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Development of an Equitable, Interprofessional Medical Cannabis Education, Certification and Research Program in an NCI-Designated Cancer Center


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Development of an Equitable, Interprofessional Medical Cannabis Education, Certification and Research Program in an NCI-Designated Cancer Center

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Background

Medical cannabis (MC), state-regulated cannabis programs accessible with a physician certification for a qualifying diagnosis, now exist in 47 states. Little attention has been paid to ensuring equitable access to such programs for the most vulnerable cancer patients¹. Estimates of cannabis use in cancer patients range from 30-40%² yet access to MC is highly dependent on a number of variables including: geography, cost, availability of certifying providers, lack of provider education and a confusing array of state programs coupled with ongoing federal illegality. The historic criminalization of cannabis and the disproportionate impact on People of Color creates another significant barrier. Most state MC programs require patients to have a variety of skills and resources to participate. These may include internet access, email addresses, a credit or debit card, funds to pay for the certifying visit and product and the ability to access a proximal dispensary.

Methods

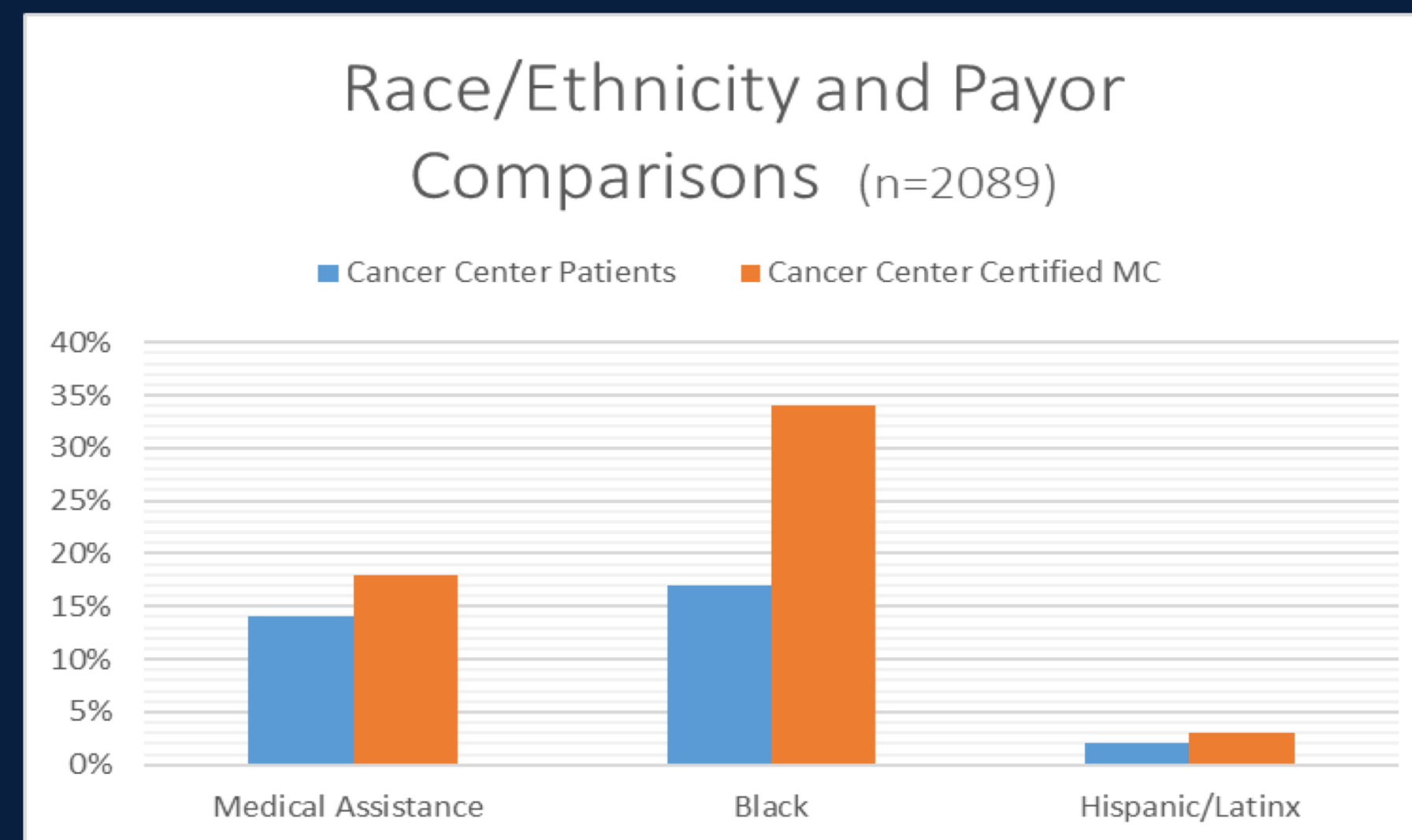
At the inception of Pennsylvania's Medical Cannabis Program, we created a Medical Cannabis Certification Clinic staffed by an interprofessional team of Palliative Care Physicians and Social Workers. The goal of the clinic was to eliminate potential barriers and make MC fully accessible to patients who were interested. Support was provided to address barriers, including creation of email addresses, financial assistance for certification, internet registration, locating dispensaries, identifying caregivers for homebound patients. Additionally, we worked very closely with PA's MC Program to enhance accessibility of the program and provide opportunities to participate in MC research.



