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The State of Migraine Disease in the Workplace 2021

How employers perceive migraine disease, provide accommodations, and incorporate practices to help improve the chances of success

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Executive Summary

Although most have heard of "migraine headaches," relatively few have a good understanding of what migraine disease is or how it affects employees. In fact, many employers and employees alike struggle to differentiate the terms "headache" and "migraine." There are, after all, more than 300 types of headaches, and only one-tenth have known causes,[1] which further adds to the confusion.

The HR Research Institute, in partnership with the not-for-profit health policy organization Aimed Alliance, conducted this study to help inform the Human Resources (HR) community about migraine disease.

For the purpose of this study, we defined migraine as follows within the survey:

> *Commonly referred to as migraine disease or migraine disorder, migraine involves a collection of neurological symptoms that usually include severe, throbbing head pain. Such pain is often accompanied by nausea, sensitivity to light and sound, and sometimes, visual disturbances. When a person is suffering from a migraine headache, this is typically referred to as an episode or attack.*

To better understand how HR professionals and organizations perceive migraine disease and learn what employers are doing to help support employees with this disease, we investigated the following areas:

- the extent that migraine disease is viewed as a disability and the types of accommodations in place
- how employers are managing stigmas associated with migraine disease
- the impact migraine disease has on employee productivity and health-related absences
- the range of benefit and support plans that organizations provide to employees with migraine disease
- the practices that might be most closely associated with migraine disease success

About this Survey

The "Migraine in the Workplace 2021" survey ran from July to October 2020, and was produced in partnership with Aimed Alliance. Aimed Alliance received sponsorship from Amgen and Novartis. There were 309 usable complete and partial responses gathered from U.S.-based HR professionals in virtually every industry vertical.

The participants represent a broad cross-section of employers by number of employees, ranging from small businesses with fewer than 50 employees to enterprises with 20,000+ employees.

Below are some key findings from the study:

Major Finding 1

There is much confusion about whether migraine disease can be considered a disability.

- Despite the World Health Organization (WHO) finding that migraine disease is the sixth highest cause of disability worldwide,[2] only about half (48%) of HR professionals agree or strongly agree that migraine disease can be considered a disability in their organization; most others either do not know or say they "neither agree nor disagree."
- HR participants say 71% of direct supervisors lack knowledge about migraine disease, and 21% say they themselves lack knowledge.

Major Finding 2

Migraine disease often carries a stigma, particularly among direct supervisors.

- Forty percent of participants say direct supervisors think that employees who report migraine attacks are "faking it" or "exaggerating."
- Thirty-nine percent also say supervisors do not think migraine attacks are a valid reason for missing work, and 36% say direct supervisors do not view the disease as debilitating.
- Only about 61% of HR professionals say employees are comfortable asking their direct supervisors for accommodations related to migraine disease, although 85% say such employees are comfortable asking HR.

Major Finding 3

HR professionals agree that migraine disease takes a toll on employees' well-being and company productivity.

- Sixty-four percent of HR professionals report that employees who have migraine disease have sometimes, very often or always worked even while suffering attacks.
- Only 1% of participants say migraine attacks do not impair employees' ability to work, while 20% say migraine attacks "always" impair, and another 66% say migraine attacks "sometimes" impair.
- Three-quarters of participants say employees with migraine disease use paid or unpaid sick days "sometimes" or more often. A further 64% say employees at their organization are working through their migraine attacks at least some of the time. Twenty-seven percent say employees use the Family and Medical Leave Act (FMLA) at least some of the time.

Major Finding 4

Employers vary widely in terms of how they accommodate employees with migraine disease:

- Only 56% of HR professionals agree or strongly agree that their organization does a good job of helping and accommodating employees with migraine disease; most of the others say they either do not know or are neutral on the issue.
- Excluding those who say they do not know, most HR professionals say their organizations are either very likely (22%) or somewhat likely (42%) to makes changes to the workplace to reduce the risk that an employee will experience a migraine episode. However, this still leaves 36% who say it is unlikely.
- Respondents are most likely to cite three accommodations that, within their organizations, can be offered to employees with migraine disease:
  - Flexibility in schedules/breaks (56%)
  - Telecommute options (51%)
  - Alternative lighting (50%)
- Excluding those who say they do not know, most (61%) HR professionals say their organization requires a doctor's note to offer reasonable accommodation to those with migraine disease. Only 18% say they do not require one, while 22% say they sometimes do.
- When asked what types of support their organizations offer to employees with migraine disease, HR professionals most commonly cite these three types:
  - Employee Assistance Programs (EAPs) (72%)
  - Health insurance that covers migraine disease (59%)
  - Wellness and/or health promotion programs (58%)

Major Finding 5

Half or more responding HR professionals are not sure about whether their organizations' health coverage imposes restrictions on medications used to treat migraine disease; among those that do know, however, a considerable proportion impose such restrictions.

- Excluding those that do not know:
  - 49% impose quantity limit restrictions
  - 43% impose prior authorization requirements
  - 34% impose step therapy requirements
  - 18% allow mid-year formulary changes
  - 17% implement copay accumulator programs
- If they were convinced the following tactics could reduce costs and help employees with migraine disease:
  - 49% would assist those seeking to appeal an adverse benefit determination
  - 45% would assist those seeking an exception from a benefit utilization management requirement
  - 12% would remove quantity limits

Major Finding 6

HR professionals indicate that their organizations are most likely inclined to offer the following types of support in the future to employees with migraine disease:

- Migraine training and education for employers and employees (44%)
- Migraine management program (30%)
- Patient navigation service helping employees understand health benefits (24%)

Major Finding 7

Organizations that perform better in the area of migraine disease management are more likely than others to:

- Understand that migraine disease can be considered a disability
- Be more aware of the stigma impacting their workforces and take control over them
- Have supervisors that are less likely to think employees are “exaggerating” or “faking” migraine disease
- Have a culture that supports open lines of communication about accommodations
- Provide more accommodations to employees for migraine disease
- Deliver greater medical benefits and impose fewer restrictions
- Provide broader wellness programs and support initiatives

A Look at Migraine Disease

Migraine disease represents the third most common disorder in the world with an estimated global prevalence of 14.7%,[3] and the WHO found that migraine disease is the sixth highest cause of disability worldwide.[4] Yet, one study found that just 22% of employers deemed migraine to be a "serious enough reason for an employee to be absent from work," lower than for any other reason, including depression, anxiety, stress, the flu, or the common cold.[5] [6] Many view a migraine attack as "just a headache."[7] [8] Recent studies also show that migraine disease disproportionately affects women.[9] [10] [11]

According to the Migraine Research Foundation,[12] symptoms of a migraine attack can include:

- a severe throbbing recurring pain, usually on one side of the head
- one or more of the following disabling symptoms: visual disturbances; nausea; vomiting; dizziness; extreme sensitivity to sound, light, touch, and smell; and tingling or numbness in the extremities or face
- a visual disturbance called an aura. An episode can last between 4 and 72 hours. This can be challenging for employers to manage. According to the Mayo Clinic, migraine causes are not fully understood, and there is no cure. Triggers vary depending on the person but can include:
  - hormonal changes in women
  - drinks (e.g., alcohol or beverages with caffeine)
  - stress at work or home
  - sensory stimuli (e.g., bright lights, loud sounds, and strong smells such as perfume)
  - sleep changes
  - weather changes
  - medications
  - foods and food additives
  - skipping meals
  - poor posture[13]

Is Migraine Disease Considered a Disability?

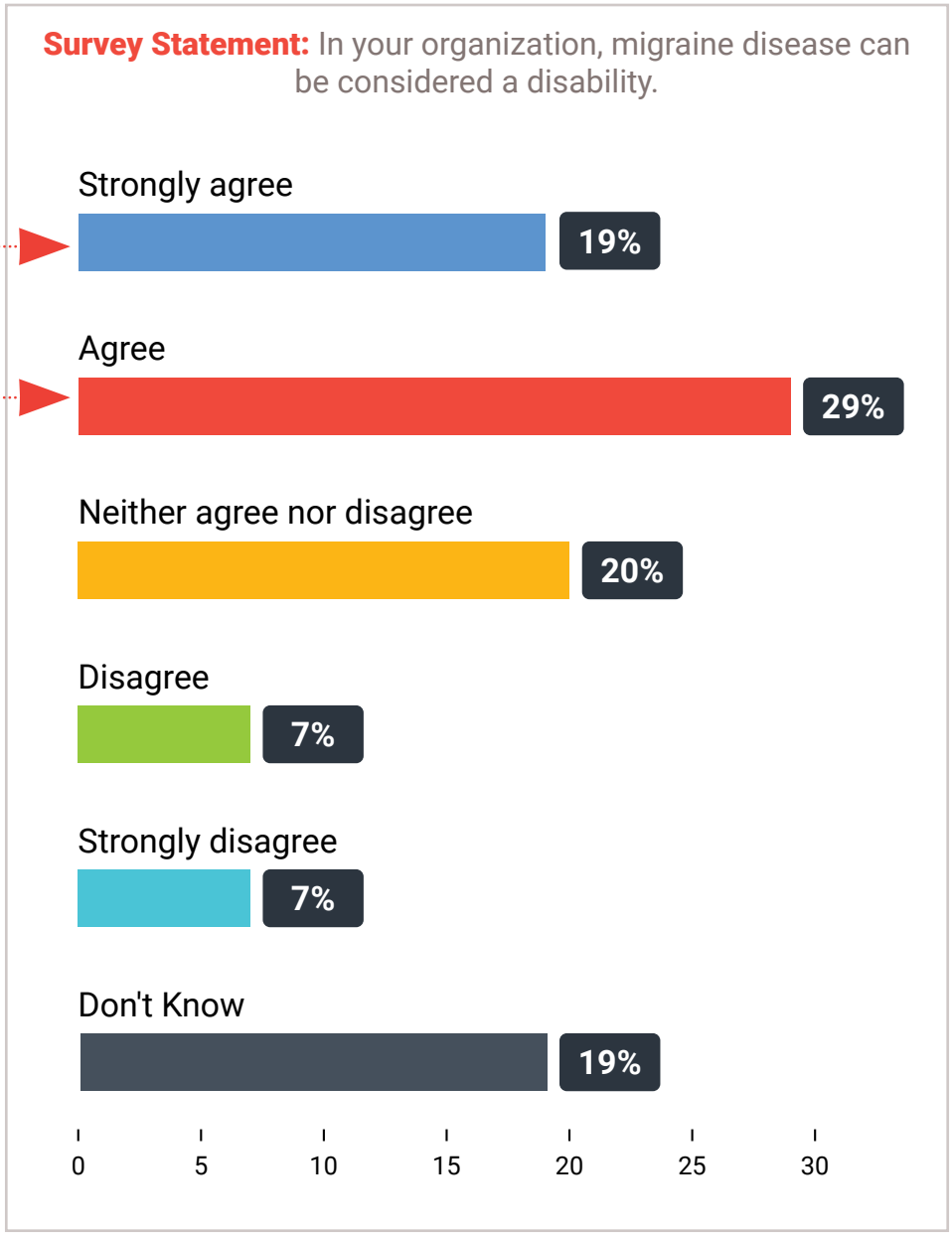
Finding: Many participants are unaware that migraine disease can be a disability

The laws surrounding the classification of a disability are often unclear or confusing for employers and can vary depending on the country, state, or region as well as how a condition affects each individual.[14] The federal American Disabilities Act (ADA), for example, defines a person with a disability as one "who has a physical or mental impairment that substantially limits one or more major life activities," such as performing manual tasks, seeing, sleeping, walking standing, speaking, reading, concentrating, communicating, and working.[15] Under the ADA, disability is determined on a case-by-case basis rather than based on a list of medical conditions or diseases.[16] However, migraine attacks can be severe and debilitating enough to substantially limit many major life activities.

