

THE COACH PROGRAM[®]

ACHIEVING YOUR RISK FACTOR TARGETS



AN EVIDENCE-BASED, MULTI-AWARD WINNING, TELEPHONE DELIVERED, DISEASE MANAGEMENT PROGRAM PROVEN TO REDUCE HOSPITAL UTILISATION IN PATIENTS WITH CARDIOVASCULAR DISEASE

- **THE BACKGROUND**
- **DESCRIPTION**
- **THE EVIDENCE**
- **FROM RESEARCH TO ROLL-OUT**

THE COACH PROGRAM[®]
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CORONARY HEART DISEASE

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PERIPHERAL VASCULAR DISEASE

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TYPE 2 DIABETES

THE COACH PROGRAM[®]
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HIGH RISK OF VASCULAR DISEASE

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STROKE & TIA

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HEART FAILURE

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PREDIABETES

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EXECUTIVE SUMMARY

The COACH Program[®] was created in 1995. For the first 8 years it underwent rigorous testing. It is supported by the highest level of evidence with two randomised controlled trials published in international medical journals. An independent audit of the patients in the second randomised controlled trial conducted by the Victorian Department of Human Services (Victorian State Government Health Department) has shown that it reduces hospital utilisation in patients with coronary heart disease by up to 20% compared to standard care alone. It is the world's first evidence-based program of coaching for the achievement of specific risk factor targets for the prevention of the progression of chronic disease. It is the world's first cardiovascular disease management program that has been successful in significantly reducing coronary risk factor levels without involving dietitians or nurses in prescribing medication directly to patients. For the past 6 years The COACH Program has been adopted as standard care in the public health system in 5 states in Australia and is operating in the private health sector for privately insured patients of three major private health funds. The COACH Program has been extended to other chronic conditions including stroke and TIA, peripheral vascular disease, heart failure, diabetes, pre-diabetes, high risk of diabetes, COPD and high risk of vascular disease.

DISTINGUISHING FEATURES OF THE COACH PROGRAM[®]

- World's first and only evidence-based program of coaching for the achievement of specific risk factor targets for the prevention of the progression of chronic disease.
- World's first cardiovascular disease management program that has been successful in significantly reducing coronary risk factor levels without involving dietitians or nurses in prescribing medication directly to patients.
- Backed by 14 years of research.
- The coach initiates contact with the patient so non-attendance is never an issue and patient participation rates are very high.
- Can reach everybody with a telephone and does not require the patient to attend a centralised assessment centre.
- The patient does not need to meet the coach face-to-face.
- Patients are invited to contact their coach between coaching sessions for questions and further information as required.
- Can be applied to any chronic condition that can be monitored for its progression using simple surrogate disease markers.
- Integrates fully into any existing health care system

WHY THE COACH PROGRAM®?

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1.1 Background

Patients with proven coronary disease have up to 7 times the event rate of patients with similar risk factors but no overt coronary disease.¹ The evidence is now compelling that aggressive risk factor management improves patient survival, reduces recurrent events including premature cardiac death and the need for interventional procedures, and improves quality of life for patients with pre-existing coronary heart disease.² However, despite the potential for significant health gain, surveys from Australia³ and overseas^{4,5,6,7} have shown that effective therapies are underused. The concept has arisen of a treatment gap in coronary heart disease – a gap between what is known from published evidence and what is actually practised. Current systems of health care are delivering suboptimally in the area of secondary prevention of coronary heart disease.

“In Australia, cardiovascular disease kills more people than any other disease and creates enormous costs for the health care system. These issues are expected to become even more acute over the next decades with the growing number of elderly Australians, among whom cardiovascular disease is most common”.⁸

The COACH Program is proposed as a strategy for bridging the treatment gap in the management of coronary heart disease.

¹ Pekkanen J *et al.* NEJM 1990; 322: 1700-07.

² AHA/ACC Guidelines for preventing heart attack and death in patients with atherosclerotic cardiovascular disease: 2001 Update. Circulation 2001; 104: 1577-79.

³ Vale MJ, Jelinek MV, Best JD. How many patients with coronary heart disease are not achieving their risk factor targets? Experience in Victoria 1996-1998 versus 1999-2000. Med J Aust 2002; 176: 211-15.

⁴ ASPIRE Steering Group. Heart 1996; 75: 334-42.

⁵ EUROASPIRE I Group. Eur Heart J 1997; 18: 1569-82.

⁶ EUROASPIRE II Group. Eur Heart J 2001; 22: 554-72.

⁷ L-TAP. Arch Intern Med 2000; 160: 459-67.

⁸ Australian Institute of Health and Welfare 2001. Heart, stroke and vascular diseases-Australian facts 2001.

WHAT IS THE COACH PROGRAM®?

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2.1 Description of The COACH Program - Overview

The COACH Program is an innovative prevention program that trains people with chronic disease to vigorously pursue the target levels for their particular risk factors while working in partnership with their usual doctor(s). Patients are coached to achieve the targets for their risk factors and to take the recommended medications as recommended by the best practice guideline for the management of their particular medical condition. For example, in the case of coronary heart disease in Australia, patients are coached to achieve the target levels as set by the National Heart Foundation of Australia – The Australian Standard Guideline.⁹ Coaching is directed at the patient and not at the treating doctor. The coach (a qualified health professional such as a dietitian or nurse) uses the telephone and mailouts (generated by The COACH Program software) to provide regular coaching sessions to patients over a period of 6 months. Patients are coached to know their risk factor levels, the target level for their risk factors, and how to achieve the target levels for their risk factors. Patients are persuaded to go to their usual doctor(s) and empowered to ask for appropriate prescription of medication, changes in dose, and even to change a drug if maximal dose of a particular drug has failed to achieve the target. Coaching also trains patients to follow appropriate nutrition and lifestyle measures. There is negotiation of a plan of action to achieve the target, and subsequent monitoring of the patient’s progress toward the achievement of the target level. This quality improvement cycle, which indicates that each coaching session is used as the foundation for the next coaching session, is a key feature of The COACH Program. Patients are sent documentation of their coaching sessions which are a summary of each verbal coaching session and copies are sent to their usual treating doctor(s). Patients are invited to contact their coach between coaching sessions for questions and further information as required.

The COACH Program is about the aggressive pursuit of risk factor targets. The COACH Program coaches patients to seek more intensive care from their regular doctors for their risk factors. The COACH Program empowers patients to be the driver of the process of achieving and maintaining the target levels for their risk factors.

The COACH Program empowers patients to take ‘ownership’ of their health by being the ‘driver’ of the process of achieving and maintaining the target levels for their risk factors.

⁹ National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand. Reducing risk in heart disease 2007. Guidelines for preventing cardiovascular events in people with coronary heart disease.

How is The COACH Program delivered?

The COACH Program is offered in two phases:

Intensive phase of The COACH Program (usually 6 months)

Coaches recruit patients (by telephone or face-to-face) and obtain baseline measurement of risk factor levels and medications. The coach initiates contact with the patient within 1-2 weeks after recruitment for the first telephone-delivered coaching session. Thereafter, the coach contacts the patient on a regular basis until the target levels for their risk factors are achieved. The maximum time between contacts is not more than 2 months. At each coach session, the coach determines the patient's knowledge of their risk factors, of the targets for their risk factors and their knowledge and practice of lifestyle measures and drug treatment. Where there are deficiencies in knowledge, behaviour or drug treatment, the coach educates the patient to obtain the information and the treatment requisite for achievement of treatment goals. The coach encourages the patient to discuss these goals with the usual treating doctor(s) and sets goals to be achieved by the next coaching session. The process then repeats itself at subsequent coaching sessions until the target for the risk factor is achieved. Patients are sent written documentation of each verbal coaching session – see section below “The COACH Program software”.

Maintenance & relapse prevention phase of The COACH Program (every 6 months after intensive phase)

After patients have achieved the target levels for their risk factors, ongoing monitoring and coaching can be provided by a maintenance coach. The objective of the maintenance phase of The COACH Program is to maintain the patient's risk factor status achieved at 6 months for the rest of the patient's life. This monitoring occurs every 6 months on an ongoing basis. If there is relapse of risk factor levels, patients are coached back to the target levels by the maintenance coach.

Patients are coached to achieve the target levels for their particular risk factors according to The COACH Model described below.

The COACH Program Model

A continuous five-stage coaching cycle

Each coaching session follows a continuous quality improvement cycle (**see Figure 1**).

