THE EVIDENCE ON CLIENT-DRIVEN CARE
McWilliam et al., 1990-2009

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**Key message from the evidence:** Taking charge of the client’s care management as the professional expert providing their care undermines their health and independence.

**Key message:** Working together in collaborative research can be used to enhance care approaches.

**Key Message:** Continuous quality improvement can be achieved by developing and using team effort.

**Key message from the evidence:** Older home care clients with chronic illness have and use many different resources to optimize their health that are an important addition to the supportive care, treatments and therapies we provide.

**Key message from the evidence:** The health promoting process consists of a dynamically evolving process of simultaneously building a relationship and consciously attending to building on health resources for everyday living. As a whole, this process is an experience of empowering partnering throughout the care process.

**Key message:** Using the health promoting process (ie. relationship-building and conscious attention to building on resources for everyday living achieves significant gains in independence, quality of life, perceived ability to manage one’s own health, and fulfilled information needs, and also decreases days in hospital and overall consumption of in-home services.

**Key message from the broader evidence:** Several larger international studies provide evidence that working with clients as partners in care enhances their independence, and ultimately, their health.

**Key message from the evidence:** Case managers alone do not have adequate data to decide which clients should and could be more engaged as partners in their care.
**Key message from the evidence:** In our current context of health care, pressures are such that we still tend to focus first and foremost on the care outcomes expected by the system and on doing the tasks and procedures that have to be done because of the client’s medical condition. This detracts from our focus on the on-going everyday processes of relationship-building and paying conscious attention to building on the client’s resources for health and everyday living.

**Key message:** In order to build health-oriented empowering partnering relationships amongst providers and clients, we also have to build strengths-based empowering partnering relationships between and among all involved in in-home care, and between and among all agencies who share responsibility for in-home services delivery.

**Key Message from the evidence:** Alternative approaches to case management that engage the client or the client and his/her providers as partners in care attract different client groups, and giving clients a choice of approach to their case management does not alter care costs or outcomes.

**Key Message:** Clients who chose direct involvement in their care management actually had significantly lower cost increases than clients with little control over their care management. Covering clients choice of involvement in their in-home care management may both lower costs and optimize clients’ independence and health.

**Key message:** Changing “how to” approaches to service delivery and care requires addressing barriers and creating facilitators at organizational, team and individual levels.

**Key message:** Using a participatory action approach to knowledge translation constitutes a process of organizational culture change through creating a learning organization. The PAKT approach is one way to achieve this aim.

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