

Summary of the First Meeting of the Underserved Populations in Headache Medicine  
Special Interest Group of the American Headache Society  
1:00 pm June 27<sup>th</sup>, 2008

Present: Susan Broner, MD, Ulla Schultz, Fred Sheftell, MD, Timothy Steiner, MD. Also present: Scott Johnson and Dan Larson, Merck

1. Welcome and Introduction: The Board of the American Headache Society has officially approved this special interest section.
2. Review of Goals and Discussion of Action Plans towards Goals:
  - a. Educational symposium. A symposium on international efforts was discussed, using the International Headache Society Research meeting held in Chicago as a model. Dr. Steiner suggests a 2 hour session on the Global Campaign and the WHO initiative.
    - i. Dr. Sheftell notes that the AHS/IHS meeting in Fall of 2009 may be a time for it, but much of the planning is already in place. Suggests Dr. Steiner speak with Dave Dodick about a symposium. Recommends that Linda McGuillicuddy be made aware of our proposal.
  - b. Liaison with the International Headache Society , WHO, WHA and other organizations.
    - i. Consider a direct involvement with these organizations' educational initiatives aimed at training healthcare providers in headache medicine.
    - ii. Discussed speaking with the Educational committee to see if the AHS should be involved such directives and if so if that be under the auspices of that committee, this committee or a dovetailed effort.
  - c. Interventional activities in the US to bring headache care to an underserved area.
    - i. Discussed current model of the *Lifting the Burden* campaign and current validation studies of their questionnaires that focus on screening, management and outcome measures.
      - Agreed we need to discuss with Richard Lipton current status of validation studies.
    - ii. Discussion of outcome of interventional efforts: has direct intervention been effective in reducing headache burden from a financial perspective? Although Lifting the Burden campaign is still hoping to show that link, they have yet to do it. Agreed to gather data on employer intervention models in healthcare to see if these support our supposition that intervention is cost-effective. This will also support funding efforts.
    - iii. Discuss epidemiology and how to choose an underserved area, including attempt to define "underserved".

A conversation ensued to come to consensus on who are the “underserved” in the United States and differentiating between those without access because of financial limitations and those who have financial means but are without access to headache specialists or even adequate basic headache care. All agreed that the term is broad and both avenues need to be explored.

It was agreed that Dr. Broner would speak with Elizabeth Loder about her epidemiologic data on underserved areas in terms of the latter definition. A project to augment her data could be undertaken, perhaps by a headache fellow. Dr. Broner agreed to pursue making contact with an interested fellow.

Other areas of discussion included a needs assessment of headache in the U.S. (are there pockets specifically underserved, are they regional or economic, where are needs actually met), and the importance of the role of primary care in meeting the need.

- iv. Funding sources were discussed, including pharmaceutical initiatives (as is being done in the area of diabetes) and other sources. Scott Johnson recommended we send out a press release to make pharma aware of our goals and open up an ongoing dialogue in attempt to garner financial support.
  - v. Discussion ensued imagining an interventional model
    - a. Choosing a target population: targeting a region and working with local physicians
    - b. Working with physicians in a Medicaid setting
    - c. Working with physicians in an HMO setting
    - d. Working with AAFP, AMA and possibly AAN.
3. Underrepresented populations in the US.
- a. Encourage research that would lead to educational symposium. Topics could include: economic disparities, epidemiology, access to care in certain populations, identifying barriers to care, and awareness campaigns.
  - b. Dr. Broner reports that Dr. Larry Charleston, a neurology resident interested in headache, is interested in participating in this.