Stage 1. Finding out what the patient knows - of their risk factors, targets and treatment for their risk factors

The patient is interviewed for knowledge of their own risk factor levels, the target level for their risk factors, factors influencing their risk factors, reasons for achieving and maintaining the target risk factor levels. Questions are asked of their dietary and lifestyle habits and their understanding of the influence of these on their disease. Questions are asked about medication(s) for their risk factors: have medication(s) been prescribed, the

type, dose, how many days a week they take their medication(s), reasons for not taking medication(s).

Stage 2. Telling the patient what they should know - of their risk factors, targets and treatment for their risk factors

The patient is educated where appropriate on factors described in (1) above. Rationale is given for all advice so that any problems that may prevent achievement of goals are resolved.

Stage 3. Assertiveness training

The patient is trained to be assertive in their relationship with the treating doctor, to ask the doctor for appropriate tests, to be provided with the results of their tests, to be prescribed appropriate medication, to alter doses if appropriate, or to change to a stronger medication if maximal therapy on a particular drug has failed to achieve the target. Patients are also trained to be assertive in their quest for improvement in the lifestyle related risk factors: to ask for healthier food choices, particularly when eating out and shopping; not to succumb to peer pressure when others are smoking and drinking; to persuade family and/or friends to join them in participating in a healthier lifestyle including healthy eating and regular exercise.

Stage 4. Setting an action plan

Negotiation of a plan of action with the patient to be achieved by the next coaching session. Reinforcement of the likelihood of a better health outcome if the targets for their risk factors are achieved.

Stage 5. Reassessment at the next coaching session (monitoring)

At the beginning of each coaching session, the coach checks if action has taken place since the previous coaching session. This information is then used as the foundation for the next coaching session.

This coaching cycle (Stages 1 to 5) iterates until the target level for the risk factor is achieved.

The COACH Model approach is used for the achievement of the target levels for all of the modifiable risk factors. Appropriate medical and/or lifestyle information/advice is used as the basis for coaching on each risk factor.

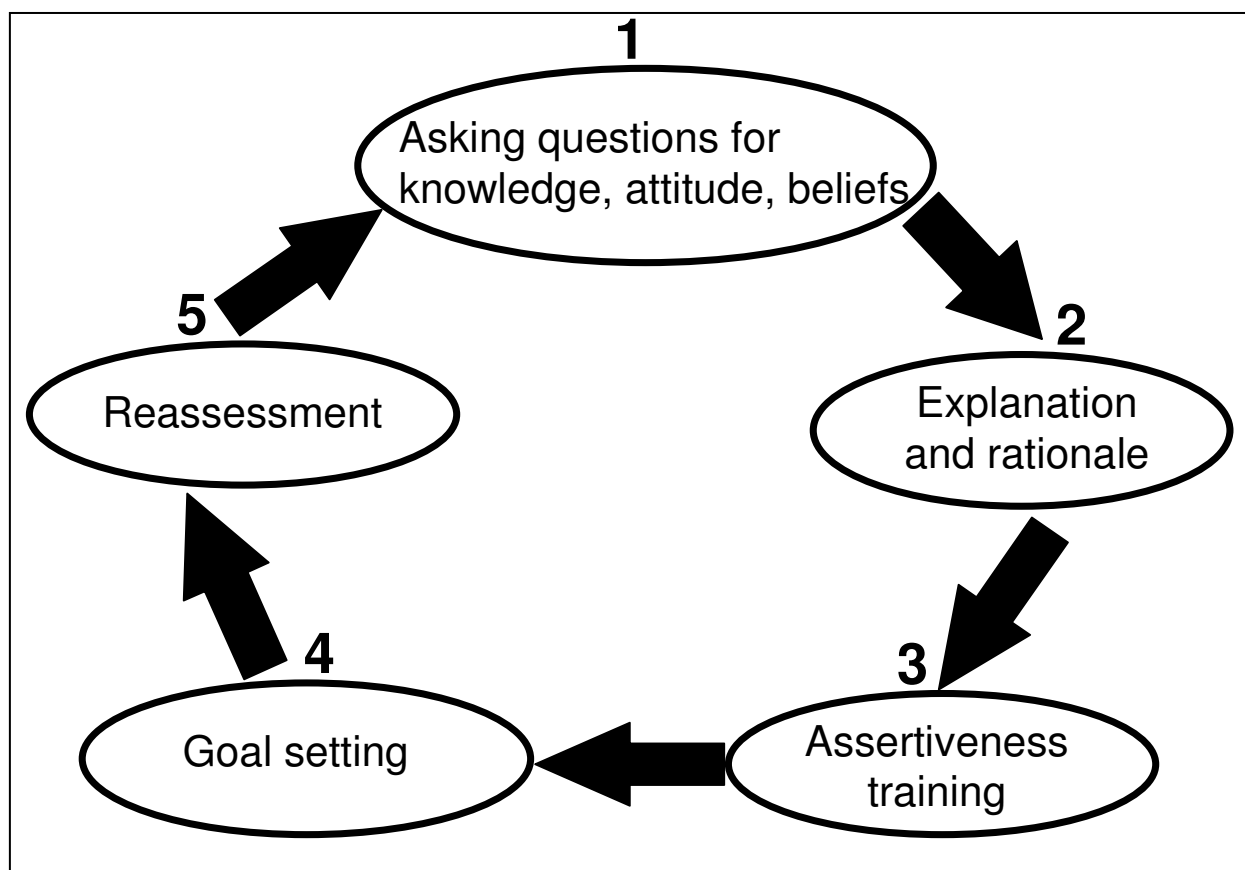


Figure 1. The Coaching Cycle; a 5 stage process.

Stage 1: Asking the patient questions to establish knowledge, attitude and beliefs about achieving the target risk factor level.

Stage 2: Explanation and rationale of recommended therapy.

Stage 3: Assertiveness training so that the patient can negotiate treatment needs with the doctor.

Stage 4: Goal setting - negotiating a plan of action to be achieved by the next coaching session.

Stage 5: Reassessment at next coaching session - evaluating progress toward goal.

Iteration of this process (Stages 1-5) until the target risk factor level is achieved.

The COACH Program applied to different chronic diseases

The COACH Program is used for the following chronic conditions:

- Coronary heart disease
- Stroke & TIA
- Peripheral vascular disease
- Heart failure
- Type 2 diabetes
- Pre-diabetes
- COPD

- People at high risk of vascular disease
- People at high risk of type 2 diabetes

For patients with more than one medical condition, patients are coached to achieve the risk factor target levels for all of their associated conditions, not just their principal diagnosis. For e.g. a patient with diabetes who has had a recent hospital admission for coronary heart disease would be coached on their coronary heart disease and their diabetes risk factors.

The COACH Program software

The COACH Program software is an integral part of the delivery of The COACH Program.

The software has a multi-purpose use:

- Management of patient recruitment – call details, recruitment letters, consent forms
- Recording of patient details – demographic, medical history, risk factors
- Scheduling and recording of coaching sessions – call scheduling, outcomes, patient & doctor letters
- Written documentation of verbal coaching sessions with associated risk factor charts – baseline risk factor assessment, interim assessments and graduation (final) risk factor assessment.
- Statistical (evaluation) and management reporting
- Maintenance phase
- Different user access levels which control access to data and system functions

Patient letters generated by The COACH Program software

Each verbal coaching session is followed by a written report that is a summary of the verbal coaching session. These reports provide reference and reinforcement for the patient and expected progress to be achieved by the next session.

Each written report is followed with a risk factor chart. There are 3 main types of risk factor charts that are generated by The COACH Program software:

1) Initial risk factor chart – lists the risk factors for the particular disease, the patient's risk factor levels at entry into The COACH Program, how they compare to the target levels and whether the targets have been achieved.

2) Progress risk factor chart – lists the risk factors for the particular disease, the patient's risk factor levels at previous session, their current risk factor levels, how the current levels compare to the targets and whether the targets have been achieved.

3) Graduation risk factor chart – lists the risk factors for the particular disease, the patient's risk factor levels at entry into The COACH Program, their risk factors at exit from The COACH Program, the target levels and whether the targets have been achieved.

THE COACH PROGRAM® – THE EVIDENCE

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3.2	Multicentre randomised controlled trial (The COACH Study)	10
3.3	Four year follow-up of the COACH study shows that The COACH Program keeps patients out of hospital	11

The COACH Program has been validated by two randomised controlled trials which prove that The COACH Program is highly effective in reducing risk factors in patients with coronary heart disease. A four-year follow-up of the COACH study proves that The COACH Program keeps patients out of hospital.

