Training Subcommittee Meeting Minutes

Date: May 18, 2018

Time: 9:00 am – 11:00 am

Location: Portland State Office Building, 800 NE Oregon St., Portland, Oregon

Attendees:

OCC Attendees: Rachel Knox
Subcommittee Members: Michael Rochlin and Kim Jones
Subcommittee Members on Phone: Kevin Wilson and Janice Knox
OMMP/OHA Staff: Carole Yann and Shannon McFadden
Members of the Public as listed on the Sign in sheet:

Subgroups	Responsible Party
Training subgroup	Rachel Knox (lead)

Welcome and Introductions by the Oregon Cannabis Commission

Topic	Key Discussion	Responsible

Review Minutes from April 20, 2018	Rachel Knox makes a motion to approve the minutes. Michael Rochlin seconds that motion.	Rachel Knox
Review & discuss training/CME requirements in other medical states	**State Medical Marijuana Programs – Physician Training Requirements** **California** No Training Requirements for Physicians **Colorado** No Training Requirements for Physicians **Florida** Take the 2-hour course and examination offered by the Florida Medical Association or Florida Osteopathic Medical Association. Physicians must re-take this course each time they renew their license (every 2 years). Credit(s): 2 AMA PRA Category 1 Credits™. Florida Course Link ($250) **Contents** • Discuss relevant state rules and regulations	Rachel Knox

- Identify the allowable conditions and delivery mechanisms
- Recognize the legal restrictions and parameters
- Decide whether to certify patients

NOTE: There is no required content on the clinical aspects of medical marijuana

Nevada

No Training Requirements for Physicians

New York

Complete a 4-hour course approved by the Commissioner of the New York State Department of Health (NYSDOH).

Option 1: TheAnswerPage - Successful completion of the course will provide 4.5 AMA PRA Category 1 CME Credits™, 4.5 CPE credits, and 4.5 CNE credits. TheAnswerPage ($250)

Contents

- Understanding the endocannabinoid system
- Cannabis clinical uses and therapeutic indications
- Pharmacology
- Contraindications, side effects, adverse reactions, overdose
- Drug interactions, dosing and routes of administration
- Risks and benefits, warnings and precautions
- Abuse and dependence
- cannabinoid hyperemesis syndrome

Option 2: The Medical Cannabis Institute (TMCI Global) - This course was developed by the Society of Cannabis Clinicians (SCC). CME and ACPE credits are **not** available for this course currently. Medical Cannabis Institute ($229)

Contents

- The Endocannabinoid System
- Cannabis in Movement and Digestive Disorders
- Neurodegenerative Diseases
- Cancer
- Pain
- Immune Deficiency Syndromes
- Delivery and Dosage of Cannabis Medicine
- Pharmacology of Cannabis

Ohio

Complete at least 2-hours of continuing medical education approved by the Ohio State Medical Association (OSMA). Contents must address diagnosing qualifying conditions, treating those conditions with medical marijuana and possible drug interactions.

Option 1: (Live Webinars Only) Cannabis Expertise a division of Extra Step Assurance, LLC. 2.0 AMA PRA Category 1 Credits™. Assurance Cannabis Expertise ($259)

Contents

- History of Medical Cannabis
- Endocannabinoid Physiology

	• Phytocannabinoid Pharmacology • Recommending Cannabis as a Medicine: Dosing & Delivery • Cannabis Toxicology, Side Effects & Addition • Clinical Indications • Q&A session **Note: Next webinar is May 24th at 6:00 pm Est. Provider also covers Pennsylvania and Minnesota. They also have a 4-hour webinar that expands on the topics listed and also adds legal information for state and federal.** **Option 2**: The Medical Cannabis Institute (TMCI Global) - This course was developed by the Society of Cannabis Clinicians (SCC). 2.5 AMA PRA Category 1 Credits™. TMCI Ohio Course ($399) **Contents** • History of Medical Cannabis • The Endocannabinoid System • Diagnosing Qualifying Medical Conditions • Characteristics of Medical Marijuana • Possible Drug Interactions • Basic Cannabis Ethnobotany • Pharmacology of Cannabis & Physiological Effects Phytocannabinoids • Delivery and Dosage of Medical Cannabis • Clinical Practice: Cannabis Use for Pain • Clinical Practice: Insomnia, Glaucoma and Immune Disorders • Clinical Practice: Movement Disorders and Neurodegenerative Diseases	

