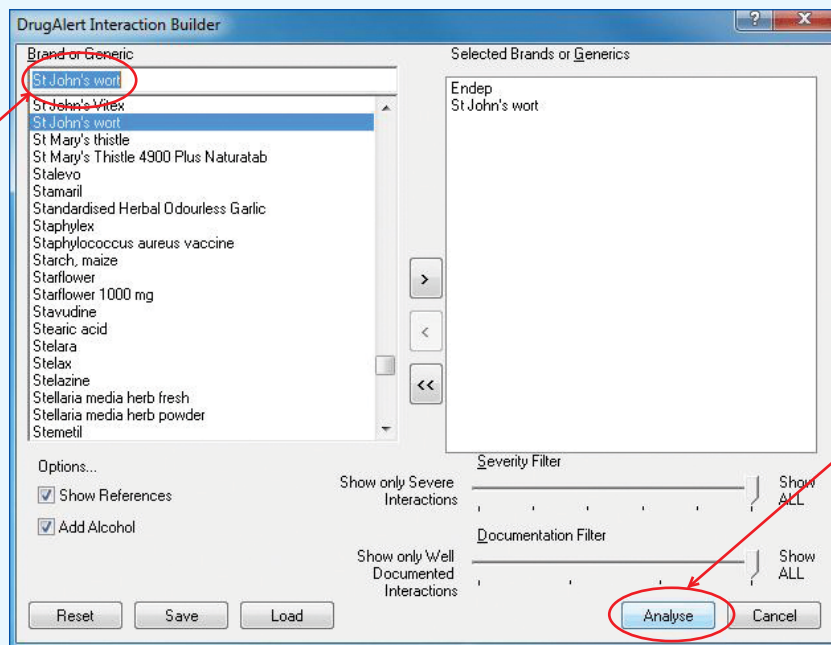
evidence based drug herb interactions, supplied under the auspices of Professor Basil Roufogalis and Professor Andrew McLachlan from Sydney University's Department of Pharmacy.

We urge you to take the opportunity to use this module, to ensure that when your patients are taking complimentary medicines they are working with, not against their prescription medications.

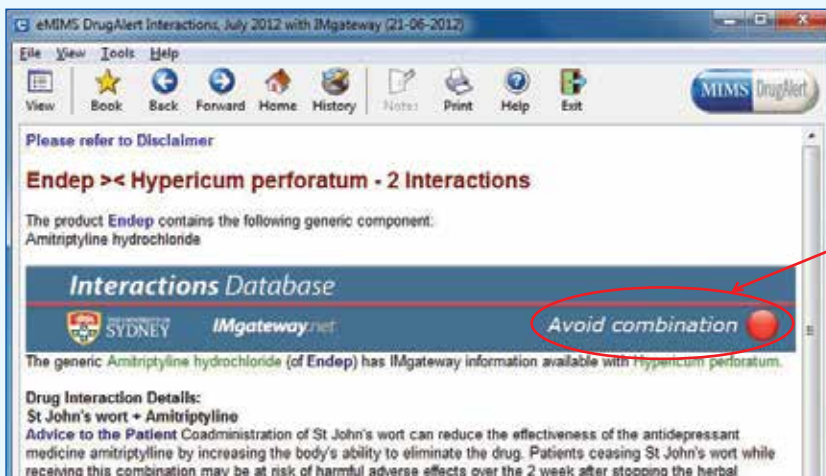
Access the Essential Resources Tab in eMIMS & select MIMS Drug Interactions



Select the relevant complementary and mainstream medications



Click to analyse



This combination should be avoided

Praise for Medical Observer's iPad App with more being offered for clinicians

GPs and other health professionals around the country have praised the Medical Observer iPad App for its ease of use and intuitive interface.

Launched in February, the Apple tablet edition of Medical Observer offers all the quality and independent news, clinical information and lifestyle stories from the print edition with the added bonus of rich interactive content such as video interviews and social media sharing tools.

Research shows almost 90% of surveyed users rate the Medical Observer iPad experience as either 'very good' or 'brilliant' and more than 80% say the App is easy and intuitive to use.

It's no wonder the feedback is so good given the iPad version was designed with a new graphical format that makes it easy to navigate. Readers intuitively slide, scroll and tap to access all the news and information they are used to seeing in the print edition.