Yet, just 48% of HR professionals agree or strongly agree that migraine disease can be considered a disability in their organization. However, if we confine ourselves to the population that excludes "don't know" responses, this increases to three-fifths (60%).

This is concerning given that several courts have found that migraine disease is, indeed, a disability requiring reasonable accommodations.[17] [18] [19] [20] These results suggest that there is a significant need for migraine disease education in many organizations both to ensure employees do not face discrimination and to limit the risk of liability for employers.

Larger companies (78%) are more aware than mid-size (61%) and smaller companies (41%) that migraine disease can be considered a disability. Larger organizations naturally deal with a wider range of employee medical circumstances and, therefore, may have more experience supporting employees with migraine disease. They may also have a budget for a dedicated compliance officer who can help them stay on top of disability law.



Fewer than half say migraine disease can be considered a disability

Finding: About a fifth of HR participants report they lack knowledge about migraine disease

Approximately one-fifth (21%) lack knowledge about migraine disease. This suggests that most have some sort of awareness about migraine disease and associated workplace challenges, even if they are not fully aware that migraine disease can be considered a disability. This is supported by the fact that that only 6% believe employees who report migraine attacks are “exaggerating” or “faking it” and even fewer do not consider a migraine attack a valid reason for missing work (3%).

One-fifth lack knowledge about migraine disease

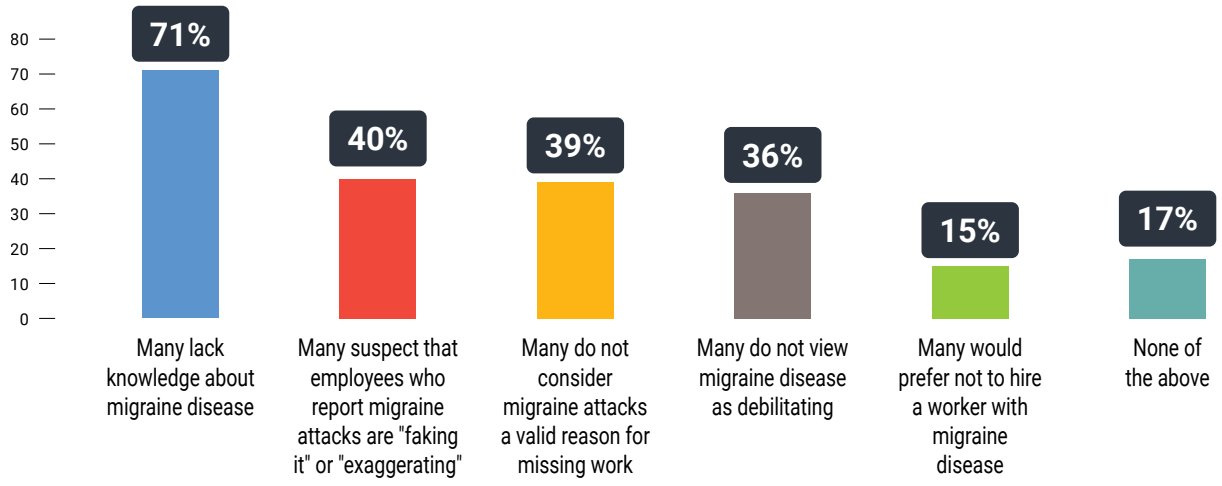
Survey Question: Which of the following statements do you believe are true for yourself? (select all that apply)

Finding: Direct supervisors often lack knowledge about migraine disease

While a large portion of HR participants say they possess knowledge about migraine disease, this knowledge does not necessarily transfer to direct supervisors, with 71% saying they believe direct supervisors at their organization lack this knowledge (a 50 percentage-point gap). We believe that this points to a critical need for migraine disease education among direct supervisors. In fact, 36% say direct supervisors at their organizations do not believe migraine disease is debilitating, compared to a mere 1% of HR professionals. Furthermore, nearly two-fifths (39%) say direct supervisors do not think migraine attacks are a valid reason for missing work, whereas just 3% of HR professionals say the same.

Many respondents also say direct supervisors think employees are "exaggerating" or "faking" their migraine attacks (40%). This finding calls for education about the disease.

Survey Question: Which of the following statements about direct supervisors in your organization do you believe are true? (select all that apply)



Stigma seems to be causing a lot of poor perceptions

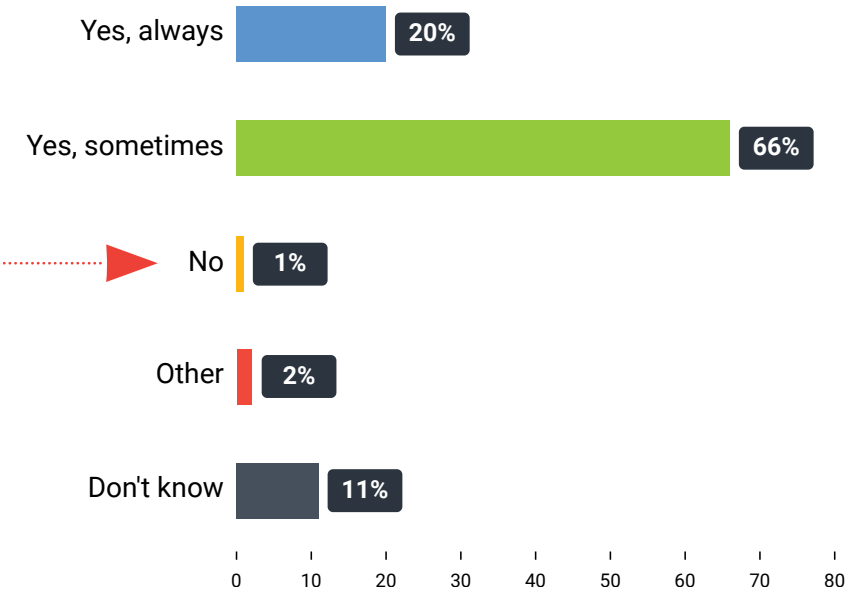
Do Migraine Attacks Impair Employee Productivity?

Finding: A large majority say migraine disease impacts employees' ability to work

Employees suffering from migraine attacks sometimes (66%) or often (20%) have impairments in their ability to work.

Productivity losses from migraine disease in the workplace have the potential to be expensive due to both absenteeism and "presenteeism." Researchers define presenteeism as the problem of workers being on the job but, because of illness or other medical conditions, not fully functioning.[21] One study in the banking industry estimates the mean productivity loss at work from presenteeism due to migraine disease to be almost 20-fold higher than the mean time missed due to absenteeism (39.1% vs.1.9%). In addition, costs for presenteeism ($1,296-$6,176 per person per year) were found to be 3.5 fold higher than absenteeism ($370-$2,973).[22]

Survey Question: When employees suffer migraine attacks in your organization, do those attacks impair their ability to work (e.g., decreased productivity, lack of concentration)?



Just 1% say migraine disease does not negatively impact productivity

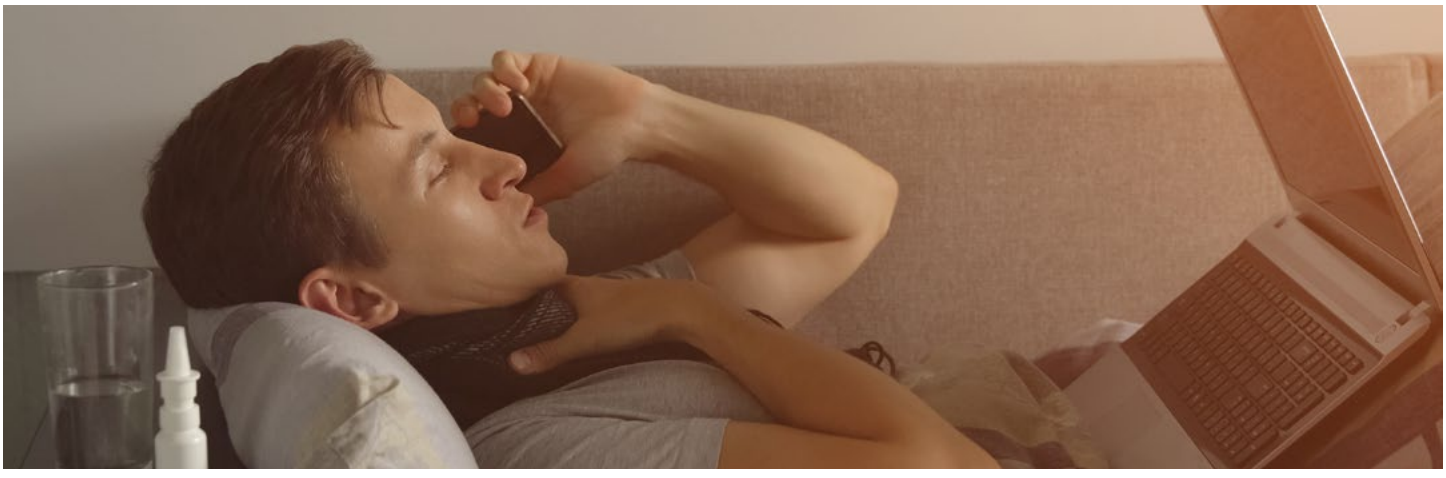
Is It Common to Track Why Employees Are Sick?

