

# MIMS matters

## Engaged Patient and Carer



MIMS recently had the privilege of attending the Health Informatics Conference in Melbourne and network with both local and international communities of health professionals, strategists, technologists and innovators.

One of the talks which really resonated in the world of medication management was that from Tim Blake, **Engaged Patient and Carer and Managing Director, Semantic Consulting, who shared his story at the conference.**

He recently shared (in his online blog) the story of how he and his wife **battled through two very difficult pregnancies with severe hyperemesis gravidarum**, and how Digital Health Communities (particularly **helper.org**) helped them triumph through one of the most difficult times in their lives. Here is the next chapter in his story:

Following two very difficult pregnancies but two wonderful children (now 8 and 6), my wife and I decided that we were prepared to risk it one more time, and to try for another child, knowing that she would likely suffer from hyperemesis gravidarum again. We thought we were ready to deal with whatever was thrown at us. Little did we know...

In the last two years my wife has suffered five miscarriages. All have occurred at 6-9 weeks, but it has been a deeply painful time for us. Miscarriage brings a strange form of grief – in some ways it doesn't feel like legitimate grief since you don't know the little person that you're grieving. But nevertheless, it is real, and it hurts.

I know that many people reading this will know how it feels. Early miscarriage is very common, but not something many people feel able to talk about.

As you might imagine, in addition to trying to process what has happened, we've also been looking for medical answers. Why has this been happening?

In looking for answers, both my wife and I have had a number of tests. One of the tests that my wife had (ordered by her GP) was for her **MTHFR** gene status. MTHFR stands for methylene-tetrahydrofolate reductase. This gene is responsible for creating an enzyme that converts the folate in your diet into the active form that your body needs (5-Methyltetrahydrofolate) – see the diagram below for an explanation of how this works...

An MTHFR genetic test looks for certain variations in the MTHFR gene. If these variations are present, it reduces that person's ability to 'methylate' folate, i.e. to convert dietary folate or folate supplements into the active form required by the body. The capacity to 'methylate' can be reduced by 30-70%, depending on which variations are present in a person's genetics. It turns out that my wife has some of these variations in her genome, affecting her ability to 'methylate' folate.

When women are trying to get pregnant, they are strongly advised to take folate supplements, to prevent against conditions occurring in the baby such as spina bifida. In Australia, folate supplements typically take the form of folic acid, which is a synthesised (i.e. non-naturally occurring) form of folate.

However, the ability of a woman's body to convert folate into its active form can vary significantly, depending on MTHFR gene variant status. In the event that a woman has reduced ability to process folate, this can result in a build-up of folate that has been **linked to multiple miscarriage**, also known as recurrent pregnancy loss. To make matters worse, the current clinical guidelines in Australia, in response to recurrent pregnancy loss, are to take higher dosages of folate, which can make the problem worse!

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## Engaged Patient and Carer (continued)

So taking folate, specifically folic acid, can be good or bad, depending on your genome. In some cases, it's the right thing to do. In other cases, it's causing harm. And you can't know which unless you know the MTHFR gene status of the woman that you are prescribing to. That's right. The blanket advice to all pregnant women to take folic acid can actually cause harm!

In the US, the response to this challenge has been to prescribe pre-methylated folate, removing the dependence on the woman's MTHFR gene status and making the process of taking folate much safer. Australia has not yet adopted these guidelines.

For me this raises two huge questions:

