

Therapeutic Cannabis Medical Oversight Board
September 1, 2021, DHHS Offices, 29 Hazen Drive (with Remote-Zoom option)
Meeting Minutes

Members Present: Virginia Brack, Heather Brown, Jerry Knirk (Chair), Jill MacGregor, Richard Morse, Molly Rossignol, Seddon Savage, Tricia Tilley (for Jonathan Ballard), Lisa Withrow

Members Absent: Corey Burchman, Cornel Stanciu

DHHS Staff: Michael Holt, DPHS Program Administrator

Note: In-person quorum requirement not met

Meeting commenced at 5:45 pm

Minutes

Meeting minutes could not be voted on due to lack of in-person quorum

ATC Presentations of Educational Materials

- ATC presentations were generally focused on the intake/consultation process at each ATC, as a supplement to the actual educational materials used by the ATCs, which were shared with the Board in July.
- ATC presentation slide decks were sent to all members *after* the meeting.

Temescal Wellness

Presentation by Sian Leninger (retail manager) and Kasey Corson (administrator)

- Every patient is encouraged to have a complementary in-person or tele consultation. Some patients turn down consultations, especially if they have extensive prior experience with cannabis. The ATC runs through a brief list of important items even if there is no formal consultation.
- ATC provides everyone with a patient handbook including all educational materials. This information is also available in shorter, more focused documents for those who want smaller bites.
- Patients are told they can request additional consultations.
- Consultation includes discussion of:
 - Nature of self-guided use, providing information to guide, not prescribing
 - Gathering info about past cannabis experiences
 - Share symptoms
 - Any provider recommendations
 - Any specific products they are interested in
 - Patients are encourage to ask questions
 - Modes of delivery for different products
 - Discuss variability from person to person
 - Provide botanical information and terminology
 - Touch on endocannabinoid system

- Start low and go slow recommendations
- Go through menu of products, relate back to educational materials
- Purchase limits
- Confidentiality guidelines
- Testing protocols
- Other intake/educational highlights:
 - Have patients fill out intake forms
 - Provide patients with tracking forms so they can keep track of what they have tried and what their responses are. Have them return and report their experiences, help guide to other products as needed
 - Provide ongoing educational information
 - Host trivia games to provide information
 - Offer complementary presentations to the community
 - Create an environment where people are comfortable asking questions
 - Share resources, and encourage exploration of information
 - Have educational blog posts
 - Attend conferences, offer presentations, partner with charity organizations
- Product recommendation approach: Provide, ensure, empower, utilize, ask, review, remind

Board Discussion

- Brown: Wanted to know more about caregiver information
 - Temescal: There is one specific hand book for others.
- Morse: Who provides oversight to the ATCs regarding educational materials?
 - TCP: Educational materials are created by ATCs. TCP reviews annually, and as needed. TCP has oversight that required materials are maintained, but not necessarily approve that the content is scientifically and medically accurate
- Knirk: Offered a number of technical comments from his review of the materials.
- Seddon asked if there will be an opportunity to discuss the materials in detail, not as this meeting but another. Reiterated the need to discuss whether the MOB wants or is authorized to assume a review and approve role.
- Brack: How long do consultations last? How are consultants trained?
 - Temescal: Consultation length ranges from 30-60 minutes. Employee training: Learn by observation and shadowing primarily. Also go to conferences and read articles, etc.

Sanctuary

Presentation by Lee Cooper (administrator)

- Many patients don't have experience with cannabis, so ATC wants to make sure they are comfortable.
- Offer consultations for patients
- Offer a patient handbook, including handouts from the state, a tracking sheet, understanding label info sheet, cannabinoid chart

- Medical director Dr. David Syrek works in the clinic several days a week. He has had extensive training.
- Resources include books, websites, staff experience, Project CBD, Pubmed citations, Mayo clinic, NIDA, others.
- Patient care advisers have initial training covering patient handbook information, and other relevant information. Dr. Syrek helps train.
- Initial consults are 30-60 minutes.
- Typical first visit:
 - Verify therapeutic cannabis card and ID. Provide a patient handbook. Meet with a patient advisor.
 - Review qualifying conditions and symptoms that are trying to be helped.
 - Review past experience
 - Ask what products they are interested in
 - Allow for any questions about cannabis.
 - Offer information about endocannabinoid system
 - Review provider recommendations (rare)
 - Offer to write down selected use pattern (eg, CBD tincture during the day, indica at night)
- Patients can make follow-up consultation appointments
- Before COVID, offered classes, making tinctures, edibles, rolling joints
- Educational materials are easily accessible at the dispensaries
- Patient advisors are available anytime by phone

Board Discussion

- Brown: Appreciate the careful wording of the Sanctuary materials.
- Holt: Does the ATC ever recommend to patients that they speak with their medical providers about how they are doing with their cannabis use?
 - Sanctuary: Yes
- Morse: Emphasized that the relationship between the dispensary and certifying doctor could be potentially important.
- Withrow: Patients are very overwhelmed by the amount of information they are getting. It is wonderful to educate on the cannabinoids and terpenes etc, but new patients need simpler information.
- Savage: Educational materials should be at a 5th grade level.
- Morse: Should be in Spanish as well as English

Prime ATC

Presented by Keenan Blum (president/ceo/administrator)

[Note: this presentation was not captured in the minutes to the same level of detail as the earlier two. Please refer to slide deck.]

- Prime has revised their handbook since they provided their materials to the Board this past summer. They found that patients were not reading it. It was too complicated. The new handbook is more user friendly, less scientific, more highlights.
- Prime proactively calls all patients that register with them. Patients appreciate getting calls before their cards come.

Board Discussion

- Rossignol: there is more education required and provided about therapeutic cannabis than for prescribed medications.
 - This is due to cannabis not being a prescription; the patient ultimately decides what they want to take
- Morse: List should be available for drug interactions with cannabis. Such a list could be sent to certifying providers. The ATCs may see drug interactions before the science confirms those interactions
- MacGregor: Generally, comfort level about the work the ATCs are doing with regard to patient education has increased greatly based on today's presentations

Public Comment

- A member of the public asked the state to discuss telemedicine with regard to cannabis certifications, and asked that telehealth be reinstated for initial certifications, like it was during the pandemic state of emergency
 - Holt: The state relaxed the telemedicine requirements in rule to allow for telemedicine for renewal certifications issued by the same certifying provider, but does not plan to reinstate a telemedicine option for initial certifications.