

# MIMS MATTERS

Winter Edition 2013

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## MIMS Celebrates Half a Century in Australia



In November we will celebrate the 50th birthday of MIMS in Australia. Given the scope 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. 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 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 of products and classes of medicines available were 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 an almost exponential growth in the number of products available, 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, which reflects 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. 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 \$1.3 billion in 2012.



# MIMS Celebrates Half a Century in Australia

## cont...

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 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 Annual listed TGA approved full PIs and aided in-depth research for more complex prescribing situations.

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

Use and access to computers in the healthcare environment accelerated during the 1990s, and MIMS was faced with the challenge of adapting to the new technology and remaining 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 supporting GPs, 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 in its client base. No longer was MIMS a print product mainly for GPs, and no longer was MIMS only a provider of PIs. **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, 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 healthcare audience. Our subscribers range from state health departments to universities and research institutions, they include 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 supplemented 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 tool 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 and we have incorporated the TGA's adverse event reporting form, 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 healthcare 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.



# MIMS, Population Longevity & Translational Biomedical Research



The life expectancy of an Australian is now almost double that of that of an individual in parts of the developing world. Population longevity in Mozambique is 41.37 years compared to Australia's 81.72

years life expectation (2010 data). The health demands of Australia's population are projected to change considerably as a result of this significant extension of life expectancy.

Translational Biomedical Research plays a critical role in developing population health strategies for chronic disease management and health services that aim to ensure that a high quality of life is maintained in the additional years provided by growing population longevity. Translational research focuses on iterative feedback loops between the pure (fundamental) and clinical research domains to accelerate knowledge translation from the hospital bedside to the laboratory bench, and back again. Hence, translational research is seen as a key component to finding practical solutions

to meet the social and economic challenges people face as they enjoy longer life.

Accurate identification of medications and the ability to record their use and efficacy are core components of captured research data. Drug and clinical terminologies also play a critical role in the management and analysis of the large and complex data sets processed in biomedical research. Comprehensive medicines knowledge, FastTrack drug interaction analysis and the ability to map medications to the Australian Medicines Terminology (AMT) has led to MIMS playing an important role in a wide range of studies, most recently including the research of neurodegenerative diseases and the health of the aging brain.

In coming issues, MIMS Matters will feature a series of articles highlighting the research and the practical role medication knowledge plays in neurodegenerative studies. We will also consider the contribution of medicines knowledge to other Australian research, focusing on chronic disease management, the role of gender in longevity and the challenges faced in the future due to antibiotic resistance and the obesity epidemic.

## Where does MIMS source information?



The medicines information within MIMS is updated by our editors every month. Each medicine listing contains information from multiple sources.

We receive updates to the TGA approved PIs and CMIs from several different channels. In many cases, revised or new PIs come through from the Secure Data Warehouse provided

by Guildlinks; pharmaceutical companies upload their updated information which is then distributed to several health information providers. Alternatively, many companies will email updated versions of their product information directly to the MIMS editorial inbox. Although Guildlinks may charge the pharmaceutical companies for this service, MIMS does not charge any fees for listing medicines in our products. As well as the TGA approved PIs, we also have information for a large number of OTC products, herbal and vitamin preparations and nutritional supplements. In the absence of an approved PI, the editors may use official label artwork and information from a completed MIMS New Product Advice Form.

In addition to the full prescribing information, the MIMS editors produce an abbreviated product listing. These

are written by the MIMS editorial team who are all health professionals (predominantly pharmacists). The abbreviated listings can contain information from, or links to, a variety of different sources. For Example, NPS Radar and medicines update, TGA pregnancy information, drugs in sport status etc.

As well as our medicines information, MIMS products include decision support modules (e.g. Drug interactions, Drug Allergy\*, Drugs in Pregnancy\* (\*integrated products only)) which are predominantly researched and updated from primary literature. Pubmed and the Cochrane reviews are searched, as well as publications like Reactions Weekly. When required, references are backed up with internationally recognised tertiary literature sources such as Martindale, the AHFS and Stockley's Drug Interactions. Information is updated by regular reviews and if changes are noted in the PIs, these medicines are flagged for further research.

MIMS has also partnered with other information providers to deliver valuable content to our users. This includes the SHPA's Don't Rush to Crush, and evidence-based drug- herb interactions from the University of Sydney. Further information on both of these can be found on [www.mims.com.au](http://www.mims.com.au)

**MIMS**

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# iMIMS is moving

If you blinked then you probably missed it. A change has already occurred; the iMIMS app was transferred from our UBM Medica Apple Developer account to our new developer account (MIMS PTE LTD). This change was necessary as part of the recent sale of the UBM Medica Data Information Service business, which MIMS Australia is part of.