Responding to doctors' needs, Medical Observer has also launched a regular iPad-only collection of the popular Clinical Update articles for separate delivery via iPad.

Written by medical leaders in their respective fields, Clinical Update articles are selected and edited by a GP Editor and explore the epidemiology, diagnosis and management of a range of diseases and illnesses.

These articles are so popular doctors have been asking for ways to digitally keep and collect them for many years. With the launch of the iPad edition of Medical Observer it is a service we're pleased to offer.

The first collection of clinical updates included articles on personality and depression, eating disorders in diabetes and an overview of insomnia treatment.

Each month, users of the Medical Observer iPad App will be notified that a new collection of Clinical Update articles are available for download.

The Medical Observer iPad App is available free at the Apple App store and by accepting the alert option; Apple will let busy doctors know when the weekly issue is ready to download.



Letter to the Editor



The following letter is in response to the article in the Winter edition of MIMS Matters. If you have opinions you wish to share on this subject, particularly in response to the question posed by A/Prof Ross Philpot in the last paragraph of this letter, please send them to info@mims.com.au

21st July, 2012

Dear Sir/Madam,
- info@mims.com.au

The article "Is high-dose vitamin use safe?" by Professor Peter Carroll in the Winter Edition 2012 warns against the potential hazards as well as benefits of supplementary vitamins, particularly vitamins A, C, D and E.

In my practice as a Consultant Physician I do prescribe vitamins and minerals, for patients with persistent or recurrent infections or delayed healing of skin ulcers or surgical incisions. However I only do this based on the results of blood testing.

If the level of a particular vitamin or mineral is in the top half of the normal range then I counsel the patient that little if anything could be gained by supplementation. If the level is average or in the lower half of the reference range, then I offer them the option of taking supplement to raise the level into the upper half of the normal range. If the result is below the reference range, then I actually encourage them to do so.

I wonder what proportion of medical practitioners and other health professionals base their advice on evidence provided by blood test results, rather than on guess work, or on the notorious unreliability of dietary history.

Yours sincerely,

A/Prof C. Ross PHILPOT, B Med Sc (Honours) MBBS (Adelaide) FRACP MASM PPACHSHM
Consultant Physician and Sexual Health Physician
Associate Clinical Professor, Discipline of Medicine
Queen Elizabeth Hospital Campus
University of Adelaide

MIMS Training 2012

MIMS Australia started a training program for users of our products in 2011 and continued that project into 2012. As of the end of May 2012 we have trained 1010 people in the first 5 months of this year. We have gathered evaluations from the training sessions and recorded some 624 surveys to date with more being added as we move through the sessions.

General overview of findings from all training Australia-wide.

The majority of people attending training are nurses, student nurses and hospital pharmacists.

The feedback from country and metropolitan hospitals showed that 71.4% use MIMS Online regularly. Additionally, a large majority say they would use MIMS Abbreviated and the MIMS Annual respectively. Nurses said that they do not usually have access to electronic versions of medicines information in the treatment room or near the drug trolley, so tend to revert to the book, usually MIMS Abbreviated. When asked about the date on the book or currency of the information, they were unable to tell but it was considered to be relatively recent if the cover was still on it!

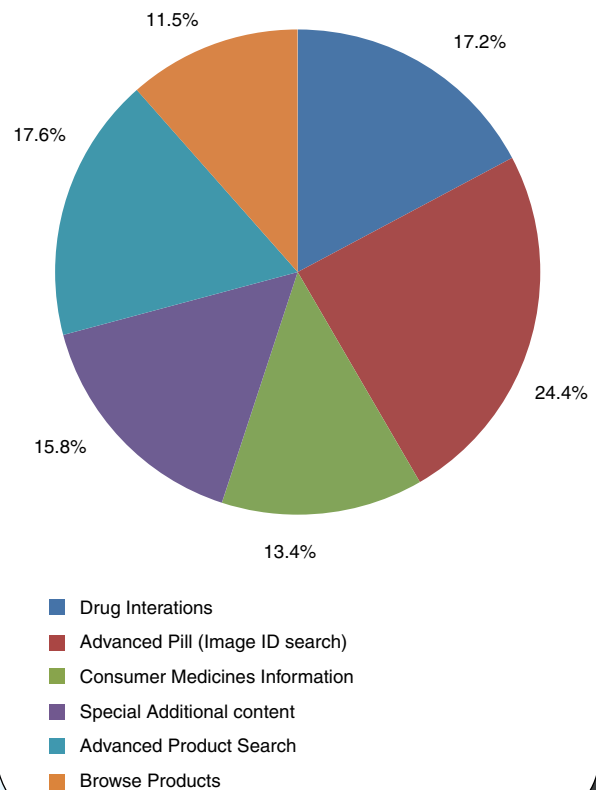
Of the 78% that have used MIMS Online before, 20.2% use it daily, and 37% use it 2-3 times per week.

