MEDICAL CANNABIS COMES OF AGE IN MINNESOTA

It's time for physicians to be more involved with the program

BY GEORGE REALMUTO, MD

In 2015, most in the medical community didn't want to have anything to do with medical cannabis, for a number of very good reasons, including the possibility of jeopardizing our DEA privileges to prescribe controlled medications if we prescribed the federally-restricted Schedule I cannabis.

We also didn't know very much about how CBD (cannabidiol) and THC (tetrahydrocannabinol) were different and how they should be used clinically. In a plant like cannabis, with something like 200 molecules, what else might be going on?

Because of the DEA restrictions, there was hardly any research on cannabis, and what research there was tended to be from low-potency plants that were 50 years old, not current, and likely much less psychoactive than today's cannabis.

The knowledge base just wasn't there and there was a potential for harm. Like virtually all physicians—and the Minnesota Medical Association (MMA)—I didn't want anything to do with prescribing medical cannabis. The legislated development of Minnesota's Medical Cannabis Program in 2015 reflects the arms-length distance physicians preferred.

But that was six years ago. I believe that it's time for physicians to be more involved in the Medical Cannabis Program, and I think it's time for MMA to reevaluate what physicians' roles should be in the program, especially because of proposed legislation that will affect it.

Today, there are many scientific monographs on the difference between CBD and THC. We know more specifically about the harm cannabis may have on the developing brain from fetus to 25 years old and the increase in the incidence of schizophrenia from today's high-potency cannabis. Alternatively, we have mostly anecdotal reports about improvements in functioning of people who have certain disorders or symptoms, conditions such as autism, for which we have little therapeutic firepower. Medical cannabis became a last resort for treatment—and it seemed to help some patients.

Another change since 2015 was determining the potency of the cannabis dispensed. Now, quality and potency are established.

There are now 14 qualifying conditions, plus chronic and intractable pain, that are state-approved for medical cannabis. At a dispensary, a pharmacist helps a patient we have certified with such a condition to choose a compound of cannabis—dosage and method of delivery. Patients complete rating scales so the pharmacist and dispensary know not only the dose given, but the response to the dose.

Which is great—except that once having certified a patient for medical cannabis, the physician is mostly out of the loop. We certify, but we aren't prescribing either the cannabis compound or the dosage and the patient's experience with medical cannabis is not a part of our electronic medical record (EMR). With neurodevelopmental and other cognitive and motivational issues related to cannabis, and with other medications prescribed and disorders being treated by the physician, we are much less of the treating physician than we should be.

> I think—and my position has definitely changed in six years—that the physician is in a great spot to be engaged with the Medical Cannabis Program. We know our patients; we know their family condition, we know their socio-economic status, we know what other medications they are taking, we know their medical history, we know their social history.

Cannabis is like a lot of other medications, in that you don't know exactly how your patient is going to respond, but using the old axiom of go low and start slow, through a clinical interview and a functional or disease-specific ratings scale, the physician will know how the patient responds, so we can adjust the dosage of medication as needed. That's what we do as physicians.

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With data about medical cannabis and our knowledge of our patients, we can match dosage to the patient. We should have opportunities to consult with a pharmacist—as we do for other medications—to hear their perspective on medication interactions and then make informed medication decisions.

In six years, the number of patients certified for use of medical cannabis has gone from about 800 to more than 36,000, and that number is accelerating. The number of healthcare practitioners in the program is now just under 2,000 and, although that number also is increasing, it is doing so more slowly and not matching the increase in the number of conditions and the number of patients. We need more physicians engaged in the program, and we need physicians to guide pressing legislation around the program.

My specific recommendations include:

- Registry of the patient, potency of the drug they use and their rating forms becomes a HIPAA-compliant downloadable into my EMR for data. I would follow that with the patient and the pharmacist, so I would be a participant, rather than an observer, of what is going on now with the pharmacist and the dispensary.
- Make sure that what is being offered by the Minnesota Department of Health and otherwise in CME is reliable and scientific. Make sure that what's on the Office of Medical Cannabis website is scientific. I want the hard-science researcher to inform me that the condition that I am treating and cannabis have a theory basis for benefit.
- Improve the quality of the disease-specific rating scale used by the Medical Cannabis Program. They have a very good researcher within the Office of Medical Cannabis, which is great, but we are the clinicians that should inform choices.
- Consider how information technology may improve our clinical decisions by developing a best practices symptom-specific-by-dose clinical algorithm.
- Involve physicians in the Office of Medical Cannabis' search for a new vendor to make its software more user-friendly. We're the users; we are the ones who can evaluate what is friendly for our use.

MMA, representing physicians, should become actively involved in working with the Office of Medical Cannabis as the program grows and tackles new challenges—like the recently approved smokable cannabis as a delivery option. If MMA is not at the table, decisions will continue to be made by people other than those who work with patients. **MM**

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WE'RE EXPANDING WAYS TO HELP YOUR PATIENTS

Announcing new medical conditions accepted for Minnesota's Medical Cannabis Program:

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- Chronic motor or vocal tic disorder

Patients with these conditions can be certified now. Visit **mn.gov/medicalcannabis** to view the full list of qualifying medical conditions.

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Office of Medical Cannabis
651-201-5598
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Join Minnesota's Medical Cannabis Program!

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*Health care practitioners eligible to participate are: Minnesota-licensed physicians, physician assistants and advanced practice registered nurses.