**iMIMS Australia**  
MIMS PTE LTD.

Although this change did not require any changes to the iMIMS app itself, the app transfer turned out to be somewhat of a challenge as it was not until early June this year that Apple announced that it would allow apps to be transferred to another account. The good news for existing iMIMS users is that you do not need to do anything as a result of this change. Your iMIMS will continue to work exactly how it does now.



**1** The above change was also important in preparation for our soon to be released iMIMS version 1.3.0. Very soon you will see a new version of the iMIMS app available for download. For

those of you who are not sure how to download an app update, it is quite simple. When the new version of iMIMS is available, your iPhone (or other Apple device) will provide a standard app update indicator. Tapping on this icon will take you to the Updates screen where you can simply tap on the Update All button or the UPDATE button for the iMIMS app. The update will incorporate the latest iMIMS app and a full data update containing the July 2013 database. The download size will be approximately 280MB.

Included in this release will be some minor bug fixes and some improvements in the handling of special text characters for medicines and information containing superscript and subscript characters. However, the primary reason for the new version was to make some necessary changes behind the

scenes to ensure that iMIMS complies with Apple's current rules and regulations. In short, we have now implemented the ability to purchase and renew iMIMS directly within the iMIMS app using Apple's In-App Purchasing mechanism. This feature has been a popular request from our users and will make the iMIMS purchasing experience simpler by allowing you to tap a simple button, enter your Apple password, and Apple will take care of the billing and invoicing through your Apple iTunes account. There is no need for you to go to the MIMS or iMIMS website and enter your credit card details anymore.

Most of our iMIMS users have opted to purchase the Pill ID module, so rather than complicate the purchase process MIMS decided to change the Pill Identifier module from being a separate purchase (i.e. add-on), to being included with your iMIMS purchase. Please note that the App Store has a pre-defined tiered pricing structure and this simply means that the price of iMIMS must fall within one of their tiers. Therefore, the new price of iMIMS with Pill ID included will be AUS\$179.99.

For our enterprise users... you are not impacted by the In-App Purchase changes. Your copy of iMIMS is provided by your employer and when your subscription expires you simply go to your employer's web portal and re-register for iMIMS. This process is the same as you followed for your original iMIMS registration. If you are not sure how to do this, please contact your IT department for assistance.

Please note that your existing iMIMS app will continue to perform its monthly data updates. However, we do advise that whenever app updates are available that you do install them.

Now that all of the technical and compliance issues are out of the way, we have paved the way for iMIMS to move onto bigger and better things. Stay tuned for further iMIMS announcements regarding our plans to release iMIMS for Android Smartphones / Tablets and for iPad.

## eMIMS Survey Winners

Congratulations to

- Marjory Taylor - Librarian, Subiaco WA
- Jessica Howard - Community Pharmacist, Glenorchy TAS
- Mariame Iraki - Dietician, Mawson ACT

Thank you to everyone who took the time to respond to our latest survey. We had close to 1,000 responders, so the information you provided will give us clarity around the things we need to know to ensure we continue to provide our trusted medicines information in the right way for our individual users. The responders came from the length and breadth of healthcare, but once again it was the pharmacists who outnumbered any other profession.

Congratulations to the winners and thank you all once again.





# Conpharm 2013

Nine years on, ConPharm once again proves its relevancy - this time in Adelaide. 350 clinical pharmacists gathered to listen and learn from some of the country's leading clinicians, pulled from diverse areas of healthcare. As always, managing patient's medicines to ensure optimal effect and minimum adverse events was at the core of the conference.

It wasn't all hard work, with a wonderful dinner and some pretty wild dancing keeping everyone entertained on the Friday night.

It was a very exciting conference for MIMS as we showcased the new eMIMS. With its launch planned



for August 2013, eMIMS V2.0 created enormous interest with well over 100 people requesting access as soon as possible. We will be contacting all our eMIMS customers in the next few weeks to offer a free trial of the new eMIMS.

Thank you as always to everyone who took the time to complete our survey. When you start to use the new eMIMS we believe you will see that we have listened and

are providing you with a product that fits with your workflow and allows you to make quick and sound decisions for the safer use of medicines.

## Information Technology in Aged Care Conference

MIMS recently attended the ITAC 2013 National Information Technology in Aged Care Conference. The emphasis was on the importance of information technology in establishing a sustainable, quality-focused aged care environment. The conference brings together local and international experts across the fields of community care, medication management, assistive technologies and off-site information systems delivery.