3.1 Single centre randomised controlled trial¹⁰

The first study conducted in 1996-1998 was a randomised controlled trial from a single centre to answer the question: “Would patients with coronary heart disease achieve better cholesterol results with a coach than without a coach?” The cardiac coach was Dr Vale. The primary outcome was total cholesterol level measured at 6 months after randomisation. At the end of the 6 month study, patients who underwent The COACH Program achieved a significantly lower total cholesterol of 5.00 mmol/L compared with 5.54 mmol/L achieved by patients who underwent usual medical care only (P<0.0001).

3.2 Multicentre randomised controlled trial of Coaching patients On Achieving Cardiovascular Health (COACH)¹¹

A second study was necessary to determine if the proven success of The COACH Program in the original study would work with other health professionals in the role of coach. This study, conducted in 1999-2000 was a multiple risk factor intervention targeting all of the modifiable coronary risk factors. The study design involved 6 University teaching hospitals, 6 coaches, a different coach in each hospital. Dr Vale repeated the study at St. Vincent’s Hospital Melbourne and trained 5 other health professionals (4 nurses and 1 dietitian) in applying the same coaching intervention as was applied in the first single centre study. At the end of the 6 month study, coached patients were significantly better than patients who underwent usual care only in achieving lower total cholesterol, LDL-cholesterol, lower blood pressure, lower body weight, reduced dietary intake of total fat, saturated fat, cholesterol, increased intake of dietary fibre, increased regular walking habit, reduced patient anxiety and cardiac symptoms of chest pain and breathlessness and improved quality of life.

¹⁰ Vale MJ, Jelinek MV, Best JD, Santamaria JD. 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’. Randomized controlled trial. *J Clin Epidemiol* 2002; 55: 245-52.

¹¹ Vale MJ, Jelinek MV, Best JD, Dart AM, Grigg LE, Hare DL, Ho BP, Newman RW, McNeil JJ. Coaching Patients On Achieving Cardiovascular Health (COACH); A Multicenter Randomized Trial in Patients with Coronary Heart Disease. *Arch Intern Med* 2003; 163: 2775-83.

The COACH Program is the world's first cardiovascular disease management program that has been successful in significantly reducing coronary risk factor levels without involving dietitians or nurses in prescribing medication directly to patients.

3.3 Four-year follow-up of the multicentre randomised controlled trial of Coaching patients On Achieving Cardiovascular Health (The COACH study) shows that The COACH Program keeps patients out of hospital¹²

At the end of the 6 month duration COACH study all patients, particularly those in the usual care group were given a 2-hour information session on how to achieve their risk factor targets.

A four-year follow-up of the 792 patients in the multicentre COACH study was independently performed by the Victorian Department of Human Services (Victorian State Government Health Department) to determine the impact of The COACH Program on deaths, subsequent readmissions into hospital and subsequent bed-days in hospital.

The survival of both coached and usual care patients was 92% four years after randomisation.

Figure 3.1 shows that there was a statistically significant 15% reduction in cardiac bed-days, 16% reduction in admissions into hospital for any cause, and a 20% reduction in bed-days for any cause.

¹² Vale MJ, Sundararajan V, Jelinek MV, Best JD. Four-year follow-up of the multicenter RCT of Coaching patients On Achieving Cardiovascular Health (The COACH Study) shows that The COACH Program keeps patients out of hospital. *Circulation* 2004; 110: Suppl: III-801.

Figure 3.1

RATE OF EVENTS AT 4-YEAR FOLLOW-UP
Rate per 100 person year (99% CI)

	Coached	Usual Care	% Reduction	P
<u>CARDIAC ADMISSIONS</u>				
Cardiac hospitalisations	37(32,41)	42(38,47)	↓12%	NS
Cardiac beddays	127(119,135)	149(140,157)	↓15%	<0.01
<u>ALL CAUSE ADMISSIONS</u>				
All hospitalisations	105(98,112)	125(117,133)	↓16%	<0.01
All beddays	359(346,373)	448(433,463)	↓20%	<0.001

This follow-up study has shown that The COACH Program reduces all cause hospital readmissions and achieves large reductions in hospital stays for cardiac illness and illness of any cause.

The multicentre COACH study is the definitive study that proves that coaching achieves significant risk factor reduction in patients with coronary heart disease and keeps patients out of hospital.

Only 4 phone coaching sessions over 6 months (TOTAL OF 2 HOURS OF COACHING TIME), with no further contact, reduced hospital admissions by 16% and bed-days by 20% compared to usual care within 4 years after randomisation (P<0.001). The savings started at 1 year and increased incrementally over 4 years.

THE COACH PROGRAM® – FROM RESEARCH TO ROLL-OUT

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4.1 The COACH Program funded by State Health Departments

The results of this research have been translated into routine clinical practice with coaches administering The COACH Program across five states: Victoria, South Australia, New South Wales, Western Australia and Tasmania.

4.2 The COACH Program in the private sector

The COACH Program is operating in the private sector for the privately insured patients of three major health funds. Trained coaches based at the private health funds contact members who have recently been hospitalised for coronary heart disease and other chronic diseases using claims data.

4.3 The COACH Program applied to different chronic diseases

The COACH Program has been extended to other chronic conditions. It can be applied to any chronic condition that can be monitored for its progressions using simple surrogate disease markers.

The COACH Program is operating for the following conditions:

- Coronary heart disease
- Stroke & TIA
- Peripheral vascular disease
- Heart failure
- Type 2 diabetes
- Pre-diabetes
- COPD
- People at high risk of vascular disease
- People at high risk of type 2 diabetes

4.4 The COACH Program software

The COACH Program software is an integral part of the delivery of The COACH Program. The software has a multi-purpose use:

- Management of patient recruitment – call details, recruitment letters, consent forms
- Recording of patient details – demographic, medical history, risk factors

- Scheduling and recording of coaching sessions – call scheduling, outcomes, patient & doctor letters
- Written documentation of verbal coaching sessions with associated risk factor charts – baseline risk factor assessment, interim assessments and final (graduation) risk factor assessment
- Statistical (evaluation) and management reporting
- Different user access levels which control access to data and system functions

The software is a web-based application that can be accessed via the internet or intranet.

4.5 Who are the cardiac coaches?

The coaches are dietitians and nurses, trained as coaches.

4.6 Evaluation of The COACH Program

The key performance indicators (KPIs) are all obtained from The COACH Program software.

The following is a sample of KPIs obtained from the software.

Generic data

- **Clinical characteristics:** gender, age, principal diagnosis
- **Social & demographic characteristics:** country of origin, marital status, living arrangements, geography
- **Employment status & occupation classification**
- **Educational background**
- **Duration of The COACH Program (*coach performance KPI*)**
- **Number of coaching sessions (*coach performance KPI*)**
- **Number of patient initiated contacts**
- **Number of withdrawn patients – reasons – coded (*coach performance KPI*)**
- **Number of phone contacts made at the scheduled times (*coach performance KPI*)**

Recruitment data

- **Initial recruitment phone call:** calls made, contacts made, verbally accepted at first contact, requests for more information, declining – reason – coded (*coach performance KPI*)
- **Recruitment follow-up after initial recruitment call** – accepted, declined, consent form received (*coach performance KPI*)
- **Participation rate:** number of members recruited as a proportion of the phone contacts made; monthly and YTD (*coach performance KPI*)

Disease specific data

- Coronary heart disease

- Stroke & TIA
- Peripheral vascular disease
- Heart failure
- Type 2 diabetes
- Pre-diabetes
- COPD
- People at high risk of vascular disease
- People at high risk of type 2 diabetes

USING CORONARY HEART DISEASE AS AN EXAMPLE:

Disease specific data - CORONARY HEART DISEASE

- **Clinical characteristics at entry into The COACH Program:** procedures/treatments, past medical history, known diabetes, history of antihypertensive treatment, lipid-modifying meds before hospital, family history of CHD,
- **Cardiac rehabilitation:** attended cardiac rehab previously, intention to attend cardiac rehab, attended cardiac rehab
- **Proportion of coached patients achieving National Heart Foundation of Australia risk factor targets (*coach performance KPI*)**¹³
- **Proportion of coached patients taking recommended cardio-protective medications (*coach performance KPI*)**¹⁴

¹³ National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand. Reducing risk in heart disease 2007. Guidelines for preventing cardiovascular events in people with coronary heart disease.

¹⁴ National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand. Reducing risk in heart disease 2007. Guidelines for preventing cardiovascular events in people with coronary heart disease.

