## The Value of Research and Prevention in Addressing The Societal Burden of Migraine

### Capitol Hill Briefing

**June 15, 2017 • 12–1 pm ET • Rayburn House Office Bldg., Independence & S. Capitol St., SW, Room 2043**

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<th>Moderator</th>
<th>Panelists</th>
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<tr>
<td>Mary Franklin</td>
<td>Walter Koroshetz, M.D. Director, National Headache Foundation</td>
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<td>Brian Gifford, Ph.D. Director, National Institute of Neurological Disorders and Stroke (NINDS)</td>
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<td>Jaime Sanders The Migraine Diva, Migraine Patient Advocate</td>
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Let me take a few minutes to describe the employer’s perspective on health and productivity, and how this relates to migraines.

Employers pay attention to health issues for 2 reasons:
1. They are payers of health benefits, and therefore absorb any increases in the costs of care.
2. They are running businesses: they need people to produce their goods and provide their services.

If migraines—or anything else—interferes with employees’ ability to contribute, it creates a loss point.

Analyses suggests that the healthcare and lost productivity costs for migraines are about $20B each year.*

But when employers hear about the costs of any health condition, an important question is whether these losses are preventable:
• What evidence shows that a treatment or accommodation is a good value because it helps people feel well enough to be on the job consistently, putting a good work performance?

Employees with a history of headaches miss more work than others\(^1\)

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<th>Days missed due to illness over the last 28 days</th>
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<td>No headache history</td>
<td>0.4</td>
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<tr>
<td>“Frequent &amp; severe”</td>
<td>0.6</td>
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<tr>
<td>Migraines</td>
<td>0.8</td>
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To understand the potential benefit of helping employees manage migraines and severe headaches, IBI analyzed data collected from an employer survey designed for the World Health Organization by faculty from Harvard Medical School.

Essentially, we sorted employees into three groups based on their history with severe headaches.

What we found was that those with a history of migraines missed twice as much work as employees with no history of migraines or severe headaches.
Almost all of which can be explained by how often they have headaches\textsuperscript{1}

Controlling for headache frequency

- No headache history: 0.4
- "Frequent & severe": 0.4
- Migraines: 0.5

Days missed due to illness over the last 28 days

However, once we accounted for differences in how often people actually had headaches over the course of a month, this absence gap mostly disappears.

**Basically, during periods when they don’t have spells of headaches, people with a history of severe headaches or migraines are able to show up for work as often as anyone else.**

- This is compelling evidence that managing headache symptoms can help reduce absenteeism.
- From an employer’s perspective, any treatment that reduces the frequency (and maybe the intensity) of migraines will have a tangible impact on their business.
We saw similar results when we measured people’s performance on the job.

- Compared to other employees, employees with a history of migraine or severe headaches were more likely to report that most of the time they had low-quality work and difficulty concentrating or working carefully.

- Again, once we accounted for how often an employee had headaches over the prior month, the performance gap disappeared entirely.
But low health care and disability costs keep migraine off employers’ radars

• U.S. direct medical and prescription costs for working-aged adults:²
  – $5B for headaches
  – $39B for cancer
  – $23B for back problems
• Annual disability lost work days per 100 employees:³
  – 0.6 for migraine/headaches
  – 15 for cancer
  – 19 for back pain

These findings point to a steady, day-in and day-out loss of productivity for employers—in our study, a third of employees reported migraines or frequent and severe headaches.

Worse still, 38% of employees with migraines and 75% of employees with frequent and severe headaches had never received treatment for their condition.

Yet in IBI’s experience, migraine is not an issue of great concern to employers. They are much more attuned to:

• Conditions with high treatment costs per patient (such as cancer) or in the aggregate (such as back pain).

• Conditions that result in large disability losses.

It is possible the pipeline of specialty pharmaceutical for migraine will alter this concern if new medications—such as monoclonal antibodies—come with a high price tag.*

The question is whether employers will focus solely on the price of treatments and ignore the business value they may deliver.

* See Walker T., “Game changing’ migraine drugs on the horizon.”
Sources

