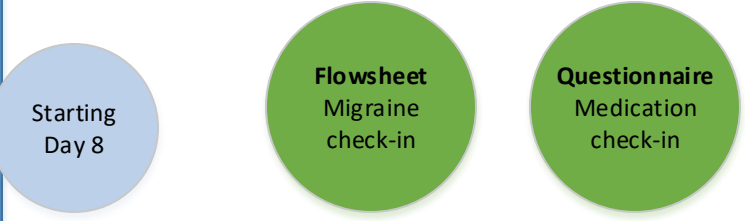


General Neurology/Primary Care Migraine Delivery Process

8/23/2019

Assessments	<p>Day 1 Migraine management satisfaction Repeat day 30 and every 30 after until 1 year</p>	<p>Day 1 Migraine Disability Assessment (MIDAS) Repeat day 90 and every 90 after until 1 year</p>	<p>Day 90 Continue on care plan Repeat day 90 and every 90 after until 1 year</p>	
Weekly				
Education	<p>Day 1 Education Welcome to the Mayo Clinic Care Plan for Migraine! <i>1 document</i></p>	<p>Day 1 Education Review the facts about migraine headaches <i>1 document/1 video</i></p>	<p>Day 2 Education Understand migraine medications <i>1 document</i></p>	<p>Day 4 Education Know how to treat a migraine attack <i>1 document</i></p>
	<p>Day 6 Education Identify your triggers <i>1 document</i></p>	<p>Day 8 Education Count your sleep to prevent migraines <i>1 document</i></p>	<p>Day 10 Education Stay hydrated to stop migraines <i>1 document</i></p>	<p>Day 12 Education Check your eating habits to prevent migraines <i>1 document</i></p>
	<p>Day 14 Education Watch your daily routine to avoid migraines <i>1 document</i></p>	<p>Day 16 Education Get moving to avoid migraines <i>1 document</i></p>	<p>Day 18 Education Manage stress for migraine relief <i>1 document</i></p>	<p>Day 20 Education Plan ahead to avoid migraine triggers <i>1 document</i></p>
	<p>Day 22 Education Understand complementary therapies for migraine <i>1 document</i></p>	<p>Day 24 Education Women 18-50 only Learn about menstrual migraines <i>1 document/1 video</i></p>	<p>Day 26 Education <i>Repeat from Day 4*</i> Know how to treat a migraine attack <i>1 document</i></p>	<p>Day 30 Education Learn about rebound headaches <i>1 document</i></p>

Medication check-in QNR0001

8/23/2019

QUES0001
In the past week, did you take your migraine medication as prescribed?

Yes	No
-----	----

QUES0002
Do you have any concerns about your migraine medication?

No Concerns

I need a medication refill

ESC0016
Notify the care team

QUES0010
Which medication do you need refilled?

FREE TEXT

QUES0011
Please provide the name of your preferred pharmacy for refill, with city and state:

FREE TEXT

Other: Free Text

ESC0013
Notify the care team

QUES0012
Describe your concern:

FREE TEXT

I'm worried about running out of medication

ESC0010
Notify the care team

I'm worried about costs or insurance coverage of medication

ESC0011
Notify the care team

I'm worried about rebound headaches

ESC0014
Education

I'm having side effects from taking medication

ESC0015
Message to patient

I have questions about my migraine medication

ESC0012
Notify the care team

Migraine management satisfaction QNR002 and QNR003

8/23/2019

QRN002 has no Escalations

QUES0003

How satisfied are you with the plan for managing your migraine?

Very satisfied

Satisfied

Neutral

Dissatisfied

ESC0004
Notify the care team

Very dissatisfied

ESC0003
Notify the care team

Migraine Disability Assessment (MIDAS) QNR004

8/23/2019

QUES0004

On how many days in the last 3 months did you miss work or school because of your headaches?

Value of 0-90,
pop up if outside of range

QUES0005

How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches? (Do not include days counted in question 1 where you missed work or school.)

Value of 0-90,
pop up if outside of range

QUES0006

On how many days in the last 3 months did you not do household work because of your headaches?

Value of 0-90,
pop up if outside of range

QUES0007

How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches? (Do not include days you counted in question 3 where you did not do household work.)

Value of 0-90,
pop up if outside of range

QUES0008

On how many days in the last 3 months did you miss family, social or leisure activities because of your headaches?

Value of 0-90,
pop up if outside of range

Patient inputs from QNR0004 should be totaled and be able to present to provider a total MIDAS Score.

Care plan check-in QNR005

8/23/2019

QUES0009

Would you like to continue on this care plan and complete weekly check-ins?

Yes

ESC0019
Notify care team

No

ESC0009
Notify care team

No response
after 5 days

ESC0020
Notify care team

Migraine check-in GROUPER as 1 TASK

Used so patients can see progress over time - All to present at 1 time to patient 8/23/2019

FLO0001

In the past week, how many days did you have a headache, even if it was mild?
(If headache lasted more than one day, count each day.)

Score 3-7
ESC0001
Weeks 1-6

Score 3-7
ESC0002
Week 7-til end

FLO0002

In the past week, how many days did you treat headache with acute pain medications? (Include over-the-counter and prescription pain relievers.)

FLO0003

In the past week, how many days did you miss work or school because of headaches?

FLO0004

In the past week, how many days was your productivity reduced at work or school because of headaches?

Pop up if not
working or
school use 0

FLO0005

In the past week, how many days did headaches reduce your joy in social or leisure activities?

Free numeric text
Minimum: 0
Maximum: 7
Pop up if outside of range