A CENTRALISED statewide coaching program for Queensland patients with cardiovascular disease or type 2 diabetes has successfully reduced risk factors in both Indigenous and non-Indigenous populations and should be expanded nationally, according to research published in the Medical Journal of Australia.

The COACH (Coaching patients On Achieving Cardiovascular Health) Program (TCP) was launched by Queensland Health in 2009. It is the first standardised coaching program targeting cardiovascular risk factors and delivered by telephone and mail-out statewide.

TCP is delivered by trained coaches using a standardised model of care based on risk assessments and goal setting that reflects national disease management guidelines.

Researchers, led by Associate Professor Chantal Ski from the Centre for the Heart and Mind at the Australian Catholic University, audited 1962 patients with cardiovascular disease (CVD) and 707 with type 2 diabetes who completed TCP between February 2009 and June 2013. One hundred and forty-five were Indigenous Australians.

Statistically significant improvements in cardiovascular risk factor status were found across all biomedical and lifestyle factors measured during the program, including improvements in serum lipid levels, blood glucose, smoking habit and alcohol consumption combined with increases in physical activity.

Additionally, there was no significant difference in results between the Indigenous and non-Indigenous patients.

“Our results provide further evidence to support this intervention as an effective strategy for reducing cardiovascular risk and for secondary prevention”, Professor Ski and her colleagues concluded.

“As our cohort comprised patients with CHD and/or type 2 diabetes, the results suggest the potential for TCP to be adapted for other chronic diseases.”

“Exclusive use of telephone and mail-outs is unique to the chronic disease management model adopted by Queensland Health. A further point of difference is that coaches identify the ‘treatment gaps’ in each patient’s management – the gaps between guideline recommended care and the care patients actually receive, and coach patients to close their treatment gaps whilst the patients work with their usual doctors.”

“These methods eliminate barriers often seen with cardiac rehabilitation programs, including geographic isolation, travel costs and the inconvenience of appointments.”
The benefits of a TCP-style program could be beneficial nationwide, the authors wrote.

“Its effects on risk factor profiles, clinical events, physical function and quality of life could be assessed using national surveys and routinely collected data. “Given the burden of CHD and diabetes, it offers a sustainable means for optimising health outcomes across diverse populations.”

PLEASE ACKNOWLEDGE THE MJA AS THE SOURCE OF THIS MATERIAL.

The *Medical Journal of Australia* is a publication of the Australian Medical Association.

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