Finding: Most employers do not track the reasons that employees are absent

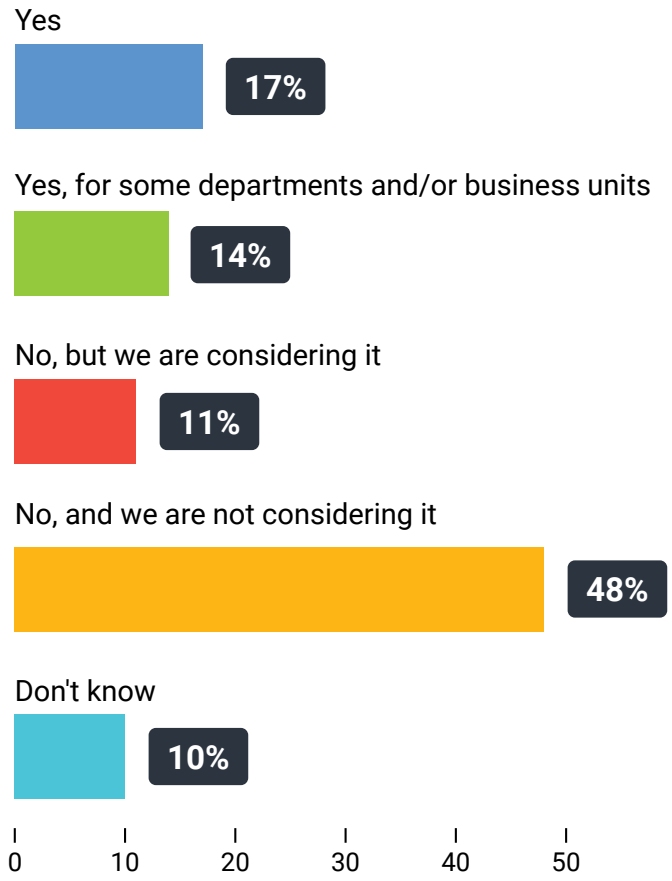
Just 17% say their organization tracks the reasons employees call in sick, while another 14% say they only do for some departments or business units. Employers often do not track sick time because it can be considered an invasion of privacy. However, it is within the rights of the employer to ask employees who call in sick why they are sick and/or when they plan on returning.[23]

Some employers may formally or informally track why employees are sick because they want to reallocate work or alter deadlines. In other cases, employers track it to avoid and address the potential causes of long-term absences.

When asking about sick days, employers must adhere to the Health Insurance Portability and Accountability Act (HIPAA)[24] and its regulations and protect an employee's privacy. Take, for example, when an employer learns an employee is exposed to COVID-19. While the employer is not permitted to disclose specifics, they need to be aware to meet other employee safety needs as well as U.S. Department of Health and Human Services regulations.[25]



Survey Question: Does your organization track the reasons that employees call in sick?



Fewer than one-third track absenteeism

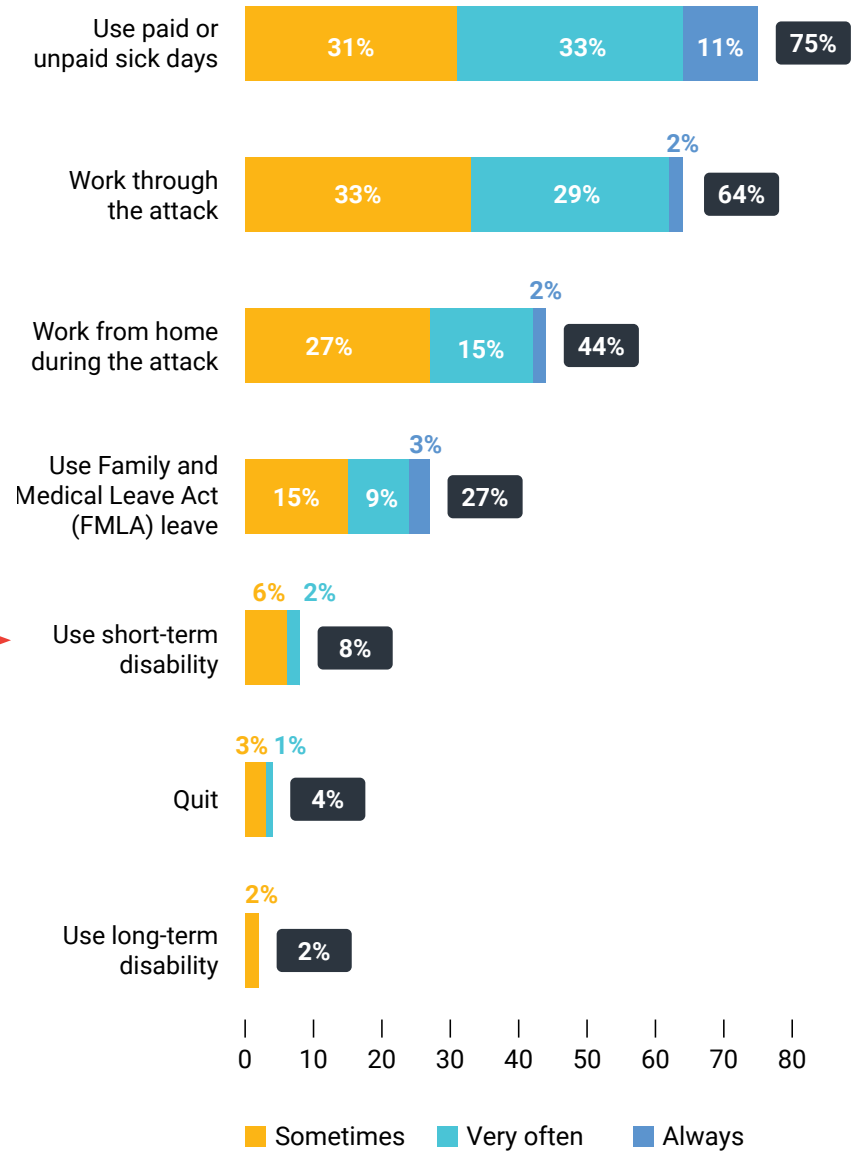
How Likely Are Employees with Migraine Disease to Miss Work?

Finding: Most say that employees with migraine disease use paid and unpaid sick days fairly often

Our research shows that 75% of participants say employees with migraine disease use paid or unpaid sick days “sometimes” or more often. A further 64% say employees at their organization are working through their migraine attacks at least some of the time. The percentage that says employees use FMLA at least some of the time is 27%.

When employees cannot afford to take unpaid time off because they use all of their sick days, it is possible that those employees will incur more stress due to not being able to take time off for actual relaxation, which has the potential to increase the risk for ongoing migraine episodes. Research shows that people with migraine disease may experience as few as 1-2 attacks a year while others have 15 or more migraine days per month.[26] Therefore, those who have frequent migraine attacks and limited vacation may use all paid time off in one month.

Survey Question: In your organization, how frequently do employees with migraine disease take the following actions due to migraine attacks:



Note: This graph does not report "Don't know" answers, but these answers were substantial, ranging from 40% to 18%, depending on the response item.

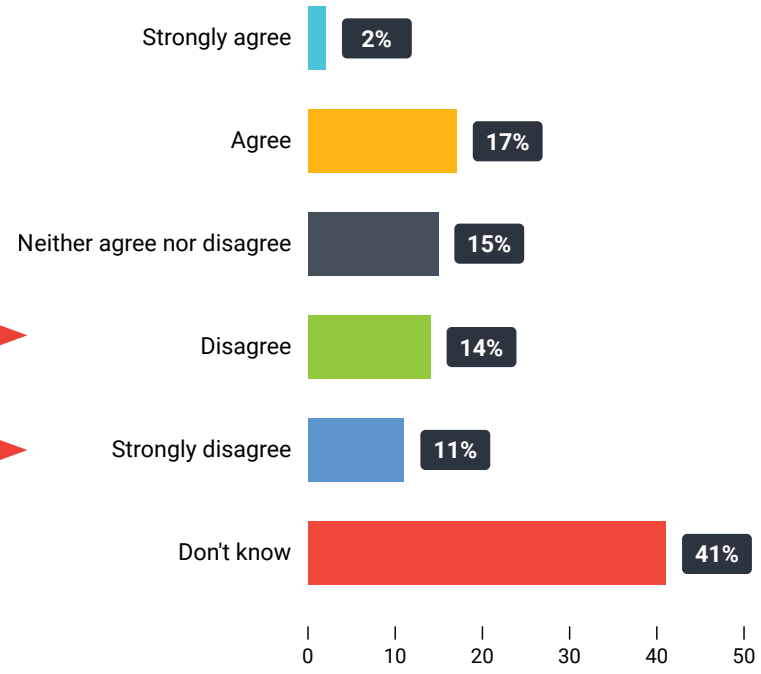
Few HR professionals say employees with migraine disease use short-term disability, but more than a quarter say they take FMLA leave

Finding: Some employees also care for family members who have migraine disease

Although most HR professionals say that employees with migraine disease at least sometimes take time off due to their own migraine attacks, just 19% agree or strongly agree that employees take sick days or go on leave to help family members who have migraine disease. However, we should note that a large portion (41%) say they do not know. This may be because a large proportion of employers are not tracking reasons employees take sick days.

About a quarter disagree or strongly disagree time is taken to help family members

Survey Statement: Employees sometimes take sick days or go on leave to help family members who suffer from migraine disease.



Are Employees Comfortable Asking for Reasonable Accommodations?

Finding: Many employees are not comfortable asking supervisors for an accommodation

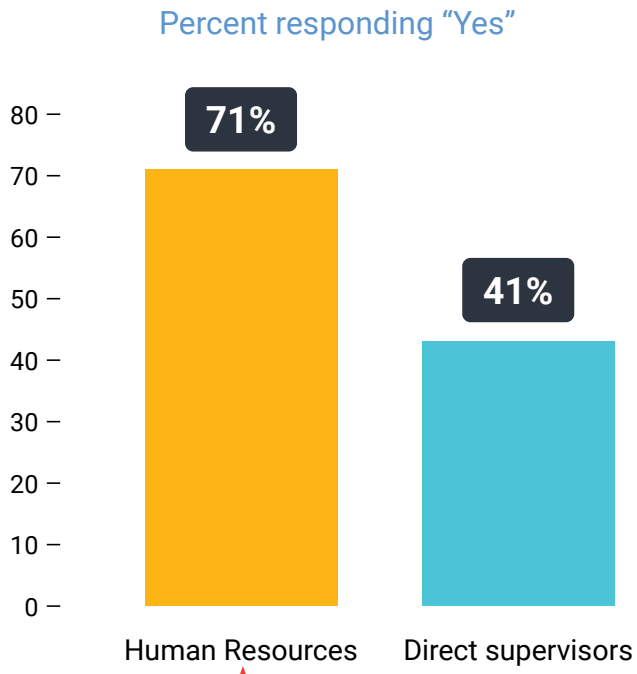
While not every employee will be comfortable asking for an extra accommodation, employees appear to be far more comfortable asking HR (71%) for an accommodation than direct supervisors (41%). If we exclude respondents who say they do not know, these proportions increase to 85% and 61% respectively.

This may be partly because HR is less likely to have negative views about migraine disease. This also may be because direct supervisors are in a position of power, and some employees may fear negative consequences such as being denied opportunities for advancement or even being fired.

