Cliford Patrick – Regional Vice President Listings, MIMS, Malaysia



Malaysia is looking to create a data centre that will allow the government to collect information from various healthcare stakeholders

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Cliford Patrick, regional vice president listings at MIMS expands on the opportunities that data can bring to healthcare in Malaysia, from improving patient safety, to streamlining the healthcare budget. Patrick also shares his thoughts on future digitalization projects in Malaysia, and the scope for medical cannabis in the country.

What type of services can MIMS offer to the Malaysian industry?

MIMS (Master Index of Medical Specialty) was established in 1968, under the original name of DIMS (Drug Index of Malaysia and Singapore), and our main service is to provide drug data that helps healthcare professionals in improving patient outcomes. For example, we are the only company that provides local FDA approved drug information in the region. Before 1981, every ASEAN country had their own publication such as TIMS in Thailand, PIMS in the Philippines, HKIMS in Hong Kong & IIMS in Indonesia which caused confusion among our clients. Consequently, we restructured and now, we are known as MIMS in the countries we operate in. With the emergence of the internet, information became easily accessible, however, what sets us apart from our competitors is that MIMS provides locally-approved drug information, specific to each market and environment.

Besides providing drug information in Malaysia, we also provide decision support modules that can be integrated into Hospital Information Systems. In APAC, 12,108 medical institutions trust MIMS to

be their partner in their Clinical Decision Support Modules. In Malaysia, we have about 541 private and public institutions using MIMS Gateway and MIMS Integrated. We have recently got into healthcare recruitment where we provide placement of locums and nurses to clinics and hospitals locally, and we also do foreign placements for doctors and nurses mainly in the Middle East. We are looking to expand this to the rest of Asia and Europe.

How would you assess the evolution of your readership over the years?

Our audience has grown significantly thanks to the extension of our distribution channels, now composed of three major platforms: print, mobile and our website MIMS.com. We cover 15 markets and over two million healthcare professionals subscribe to us through our digital platforms. When we began MIMS.com in 2008, we only had 41,000 unique visitors. Now we have over 1.5 million unique visitors across the region, and around 233,000 are from Malaysia. On our mobile service, we have around 107,000 downloads, and 12-13,000 unique visitors with 801,000 page views. There is still a lot of work that can be done there as we have yet to reach all of them.

On the other hand, our clients are government agencies and pharmaceutical companies. I think the healthcare sector is changing and various initiatives are taking place for pharmaceutical companies to promote their products. Two or three years ago, almost every country were signatories to the Mexico City Principles which limits what pharmaceutical companies can do to promote their products, for example, limiting branding on gimmicks and putting more emphasis on providing scientific information to healthcare professionals. Following that, Malaysia will implement the IFPMA code of practice starting 2019 which prohibits gifts and promotional aids to doctors. Therefore, companies are choosing our platform to communicate as we have gained a strong reputation and trust about our services. We also have an extensive network. Thus, we are always the first point-of-call. The government also look at us as a tool to provide them with data, which makes us the partner of choice.

The Malaysian government is seeking to cut costs and red tape. Do you think Malaysia is ready to embrace e-health and digitalization as a means to achieve this?

Like most countries, Malaysia is looking to create a data centre that will allow the government to collect information from various healthcare stakeholders. There are a lot of hospitals out there, both public and private that have their own data but not everyone has access to that information. If

one party can collate the data, governments can utilize that information to devote resources to where they are most needed.

Currently, there are a lot of inefficiencies in the system due to poor planning. Let's take drug shortages as an example. There is no real-time inventory showing which hospitals have an excess of a particular drug that could be needed in another hospital. A mechanism that allows for the efficient allocation of resources could easily save governments up to two-three percent of their budget. This is where digitalization opens up so much potential. The whole process must be digitalized to be efficient. In Asia, the incidence of certain diseases can be seasonal. Digitalization could help governments redistribute resources to the right location at the right time.

Of course, data breach is a risk, like what happened in Singapore, where, following a cyber-attack, the Prime Minister of Singapore's medical data was compromised. Nonetheless, digitization must be mandated by the government. The key challenge to this is mandating each stakeholder to adopt a common framework on a single centralized platform. Currently, while the public healthcare system operates on one platform, private healthcare providers all have their own system.

We have seen in the news that there has been a few articles of medical cannabis and the potential to legalize that for medical purposes in Malaysia. Do you think there is potential for Malaysia to enter this area?

There is some discussion about Malaysia wanting to be the first country in Asia to legalize medical cannabis. However, in the ASEAN region, the Philippines have already started the process and legislation is awaiting approval. In that sense, it doesn't seem possible that Malaysia could be the first.

Moreover, medical cannabis is a complex subject here. Any legislation will need to be carefully considered in relation to Malaysia's draconian laws on narcotics, as legalizing medical cannabis could create a legal grey area. However, there are patients who can't use current treatments due to an allergy to certain molecules and suffer greatly with pain from conditions such as cancer. If medical cannabis can someway alleviate this, making them more comfortable, it would be important for the government to make a step towards this solution.

You have experienced working in multiple countries across the ASEAN region. What differentiates the Malaysian market from its neighbouring countries?

With the rising cost of healthcare globally, governments must reduce healthcare costs and make their systems more robust. At the end of the day, if the patient is not paying for healthcare, the government is. Therefore, the main differentiator I feel is the will of the Malaysian government in providing affordable healthcare. Despite the criticisms of the previous government, Malaysia still has a relatively robust healthcare infrastructure and the government is proactive in finding solutions to the issues within the system. I think healthcare should be a right for everyone, but we have to be mindful of the increasing burden of healthcare costs and governments will not be able to subsidize everything. For example, Indonesia has a government insurance scheme called BPJS and it is in jeopardy due to rising cost. In my opinion, Malaysia has one of the most dynamic healthcare systems in which patient access is better due to public healthcare policies.

How do you think the government can address the rising costs of healthcare?

There are certain areas where we can find savings. One example is medical errors. Medical errors account for one in ten of hospital admissions and 50 percent of this is preventable. Globally, USD 42 billion are lost on these medical errors alone. There is a perception that this only happens in low-income countries, but recent data suggest the opposite. It is almost as if the more developed a country is, the more complacent it becomes. In a 2012 Primary Care Study in Malaysia, an alarming 40 percent of all medical errors, such as incorrect drug administration or poor labelling, can cause serious harm. The true extent of the problem is likely to be worse as there is a habit in South-East Asia of underreporting. This is where drug information is useful whereby doctors, nurses and pharmacists can easily check the dosage, drug interactions, drug allergy and even pregnancy alerts before prescribing or dispensing medicines to the patient. In Malaysia, 541 hospitals use our decision support modules where the system prompts healthcare professionals of any potential interactions before the medicine is dispensed. We need more systems like this expanded across the healthcare landscape.

What do you see as the main objectives for MIMS in the upcoming years?

Although we are market leaders, there are still improvements to make. We want to help governments in maintaining their database, particularly the drug data, as it is not easy to maintain an up-to-date database. In the age of the internet, one can be unsure of what data is reputable and what is not. At the same time, due to the vast amount of information available, doctors do not have time to go to the original source, and thus choose to use a reference of choice. We are that

reference, and our expertise can be of assistance. It is therefore imperative that the information we provide is of good quality. In fact, just last month, our editorial team was awarded the ISO 9001:2015 certification. Thus, our partners can be sure that the information we provide is a global standard.

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