2018 NCSBN Scientific Symposium - Regulation: Knowledge, Practices and Attitudes Regarding Marijuana for Medical Conditions among Washington State Healthcare Providers Video Transcript

Event
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- [Dr. Louise Kaplan] Good morning. Thank you very much for being here. And we do want to acknowledge that we have two other colleagues who conducted this study with us, Dr. Marian Wilson and Dr.

Janessa Graves, both colleagues of ours at the WSU College of Nursing. And we also do want to give an acknowledgement to the support that we received from this study. This was funded with money administered by the WSU Alcohol and Drug Abuse Research Program that comes from Washington State funds.

And we also want to acknowledge we have no conflicts of interest, and specifically that neither Tracy nor I provide authorizations in our clinical practice. So this picture is from the Hash, Marijuana, and Hemp Gallery. This was taken in Amsterdam.

So we both went to the ICN APN Network Conference in Rotterdam, and we went to Amsterdam. We did a fieldtrip, so that a lot of the pictures in this slideshow are from this museum, and it was very interesting. So I'm just going to provide a little bit of context for you.

Washington legalized medical marijuana by a ballot initiative in 1998. And when that occurred, the only providers who could give authorizations were physicians. And then, Washington also legalized recreational marijuana in 2012, and retail stores opened July 1, 2014.

Subsequent to that, the state merged the medical and recreational systems. And so there had been these medical marijuana dispensaries that were loosely regulated. And by merging the medical and

recreational systems, we have now retail stores that have medical endorsements where people are able to go and buy their medical marijuana.

And I'll talk a little bit more about that process as we go along. And I'm just going to say now that people will often ask, "Well, since you have recreational marijuana in Washington, why does anybody still want a medical authorization?"

And the reason is that, if you have an authorization and you choose to be in the database that the state has, and Washington is one of only two states with an optional requirement for registration in the database, you will then get a break by not having to pay taxes.

And you can have a higher quantity, and you can grow plants. So there are still advantages for having a medical marijuana authorization. And in 2011, the state, without any of these professional groups asking, extended to osteopathic, naturopathic physicians, physicians assistants, and ARNPs, which is our licensure title in Washington, the option to do authorizations.

So we have had that option for seven years now. And the way I got into medical marijuana research and policy was because the Nursing Commission in Washington asked me to be an expert witness and review medical marijuana discipline cases that had been brought forward, which were quite extreme.

So when the law changed in 2015, there were some changes made to how the process of authorization would happen, in part because of the discipline cases that we were seeing. So in a couple of those discipline cases, there were individuals who were remotely skyping into their clinic and doing visits that were not in-person, and there were people who were really having patients, you know, every 5 minutes, every 10 minutes.

And you have to put that in the context of what qualifies you for a medical marijuana authorization, which is a terminal or debilitating condition. So you have to wonder, "How could you see somebody not in-person, and how could you do something so quickly and really meet all the requirements of the law?" So the law got just a little bit stricter, and there were no guidelines in the initial laws about children.

So some of the components of Washington law that you see here, such as an in-person physical exam, were in response to some of the discipline cases, not just in nursing but in the other professions. And particularly, naturopaths, somebody set up a booth at a festival at Seattle Center and was just doing authorizations like 100 in a day, and this was all in the media.

It was really exemplary of what was happening with an unregulated system. The regulations about children here, so there had previously not been, before 2015, any expiration date to your authorization. Which you could say, well, maybe that makes sense if somebody is terminal or has a debilitating condition.

But the law now requires that adults over 18 have an authorization every year, and for those under 18, every 6 months. And then, I mentioned a terminal or debilitating condition.

So in Washington, this 2015 law also added that the condition has to be 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 conditions... And this was very important because, as an example with both cancer and HIV, many people with these conditions have well-controlled disease and live very full lives and are not at all debilitated.

So this qualification made it a little bit more specific. And as you look at these lists of qualifying conditions, if you've read the NCSBN guidelines, many of these conditions are in their list of "What are the most typical conditions that you would see?" There had been a process where the Medical Commission could be petitioned to add conditions, and that's where chronic renal failure requiring hemodialysis was added.

Posttraumatic stress disorder and traumatic brain injury were added by the Legislature in 2015 when they changed the law. And if any of you have looked at the evidence, there is really very limited evidence for those two conditions. However, law doesn't always get based on evidence.

So here's some conditions that just outright would not qualify. And these are important because when Tracy tells you a little bit about the survey, you'll see how this fits together. But many people will ask or think that some conditions, particularly, anxiety and depression, can be qualifying conditions, but they're not.

And then, there's a certain number of conditions or prohibitions for healthcare providers who are protected by law in the state when they do authorizations. However, what the state really wants to do is create a firewall between healthcare professionals who do authorizations and the retail industry itself.