This lack of comfort asking for special exceptions might become a serious and complex diversity, equity, and inclusion (DEI) issue for today's employers considering women, who experience migraine attacks more frequently than men, are already underrepresented in leadership ranks.

The reality is that many employees will not get accommodation unless they ask for it, and failing to ask for it could result in a negative feedback loop. That is, those who do not get the accommodation they require may have more migraine events in the future and, therefore, need to take more time off. Some organizations could potentially avoid this loop by becoming more proactive rather than reactive when managing employees with migraine disease.

Survey Question: Do you think employees in your organization feel comfortable asking Human Resources and/or direct supervisors for a reasonable accommodation related to migraine disease?



Employees are more comfortable asking HR for accommodations

How Well Do Organizations Support Their Employees?

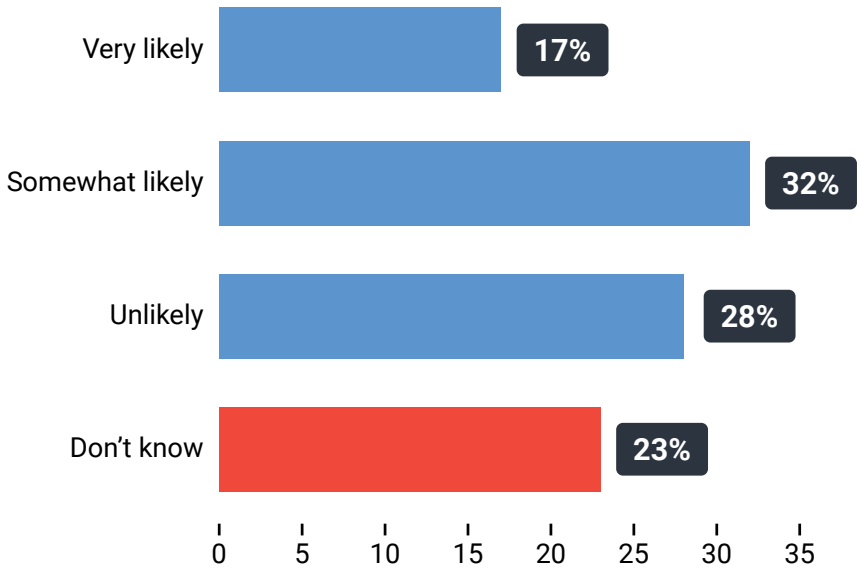
Finding: Just 17% say it is very likely they will make changes to help employees

We asked participants how likely their organization is to make changes in the workplace to reduce the risk that an employee will suffer from a migraine episode. Only 17% say it is very likely, though another 32% say it is somewhat likely.

Nearly a quarter, however, say they just do not know. When we exclude those respondents, a majority say that their organization is either very likely (22%) or somewhat likely (42%) to make such changes. However, this still leaves more than a third (36%) saying it is unlikely.

Participants are not overly enthusiastic about making changes to help employees

Survey Question: How likely is your organization to make changes to the workplace to reduce the risk that an employee will suffer from a migraine episode?



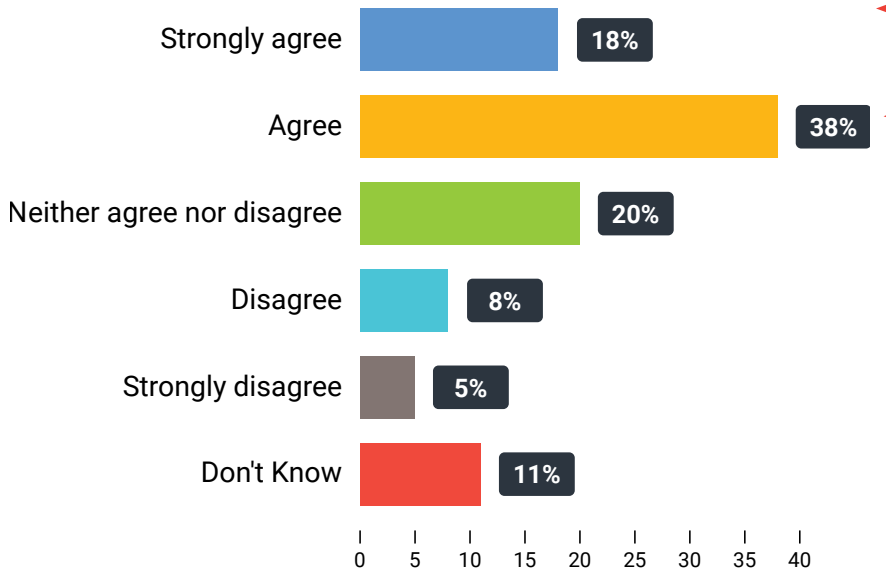
Finding: More than half (56%) say their organization does a good job helping and accommodating employees with migraine disease

Just over half (56%) agree or strongly agree that their organization does a good job at helping and accommodating employees. Why do a majority believe this? Perhaps because their organizations tend to accommodate employees who are actively seeking help with migraine diseases via practices such as better lighting or flexible work hours.

However, we think this perception may be overstated because many participants say employees are not comfortable reaching out to direct supervisors for accommodations related to migraine disease. Moreover, this still leaves a large proportion of HR professionals who are either uncertain about whether their organizations accommodate or that actively disagree that they do.

56% agree they do a good job at providing help and accommodating employees

Survey Question: Overall, does your organization do a good job of helping and accommodating employees who suffer from migraine disease?



Finding: Employers offer a wide range of special accommodations

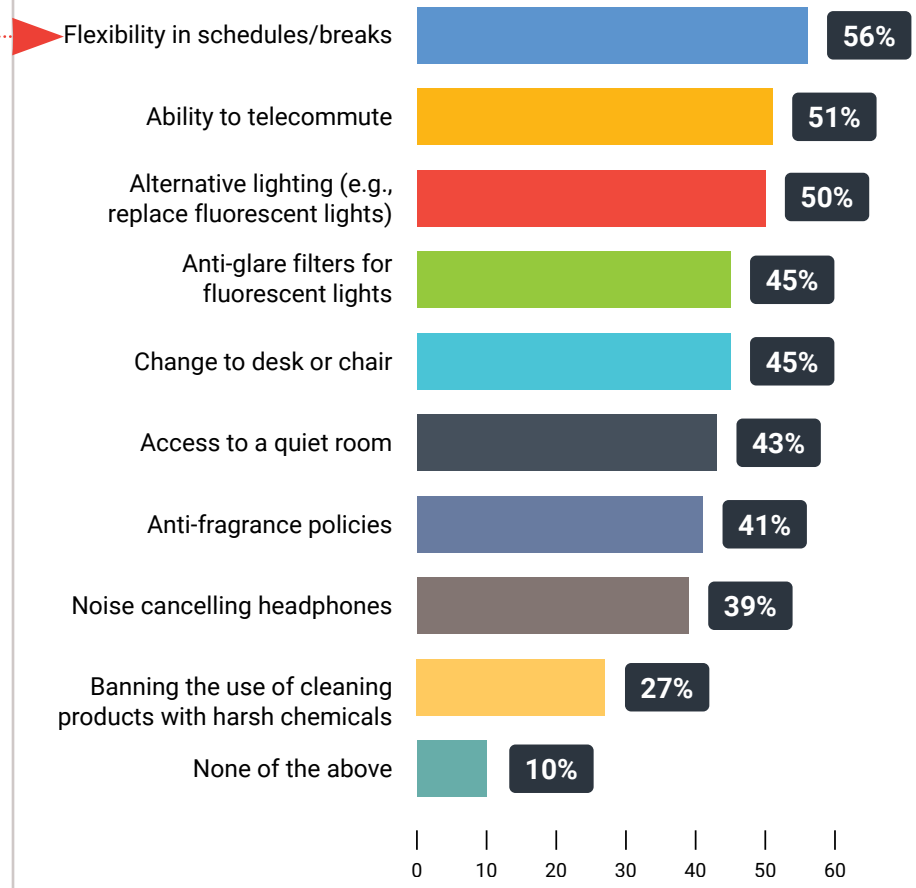
The ADA requires employers to provide reasonable accommodations to employees who request them if the accommodations do not create an undue hardship or represent a direct threat to the employer.[29] [30] The most common accommodation offered today is flexibility in schedules/breaks (56%). This flexibility can help minimize stress (often a migraine attack trigger) and can help all employees, not just those with migraine disease.

About half (51%) offer the ability to telecommute. Studies show that telecommuters report having 25% less stress and 80% say telecommuting helps them maintain a better work-life balance.[31]

Accommodations can vary based on an employee's individual need. For example, employees may require a different desk or chair (45%), access to a quiet room (43%), alternative lighting (50%), anti-glare filters (45%), anti-fragrance policies (41%), noise-cancelling headphones (39%), and the banning of cleaning products with harsh chemicals (27%). The majority of these accommodations cost less than $500 to implement.[32]

Flexibility in breaks/ schedules is the most common accommodation

Survey Question: In your organization, which of the following accommodations can be offered to employees who suffer from migraine disease? (select all that apply)



Do Employers Require a Doctor's Note for Accommodations?

Finding: Nearly three-quarters require a note at least sometimes

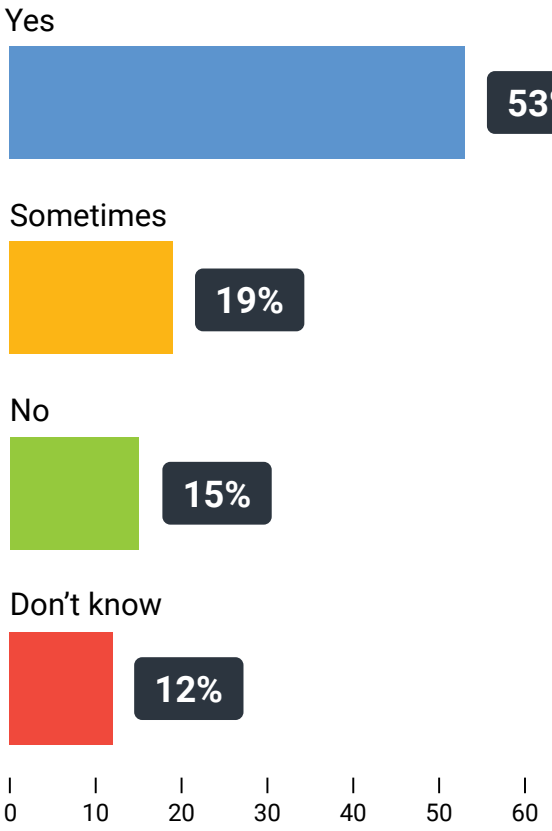
Accommodations can require employers to change the hiring process, the way a job is done, or the work environment.[33] Before they make such accommodations, many employers (53%) request a doctor's note.[34] When excluding those who say they do not know, this increases to 61%. Some may require a note to ensure transparency and fairness and to protect the employer from unnecessary cost and litigation.

