

# **Health Care Provider Survey 2021**

The Office of Medical Cannabis at the MN Department of Health would like to gather your opinions about being a health care provider enrolling patients into the MN Medical Cannabis Program. Our staff will use your anonymous responses, combined with other practioners' responses, to help understand and make improvements to the Program. This information may be shared with others in aggregate form, but your name will not be linked to your responses. You are not required to take this survey, and your decision to participate or not will in no way affect your relationship with the MN Medical Cannabis Program, the Office of Medical Cannabis, or the MN Department of Health. Thank you for being part of the MN Medical Cannabis Program and for taking the time to help us improve the Program for patients.

### **Demographics**

How long have you been certifying patients in the MN Medical Cannabis Program?

- I haven't referred any patients
- Less than 1 year
- 1 year 2 years
- 2 years 3 years
- Over 3 years

How many patients have you certified into the MN Medical Cannabis Program?

- 0 patients
- 1-20 patients
- 21-100 patients
- 101-200 patients
- 201+ patients
- I don't know

What field of medicine do you practice? (Select all that apply)

- Anesthesiology
- Dermatology
- Emergency medicine
- Family medicine
- Internal medicine
- Obstetrics and gynecology
- Ophthalmology

- Pediatrics
- Psychiatry
- Surgery
- Other

What type of Internal Medicine do you practice? (Select all that apply)

- Advanced heart failure and transplant cardiology
- Cardiovascular disease
- Clinical cardiac electrophysiology
- Critical care medicine
- diabetes, and metabolism
- Gastroenterology
- Geriatric medicine
- Hematology
- Hematology and oncology
- Infectious disease
- Internal medicine
- Interventional cardiology
- Nephrology
- Oncology
- Pediatric internal medicine
- Pulmonary disease
- Pulmonary disease and critical care medicine
- Rheumatology
- Sleep medicine
- Sports medicine
- Transplant hepatology

What type of Family Medicine do you practice? (Select all that apply)

- Adolescent medicine
- Geriatric medicine
- Hospice and palliative medicine
- Pain medicine

- Sleep medicine
- Sports medicine

Specify your field of specialty.

In what county is your main place of practice?

- Aitkin
- Anoka
- Becker
- Beltrami
- Benton
- Big Stone
- Blue Earth
- Brown
- Carlton
- Carver
- Cass
- Chippewa
- Chisago
- Clay
- Clearwater
- Cook
- Cottonwood
- Crow Wing
- Dakota
- Dodge
- Douglas
- Faribault
- Fillmore
- Freeborn
- Goodhue
- Grant
- Hennepin

- Houston
- Hubbard
- Isanti
- Itasca
- Jackson
- Kanabec
- Kandiyohi
- Kittson
- Koochiching
- Lac qui Parle
- Lake
- Lake of the Woods
- Le Sueur
- Lincoln
- Lyon
- McLeod
- Mahnomen
- Marshall
- Martin
- Meeker
- Mille Lacs
- Morrison
- Mower
- Murray
- Nicollet
- Nobles
- Norman
- Olmsted
- Otter Tail
- Pennington
- Pine

- Pipestone
- Polk
- Pope
- Ramsey
- Red Lake
- Redwood
- Renville
- Rice
- Rock
- Roseau
- Saint Louis
- Scott
- Sherburne
- Sibley
- Stearns
- Steele
- Stevens
- Swift
- Todd
- Traverse
- Wabasha
- Wadena
- Waseca
- Washington
- Watonwan
- Wilkin
- Winona
- Wright
- Yellow Medicine

### Registering with the MN Medical Cannabis Program

How did you learn about participating as a provider in the MN Medical Cannabis Program? (Select all that apply)

- Website
- Brochure
- News article
- Colleague
- Patient
- Other

What was the other source?

How easy was registering as a participating provider in the MN Medical Cannabis Program?

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult

### **Certifying Patients**

How well do you understand the patient enrollment process and re-enrollment application process, including enrollment fee?

- Very well
- Well
- Neutral
- Not very well
- Not at all

Currently, the Office of Medical Cannabis does not supply or publicly display a list of health care practitioners who are registered to certify patients in the Program. In the future, if we made such a list available, would you want to be included on a list of providers who can assist patients with certification?

- Yes
- No
- Unsure

#### What are your concerns?

For the patients you enroll, in general, how often do they follow up with you?

- Only at certification and re-certification
- 3-4 times over the course of the year
- 5 or more times over the course of the year
- It depends on the patient or their condition
- Unsure

### **Finding information**

What provider resources would be useful to you? (Select all that apply)

- Virtual training for registration/certification process
- CME courses on medical cannabis
- Dosing of medical cannabis
- Legal issues surrounding medical cannabis
- Issue briefs for new conditions
- General information about medical cannabis
- Links to research articles/reports
- Legislative issues concerning cannabis
- Other

#### Other (specify)

What is your preferred method for Office of Medical Cannabis staff to contact you regarding specific patients?

- Phone
- Email
- Medical Cannabis Registry
- Other

How else would you like the Office of Medical Cannabis staff to contact you?

Have you used any of the following materials available from the Office of Medical Cannabis website? (Select all that apply)

Registration and Certification information

- Tutorial/Reference Guides for Health Care Practitioners
- Continuing Medical Education (CME) opportunities
- FAQs
- Various data reports
- Links to current research articles/reports
- Information for patients/legal guardians, spouses, and caregivers

### **Using the MN Medical Cannabis Registry**

How would you prefer to report a patient's death to OMC?

- Phone
- Email
- Enter date in a field in the Medical Cannabis Registry (not currently available)
- I'd prefer not to report a patient's death
- Other

How else would you like to notify the Office of Medical Cannabis about a patient's death?

### We've heard from some health care providers that they'd like to see changes in how the MN Medical Cannabis Program works. Many of those suggestions would require Legislative change. How important are the following topics to you?

(options included: Not important, Neutral, Somewhat important, Very important)

- Changing who is allowed to certify patients (currently limited to Minnesota-licensed physicians, physician assistants, and advanced practice registered nurses)
- Changing how long certifications last (currently 1 year)
- The ability to rescind certifications during the enrollment year (currently not allowed)
- Increasing the communication among pharmacists, health care providers, and patients

What other types of health care providers do you think should be able to certify patients?

Do you think health care practitioners should be permitted to certify patients for the MN Medical Cannabis Program via telemedicine?

- Yes, all of the time
- Yes, in some instances (please specify)
- No, never

Not sure

Please explain your "Yes, in some instances" response.

## **Overall Experience**

Overall, how satisfied are you with your experience with the MN Medical Cannabis Program?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor unsatisfied
- Somewhat unsatisfied
- Very unsatisfied

Please share with us anything about your experience or suggestions for what we could do better.

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To obtain this information in a different format, call: 651-201-5598.