

# MIMS MATTERS

Spring Edition 2013

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## *new* eMIMS gets a makeover

eMIMS gets a makeover and looks and feels years younger. Meet eMIMSCloud and soon eMIMSDesktop

It was 17 years ago that eMIMS was launched and in those years it has become the most used and loved resource for many MIMS customers from all areas of healthcare.

We asked our users hundreds of questions, sifted through your feedback and started work to develop a product that suits your work flow, is content-rich and meets your needs no matter what your role. In a nutshell, what you asked for is a product that is simple to use and navigate – you need to think about the information you want, not how to find it. You wanted a choice of desktop and internet so that you can access eMIMS in a manner that suits the way you work. You also asked for more patient care content, tools and calculators to go alongside the medicines information, drug interactions and product images you use every day.



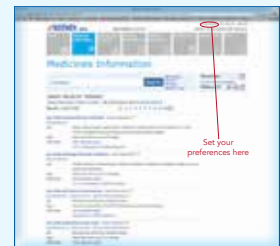
We promise, some things stay the same and we thank the very many of you who've accepted the integrity of eMIMS for a decade and more.

That's one thing that hasn't changed. As we've honed our software to give easy access to essential information, there can be no short cuts in authenticating that information. We are proud that in the 50 years since the "Monthly Index of Medical Specialties" was first published, our editorial system of checks and balances has earned a reputation for independence, accuracy and currency second to none.



# new eMIMS gets a makeover cont....

New search capability means you can choose by brand, generic, indication or therapeutic class and can even correct your spelling. If you're a browser rather than a searcher you can do that too and the advanced search can help you narrow down the best options for someone in seconds.



There are lots of preferences you can choose; all designed to adapt to the way you work. We urge you to take the time to set up your new eMIMS before you start.

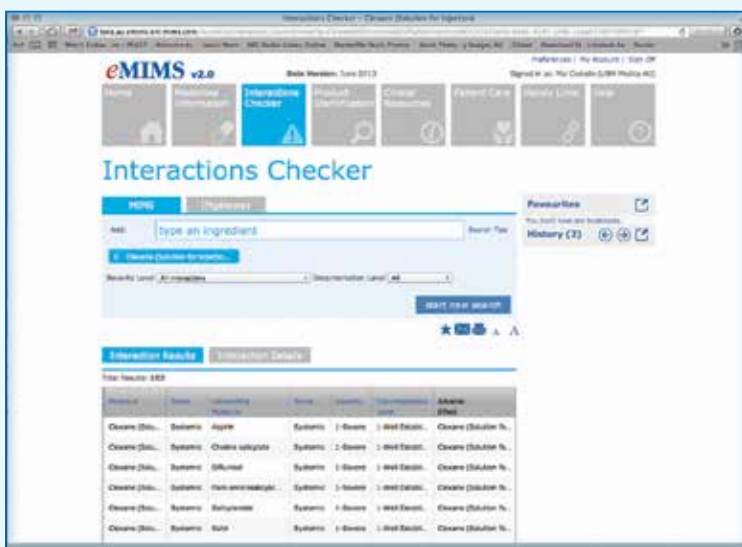
Access indications, dosages, PBS information and product images right from the search results or set your preferences to provide you with a simple medicines list. Set your default PI to full, abbreviated or CMI and even change the order of the home page display.

You can report an adverse drug event or read the very latest RADAR reports and TGA Safety Bulletins with one click or tap. eMIMS makes it simple to access the very latest evidence behind any of the prescription medicines available in Australia.

We know you'll love the new Product Identification module because we've added everything you asked for to help you refine your search even more

- Shape
- Form
- Colour
- Scoring, marking or symbols
- Or search by therapeutic class, company, brand name or generic

Last but not least, we've added the size in the descriptions – something you've been requesting for a long time



MIMS evidence-based drug interactions are one of the most used and valued features of all our digital products and eMIMS is no exception.

In the new eMIMS we believe you will find this module even more valuable. If you add on the IMgateway drug/herb and food module, you will find not only complimentary medicines, but now also some interactions for Traditional Chinese Medicines and Japanese Kampo Medicines – this ever evolving module is truly worth a look.