APPENDIX A

AWARDS

AWARDS - THE COACH PROGRAM®

Winner of the 2006 Australian Healthcare Association Baxter Healthcare National Innovation Award

Category 1: Health Outcomes

The COACH Program: an evidence based, telephone delivered, disease management program proven to reduce hospital utilisation in patients with coronary heart disease. Awarded at AHA National Congress, Brisbane, November 9, 2006

2005 Victorian Public Healthcare Awards

Category 1: Excellence in care delivery

COACH: A telephone support and training program for patients with coronary heart disease. St. Vincent's Health. Highly commended.

Divisions of General Practice Achievement Awards 2005

Category: Supporting quality in general practice

Divisions of General Practice Network Forum 2005
Perth, November 3-6, 2005.
Finalist.

AWARDS – MARGARITE VALE

Young Investigator Award

The 5th International Conference on Preventive Cardiology

May 27-31, 2001, Osaka, Japan

Vale MJ, Jelinek MV, Best JD, Santamaria JD. A 'coach' for patients with coronary heart disease? A method to reduce the 'treatment gap': randomised controlled trial. JJCDP 2001; 36: Suppl: 23.

2002 Ralph Reader Prize (Young Investigator Award) for Clinical Science

Awarded by The Cardiac Society of Australia & New Zealand to MJ Vale for the best individual presentation by an investigator at the XIVth World Congress of Cardiology, Sydney, NSW, Australia, May 5-9, 2002.

Vale MJ, Jelinek MV, Best JD, Dart AM, Grigg LE, Hare DL, Ho BP, Newman RW, McNeil JJ. The Coach Program: A proven bridge across the treatment gap in coronary heart disease. Multicentre randomised controlled trial. JACC 2002; 39: Suppl: 15B.

2003 Premier's Commendation for Medical Research

Recognising the outstanding contribution to Medical Research.

Awarded by the Premier of Victoria, Mr Steve Bracks, to MJ Vale at Government House on 2 June 2003.

AWARDS – COACHES

CSANZ Affiliate Clinical Development Award

Awarded to Kristin O'Grady, Cardiac Coach of St. Vincent's Hospital Melbourne at the 2006 Cardiac Society of Australia and New Zealand Scientific Meeting, Canberra, August 4-7, 2006.

O'Grady K, Jelinek MV, Best JD, Di Giulio JP, Vale MJ. Ezetimibe in the 'real world': The COACH Program experience.

APPENDIX B

PUBLICATIONS

ON THE COACH PROGRAM[®] (PEER REVIEW)

Vale MJ, Jelinek MV, Best JD, Santamaria JD. 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'. Randomized controlled trial. *J Clin Epidemiol* 2002; 55: 245-252.

Vale MJ, Jelinek MV, Best JD. How many patients with coronary heart disease are not achieving their risk factor targets? Experience in Victoria 1996-1998 versus 1999-2000. *Med J Aust* 2002; 176: 211-215.

Vale MJ, Jelinek MV, Harris PJ. Multicenter Randomized Controlled Trial of Coaching Patients On Achieving Cardiovascular Health (COACH). American College of Cardiology Extended Learning (ACCEL). An International Audio Journal of Contemporary Cardiovascular Medicine and Surgery. February 2002; Volume 54 (2): Side 2.

Vale MJ. Coaching patients On Achieving Cardiovascular Health. The COACH Program. A patient targeted strategy for the secondary prevention of coronary heart disease. PhD Thesis. The University of Melbourne Department of Medicine 2002.

Vale MJ, Jelinek MV, Best JD, Dart AM, Grigg LE, Hare DL, Ho BP, Newman RW, McNeil JJ. Coaching Patients On Achieving Cardiovascular Health (COACH); A Multicenter Randomized Trial in Patients with Coronary Heart Disease. *Arch Intern Med* 2003; 163: 2775-83.

Vale MJ, Jelinek MV & Best JD. Impact of Coaching Patients on Coronary Risk Factors: Lessons from The Coach Program. *Disease Management and Health Outcomes* 2005; 13(4): 225-244 (review).

Young D, Furler J, Vale M, Walker C, Segal L, Dunning P, Best J, Blackberry I, Audehm R, Sulaiman N, Dunbar J, Chondros P. Patient Engagement and Coaching for Health: The PEACH study – a cluster randomised controlled trial using the telephone to coach people with type 2 diabetes to engage with their GPs to improve diabetes care: a study protocol. *BMC Family Practice* 2007, 8:20 doi:10.1186/1471-2296-8-20.

APPENDIX C

COMMENTARIES ON THE COACH STUDY

Arch Intern Med 2003; 163: 2775-83

Coaching by non-drug prescribing health professionals reduced total cholesterol concentrations in coronary heart disease. Commentary by David L Bronson MD, Cleveland Clinic Foundation, Cleveland, Ohio, USA. Evid Based Med 2004; Jul/Aug 9(4): 118.

Coaching by non-drug prescribing health professionals reduced total cholesterol concentrations in coronary heart disease. Commentary by Tranmer JE, Kingston General Hospital and Queens's Universtiy, Ontario, Canada. Evid Based Nurs 2004; Jul 7(3): 81.

Impact of Nonphysician Coaching on Cardiovascular Risk Factors in Patients with Coronary Heart Disease. Commentary by Stephen D. Persell, MD, MPH. JCOM 2004; 11(3): 142-3.

Coaching Patients on Cardiovascular Health Goals. Commentary by Karl E. Miller, MD. American Family Physician, a peer-reviewed journal of the American Academy of Family Physicians. 2004; Jul 15.

Coaching Patients On Achieving Cardiovascular Health (COACH). A Multicenter Randomized Trial in Patients with Coronary Heart Disease. American College of Cardiology Current Review Journal 2004; March 13(3): 28.

INVITED LECTURES AND PRESENTATIONS ON THE COACH PROGRAM®

INTERNATIONAL SCIENTIFIC MEETINGS

8th World Congress of Cardiac Rehabilitation & Secondary Prevention
May 23-26, 2004, Dublin, Ireland
The COACH Program

6th International Conference on Preventive Cardiology
May 21-25, 2005, Foz do Iguassu, Brazil
Session Title: New models of care in preventive cardiology
Topic: Improving treatment of coronary disease: The COACH Study

NATIONAL SCIENTIFIC MEETINGS

International Cardiac Rehabilitation Satellite Symposium
May 9-11, 2002, Sydney, NSW, Australia
Workshop: Lipid-lowering COACH style

The Victorian Association of Cardiac Rehabilitation
2002 Presentation of Papers
August 27, 2002

Featured presentation: The COACH Program: a proven bridge across the treatment gap in coronary heart disease. Multicentre randomised controlled trial

The Australian Cardiac Rehabilitation Association 15th Annual Scientific Meeting & Exhibition Conference

August 5-8, 2004, Gold Coast, Queensland, Australia

Vale MV, Jelinek MV, Best JD, Hoekstra MB, Anna Rizzuto, Hare DL, Hall G, Grigg LE, Calkin C, Dart AM. Applying The COACH Program in routine practice: Experience after 1 year.

Diabetes Australia, Melbourne
December 13, 2004

Topic: The COACH Program

Greater Green Triangle Cardiac Rehabilitation Regional Network Meeting
December 2, 2005, Dunkeld, Victoria.

Topic: The COACH Program

Dietitians Association of Australia (Victorian Branch) / Professional Education Committee; Don't Skip a Beat

Cutting edge insight into the nutritional and behavioural management of cardiovascular disease

March 3, 2006

Topic: The COACH Program

Centre for Rheumatic Diseases

Department of Medicine (Royal Melbourne Hospital / Western Hospital)

The University of Melbourne

April 5, 2006

Topic: The COACH Program: From research to clinical experience: 10 year experience

Dietitians Association of Australia, 24th National Conference

May 11-13, 2006, Sydney, Australia

Session: The business of future dietetics

Topic: The COACH Program: a new career direction for dietitians in the management of chronic disease

16th Annual Conference of the Australian Cardiac Rehabilitation Association

August 10-12, 2006, Melbourne, Australia

Participant in panel discussion on "Managing multiple risk factors simultaneously: choices and challenges".

The Australian Disease Management Association (ADMA)

2nd Annual National Conference

"Evidence-based disease management in the 21st Century"

September 7-8, 2006, Melbourne, Australia.

Plenary session: The COACH Program: An evidence-based, telephone delivered, disease management program proven to reduce hospital readmissions in patients with coronary heart disease.