So a provider who does an authorization can't be part of, a part owner, say, in a retail store or a grow operation, some of those types of situations here. And another change in the law, where you have the first point there that the practice cannot consist primarily of authorizing the medical use of marijuana, the prior law said "solely."

And so what would happen is a provider could do authorizations and say, "But last week, I treated somebody's wart," and then they would say, "So, I'm not solely doing authorizations." So this was, again, added into the law. We have, on our Department of Health website, information about authorizations, and this is as of September.

We submitted these slides a month ago. So at that time, there were 34,214 recognition cards. Now, remember, I told you that this is optional in Washington state. So we have no idea how many people actually have medical marijuana authorizations. We can tell you that minors must be in the database, and so we know that there are 284 minors who are receiving medical marijuana.

And then the designated provider is an individual who can be authorized to purchase and administer the marijuana for someone, should they be so debilitated that they can't do that for themselves. So, we were very interested in how medical marijuana law was being implemented and some components of it, because the only other survey that we had in Washington state was done in 2014, prior to when recreational marijuana was implemented.

And it didn't use census data and a random sample. It was all soliciting people through professional organizations. So the sample potentially had a lot of bias. So we decided not only to survey healthcare

professionals, but as part of this, we also looked at this other role that was created by the law in 2015 called a "medical marijuana consultant," which is a certified individual over the age of 21 who takes a 20-hour course and has a CPR card.

And they are in the retail stores to give people advice about the selection and use of marijuana products and storage, and this is a unique role only to Washington state. So our overall study had two different surveys that we did, and we're just telling you about the healthcare professional one today.

So our purpose was to investigate the knowledge, practices, and attitudes regarding medical marijuana among healthcare professionals in Washington, and to identify these aspects. We wanted to determine if they understood what the legal requirements of the law were, and we wanted to understand their sources of information, because where people get their information about marijuana varies widely.

And we used a cross-sectional mixed-mode survey. So we obtained lists of the licensees with addresses in Washington, Oregon, and Idaho, because those states border us and people can practice in Washington.

We had a 16-item questionnaire with 15 close-ended questions and one open-ended one, and we administered the survey over 4 weeks with mail and email contacts, and we had a response rate of 27.7%. And we did offer an incentive drawing for $100 gift card. Our sample demographics were 36% male, 64% female, 0.3% other.

The ages ranged from 25 to 71, and 85% identified as white. And you can see here, the professions. We broke this out for you. So 31% of the sample was naturopaths, and they are the smallest licensed profession among the ones that we surveyed.

There are only just under 1,400 of them. But interestingly, we have some data that Tracy will share with you more specifically, but they proportionately have the largest percentage of healthcare professionals who provide authorizations. And if you don't know anything about naturopaths, we can talk about that later, but they are licensed in Washington as physicians.

And I think they're only licensed in 13 states. And so, in our sample, we had ARNPs, 25% of our sample, and we did ask about changes in authorization since recreational.

And some said there had been an increase in requests, some a decrease, and some didn't know. - [Dr. Tracy Klein] So overall, depending on the condition, our respondents were knowledgeable about whether or not a condition qualified a patient to receive medical marijuana, but it did again depend on the condition. Most people were familiar with the concept that patients who had cancer, particularly, cancer with intractable pain, would qualify.

People were not so sure about PTSD. And a narrower range accurately identified conditions that do not qualify for authorization, such as depression and anxiety. And this is really important to us because, clinically, in practice, what I'm seeing is that patients are self-reporting…You know, I know we'll have a conversation about this later, but they're self-reporting using it for depression and anxiety.

And there's a lot of misunderstanding about what the qualifying conditions are, that not only does that not qualify under Washington law, the evidence is pretty poor to support that as a treatment for depression or anxiety symptoms. And then we also had a wide range, depending again on the condition and we'll break that out by slide, of people who did not know whether something was qualified or not.

So overall, I would say that our respondents were knowledgeable about the key components of the law. In terms of understanding about adults needing to be in the database and children needing to be in the database, overall, I think that their responses were in alignment.

They were not quite as sure about things like adult possession whether or not in the database, whether employers needed to provide an accommodation, whether health plans are liable for claims. One thing that we were really interested in, in talking, particularly, we're actually going to compare the responses of the consultants and the healthcare professionals, but we're really interested in where each one of them got their information.

Because one of the frustrations for us as healthcare professionals is that we don't have the level of evidence that we are used to having for other kinds of what we consider "pharmacologic treatments." And so healthcare professionals ask other healthcare professionals and look to other healthcare professionals to give them information about medical marijuana, even though, as you will see, one of our findings is that healthcare professionals don't feel confident about their knowledge level.

