



Medical Marijuana Authorization Practice Guidelines Workgroup Meeting Minutes

February 22, 2016

On Monday, February 22, 2016, the Washington State Department of Health's Medical Marijuana Authorization Practice Guidelines Workgroup met via conference call to continue discussion on medical marijuana continuing education started at a workgroup meeting on January 25, 2016. Public notice was provided to individuals' requesting notification of meetings related to medical marijuana.

Workgroup Members

Chad Aschtgen, ND, Board of Naturopathy
Juan Acosta, DO, Board of Osteopathic Medicine and Surgery
Louise Kaplan, PhD, ARNP, Nursing Care Quality Commission
William Gotthold, MD, Medical Quality Assurance Commission

Department of Health Staff

Brett Cain, Program Manager, Board of Osteopathic Medicine and Surgery
Michael Ellsworth, JD, MPA, Supervising Staff Attorney, Office of Legal Services, Health Systems Quality Assurance
Susan Gragg, Program Manager, Board of Naturopathy
Garr Nielsen, Investigator, Nursing Care Quality Assurance Commission
Michelle Teed, JD, Director of Legal Services, Medical Quality Assurance Commission
Cathie Tedrick, Medical Marijuana Program Coordinator

Guests

Beatriz Carlini, PhD, MPH, University of Washington
AJ Sanders
Sharon Garrett, University of Washington
Mary Magnatini, medical marijuana store
Keith Boise, Cannabis Alliance

OPEN SESSION – 9:00 a.m.

I. INTRODUCTION

Facilitator Mike Ellsworth gave a brief summary of the January 25 meeting and discussed the legislature's suggestion to develop medical marijuana continuing education (CE). He described presentations about CE developed by Dr. Stephen Corn of the AnswerPage.com and Nancy Sutherland, Dr. Bia Carlini, Sharon Garrett, Megan Brunner from the University of Washington. The next step for the workgroup is to review the two presentations in depth and

compare them to the Medical Marijuana Authorization Practice Guidelines as required by 2SSB 5052.

II. DISCUSSION – 9:05 a.m. – 9:30 a.m.

Workgroup members introduced themselves to the audience shared their observations of the proposed CE programs:

Dr. Acosta – The UW course appears to be a little too simplistic for the providers doing the CE, though the content is geared more toward Washington. The UW CE seems easier to use. You can go through the slides quickly without having to listen. Does there need to be a way to make sure they are actually using the program and not just putting it on and walking away and coming back when it is done? The Answerpage.com was more reading. Content-wise the AnswerPage doesn't have anything specific about Washington State but we were thinking of adding a one hour on the legal for Washington.

Dr. Aschtgen – I agree with format that the presentation must be interactive so the practitioner stay engaged. As a CE, the UW seemed to be much more engaging. The UW CE speaks to a number of the sections in the Guidelines. But, section 6 doesn't say it needs to necessarily speak to all guidelines, but to the science. I think either group could speak to all sections. The UW CE seems to be more hearsay and not so much as scientific study. It would be ideal to have a combination of the two – content of AnswerPage and format of UW.

Dr. Kaplan – The group saw my analysis and I think there is a concern that we need more evidence based information, the format can vary. We will never make 100 percent of users happy; some prefer videos others read. We should worry less about format and more about content. I found the AnswerPage to be more transparent to the limits of the research than the UW format, though it has all the references. I have been reading articles that purport to be high quality, yet many studies which purport to be random open trial are not quality. I am concerned about UW studies being biased and how evidence based the information really is.

Dr. Gotthold – CE as a structure does not have a whole lot of science to it. Still use a standard CE model with little evidence of efficacy. The usual pattern for approving CE is determined by outside agencies and entities. Trying to get the DOH or four organizations into the business of vetting a particular CE courses seems like asking a lot of us and may not be efficient. The legislation doesn't say specifically what to train on other than the CE needs to be based on the practice guidelines. We need a list of available opportunities to learn about medical marijuana – plus or minus – laws, risks and benefits. Identify specific program is asking for more trouble. What we are looking for is a list of any work on medical marijuana.

Mr. Ellsworth – If we go through the UW program, we don't have to go through the same bidding process and we can negotiate. There are not the same requirements to contract with UW because it would be an intergovernmental contract. There was a follow up to ask UW if they could modify/add content to make it match the practice content and issues around efficacy of content. Ms. Garrett was open to that and since they have the platform, they can modify the UW material and it could be done in a reasonable timeframe and at a reasonable cost. As we spoke last time we had several options with pros and cons. We had agreement explore how to

develop and approve a CE. Can we talk about this as the direction we want to head and would it make sense to modify the UW one? What does the workgroup think?

Dr. Gotthold – If we can specify any program, then the UW program needs to focus on guidelines within the Washington state laws. Then we can say that this program does the job and is fundamental. Remind people they have to be aware of claims based on studies. UW can develop programs that can be part of the requirement for authorizing medical marijuana.

Dr. Acosta – I agree, but making it transparent and let them know the CE is to the best of our knowledge. Will UW be able to revamp as new evidence comes out? We don't want it to get stale. How frequently are they going to update the course and how often will they come out?

