LYMPHOEDEMA CARE IN BC TODAY AND OVER THE HORIZON



Elliott Weiss MD FRCPC Physical Medicine and Rehabilitation BCLA Lymphoedema Awareness Day Saturday, June 25th, 2011

Objectives

Yesterday is already a dream, And tomorrow is only a vision, But today well lived, Makes every yesterday a dream of happiness, and every tomorrow, A vision of hope.

Shoorty, January 21, 2011

Lymphoedema in the past in BC

- Poorly recognized with limited acknowledgement within the medical community
- Diagnosis of primary disease inconsistent
- Diagnosis of secondary disease also inconsistent
- Sporatic episodic unstandardized care or no care
- No advocacy

Lymphoedema in the present in BC

- Advocacy
- Education
- Awareness
- Pockets of specialized care

Lymphoedema in the present in BC

- Often still poorly recognized with limited acknowledgement within the medical community
- Diagnosis of primary disease inconsistent
- Diagnosis of secondary disease also inconsistent
- Sporatic episodic unstandardized care or no care

How do we get from DIsORG NIzATIOn

to

A comprehensive system of care?

BC Lymphoedema Network 201?

• Who are the players:

- Patients and their families
- Health care providers
- Health regions
- Government
- Funding agencies
- Advocacy organizations (BCLA)
- Health care educational institutions

'Silo-Care'

We need to minimize the 'silo' mentality











How do we achieve standardized care in BC?

• Structural opportunities

- Primary centres in local communities
- Secondary referral centres in each health region
- Tertiary centre associated with academic based (UBC?)

How do we achieve standardized care in BC

• Services Delivery Models

- Diagnostic centres of excellence with access to specialized clinical expertise and technologies including lymphoedema surveillance
- Standardized systems of care
 - MLD/CDT etc.
 - Compression Pumps
 - Compression techniques
 - Standarized fitting/expertise
 - Improved access to acute care expertise

How do we achieve standardized care in BC

Gold Standards in Care

- Evidence and outcome based care
- Education and knowledge translation
- Participation in regional, national and international activities
- Seamless patient care models
- Research and sharing of knowledge

Challenges in care

• Who has lymphoedema?

- Should we assume all patients with a susceptibility to lymphedema (postsurgical/radiotherapy) be managed even without clinical manifestations?
- Primary edema versus non-malignant forms of secondary edema; (should they system deny access to patients with edema without proven primary lymphoedema)

Challenges in care

• Primary versus secondary Lymphoedema

- Should either population of patients have access to different services, benefits etc. on the basis of their underlying diagnosis (i.e. BC Cancer Agency)
- Should all patients have equal/equivalent access to services/equipment regardless of income/Extended Health benefits (i.e. pharmacare/amputees)

Special Populations with Special Needs

- Children
- Adolescents who are transitioning
- Palliative care
- Frail elderly
- Other susceptible/fragile populations

BC Lymphedema Network 2011



What's next?

- BC Lymphedema Association
- Canadian Lymphedema Framework
- Providence Healthcare: FI/EW
- Vodder School
- BCCA
- BCCH
- UBC

• Partners in industry





promoting healthy & hopeful living with lymphedema



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