The Private Hospitals Association of Qld Inc. Innovative practice in the private sector

June 22, 2007, Brisbane, Queensland

Keynote presentation: The COACH Program and its potential application in the private sector.

Pharmacy Australia Congress 2007

August 24, 2007, Melbourne

Vale MJ. The COACH Program – secondary prevention of CVD.

Chronic Disease Management Australia 2008

April 1-3, 2008, Sydney, Australia

Examining the value of CDM programs in Australia.

Pharmacy Australia Congress 2008

July 23, 2008, Melbourne

Vale MJ. The COACH Program – secondary prevention of CVD.

The Australian Disease Management Association (ADMA)

3rd Annual National Conference

September 4-5, 2008, Sydney, Australia.

Invited presentation: The COACH Program

UNIVERSITIES

University of California San Francisco (UCSF)

School of Nursing, Department of Physiological Nursing

November 16, 2004, California, USA

Seminar: Experiences from the COACH study

Deakin University, School of Exercise and Health Sciences

April 30, 2004

Topic: The COACH Program

LaTrobe University

June 29, 2006

Update on COACH for Chronic Disease Management Special Interest Group

**NHMRC CENTRE OF CLINICAL RESEARCH EXCELLENCE IN
CLINICAL SCIENCE IN DIABETES**

Diabetes Fellows Meeting

December 3, 2007, St. Vincent's Hospital Melbourne

Presentation of The COACH Program as applied to patients with Type 2 Diabetes.

HOSPITALS

Medical Grand Rounds

Western Hospital Footscray, March 5, 2004

Topic: The COACH Program

Ballarat Base Hospital, May 4, 2005

Topic: The COACH Program

Cardiology Unit Meetings: St. Vincent's Hospital Melbourne

July 24, 1998 Topic New Methods of achieving risk reduction in patients with CHD

July 14, 2001 Topic: A practical approach to nutritional advice in cardiovascular disease

April 22, 2005 Topic: The COACH Program: From research to clinical practice

March 17, 2006 Topic: Telephone coaching – a new mode of management

**Research in progress seminar, The University of Melbourne, Department of Medicine,
St. Vincent's Hospital Melbourne**

July 4, 2001

Topic: Update of The COACH Program

Cardiology Unit Meeting – Royal Hobart Hospital

December 1, 2006

Topic: The COACH Program

AUSTRALIAN DIVISIONS OF GENERAL PRACTICE

East Gippsland Division of General Practice

February 11, 2003, Sale, Victoria

Topic: The COACH Program

Border Division of General Practice

February 17, 2003, Albury, New South Wales

Topic: The COACH Program

Central Highlands Division of General Practice

Symposium on “Post hospital management of patients with AMI”, Woodend, VIC.

April 17, 2003, Woodend, Victoria

Topic: The COACH Program

Melbourne and North Western Divisions of General Practice

Technology Enhanced Diabetes Management

July 28, 2004, Ascot Vale, Victoria

Topic: Using The COACH Program as an aid in managing cardiovascular health

Melbourne Division of General Practice

March 2, 2004

Launch of The COACH Program

Western Region Health Centre, Footscray

April 27, 2006

Presentation of The COACH Program as early intervention in chronic disease.

TEACHING - UNDERGRADUATE

The University of Melbourne Clinical School, St. Vincent's Hospital Melbourne

1996, ongoing

Lectures to 4th year medical students on nutritional management of coronary heart disease and diabetes

Deakin University

May 10, 2001

Tutorial on cardiovascular disease to dietetics students

Monash University

Nutrition and Dietetics Unit

April 18, 2005

Lecture to 4th year nutrition and dietetics students on The COACH Program

TEACHING - POSTGRADUATE

Heart Research Centre

1996-2002

Training program for cardiac rehabilitation: facilitator of nutrition component

Victorian Medical Postgraduate Foundation

Country Education Program

February 19, 2004, Sale Base Hospital. Topic: The COACH Program for the secondary prevention of coronary heart disease

May 5, 2004, Bendigo Base Hospital. Topic: The COACH Program for the secondary prevention of coronary heart disease

Department of Health, Government of Western Australia

Population Health and Ambulatory Care

North Metropolitan Area Health Service (NMAHS)

June 19-23, 2006

Training for 30 health professionals in conducting The COACH Program for patients with coronary heart disease, heart failure, diabetes and chronic obstructive airways disease.

Train-the-Trainer (for The COACH Program) for Southern Adelaide Health Service

July 25-27, 2006

Victorian Medical Postgraduate Foundation

Country Education Program

August 1, 2007, Albury Base Hospital. UNSW School of Rural Health.

Topic: The COACH Program

AUSTRALIAN GOVERNMENT

Commonwealth Department of Health and Ageing, Canberra, Australia

Chronic Disease Management Section

July 4, 2003

Topic: The COACH Program

Chronic Disease Self-Management Interest Group
Department of Human Services, 555 Collins Street Melbourne
April 29, 2004
Topic: The COACH Program

Southern Adelaide Health Service
Southern Chronic Disease Management Strategy – Telephone Coaching Seminar
March 31, 2005
Topic: The COACH Program

Department of Human Services
2004 Health Surveillance and Evaluation Section Seminar Series
December 16, 2004, 120 Spencer Street, Melbourne
Seminar: The COACH Program

Chronic Condition Self Management Workshop
August 19, 2005, Sydney, Australia
Australian Department of Health and Ageing
Topic: Successful application of The COACH Program in an acute care setting

Innovations in Chronic Disease Management Seminar
The New Age in Disease Management, “Surfing the Tsunami”
Department of Health, Government of Western Australia
Population Health and Ambulatory Care
North Metropolitan Area Health Service (NMAHS)
March 30, 2006, Perth, Australia
Topic: The COACH Program: From Research to Roll-out

Better State of Hospitals Conference / A Victorian Government initiative
April 27-28, 2006, Melbourne, Australia
Vale MJ. The COACH Program: From research to roll-out: ten year experience.

Health Independence Programs Forum
Self-management: continuing care & clinical service development
Department of Human Services, 50 Lonsdale Street, Melbourne
October 6, 2006
Topic: The COACH Program: an evidence-based, telephone delivered coaching program – How is it done?

Hunter New England NSW Health
Chronic Disease Clinical Networking Forum
November 17, 2006, Taree Community College, Taree NSW
Topic: The COACH Program

Department of Health and Human Services, Hobart, Tasmania
Population Health
November 29, 2006
Topic: The COACH Program

NATIONAL HEART FOUNDATION OF AUSTRALIA

Secondary Prevention Strategy, April 4, 2001
Presentation on telephone coaching

National Acute Coronary Syndrome Implementation Forum
October 12, 2007, Melbourne

PHARMACEUTICAL COMPANIES

Aventis Pharma, South Melbourne
October 12, 2004
Topic: Primary and secondary prevention of coronary heart disease

Pfizer Pharmaceuticals
Cardiovascular Weekend for General Practitioners
19 August 2000

Lecture: Coaching patients with coronary heart disease to achieve recommended targets for secondary prevention

28 February 2003
Presentation of The COACH Program at a Cardiac Seminar entitled “The Next Beat...” at St. Vincent’s Hospital Melbourne. Sponsored by Guidant

Pfizer Pharmaceuticals. Sheraton Towers, Melbourne
May 6, 2003

Presentation of The COACH Program to Melbourne inner city general practitioners.

Schering-Plough and Merck Sharp & Dohme
July 19, 2006, Brisbane.

Dinner presentation of COACH CHD Patient Program to cardiologists, endocrinologists, allied health professionals and QLD health department officials.

Astra Zeneca: CRESTOR Launch Meeting
October 24, 2006

Dinner presentation of The COACH Program in conjunction with A/Prof Richard O’Brien speaking on CRESTOR-Rationale for a new statin

Pfizer Pharmaceuticals: Meeting for SPARCL study – new data for stroke prevention
November 9, 2006

Topic: A Stroke COACH Program – Potential impact on prognosis after stroke.

Schering-Plough and Merck Sharp & Dohme

November 29, 2006, Battery Point, Hobart

Dinner presentation of The COACH Program: Management of Cardiac Patients post hospitalisation to cardiologists, endocrinologists, allied health professionals and Tasmanian health department officials.

AstraZeneca Cardiovascular Symposium

New Challenges, New Opportunities in Cardiovascular Risk Management

December 2-3, 2006

Topic: The COACH Program: An evidence-based, disease management program.

