Creating a Cascade of Care Model for Medical Cannabis: What it is and How it Can Help Patient Access

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My promise to you:

- You will learn about the Cascade of Care
- You will find value from our time together
- You have something to contribute to this conversation!
Housekeeping

- Full undivided attention
- 45 minutes presentation/15 minutes Q&A
- Share your questions and thoughts in the chat box
- 2nd webinar in the series will be for contributions and perspectives
Why Cascade of Care for Medical Cannabis Access?

It’s time to get organized and bring evidence-based resources to a legitimate medical treatment for patients!!
Why me?
Cascade of Care

- Clarity

- A good roadmap

- You will find something relevant to the work you’re doing (What’s in it for YOU?)
If you can’t explain it **simply**, you don’t understand it well enough.

— Albert Einstein
Research model or framework should:

- Enhance understanding of the representative system
- Promote efficient explaining of system details between stakeholders
- Provide a point of reference for stakeholders to gather model “specifications”
- Document current model for future reference
Advantages of Conceptual Modeling

● Establishes entities
  ○ Fewer surprises; accounts for a lot of the “noise”
● Defines project scope
● Base model for other models (jumping off point for other ways at looking at something)
● High-level understanding
Why is it important to create a model for Medical Cannabis Care?

- Organizing framework for resources, collaboration, shared knowledge
- Legitimacy/credibility as a clinical healthcare population and drug
- Help guide progress and targeting interventions where it is needed most
The paradigm of HIV/AIDS
HIV CARE CONTINUUM:

THE SERIES OF STEPS A PERSON WITH HIV TAKES FROM INITIAL DIAGNOSIS THROUGH THEIR SUCCESSFUL TREATMENT WITH HIV MEDICATION

DIAGNOSED WITH HIV

ENGAGED OR RETAINED IN CARE

LINKED TO CARE

PRESCRIBED ANTIRETROVIRAL THERAPY

ACHIEVED VIRAL SUPPRESSION
HIV Cascade of Care data

Medical Cannabis Cascade of Care Model

Stage 1: Diagnosis

Stage 2: Linkage to care

Stage 3: Receipt of drug

Stage 4: Appropriate care
Stage 1 - Diagnosis

Medical Cannabis still illegal

Restrictive approved diagnoses

Lack of knowledge:
- Providers
- Patients
Stage 1- Diagnosis

Opportunities/Issues to address

- Inconsistent and/or restrictive eligibility criteria and acceptable conditions by state
- Lack of knowledge regarding proportions within reasons for lack of access
- Evidence-based education and training for providers and patients
- Provider fear related to cannabis prescription and licensing
Stage 1: Diagnosis - Patient insights

“CBD-only state. So restrictive that my relative with epilepsy on his 3rd medication (due to side effects) couldn't get a recommendation from his neurologist and they wouldn't direct us to someone who could.”

“Only 'medically legal' in the narrowest sense of the term”.

“I'd like to see physicians get better training or set up a system for assessing valid recommendations”

I have had 3 surgeries due to a spinal injury and they have me on painkillers, but don't offer access to a non lethal plant or it's derivatives. I could cut back on my pain medication by at least 50% or more...But I need legal access to it.
Stage 2 - Linkage to Medical Cannabis Care

- Few eligible prescribing providers
- No standards of care for medical consultation
- Barriers to visiting a prescribing provider:
  - Fear
  - Cost
  - No ins coverage

Linkage to Care
Stage 2 - Linkage to Medical Cannabis Care

● Opportunities/Issues to address

○ Policy
  ▪ Few caregiver, advocate, or other community resources
  ▪ Slow implementation of state medical cannabis program
  ▪ Prohibitive laws around medical cannabis access for those with a prior record

○ Support
  ▪ Few caregiver, advocate, or other community resources
Stage 2 - Linkage to Medical Cannabis Care

- Opportunities/Issues to address
  - Education and Training
    - Few evidence-based resources linking conditions to specific treatment options
    - Health disparities – those referred and/or those prescribed
Stage 2: Linkage to care - Patient insights

“My biggest obstacle was the cost for doctor visits & card registration. Insurance should cover these things. These are real doctors and prescriptions for real medicine. Insurance will cover opioids but not medical marijuana. Makes no sense!”

“High cost of doctors who are willing to recommend - literally it cost over $500 in cash...every 3 months thereafter he wanted $xxx.”