### The choice is yours to make

eMIMSCloud available now and internet based for PC, MAC or tablet

or eMIMSDesktop available later this year for those who would rather download from DVD or internet to the desktop

### There's one very simple way to learn what the new eMIMS can do

- To request a free trial, simply email [customerservice@mims.com.au](mailto:customerservice@mims.com.au) or call us on 1800 800 629 (Specify the IMgateway drug, herb and food interactions to trial this option).
- To subscribe or upgrade your current subscription to the new eMIMSCloud or find out more about both eMIMSCloud and eMIMSDesktop, simply or call us on 1800 800 629 or visit our website [www.mims.com.au](http://www.mims.com.au)



# The Chris O'Brien Lifehouse Integrated Cancer Centre opens in November



In Australia around one in two men and one in three women will get cancer. Every year in

NSW alone more than 39,000 new cases of cancer are expected to be diagnosed – that is more than 100 every day. If cancer is allowed to progress without treatment it invades the intestines, lungs, brain, liver, kidneys or other vital organs. Untreated cancer frequently causes death.

Only a few decades ago, the prognosis for people facing cancer was not nearly as favourable as it is today. The increase in knowledge of cancer biology has led to remarkable progress in early detection and treatment. More has been learned about cancer in the last two decades than in all of the preceding centuries. Recent advances in the treatment of cancer have been so significant that many cancer types have now become a chronic condition that, although they may never go away completely, can be controlled for months or even years. For some, cancer may come back a second and third time, but there is also a chance that the cancer will go into remission. The natural tendency of some cancers (e.g. ovarian), is a repeating cycle of recurrence and remission. Often, this repeating cycle can translate into survival over many years. Treatment can be used to shrink the cancer, relieve symptoms, and allow for longer life. Today, millions of people are either living with, or have had cancer.

This changing nature of the treatment and management of cancer has led to a realisation that the best chance of surviving cancer is to treat it early, effectively and then allow the individual to manage it as a chronic condition. Recent evidence shows that optimal management may not be fully realised through the clinical cancer department of a hospital. This has led to the concept of a comprehensive cancer centre, where research and treatment are integrated, improving patient outcomes and transforming the experience of the cancer patient as they make the conversion to being a cancer survivor.

The Chris O'Brien Lifehouse (formally known as The Chris O'Brien Lifehouse at RPA) does not call itself a hospital, even though the services offered include treatment that has been traditionally provided in a hospital. Rather, the Lifehouse refers to itself as an integrated cancer centre and brings all aspects of cancer management together in a new model of patient-focussed activities where patients will no longer need to navigate unaided through a complicated and fragmented model of care.

Chris O'Brien completed his residency and surgical training at Royal Prince Alfred Hospital (RPAH), specialising in head and neck surgery. After clinical fellowships in England and the USA he returned to RPAH as a consultant head and neck surgeon in 1987. In a cruel twist of fate, Chris was diagnosed with a malignant brain tumour in November 2006 and stepped down from all of his clinical positions to focus on his therapy and treatment. Chris transformed his personal adversity into an opportunity, using his experience to fight for cancer patients and their families. Chris detailed his battle with the illness in his autobiographical book *Never Say Die*. He died on 4 June 2009.

Chris gained his greatest insights into the way people with cancer are treated through his own illness. He recognised that medical care of patients needs to be holistic, and that a person needs to be considered as a functional unit, mind and body. He crusaded for a new model of care designed around the needs of patients and their families where treatment is underpinned by research, with access to clinical trials. During the course of his own illness with brain cancer, Chris was treated with the latest advances in surgery, radiation and chemotherapy. In addition to conventional medicine, Chris sought complementary therapies to try to activate the body's ability to heal itself. He learnt the power of meditation and emphasised the importance of survivorship to ease the psychological fears and scars associated with cancer.

