

PMT33**LINGUISTIC VALIDATION OF THE VASCULAR QUALITY OF LIFE QUESTIONNAIRE (VASCUQOL) IN 8 LANGUAGES**Conway K¹, Uzun V¹, Girod P², Morgan M³, Koch P⁴¹Mapi Research Institute, Lyon, France; ²Mapi Values, Lyon, France; ³Lewisham Hospital, London, UK; ⁴Boehringer Ingelheim, Ingelheim, Germany

INTRODUCTION: Measuring Quality of Life (QoL) has become a vital part of assessing lower limb ischemia and peripheral vascular disease in international studies. The 25-item VascuQoL was developed in UK English and investigates 5 domains: symptoms, pain, activities, social life and emotional state. Prior to use in an international trial the measure underwent linguistic validation in 8 languages. **METHODS:** A QoL specialist coordinated the translation process in each target country using the following methodology: 1) two forward translations by professional, native speaking translators of the target language fluent in English; 2) comparison and reconciliation of the translations by a QoL specialist and translators; 3) backward translation by a native English speaker; 4) comparison of the source and backward versions; 5) review of the translation by a clinician in each country; 6) comprehension test in a sample target population; 7) international harmonization. **RESULTS:** Linguistic and conceptual issues emerged when translating idiomatic phrases and response scales. Linguistic equivalents had to be found for expressions such as “being (or becoming) housebound” and “social activities”. The notions of “discomfort”/“distress” did not have direct equivalents in some languages where a single notion had to be used. In most languages the frequency scale expressed in amounts of time had to be simplified to establish equidistant responses. **CONCLUSIONS:** A rigorous translation methodology was performed to ensure conceptual equivalence and acceptability of translations. International feedback obtained through the translation process revealed issues regarding the original instrument, indicating that future amendments to the original may be necessary. Future psychometric testing will be conducted to ensure reliability and validity of each translation, appropriateness of the questionnaire in each country and comparability of data across countries.

PMT34**ASSESSING PHYSICIAN PRACTICE PROFITABILITY USING AN ACTIVITY BASED COSTING MODEL**

Stephens JM, Bell CF, Klingman D

PAREXEL International, Outcomes Research Group, Alexandria, VA, USA

Physicians are increasingly challenged to maintain practice profits in the face of tightening reimbursements from payers. While office visits generate a revenue stream for physicians, it is not clear whether frequent lower com-

plexity visits (e.g., nurse visits to administer injections) are actually profitable for physician practices. **OBJECTIVE:** To develop an adaptable model and methodology to evaluate profitability and financial incentives for various in-office services provided by physicians and their staff. **METHODS:** A literature and expert opinion based model was developed from the physician practice perspective and was designed to be flexible for a variety of office-based services. The practice cost component of the model was developed using activity-based costing principles and included direct (drug acquisition, supplies, clinical labor time, office visits) and indirect (malpractice insurance, office rent) expenses. The practice revenue component of the model consisted of the reimbursement amount from payers, including: drug reimbursement; office visits for physician evaluation, injections, end of treatment follow-up and adverse events; and laboratory tests. **RESULTS:** Practice profitability is inversely proportional to the number of low complexity office visits per year. Payer mix is also an important determinant of profitability for in-office services, with Medicare reimbursements generally resulting in a net loss for practices (>5 loss per office visit for the lowest complexity services) and typical managed care reimbursements providing only small profits (approximately 4 per low complexity visit). **CONCLUSIONS:** Frequent low-complexity office visits for administration of drug therapies do not appear profitable for physician practices under Medicare reimbursement. Alternative modes of drug delivery such as implantable drug delivery devices or patient self-administration may be more profitable for physician practices by allowing substitution of more highly reimbursed office services.

PMT35**VALUING NON-WORKPLACE PRODUCTIVITY LOST IN MIGRAINEURS: HUMAN CAPITAL APPROACH AND REPLACEMENT COST METHOD**

Kim SS, Lofland JH

Office of Health Policy and Clinical Outcomes at Thomas Jefferson University Hospital, Philadelphia, PA, USA

OBJECTIVE: To determine the non-workplace productivity costs (NWPC) for migraineurs using the human capital approach (HCA) and replacement cost method (RCM). **METHOD:** This was a supplemental analysis to a prospective, observational migraine outcomes study conducted at a managed care organization. Migraineurs self-reported their work status, occupational category, number of days missed from normal ‘activities’ outside of paid job(s) due to migraine symptoms, number of days performing normal ‘activities’ with migraine symptoms, and percent effectiveness while performing normal ‘activities’ with migraine symptoms, at baseline, 3 months, and 6 months after the initiation of sumatriptan. Daily occupational wages were obtained from the Bureau of Labor Statistics. NWPC were calculated using the HCA and