



BACKGROUND

For patients seeking adjunct cannabis treatments there is great variability in the information and education they receive. Physicians tend to play less of a structured role in helping patients navigate treatment decisions than in traditional medicine so patients need to be educated in order to get products that will provide them with medical benefit. Physicians need to be able to have an open dialog with their patients about what they are taking to ensure that their patients are advised on what to do to give them maximum medical benefit with minimum harm. Communication is key on both sides to ensure this occurs.

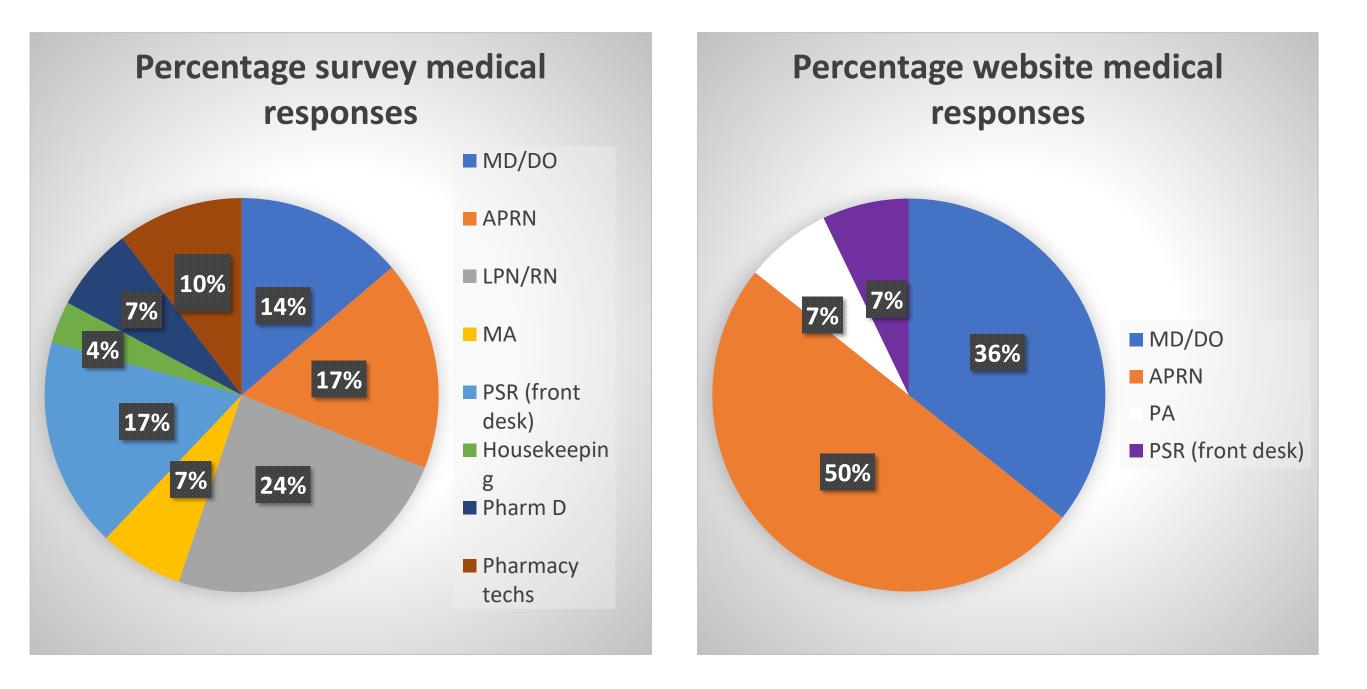
METHODS

Presentations were given to medical providers and medical staff, patients who qualified for a certification at their visit, those that qualified later, those that did not go on to pursue certification and caregivers on a variety of

cannabis topics including general information about the process of obtaining a medical marijuana certification in Florida, products available and where to find additional resources.

Total responses Medical staf Patients who qualified same day Patients who qualified later Patients who did not qualif Caregivers Not complete

- At the end of each presentation, surveys were offered to • all participants on a 1 to 5 Likert scale assessing perceived improvements in knowledge on cannabis topics, ability to communicate about cannabis and comfort communicating about cannabis.
- https://physicianscannabiscompendium.com was also created to provide information to a wider audience with an available survey online.