This discussion of the safe use of medications in aged care is very relevant considering that the World Health Organization estimates that up to 50% of prescribed medications given to the aged in developed nations suffer some degree of non-compliance.

At this year's conference, Australia's three leading developers of aged care-specific clinical solutions, AutumnCare, Health Metrics and LeeCare all presented their recently developed, new generation medication management applications. These applications are 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. These new generation medication management software applications eliminate repetitive manual staff workload; they use the MIMS data to enhance medication prescribing and aid the medication administration workflow, which leads to a dramatic reduction of errors.

This year, ITAC presenters and speakers once again challenged the audience and MIMS took every available opportunity to participate in the conference sessions. Over the two days we met many subscribers to both our printed and electronic content and we received plenty of valuable feedback and suggestions. We are looking forward to participating in the conference once again next year.

# Health Library Professional Development & Training

MIMS recently sponsored and participated at the Health Library Professional Development & Training Day held at the State Library of Victoria.

The well attended meeting brought together participants from both the public and private health sector libraries across Australia. A program of multi-streamed sessions discussed the challenges of providing accurate information in acute-care organisations and how to deliver content in the optimal format, exactly when and where needed when library operational budgets are often frozen or being reduced.

The MIMS keynote session presented the ways in which MIMS Medicines Knowledge and Information is used by Australian health providers beyond our more commonly recognised MIMS reference resources. Specific examples ranging from MIMS embedded in paramedic clinical tools to the use of MIMS Integrated Information in highly specialised clinical tools that deliver chemotherapy, intensive care clinical decision



support and emergency department resuscitation were explained. This session highlighted the critical role that health librarians play in the complex health

environment as the key managers and providers of clinical knowledge and support.

Sessions of particular interest to us here at MIMS included the discussion of the rapid expansion of cloud based delivery of information, the latest advances in mobile technologies and the importance of relevant and focused high quality content, delivered

at optimal depth at the right time and place – often directly into the users professional workflow.

With fellow delegates from all major health providers in Australia it was also the perfect opportunity for us to meet face-to-face with our subscribers and friends old and new. They shared plenty of valuable feedback and suggestions that will definitely guide us in our aim of delivering innovative and flexible digital medicines knowledge and clinical decision support.

## Pharmacy Interns Supported by the team at MIMS

The MIMS Intern Program has been in place for the last three years. In that time, it has grown from MIMS working with a small group from the PSA NSW Branch to a national program for the PSA, the Pharmacy Guild and Universities.

Each intern is given access to eMIMS, our much loved CD-based version of MIMS, for their intern year. We provide training to all of the interns on how to use eMIMS to ensure that they feel confident in making the very best use of the content. Offering much more than just TGA approved product information, eMIMS provides the interns with clinical resources, patient care tools and handouts and, of course, the much used evidence-based drug interactions. Our content partner IMGateway, together with the School of Pharmacy at Sydney University, also provides free access to their unique evidence-based drug/herb and food interactions.

MIMS has also worked with the PSA in NSW, Qld and Victoria to award and provide support to their PSA Intern of the Year. In 2014, we hope to roll this award out to other states with the PSA. It is a privilege to be part of awards and the team are constantly in awe of the work these young and innovative pharmacists do. The patient focus they bring to their work and the passion they so obviously have for their chosen profession are inspiring to us all.



# Media Statement



15 April 2013

Best Practice Software Pty Ltd is pleased to advise that their new national office (BpHq) will be officially opened by the Governor of Queensland, Her Excellency Ms Penelope Wensley AC at a private industry function for invited guests on Friday 19 April 2013 at 3pm.

Best Practice Software is a leading Australian provider of medical software. Since launching in 2004, Best Practice has forged a reputation for quality products, great user functionality and excellent customer support. We've partnered with medical practitioners to deliver a range of cutting-edge and user-friendly clinical and management software solutions, designed for simplicity, easy operation, feature-rich applications and real world dependability. We provide updates and enhancements, and regularly engage with our customers with tailored training solutions and fantastic user events.

Our amazing growth and popularity within the GP software market means we have captured 35% of the Australian market and at current growth rates, expect to become market leader in 2014.

General Manager, Craig Hodges said *"We were bursting at the seams in our previous leased office and our new BpHq will provide a higher degree of comfort and amenity for our staff, with additional room available to grow as needed. To meet the demands of the innovative work we do and to help us deliver the service we provide. BpHq has been fitted with cutting edge communications and data technology, some seen for the first time in a private office environment in Bundaberg."*

Following formal speeches and the official opening, Her Excellency and Mr McCosker will be given a tour of the building and have the opportunity to meet with staff, industry representatives and Best Practice customers.

