

CASE STUDY

The chronic condition we should be talking about: Challenges and opportunities in migraine care

Migraine is one of the most underdiagnosed and undertreated neurologic conditions, in part because there is no diagnostic lab test.^{1,2} As a result, migraine is often misdiagnosed as sinus headache.³ Migraine patients deal with a variety of challenges throughout the patient care journey, which can lead to insufficient and fragmented care.⁴ This case study will outline the challenges and potential solutions healthcare teams can use to improve migraine care at different points in the care journey.

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Audience

- Hospitals and health systems
- Physicians and medical groups

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Overview

Migraine data spotlight

A growing number of patients in the United States are struggling with migraine. Migraine patients deal with a variety of challenges throughout the patient care pathway that can cause insufficient care. This can lead to adverse impacts on patients, employers, and health systems.



DATA SPOTLIGHT

40M

Estimated number of people in the U.S. suffering from migraine⁵

\$78B

Estimated annual direct migraine medical costs in the U.S.⁶

\$12B

Total estimated indirect cost associated with migraine in the U.S., with 81% due to absenteeism (defined as full days of productive workforce loss)⁷

5th

Migraine is the fifth leading cause of disability in the U.S. (measured in number of years)⁸

Approach

How Pfizer and Optum identified gaps in migraine care

Pfizer and Optum¹ worked together to collect provider insights and identify gaps in care within the current workflows for migraine screening and management in the primary care setting. Pfizer partnered with Optum across three regions — the West, Midwest, and Northeast — to understand providers’ approaches to migraine care and identify opportunities to optimize the migraine patient journey. Although Optum providers were interviewed, these insights are applicable to all health systems looking to improve their migraine care strategy. As part of this process, Pfizer and Optum:

1. Interviewed clinicians and other subject matter experts in primary care and neurology at Optum sites to identify current migraine patient management workflows and care gaps.
2. Facilitated a joint design workshop with migraine subject matter experts to address the care gaps identified in interviews. As a result of the design workshop, Pfizer and Optum developed several migraine resources.
3. Used these insights to develop a toolkit to help health systems and providers more efficiently diagnose and treat patients with migraine, as well as migraine education materials to help patients better understand migraine symptoms and treatments.

The following pages outline what Pfizer and Optum found to be the most critical challenges to effective migraine care — and potential solutions to those challenges.

1. Advisory Board is a subsidiary of Optum. All Advisory Board research, expert perspectives, and recommendations remain independent.

Challenge 1: Migraine patients are often misdiagnosed — or don't seek care at all

Because no diagnostic test can positively identify migraine, it can be a challenge to diagnose. While a few migraine screening tools, such as ID-Migraine,⁹ have been developed, they are not widely used in primary care workflows. According to provider interviews facilitated by Optum, primary care providers (PCPs) instead make initial diagnostic decisions based on their own clinical experience with migraine. This method is not always effective, because short appointment times can hinder provider-patient dialogue and limit PCPs' ability to take comprehensive patient histories.¹

When patients are unsure about the symptoms of migraine, the difference between headache and migraine, or whether tailored migraine treatment options are available, they may normalize their symptoms or attempt to use over-the-counter medications for pain relief.¹⁰ A recent survey showed that 45.5% of people hesitated to seek care for migraine over one year, and 41.8% did not seek care at all.¹⁰ Their reasons varied. Some were unsure their headaches were serious enough to warrant care (29.4%), others were concerned that healthcare providers wouldn't take their concerns seriously (34.9%), and nearly one-third were concerned about the cost of care (28.7%).¹⁰

While PCPs may sometimes have limited experience with migraine diagnosis and treatment, they are also the most likely provider to see migraine patients pre-diagnosis. It is essential that PCPs have access to the right tools to recognize when a patient might be experiencing migraine, properly diagnose the condition, and educate patients.¹

Recommendation: Consider integrating a standardized approach to the diagnostic assessment of migraine patients.

- ❑ Incorporate screening and educational tools into the workflow that facilitate patient-provider communication about migraine.
- ❑ Decide who will capture patients' migraine history and impacts on quality of life, where in the workflow they will capture that information, and how they will ensure it is included in patient records.
- ❑ Develop a way to make patients' migraine information readily available to inform treatment and management discussions.

Challenge 2: Treatment plans may lack a personalized, evidence-based approach

Each migraine and each migraine patient may respond differently to treatments. As migraine treatment continues to advance, PCPs may benefit from system-supported educational updates about acute and preventive migraine management options, as well as how to apply evidence-based migraine treatment guidelines when making decisions.¹

According to provider interviews facilitated by Optum, PCPs may rely on two to four familiar migraine treatment options. When those medications don't work, PCPs will often refer to a specialist, which can result in patients waiting months for treatment. This dynamic leads to undertreatment, and 74.1% of surveyed migraine patients reported unmet needs related to inadequate acute treatment.¹¹ Even when PCPs feel comfortable with the range of available treatment options, finding the right treatment plan for a patient can take time, often requiring a stratified approach and ongoing communication to assess treatment effectiveness. There is no right way to follow up with patients over time, so tools that enable a two-way dialogue between patients and providers about treatment plans are beneficial.

Recommendation: Consider prioritizing PCP education on migraine management and develop acute and preventive migraine treatment plans.

- ❑ Ensure providers that manage migraine patients are educated on evidence-based guidelines for treatment. Consider updating order sets or treatment pathways to include all available treatment options.
- ❑ Identify providers, NPs, PAs or other care team members outside of the neurology office who are comfortable treating migraine, and ensure PCPs know how to access their services.
- ❑ Consider using a digital or printed tool to encourage shared decision-making between patients and providers on migraine treatment and management plans.

