MIMS Celebrates Half a Century in Australia

In November we will celebrate the 50th birthday of MIMS in Australia. Given the scope and volume of changes in healthcare, medicines development, healthcare funding and computerisation, to be still present and relevant half a century later is a considerable achievement.

In November 1963, to address an expressed need for a convenient, independent prescribing reference, the first MIMS was published as a monthly reference of medicines available in Australia. Mailed each month, MIMS (Monthly Index of Medical Specialties) provided a unique service to doctors and hospitals in Australia, providing prescribers with an abbreviated version of the detailed PI to allow them to make prescribing decisions quickly and efficiently. It was a novel concept at the time – while there were other sources of medicines information available they tended to either be lengthy complex monographs and many of them were international. For the Australian prescriber, GP and specialist, there was a definite need for quick, convenient, abbreviated information about the medicines available.

Comparatively prescribing decisions in the 1960s were less complex than they are today – given that the number products and classes of medicines available being far more limited. For example, the MIMS in 1963 was 64 pages long, representing a comprehensive overview of the products available at that time. Contrast this with MIMS today. The equivalent product, the MIMS Abbreviated is currently 588 pages long and is constantly expanding, reflecting almost exponential growth in the number of products on the market, the pharmacological complexity of newer medications and the need for health care professionals to be more informed.

From the very outset, MIMS presented monographs in a therapeutic class structure. This was important as it allowed prescribers a quick overview of drugs of similar therapeutic use, providing a convenient aid to comparing products and selecting alternatives. Many of the other texts at the time used a less useful alphabetical or manufacturer listing format. There were originally 15 major therapeutic categories, each containing subcategories. Today the number of therapeutic categories has expanded to 21 to reflect the great progress that was made in medicines research and development in the latter part of the 20th century. For example, in the 1960s the cardiovascular system had 4 subcategories of medicines available, the same group today has 14 subcategories reflecting the availability of many more types and varieties of cardiovascular medicines. In the 1960s there were no classes for hypolipidaemic agents; today this class contains 52 products and is the top expenditure item on the PBS costing the Government $1.3Billion in 2012.

Over the next 30 years, as the number of product listings grew, MIMS grew as well. In 1976 it became clear that there was a real need for more detailed, but still readily accessible information. This need led to the publishing of the MIMS Annual, the first edition of which was 1977. Using the same therapeutic categories the MIMS Annual complemented the existing MIMS Bi-Monthly. The listed TGA approved, full PIs aided more complex prescribing situations to be researched in-depth.

In 1985 MIMS added a similar full PI veterinary medicines book the IVS Annual, to complement the abbreviated IVS quarterly which was launched in 1969. IVS Annual is still being printed today.

The use and access to computers in the healthcare environment accelerated during the 1990s, and MIMS was faced with a decision as to how to adapt to the new technology and remain relevant to the needs of the user. The initial version of what was to become eMIMS was launched in 1992 as MIMS on Disk. Originally published as a series of 10 3.5 inch floppy disks, this somewhat unwieldy product was quickly redesigned in the mid late 1990s in a CD format to become the original version of the current eMIMS. At the same time, the NSW Health department was establishing its health information portal, CIAP, and this provided the impetus for the development of MIMS Online.

At the same time, GPs were starting to use the first clinical script writing programmes, with uptake being driven by the Federal Government Practice Incentive Programme. Key to the usefulness of these programmes was an Integratable database of medicines information which interfaced seamlessly with the prescription writing and patient record modules. The MIMS database ably filled this roll and was adopted as the reference module of choice by most software developers. Over time this has expanded to the point where we currently support over 70 clinical application providers from those supporting GPs, to pharmacy, hospitals, ambulance service and others.

The growth in the number of formats for MIMS was matched by growth in the range of information produced and its client base. No longer was MIMS a print product mainly for GPs, and no longer was MIMS a provider of PI only. By the turn of the century, MIMS was publishing a range of products for GPs, pharmacists, hospitals and specialists. Information had moved from being mostly print, to being more structured around digital requirements. Working closely with overseas colleagues we created the global drug database which is a common data structure across the MIMS products internationally. We had also learnt from our users of the need for evidence based decision support products, so the first version of an independent drug-drug and drug-allergy interaction programme was developed and made available to subscribers. In many ways, the shape of the MIMS business today was cast by the events in the late 1990s.

MIMS today serves the entire spectrum of the health care audience. Our subscribers range from state health departments, to universities, research institutions and pharmacists, GPs, specialists and nurses. In response to the changing needs of our audience, our products now encompass a range of information . The core of the database is the PI and CMI, but this is surrounded by other information that provides value in context; for example: pregnancy information, use in sport, gluten and lactose status

In 2013 we continue to build on the foundations that have been established over the past 50 years. We continue to see high quality, relevant, independent editorial as of the utmost importance. Increasingly we see that we can fulfil a role in delivering other important content to the user at the point where they are researching medicines. Over the past 12 months we have collaborated with

the University of Sydney, through its partner IM Gateway, to deliver the first Australian evidence based drug herb interactions tools to many of our clients. We have also partnered with the Society of Hospital Pharmacists to deliver their database of medicines that should not be crushed ("Don't

rush to Crush") to many hospitals through the MIMS Online product. The NPS Radar report is available through many MIMS products such as eMIMS and we have incorporated the TGAs adverse event reporting form in MIMS products, such as MIMS Online, to aid with the efficient and timely collection of information around the safe use of medicines. We have mapped MIMS to the AMT and deliver this regularly to our partner vendors as a service.

Over the past 50 years MIMS' success has been based on the simple premise of meeting the needs of health care professionals with convenient, reliable, high quality, independent information. Be it PI, CMI, interactions or any other of our modules, we have not strayed from these core values.

As we stand poised on the first steps towards the PCeHR and the increasing value of digital programmes and services, we believe that MIMS will continue to play an important role in aiding these projects through consistency, reliability, experience and established distribution networks.