The Conference
Board of Canada

Transforming Migraine Care in Canada

Key Findings and Recommendations

Reimagining migraine care: A pan-Canadian model

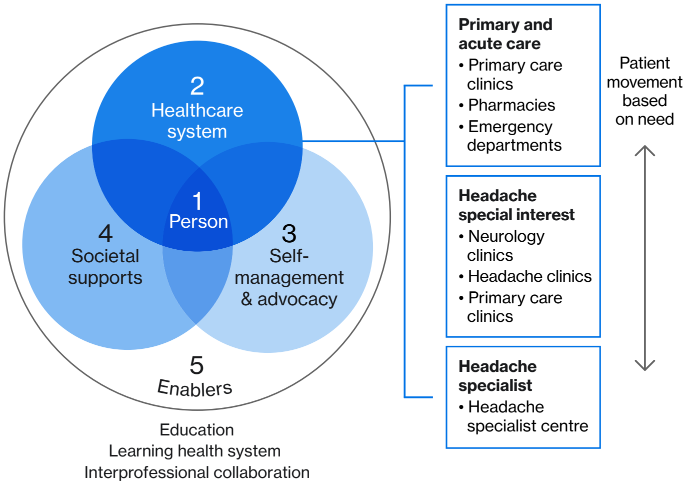
Canada needs a consistent, outcome-driven approach to migraine care. We have developed a pan-Canadian, person-centred model of care built around three interconnected pillars: health systems, self-management and advocacy, and societal supports.

The healthcare system delivers migraine care across three levels:

- **Level 1:** Primary care, pharmacies, emergency departments;
- **Level 2:** Neurology or headache clinics with providers who have a special interest in migraine;
- **Level 3:** Specialist centres with multidisciplinary teams.

This tiered system is designed to enable various points of entry, reduce fragmentation, promote timely diagnoses, and ensure evidence-based, continuous care.

Exhibit 1
A pan-Canadian model of care



Source: The Conference Board of Canada.

Implementing a pan-Canadian model of care for migraine

Aligning systems and structural redesign

Existing services need to be mapped to the proposed model. Regional spoke-hub-node structures can organize care based on complexity and resource availability, supporting more efficient use of specialist services. Centralized referral and triage systems can facilitate equitable access and avoid unnecessary referrals. These systems must be supported by standardized intake forms, defined criteria for care level assignment, and performance metrics to track access and outcomes.

Streamlining care transitions

Transitions between care levels are a persistent pain point in migraine management. Standardized discharge instructions, integrated electronic medical records (EMRs), and aligned clinical workflows can ease movement between the three levels of service. Embedding referral pathways into digital platforms and expanding virtual care capacity will reduce delays and direct patients to the appropriate level. Navigation tools such as AI-powered symptom checkers and digital education kits can help patients understand when and where to seek care.

Summary for executives | June 30, 2025

Reforming funding mechanisms

Payment models should reflect the time and complexity involved in diagnosing and managing migraine. This includes compensating for extended consultations and allowing billing flexibility in multidisciplinary settings. Policy-makers can eliminate neurologist sign-off requirements for routine treatments that are safe to initiate in primary care. Allowing pharmacists and nurse practitioners to play a greater role in prescribing and care coordination can also reduce bottlenecks and improve continuity.

Improving access to therapies

Coverage policies can be modernized to align with clinical guidelines – update formularies, streamline prior authorization processes, and remove unnecessary specialist-only prescribing conditions. Public and private payers can work with clinicians and advocacy groups to evaluate migraine therapies based on real-world outcomes and value to patients. Expanding telehealth and hybrid care models can address geographic disparities in access to treatment and follow-up care.

Enhancing patient education and engagement

Patient-facing materials must be up to date, accessible, and actionable. Embedding these resources into clinical practice – such as including printouts during visits or integrating educational prompts into EMRs – can help patients understand their diagnosis and treatment options. Emerging tools like AI summarization, peer-led networks, and tailored digital content can further support shared decision-making and day-to-day management. Regional adaptation of materials will ensure cultural and linguistic appropriateness and relevance to available resources and services.

Strengthening workforce capacity

Migraine-specific training can be incorporated into medical and nursing education, as well as ongoing professional development. Toolkits, guides, and decision supports aligned with national guidelines will help standardize care delivery. Regionally coordinated initiatives to improve quality can encourage uptake. Clinical champions and communities of practice can support knowledge-sharing and foster continuous learning.

Building partnerships for implementation

Implementation will require coordinated leadership across ministries of health, regulatory colleges, insurers, health authorities, and patient organizations. Aligning these groups on standards, policies, and funding will support the model's adoption. Stakeholders should commit to a shared learning health system approach, where implementation is continually informed by real-time data, patient feedback, and evolving evidence.

Key enablers

Three enablers will underpin successful adoption:

- **Learning health systems:** Allow for ongoing monitoring, adaptation, and optimization of care processes.
- **Interprofessional collaboration:** Ensures coordinated, efficient care across roles and settings.
- **Education:** Essential to reducing stigma, improving provider readiness, and informing policy decisions.

For the full research, see our impact paper *Presenting a Model of Care for Migraine in Canada*.

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