

## Commission SBAR Communication

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**Agenda Item/Title:**      **Electronic Prescribing Transmission Sending System  
gMed, Inc.– *gGastro Cloud***

**Date SBAR Communication Prepared:**      August 16, 2018

**Reviewer:**      Lisa Roberts – Pharmacist Consultant

**Link to Action Plan:**

**X Action**                       **Information**                       **Follow-up**                       **Report only**

**Situation:** (Briefly describe the current situation. Give a clear, succinct overview of pertinent issues)

gMed, Inc. requests Pharmacy Commission approval for their electronic prescription transmission sending system called *gGastro Cloud*.

**Background:** (Briefly state the pertinent history):

The Washington State Pharmacy Commission has realized there are numerous electronic prescription transmission systems that have submitted their policies, procedures, and supportive materials and have been awaiting Commission review and approval for quite a long time. At the May 11, 2017, Pharmacy Commission meeting, the Commission voted to change the *internal* review process for both staff and Commission in an attempt to expedite any pending or new electronic prescribing transmission requests. This has not changed the requirements each electronic transmission system must meet for compliance with Washington State law. The application form has been changed. The Commission voted to no longer use the previous electronic prescription transmission application forms. A new application packet has been developed along with an attestation form that must be signed by an electronic prescribing transmission vendor representative. Software system policies, procedures, and supportive materials showing compliance with Washington State are no longer required to be submitted for review and approval; however, they are still required for the vendor to have and maintain. Pharmacy Commission may still request to see policies, procedures, and supportive materials if desired.

gMed, Inc. is a software vendor located in Boca Raton, Florida. They are requesting Pharmacy Commission approval for their electronic prescription transmission sending system, *gGastro Cloud*, in Washington State.

**Assessment:** (Summarize the facts and give your best assessment. What is going on? Use your best judgment)

gMed, Inc. has completed the new Electronic Prescription Transmission System Application packet. Their electronic sending system, *gGastro Cloud*, is certified to transmit electronic prescription controlled substances (EPCS). This system currently does have functionality to transmit electronic faxes in Washington State. This system is compliant with current National Council for Prescription Drug Programs (NCPDP) standards. This system is certified with the Office of the National Coordinator for Health IT (ONC). *gGastro Cloud* has a 128 bit encryption for transmission (a minimum of 128 is required).

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Pertinent laws and rules to this request:

**RCW 69.41.055** and **RCW 69.50.312** require approval of electronic prescription transmission systems by the Washington State Pharmacy Quality Assurance Commission prior to use of the systems in this state.

**Chapter 246-870 WAC** is Commission adopted rules pertaining to electronic prescription transmission systems. **WAC 246-870-060** states the approval of each system is good for three years. After the three years, the system must request re-approval.

The vendor has completed the new electronic prescription transmission application packet and signed the form attesting to this system operating in compliance with the statutes and rules of Washington State.

**Recommendation:** (What actions are you asking the commission to take? What do you want to happen next?)

Based on the new electronic prescription attestation packet review process:

Recommend a three-year approval of gMed, Inc.'s electronic prescription transmission sending system, *gGastro Cloud*. As required in current rule, this system must request re-approval after the three year approval period.



# Request for Consideration by the Pharmacy Quality Assurance Commission

## NOTICE

Documents submitted to the Pharmacy Quality Assurance Commission (Commission) are public records, subject to the Public Records Act, chapter 42.56 RCW, and presumptively open to public inspection and copying. The Commission will make meeting materials available for public inspection and copying on the Commission's website, including records submitted by you concerning your requests for review or approval to the Commission. If you believe any of these records may be exempt from disclosure under RCW 42.56.270(11)\* ("Proprietary data, trade secret, or other information that relates to (a) . . . unique methods of conducting business, (b) data unique to [your] product or services), then do not submit the records. Instead, you may seek a court order protecting those records as authorized in RCW 19.108.020(3), providing notice of the proceeding to the Commission. The materials may be submitted to the Commission in a manner consistent with an order of the court when the legal proceeding has concluded.