- Clinical Practice: Mental Health Conditions and Potential Psychiatric Applications
- Clinical Practice: Cancer and Palliative Care
- Clinical Practice: Cannabis Use Disorders and Precautions
- Clinical Case Study Review
- Introduction to 20th Century Cannabinoid Chemistry

Note: OSMA would like to talk to PRA Global about approved content for physicians.

Oregon

"Guidelines" recommend a physician complete a minimum of 3-hours of Category 1 CME related to medical marijuana. Ideally, this should be before the physician begins making recommendations for the medical use of marijuana to patients. No vendors are identified, and the training is not a requirement.

Vermont

No Training Requirements

Washington

Complete 3 hours of continuing education approved by the Washington State Department of Health.

	Class: The Medical Cannabis Institute (TMCI Global). 4 AMA PRA Category 1 Credits™, 4 ANCC Contact Hours and for 1 contact hour of pharmacotherapy credit. ($299) **Contents** • Overview of WA state laws and rules • Healthcare authorization requirements guidelines • Medical marijuana authorization amounts • The endocannabinoid system • The pharmacology of cannabis • Therapeutic rationale and dosing best practices • Legal issues • Issues related to practice for each profession • Qualifying conditions and treatment The "Washington State Healthcare Provider Education: Medical Use of Marijuana" online CME course. has been adopted and accredited by the state of Washington. The new course is designated for a maximum of 4 AMA PRA Category 1 credits and 4 ANCC contact hours. Designated for 1 contact hour of pharmacotherapy credit for Advanced Registered Nurse Practitioners (ARNP). $299. TMCI Global and the Society of Cannabis Clinicians (SCC). Washington Specific Medical Use of Marijuana If we are going to be implementing training for the physicians affiliated with OMMP then we are going to need to track outcomes. We want to make sure this training is measurable so we are going to have to develop the KPI's	

	for that and make those recommendations and we are also wanting to know that the information that our health care providers are learning that they are sharing with patients, translates to clinically relevant outcomes. We will have to identify what outcomes we want to track. With electronic APS we will have access to this data moving forward. Going back, we don't since it was paper only. OMMP does have back data on most of the program because it is entered manually as far as medical conditions. OMMP could probably provide aggregate data on medical conditions while following the confidentially laws. OMMP has a statistical snap shot that is released quarterly showing the medical conditions being treated by cannabis for the last couple years. For survey data wanting to know if patients are getting better using cannabis for their medical conditions. A retrospective study being something that would be important in addition to a survey collecting data for specific information. Survey the existing patients in the program or if we have the contact information for patients of all the patients who've been in the program to date. There will be some recall bias there but if we could just get a consensus, more specific idea of what people have been using their cannabis to treat, whether it was a	

	qualifying condition or not people want to know that. Has it been treating your anxiety this whole time and was that your priority all along but it also helped with chronic back pain. Patient Access and OMMP is working on a survey for existing patients. We are wanting to survey specific information that is clinically relevant. How to make training better over time, we want to know all the reasons why patients are using cannabis, what's effective and what isn't. We want to know what they're using, how they're using it. Have they been able to come off prescription drugs. All of this is going to be highly relevant to what the Training Subcommittee group is doing here and how our training evolves over time. We need these outcomes data to help inform us when we are going to be revising these modules that we are recommending, certainly literature. Research is changing all the time with respect to cannabis medicine, we are going to have to keep a pulse on the latest and greatest coming out of our higher research institutes around the world. Not only that, how does that relate to what clinicians are seeing. What researches are presenting and what clinicians who are practicing in this space are actually seeing.	

