Study Proves World’s First Algorithmic Prescription Risk Management Support System

Patient safety the focus of Australian Medtech success story

Sydney, Australia—22 June, 2018 — This week The Multiple Sclerosis Journal published an article titled “Successful implementation of an automated electronic support system for patient safety monitoring: The alemtuzumab in multiple sclerosis safety systems (AMS3)” confirming the successful implementation of an automated electronic support system for patient safety monitoring, proving the algorithmic detection of at risk results increases safety compliance when compared to current methods. This system allows physicians, nurses and patients to all be notified by email or SMS in real time as soon as results of concern are found, rather than waiting on results to be interpreted by the prescribing physician, often on a piece of paper. During the study the system correctly identified and alerted abnormalities, including one case of immune thrombocytopenia (ITP) while the treating neurologist was on leave, enabling prompt treatment of serious adverse events.

“…we’ve made safety far more acceptable as it doesn’t increase costs and time which is in contrast to most initiatives aimed at increasing safety that increase work. That has applications all over medicine that are presently done in cumbersome ways and discourage people from doing safety well. We’re making it better.” said Associate Professor Stephen Reddel, a co-author of the study and a key collaborator in developing the system.

Industry Impact

Since reaching a 96.7% pathology compliance rate in clinical trials the system has already been implemented in the majority of MS treatments administered in Australia, constantly processing and monitoring results to work with and assist health care professionals, ensuring attention can be directed most efficiently where needed.

“We consciously included the patients in their own safety monitoring from initial designs, if all was well then they’d receive a message to tell them that. This saves patients from unnecessary stress and saved doctors time answering questions about results, and we got great feedback about this component.” - Associate Professor Stephen Reddel.

Continual Development

The system is being constantly updated and deployed into new markets reaching the US in 2017 shortly after its deployment in the Australian market in 2015. Currently the system is being adapted to the European market with a focus now on Germany, preparing to launch in Q3 2018.
Study Details

Full text and abstract of published article available at

About RxMx

Founded in 2014 by a group of prescribing clinicians fed up with dated and unhelpful patient safety procedures, now trading as RxMx Australia (Medical Safety Systems Pty Ltd) is a leader in IT and specialist nursing solutions for patient safety programs, integrated product familiarization and electronic patient reported outcomes studies. The company offers these services in international markets through RxMx America and RxMx Europe.

System described in article is known as RiskMX, further details can be found at
https://rxmxcorp.com/solutions/riskmx/

Collated study results and further information available:

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What has been the importance of this study for RxMx?

Not all IT companies get to validate their products medically and statistically with positive results. It also shows our serious side and commitment to doing things as efficiently as possible and achieving the best reasonably possible results. Working commercially and scientifically to deliver a more in depth, evidence-based product that is proven to be better than traditional standard care, some look and feel better but ours is proven better. It demonstrates the commitment our company has to improving pharmaceutical safety, we’re growing to be a broad group of collaborators sourced from IT, medical and nursing backgrounds with a focus on direct patient contact, and a great experience for the patient and physician.

What do you see as the implications for the greater prescribing community after this result?

We came to make the area of complex medicines safer and easier for both patient and health care professionals, by saving time and focusing attention when needed. So we’ve made safety far more acceptable as it doesn’t increase costs and time which is in contrast to most initiatives aimed at increasing safety that increase work. That has applications all over medicine that are presently done in cumbersome ways and discourage people from doing safety well. We’re making it better.

How does this approach differ from traditional approaches and how has it been received by the greater medical community?

It’s the first truly automated pathology monitoring we currently know of in any environment and certainly the first to be utilised across a whole country. It’s been received very well, moving from a small pilot to a national program within 6 months of deployment within Australia, and our safety programs are currently used in a number of MS and other treatments available in Australia. Then we were able to build on this momentum and grew internationally within 18 months to the US market and are now developing a solution for the German market.

What other safety features are you implementing?

We consciously included the patients in their own safety monitoring from initial designs, if all was well then they’d receive a message to tell them that. This saves patients from unnecessary stress and saved doctors time answering questions about results, and we got great feedback about this component. If there was an issue we told patients at the same time we notified the treating physician, so if they couldn’t contact their own doctor they could still seek medical care and contribute to looking after their own safety. Could I add we are grateful to the pilot patients who were involved in the design of how we could best communicate and relay these messages to them, this has contributed to the overall success of the system.
Do you see patients with greater access and control of their results and information as inevitable?

I think it’s definitely coming and I support it, but it creates problems because the regulators create additional hurdles if patients are involved at this level. So, we have had to battle the regulators to improve patient safety – which is unintentional I hope but also counterproductive of the regulators. It’s clear that the rightfulness of involving patients is hindered by the current regulatory requirement and that should some should be reconsidered.

And finally what does this study mean for you as a founder of RxMx?

It's an important day for the company, we started with this idea 5 years ago on a single piece of A4 paper in an office late one evening with the three founding doctors and our founding IT partners, it’s now commercially successful in multiple countries and its proven to a level that few other IT applications have been, it contributes to the real-world health and safety of patients.

Associate Professor Stephen Reddel
Co-founder & Study Co-author

Stephen Reddel is a clinical neurologist and specialist in the safe treatment of neurological conditions requiring immunotherapy. His clinic is seen as a leader in safely treating complex neuroimmunological conditions, attracting patients across the entire Asia Pacific region.