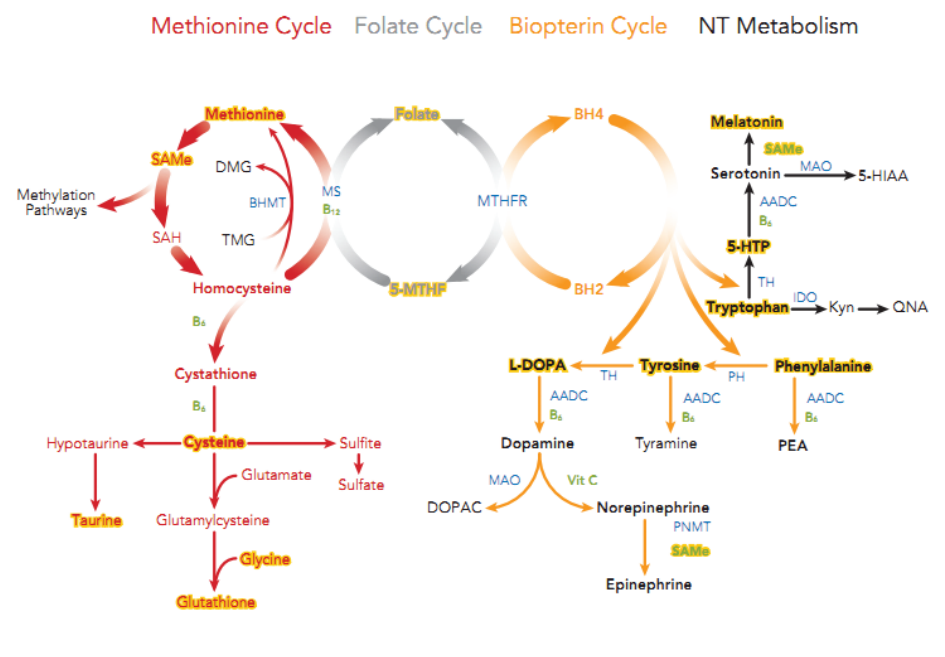
**1. How many other drugs are we prescribing to patients, without understanding their genome, that not only won't help them, but might cause harm?** Pharmacogenomics (the study of how drugs interact with specific genomes) isn't some nebulous idea that might become useful to medicine in 10+ years' time. Clinicians desperately need to start taking account of patient's genetics as they prescribe medications right now. How many adverse drug events and hospital admissions could be averted by this approach? It could be an amazing lever for health system efficiency, and the cost of genetic testing could easily be recovered through the efficiency savings that I just outlined. In fact, I foresee a day in the not too distant future when a patient's genome is front and centre of their health record.

**2. How does medical knowledge about areas such as genetics get distributed to the medical front line?** Our first-hand experience has been that many clinicians not only know almost nothing about genetics, but don't seem interested in considering it. In fact, my wife's GP (who ordered the MTHFR test in the first place) recommended that we go and speak to a naturopath, as she didn't know what to make of the result. It concerns me that some clinicians are so dismissive of things that they don't understand, leaving patients to fend for themselves. You see, we don't expect doctors to know everything, just to help us navigate the unknown. Not knowing the answer is not a weakness – just a recognition that the human body is incredibly complex, that medical knowledge is developing at an incredible rate, and that some of the things we used to "know" turn out not to be true...

As a result of the MTHFR test, and what we've learned subsequently from resources like [mthfr.net](http://mthfr.net), my wife is now taking folinic acid (a pre-methylated folate) instead of folic acid. We're not there yet, but we're still hopeful that having another child is a possibility for us.

For more of Tim's stories go to: [www.semanticconsulting.com.au/whatwethink](http://www.semanticconsulting.com.au/whatwethink)

### Methylation Biochemistry



## Congratulations from all of us at MIMS to Jenny Gowan

### MIMS, ACCP Clinical Pharmacist of the Year 2016

What a worthy winner! Jenny has been involved in consultant pharmacy for many years. She promoted the pharmaceutical care concept developed by Linda Strand with the Penguin group in Victoria and was one of the trainers for Australia. Once funding became available she, together with Robyn Saunders, has conducted at least three or more medication management training courses per year for the last 16 years. Following 20 years at the PSA (Vic branch) working with CPD and intern education, Jenny continues to present undergraduate lectures on medication management to students at Monash University and RMIT university. Jenny also developed training courses in Taiwan to introduce medication reviews.

Jenny has been a marker for ACPP and then AACPP since accreditation began and still continues in that role. Jenny worked for two Divisions of General Practice for seven years promoting HMRs and QUM to the GPs, nurses, allied health and community groups. A lot of her work was done in a multidisciplinary and multicultural environment. She has also presented at local groups and many national conferences eg Diversity in Health, Primary Health Care, Divisions of GPs, Aged Care, as well as Safe Drive, Aust Road Safety events to promote the role of medication reviews. She is particularly well known for her work in driving and medication use in older people and has appeared on numerous media events.

Jenny was a board member of the Medicare Locals and is actively involved in the Primary Health Networks. A lot of her work has been with respiratory disease with Asthma Foundations, National Asthma Council promoting medication reviews and QUM. She has continued to publish medication review articles every month in the AJP for the past 23 years.

