

# Knowledge, practices, and attitudes about medical marijuana conditions among Washington state healthcare providers



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# Disclosures



✧ We have no conflicts of interest and do not provide authorizations.

# Background





# Washington Law



- ❧ Medical marijuana legalized 1998 by a ballot measure
- ❧ Recreational marijuana legalized 2012 by a ballot measure
  - ❧ Retail stores opened July 1, 2014
- ❧ Medical and recreational marijuana systems merged in 2015
- ❧ Authorizations may be provided by medical, osteopathic and naturopathic physicians; PAs; and ARNPs



# Washington Law: Authorization



- ❧ A patient/practitioner relationship must be established
- ❧ An in-person physical examination must be completed
- ❧ A patient must be informed of other options and this must be documented in the chart
- ❧ Authorizations expire in 1 year for those 18 and older, 6 months if under 18
- ❧ A patient must be a resident of the state and have a qualifying condition



# Qualifying Conditions



- ❧ Terminal or debilitating medical condition means a condition severe enough to significantly interfere with the patient's activities of daily living and ability to function, which can be objectively assessed and evaluated and limited to the following:
- ❧ Cancer, human immunodeficiency virus (HIV), multiple sclerosis, epilepsy or other seizure disorder, or spasticity disorders.
- ❧ Intractable pain, limited for the purpose of this chapter to mean pain unrelieved by standard medical treatments and medications.
- ❧ Glaucoma, either acute or chronic, limited for the purpose of this chapter to mean increased intraocular pressure unrelieved by standard treatments and medications.

# Qualifying Conditions



- ❧ Crohn's disease with debilitating symptoms unrelieved by standard treatments or medications.
- ❧ Hepatitis C with debilitating nausea or intractable pain unrelieved by standard treatments or medications.
- ❧ Diseases, including anorexia, which result in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, or spasticity, when these symptoms are unrelieved by standard treatments or medications.
- ❧ Chronic renal failure requiring hemodialysis.
- ❧ Posttraumatic stress disorder.
- ❧ Traumatic brain injury.



# Conditions which do not qualify



- ❧ Mental health conditions other than post traumatic stress disorder (PTSD)
  - ❧ Bipolar disorder
  - ❧ Anxiety
  - ❧ Depression
- ❧ Parkinson's
- ❧ Lupus
- ❧ Rheumatoid arthritis
- ❧ Tourette's



# Healthcare Provider Prohibitions



- ❧ Healthcare providers may NOT:
  - ❧ (i) Accept, solicit, or offer any form of pecuniary remuneration from or to a marijuana retailer, marijuana processor, or marijuana producer;
  - ❧ (ii) Offer a discount or any other thing of value to a qualifying patient who is a customer of, or agrees to be a customer of, a particular marijuana retailer;
  - ❧ (iii) Examine or offer to examine a patient for purposes of diagnosing a terminal or debilitating medical condition at a location where marijuana is produced, processed, or sold;



# Healthcare Provider Prohibitions



- ❧ (iv) Have a business or practice which consists primarily of authorizing the medical use of marijuana or authorize the medical use of marijuana at any location other than his or her practice's permanent physical location;
- ❧ (v) Except as provided in RCW [69.51A.280](#), sell, or provide at no charge, marijuana concentrates, marijuana-infused products, or useable marijuana to a qualifying patient or designated provider; or
- ❧ (vi) Hold an economic interest in an enterprise that produces, processes, or sells marijuana if the health care professional authorizes the medical use of marijuana.

# Number of authorizations in voluntary database

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- ∞ Total recognitions cards created 34,214
- ∞ Adult Patient – age 18 and over cards: 31,206
- ∞ Minor Patient – under age 18 cards: 284
- ∞ Designated Provider cards: 2,724



# Medical marijuana health professional study



# Purpose and aims



## Purpose

- Investigate the knowledge, practices and attitudes regarding medical marijuana among healthcare professionals in Washington state

## Aims

- Identify knowledge, practices and attitudes of health care professionals regarding medical marijuana
- Determine if healthcare professionals are knowledgeable about Washington State medical marijuana legal requirements
- Identify sources of information used by healthcare professionals regarding the use of medical marijuana



# Methods



- ❧ Cross-sectional mixed-mode survey
- ❧ Random stratified sample of 1800 health care professionals with mailing addresses in WA, OR and ID
- ❧ 16 item questionnaire with 15 closed ended and 1 open ended questions
- ❧ Survey administered over 4 weeks with mail and email contacts to potential participants with a response rate of 27.7% (n=388)
- ❧ Incentive was a drawing for a \$100 gift card

# Results





# Profile of participants



## Demographics:

- ❧ Gender was 36% male and 64% female with .3% other
- ❧ Age range 25-71
- ❧ 85% identified as white

## Profession:

- ❧ Naturopath 31% (n=93)
- ❧ Medical and Osteopathic PA 25% (n=82)
- ❧ ARNP 25% (n=80)
- ❧ Medical and Osteopathic Physician (n=50)



# Change in request for authorizations since legalization of recreational marijuana



	Number	Percent
Increase	48	15%
Decrease	101	32%
No change	48	15%
Don't know	119	38%



