

The challenges with migraine care—

and what health systems can do about it

Awareness

Patient recognizes migraine symptoms (i.e., headache) and contacts primary care office to seek a diagnosis.

CHALLENGES

- ▶ Patient believes symptoms are not severe enough to seek medical attention.⁵
- ▶ Patient relies on over-the-counter medication (OTC) rather than seeking care from a healthcare provider (HCP).⁵

45.5% of migraine patients hesitated to consult an HCP for migraine according to data obtained between 2018 and 2019.⁶

45.2% of these patients hesitated because they wanted to care for migraine on their own.⁶

RECOMMENDATIONS

Proactively educate patients about migraine and the importance of patient-provider communication. The key to effective communication is the availability and use of multimodal materials that patients can utilize before and during a provider visit.

Enhance provider knowledge base on migraine approach. This may include educating providers on available tools and resources.

Why do we need to talk about migraine care?

40M estimated number of people in the U.S. suffering from migraine.¹

\$78B estimated annual migraine cost in the U.S.²

\$12B estimated total indirect cost associated with migraine in the U.S., with 81% due to absenteeism.*³

5th migraine is the 5th leading cause of years lived with disability in the U.S.⁴

Diagnostic Assessment

Patient seeks migraine care and provider uses standardized tools to diagnose migraine.

CHALLENGES

- ▶ Patient may struggle to identify and track migraine symptoms.
- ▶ Providers may lack confidence diagnosing migraine while often not using standardized assessments and documenting headache/migraine history.



When surveyed, proportion of HCPs who rate themselves as “very comfortable” in diagnosing migraine is relatively low (34.6%).⁷



Migraine is one of the most underdiagnosed and undertreated neurologic conditions.⁸

RECOMMENDATIONS

- Encourage patients to share migraine symptoms and history details from migraine diaries with their provider and offer patient education on migraine.
- Consider integrating standardized migraine assessment into workflow (e.g., electronic screening assessments like ID Migraine™).

Treatment

Patient and provider collaborate on a migraine treatment plan that meets the patient’s individual needs.

CHALLENGES

- ▶ Provider may not be aware of migraine treatment advancements.
- ▶ Provider cycles through medications and may not have clear treatment plan.

74.1% of patients reported unmet needs related to inadequate acute treatment response.⁹

RECOMMENDATIONS

- Educate providers on available acute and preventive treatment options.
- Schedule timely follow-up appointments to assess treatment effectiveness.
- Empower patients in their care journey by using shared decision-making to individualize treatment plan.

Management

Patient and provider plan follow-up visits to assess treatment effectiveness.

CHALLENGES

- ▶ Patient lacks understanding of acute and preventive approaches to migraine management.
- ▶ Patient and provider lack standardized tools to track and assess ongoing treatment plans.

77.1% of patients made a least one change in treatment or discontinued preventive treatment within a year.¹⁰

54% of patients who received a headache diary did not fill it out.¹¹ Providers also report that most patients return to their follow-up appointments without completing symptom tracking.

RECOMMENDATIONS

- Encourage patients to continue monitoring between visits with migraine resources like a Migraine Management Plan and Diary.
- Continue proactive patient outreach in line with predetermined communication and follow-up plan.

Pfizer and Optum identified migraine care solutions through:

- ▶ Interviews with migraine experts, including primary care providers and neurologists, at three leading healthcare systems.
- ▶ Collaborative design workshop with Pfizer and Optum leaders centered on closing migraine care gaps and optimizing provider workflows and patient education.

Click here to access these solutions in the **Migraine Health System Toolkit**.

* Absenteeism defined as: Full days of productive workforce loss.

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