Migraine Care in the Era of COVID-19

A recent editorial published in *Headache* outlines strategies to provide care for migraine patients despite constraints due to COVID-19.

The editors highlighted that in the current environment of ensuring patient and healthcare worker safety, clinicians are prioritizing keeping individuals with migraine out of emergency departments and hospitals. As additional measures, face-to-face visits and procedural treatments are also being curtailed.[1]

Simultaneously, various additional responsibilities are being placed on medical staff, many of whom are being repurposed to new duties, which add to their workload burden during the pandemic.[1]

Recommendations for payers

Reduce the need for in-office and ED visits[1]

- Expand access to telemedicine[1]
- Remove prohibitions against simultaneous coverage[1]

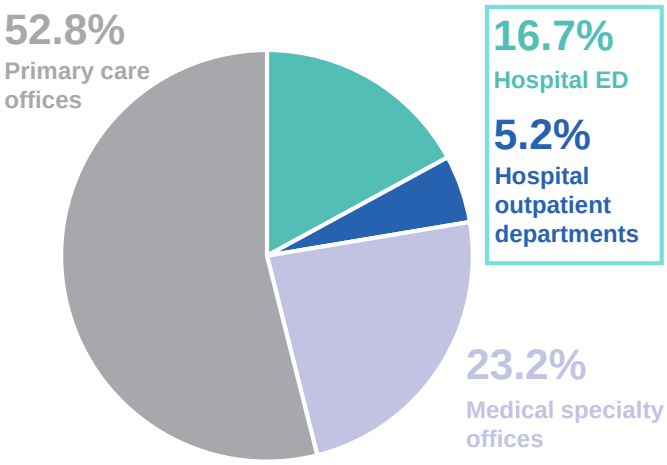
Alleviate constraints on medical office staff[1]

- Reduce or remove requirements on prior treatment failures[1]
- Eliminate prior authorization requirements[1]

Previous data suggest a need to take action

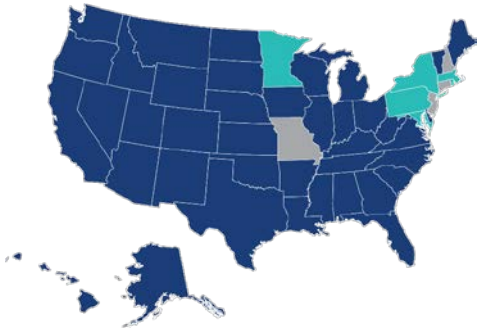
~ 22% of migraine is managed through the hospital/ED[2,3]

Ambulatory Care Visits for Migraine: Percentage of Patients by Care Setting 2009-2010[2,3]



Percentage by setting, 2009–2010 NHAMCS/NAMCS[2,3]
NAMCS=National Ambulatory Medical Care Survey;
NHAMCS=National Hospital Ambulatory Medical Care Survey.
Percentages may not add up to 100%.

Limited availability of neurologists and headache specialists in the US[4]



In 2012, ~ 62% of the nation's population lived in a state where **demand* exceeded the supply** of neurologists.[4†]

On average, there is **1 headache specialist per > 70,000 patients** with migraine.[5]

*Demand was modeled using demographic, socioeconomic, and health risk factors for a representative sample of the population in each state for 2010 through 2025. Individual characteristics are used to forecast his or her use of neurology services by care delivery setting (office, outpatient, emergency, and inpatient).[4]

†Data based on 2012 national average pattern of care.

References: 1. Szperka CL. *Headache*. 2020;0:1-10. **2.** Burch RC. *Headache*. 2015;55:21-34. **3.** National Center for Health Statistics. National Ambulatory Medical Care Survey/National Hospital Ambulatory Care Survey, 2010. https://www.cdc.gov/nchs/data/ahcd/combined_tables/2009-2010_combined_web_table01.pdf. Accessed May 5, 2020. **4.** Dall TM. *Neurology*. 2013;81:470-478. **5.** Mauser ED. *Headache*. 2014;54:1347-1357.

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