On the other hand, it appears that accommodation support is sometimes decentralized to the manager, who may or may not require a note because they feel they would cause their employees harm or embarrassment due to the associated stigma. The problem with this is that accommodations have the potential to become distributed unequally, especially if an organization has no official policy on the matter.

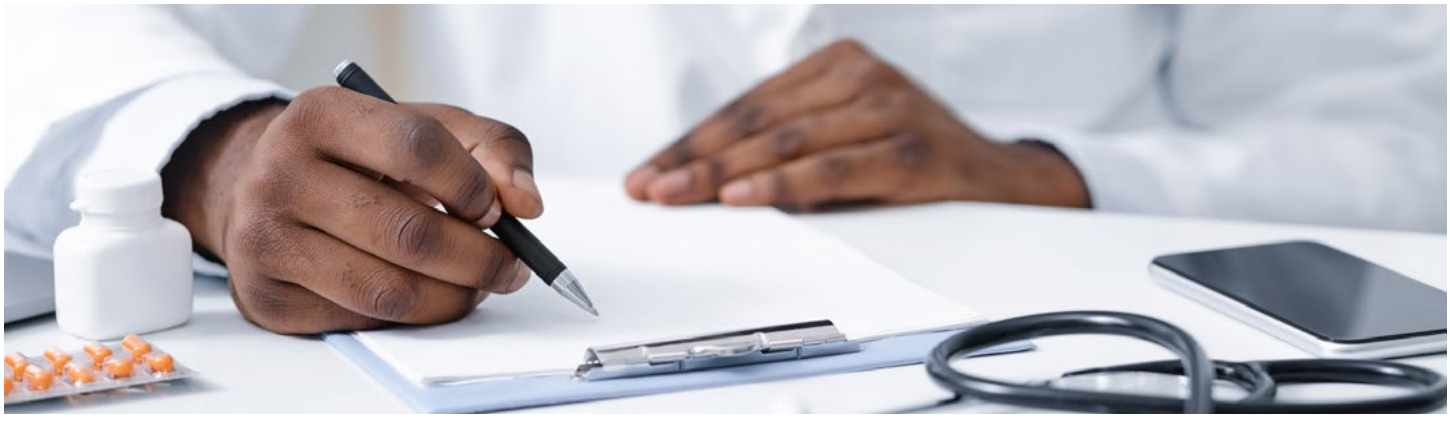
In general, employers usually can ask employees for reasonable medical documentation only if the disability or the need for an accommodation is not obvious.[35] Even in those cases, employers can only ask for information necessary to process accommodation requests.

Large organizations (81%) are almost twice as likely as small firms (42%) to require a doctor's note to offer reasonable accommodations.

Survey Question: Does your organization require a doctor's note in order to offer reasonable accommodation to those who suffer from migraine disease?



Just 15% say they do not require a doctor's note



Are There Benefit Restrictions on Medications to Treat Migraine Disease?

Finding: Many treatment plans do not fully consider migraine a disease

In the United States, health carriers/employers put in place a variety of utilization management tools to keep prescription and other treatment costs down and maximize plan services overall. Yet, our findings highlight that many responding HR professionals are not fully aware of some of the insurance plan designs that impose restrictions on those with migraine disease; that is, a majority answer "don't know" across every category. This is potentially problematic because, today, there is no known cure for migraine disease, so many employees with migraine disease rely on a variety of treatments to help manage their symptoms. They require access to health care providers to obtain a proper diagnosis and to a variety of treatments to prevent or mitigate migraine attacks based on their individualized needs.

Key Terms for Migraine Treatment Restrictions

Survey respondents were provided the following definitions in regard to treatment restrictions.

Step therapy: a health insurance policy that requires a plan enrollee to try and fail on a medication before the enrollee can access a prescribed medication.

Prior authorization: a health insurance policy that requires the plan enrollee or provider to obtain the health plan's advance approval before prescribing a particular medication or medical service.

Mid-year formulary changes: negative formulary changes that occur after the health plan year has begun.

Copay accumulator programs: a health insurance policy that excludes the value of any copay assistance toward the calculation of the plan enrollee's deductible and maximum out-of-pocket limit.

Quantity limits: limits on the number of pills that the plan enrollee can receive per month.

Quantity Limits

A common restriction that respondents identified is quantity limits (21%). However, when we remove the "don't know" responses and look at the proportion who have knowledge of their organization's quantity limits policies, those who say their organization imposes these limits more than doubles (49%). Because migraine episodes can be unpredictable, such restrictions are challenging for those with occasional attacks as much as those with more frequent and extreme attacks. Employees with migraine disease cannot predict how many pills they may need per month because they do not know how many migraine attacks they will have per month.

Prior Authorization

About one-fifth (22%) have prior authorization restrictions in place. However, when we filter out those who answered "don't know," this number increases to 34%. The American Medical Association finds that 92% of physicians say that prior authorization requirements harm patients because such conditions overrule the patient's doctor, and the process involves long waiting periods.[36]

Step Therapy

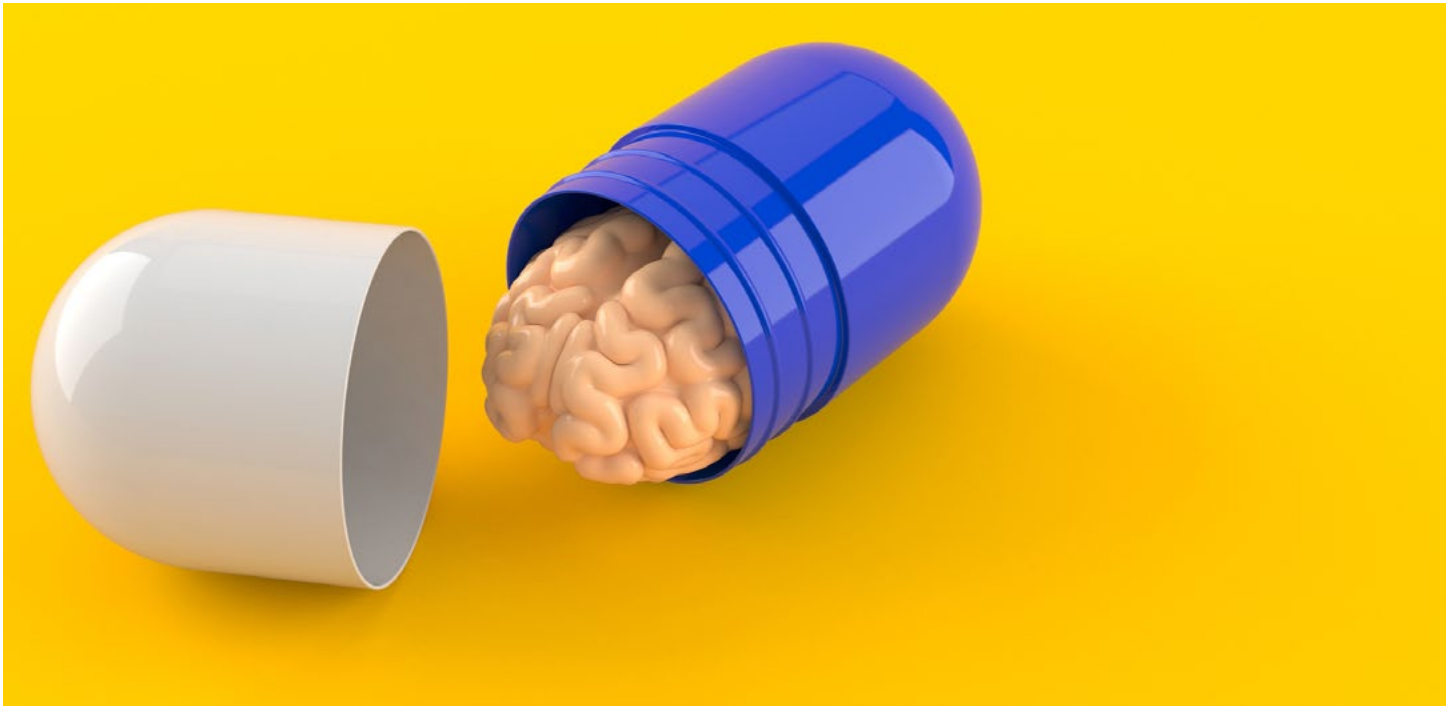
Other restrictions include step therapy (14%). Excluding those who say they do not know, this increases to 34%. Step therapy can be frustrating because treatments that work well for one patient may not work for another, and step therapy typically does not take patient history into account. According to one patient, a step therapy protocol required her to try and fail both on an antiepileptic drug and an antidepressant to get the treatment needed, even though the patient had already tried and failed to benefit from both in the past before a pregnancy. However, it had been more than two years so the insurance company required her to try the ineffective treatments again.