The Lifehouse aims to offer an optimised pathway for people with cancer through integrated treatment, research, education, complementary therapies and support. At the Lifehouse, everything a patient needs will be in one place, including allied health, complementary therapies, psychosocial support and rehabilitation physiotherapy.

Chris O'Brien's vision is becoming a reality, with construction almost complete and final preparations underway to open the state-of-the-art \$260 million Lifehouse facility to patients in November 2013. The facility is located on state government owned land and the Lifehouse has received more than \$180 million in federal government grants.

The Chris O'Brien Lifehouse will be utilising MIMS Medicines Knowledge and Clinical Decision Support as both a drug information reference and as an integrated medicines management component in the Lifehouse Oncology Information System (LHOIS).

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# MIMS Medicines Data assisting in the study of the Ageing Brain

From the moment we are born and throughout our lifetime we are ageing. All of us experience the process of ageing in a different way. Gender, culture, education, environment and life experiences all play a factor in our individual ageing process. The twentieth century delivered dramatic improvements in Australian public health care, living conditions, income and the control of infectious diseases which has led to increases in life expectancy. We are now living longer, and therefore diseases and disability related to ageing are now major challenges facing our community. Ageing relates to a wide range of physical and mental changes; however it has now been realised that the biggest barrier to healthy, happy ageing is the occurrence of brain disease. Increasing our understanding of the ageing of the brain is now important to allow the prevention and treatment of age-related neuropsychiatric disorders.

The University of New South Wales, Centre for Healthy Brain Ageing (CHeBA) is an international centre of excellence in multidisciplinary research into the ageing brain and various aspects of cognitive disorders (and dementia). Its work extends from molecular work in the Genetics and Proteomics Laboratories, to tissue culture and cell-related work in the Neural Stem Cell Lab and neuronal systems and networks in the Neuroimaging Lab. The centre also studies clinical, epidemiological and sociological research and looks at ageing health policy using its strong links with the teaching hospitals, aged care providers, state and federal governments and the established ageing cohort studies. Its work strongly emphasises implementation, capacity building and translational research.

A significant study being conducted by CHeBA is the Sydney Memory and Ageing Study which is examining the clinical characteristics and prevalence of mild cognitive impairment and related syndromes, and trying to determine the rate of change in cognitive function over time. It is one of the largest longitudinal studies of this kind in Australia and has resulted in more than 40 scientific publications and much national and international collaboration.

As part of the research, the medications taken by elderly people are recorded as medication brand names and these are then classified and the data recoded into MIMS active agents and their categories/subcategories. Originally, this classification and coding was a massive manual task where MIMS references such as MIMS Online were "looked up" and the information was entered into the research database. The necessity to process the large amount of valuable research data produced by such a long-term study in a less labour intensive and faster way soon became apparent. MIMS Integrated Data, presented as relational data-tables, have now allowed for the study to batch recode the collected medicines data with ease, which allows for less manual effort in managing the information and frees up valuable research staff time.

The translational research undertaken by CHeBA is expected to be a key influence to determine future medical practice and assist in the development of government policy. This, in turn will make a real difference to our lives as we age.

## Elizabeth Sabolch

The Team at MIMS congratulates Elizabeth Sabolch, Clinical Consultant Pharmacist from Sydney on her recent elevation to Associate Fellow of Australian College of Pharmacy.

The eMIMS team have grown to love and respect Elizabeth as she is one of a wonderful group of eMIMS users who have worked closely with us over the last 18 months to redevelop this much loved product.

We could not have done it without you Elizabeth and are thrilled you have (as you say) been elevated.





# Delivering Safer & More Accountable Medicines Management



Most people in residential aged care facilities have been prescribed medicines which are taken daily. As we age, medicines are usually required to manage a number of different health conditions and chronic diseases. In this context, the term 'medicines' is likely to include a combination of prescription, non-prescription and complementary products, which leads to a complex medication management challenge for the operators of residential aged care facilities.

Medications are core to the prevention and treatment of disease, improving the quality of life and increasing life expectancy in the aged. However, it is well documented that inappropriate medication management in residential aged care can lead to significant adverse effects on the health of the residents.