Improving communication between medical providers and patients about medical cannabis by strengthening cannabis knowledge among both groups

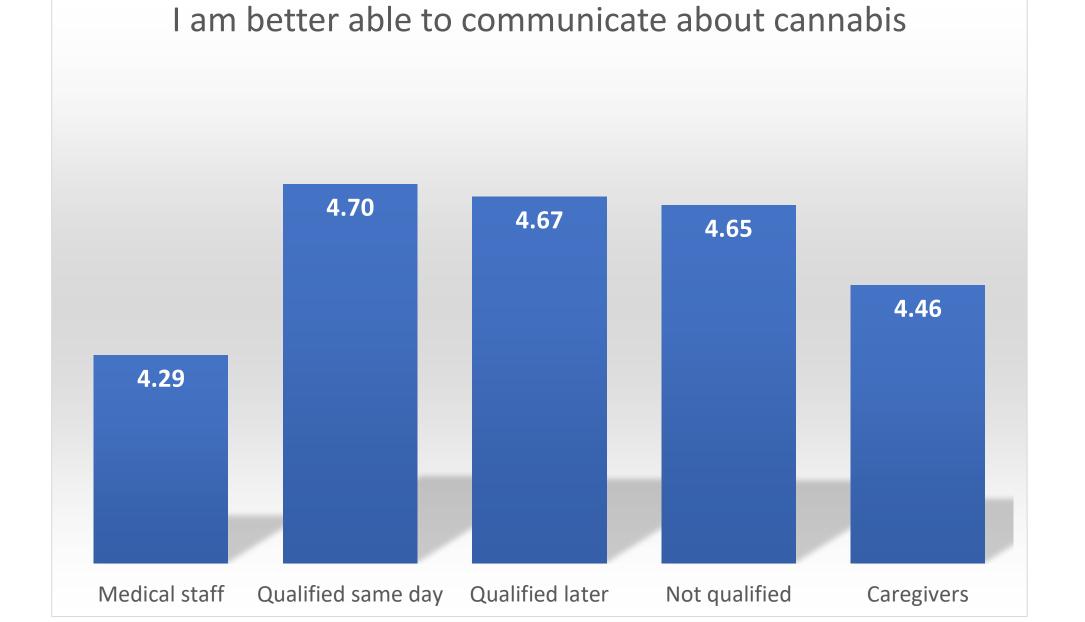
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43	
122	
46	
57	
13	
8	
238	

We demonstrated via patient and provider education a perceived improvement in knowledge about the process to get a medical marijuana card, what products are available and where to obtain more information about cannabis but more work is needed to bridge the communication gap between providers and patients to improve shared decision making and ultimately, patient outcomes.

RESULTS

There was an overall trend towards having an improved ability to communicate about cannabis among all groups but the group who came for discussion and had already done personal research on cannabis in order to qualify on the same day for a medical marijuana certification ranked their ability to communicate highest. This was followed by the group who did not obtain a medical marijuana recommendation at the time of their discussion but subsequently went on to obtain one later. The group who came for a discussion but did not go on to obtain a medical marijuana recommendation scored slightly lower, followed by caregivers. The group that scored the lowest in communication ability was the medical group which was unexpected. Several of the front desk staff expressed discomfort with talking with patients about any kind of medical information or recommendations and this likely contributed to lowering the overall score.



	Medical staff	Qualified same day	Qualified later	Not qualified	Caregivers
IId feel comfortable talking to my ary care doctor about cannabis	4.10	4.47	4.41	4.37	4.54
Ild feel comfortable talking to nts about cannabis	4.01	*	*	*	*
erstand the process to get a medical uana card	4.22	4.82	4.72	4.82	4.69
mportant to understand what ucts are available with a medical uana card	4.66	4.85	4.76	4.89	4.92
my knowledge of available cannabis ucts increased	4.59	4.70	4.63	4.82	4.69
w where to get more information t cannabis if I would like to know	4.47	4.75	4.7	4.89	4.69
better able to communicate about abis	4.29	4.70	4.67	4.65	4.46

In looking at the medical group's responses to how comfortable they felt talking to patients about cannabis, most providers felt comfortable but the front desk staff, housekeeping and pharmacy techs did not.

There is a distinct difference in comfort in talking to one's primary care provider between people who have made the decision to actively seek treatment and those who are merely interested. The population who came for discussion and had already obtained records from their primary care doctor with the intention of pursuing a medical marijuana certification ranked their comfort in talking to their doctor highest. This was followed by the group who did not obtain a medical marijuana certification at the time of their discussion but subsequently went on to obtain one later. The group who came for a discussion but did not go on to pursue obtaining a medical marijuana certification scored lower. Caregivers were the group most comfortable talking to a patient's PCP, likely because they have less concerns for being judged talking about cannabis as they are not the ones using it and also because if they feel it is in a loved ones best interest to use it, they accept the responsibility of being an advocate for their treatment choices.

CONCLUSIONS