Requester/Title/Credentials:	<b>Marina Simonian, Director of Product Management</b>		
Contact Email/Phone #:	<b><u>marina.simonian@modmed.com</u> phone: 561-880-2998 ext. 8481</b>		
Affiliation:	<b>gMed, Inc.</b>		
Complete the following fields if this request applies to an active or pending license (includes registration, or certification). If needed, include additional information on separate paper.			
License Name:	<b>Electronic Prescription Transmission System</b>		
License/site Address:	<b>gMed's principal office is located at 3600 FAU Blvd., Suite 202, Boca Raton, Florida 33431</b>		
License Number:			
What is your preferred date to have your request considered by the Commission:	1 <sup>st</sup> Date	October 18-19, 2018	2 <sup>nd</sup> Date December 13-14, 2018
What is your expected outcome by the Commission?	<input checked="" type="checkbox"/> Action <input type="checkbox"/> Information <input type="checkbox"/> Follow-up <input type="checkbox"/> Report only		
<b><i>Please attach any policies, procedures or other documentation deemed necessary to support his proposal. Visit the commission's webpage for <u>approved guidelines</u>, <u>review forms</u> or <u>current laws and rules</u>.</i></b>			

*This completed form should be no longer than two pages, front to back.*

**Situation:** (Briefly describe the current situation. Give a clear, succinct overview of relevant issues)

gMed, Inc. ("gMed") provides electronic medical record systems that are marketed under the names gGastro, gCardio, gUro, gMed Connect and gGastro Cloud (collectively, "gGastro"). gGastro's e-prescribing functionality has been certified by Surescripts. gMed respectfully requests approval by the Commission of gGastro's electronic prescription transmitting system.



## **Request for Consideration by the Pharmacy Quality Assurance Commission**

**Background:** (Briefly name any laws, rules, or guidelines relevant to the request):

gMed believes that WAC Chapter 246-870 and RCW 69.41.055 are relevant to this request.

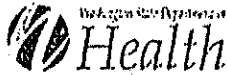
**Assessment:** ( If approved, what would be the expected outcome for patient safety? What is the consequence if this request is not approved?)

gMed takes its responsibilities with respect to patient safety seriously and intends to continue to do so if its request is approved. gMed notes that its e-prescribing system has been EPCS certified and it has also been certified by Surescripts.

If gMed's request is not approved then gMed may not be able to provide e-prescribing functionality to providers located in the State of Washington.

**Request:** (What action(s) are you asking the commission to take? What do you want to happen next?)

gMed respectfully requests that the Commission approve gMed's system for the electronic transmission of prescription information as described in its Electronic Prescription Transmission System Application that accompanies this request.



Electronic Prescription Transmission Systems
Application Form

Applicant/Vendor Name and Address: g Med, Inc.
3600 FAU Blvd., Suite 202
Boca Raton, FL 33431

Software/System Name (if different): g Gastro Cloud
(Must complete separate form and retain separate policies and procedures for each separate software)

Type of Transmission System (circle one): SENDING RECEIVING INTERMEDIARY

Point of Contact Name: Marina Simonian

Point of Contact Phone: 561-880-2998 ext. 8481

Point of Contact Email: marina.simonian@modmed.com

Information for posting to Pharmacy Commission's webpage:

Web address: www.gmed.com

Email: marina.simonian@modmed.com

Telephone Number: 561-880-2998

REQUIRED FOR ELECTRONIC PRESCRIBING FOR CONTROLLED SUBSTANCES
Is Transmission System Electronic Prescription Controlled Substance (EPCS) certified: (circle one) YES NO
Does the transmission sending system currently comply with the DEA manual signature requirement for all electronic faxes? (circle one) YES NO

To assist the Commission in information gathering, please answer the following:

For Transmission Sending System, does your system currently have functionality for electronic faxes: (circle one) YES NO NOT APPLICABLE

Does Transmission System comply with current NCPDP standards (circle one): YES NO If no, what standard does the system use:

List Transmission System certifications (Office of the National Coordinator for Health IT (ONC), HITRUST, etc.): ONC, Successcripts

State encryption for transmission of patient data (minimum 128 bit required): 128 bit +



**Electronic Prescription Transmission System  
Public Disclosure Notification**

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Acknowledgement of receiving Public Disclosure Notification:

Printed Name: Marina Simonian

Signature: 

Title: Director of Product Management

Date: August 17, 2018



**Electronic Prescription Transmission System  
Attestation Form**

I attest that the (check all that apply)

- electronic prescription transmitting system
- electronic prescription intermediary system
- electronic prescription receiving system

for which I am making this Application operates in compliance with the statutes and rules of the State of Washington. I understand any misrepresentation may be grounds for revoking Commission approval and discipline against any licenses issued to me or my organization.

Dated this 17<sup>th</sup> day of August, 2018 at Boca Raton, Florida  
(City) (State)

Printed Name: Marina Simonian

Signature: 

Title: Director of Product Management

Date: August 17, 2018