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Pilot study: healthcare cannabis assessment

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PILOT STUDY: HEALTHCARE CANNABIS ASSESSMENT

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FAMILY MEDICINE CLERKSHIP SEPTEMBER-
OCTOBER 2020

DEERFIELD VALLEY CAMPUS, SVMC

PRECEPTOR: DR. PETER PARK, MD

LARNER COLLEGE OF MEDICINE AT THE
UNIVERSITY OF VERMONT

PROBLEM IDENTIFICATION AND NEED

- Due to state legalization and increased access to cannabis, there is increasing use nationwide
- Cannabis is used medically for certain qualifying conditions in Vermont in addition to recreationally [1]
- 45% of adult primary care patients in Vermont had used cannabis in the last year [2]
- Only 18% of patients reported their clinician as being a good source of information regarding cannabis. [2]
- Educating clinicians about cannabis is critical for quality comprehensive patient care



PUBLIC HEALTH COST AND UNIQUE COST CONSIDERATIONS

- Over 25 million adults in the US have had pain for the last 3 months and about 40 million adults had severe pain. [3]
- Patients with pain were correlated with decreased health outcomes, increased utilization of healthcare [3]
- The cost of pain in the United States is approximated to be \$635 billion annually [3]
- Misuse of opioids and other prescription narcotics is a serious public health crisis in Vermont
- 111 people died in 2019 in Vermont on accident from opioids [4]
- 49,497 morphine milligram equivalents (MMEs) were distributed (per 100 citizens) in Vermont in 2019 [4]
- Currently, there are 4341 patients enrolled in the Vermont Marijuana Registry



COMMUNITY PERSPECTIVE

Ada Puches, Community Educator, Southern Vermont Wellness

- “A huge target audience of my outreach is indeed healthcare providers in the state. I have presented to hospital departments, clinics, private providers, and healthcare associations. Additionally, I attend a variety of health conferences as an exhibitor for our company. I also attempt to educate as many patients and members of the public as possible through patient conferences, community groups, patient support groups, non-profits and public lectures at libraries and civic organizations.”
- ”Despite its safety profile - many primary care physicians STILL feel uncomfortable or won’t sign a verification form for an eligible patient.”
- “Since every patient’s endocannabinoid system is different - patients must do a trial and error process as to strain, formulation, method of consumption, etc. Overall, it works out quite well for patients. Dispensary personnel are knowledgeable, warm and welcoming and patients are made to feel that we understand their symptoms. Indeed, sometimes the ONLY symptom relief patients feel is from cannabis consumption.”
- “Medical cannabis should absolutely be de-scheduled. We now know that it has many, many medical/therapeutic applications (Dravet syndrome). The combination of its safety profile and prolific therapeutic applications makes it’s removal as a controlled substance long overdue.”

Lindsey Wells, Marijuana Program Administrator, Department of Public Safety

- Barriers to patients accessing medical marijuana: “...the \$50 fee, the cumbersome application, and locating a health professional for verification are barriers. I have heard from the dispensaries well over half the patients they serve have a gross household income equal to or less than 185% of the Federal Poverty Level.”
- Dispensary employees don’t need official education or certification. They need to pass a fingerprint and supported background check.

INTERVENTION AND METHODOLOGY

- One study has found that over half of providers surveyed did not want to address patient's questions about cannabis and wanted to learn more [5]
- Develop a short survey to deploy to primary care clinicians throughout the state to get a baseline assessment of their medical understanding of cannabis
- No verified knowledge assessment of medical cannabis to date
 - Curated from The Vermont Academic Detailing, and Substance abuse and mental health services [6]
- Could be used as a pre and post assessment after intervention
- Identify and understand the knowledge base of cannabis of primary care providers in order to deliver education and resources that they could provide to patients

Pilot study: Healthcare worker cannabis knowledge survey

1. What is your licensure as a provider?
 - MD
 - DO
 - NP
 - PA
2. What is your age?
 - 20-30
 - 31-40
 - 41-50
 - 51-60
 - 60+
3. Are you registered to issue a medical cannabis card?
 - Yes
 - No
4. Are you aware of resources to provide and refer patients with questions regarding cannabis use?
 - Yes
 - No
5. Do you know how to correctly screen and diagnose Cannabis Use Disorder?
 - Yes
 - No
6. THC is:
 - Cannabidiol
 - The psychoactive agent in cannabis
 - A species of cannabis
 - All of the above
7. Out of every 10 people who use marijuana, how many will become addicted?
 - 1
 - 3
 - 5
 - 9
8. How many cannabinoids have been identified?
 - >140
 - 100
 - 50
 - 3
9. How has the mean THC concentration changed in the most recent decades?
 - Increased substantially
 - Decreased
 - Not changed
10. Is there consistency and standardization of measuring the "potency" of cannabinoid products?
 - Yes
 - No
11. What is Dronabinol?
 - Synthetic THC
 - Synthetic cannabidiol
 - A species of cannabis
 - None of the above
12. Can cannabis induce psychosis?
 - True
 - False
13. CBD products are regulated by the FDA?
 - True
 - False
14. What has the fastest onset of the "high" of cannabis?
 - smoking/vaping
 - oral
 - none of the above
 - both have the same time of onset
15. Cannabis can cause hyperemesis and antiemetic effects?
 - True
 - False
16. Long term cannabis use can decrease a patient's IQ?
 - True
 - False

Thank you for your time.
Larner College of Medicine at the University of Vermont

Curated from "The Vermont Academic Detailing Program"

RESULTS/RESPONSE

- Spoke to various patients at Deerfield Southern Vermont Medical Center office who expressed using cannabis and they said they wished they could ask their physicians more questions about cannabis and were enthusiastic about receiving reliable resources to do their own research
- A physician at the practice felt that cannabis needs to be de-scheduled to have quality research be done in order to provide reliable information to patients and is open to learning more about medicinal cannabis
- Hopefully, with the deployment of the survey it influences providers to research cannabis, participate in learning opportunities regarding cannabis, and begin to collect resources to provide patients with



EVALUATION OF EFFECTIVENESS AND LIMITATIONS

- **Evaluation of Effectiveness:**
 - Use survey as pre and post assessment
 - Evaluate response of clinician attendance to learning sessions, conferences, etc.
 - Interview patients' feelings of provider's knowledge
 - Recognize what practices have resources to provide patients and their staff about cannabis
- **Limitations:**
 - Short duration of time
 - No verified surveys
 - Without verified survey data it is challenging to know what value a novel survey has
 - All physicians may not be able to educate or attend academic detailing sessions on cannabis
 - Only one medical center location



The Vermont Center for Geographic Information
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RECOMMENDATIONS FOR FUTURE INTERVENTIONS/PROJECTS

- Survey could be improved and refined
- Survey can be given to other states
- Survey could be given to other medical specialties outside primary care (ex/ oncology, neurology, etc.)
- Information dissemination to practices and clinicians (academic detailing, cannabinoid clinic in Burlington, conferences, CME courses)
- Create dot phrase with reliable resources for patients
- More standardization of screening of cannabis use and EMR integration



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INTERVIEW CONSENT FORM

- Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.
- Consented
 - Lindsey Wells, Marijuana Program Administrator, Department of Public Safety
 - Ada Puches, Community Educator, Southern Vermont Wellness
- Did NOT Consent
 - Name: _____
 - Name: _____