Of the people that have the iMIMS App, 71.4% use it at least 2-3 times per week or more frequently.

Where people have not used the MIMS products previously, 12.7% say they cannot access a computer when they need it, 5.7% are not confident using computers and another 5.7% say the intranet is too slow.

98.8% of participants learnt something new in the training, the majority being advanced search functionality and drug interactions. With their new found knowledge, 94.3% said they would use MIMS more often after the training and 99.3% would recommend the training to others. This has been seen in the increasing usage of the MIMS Online site.

What did you learn in training?



Training available

Following the very successful on-site training conducted earlier this year, our product training group is currently organising visits to all states and territories over the next three months.

Training slots are likely to fill up quickly so if you would like MIMS to visit you, please contact us at info@mims.com.au ASAP!

GPET Award

The General Practice Education and Training (GPET) Awards are designed to honour significant contributions from individuals and organisations involved in the Australian General Practice Training (AGPT) program. MIMS has sponsored the **GPET/MIMS Medical Educator of the Year** for the past three (3) years and this year were very pleased to present our award and offer **our congratulations to - Dr Christine Lesnikowski** at the GPET Convention on Thursday 6 September 2012, in Melbourne.



Tool for viewing Decision Support

When considering a range of MIMS clinical decision support modules to include in your latest software purchase, it is sometimes beneficial to be able to assess the suitability and functionality of each decision support module independently of the software.

With this in mind, MIMS has developed a MIMS Integrated Clinical Decision Support Demonstrator Tool. The tool provides a stripped-down generic, neat and functional interface that is specifically designed to demonstrate the breadth and capability of the MIMS Integrated Decision Support Modules. These include our newest modules, Drugs in Pregnancy, Drugs in Lactation, and Drug Disease Contraindications, along with Drug Interactions, Duplicate Therapy and Drug & Allergy.

We can also discuss the drug-dose range module that is in development with our specialist editorial team in Singapore.

Patient details such as gender, age, allergies and health conditions are entered into the tool along with the medication/s of interest. The resulting alerts and health interactions complete with the severity level, probable mechanism and supporting clinical references are instantly displayed.

The MIMS Business Development Team is available to demonstrate the complexity of the MIMS Integrated decision support tools to you and your staff in order to give you an overview of the complete capabilities of our MIMS Integrated product.

The MIMS Integrated Clinical Decision Support Demonstrator is a valuable resource. For further information, contact us at data@mims.com.au

Below: screenshot of the MIMS Integrated Medicines Clinical Decision Support Demonstrator in use

The screenshot shows the MIMS Integrated Medicines Clinical Decision Support Demonstrator interface. It is divided into two main panels: 'Patient Information' and 'Alerts'.

Patient Information Panel:

- Includes tabs for 'Particulars', 'Allergies', and 'Health Conditions'.
- Search health conditions: ICD10
- Table with columns: Description, Code Type, Code. Row: Epilepsy G40, ICD10, G40.
- Clear all button.
- Prescription section: Search products, Include Generics checkbox, Table with columns: Name, Type, Route, Dose, Frequency, Started On, Duration, Indication. Row: Clozapine 100mg Oral Tablet, GGP, Oral.
- Clear all button.