Jenny with a team of ten pharmacists has completed thousands of RMMRs plus thousands of HMRs. She continues to work in over 30 aged care homes herself as well as undertake regular HMRs. For the past seven years she has performed HMRs in a GP clinic at Banyule Community Health Centre, West Heidelberg, one of the most challenging socioeconomic areas of Melbourne with over 55 nationalities. She has expanded the role of the consultant pharmacist and works with four other community health centres, with wide and varied projects such as medication safety audits, falls management groups, carers of people with dementia, mental health, and many chronic disease groups. Training over 500 carers of people with disability in medication management for the Wesley Mission has been a challenging project. Developing medication education for doctors, nurses, nurse practitioners, podiatrists, physiotherapists, dentists, social workers, personal care assistants, as well as community groups offers further opportunities to promote the need for regular medication reviews, deprescribing and addressing the aims of QUM. This is a large part of Jenny's role and is now being developed into training other consultant pharmacists to further this evolving role.

Jenny has been a trainer, mentor and role model to thousands of pharmacy students and pharmacists, and is now the current chair of the Victorian APSIG group, a group she set up 16 years ago. Through all her work, she has opened the doors for diversification, created opportunities and expanded the role of consultant pharmacy.

**Congratulations to Jenny from all of us at MIMS.**



## Standardising on-screen medicines information for safety



The National guidelines for on-screen display of clinical medicines information were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) with funding support from the Australian Government Department of Health. The guidelines are part of an ongoing commitment to quality use of medicines described in the National Medicines Policy, which form the platform for safe medicines use in Australia.

MIMS is supportive of the Commission's standardisation of on-screen medicines information as part of an ongoing commitment to quality use of medicines in ehealth.

The aim of the guidelines is to describe consistent, unambiguous terms and processes for on-screen display of medicines information in clinical information systems. These guidelines will require ongoing evaluation and iterative review as experience grows in the use of electronic medication management. The guidelines represent an agreed format and structure for the safer clinical presentation of medicines on-screen.

The guidelines comprise recommendations for clear, unambiguous, standardised on-screen presentation of medicines information. A rationale accompanies each recommendation and is based on examples where error has occurred in both handwritten and electronic prescriptions.

The guidelines apply to the display of medicines information in clinical information systems across the whole healthcare continuum, including:

- acute health services specifying, procuring and implementing electronic health systems that include medicines information
- general practice prescribing and other software vendors

- aged care electronic medication charts and ordering systems
- community health services
- mental health services
- pharmacy (inpatient, outpatient and community services)
- dental and allied health services.
- The objectives of the guidelines are to:
  - standardise the format of on-screen display of medicines information
  - enhance the safety of the medicines component of clinical-facing information systems
  - reduce the burden on individuals and vendors by delivering consistent interface principles
  - promote safe and quality use of medicines across Australian health care
  - promote the migration of existing national medicines safety work into the electronic environment, including National Tall Man Lettering and the Recommendations for Terminology, Abbreviations and Symbols used in the Prescribing and Administration of Medicines

At MIMS, we understand that traditional paper based abbreviations and symbols do not necessarily transfer to electronic systems and it is imperative that we take a standardised and consistent approach to medicines information.

For further information on the Commission's work on electronic medication management as part of medication safety visit [www.safetyandquality.gov.au/our-work/medication-safety/electronic-medication-management-systems/](http://www.safetyandquality.gov.au/our-work/medication-safety/electronic-medication-management-systems/)

## The PSA winner of the Intern of the Year 2015 was awarded at PSA16 to Joseph Foster



Joseph was rewarded for being a leader since the first days of his internship; always looking for ways to improve the processes and procedures in the pharmacy to allow staff to deliver better service to patients and the community. His referees said Joseph helped "streamline dispensary ordering processes, improving the way prescriptions were processed and enabling clearer communication between front of shop staff and pharmacists"

Joseph – who completed his internship at Brooks Garden Chemmart Pharmacy in Albany – triumphed over the other State and Territory finalists, which included:

- ACT – Hayley Young
- NSW – Kerry Watts
- Queensland – Liam Mendiolea
- SA/NT – Nickolas Ikonomos
- Tasmania – Hannah Doody
- Victoria – Xavier Agostino

Everyone at MIMS want to take this opportunity to congratulate all the winners from across the country and to thank the team from the PSA and APG who work with us to ensure the processes and awards go smoothly.