“Recommending doctors know they can charge whatever they want and people have no choice.”
Stage 3 - Receipt of Medical Cannabis

● Gaps
  ○ Few licensed facilities and/or dispensaries
  ○ Limited and inconsistent product availability
  ○ Prohibitive cost/Lack of insurance coverage
  ○ Dispensaries disproportionately located in non-diverse communities
  ○ Negative patient experiences (e.g., finding dispensary, user interface)

● Opportunities/Issues to address
  ○ Fears related to legal status, including prior experience with law enforcement
  ○ Lack of civil protections, e.g. public housing, child welfare, employment, etc.
  ○ Health disparities
Stage 3: Receipt of drug - Patient insights

“While we finally have dispensaries, there are few (3 on an island with a million people!)... I live about as far from them as is possible on a small island! It’s an hour+ drive and while a large number of people on our side of the island are patients, the only new one coming is on the other side of the island”

One of the only benefits of having a medical card in Washington state to me is not having to pay sales tax.

One challenge is the lack of medical strains.

There are only recreational stores.
Stage 4 - Appropriate care

● Gaps
  ○ Few evidence-based resources re: treatment and follow-up regimens
  ○ Few providers knowledgeable about ongoing care needs
  ○ No standards of care at dispensaries / negative patient experience
  ○ Lack of regulatory clarity on new/novel modes of administration, e.g., inhalers, suppository, etc.
  ○ Lack patient data and research coordination

● Opportunities/Issues to address
  ○ Lack of ongoing care and monitoring
  ○ Inappropriate use of cannabis
  ○ Number of patients seen regularly over time by state
  ○ Impact of recreational cannabis on medical cannabis access
Stage 4: Appropriate care - Patient insights

Dosage levels are not adequate for my needs. Pre dosed products too light on medicine. Really appreciate lab testing to assure safe products.

The staff at stores seem to assume that I buy cannabis for recreational reasons more often than not, making it harder to get what I need.
Medical Cannabis Cascade of Care
What we DO know!

- Significant gaps in knowledge and access exist across the Cascade of Care
- Data are urgently needed
- We were unable to build an actual Cascade of Care patient estimate at each stage
How the Cascade of Care can help your community?

- Creating a specific Cascade of Care graph for a particular patient population
  - Veterans
  - Opioid addicted individuals
  - Senior citizens
  - Condition-specific (MS, Parkinsons, chronic pain, epilepsy, etc)
- Highlights unique knowledge and access gaps
- Removes potential masking by condition/group
Addressing Health Disparities by

- Gender
- Race
- Criminal record
- Age
Existing documented medical cannabis users

- 1,068,793 individuals
- 41 conditions

Top conditions (≥1.0%)
- Chronic pain – 61.8%
- Muscle spasms – 11.1%
- Nausea – 4.9%
- Cancer – 4.3%
- PTSD – 3.8%
- Peripheral Neuropathy – 1.9%
- Seizures – 1.4%
- 2+ conditions – 1.3%
- Glaucoma – 1.1%
- Anxiety – 1.1%
Examples of Cascade of Care gaps by specific conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th># recorded for Medical Cannabis in the U.S.</th>
<th>Estimated # with condition in the U.S.</th>
<th>% cannabis use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic (Intractable) Pain</td>
<td>660,198</td>
<td>100 million</td>
<td>0.06%</td>
</tr>
<tr>
<td>PTSD</td>
<td>40,308</td>
<td>24 million</td>
<td>0.17%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>11,352</td>
<td>40 million</td>
<td>0.03%</td>
</tr>
</tbody>
</table>
Medical Cannabis Cascade of Care

- Diagnosis
- Linkage to care
- Receipt of Drug
- Appropriate Care
A place for everyone
Medical Cannabis Cascade of Care

Stakeholders:
- Researchers
- Patients
- Advocates
- Providers
- Policymakers
- Labs
- Businesses
- Growers, etc.

Discrimination – Stigma – Disparities
Research – Education – Training
Discussion

- Cascade of Care model as a context for medical cannabis access is easy to understand and has many benefits
  - Guide funding
  - Target interventions
  - Identifying specific patient population experiences
- The model leverages existing knowledge and moves the field forward in a timely, and effective manner
- Power of developing individual Cascade of Care narratives for specific conditions and health disparities concerns
What research needs to happen next?

- Qualitative data
- Build partnerships with unique populations
  - Chronic pain
  - Mental health, etc.
- Quantifying the patient experience
- Developing targeted interventions
- Targeted grant funding at every stage!
How can you participate?

● Research
  ○ Patients – we want and need your stories!
  ○ Providers
  ○ Businesses

● Donate

● Fund research

● Fundraise *with* us

● Work with us to identify how the Cascade of Care applies to your group/organization
Questions?

Share your stories, challenges, and insights with me!

Email: grace@marim.ac

Next webinar: Cascade of Care Perspectives

May 16, 2019, 2PM EST
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