Copay Accumulator Programs

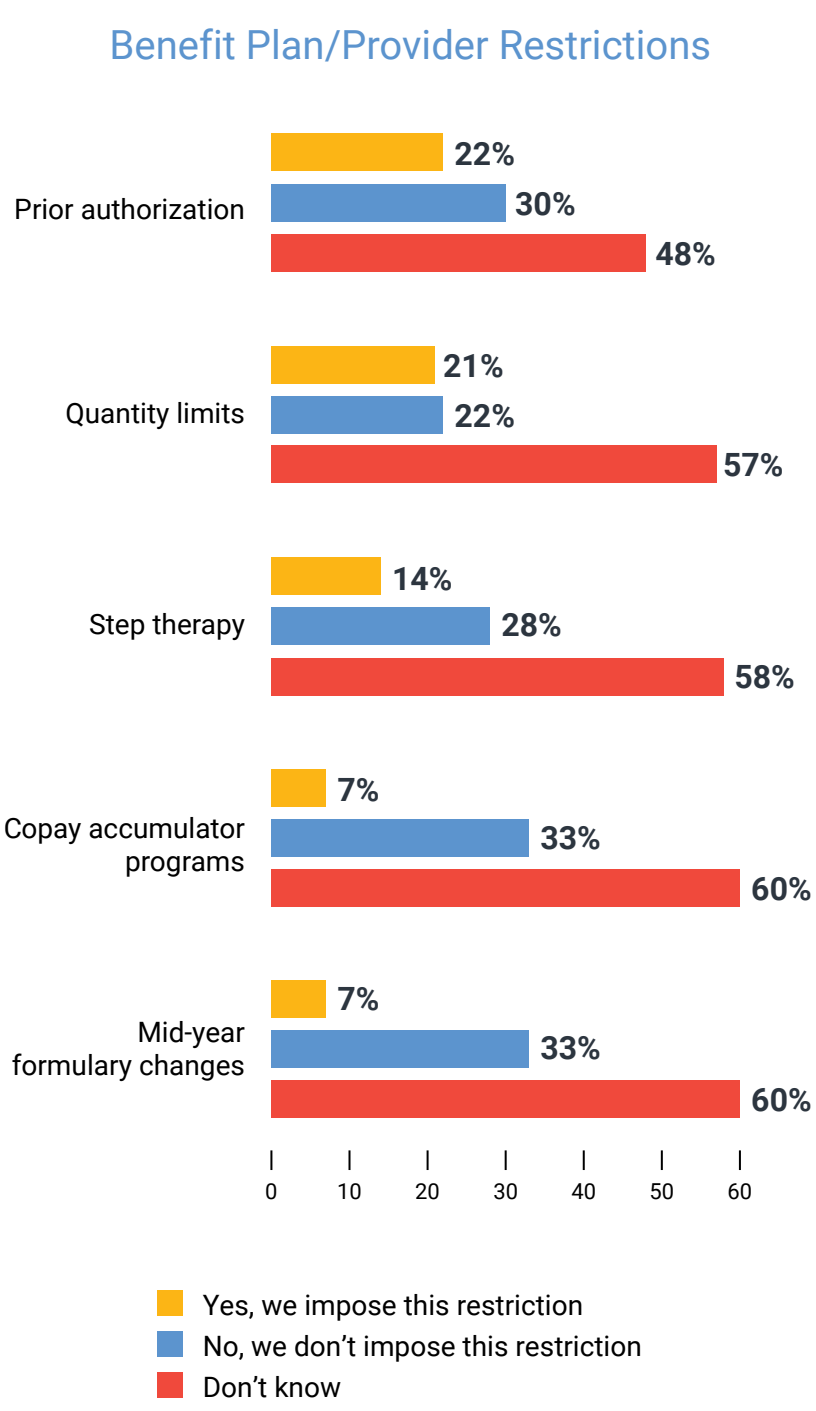
Seven percent impose copay accumulator program restriction, although 33% do not. When excluding those who say they do not know, 17% impose this restriction. Such restrictions are currently under scrutiny. Copay accumulator programs have substantial implications for some patients because copay assistance can run out quickly, which could cause some patients to not be able to afford their treatments. In fact, several states have banned the use copay accumulator programs.

Mid-year Formulary Changes

Another 7% of participants allow mid-year formulary changes, which increases to 18% when excluding those who do not know. The problem here is that employees may lose coverage of their drug mid-year, and their drugs can cost more than they can afford, possibly increasing other medical expenses. For example, if employees with migraine disease cannot afford their medications, they may end up in the emergency room for untreated migraine attacks or have to visit their doctor more often until they find an alternative treatment that works for them. They may also be absent more often.



Survey Question: Does your organization's health coverage/ benefits impose the following restrictions on medications to treat migraine disease?



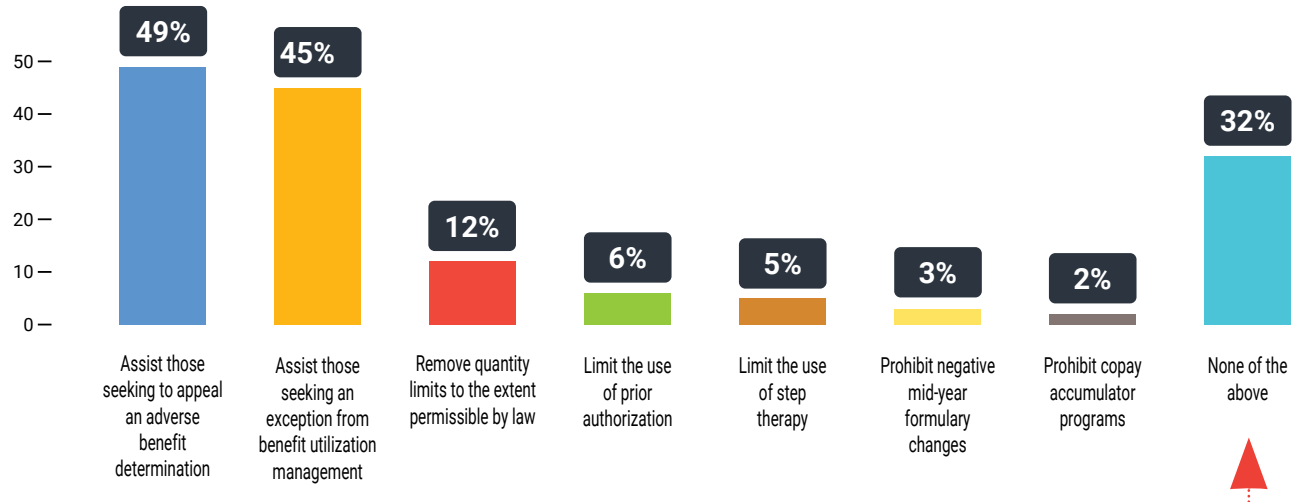
Finding: Employers are not typically prioritizing tactics to support those with migraine disease

We also asked HR professionals about tactics their organizations implement if they were convinced that those tactics could reduce costs and help employees with migraine disease. The most widely cited response (49%) is that they would assist those seeking to appeal an adverse benefit determination. Another 45% would assist those seeking an exception from benefit utilization management.

We believe that providing employees with expert assistance is a role that many HR providers are comfortable with.

Other tactics, however, were much less commonly chosen. Only 12% would remove quantity limits, just 6% would limit prior authorization, and only 5% would limit step therapy. We suspect that many HR professionals may not feel they have the authority to easily remove those limits.

Survey Question: Which of the following tactics would your organization be likely to implement if you were convinced that the tactics could reduce costs and help employees with migraine disease? (select all that apply)



About one-third say they would not take any of these steps

Migraine Disease Support and Tactics Now and in the Future

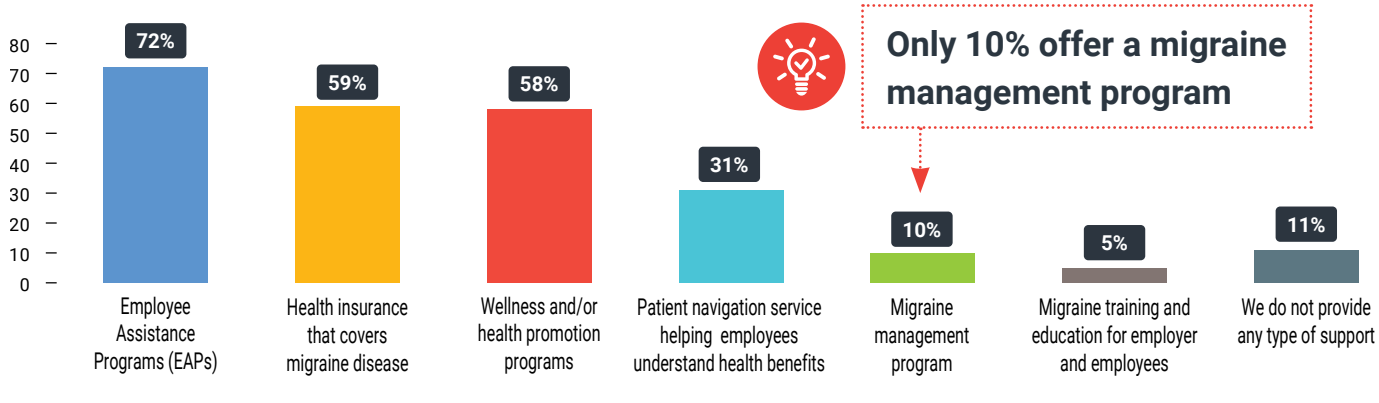
Finding: Employers most commonly rely on employee assistance programs

Seventy-two percent of employees offer an EAP to help support employees with migraine disease. One of the advantages of an EAP is that there is typically no cost to employees and family members for assessment and short-term counseling, and EAPs can get employees headed in the right direction with less stress.

However, migraine disease can be a long-term chronic condition requiring medical or behavioral healthcare benefits, which employers offer less often (59%). Furthermore, only about one-third (31%) say their organizations offer patient navigation services to help employees understand health benefits.

About three-fifths (58%) of employers offer wellness and/or health promotion programs, but just 10% offer a dedicated migraine management program. Such programs are currently in their infancy but have the potential for future results. For example, Novartis reports a 490% return on investment from their investment in their migraine program that is part of the corporate well-being programs.[40]

Survey Question: What types of support does your organization offer to employees who suffer from migraine disease? (select all that apply)

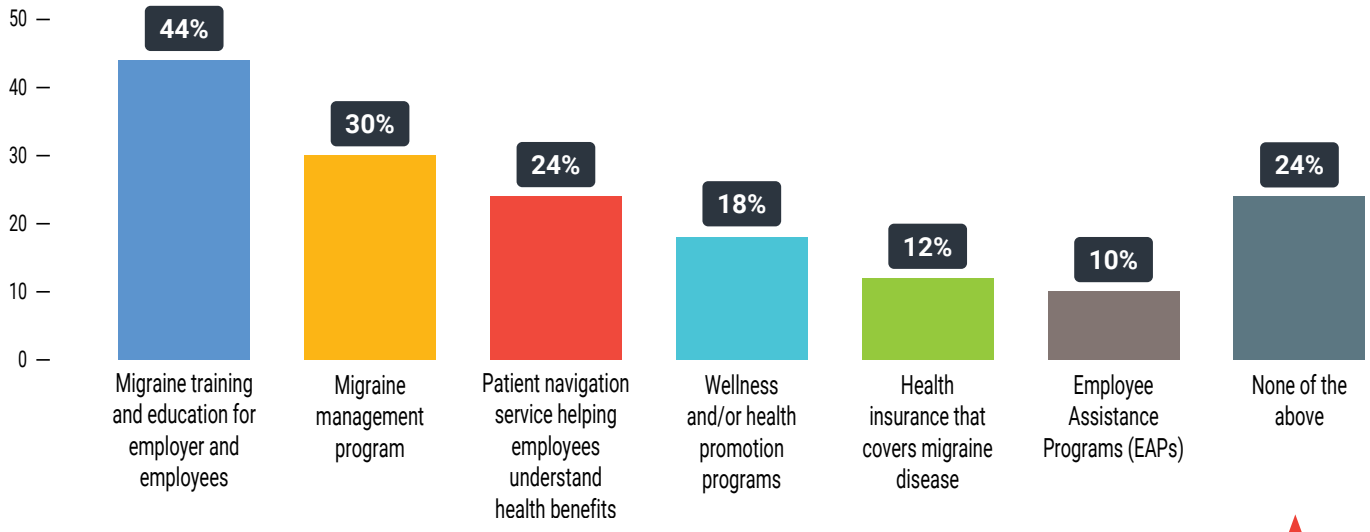


Finding: Participants commonly say their organization will offer training and education

Targeting the respondents whose companies do not offer the types of support listed in the previous finding, we asked, "In the future, which of the following types of support do you think your organization would be inclined to offer to employees who suffer from migraine disease?"

