

Therapeutic Cannabis Medical Oversight Board

May 11, 2022, DHHS Offices, 29 Hazen Drive, Concord (with Remote-Zoom option)

Meeting Minutes

Members Present: Corey Burchman, Heather Brown, Jerry Knirk (Chair), Jill MacGregor, Seddon Savage, Tricia Tilley, Lisa Withrow

Members Absent: Virginia Brack, Richard Morse, Molly Rossignol

DHHS Staff: Michael Holt, DPHS Program Administrator

ATC Staff: Lee Cooper, Matt Simon, Chelsey Watson

Note: In-person quorum not met

Meeting convened at 7:40 p.m.

Minutes

- Minutes from 4/6/22 meeting were reviewed; no edits requested.
- No vote to approve due to lack of in-person quorum.

Effectiveness Survey Discussion

- Three sets of surveys were circulated to the Board for review:
 - Seddon's original "clinical cannabis" surveys
 - DHHS's update to those surveys, which were in use by the ATCs at the start of the program
 - DHHS surveys were designed by Dartmouth researchers
 - DHHS surveys were discontinued due to complexity. Vast majority of patients didn't complete the surveys.
 - Surveys currently designed and used by each of the ATCs.
- Comments:
 - That surveys are in use is a good thing. None reviewed were scientifically rigorous. Leverage to assisting the dispensaries in getting these completed would be helpful
 - Uniform survey that everyone used would be good.
 - Note that most current literature is not rigorous.
 - What do the dispensaries think of having a uniform survey?
 - All agree better to have the same survey. Would provide interesting feedback from the program.
 - Question of full anonymity versus de-identified data was discussed. There are privacy concerns among patients. All agree need to be anonymous. It was noted that there are data systems that can generate anonymous unique identifiers.
 - There are legal issues around data security.
 - DHHS stated that it should not host specific dispensing data
 - Question of online versus entered on an ipad versus paper versus a choice was discussed at length

- Group determined cannot rely on home technology since many patients do not have.
- Ipad in office rose to be most likely option
 - There is some expense to assist patients who might need assistance with in-office technology
 - There is expense of ipads
 - Drive through patients would not be able to complete. Check in and out within 90 seconds
 - Will need different avenues for different patients
 - Paper has the challenge of data entry
 - If paper, ATCs could conceivably enter the data, but time consuming
 - Patients who are unable to use technology could get a follow-up
- What products work for what conditions is important information
 - What are ATCs collecting? Working on getting online survey
 - Open discussion for management
 - Getting informal clinical effectiveness data
 - Encourage patients to keep a journal to learn what is working, what has side effects, etc.
 - Information is all anecdotal and shared among staff to help people get the best products
 - The data is helping
 - Patient care advisors help patients
 - Identify new strains to better help symptom relief
 - Cost, time, inconvenience.
- ATCs are doing good work, but pooling data would be the best.
- What should the best practice process be?
- A group was identified to work on the survey
 - Burchman, Brown, Savage, Withrow
 - Seddon noted that Mary Brunette might be a resource
- It was suggested that patients be incentivized to complete surveys
- Patients find a quarterly basis is too much
- Surveys are all imperfect. The longer the better in terms of data. The shorter the better in terms of completion.
- Perhaps could look at other surveys?
- Timeframe on this?
- What are all goals?
 - What works best for different symptoms and conditions?
 - Side effects?
 - Medical consequences – positive and negative?

Other Business

- Knirk noted the low number of minors on cannabis for epilepsy/seizures and asked if exploring the topic of epilepsy as a qualifying medical condition was worth addressing. Molly, Richard, and Jinny were working on this.
- Knirk asked to revisit the qualifiers on chronic pain and severe pain. Various iterations were discussed and no final decision was made.
- Knirk asked if the Board should consider expanding the provider types who can certify patients to receive cannabis.
 - Currently only physicians, APRNs, and PAs can certify, but other provider types have prescriptive powers (eg, dentists, podiatrists, naturopathic doctors, etc.)
 - Deferred full discussion to another meeting.