

# Dysfunctional network for headache access in secondary and tertiary care

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## Objective

To evaluate the referral to second and tertiary levels access procedures and the different neurological settings that have care of headache in the general population of an Nord-Eastern province of Italy.

## Materials

A retrospective study based on Regional Booking Center data of all neurological visits performed in the province of Trieste from 01.01.2024 to 31.03.2024 was performed. We analysed the single events booked for headache in hospital and district outpatient clinics. Neurological visits performed in the Emergency Department, during hospitalization or Day Hospital, in pre- and post-hospitalization, and external neurological consultations were excluded. Type of facility providing the visit, access code priorities, waiting times (days from the date of booking to the date of the visits) for the visits and inappropriate visits were analysed with SPSS 25.0.

## Results

Out of 15,556 records evaluated, 320 patients (73.1%F, 26.9%M; mean age 47±18 years) were analysed, 26.2% lived outside the province of Trieste. Most neurological visits were performed in the public hospital (fig. 1). Half of the visits were requested with code B and D (fig. 2). The public hospital general neurological clinic and the private hospitals mainly provided visits in code B and D, on the contrary the Headache Center mainly provides visits in code P (fig. 3). The national hospital general neurological clinic is the only setting that provides visits in code U (fig. 3). Waiting times respected for codes P (111±100) and U (2±1), not for codes B (24±11) and D (111±81). 13.7% had a request for Headache Center but they are visited elsewhere.

Figure 1: setting for headache visits

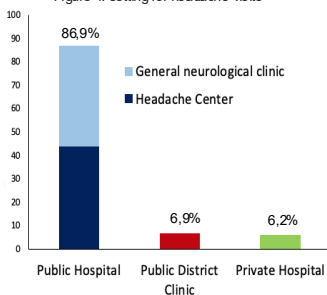


Figure 2: access priority codes

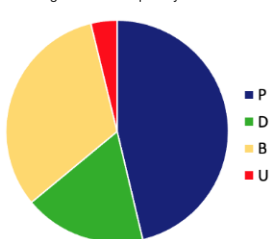
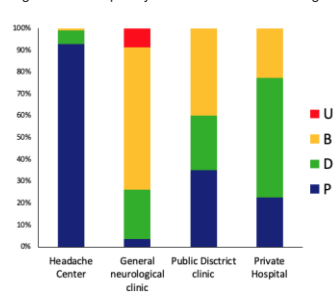


Figure 3: access priority codes in the different settings



P=visit within 120 days; D=visit within 30 days; B=visit within 10 days; U=visit within 72 hours

## Conclusions

Most of the visits were performed in the public hospital

Half of the visits were requested with code B and D, they were not performed in the Headache Center and their waiting times were not respected.

Many patients have had a request for evaluation at the Headache Center but the visit was provided elsewhere