Presented by Dr Margarite Vale with case-studies by Kristin O'Grady & Lyndsay Burton.

Pfizer Pharmaceuticals: Caduet Product Launch Meeting

December 6, 2006, Ballarat

Topic: The COACH Program

The Pfizer Cardiovascular Symposium 2007 – A Lipitor Institute Event

March 10-11, 2007 Melbourne

March 17-18, 2007, Sydney

Workshops entitled: Patient engagement and adherence

FUNDRAISING

The Rotary Club of Nunawading Inc.

July 21, 2004

Topic: Prevention of cardiovascular disease

HeartBeat Education Day, St. Vincent's Hospital Melbourne

April 27, 2004

Topic: The COACH Program

**ABSTRACTS
ON THE COACH PROGRAM®****1998****Annual Victorian Association for Cardiac Rehabilitation, Presentation of Papers
July 1998, Epworth Hospital, Richmond, Victoria, Australia**

Vale MJ, Jelinek MV, Santamaria JD, Best JD. Coaching patients by telephone: creation of a secondary prevention officer in a tertiary hospital to facilitate shared care in medical practice; SCIMP.

**46th Annual Scientific Meeting of the Cardiac Society of Australia and New Zealand;
Best Practice Symposium - Secondary Prevention
August 2-5, 1998, Perth, WA, Australia**

Vale MJ, Jelinek MV, Santamaria JD, Best JD. Coaching patients by telephone; creation of a secondary prevention officer in a tertiary hospital to facilitate shared care in medical practice: SCIMP. Aust NZ J Med 1999; 29: 123.

1999**Annual Victorian Association for Cardiac Rehabilitation, Presentation of Papers
July 22nd 1999, Epworth Hospital, Richmond, Victoria, Australia**

Vale MJ, Jelinek MV, Santamaria JD, Best JD. Shared Care in Medical Practice ('SCIMP') to reduce cardiovascular risk factors.

**47th Annual Scientific Meeting of the Cardiac Society of Australia and New Zealand
August 7-11, 1999, Wellington, New Zealand**

Vale MJ, Jelinek MV, Santamaria JD, Best JD. Shared care in medical practice ('SCIMP') to reduce cardiovascular risk factors. Aust NZ J Med 2000; 30: 154.

**St. Vincent's Hospital Research Week
October 25-28 1999, St. Vincent's Hospital Melbourne
Junior Investigator Medical Research Award**

Vale MJ, Jelinek MV, Santamaria JD, Best JD. Randomised controlled trial of a secondary prevention officer in a tertiary hospital to coach cardiovascular patients by telephone: A new model for health care delivery in the secondary prevention of coronary heart disease. St. Vincent's Hospital Research Week Abstract Booklet 1999: 15.

Vale MJ, Doherty NJ, Jelinek MV, Best JD. The Coach Program: A software package assisting health professionals to achieve secondary prevention targets in the community. St. Vincent's Hospital Research Week Abstract Booklet 1999: 100.

2000

48th Annual Scientific Meeting of the Cardiac Society of Australia & New Zealand August 6-9, 2000, Melbourne, Australia

Vale MJ, Doherty NJ, Jelinek MV, Best JD. Coach Program (CP): A software package assisting health professionals to achieve secondary prevention targets in the Community. Heart Lung & Circulation 2000; 9: A139.

XXII Congress of the European Society of Cardiology August 26-30, 2000, Amsterdam, Netherlands

Vale MJ, Jelinek MV, Best JD, Santamaria JD. Do patients with coronary heart disease achieve better cholesterol results with a coach? Randomised controlled trial. Eur Heart J 2000; 21: Suppl: 220.

73rd Scientific Sessions of the American Heart Association November 12-15, 2000, New Orleans, Louisiana, USA

Vale MJ, Jelinek MV, Best JD, Santamaria JD. Do patients with coronary heart disease achieve better cholesterol results with a Coach? Randomised controlled trial. Circulation 2000; 102: Suppl: II-874.

6th International Congress of Behavioural Medicine November 15-18, 2000, Brisbane, Australia

Vale MJ, Jelinek MV, Best JD, Santamaria JD. Do patients with coronary heart disease achieve better cholesterol results with a Coach? Randomised controlled trial. Int J Behav Med 2000; 7: Suppl 1: 41.

Vale MJ, Doherty NJ, Jelinek MV, Best JD. Coach Program (CP): A software package assisting health professionals to achieve secondary prevention targets in the community. Int J Behav Med 2000; 7: Suppl 1: 204.

2001

The 5th International Conference on Preventive Cardiology May 27-31, 2001, Osaka, Japan

Vale MJ, Jelinek MV, Best JD, Santamaria JD. A 'coach' for patients with coronary heart disease? A method to reduce the 'treatment gap': randomised controlled trial. JJCDP 2001; 36: Suppl: 23.

Vale MJ, Doherty NJ, Jelinek MV, Best JD. A software package for health professionals to assist patients in achieving secondary prevention targets. *JJCDP* 2001; 36: Suppl: 65.

**49th Annual Scientific Meeting of the Cardiac Society of Australia & New Zealand
August 5-8, 2001, Auckland, New Zealand**

Vale MJ, Jelinek MV, Best JD, Dart AM, Grigg LE, Hare DL, Ho BP, Newman RW, McNeil JJ, for the COACH study group. Multicentre randomised controlled trial of coaching patients on achieving cardiovascular health (COACH); a proven method for bridging the treatment gap in coronary heart disease. *Heart Lung & Circulation* 2001; 10: A106.

Vale MJ, Jelinek MV, Best JD, Dart AM, Grigg LE, Hare DL, Ho BP, Newman RW, McNeil JJ, for the COACH study group. Multicentre randomised controlled trial of coaching patients on achieving cardiovascular health (COACH); secondary endpoints. *Heart Lung & Circulation* 2001; 10: A139.

Vale MJ, Jelinek MV, Best JD, on behalf of the COACH study group. Treatment gaps in patients with established coronary heart disease in Melbourne 1997-1998; 1999-2000. *Heart Lung & Circulation* 2001; 10: A85.

Jelinek MV, Vale MJ, Hare DL, Best JD, on behalf of the COACH study group. Comparison of cardiac rehabilitation (CR) and coaching on risk factors in patients with coronary heart disease (CHD). *Heart Lung & Circulation* 2001; 10: A121.

**St. Vincent's Hospital Melbourne Research Week
August 13 – 15, 2001**

Presenter for Novartis Medical Awards for Clinical Research

Vale MJ, Jelinek MV, Best JD, Dart AM, Grigg LE, Hare DL, Ho BP, Newman RW, McNeil JJ, for the COACH study group. Multicentre randomised controlled trial of coaching patients on achieving cardiovascular health (COACH); a proven method for achieving risk factor targets in patients with coronary heart disease. *St Vincent's Hospital Research Week Abstract Booklet* 2001: 10.

Jelinek MV, Vale MJ, Hare DL, Best JD, for the COACH study group. Secondary Prevention: Coaching or Cardiac Rehabilitation? *St. Vincent's Hospital Research Week Abstract Booklet* 2001: 60.

Vale MJ, Jelinek MV, Best JD, for the COACH study group. The treatment gap in CHD in Victoria, Australia 1996-1998; 1999-2000: Comparison with the UK, Europe & USA. *St. Vincent's Hospital Research Week Abstract Booklet* 2001: 63.

XXIII Congress of the European Society of Cardiology

September 1-5, 2001, Stockholm, Sweden

Vale MJ, Jelinek MV, Best JD, Dart AM, Grigg LE, Hare DL, Ho BP, Newman RW, McNeil JJ, for the COACH study group. Multicentre randomised controlled trial of coaching patients on achieving cardiovascular health (COACH): a proven method for achieving risk factor targets in patients with coronary heart disease. *Eur Heart J* 2001; 22: Suppl: 228.

74th Scientific Sessions of the American Heart Association

November 11-14, 2001, Anaheim, California, USA

Vale MJ, Jelinek MV, Best JD, Dart AM, Grigg LE, Hare DL, Ho BP, Newman RW, McNeil JJ, for the COACH study group. Multicenter randomized controlled trial of coaching patients on achieving cardiovascular health (COACH); a proven method for achieving risk factor targets in patients with coronary heart disease. *Circulation* 2001; 104: Suppl: II-391.

Jelinek MV, Vale MJ, Hare DL, Best JD, for the COACH study group. Is convalescent phase cardiac rehabilitation a springboard for risk factor reduction in patients with coronary heart disease? Observations from the COACH study. *Circulation* 2001; 104: Suppl: II-800.