Alerts Panel:

- Health Interactions (1)
- Alert: Clozapine 100mg Oral Tablet (clozapine/Systemic) vs G40 (Epilepsy)
- Severity Level: Extreme Caution - Use of the drug is not recommended and the patient has a higher exacerbation of their existing health condition, however, use is still possible and the r...
- Documentation Level: Well Established - There have been several published reports of this interaction. The interaction occurs is well documented and understood. There are usually controlled s...
- Probable Mechanism: Clozapine has a high epileptogenic potential, and can cause seizures at both high ar history of seizures or epilepsy.
- Reference:
 - Pacia SV, Devinsky O. Clozapine-related seizures: experience with 5,629 patients.
 - Wong J, Delva N. Clozapine-induced seizures: recognition and treatment. Can J Ps...
 - Silvestri RC, Bromfield EB, Khoshbin S. Clozapine-induced seizures and EEG abn...



Out test driving clinical software?

Look for the power of **MIMS**

MIMS integrated


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Interview - Regina Holliday

Accessibility to information anytime, anywhere is now expected and increasingly demanded by the public. It's clear that patients want greater transparency when it comes to accessing their medical records, however there remains debate as to whether they or their doctors or health providers should facilitate or even provide access to these records.

Regina Holliday knows firsthand how lack of access to medical records can impair patients' care after watching her husband suffer as she struggled to gain access to his records. Regina now battles to promote transparency in patient medical records to ensure that others don't have the same experience and conveys this message visually through her works of art.

As the Internet and mobile technology become ever more ubiquitous in daily life, it's inevitable that information technology will transform our ability to obtain personalized healthcare. Regina recently discussed her experience at HIC2012, Australia's Health Informatics Conference.

Regina has always enjoyed drawing and painting; being learning disabled when young, she couldn't read, so would use visual storytelling to communicate. In college, she married Frederick Allen Holliday, who she met in a scenic painting course.

In 2008 Regina's husband started suffering from fatigue and, later, extreme pain symptoms. Frederick was given pain medications, then laxatives and then muscle relaxants with no explanation provided as to what was wrong with him. After weeks of not knowing what was wrong, Regina and Frederick demanded an MRI. Her husband was told that he had tumours and growths throughout his abdomen and a three centimetre tumour in his kidney.

By the time Regina reached the hospital, Frederick's doctor had left town for a medical conference and would be gone for the next four days. She spent days begging for information about her husband's care, and this continued for several weeks with very little access to information. Regina was told access to the record would be charged at 73 cents a page but there was a 21-day wait until it could be made available.

Frederick was then transferred to another hospital, together with an incomplete and out of date medical record and transfer summary. At the new facility, they were unable to provide effective care because they had no idea of his actual medical standing. With the assistance of a doctor at the second hospital, the complete medical record from the original facility was eventually released. When Regina read it, she was furious because it was full of actionable data; there was information which would have impacted Fredrick's care directly, both emotionally and physically. After treatment at five different facilities in a period of less than three months, Regina's husband Fred Holliday died of kidney cancer.

The experience has set a different role and path for Regina as she uses art to explain the complex world of medication, hospitalisation, end of life and health information technology. Regina paints, blogs, speaks and tweets about transparency of care, to ensure that other people don't have to suffer like her husband did.



You can follow Regina's work at:

<http://reginaholliday.blogspot.com.au> and via twitter: @ReginaHolliday

Do you know of an inspiring story that deserves to be told? Tell us info@mims.com.au



FREE Posters

In an effort to encourage better usage of decision support for medication management, MIMS has developed two posters that are freely available to our clients to display within their work areas.

We have some great posters reminding healthcare professionals to check:

- Potential drug interactions when they are prescribing, dispensing or administering a medicine.
- The pill identification functionality in our digital reference products (MIMS Online, eMIMS and iMIMS) can save them lots of time, and potentially lives, when used to identify a loose pill.
- Which health departments nationally are providing mobile apps with MIMS information to their staff.

If you are interested in receiving any of these posters free of charge to put up around your workplace contact us at info@mims.com.au.

For more details visit our website at

<http://www.mims.com.au/index.php/technical-support.html?view=supports&id=8>

How often does PI and CMI information change?

More than 45% of all this info changes every year!

Stay up to date...

Make sure you have the latest on your MIMS ...

Are you on staff at:

- Victoria Dept of Health?
- NSW Ministry of Health?
- ACT Dept of Health?
- Tasmania Dept of Health?