Mr. Ellsworth – If the CE recognizes this is limited and based on what we know now and that recommend they go to an agency webpage to get more info, the CE could focus on the basics of authorizing.

Dr. Aschtgen – We need to make sure our information is up-to-date. Any CE is going to have that problem – especially with marijuana being such a quickly evolving field. We need to develop some sort of CE, and contracting with one of these firms is appropriate. I appreciate Gotthold's idea of creating options, it is important to have those available. And, to come back as a group to evaluate in a year or two to make sure it is hitting the mark.

Mr. Kaplan – When you finally develop a contract, who is responsible for vetting the CE meets the standards?

Mr. Ellsworth – I think this workgroup would initially vet the CE and then present to your respect boards and commissions. The professions are relying on your recommendation.

Dr. Kaplan – This gives me more assurance. Whoever is the user of this CE needs to understand the limitation of this science. The number of studies is extraordinarily limited for using marijuana for traumatic brain injuries. Limit for the evidence of these conditions, with some having more and better research than others. We should be careful about how we approach this, and of course science is going to change, but these studies take a long time. The publication process takes so long with these study projects.

III. OPEN MICROPHONE – 9:30 a.m. – 9:45 a.m.

Public presentations from interested stakeholders to the workgroup:

Dr. Bea Carlini – Science research doesn't happen in a vacuum. We would be happy to modify the CE.

AJ Sanders – I really appreciate the process you are following and recognize the limitations of the science.

Sharon Garrett – I want to thank the committee for all the work. I appreciate what all you have done so far. I am also working with Dr. Carlini and I finished a lit review. In terms of updating, I like the idea of annual or biannual updating and it seems it would be doable. The webpage could include a date that indicates when the update was.

Keith Boise – I appreciate you opening the doors and being transparent about this.

Ellsworth – If you have any other comments, please feel free to share at medicalmarijuana@doh.wa.gov

IV. WORKGROUP DISCUSSION NEXT STEPS – 9:45 – 10:00 a.m.

- Workgroup members were provided a Gap Analysis and CE Table

Mr. Ellsworth - The UW CE is two hours. We would probably need to add Section 6 of the Guidelines to make it 3 hours. Let's review the medical marijuana comparison of practice guidelines to UW CE. Are the following covered under UW?

Patient Examination – Yes

Treatment Plan – Yes

Ongoing treatment – Yes

Maintenance of health records – [Dr. Gotthold the CE the first page of the CE should be you have read and follow the guidelines]

Treating minor patients or patients w/decision making capacity - needs to be added

CE – need to increase to 3 hours to satisfy the guidelines.

Qualifying patients – additions need to be covered; info about database and recognition card for patients to be able to purchase for the LCB medically endorsed stores. Dr. Kaplan – you really need a whole section on essentially the law itself. Since we are really targeting healthcare practitioners that are going to review this because they are likely to authorize there may be a need to review each section of the act to make sure they are aware. Employers do not have to make accommodations for use of medical marijuana – specifically they are not covered by the law/not protected. RN and LPN may not administer marijuana.

Mr. Ellsworth Part of what we work on is having each staff member go back and try to gather the information from their boards/commission.

- Terminal or debilitating medical condition
- Quality of medical marijuana authorized
- Dosage amount

Are there other issues or conditions that we would like to have slides on?

Dr. Kaplan – Consider each of us submitting some of the better quality studies done with a reference list of our own; list strengths and weaknesses of the studies.

Dr. Gotthold – Good ideas, but the DOH should have a place on the web site where you can find high grade studies on medical marijuana with the idea the webpage can be updated on a regular basis from our commissions and boards. The CE teaches you that you can go there to get valid studies.

Dr. Acosta – Need to have Kathie Itter, Executive Director for WOMA (Washington Osteopathic Medical Association), because she does the CE for osteopathic; have Brett track this.

Mr. Ellsworth – Any other major issues that the CME should cover? Laws; guidelines; practice requirements; case law information; comprehensive research as well as referring to a DOH web page that can be updated; see what the cost to be to have the CME biannually updated.

Dr. Gotthold – Three hour course: 1 hr. – guidelines; 1 hr. - law; 1 hr. – current conditions and know that they could change and brief analysis of each conditions and known effects of marijuana on it; link to DOH web site.

Dr. Aschtgen – the AnswerPage has details on drug interactions and comparing the synthetics and known action of the indigenous CBDs – how do we care for our patients. Comparison – drug monograph – marijuana, nsoids, opiates.

Summary/Next Steps:

Mr. Ellsworth summarized what the workgroup is looking for potentially to modify UW CME. Mr. Ellsworth will send out the list to group and see if there is anything the workgroup would like to add. Then the workgroup will send the summary to UW and have UW provide a cost estimate. Then the workgroup would reconvene to review this information. If the workgroup believes this is a good option, workgroup members will present to their respective boards and commissions to see if the boards and commissions approve and support development of the CE.

All members agreed on these next steps.

V. CLOSING – 10:00 a.m.