Each year the competition seems to get stronger with some truly outstanding young pharmacist being nominated for the Award.

Nominations have opened for the Guild and the PSA is well underway with Victoria presenting the first State award for the 2016 PSA Intern of the Year at the Victorian Pharmacists Dinner on November 18th.

The Society of Hospital Pharmacists of Australia (SHPA) SECOND EDITION of **DON'T RUSH TO CRUSH** has arrived in eMIMSCloud



Can't swallow it?

Can you crush it?

eMIMSCloud can now answer for you quickly and authoritatively when swallowing tablets or capsules is not an option for your patient. The "Don't Rush to Crush" guide is produced and maintained by The Society of Hospital Pharmacists of Australia and published electronically by MIMS. Call 1800 800 629 to subscribe.

For healthcare professionals that prescribe, dispense or administer medicines, understanding what can and cannot be crushed is imperative. Dispersing or crushing a medicine to give orally or through an enteral feeding tube may be outside a product's registration, and considered off-label use.<sup>1</sup> This means that the prescriber, the pharmacist and the person giving the medicine have greater liability for any harm that may occur as a result of a person receiving an altered dose form. If the medicine is altered without first consulting the prescriber or seeking advice from a pharmacist, the greater liability lies with the person giving the medicine.<sup>2</sup>

The Australian Don't Rush to Crush in eMIMSCloud is a comprehensive reference of over 550 oral medicines, currently available in Australia. The focus of the monographs in this 2nd edition is more about the person. It includes sections on what to do for people with enteral feeding tubes and what to do for people with swallowing difficulties.

The recommendations are based on published data available at the time of writing and include information from manufacturers, published textbooks and primary literature. Extensive dispersion studies have been done to compile a local database using tablets currently available in Australia. This version also includes more practical options to consider before crushing medicines and more information about dose changes when switching forms of a medicine.

Don't Rush to Crush offers concise, referenced information commonly needed to administer medicines safely to people with enteral feeding tubes or swallowing difficulties and should be used in conjunction with workplace-specific policies and procedures for giving medicines.

The recommendations you find will not cover all possible situations. Sound clinical judgement is required when giving medicines to people with enteral feeding tubes or swallowing difficulties. Navigation is simple; search for the generic or brand name in the Medicines Information module and with one click you have the information specific to that medicine. Or, if you want to search the entire Don't Rush to Crush content you can do so in the eMIMSCloud Clinical Resources module. Save yourself time, improve patient safety and be confident your information is the most up to date you can find.

You can add Don't Rush Crush to your current eMIMSCloud subscription and at a pro rata cost that fits the timing of your existing subscription. Updates to the content will continue as and when they are made by the SHPA.

"People have died after being given extended release medicines that have been crushed."<sup>2-4</sup>

With this in mind and with the need for clear, professional advice regarding the suitability of crushing a medicine, the Society of Hospital Pharmacists of Australia (SHPA) and MIMS have partnered to ensure the 2nd Edition of Don't Rush to Crush is available as additional optional content within eMIMSCloud.

For more information and to subscribe please call the MIMS Client Services team on 1800 800 629 or visit <http://www.mims.com.au/>

1. Gowen J, Roller L. Swallowing difficulties and crushing medications. *Aust J Pharm* 2006; 87: 59-62.
2. Schier J, Howland M, Hoffman R, Nelson L. Fatality from administration of labelolol and crushed extended-release nifedipine. *Ann Pharmacother* 2003; 37: 1420-3.
3. Victorian Department of Health Sentinel event program annual report 2011-12 and 2012-13. May 2014. Available from [www.health.vic.gov.au/clinrisk](http://www.health.vic.gov.au/clinrisk).
4. Victorian Medicines Advisory Committee (VMAC). Quality use of medicines alert - wrong route administration of oral liquid medicines. Melbourne, Vic: Victorian State Government; February 2008.