# Knowledge of qualified conditions



- ❧ Depending on the condition, 29%-93% correctly identified if the condition qualified a patient to receive a medical marijuana
  - ❧ For example, cancer 93% and PTSD 29% correct
- ❧ A narrower range (21%-51%) accurately identified conditions that **do not** qualify for an authorization such as depression and anxiety
- ❧ Depending on the condition, a range of 4%-45% of respondents indicated they “did not know” whether a condition qualified

# Knowledge of Regulatory Requirements

Correct answer in <b>RED</b>	Correct Answer	Incorrect Answer	Did not know
Adults must be in database - <b>NO</b>	58%	10%	32%
Under age 18 must be in database - <b>YES</b>	56%	4%	41%
All health care professionals are protected - <b>NO</b>	41%	19%	40%
HCP may sell or donate topical, non-ingestible products <.3% THC- <b>Yes</b>	13%	31%	56%
Adult possession same whether or not in database - <b>NO</b>	12%	27%	61%
Employers must provide accommodation - <b>NO</b>	6%	35%	59%
Health plans are liable for claims - <b>NO</b>	5%	42%	53%



# Sources of information risks and benefits of medical marijuana

	Number	Percent
Licensed health care professionals	200	64%
Continuing education	148	47%
Reports from patients	99	31%
Scientific journals	96	31%
Websites	70	22%
Medical marijuana consultants	33	11%
Family and friends	20	6%
Books	8	2%





# Attitudes





# Attitudes about medical marijuana

	Strongly Agree	Somewhat Agree	Neutral	Somewhat disagree	Strongly disagree
Training a part of professional education	50%	34%	11%	4%	2%
DEA should reschedule	48%	14%	23%	8%	6%
Use to reduce opioids for chronic NC pain	37%	35%	17%	7%	4%
Can be addictive	35%	34%	19%	8%	4%
HCP should recommend it as a therapy	17%	27%	40%	11%	6%
Significant physical health benefits	15%	22%	40%	18%	6%
Significant health risks	16%	26%	29%	21%	9%
Significant mental health benefits	10%	19%	39%	24%	9%
Significant mental health risks	20%	31%	28%	16%	5%

# Practices





# Have you ever done an authorization?



No= 331

Yes= 57

	ARNP	DO	MD	PA	ND
Yes	9% (n=7)	0%	9% (n=4)	7% (n=6)	42% (n=56)
No	91% (n=72)	100% (n=4)	91% (n=41)	93% (n=76)	58% (n=54)

# Reasons have not provided an authorization



	Percent
Lack knowledge and skill to make authorizations	58%
Practice policy to not provide authorizations	37%
Concerns about marijuana use	32%
No request from a patient	31%
Practice receives federal money	21%
Concern about possible legal problems	21%
No evidence-base to support authorizations	15%
No request from a qualifying patient	7%



# Number of authorizations (n=57)



	Number	Percent
Less than 10	29	51%
10-50	12	21%
51-100	5	9%
101-500	2	4%
More than 500	6	11%
Unsure	3	5%

# Practices when authorizing

	Always	Very often	Often	Sometimes	Rarely	Never
Advise about risk and benefits	82%	7%	5%	2%	0%	4%
Have documented relationship	77%	7%	7%	2%	2%	4%
In-person PE	82%	7%	7%	0%	2%	2%
Document condition and benefits	86%	2%	5%	2%	2%	4%
Inform of other options	80%	5%	9%	2%	0%	4%
Document other measures	75%	12%	5%	2%	0%	5%
Tamper resistant paper	81%	2%	0%	2%	2%	14%



# Practices when authorizing

	Always	Very often	Often	Sometimes	Rarely	Never
Discussed how to use marijuana	37%	12%	12%	11%	11%	18%
Discuss products to seek	31%	15%	11%	16%	9%	18%
Pregnancy test for female	18%	4%	2%	16%	10%	49%
Counsel lactating woman	40%	5%	5%	5%	9%	37%
Counsel about effects on developing brain	35%	9%	7%	7%	9%	33%
Screen for substance misuse	5%	13%	11%	6%	19%	17%

# Practices when authorizing

	Always	Very often	Often	Sometimes	Rarely	Never
Urine or blood screen for substances	17%	6%	7%	6%	28%	37%
Screen for mental health problems	36%	20%	14%	16%	7%	7%
Advise to get advice at store	20%	29%	18%	20%	9%	4%
Require a medical marijuana agreement	16%	4%	2%	2%	13%	64%



# Summary



- ❧ Majority of HCPs are not providing authorizations
  - ❧ ARNPs are a small percentage
- ❧ Knowledge
  - ❧ Overall, best informed about most common qualifying conditions and least informed about whether mental health conditions qualified
- ❧ Attitudes
  - ❧ 84% support the need for education as part of HCP curricula
  - ❧ 72% agree MMJ can be used to reduce the use of opioids
- ❧ Practices
  - ❧ Do not fully align with the law and are less well aligned with best practices

# Recommendations



- ❧ HCP curricula should include medical marijuana inclusive of the evidence-base for pharmacotherapeutics, management and regulatory considerations
- ❧ Currently licensed HCP should be required to have a CE when providing authorizations as part of a change in scope of practice
- ❧ NCSBN should consider an evaluation of member boards
  - ❧ Whether regulatory practices align with NCSBN guidelines
  - ❧ Determine where gaps exist to prepare for future changes in scope of practice
- ❧ Regulation should be based on evidence with updates conducted as scientific knowledge emerges
- ❧ Medical marijuana programs should provide access to the evidence used to regulate the program





Thank You!

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