THE OPTIMAL DATASET TO EVALUATE VENOUS TREATMENTS (CLINICAL SCORES AND QOL) IN COLLABORATION WITH ICHOM

1. Outcome = Value

2. Smart surgeon

3. Outcome = Value

4. Time-Driven Activity-Based Costing

5. DISCLOSURES
   - None

6. VQS, CIVIQ, AVVQ
   - NPS, CQI, etc.
   - Duplex, MVPCT, etc.
   - VCSS, CEAP, etc.
Patient Reported Experience Measures (PREMs):

- Collected alongside PROMs
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
- Equal programs in different countries:
  - NICE Outcomes Framework (UK)
  - Patient experience (NL)

Generic Quality-of-Life:

- SF-36 or SF-12 (research only)
- EQ-5D-5L (for economic evaluations)

Disease specific Quality-of-Life:

- VEINES-QOL/Sym

Clinical outcomes:

- CEAP
- Venous Clinical Severity Score (VCSS)
- Villalta scale
- Venous claudication
Venous claudication

Aspects of venous claudication:
- Pain during exercise
- Pain subsides in rest
- Leg-elevation decreases pain
- Correlation with pain-free walking distance

Related to hemodynamic effects of venous obstruction!

There is currently no accepted measure for venous claudication, which is incredible. In the arteries we have the ankle brachial pressure index (ABPI), a method for quantifying the severity of arterial occlusion in the leg, and there is no such comparable measurement in veins. This is a huge problem.

Gerry O'Sullivan

Non-invasive

Invasive

Standardized reporting with discrete variables is essential!

Two patients with identical scores
- VEINES-QOL: T0: 66, T12: 59
- VEINES-Sym: T0: 61, T12: 56
- C: T0: 6, T12: 5
- VCSS: T0: 11, T12: 8
- Villalta: T0: 7, T12: 6

Age
Gender
Co-morbidity

+ case-mix variables

Venous outcome set

- Patient-reported experience measure
  - VEINES-QOL/Sym, EQ-5D-5L (optional)
- C class, VCSS, Villalta, Venous claudication
- Structured assessment of hemodynamic parameters
- Gender, age, comorbidity, venous medical history

What now?
Collaboration with ICHOM