Findings/Results

Since the inception of PA's MC Program in January 2017, 2048 patients with cancer have been certified at our cancer center. When compared with our overall cancer center patient population, the MC certified population had a higher percentage of patients on **Medical Assistance (18%vs14%)**, had twice the number patients who identified as **Black or African American (34% vs 17%)** and slightly more patients identifying as **Hispanic or Latinx (3% vs 2%)**. We suspect there are several reasons for our findings, including:

- Having the clinic embedded in our supportive/palliative medicine program which is well known to care teams and many patients.
- Billing the certification visit through patient's insurance avoiding the out-of-pocket cost of community-based providers.
- Helping with the digital aspects of registration.
- Extensive education of providers on medical cannabis and potential uses.
- Numerous patient-facing educational programs as well as talks to community-based patient support organizations.



Some additional data

- Mean Age = 54
- 55% Female 45% Male
- 97.5% English speaking (16 Spanish, 4 Chinese, 3 Russian, 2 Vietnamese, 2 Cambodian)
- 28% of patients certified for MMJ had not activated or had declined use of the patient portal in EHR

Discussion

Our initial intent when creating our MC certification program was to better understand and reduce potential barriers for our most vulnerable patients and to provide support, education and access to PA's MC program.

Financial Aspects

When the program started, the primary means to get certified was through community providers who were charging an out-of-pocket fee between \$200-\$350. With the wide availability of telehealth due to Covid and added competition, this fee now averages around \$100 annually (recent FB poll). PA has made strides to make the program more financially accessible by reducing the annual card fee from \$50 to free for those who qualify for various public benefits. Our program has always treated the certification and follow-up visits as part of a patient's medical care, and they were only responsible for the copay. We have also used philanthropic funds to help defray the cost of the annual certification for patients who need but don't qualify for the state fee waiver.

Access

With in person, multi-disciplinary support of a Medical Cannabis Clinic, we successfully reduced barriers to access with regards to race, payor and ethnicity. There is certainly an opportunity to ensure that patients for whom English is not their primary language are not excluded from our program and this needs further exploration. Additionally, for the past few years, we have been evaluating digital literacy in our patients and know that this can be a barrier³. Our team has often assisted patients with the entirely online registration process which requires an email address and a credit card to make a payment if one is due. While barriers remain to accessing MC programs, we feel that we have created a sustainable framework for a cancer center based MC certification program and have created access for those who may not have been able to otherwise.

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