In previous findings, we have discussed the possible advantages of providing better training to help managers understand migraine disease. Therefore, we believe it is a hopeful sign that 44% would be inclined to offer migraine training and education for employers and employees. This is by far the most commonly chosen response, followed by adding a migraine management program.

Survey Question: In the future, which of the following types of support do you think your organization would be inclined to offer to employees who suffer from migraine disease? (select all that apply)



Nearly one-quarter say their organizations will not add any of the following support resources

Practices That Might Provide a Greater Chance of Success

How Do We Classify High Performers?

To take a closer look at what differentiates organizations with effective migraine management processes from those with less successful migraine management processes, we separated our sample into two cohorts:

- **Migraine management leaders:** respondents who strongly agree or agree that their organization does a good job at helping and accommodating employees with migraine disease
- **Migraine management laggards:** respondents who strongly disagree, disagree, or neither agree nor disagree that their organization does a good job at helping and accommodating employees with migraine disease

Of course, correlation is not the same as causation. While we cannot state that any particular practice will definitely lead to success in helping organizations and employees with migraine disease, we do see intriguing relationships that may result in greater success.

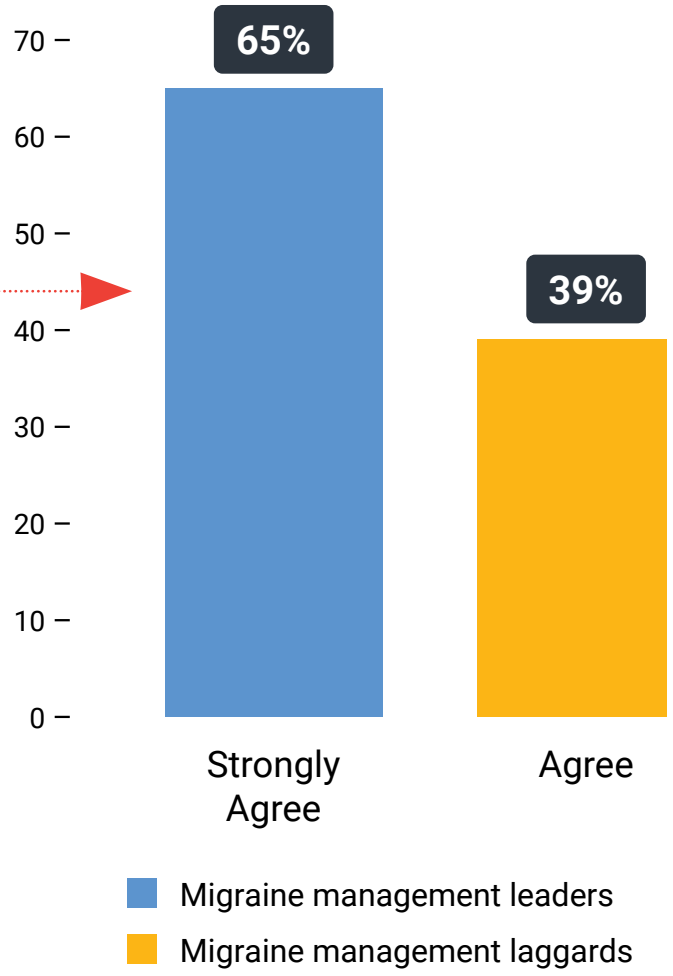
What Do Migraine Management Leaders Do Differently?

Finding: Migraine management leaders are more likely to understand that migraine disease can be a disability

Migraine management leaders tend to be more aware that migraine disease can be considered a disability, with 65% agreeing or strongly agreeing, compared with 39% of migraine management laggards. One possible reason for this is that employees in leader organizations have requested personal accommodations, attuning managers and senior leadership to what is going on in the marketplace.

Laggards are less likely to recognize migraine disease as a disability

Survey Question: In your organization, to what extent do you agree with the statement "migraine disease can be considered a disability"?

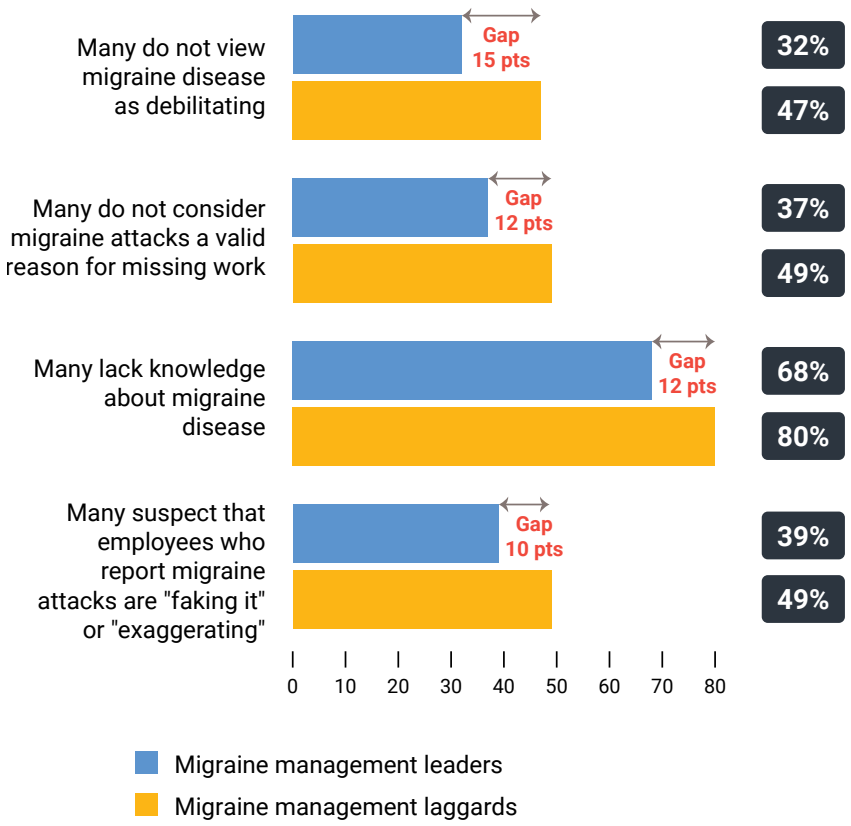


Finding: Migraine management leaders are more aware of the stigmas that impact their workforce

Migraine management laggards are more likely to lack knowledge about migraine disease, and this lack of knowledge can translate into stigma. More respondents at laggard organizations (49%) than leader organizations (39%) say that direct supervisors believe those who have migraine attacks may be “exaggerating” or “faking” it.

Survey Question: Which of the following statements about direct supervisors in your organization do you believe are true? (select all that apply)

Percent responding statement is true regarding direct supervisors



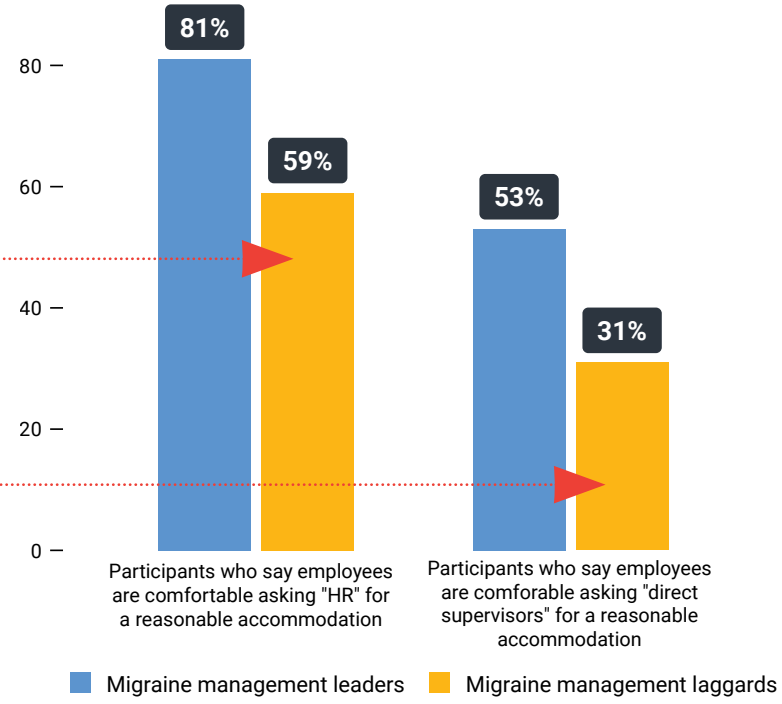
Nearly half believe direct supervisors at migraine management laggard organizations do not see migraine disease as debilitating or a reason to miss work

Finding: Leaders may have cultures that embrace open communication

Employees at migraine management leader organizations are more comfortable discussing accommodations with HR as well as with their direct supervisors. This suggests that migraine management leader organizations do a better job of encouraging open lines of communication and nurturing a company culture that embraces and values collaboration and empathy.[41] As a result, employers are more likely to feel supported and request accommodations from HR and direct supervisors.

Laggards are far less likely to say employees are comfortable asking for reasonable accommodation

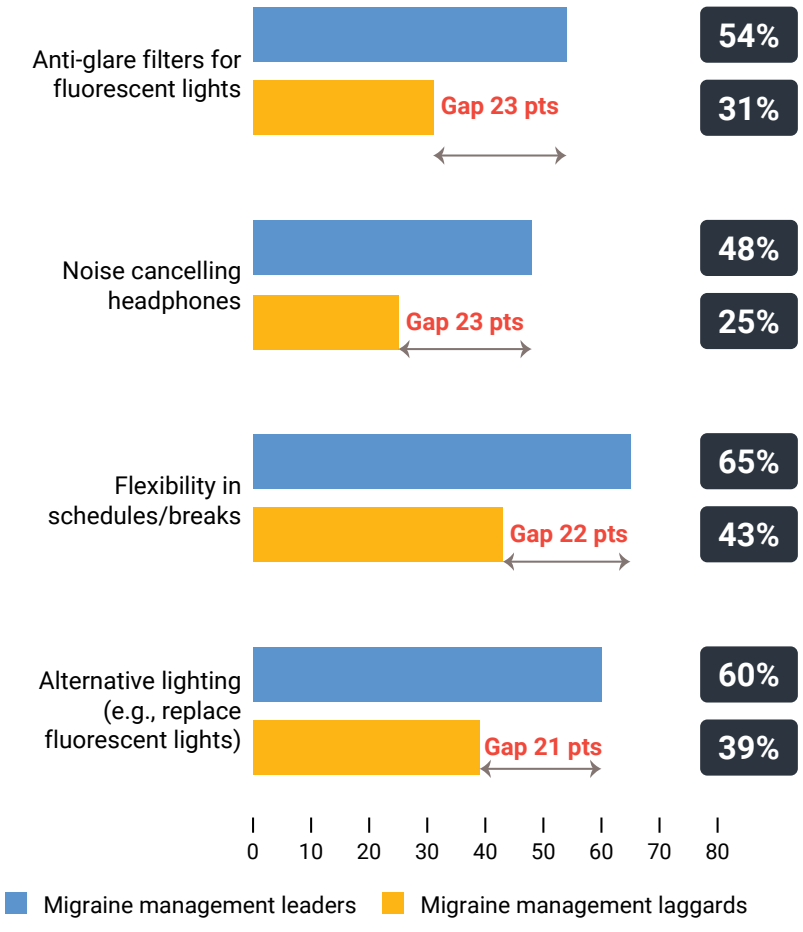
Survey Question: Do you think employees in your organization feel comfortable asking Human Resources and/or direct supervisors for a reasonable accommodation related to migraine disease?



