

BACKGROUND

- Migraine remains underdiagnosed and undertreated despite the advances in the field of headache medicine with new pharmacological, neuromodulation, and biobehavioral treatment options, and the disability related to migraine has not improved.
- Migraine remains a major cause of disability - the second most common cause of disability in the world and the first among young women.
- There are about 50 million people in the United States with migraine with only 848 UCNS board-certified headache specialists.
- Workforce development and workforce expansion are necessary for reducing the burden of migraine through novel opportunities for migraine screening, identification, and disease navigation.
- A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.
- CHWs have been used in community pharmacies to augment care delivery from screenings to gap closure programs involving cardiovascular disease, cancers, respiratory disease, infectious disease, and many other acute and chronic medical conditions.
- The community pharmacy has a care coordination program staffed by clinical pharmacists and community health workers.
- In August, pharmacy-based CHWs added migraine screenings during the monthly care coordination intervention.
- The ID Migraine is a standardized screening tool for migraine disorder.

PURPOSE STATEMENT

- To determine the feasibility of utilizing CHWs to screen and triage individuals with migraine in the community.

METHODS

- Retrospective chart review of data from a pharmacy-based quality improvement service.
- Pharmacy-based CHWs screened consecutive community members for migraine using the ID migraine and estimated the migraine-related lost productive time (LPT) at work, which was calculated as the days missed work + 0.5 x (number of days with reduced productivity by at least half).

RESULTS

- Of the 131 patients screened, 39 (29.8%) reported a history of headaches.
- Twelve patients (30.8%) scored ≥ 2 on the ID migraine, indicated a 75% change of migraine disorder.
- Fifteen patients (38.5%) with a history of headaches had a previously medical history of migraine disorder.
 - Only seven (46.7%) of patients with a diagnosis of migraine had therapy for the medical condition.

Category	Value
Total Participants	131
Reported history of headaches	39 (29.8%)
Female	32 (82.1%)
White	30 (76.9%)
Black	9 (23.1%)
Asian	0 (0.0%)
Age (in years; [range])	67.9 (26-92)
ID Migraine ≥ 2	12 (30.8%)
No Previous Diagnosis with Migraine with ID Migraine ≥ 2	5 (41.7%)
No Previous Diagnosis with Migraine with ID Migraine = 3	3 (25%)
Days Missed (from MIDAS)	0
Days with 50% reduction in ability (from MIDAS)	2 (16.7%)
Previous Diagnosis with Migraine	15 (38.5%)
Previous Diagnosis with Migraine and with Treatment	7 (46.7%)
Previous Diagnosis with Migraine with ID Migraine >2	7 (46.7%)

DISCUSSION

- Only 11.8% of people with migraine are able to overcome three barriers to headache care: consulting with a healthcare professional for headache, receiving an accurate diagnosis, and receiving minimally appropriate migraine treatment.
- The community-based CHW is uniquely positioned to support accurate diagnosis through screening and referral.
- The study helped identified feasibility of screening but also areas for improvement on migraine treatment.

CONCLUSION

- CHW screening was able to successfully identify individuals who screened positively on ID-Migraine without a previous headache diagnosis and individuals with an established diagnosis who were not receiving treatment.
- Integration of CHWs into migraine care can identify individuals with migraine who require access to headache care.
- Further studies are needed to assess scalability of this approach.