## Medicines Information

Type a medicine, disease, or indication  Search Advanced Search  
Browse  
Search Tips

Back to search results PDF A A

**Diabex XR**  
Metformin hydrochloride INDATEWAY

Abbreviated PI | Full PI | CMI | **Don't Rush to Crush?**

Medicines Image General Information | Please refer to Disclaimer

**METFORMIN**  
metformin hydrochloride  
Drug class: Biguanide

Availability <sup>2</sup>	Brand name	Quick guide
Tablet, film-coated 500 mg, 850 mg, 1 g	Diabex, Diaformin, Formet, Glucobete,	
Extended-release tablet 500 mg, 1 g	Diabex XR, Diaformin XR, Metex XR	

Both eMIMSCloud and Don't Rush to Crush are included in Pharmacy Board of Australia's list of essential references for pharmacy practice and combining these two products electronically can reduce your overall costs.

## MIMS Australia Acquires eHealthWise Services

### eHealthWise

Singapore, 7 September 2016 - MIMS Group is pleased to announce the acquisition of eHealthWise Services by MIMS Australia. The transaction closed on 11 August, 2016.

eHealthwise Services, a subsidiary of SMS Co. Ltd. ("SMS"), markets products that have been in the Australian Healthcare market for over a decade. Its products are designed to simplify the healthcare revenue cycle and ensure accurate electronic payments processing.

In October 2015, SMS acquired MIMS Group jointly with Mitsui & Co. Ltd. ("Mitsui") The collaborative investment, approximately valued at US\$250 million had a respective split of SMS holding 60% and Mitsui holding 40%. This acquisition positions MIMS Group as one of the strongest players in integrated healthcare information business in the Asia Pacific region.

With the acquisition of eHealthWise Services, MIMS Australia will focus on developing new businesses in line with the group's strategy to expand its digital business in the region. The combined resources will provide an enhanced and innovative services for healthcare communities in Australia.

Robert Best, current Executive Director of MIMS Australia, MIMS New Zealand, and Executive Director and CEO of eHealthWise Services, will continue to manage and lead the business operations across these companies.

MIMS Group is confident that recent changes across its leadership and organisation will strengthen its position in the healthcare industry for long term growth in the Asia Pacific region.

#### About MIMS Australia

MIMS Australia has been publishing drug information since 1963. The acronym, MIMS, was derived from the original publication which was called Monthly Index of Medical Specialties. MIMS is the leading supplier of trusted, quality, independent drug information to Australian healthcare professionals, known for its high level of editorial integrity and independence. MIMS Australia offers a range of digital products that reflect current advances in information delivery; from hand held devices to online to integrating databases into clinical software applications. MIMS also continues to offer the printed reference products that have supported health care professionals for nearly 50 years.

For more information, please visit <http://www.mims.com.au/>

#### About eHealthWise Services.

eHealthWise products have been in the Australian Healthcare market for over a decade and were designed to simplify the healthcare revenue cycle and payments processing. Its products enable healthcare providers and payers to route, control, reconcile and settle healthcare data and payments electronically which means payment is more accurate and timely. The company has strong relationships with many strategic partners in the Healthcare industry including; major private & public hospitals, private health insurance funds and Medicare Australia. It's main product, THELMA (Transactional Health Exchange Linking Multiple Applications) was Certified with Medicare Australia in 2006 and provides a low cost, fully integrated, web based eligibility and e-claiming solution. The company processed in excess of AUD\$800 Million of electronic claims value last financial year by providing a wide range of electronic transactional services across Public and Private Hospitals, Day Surgeries and Specialists throughout Australia. For more information, please visit <http://www.ehealthwise.com.au/>

#### ABOUT MIMS Group

Established in 1963, MIMS Group, together with its subsidiaries and affiliates, is the leading provider of healthcare and drug data to healthcare providers in the Asia Pacific region with approximately 2 million healthcare professional subscribers across 12 countries. In addition to its drug & resource portal, digital and print publications, MIMS has launched a career portal serving healthcare communities and a cloud-based CIS system for clinic workflow management.

## The Australian Digital Health Agency

The Australian Government has created a new digital agency to enhance the use of data and technology which can help people live healthier, happier and more productive lives. Digital health can make a real difference to people's health by giving them greater control and better access to information.

Tasked with improving health outcomes for Australians through the delivery of digital healthcare systems and the national digital health strategy for Australia, the Australian Digital Health Agency (the Agency) commenced operations on 1 July 2016.

As part of this process, the agency will take over the activities and resources of the National E-Health Transition Authority, along with the system operation activities of the "My Health Record" (currently managed by the Department of Health).