So we are looking to each other for that information, but we are self-admitting that we don't feel like we know everything we need to know to be able to adequately care for our patients. And I think these findings are in very good alignment with National Council's Nursing Guidelines for Medical Marijuana. We also found that healthcare professionals do look to continuing education, 47% listed that as one of their primary sources for information about medical marijuana.

And that's interesting too, because I teach pharmacology as well as health policy, and I have incorporated some of this into my curriculum. And I've found, you know, curricular guidance for this pretty lacking and quality continuing education pretty lacking as well. And what continuing education is available out there, the Medical Marijuana Consultant Course, for example, is $400.

We looked into this because we thought, "Well, we would like to take this and find out what they're teaching." And we thought, "Wow, $400?" You know? So, we're not sure, we didn't ask which continuing education people are doing as far as the health professionals.

We did ask that with the consultants. And then you can see that scientific journals are aligned equally with reports from patients. So we've got a lot of, "We look at the journal, but we also look at, you know, anecdotal reports from our patients." People are really not sure about how to balance those sources. Let's talk about attitudes.

There is strong agreement amongst healthcare professionals that they think training on medical marijuana should be a part of professional education, so that's the good news. Again, National Council has laid out some planning for that and recommendations. That fits well with what our initial feeling was as faculty in a nurse practitioner program.

People want to know more, and they want to know the evidence. At least in Washington state, they feel, you know, strongly or somewhat agree with the statement that the DEA should reschedule. But, you know, they also have some mixed feelings about the risks. There are concerns amongst healthcare professionals that there are health risks and that marijuana can be addictive, and that mental health, in particular, can be at risk for patients who are using marijuana medically.

And remember, we asked about medical, but they can be using it recreationally, they can be mixing the two, we don't know. In terms of practices, the majority of the people who responded to our survey are not doing authorizations. And so the folks that were doing authorizations, as Dr.

Kaplan's mentioned, were predominantly naturopaths, at least in terms of our sample, which is an interesting finding. We somewhat anticipated that. But, you know, we would like to delve a little bit more into that from a research standpoint. Not a large proportion of nurse practitioners right now, even though they've been legally authorized for quite some time.

Reasons that people do not provide authorizations, again, lack of knowledge and skill to make authorizations. There's a desire for this education and for information. Also, practice policies in clinics or clinic funding. I know my clinic receives some federal money, so they've said that that is not something that they will be participating in. And of the people who'd authorize, they weren't authorizing in great quantity, although you can see a range.

We do have an 11% group that has done more than 500 authorizations. When people authorize for medical marijuana, which has to be actually written on prescription paper like a prescription, even though, of course, it is not a prescription, we wanted to know if they do things like review risks and benefits.

Some of these are components in the law, which of course people at least self-reported that they did. They were pretty knowledgeable about the requirements that the law has. However, they were not doing things like doing pregnancy testing for females, which is concerning to us. There's been some decision to not screen for substance misuse, even though we understand that that might be a component that would affect our recommendation for medical marijuana.

Screening for mental health problems, you know, if we combine "always" and "very often," that's 56%. But given what we know about what patients are asking for and what the potential impact can be for mental health issues, we were somewhat concerned that that percentage was not higher.

So in summary, the majority of the healthcare professionals, at least who responded to our survey, and then we also have our recent statistics from Washington State if anyone is interested in that, are not providing authorizations and that nurse practitioners are a small percentage.

And it's probably because they don't feel confident in their knowledgebase. There are certainly multiple factors that contribute to this. Most of them know the law, but most of them are not comfortable with what the science is and how they can advise their patients. Nurses want to be well-informed when they're advising their patients, and they want to be informed by evidence.

We saw 84% support as the need for education as part of the curriculum. Seventy-two percent agree that it can be used to reduce the use of opioids. And we know that there's a recent law in New York that pertains to that, to authorizing medical marijuana for patients who have opioid use disorder.

And the practices do not fully align with the law and are less well-aligned with best practices as we know them, but again there are many gaps in the knowledgebase. So our recommendations include incorporation of medical marijuana evidence in pharmacotherapeutics management and regulatory considerations, as well as coursework, that currently licensed healthcare providers should be required to have CE when providing authorizations.

They don't, currently, in Washington. The consultants do, but the actual healthcare professionals do not. And then, NCSBN should consider an evaluation of member boards as to whether the regulatory practices align with the NCSBN guidelines, which we think are excellent. Determine where gaps exist to prepare for future changes in scope of practice. We hope that regulation in the future related to medical and recreational marijuana will be based on evidence with updates conducted as scientific knowledge emerges.

And we feel that medical marijuana programs should provide access to the evidence used to regulate the program. That's key in order to determine best regulatory practices. So we will be available during the day. We also welcome your emails. Thank you so much. And there will be a panel discussion.