Challenge 3: Migraine management across care settings may be fragmented

There is a lack of guidance about what and how to communicate across care settings to manage migraine patients.¹ For example, while emergency departments manage individual migraine attacks, they may not coordinate care to ensure migraine patients have follow-up appointments for ongoing management.

Although most migraine patients are seen in the PCP office, without education, PCPs may struggle to establish a comprehensive provider-patient dialogue about migraine management over time. Patients who are referred to neurology may also experience extensive wait times when treatment could have been managed through other care settings.

Recommendation: Provide clear guidance on transition of care and follow-up communication for ongoing management of migraine patients.

- ❑ Establish health system guidance for the transition of migraine patient care from PCP to PCP, PCP to specialty care, ED to PCP, or ED to specialty care.
- ❑ Ensure providers know which elements to document in the medical record when collecting a patient’s history of migraine and response to prescription and over-the-counter treatments.
- ❑ Consider digital solutions such as telehealth, e-visits, or other ways to engage with migraine patients to effectively and efficiently assess migraine treatment.

3 insights to elevate your migraine management strategy

Insight 1: Rather than reinventing the wheel, apply validated primary care protocols and experience in chronic disease management to migraine management.

Primary care providers often rely on their personal experience managing migraine, leading to missed care improvement opportunities, as well as inconsistent standards across providers with different experiences and treatment backgrounds. This doesn't mean health systems need to create a new migraine care protocol themselves. Instead, existing, clinically-validated migraine care protocols are available for health systems to implement.

While standardizing protocols may seem daunting, health systems can apply their experiences standardizing care for other chronic diseases to migraine management. Consider which chronic disease management structures and strategies are already in place across different disease states that may scale to migraine management. This could include leveraging different care team members to support PCPs, creating processes to refer patients to ongoing support within and outside the system, or increasing education and awareness of screening protocols to support diagnosis. The most efficient organizations will identify existing processes and resources that can work for their migraine strategy.

3 insights to elevate your migraine strategy (cont.)

Insight 2: Because PCPs are already overburdened, embed new migraine strategies that make it easier to manage migraine.

Implementing new migraine strategies requires PCPs to be open to changing their behavior. Since they have a lot on their plates, skepticism among PCPs about process changes is understandable. Any system-wide migraine strategy must consider how to make changes easy for PCPs to adopt. Consider the following strategies:

- Embed nuanced migraine assessment and treatment tools into the electronic health record (EHR) that don't make PCPs feel distracted or impeded when making a diagnosis. Consider an EHR-embedded tool that helps providers make treatment decisions and provides migraine diagnosis and treatment guidelines as needed.
- Incorporate migraine-specific training into standing education sessions.
- Ensure that migraine information is endorsed or delivered by a headache specialist or neurologist, as they are viewed as authorities for migraine guidance.
- Enlist patients to be engaged and active in their own migraine management through patient education and symptom tracking tools so they come to appointments with information about the severity and frequency of their symptoms.
- Evaluate strategies to deploy nursing staff and advanced practice providers (APPs), who may have more availability in their schedules than physicians. For example, to facilitate PCP capacity, assign patients with established diagnoses and treatment plans to an APP for ongoing care management.

3 insights to elevate your migraine strategy (cont.)

Insight 3: Help patients participate in managing their migraine by educating them early and often.

Finding the right treatment plan for each patient can take time, and a lack of patient awareness about migraine diagnosis and treatment may cause further delays in care. Providing education materials early — either during triage via a nurse line, at the first primary care visit, or through the patient portal — can help patients describe their migraine experiences, advocate for proper migraine care, and reduce hesitancy to trying new treatments.

Patient education is also essential to any treatment plan that helps patients proactively manage their own condition, which boosts treatment adherence and improves patient outcomes. In addition to face-to-face education efforts, providers might use supplementary patient education materials, including:

- A digital or printed migraine treatment plan listing the patient’s acute and preventive medications, their potential side effects, and criteria for when to call their PCP.
- Migraine tracking tools, such as migraine diaries that track headache days, triggers, symptoms, and treatment effectiveness.
- Patient-centered videos or handouts with details about migraine symptoms and treatment.

Sponsor highlight: Tools to advance your system migraine strategy

Improving migraine care from diagnosis to management may seem overwhelming for health systems given the bulk of other responsibilities on their plate. This is why Pfizer and Optum developed a suite of resources to help health systems better diagnose and treat migraine throughout the care pathway with the *Migraine Health System Toolkit*.

How the *Migraine Health System Toolkit* addresses gaps in migraine care

Gaps in migraine care	Toolkit solutions
<ul style="list-style-type: none"> Patients may lack awareness of migraine symptoms and treatment or management options. 	<ul style="list-style-type: none"> <i>Migraine patient education video</i> includes four modules with an overview of migraine symptoms, treatment, and management options.
<ul style="list-style-type: none"> Limited care standardization can prolong care delivery and may lead to underdiagnosis of migraine. 	<ul style="list-style-type: none"> <i>Migraine pathway</i> provides health systems with example strategies to enhance workflows and standardize care delivery.
<ul style="list-style-type: none"> Patients may lack a comprehensive symptom tracker, which can limit information for effective treatment plans. 	<ul style="list-style-type: none"> <i>Migraine management plan</i> includes a patient support guide with information on diagnosis and treatment, a migraine diary, and the treatment plan to help patients track symptoms.

Learn more about the [*Migraine Health System Toolkit*](#).



Endnotes

1. Note: Unless otherwise specified, all information in this case study came from Optum interviews with Optum providers.
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