The government said the new agency CEO, Tim Kelsey, will report to a "skills-based board" that is "reflective of the health community", and will focus on setting up the new agency and transitioning activities from the other bodies.

Going forward, Tim Kelsey will be responsible for "the strategic leadership, engagement, collaboration, innovation and operations of the national digital health systems".

Key tasks for the role will include leading strategic planning, stakeholder engagement and quality of operations; implementing the National Digital Health Strategy; maximising the interoperability of the public and private e-health systems; and ensuring clinical safety in the delivery of the national digital health work program.

Within the challenging and fast-paced environment of health technology and growing consumer expectations, MIMS already compliments many healthcare functions. MIMS will continue to partner on federal initiatives and work to embrace this new direction of the Australian Digital Health Agency.

#### The Agency's board, selected in consultation with State and Territory Health Ministers, comprises:

**Mr Jim Birch AM**, Chair. Mr Birch has extensive current and past experience on boards across the health sector.

**Dr Eleanor Chew** is a specialist General Practitioner and medical educator, and a member of many health advisory groups, committees and boards.

**Ms Lyn McGrath** is executive general manager in a large financial institution and has demonstrated extensive consumer knowledge.

**Dr Bennie Ng** is a general manager of a leading healthcare provider. He has previously held advisory roles to government and general manager in the public hospital sector.

**Dr Elizabeth Deveny** has experience in healthcare delivery and innovative uses of technology. She is the Chief Executive Officer of a Primary Health Network.

**Professor Johanna Westbrook** is currently Professor of Health Informatics at Macquarie University and holds positions on several advisory committees and boards.

**Ms Stephanie Newell** is the consumer member on a number of healthcare councils and has held similar positions particularly around safety and quality standards.

**Mr Robert Bransby** is the chief executive officer and managing director of a private health insurance fund and a director of a number of financial companies.

**Mr Paul Madden** is the Strategic Health Systems and Information Management Special Adviser with the Commonwealth Department of Health.

**Mr Michael Walsh** is the Director-General of Queensland Health. He has managed and delivered digital health systems in state and territory health facilities.

**Mr Stephen Moo** is the Chief Information Officer with the Northern Territory Department of Health and Families.

#### Australian Digital Health Agency, Executive Team:

**Tim Kelsey**  
Chief Executive Officer

**Rachel De Sain**  
Executive General Manager, Innovation and Development

**Bettina McMahon**  
Executive General Manager, Government and Industry Collaboration and Adoption

**Terence Seymour**  
Executive General Manager, Organisation Capability and Change Management

**Dr Monica Trujillo**  
Executive General Manager, Clinical and Consumer Engagement and Clinical Governance, and Chief Clinical Information Officer

## Online PBS Authorities



Online Pharmaceutical Benefits Scheme (PBS) Authorities provides an online solution for approved prescribers. You can get a PBS authority approval for the majority of PBS items including increased quantity and repeats where allowed (but excluding complex authority items and Alzheimers items). This removes the need for approved prescribers to phone us for most authority approvals.

Repatriation Pharmaceutical Benefits Scheme (RPBS) authority approvals are not currently available through our online channels. Existing phone and written arrangements remain for RPBS approvals through the Veterans' Affairs Pharmaceutical Approvals Centre (VAPAC).

### What you need to do

To request PBS authority approvals online, approved prescribers can use:

- upgraded clinical or prescribing software, or
- Health Professional Online Services (HPOS).

The patient must be given a valid prescription to comply with the current rules of writing and retaining an authority prescription.

Approved prescribers can use our online channels to:

- request a new PBS authority approval
- enquire about authority approvals they previously requested within two years from the date of prescribing, and
- cancel or amend a PBS authority approval if the:
  - medicine has not been supplied or dispensed to the patient, and
  - approved prescriber applied for the PBS authority approval within one year.

**Note:** the system can only enquire on authority approvals processed from **1 July 2015**.

Benefits of the Online PBS Authorities system include:

- not needing to phone us to request a PBS authority approval
- quicker approvals and improved patient satisfaction
- 24/7 access to a self-service channel
- prescribing a wide range of authority required items online, and
- viewing previous approvals.