2002

XIVth World Congress of Cardiology

May 5-9, 2002, Sydney, NSW, Australia

Vale MJ, Jelinek MV, Best JD, Dart AM, Grigg LE, Hare DL, Ho BP, Newman RW, McNeil JJ. The Coach Program: A proven bridge across the treatment gap in coronary heart disease. Multicentre randomised controlled trial. *JACC* 2002; 39: Suppl: 15B.

Vale MJ, Jelinek MV, Best JD. The treatment gap in coronary heart disease (CHD) in Victoria 1996-98; 1999-00: How many patients with established CHD are not achieving the target levels for their modifiable risk factors? Comparison with the UK, Europe & USA. *JACC* 2002; 39: Suppl: 376B.

Jelinek MV, Vale MJ, Best JD. Who drops out of risk factor trials? *JACC* 2002; 39: Suppl: 377B.

Hare DL, Vale MJ, Jelinek MV, Best JD. Telephone coaching improves quality of life after cardiac events: A multicentre, prospective, randomised study. *JACC* 2002; 39: Suppl: 449B.

Jelinek MV, Vale MJ, Hare DL, Best JD. Coaching or cardiac rehabilitation? Retrospective observations from the COACH study. *JACC* 2002; 39: Suppl: 453B.

International Cardiac Rehabilitation Satellite Symposium

May 9-11, 2002, Sydney, NSW, Australia

Vale MJ, Jelinek MV, Di Giulio LV, Best JD. Coaching patients with coronary heart disease reduces serum lipids at 6 months. Is this effect sustained when coaching is discontinued?

XXIV Congress of the European Society of Cardiology

August 31 – September 4, 2002, Berlin, Germany

Jelinek MV, Vale MJ, Hare DL, Best JD, for the COACH study group. Is coaching a substitute for cardiac rehabilitation in the management of cardiac risk factors? Eur Heart J 2002; 4: Suppl: 631.

2003

Department of Human Services Meeting Patient Needs Achieving and Sustaining Practice Change Conference

May 20-22, 2003, Melbourne, Australia.

The Coach Program: A new method of bridging the gap in chronic disease.

13th Annual Scientific Meeting of the Australian Cardiac Rehabilitation Association

August 7-9, 2003, Adelaide, South Australia

Hoekstra M, Rizzuto A, Thompson K, Best JD, Jelinek MV, Vale MJ. The COACH Program: From clinical trials to clinical practice.

St. Vincent's Hospital Melbourne Research Week

September 8-10, 2003

Hoekstra M, Rizzuto A, Thompson K, Best JD, Vale MJ, Jelinek MV. The COACH Program: From Clinical Trials to Clinical Practice.

Austin Health Research Week

October 13-17, 2003, Melbourne, Australia

Rizzuto A, Hoekstra M, Thompson K, Best J, Jelinek MV, Vale M, Hare DL. The COACH Program: From Clinical Trial to Clinical Practice.

National Chronic Condition Self-Management Conference

Commonwealth Department of Health and Ageing Sharing Health Care Initiative

November 12-14, 2003, Melbourne, Australia

Vale MJ, Jelinek MV, Best JD, Hoekstra M, Rizzuto A, Thompson K, St. Vincent's Hospital Melbourne. The COACH Program: From Clinical Trials to Clinical Practice.

2004

Australian Resource Centre for Healthcare Innovations

Innovations in the Management and Clinical Care of Chronic and Complex Disease.

February 26, 2004, Perth, Western Australia

Vale MJ, Jelinek MV, Best JD, Hoekstra M, Rizzuto A, Thompson K, Grigg LE, Hare DL.
The COACH Program: From Clinical Trials to Clinical Practice.

American Heart Association 2nd Scientific Conference on Compliance in Healthcare and Research.

May 17-19, 2004, Washington, DC, USA

Vale MJ, Jelinek MV, Best JD, Hoekstra MB, Rizzuto A, Thompson K, Grigg LE, Hare DL.
The COACH Program: From Clinical Trials to Clinical Practice.

8th World Congress of Cardiac Rehabilitation & Secondary Prevention

May 23-26, 2004, Dublin, Ireland

Vale MJ, Jelinek MV, Best JD, Hoekstra MB, Rizzuto A, Thompson K, Grigg LE, Hare DL.
The COACH Programme: From Clinical Trials to Clinical Practice Eur J Cardiovasc Prev & Rehab 2004; 11: Suppl 1: 030.

Melbourne Health Research Week at The Royal Melbourne Hospital

June 3-10, 2004, Melbourne

Hall G, Vale MJ, Jelinek MV, Hoekstra MB, Rizzuto A, Hare DL, Grigg LE. The COACH Program: From clinical trials to clinical practice. Melbourne Health Research Week Abstract Booklet 2004: 22.

2004 General Practice and Primary Health Care Research Conference

What's [not] working? How do we know?

June 2-4, 2004, Brisbane, Australia.

Burton L, Vale MJ, Jelinek MV, Bilimoria N, Fisher R. The COACH Program in General Practice: The Melbourne Division of General Practice Experience.

The Australian Cardiac Rehabilitation Association 15th Annual Scientific Meeting & Exhibition Conference

August 5-8, 2004, Gold Coast, Queensland, Australia

Vale MV, Jelinek MV, Best JD, Hoekstra MB, Rizzuto A, Hare DL, Hall G, Grigg LE, Calkin C, Dart AM. Attendance at Cardiac Rehabilitation (CR) in The COACH Program during 2003.

52nd Annual Scientific Meeting of the Cardiac Society of Australia & New Zealand

August 8-11, 2004, Brisbane, Australia

Vale MJ, Jelinek MV, Best JD, Hoekstra MB, Rizzuto A, Thompson K, Grigg LE, Hare DL.
Evaluation of The COACH Program in the 'real world'.

Jelinek MV, Fisher JD, Vale MJ, Fletcher PJ. Late mortality and morbidity after acute coronary syndromes: The Hunter Area Heart and Stroke Register Experience.

Australian Divisions of General Practice Network Forum 2004

23-26 September, 2004, Adelaide, Australia

Burton L, Bilimoria N, Fisher R, Vale M, Jelinek M. The COACH Program in General Practice: The Melbourne Division of General Practice Experience.

77th Scientific Sessions of the American Heart Association

November 7-10, 2004, New Orleans, Louisiana, USA

Vale MJ, Sundararajan V, Jelinek MV, Best JD. Four-year follow-up of the multicenter RCT of Coaching patients On Achieving Cardiovascular Health (The COACH Study) shows that The COACH Program keeps patients out of hospital. *Circulation* 2004; 110: Suppl: III-801.

2005

23rd National Conference of the Dietitians Association of Australia

May 26-28, 2005, Perth, Western Australia

Burton L, Vale MJ, Jelinek MV, Bilimoria N, Cherny V, Fisher R. The COACH Program in General Practice: The Melbourne Division of General Practice Experience.

15th Annual Scientific Meeting of the Australian Cardiac Rehabilitation Association

August 3-5, 2005, Fremantle, Western Australia

Vale MJ, Rizzuto A, Jelinek MV, Best JD, O'Grady K, DL Hare, Hall G, Calkin C, LE Grigg, Dart A. Evaluation of The COACH Program in the 'real world'.

Burton L, Vale MJ, Jelinek MV, Bilimoria, Cherny V, Fisher R. The COACH Program in General Practice: The Melbourne Division of General Practice Experience.

53rd Annual Scientific Meeting of the Cardiac Society of Australia and New Zealand

August 5-8, 2005, Perth, Western Australia

Vale MJ, Jelinek MV, O'Grady K, Rizzuto A, DL Hare, Hall G, Grigg LE, Calkin C, Dart AM, Best JD. The COACH Program sustains coronary risk factor improvement and adherence to recommended cardiovascular medications for at least 18 months after recruitment. *Heart Lung and Circulation* 2005; 14: Suppl 1: 369.

Vale MJ, Sundararajan V, Best JD, Jelinek MV. The COACH Program reduces hospital readmissions by its impact on psychological, not biomedical risk factors – a paradigm shift. *Heart Lung and Circulation* 2005; 14: Suppl 1: 380.

European Society of Cardiology Congress 2005

September 3-7, 2005, Stockholm, Sweden

Vale MJ, Sundararajan V, Best JD, Jelinek MV. Four year follow-up of the multicentre randomised controlled trial of the COACH study shows that The COACH Program keeps patients out of hospital.

