The National Headache Doctor Shortage
A Policy Panel Discussion
Can the more than 47 million Americans with migraine and headache disorders access the specialized care they need?

A 2020 Capitol Hill panel convened by The Headache & Migraine Policy Forum gathered patients, providers, advocates and policymakers to discuss how the shortage of headache specialist impacts patient care. The event coincided with the 13th annual Headache on the Hill congressional advocacy event, organized by the Alliance for Headache Disorders Advocacy.

Alliance for Patient Access Chairman David Charles, MD, opened the forum. “Migraine disease is the second leading cause of global disability,” he announced to the room of almost 200 advocates, “… but still, half of all states have fewer than one doctor for every 100,000 persons with migraine.”

The shortage of headache specialists contributes to the widespread mismanagement of migraine disease including the overuse of opioids. New treatment options that specifically target migraine offer unprecedented relief, but patients struggle to gain access because so few headache doctors exist.

Legislation recently introduced by Congress could help to address patients’ challenges. H.R. 3414 and S. 2892 propose increasing the number of funded medical residency positions in addiction and pain medicine. By ensuring the bill’s legislative intent includes increasing training positions for headache specialists, legislators could also address the nation’s epidemic of undertreated and underdiagnosed migraine disease.
Panelists

During the policy panel discussion, experts considered how the shortage of headache specialists impacts patient care. Participants included:

**David Charles, MD**
Chairman of the Alliance for Patient Access
*Moderator*

**Vic Goetz**
Senior Policy Advisor
Office of Rep. Brad Schneider (D-10th-IL)

**Noah Rosen, MD**
Neurologist & Headache Specialist, Northwell Health

**Jaime Sanders**
Patient, Advocate & Blogger at The Migraine Diva
People with headache and migraine need specialized care.

Without specialized training, physicians are unequipped to recognize and treat headache disorders. Panelist Noah Rosen, MD, a headache specialist, explained how a patient’s visit to the ER “can lead to many outcomes that depend on the training of the person that’s there.” That can include unnecessary procedures and prescription opioids, Dr. Rosen noted. Because ER doctors are not specialists, they often see pain as the primary problem and fail to address the origin of the pain.

“Treating pain means treating the underlying causes of pain,” added panelist Vic Goetz, senior policy advisor for Rep. Brad Schneider. He emphasized the importance of specialized doctors in accomplishing this type of patient-centered care.

Fellow panelist Jaime Sanders, a patient with chronic intractable migraine, reflected on her own journey, stating that, “It wasn’t until I started seeing my headache specialist that my treatment changed.”

Specialized headache training is critical if patients are to receive comprehensive care that addresses the underlying causes of their pain.

Access to headache specialists and approved therapies is a challenge.

Recent advances in headache medicine have produced innovative therapies that offer patients unprecedented relief. Yet patients continue to suffer because they cannot access doctors to prescribe them the correct treatment.

Struggling to access a specialist is “a story I hear far too often,” panelist Jaime Sanders shared. It’s also something Sanders herself experienced. After nine years with a general neurologist, she finally saw a headache specialist, but the scarcity of specialists meant driving four hours for an appointment. Sanders continues to make the trek to see her specialist, calling it the only way “to receive the treatment I need to sustain some sort of quality of life.”

Sanders’ experience is not unique. The United States has less than one-sixth the number of headache specialists it needs. Without enough doctors, patients are forced to wait weeks or months for an appointment, struggling to manage their migraine symptoms in the meantime.
Opioids are overused in migraine management and pose serious risks.

Doctors want to help, but without specialized training they often resort to opioids to treat migraine pain. Panelist Jaime Sanders recalled her experiences visiting the ER, sharing that, “100% of the time I was given opioids to treat my pain.”

Sanders isn’t alone. In 2010, more than 700,000 visits to U.S. emergency departments resulted in patients with migraine being treated with opioids – contrary to practice guidelines. And while opioids may temporarily mask migraine pain, they can increase future migraine frequency and severity.

They can also pose serious risks for addiction. This unintentional mistreatment of the disease has likely led to thousands of avoidable cases of opioid use disorders each year. Panelist Noah Rosen, MD, noted how opioids, “can lead to disruption of work, life, education and the worsening of co-morbid conditions.”

Opioid over-prescription hurts patients by denying them a long-term solution and by exposing them to unnecessary risks of addiction.

Patients and the health care system need more headache specialists.

The health care system is struggling to keep pace with the growing demands of the aging population. Panelist Vic Goetz, senior policy advisor for Representative Brad Schneider, described the health care predicament as, “the confluence of two different crises: a physician shortage and more patients that need care.”

The dearth of physicians can be felt across the headache community, where for every 100,000 patients with migraine there exists only 1.2 certified headache specialists. At the current rate, it would take 10 years for every patient with migraine to be seen by a headache specialist.

In the past, headache medicine has attracted few medical students due to a lack of therapeutic options, panelist Noah Rosen, MD explained. But interest in the specialty is on the rise as innovative treatment options bring headache medicine into an exciting new age. Dr. Rosen acknowledged that the last 15 years have seen growth, with half a dozen fellowship training programs increasing to 43 fellowship opportunities now. Far more growth is needed, Dr. Rosen noted.

The panelists made their message clear: No amount of funding and therapies can help patients if there are not enough headache doctors to treat them.
Policy Recommendations

To improve care for patients with headache disorders, patients, providers, advocates and policymakers should:

• Co-sponsor the Opioid Workforce Act (H.R. 3414 / S. 2892)

• Request for CMS to clarify federal funding eligibility for United Council of Neurologic Subspecialties accredited Headache Medicine Fellowships, in addition to those for Accreditation Council for Graduate Medical Education accredited Pain Medicine Fellowships

• Increase training opportunities to encourage more physicians to become headache specialists

• Incorporate more comprehensive headache medicine education into medical school curricula.