### For more information go to:

PBS Authorities

[humanservices.gov.au/hppbsauthorities](http://humanservices.gov.au/hppbsauthorities)

HPOS

[humanservices.gov.au/hpos](http://humanservices.gov.au/hpos)

PBS Authorities Education

[humanservices.gov.au/hpeducation](http://humanservices.gov.au/hpeducation)

## Updating Australian medicine ingredient names

YOUR MEDICINE

YOUR KNOWLEDGE



Australian Government

Department of Health

Therapeutic Goods Administration

Some medicine ingredients are changing to new names.

The changes will align the names with those used internationally. But don't worry – the medicines or their effects are not changing.



For more information visit  
[tga.gov.au/ingredient-names](http://tga.gov.au/ingredient-names)

**TGA** Health Safety  
Regulation

## MIMS Staff Profile



**Robert Best**

**Executive Director - MIMS Australia and New Zealand Pty Ltd**

**Executive Director and CEO - eHealthWise Services Pty Ltd**

### What is your role at MIMS?

As from August 2016, I serve as the Executive Board Director of MIMS Australia and MIMS New Zealand (ANZ) and have been the Executive Board Director and CEO of eHealthWise Services since January 2014. My responsibility is to drive the P&L, growth and operations across these 3 businesses in Australia and New Zealand while working closely with our 13 x ASEAN Country Managers. I work day-to-day with fellow Board Directors (CEO of MIMS Group and the CSO of MIMS Group), our Strategy and Investment Team (Singapore Headquarters), and when required, the Executive Team in Tokyo, Japan.

### What is your background?

Leading the Australasian (ANZ) region, I finalised the acquisition of eHealthwise Services and its technology platform in January 2014 to SMS Co Limited, and assisted our Tokyo HQ team with the 2015 MIMS Group acquisition. In August 2016, I finalized the acquisition of eHealthWise Services from SMS Co Limited into MIMS Australia.

My father was a pharmacist, and my brother and sister-in-law are both doctors with differing areas of specialty – so, I’m a bit of the black sheep of the family with an acumen for business. I am University Degree qualified - Bachelor of Commerce (Majors across: International Business Management, Technology delivery, Marketing/Advertising, and Strategy), with 25 years of Management, Leadership, Corporate Governance and Board of Director experience within Public (+5 years) and Private (+15 years) Companies.

### What do you enjoy most about your role?

For approximately 50 years, MIMS has been a leading healthcare company providing tailored solutions to a global healthcare market. With regards to eHealthWise, in 2013 we won the prestigious NSW State Government ICT iAwards for the Health Sector in Australia. During 2015, our secure e-claiming Switching Platform, ‘THELMA’ (Transactional Health Exchange Linking Multiple Applications) processed in excess of AUD\$830 Million of electronic claims. By the end of 2017, our goal is to transact in excess of AUD1\$Billion p.a. of e-claims value.

So, as the Executive Director for these companies, I work with the Board, and my team, to define and implement our forward looking strategies – I’m enjoying planning the strategic vision for MIMS and eHealthWise into the future. With a diversified portfolio of growing products, I’m excited at the possibilities to redefine our local and regional businesses into a well-rounded, leading company within the Healthcare sector.

### What do you enjoy outside the office?

I enjoy staying fit and healthy – I find that if I don’t exercise, I become grumpy – so, to avoid that, I make sure I get time at the gym. With two teenagers, we try to go out and watch the Rugby Union, League, AFL and A-League games . However, most weekends, I end up becoming an ‘Uber’ driver given their social commitments each weekend. When I get downtime, I enjoy a good meal, some red wine, and relaxing time with my wife and close family friends.

## Upcoming Conferences

### **SHPA**

**16th to 19th November**

**– Perth Convention Centre**

**MIMS will be exhibiting at booth #20**

**MIMS**

**100% pure knowledge**

### Contact:

**MIMS Australia Pty Ltd** 2nd Floor, 1 Chandos Street St Leonards NSW 2065

Locked Bag 3000 St Leonards NSW 1590 Phone: (02) 9902 7700 Facsimile: (02) 9902 7701

ACN: 050 695 157, ABN: 68 050 695 157

E-mail: [info@mims.com.au](mailto:info@mims.com.au) [www.mims.com.au](http://www.mims.com.au)

### Support

**Customer Service: 1800 800 629 E-mail: [support@mims.com.au](mailto:support@mims.com.au)**