Therapeutic Cannabis Medical Oversight Board
May 11, 2022, DHHS Offices, 29 Hazen Drive, Concord (with Remote-Zoom option)
DRAFT 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.
  o Currently only physicians, APRNs, and PAs can certify, but other provider types have prescriptive powers (eg, dentists, podiatrists, naturopathic doctors, etc.)
  o Deferred full discussion to another meeting.