Australian studies of medication incidents involving the aged have found that the administration of the wrong medication or someone else's medications is common in care facilities. It is now well understood that the core contributors to this significant rate of medication administration errors in nursing homes were staffing issues. These issues include excessive staff workload, distraction, staff not being aware of standard procedures or being unfamiliar with the

resident. Currently 1 in 4 of hospital admissions of the aged are directly related to medication issues. New software solutions will assist in reducing hospital admissions by reducing the errors that currently occur in residential aged care facilities.

MIMS is working with Australia's three leading developers of aged-care specific clinical solutions to help provide medication management software solutions that aim to eliminate repetitive manual administration workload, automatically aid staff with procedural and clinical support, and ensure each resident is positively identified at each medication administration. While the approach taken by the three clinical solutions differ, each shares the common goal of dramatically reducing the risk of medication errors and therefore significantly promoting positive health outcomes for residents in aged care facilities.

Aged care software developers, AutumnCare, Health Metrics and LeeCare have all recently developed a new generation of medication management applications, specifically designed to reduce medication errors by ensuring safe medication workflows are followed.

In each case, the solutions are powered by MIMS Integrated medication data which includes the most up to date and comprehensive source of locally approved drug information, product images and the internationally referenced and clinically reviewed MIMS decision support modules.

## Best Practice

MIMS partner Best Practice Software has appointed Robert Lister as their Manager of Information Technology.

Rob is an experienced IT manager and industry representative having spent over 10 years with Sonic Healthcare.

Best Practice Software has grown exponentially over the past 6 years and on current growth rates is expected to become the market leader by 2014. The company produces a range of software products designed for healthcare settings and is used by practitioners throughout Australia.



# MIMS Responds to TGA Public Consultation

In June this year, the Therapeutic Goods Administration (TGA) published a public consultation paper seeking input into ways to maintain the currency of product information (PI) and consumer medicine information (CMI). For MIMS, this review was timely and important – as the legally approved Australian document on a medicine, it is imperative that all measures are taken to ensure that their quality and currency is maintained. The PI is an important reference source for healthcare professionals, as is the CMI for consumers.

MIMS currently distributes its products across the healthcare sectors in Australia, including within all private and public hospitals and to the majority of pharmacists, specialists and GPs. As the largest aggregator of PI and CMI, MIMS felt it was important to contribute feedback to assist the TGA in this consultative process

In the paper submitted to the TGA, MIMS provided a number of recommendations based on its experience working with the healthcare community and pharmaceutical manufacturers. For example, one suggestion on how to improve the frequency of updates was to look at the cost issues associated with updating the document. This is used, on occasion, as a reason not to update the PI with non-safety-related data or information on older generic products. Feedback to MIMS is that cost can become prohibitive, so one recommendation was to look at how this is charged to see if there are some ways to remove this barrier to updates.

Another issue that MIMS is aware of is the lack of clarity over the different processes taken to develop PI for a listed medicine (AustL) versus a registered medicine (AustR). Producing a PI for an AustR product and having it approved requires a more formal, structured process compared with an AustL document. However, it was clear that there is little awareness of this – which is important when using information. As part of its listing, MIMS publishes whether a medicine is AustR or AustL and an explanation is also provided on the difference. However, there is also scope for the TGA to assist in clarifying this and remove any confusion.

A subject of much debate has always been what sort of evidence is required to update a PI. Especially for many new medicines, most of the information is derived from large, placebo controlled clinical studies. However, the issue is more challenging with older, generic medicines where there may be few recent clinical trials but where best clinical practice has diverged from the PI. The recommendation from MIMS was to look at what categories of evidence can be used to support a change in the PI and to identify ways to include the expertise from the clinical community, especially in the usage of older, generic medicines.

An issue of concern, especially to consumers, is that there is currently no requirement to update a CMI when a PI is updated. This means that consumers may not have access to the latest information and the information in the CMI and PI may differ. As such, MIMS recommended that the TGA research a mechanism to align the updates of both documents, even though they go through a different type of review process.