## Ends

Additional information for media:

Business and building owners, Dr Frank and Lorraine Pyefinch will be available for pre-event interviews on Thursday 18 April 2013 to assist in meeting press deadlines.

Journalists and photographers are welcome to attend the opening event and should contact General Manager, Craig Hodges to confirm attendance and access arrangements.

For more information please contact:

Mr Craig Hodges  
General Manager  
07 4155 8800

## medical observer on iPad

**“** I love the MO iPad app. It is sleek, simple, portable, informative, up to date and educational. All in my hand wherever I need it. **”**

– Dr Jane Ramsey, GP Woodside, SA



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from the  
Apple app  
store

# Staff Profile

## Siobhan Murphy, Country Manager, MIMS Australia Pty Ltd



### What question do you get asked most frequently?

What does a "Country Manager" do? Basically my role involves overseeing the current operations and direction of MIMS. I have responsibility for ensuring the day to day smooth running of MIMS as well as ensuring that we continue to innovate

and adapt so we have a vibrant and relevant business in the future. I work very closely with all the departments in MIMS, from business development to editorial, IT, production and customer service and operations.

### How long have you worked at MIMS?

I have worked with MIMS for the past 12 years. I started at MIMS to work as the Marketing Manager for the myDr.com.au consumer health site and quickly moved over to working across the whole product range. In 2002 I was appointed General Manager for MIMS and then in 2007 I was fortunate to be promoted to Country Manager of the entire business including Medical Observer. Over the past 12 years I have really enjoyed my involvement in the business. The challenge of working across such a complex and constantly changing environment is both interesting and demanding. I enjoy working closely with the various teams in the business as well as our international colleagues and our clients and stakeholders.

### What is your background?

I started life as a physiotherapist working in both the public and private health system. However, my interest in health promotion and preventative health led me back to study a Masters of Business Administration at the Australian School of Business. Following my studies, I enjoyed a number of roles focused around healthcare marketing before arriving at MIMS to work across both our consumer health website, myDr.com.au and our healthcare professional products.

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

In November this year MIMS will be celebrating its 50th birthday in Australia which I think is a testament to the ability of the business to evolve and adapt to the changing needs of the healthcare environment. I believe that being able to trust and rely on MIMS to remain consistent brings value to the healthcare community. I see the challenge moving forwards is to continue to invest in the development of our products and services. We need to continue to support the evolving requirements of the healthcare environment whilst remaining focussed on the needs of the professionals working within them.

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

As they say "sitting is the new smoking" I enjoy anything that doesn't involve sitting down – yoga, walking my dogs, travel, gardening and renovating houses.



# Conferences

## Pharmacy 2013

Wednesday 4 September – Saturday 7 September  
Sheraton Mirage, Port Douglas

[www.pharmacyconference.com.au](http://www.pharmacyconference.com.au)

The Organising Committee is developing a program which will allow pharmacists the opportunity to not only contribute to their overall pharmacy management professional development but also to gain both Group 1 and Group 2 CPD credits.

## General Practitioners & Education Training

Wednesday 11 – Thursday 12 September  
Crown Hotel Perth

[www.onqconferences.com.au/gpet2013/home.php](http://www.onqconferences.com.au/gpet2013/home.php)

The General Practice Education and Training Convention provides an annual national forum for those involved in education and training in general practice and rural medicine.

MIMS is a sponsor of GPET

## Australian College of Nurse Practitioners

Tuesday 24 September – Friday 27 September  
Hotel Grand Chancellor, Hobart

[www.dconferences.com.au/acnp2013/](http://www.dconferences.com.au/acnp2013/)

The conference theme 'Nurse Practitioners Across the Lifespan, Transforming Healthcare' will focus on key topics organised in clinical streams, including mental health, primary and emergency care, chronic disease, aged care, paediatrics, pain management as well as acute care and rehabilitation.

## Society of Hospital Pharmacists Australia

Thursday 19 September – Sunday 22 September  
Cairns Convention Centre

[www.mm2013shpa.com](http://www.mm2013shpa.com)

Medicines Management 2013 invites pharmacists, pharmacy technicians and associates practising anywhere in the health system to Get Smart, Get Personal and Get Inspired about their practice and the delivery of pharmacy services into the future.

MIMS will be exhibiting at Booth #39

## How will they interact?

Find out with **MIMS NEW** evidence based **Complementary Versus Mainstream Medicines' Interactions Module**