Divisions of General Practice Network Forum 2005

November 2-6, 2005, Perth, Western Australia

Burton L, Vale MJ, Jelinek MV, Cherny V, Fisher R. The COACH Program in General Practice: the first year's experience.

2006

Heart Foundation Conference and Scientific Meeting

March 23-25, 2006, Sydney, Australia

Vale MJ, Jelinek MV, Best JD, O'Grady K, Hall G, Grigg LE, Ballis S, Dart AM, Rizzuto A, Hare DL. The COACH Program is conventional care in four hospitals in Melbourne: The first 3 years experience

Vale MJ, Jelinek MV, Best JD, Alexander LC, Valle R. Do patients maintain their risk factor status and medication adherence after completing the intensive phase of The COACH Program?

Burton L, Vale MJ, Jelinek MV, Cherny V, Fisher R. The COACH Program in General Practice: The Melbourne Division of General Practice Experience.

Royal Australian College of Physicians Congress

Australasian Faculty of Occupational Medicine

May 7-11, 2006, Cairns, Australia

Vale MJ, Sundararajan V, Best JD, Jelinek MV. Do cardiovascular disease management programs keep patients out of hospital by their impact on psychological factors rather than biomedical risk factors? – 4-year follow-up of the COACH study

2006 GP & Primary Health Care Research Conference: Optimising Impact

July 5-7, 2006, Perth, WA, Australia

Young D, Furler J, Walker C, Vale MJ, Best JD, Segal L. PEACH-patient engagement and coaching for health in patients with type 2 Diabetes – the COACH model.

Cardiac Society of Australia and New Zealand Annual Scientific Meeting & International Society for Heart Research Annual Scientific Meeting

August 4-7, 2006, Canberra, Australia

Jelinek MV, Vale MJ, Best JD, Hare DL. The independent impact of The COACH Program (TCP) and Cardiac Rehabilitation (CR) on self assessed health, mood and fitness: the COACH study. Heart Lung and Circulation 2006; 15S: Suppl 1: 20.

O'Grady K, Jelinek MV, Best JD, Di Giulio JP, Vale MJ. Ezetimibe in the 'real world': The COACH Program experience. *Heart Lung and Circulation* 2006; 15S: Suppl 1: 155.

16th Annual Conference of the Australian Cardiac Rehabilitation Association: Choices and Challenges

August 10-12, 2006, Melbourne, Australia

Vale MJ, Jelinek MV, Best JD, Alexander LC, Valle R. Do patients maintain their risk factor status and medication adherence after completing the intensive phase of The COACH Program?

St. Vincent's Hospital Melbourne Research Week 2006

August 21-23, 2006

Alexander L, Vale MJ, Jelinek MV, Best JD, Valle R. Do patients maintain their risk factor status and medication adherence after completing the intensive phase of The COACH Program? Research Week 2006 Abstract Book: A06.

O'Grady K, Jelinek MV, Best JD, Di Giulio JP, Vale MJ. Ezetimibe in the 'real world': The COACH Program experience. Research Week 2006 Abstract Book: A20.

Australian Atherosclerosis Society Annual Scientific Meeting

October 3-6, 2006, Couran Cove Island Resort, Queensland, Australia

Vale MJ, Jelinek MV, Best JD. The COACH Program: An evidence-based, telephone delivered, disease management program proven to reduce hospital admissions in patients with coronary heart disease.

2006 Australian General Practice Network Forum

November 25-28, 2006, Gold Coast, Queensland

Burton L, Vale MJ, Jelinek MV, Cherny V, Seegar M, Goldfinch D. The COACH Program in General Practice: a review of the Melbourne Division of General Practice Experience.

2008

2008 General Practice and Primary Health Care Research Conference.

June, 2008, Hobart, Australia

Furler J, Blackberry I, Walker C, Vale M, Young D. Barriers to innovation in the role of Practice Nurses: Lessons learnt from the Patient Engagement And Coaching for Health (PEACH) study.

Cardiac Society of Australia and New Zealand Annual Scientific Meeting & the International Society for Heart Research Australasian Section Annual Scientific Meeting

August 7-10, 2008, Adelaide, Australia

Jelinek MV, Vale MJ, Dart A, Grigg L, Hare DL, Best JD. The COACH Program produces sustained improvements in cardiovascular risk factors and adherence to recommended medications – 18 month follow-up. Heart Lung and Circulation. 2008; 17: Suppl 3: 482.

18th Annual Scientific Meeting and Exhibition of the Australian Cardiovascular Health and Rehabilitation Association and the 12th Annual Chronic Disease Network Conference

August 13-15, Alice Springs, Australia

McLean H, Gibson K, Vale MJ, Jelinek MV. Catch the COACH to way out West. The COACH Program in WA, The Royal Perth Hospital Experience.

APPENDIX F

MEDIA PRESENTATIONS ON THE COACH PROGRAM®

RADIO

RADIO STATION	TITLE	DATE	DURATION
ABC News 774 3LO (Melbourne)	Study shows patient harassment reduces cholesterol	November 18, 2000 7:05 AM	0:36 minutes
94.7 FM Geelong, The Pulse	The COACH Program	January 2003	20 minutes

TELEVISION

TELEVISION STATION	PROGRAM	TITLE	DATE
Australian Broadcasting Corporation	Health Dimensions	“Heart Coach”. Hosted by Norman Swan Transcript available on website: www.abc.net.au/dimensions/	October 16, 2001
Australian Broadcasting Corporation	7:30 Report	Heart patients 'coached' back to health. Reporter: Mick Bunworth. Transcript available on website: www.abc.net.au/7.30/content/2003/s1018038.htm	December 29, 2003

NEWSPAPERS

PUBLICATION	TITLE OF ARTICLE	DATE	PAGE
Sunday Observer (United Kingdom) Health Section	Arrested developments. The UK has a shocking record on cardiac disease. But why? Jane Feinmann gets to the heart of the matter	September 30, 2001	63-4
Manningham Leader	Rewards for work on COACH	June 18, 2003	20
The Age	Heart patients being coached to success. By Amanda Dunn, Health Reporter www.theage.com.au/articles/2003/12/07/1070732070834.html?from=storyrhs	Mon, December 8, 2003	3
Herald Sun Cover story for CareerOne	State of the Heart. Heart patients now have the benefit of their own cardiac coach. By Daniel Hoy.	Sat, December 13, 2003	51 & 54 (double page spread)
Melbourne Yarra Leader	Right approach with cardiac coach	December 22, 2003	8

Herald Sun Healthwatch article	Coaches for life. Edited by Fay Burstin.	March 24, 2004	26
Shepparton News	Heart patients coached into healthy habits	February 15, 2005	7
Herald Sun	Coach trip to healthy living	August 29, 2005	6
The Weekend Australian – Weekend Health	A private revolution. A unique health rehabilitation program that keeps the sick out of hospital is about to become the model for a revolution in private health insurance. Matthew Franklin reports.	October 14-15, 2006	23-24

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CHOICE Health Reader	'Coach' knows best when it comes to heart health. By Dr Tim Crowe.	June 2004.	
Medical Observer	Heart coaches help avoid hospital stays	November 19, 2004	8
Medical Observer	Teaming with lifestyle coach can reduce coronary risks	June 10, 2005	15
Medical Observer Divisions achievement awards feature Recognising the supporting players	Melbourne division: Life coaching for cardiac patients	October 21, 2005	12
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Melbourne Division of General Practice Dr News	Beneficial Effects of The COACH Program	April 2005	14
Melbourne Division of General Practice Dr News	Patients find The COACH Program Beneficial	July 2005	6

ADGP Dynamic Divisions	Coached to better health	Issue 1, September 1, 2005	4
Melbourne Division of General Practice Dr News	COACH Program update	October 2005	9
Inner Eastern Melbourne Division of General Practice News	The COACH Program	December 2005	8

PRESS RELEASES - CONFERENCES, MEDICAL JOURNALS, GOVERNMENT

PUBLICATION	TITLE OF ARTICLE	DATE
The European Society of Cardiology – XXIII Congress – September 1-5, 2001 – Stockholm, Sweden	THE COACH PROGRAM: A proven method of training patients with coronary heart disease to achieve their risk factor targets Available on website: www.escardio.org	September 1-5, 2001
The Medical Journal of Australia (Journal of the Australian Medical Association)	Why heart attack patients should take on a ‘coach’ Available on website: www.ama.com.au	March 4, 2002
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