Finally, MIMS recommended that all S3 medicines should have a PI and CMI and all registered medicines should have a CMI. Currently most, but not all, medicines would have a PI and CMI – standardising by ensuring they all have this information would be useful for both clinicians and consumers.

The public consultation process closed on the 13 June. Overall 25 responses were submitted to the TGA. MIMS was delighted to participate and would be like to be involved in any working groups that result from the feedback received.

**medical  
observer** on iPad

Download MO for iPad  
from the Apple app store



“As a GP and mother, the *MO* app means I can keep up on the go.”

– Dr Marlene Tham, GP, Melbourne, VIC



# UnityHealth Receive Industry Awards

From Peter De Lorenzo, CEO

It is with great excitement that I announce that two of UnityHealth's systems were recognised at the recent innovation iAWARDS in Victoria, and both have been nominated for the national awards being announced on August 8.

UnityHealth's iTherapeutics training program, which is currently being used by over 90% of Australian pharmacies, was awarded the Education prize at the Victorian iAWARDS and our IMgateway database, which provides instant alerts on how a prescribed drug will interact with complementary medicines and foods, received a Merit award in the Health category.

The Awards cap what has been a fantastic few years for UnityHealth with our products now accessed by over 4,590 Australian pharmacy stores and recognised as the leading online training systems for pharmacy staff in South East Asia and the Asia Pacific. We are currently looking to new markets with entry into Hong Kong and Canada imminent.

With the valued support of our pharmaceutical company partners, university researchers and Australia's healthcare professionals and their staff, we have developed and enhanced systems which are the first of their kind in the world, helping Australia lead other countries in healthcare industry education and training.

Australia now has a better trained pharmacy and healthcare workforce with access to consistent and structured online educational programs that are helping them know what questions to ask of their customers and clients and make informed recommendations. We are particularly pleased to offer this training equally in regional and rural areas.

Perhaps the greatest satisfaction comes from the impact the training and information databases are having on the end consumer who is now receiving more current, high quality information, improved advice from pharmacy staff and healthcare professionals than ever before.

For further details view -

- Database Links Complementary and Prescription Medicines for Better Advice
- Pharmacy Companies Reap the Benefits of Award Winning Technology

Thank you for your support to date. We look forward to continuing to work with you to help ensure the industry has the information it needs to do its job well and the channels to share the information for the consumer's benefit.

## New MIMS Partners

MIMS welcomes our new partners as the length and breadth of applications using MIMS Data for Integration continues to grow.



**The first to market this year is Visual Outcomes:- <http://visualoutcomes.com/>**

This Sydney based company started working on a clinical management application in 2004. Built around the patient they provide a solution that integrated multi-specialty clinical records, practice management and client interaction. This year after proving to be highly success full in both Australia and the USA Visual Outcomes have developed their software to include MIMS.

Visual Outcomes' patient-centred approach make it fundamentally different: providing a platform that can fit any healthcare practice – single or multi-specialty; private or public; part of a hospital, a university, a network or independent. And because it was developed in a group of working clinics, Visual Outcomes is intensely focused on the real world.



**Our latest partner is Pillpedia**

Pillpedia is a new and exciting medication review software for Home Medication Reviews (HMR's) and Residential Medication Management Reviews (RMMR's).

Pillpedia will speed up and manage all aspects of your medication review process. Simple and easy to use the intuitive template and drop down menu streamlines clinical information collection.

Pillpedia features include the first MIMS integrated drug interaction engine to assist in clinical decision making.

The autosave feature means information is securely stored with the option of remote storage. Integrated invoicing and appointment scheduling within the software helps keep track of the reviews and allows you to invoice with the click of a button. Pillpedia is the integrated solution, helping you to help your patients.

For more information about Pillpedia contact Josh Al Din via email; [joshaldin@gmail.com](mailto:joshaldin@gmail.com) or visit <http://www.pillpedia.com.au/>

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# Staff Profile

## Colin Abercrombie

### Chief Executive, MIMS Pacific



#### What I do?

Leading the MIMS business and delivering the strategy that will take MIMS to the next level for health professionals in Australia and New Zealand is a challenging but hugely exciting task. Expectations across the health sector for access to accurate and locally relevant medicines information have risen dramatically.

