

# REPORT CARD - ACCESS TO CARE & TREATMENT IN CANADA



## About the Report Card

This report card was developed by Migraine Canada to give voice to the rising concerns that millions of Canadians who suffer from migraine and related headache disorders have about the unacceptably low availability of migraine care and treatment that they receive through the publicly funded health system.

## What healthcare professionals have to say.....

A gap in healthcare education, and specifically, the **lack of training** provided to physicians on headache and migraine, is at the root of the problem.

"There are not enough headache specialists. The waiting lists are long and that's a burden because we want to see more patients."  
(Neurologist)

"We know from the Migraine Canada survey that quite a few of people with migraine are diagnosed when they're children. So **early intervention with basics** could really make a big difference. [...] That's a lot of pain and suffering that could be prevented [...] Can you imagine if you had someone with diabetes and you left them untreated for 15 years? I mean, that would not be acceptable..."  
(Neurologist)

"**Clinicians and patients need access to medications.** For the first time in decades there are medications available that were developed to treat migraine. Many medications we've prescribed in the past were not designed to treat migraine but other conditions like depression, epilepsy, etc. and the side effects are not tolerable."  
(Neurologist)

"I've had a patient who paid \$700 out of pocket for their injectable because it [migraine] was just that bad. Let's put it this way, most **patients with migraine are willing to go hungry to make the pain go away.** So, the reimbursement programs are not great."  
(Pharmacist)

"My patients' access to medication is one that really breaks my heart. So, **if you look at triptans, none of them are covered by ODB** [Ontario Drug Benefit] and I can't understand why. They cost something like \$40 a month, versus medications that cost thousands of dollars [and are covered by ODB]. And a patient needs Exceptional Access that says they have failed Tylenol and Advil for them to get triptans, while triptans are first-line [treatment] for people living with migraine. So, that is a big one."  
(Pharmacist)

"We need more appreciation of migraine as a disease and a **debilitating disease**"  
(Neurologist)

"I have an entire day, so **20% of my time, dedicated to admin work...** dedicated to insurance paperwork... And that's never paid time. So, you can see why some people would be discouraged from taking that on."  
(Nurse Practitioner)

"... to have to fail three first-line [treatments] for some insurance companies [to approve a new prescription] is a little bit ridiculous. And some of them require you to have done [and failed] three months of three medications. So, **nine months down the road, in theory, is when you can access the treatments that you want to do.**"  
(Nurse Practitioner)

"I spend so much time filling out forms. **I could see and many more patients if the administrative burden was reduced**"  
(Neurologist)