

Patient Experience with Medical Cannabis: Development of the Utah Medical Cannabis Prospective Cohort Evaluation

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BACKGROUND

- Medical Cannabis (MC) is now legal in 41 states and the District of Columbia
- ↑ indications for MC use
- Patient experience with MC programs not established



- Legalized 2018 for medical use *only*
- Requires MC card from state-certified clinician
- ~69,000 patients have a current MC card
- 14 authorized dispensaries
- Minimal feedback on user experience to date

OBJECTIVE

- Partner with state MC program (Utah) to develop an evaluation responsive to program needs

METHODS

DESIGN: Iterative, CBPR-based formative process

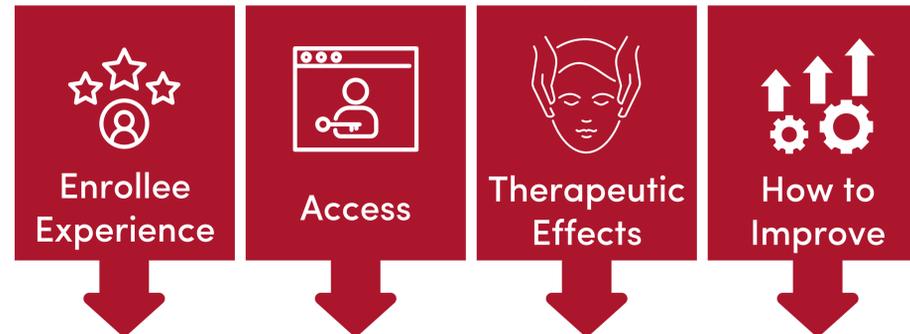


Patient populations of interest:



RESULTS

Primary Concerns Among Stakeholders



Stage 1

Evaluation Advisory Board

Board Composition (N=9)

Participants (n=3)

Patients with a medical cannabis card

Leaders (n=3)

UMCS officials & administrators

Providers (n=3)

Licensed prescribers, dispensary pharmacists

Board Member Criteria:

- ✓ ≥18 years old
- ✓ ≥1 year as participant/leader/provider
- ✓ Live in Utah
- ✓ Commitment to attend Board meetings

Board Objectives

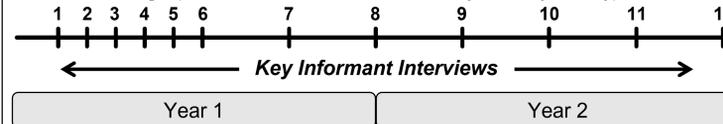
General

- Review & provide feedback on overall approach
- Ensure decisions are informed & well-grounded for all aspects of study
- Identify resource needs to ensure successful execution & completion
- Guide reporting and dissemination of findings

O2 & O3

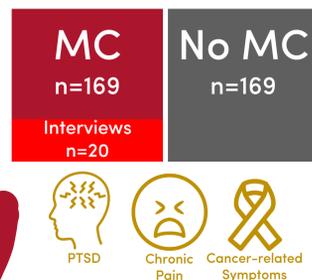
- Review & provide feedback on assessments to be administered
- Inform approach to identify & engage participants
- Provide operational, healthcare, & policy recommendations for future evaluation needs

Board Meetings (virtual, 1 hour each, first monthly, then quarterly)



Stage 2

Cohort Surveys & Interviews



Stage 3

Identify & address barriers to long-term prospective cohort evaluation

Year 1	Year 2
Participant Enrollment	Survey 3 (18 months)
Survey 1 (6 months)	In-depth Interviews (18 months)
Survey 2 (12 months)	

Year 1	Year 2
Cannabis as Medicine (CAMS)	Satisfaction related to program operation
Patient-Reported Outcomes Measured Information System (PROMIS) Sleep Disturbance	Daily Sessions, Frequency, Age of Onset, & Quantity of Cannabis Use Inventory (DFAQ-CU)
Brief Pain Inventory (BPI)	Patient Health Questionnaire (PHQ)
Medical Assessment of Cannabis Efficacy & Side Effects Scale (MACESS)	Patient Satisfaction: Client Satisfaction Questionnaire-8 (CSQ-8)

- GOAL: Match MC data with patient health records
- GOAL: Assess long-term effects
- GOAL: Develop evidence base for specific indications



RESULTS SUMMARY

Evaluation priorities:

- Enrollee experience
- Access to MC
- Therapeutic effects, especially for patients with PTSD, chronic pain, and cancer-related symptoms
- Feedback on how to improve MC program

CONCLUSIONS

In a three-stage process over a two-year period, we will conduct a stakeholder-informed evaluation of patient experience and patient-reported outcomes in a state MC program.

IMPLICATIONS

Lays groundwork to evaluate long-term effects of MC and MC program, including patient-level outcomes

FUNDING INFO & CONTACT

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