Applying resources efficiently and effectively to meet these expectations is demanding and requires a concerted team effort. After 50 years in medicines information management, MIMS is fortunate to have teams working in business development, IT, production, customer service and support who take great pride in helping achieve our goals.

#### How long have you worked at MIMS?

I launched the MIMS business in New Zealand in 2001 when it became the first integrated medicines resource for general practice and community pharmacy software systems. In 2007 I assumed responsibility for MIMS Australia and have worked closely with country manager, Siobhan Murphy, in developing the portfolio of products for health professionals and consumers in Australia and New Zealand. For both countries, innovation and future proofing has been a core focus of our activity. I particularly enjoy working with the dedicated product teams to find new solutions that improve the quality and relevance of our products. It is immensely rewarding that so many of our products and services have stood the test of time and remain 'must have resources' for all our health professional communities.

#### What is your background?

After 3 years as a high school teacher in New Zealand and London, I joined the New Zealand-based medical publishing company ADIS International, founded by Graeme Avery, in 1982.

In 1989 I joined a colleague and launched New Zealand's first medical newspaper, New Zealand Doctor, which I am very pleased to say is still thriving today.

After selling this business in 1994, I continued to manage the New Zealand operation until I was fortunate enough to be offered the regional chief executive position for MIMS Australasia in 2007.

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

Without doubt, it is working alongside a diverse and highly capable group of people engaged at all levels of the MIMS business. The current medicines environment is the most exciting and interesting since MIMS was introduced 50 years ago. The opportunity to ensure MIMS remains the ubiquitous medicines resource

for health professionals across primary care, community pharmacy and within hospitals is an important objective that will ensure the future of the business for many years to come.

#### What do you see as the challenges for MIMS?

Whilst the opportunities for MIMS have never been greater so the environment in which MIMS operates has become more complex and technology driven. It is an environment that demands innovation and MIMS must continue to develop to secure its future. I am confident that we have the people, the expertise and the commitment to achieve this.

#### What do you enjoy outside the office?

I too have a great enthusiasm for keeping as active as possible. These days golf and fishing are my favourite leisure activities and of course there are always the regular rugby tests between Australia and New Zealand to keep trans Tasman rivalries alive!

Staying fit and healthy to ensure I can enjoy my love of good food and a New Zealand or Australian fine wine occupies most of my remaining free time!

## Conferences

#### Pharmacy Australia Congress

**Friday 11 October – Sunday 13 October**

**Brisbane Convention Centre**

[www.psa.org.au/pac](http://www.psa.org.au/pac)

The theme for PAC13 is ONE profession, ONE focus, ONE voice. The theme will look at how unity in the profession, in the delivery of services and in the goal of better health outcomes is the key to the profession growing in the future and remaining viable and sustainable while continuing to improve the health and wellbeing of the population.

MIMS will be exhibiting at Booth #1

#### 4th Global Drug Safety Conference and Exposition

**Monday 14 October – Wednesday 16 October**

**Brisbane Convention Centre**

[www.medical.theconferencewebsite.com/conference-info/GDS-2013](http://www.medical.theconferencewebsite.com/conference-info/GDS-2013)

The Global Drug Safety (GDS) Conference and Exposition is the premier one-of-kind drug safety event assembling the leadership of the world across a wide spectrum of stakeholder groups in one location, to advance the global drug safety mission in all corners of the world.

#### GP13

**Thursday 17 October – Sunday 19 October**

**Darwin Convention Centre**

<http://gpconference.com.au/gp13>

The RACGP conference for general practitioners.

#### Health Libraries INC

**Friday 18 October**

**State Library of Victoria**

<http://www.hlinc.org.au>

This year the conference program will focus on the added value and return on investment health libraries bring to the organisations we support. For the last ten years the HLI conference has provided a platform of mentorship and the opportunity to share knowledge and experiences with our peers.