You could be eligible for access to MIMS on your mobile

Check out your department's resources intranet today!



Staff Profile



Picture: The Production and Development Team – back row (from left to right) – Jonathan Au, Robert Johanson, Jian Li; front row (from left to right) – Quan Sam, James Coroneos

Introducing the Production and Development Team

Our small but efficient team is responsible for most of the software development, databases, production and IT-related projects across the Australian and NZ product range. We also support our global development team and business partners to deliver regular content updates, application updates, and new products/ modules.

James Coroneos

James joined MIMS in 2011 and oversees the product management, development, data production, and IT infrastructure for MIMS in Australia. Having a keen interest in computers beginning in his teen years he now has 20 plus years of experience in software design and development and has managed software development teams in a number of software companies within the healthcare market. James has a keen interest in photography, graphic design, and mobile technology.

Robert Johanson

Robert previously worked in a clinical pathology laboratory just as computers started to become available in the lab. He has been with MIMS for over 14 years now and has worked on many projects including the implementation of our content management systems and the development of our global drug database. He is responsible for the MIMS monthly data production and the end-to-end processes that ensure MIMS data is available on time to all of our products and vendors each month. With what little spare time Robert has he likes to play the tuba in a band.

Quan Sam

Quan has been with MIMS for 9 years. Quan has a background in software and database development. She is a quiet achiever who works closely with Robert to produce and test all of the monthly data output for MIMS products. Quan also takes care of many of our backend databases and statistical reporting requirements.

Jonathan Au

Jon has worked with UBM and MIMS since 1997 in several countries. His roles have included software development for UBM print and electronic products, website development, and infrastructure support. Jon has recently joined the Sydney office and will be working across a broad range of development, data production, and IT projects.

Jian Li

Jian has experience in pharmaceutical marketing and sales with a background in systems administration, business analysis, and CRM. He joined MIMS in 2010 and is responsible for supporting and testing the MIMS Integrated products, as well as educating and certifying MIMS partners.

Conferences

Australian Association of Practice Managers

Tuesday 16 October – Friday 19 October

Brisbane Convention Centre

www.cdesign.com.au/aapm2012

The Australian Association of Practice Managers (AAPM) represents Practice Managers and the profession of Practice Management. Founded in 1979, AAPM is a non-profit, national peak association recognised as the professional body dedicated to supporting effective Practice Management in the healthcare profession.

Pharmacy Australia Congress

Thursday 18 October – Sunday 21 October

Melbourne Convention Centre

www.psa.org.au/pac/

PAC12's theme of From Vision to Reality will focus on the changing nature of the pharmacy profession, and help pharmacists prepare to meet and make the most of the challenges and opportunities these changes present.

Come visit the MIMS at Exhibition Booth #55!

GP 12 – The RACGP Conference for General Practice

Thursday 25 October – Saturday 27 October

Gold Coast Convention Centre

www.gpconference.com.au/

Leading primary care is the overarching theme of the conference, focusing on practical skills to support your daily practice.

General practice research will again be a focal point of the academic program as we explore how we can apply research to enhance the quality of care we deliver to our patients.

Society of Hospital Pharmacists Australia

Thursday 1 November – Sunday 4 November

Canberra Convention Centre

www.mm2012shpa.com

Our population is aging and the burden of chronic illness is growing, in response healthcare is adapting and evolving. How is pharmacy practice changing as the management of chronic disease changes? What is the patient's perspective as they journey through the health care system? Healthcare reform is no longer on the horizon – it's HERE! How will it affect us? How can we effect it? As pharmacists and pharmacy technicians we are important stakeholders and have the ability to INFLUENCE change and actively shape our future!

Come visit MIMS at Exhibition Booth #36

National Primary Healthcare Conference

Thursday 8 November – Saturday 10 November

Adelaide Convention Centre

www.gpnetworkforum.com.au

The Australian Medicare Local Alliance (AML Alliance) is a new company formed by AGPN as the national organisation for Australia's Medicare Locals.

That means the AML Alliance will be the host of Australia's 14th premier primary health care conference.

The conference will continue and build on the successful AGPN National Forum which has encouraged and showcased the best in primary health care development and delivery.

