



## STAFF FACT SHEET

### Policy and Funding Background

Implementation of The COACH Program® by Queensland Health contributes to a number of strategic agendas, including:

- *The Queensland Strategy for Chronic Disease: Framework for Self-Management*
- 2004 Cardiac Rehabilitation Election Commitment
- The Australian Better Health Initiative: A joint Australian, State and Territory Government initiative.

Recurrent funding has been earmarked to fully implement the service in a staged manner from the Chronic Disease Budget and the 2004 Cardiac Rehabilitation Election Commitment

There is no direct cost to participating patients or Health Service Districts (HSD). HSD are required to refer eligible patients who agree to participate in the Program.

### Purpose

The purpose of this initiative is to improve patient's quality of life and reduce avoidable admissions to hospital by empowering and preparing individuals to manage their health and health care.

### What is the Coach Program?

The COACH Program® is an evidence-based, telephone delivered coaching program that has been proven to reduce the risk of future hospital admissions in patients with cardiovascular disease. The COACH Program® was created in 1995 by an Australian dietician.

### Partnerships

Queensland Health is partnering with The COACH Program Pty Ltd, an Australian Company, to deliver this program. The COACH Program® is backed by 14 years of research and is currently operating very successfully interstate in both the public hospital and the private health insurance systems in Australia and has recently expanded to Europe.

The COACH Program® Pty Ltd provides Queensland Health with:

- a proven approach to care
- a specially designed computer program
- staff training and feedback on the quality of the care provided.

### How does it work?

The COACH Program® is delivered by qualified health professionals (such as Registered Nurses or Dietitians) who are trained using The COACH Program®, Queensland Health employees working out of the Health Contact Centre as part of 13 HEALTH.

The Coach (QH Clinician) contacts the patient by telephone at a time that is agreeable, and provides information and education to manage health risks specific to their condition. These include but are not limited to: cholesterol, blood pressure, glucose etc. An information pack will be mailed to patients to further them in understanding and managing their condition.

The COACH Program® runs for approximately 6 months, with a call every 4-6 weeks, follow-up call at 12 months. At the end of each telephone session an information letter is sent to the patient and their General Practitioner or Specialist.

### Scope

To be eligible patients must be public patients discharged home from public hospitals for an acute admission with a primary diagnosis of myocardial infarction (ST elevation MI, non-ST elevation MI), stable or unstable angina, and revascularisation procedures eg. PCI and CABG. At least one modifiable lifestyle behavioural risk factor: Unlikely to access face to face cardiac rehabilitation, reside in QLD, have a nominated General Practitioner or Specialist and have a telephone.

### What is the evidence base?

Vale, MJ, et al; August 2002; *Coaching Patients with Coronary Heart Disease to achieve the target cholesterol: A method to bridge the gap between evidence-based medicine and the 'real world' – randomised control trial*; Journal of Clinical Epidemiology, 55 (2002) 245-257  
Vale, MJ, et al; August 2003; *Coaching patients on achieving cardiovascular health (COACH) – A multi-centre randomised trail in patients of coronary heart disease*. Arch of Internal Medicine, 163:2775-2783

### How to contact us

Staff can contact the Program Coordinator on Phone (07) 3872 0143 mob 0438 743 566 via e-mail [donna\\_shi@health.qld.gov.au](mailto:donna_shi@health.qld.gov.au).

Patients can call 13HEALTH (13 43 25 84)

