

Valley Medical Group Marijuana Guideline Policy

Overview

Valley Medical Group is committed to providing the best possible evidence-based care for our patients. We recognize that in evolving areas of treatment, evidence lags behind patient desire and the potential for benefit. Thus we remain open to new treatments based on consensus guidelines.

Marijuana is a chemical substance with a long history of use and abuse. There is only a small amount of evidence to guide providers on appropriate use for medical problems. Despite the scarcity of well controlled medical trials, we believe that some well selected patients may benefit from the use of marijuana. The purpose of this policy is to provide guidance for VMG practitioners when considering patients for a Certificate of Benefit for marijuana.

Guidelines:

This policy identifies three recommended patient categories in which a Certificate of Benefit may be provided:

1. Patients with very specific diagnoses for which the Primary Care Provider has recognized a likely benefit, and for which there may be some evidence in research to support that benefit.
 - a. Severe chronic spasm such as in Multiple Sclerosis or other serious neurological diseases.
 - b. Severe cachexia such as in end stage cancer, or AIDS wasting syndrome
 - c. Severe Crohns disease, unresponsive to usual medications.
 - d. Any patient on hospice for whom marijuana might be helpful
2. Patient for whom the use of marijuana may be part of a risk reduction strategy.
 - a. Patients on chronic narcotics for which marijuana could provide a reduction of 25% or more of the narcotic dose.
 - b. Patients not yet on narcotics with chronic pain for which all other modalities have been tried and exhausted and using marijuana as an alternative to narcotics would be a risk reduction strategy.
3. Other severe diagnoses for which a provider feels marijuana might be beneficial. (Most of these patients should be getting marijuana through the appropriate specialist. For example, if it is felt a patient with a seizure disorder would benefit, that patient should be getting the recommendation from the neurologist.)

A physician wishing to issue a Certificate of Benefit for a patient should email the Marijuana Work Group explaining the potential benefit and risk for the patient (including expected risk reduction and how it will be measured and tracked, especially for patients in group 2). The provider may issue a Certificate of Benefit once approval has been given by the work group via email. Progress reports should be provided to the work group at 3 and 6 months from the time of certification.

VMG providers should not issue Certificates of Benefit for patients unless permitted by the guidance above.

VMG providers may not provide a Certificate of Benefit to patients with psychiatric diagnoses without consulting a psychiatrist. VMG providers will use extreme caution in providing a Certificate of Benefit to any patient with a psychiatric diagnosis.

VMG providers will not provide a Certificate of Benefit to patients under the age of 25 except for patients with end stage/terminal disease.

All providers issuing a marijuana Certificate of Benefit must register through the state of Massachusetts, complete required CME, and comply with all state requirements. Presently only physicians can sign a Certificate of Benefit. All patients receiving a Certificate of Benefit for marijuana must be established patients at Valley Medical Group.

All medical use of marijuana will be documented in the chart by the provider and will be documented in the social history and medication list.

The committee will maintain a list of approved patients for evaluation of the program.

Summary

1. Physicians register through the state and comply with all requirements, including CME
2. Email the marijuana work group requesting approval for patients in the recommended categories
3. If approved and you do in fact provide a certificate, please email the Medical Director of Marijuana Work group (so that a registry can be kept), document the marijuana use in EMR, including in social history and on medication list
4. Provide follow-up feedback to the work group at 3 and 6 months from the time of certification, then at regular intervals as clinically appropriate