	In summary, KPIs, tracking outcomes, health professional performance as well as patient outcomes will be necessary to reform our training.	
Draft Survey questions for OMMP and Stakeholders Identified last meeting	Last meeting, we discussed wanting to hear from the current physicians who were writing authorizations in the state and survey them on what they already know, how comfortable they are with questions patients are asking them, how competent they themselves feel and to get a feel on what sorts of education they would want moving forward. It would be great to have an idea and a good sense of what people want who are already involved in the program. And then the other stakeholders would be medical boards and other health professionals in the state, and what they might think about us imposing some training on their constitutes. I would like us to think about what sorts of questions that we want to ask the different health professional groups. For the Patient Access survey, we may want to have some of our medical questions on that survey so we are not doubling down on surveying patients and so we can focus on the attending physicians. Working with OMMP, we do think we can survey the attending physicians who are currently with the program. Do you feel you can adequately	Rachel Knox

	complete the APS form for your patient? Then the follow up would be, what training would you like to see? Step one would be finding out which IRB to go through for the question surveys. Then we would need to find out which principle investigator who's willing to get that through an IRB. Academics don't mind doing things that are unfunded or almost unfunded because you end up with publications and other intellectualists in play out of it but it is a lot of time to get something through an IRB develop the questions and that sort of stuff. We need to make sure we have some demographics in there so we can profile the sample age and gender and it would require a special kind of IRB to have the certificate of confidentiality if we wanted to know anything about authorizing peoples use of cannabis. Contact the boards such as the medical board and have them do the survey themselves to save costs vs using an IRB. Confidentiality is going to be key with this survey to get compliance and responses. Keep it very simple. Just need to find out the limits. A preliminary study is necessary to inform us. It's efficient and it's a good use of our resources,	

	that's not to say that in the future depending on what we find and how well we need to convey our recommendations that we don't go through a more formal process to collect this data. OMMP: As of January 2018, it stated in Q4 2017 we had 23 physicians who were referring 450 or more patients and then 1616 patients who were signing APSs of less than 450 patients. OMMP has physician's names, address that they are operating out of and then their medical board numbers. Wanting OMMP to disseminate that survey on behalf of the Training Subcommittee. Don't need to know names, just want the data from the survey. We need to be careful about what demographics we ask because if we ask something like zip code or county that have a limited number of authorized people then we would accidently identify people. Could code it "are you urban suburban or are your rural frontier". Currently we have demographics, age, gender, specialty, location, competency with completing APS, and what training would you like to see. Wanting to see more specific information on clinical competency because these physicians are being asked how to use cannabis by these patients. On a scale of 1 to 10, how knowledgeable do you feel in the plant science. How	

	knowledgeable do you feel in the clinical application? What would their source of information would be and what they've read, because there is so much information out there and some information contradicts. Therefore, it is so important to standardize training. How confident are you in your patient being able to access what they need, what they are taking is what you have recommended? Patients are coming into clinicians expecting that they know more than the them, that is why this is important to train. This is what we want to put in that physicians or clinicians hand, when a patient approaches you regardless of their use of cannabis, how do you make their experience better for them. Physicians or clinicians need to put themselves in the position to deliver that information to the patients no matter of experience that patient has with cannabis. If we get a conservative 20% response that will still be a fair number of people. I would encourage us to use some vert force choice with open field codes and not just generally ask open field code questions or it will be so hard to interpret the data. The other thing we should be careful of would be asking about knowledge questions because people assume that what they know is correct, so maybe we need to ask them a few knowledge specific	

	questions. One question might be, are most of your patients new or are most of your patients chronic, and dependending on how they respond they would go one way on a survey or they'd go the other. The number of new starts vs the number or renewals. OMMP will analyze the data results dependent on the specific asks by the Training Subcommittee. If another state has done a survey similar to what we are trying to do and we can learn from their mistakes and use their good questions. It helps if the person or peoples who will be analyzing the data sees the questions prior to sending out the survey because they will often see the problems with the information we'd get back so OMMP will review before sending out. Will also hope on Medline and see data about authorizers and prescribing patterns as well.	
Public Comment		Rachel Knox/Public