Finding: Migraine management leaders are more likely to accommodate employees with migraine disease

Migraine triggers can vary drastically from one individual to the next so there is no one special accommodation that will work across the board. The most common accommodation in both migraine management leaders (65%) and laggards (43%) is flexibility in schedules/breaks. Migraine management leaders also provide antiglare filters much more often than laggards (54% vs. 31%), representing a 23 percentage-point gap. This is also true for the noise cancelling headphones accommodation (48% vs. 25%).

Survey Question: In your organization, which of the following accommodations can be offered to employees who suffer from migraine disease? (select all that apply)



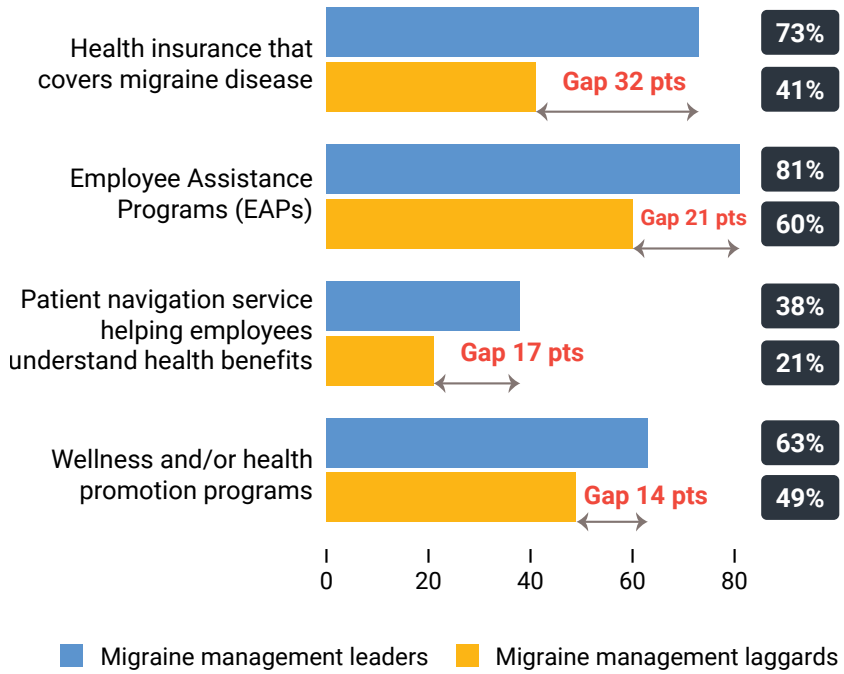
Finding: Migraine management leaders provide greater benefits and more support initiatives

Migraine management leaders (73%) are much more likely than laggards (41%) to provide employees with health insurance that covers migraine disease. This group likely realizes that migraine disease is often associated with other mental and physical health issues. Perhaps because health insurance can be so confusing, migraine management leaders (38%) also provide more patient navigation services than laggards (21%).

Migraine management leaders (63%) are also more proactive than laggards (49%), with more wellness and/or health promotion programs that encourage well-being such as managing stress. For example, a wellness program could encourage yoga, exercise, and meditation for general well-being.

Laggards are much less likely to provide health insurance to cover migraine disease

Survey Question: What types of support does your organization offer to employees who suffer from migraine disease? (select all that apply)



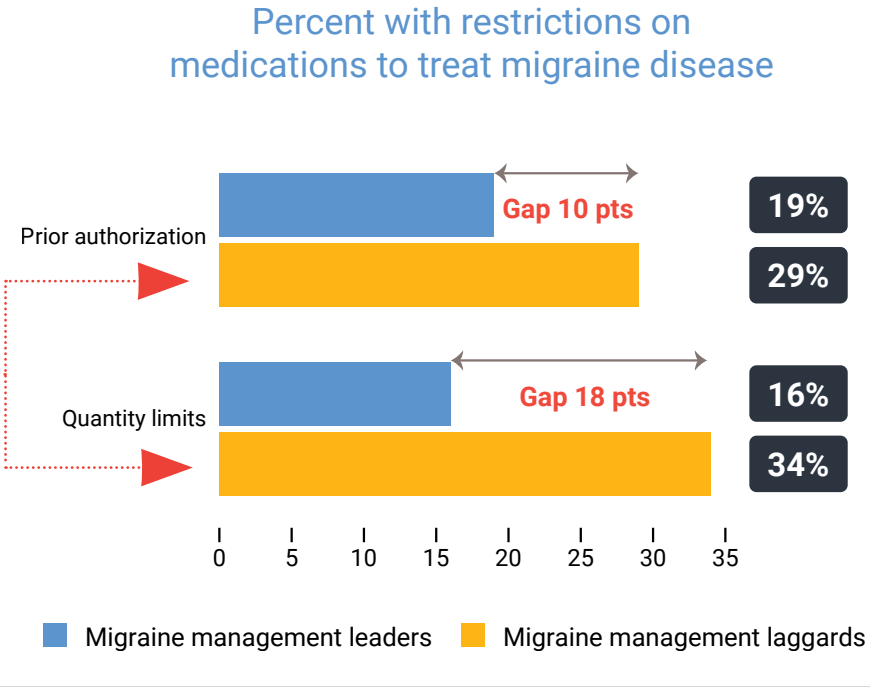
Finding: Migraine management leaders are less likely to impose benefit restrictions

Migraine management leaders are more likely to have health insurance policies with fewer prior authorization and quantity limit restrictions, making it easier for employees with migraine disease to get the treatment they need.

We should note, however, that quantity limits and prior authorizations may be put in place to help minimize certain risks such as unsafe medication combinations. Nonetheless, some experts argue that lengthy approval processes and appeals tend to do more harm than good.[42] Employers should investigate these issues carefully and make the best decisions for their organizations and employees.

Laggards are more likely to require prior authorization and impose quantity limits

Survey Question: Does your organization's health coverage/ benefits impose the following restrictions on medications used to treat migraine disease?



Takeaways

Given the research findings in this report, below are some key suggestions for how organizations might become more successful in fostering greater acceptance and support for migraine disease.

Key Takeaway **1**

Create a training program to educate managers about migraine disease, associated stigma, and disability law. This study indicates that a gap exists among what HR professionals know about disability law and migraine disease and what direct supervisors understand. This gap enables more stigma about migraine disease to occur and also may put organizations at greater risk of lawsuits. To ameliorate these potential problems, HR can help train managers on the topic of migraine disease and associated organizational policies.

Key Takeaway **2**

Review the organization's culture and update it if necessary. Those with migraine disease need to feel comfortable so they will ask for support when they need it. Consider whether the organization's culture values openness and empathy. Conduct job/benefit satisfaction surveys to determine if employees value these benefits and whether they are engaged in the culture. Share the results with leaders and include a framework that lists issues and stigma and how they might be addressed.

Key Takeaway **3**

Review benefit plans and wellness programs. Review current investments and how they may be affecting productivity and absenteeism. Where is migraine disease on the healthcare list of priorities? If an employer offers medical benefits, do employees understand them? Consider including video tutorials[43] to explain aspects such as the prior authorization process. Also consider providing assistance to employees who need help with the process by providing a patient navigator and someone who can assist employees with health insurance exception request and appeals processes. Consider limiting benefit utilization management policies that are overly restrictive and prevent access to migraine treatment. Also consider a dedicated migraine management program.

Key Takeaway **4**

Consider a migraine management awareness campaign. What is the best way to share information about migraine disease? As part of this awareness campaign, direct employees to resources such as EAPs and healthcare providers. Reiterate important messages as needed. For example, consider taking part in the annual National Migraine & Headache Awareness Month that occurs in June.[44]

Key Takeaway 5

Take actions to minimize stress in the workplace. Stress is one of the most common triggers of migraine disease and mental illness,[45] and previous HR.com research finds 82% of HR professionals agree that stress is prevalent in the workplace.[46] To alleviate some of these challenges, consider giving managers tools and policies to reduce stress in their departments. For example, some organizations specifically encourage employees to take lunch and breaks.

Key Takeaway 6

Provide personalized accommodations to those with migraine disease. Organizations should be accommodating to ensure employees with migraine disease have a safe workplace, but it is important to note that accommodations for migraine disease will vary based on each individual's needs. For example, while an anti-fragrance policy may help an employee whose migraine disease is triggered by scents, it will not be relevant for an employee whose migraine disease is triggered by stress. Educate employees so they are aware and feel comfortable asking for an accommodation. Work with employees to discover the most effective and appropriate accommodations to ensure employees can not only manage their migraine disease, but also continue to have a positive employee experience.

Key Takeaway 7

Stay up-to-date on regulations, policies, and procedures. How organizations handle migraine disease may be influenced by a range of court cases and laws such as the ADA and HIPAA. When does it make sense to change internal company policies in reaction to or in anticipation of changing regulations and legal interpretations? How can internal processes be employee friendly and also protect the organization from potential lawsuits?

Key Takeaway 8

Incorporate non-stigmatized terminology. Words also have the potential to promote and reinforce stigma instead of reducing their impact. Locate professional resources on these terminologies, and consider training employees to use the non-stigmatized language.[47] For example, some sources suggest using the phrase "migraine disease" rather than "migraine disorder."

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About Aimed Alliance

Established in 2013 and based in Washington, D.C., Aimed Alliance is a non-profit health policy organization that works to protect and enhance the rights of health care consumers and providers. Aimed Alliance achieves this mission by conducting legal research and analysis; developing sound, patient-centered policy recommendations; and disseminating its findings to inform policymakers and increase public awareness.

Learn more about Aimed Alliance at **aimedalliance.org** or on Twitter at **@AimedAlliance**. You can find more resources on migraine disease at **Migraine Patients Know Your Rights** and **Women with Migraine Disease: Addressing Discrimination in Your Workplace**.

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