

Improving Patient Retention Under Alfred Health's COACH (Coaching Patients On Achieving Cardiovascular Health) Program

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Background

- Effective prevention of coronary artery disease (CAD) involves a comprehensive approach with emphasis on lifestyle changes.
- The COACH program supports secondary prevention of CAD by assisting patients to make changes to modifiable risk factors with individualised advice.
- When patients have met the majority of their health goals or risk factor targets as set by the National Heart Foundation, they are considered to have completed the COACH program.
- Participation in COACH has been linked to reduced hospital readmissions, shorter stays, and lower all-cause mortality.^{1,2}
- Patients who withdraw from COACH experience fewer health benefits compared to patients who complete the program. Historically, over half of the patients enrolled in Alfred Health COACH (AH-COACH) did not complete the program.
- Improving patient retention is critical to ensuring optimal health outcomes.

Aim

To increase and maintain patient retention and program completion rates in AH-COACH to 70% by the end of 2026.

Method

- A retrospective review of program data, supported by practice-based insights and experiential input from AH-COACH clinicians, identified potential barriers to program engagement.
- We used a quality improvement framework to develop strategies targeting these suspected barriers to engagement and patient retention in AH-COACH.



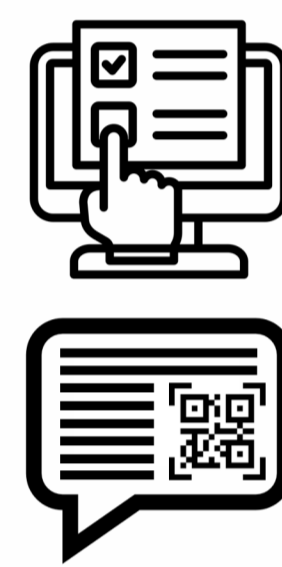
Implementing a mobile messaging system to increase reachability.

Patients received call reminders and a direct contact line to improve reachability and reduce likelihood of missed appointments.



Streamlining documentation and administrative processes to increase clinician-patient interaction time.

Paper-based documentation replaced with electronic data entry to reduce time spent on administration and increase time available for clinician-patient contact.



Developing pre-program surveys, enhancing access to post-program surveys and expanding opportunities to provide feedback about the program.

- Developed a pre-program survey to tailor program delivery to patients' needs.
- Digitised post-program surveys and shared links via QR codes and SMS links.
- Developed a digitised anonymous survey for withdrawn patients to explore barriers to engagement and opportunities to optimise program delivery.

Results & Discussion

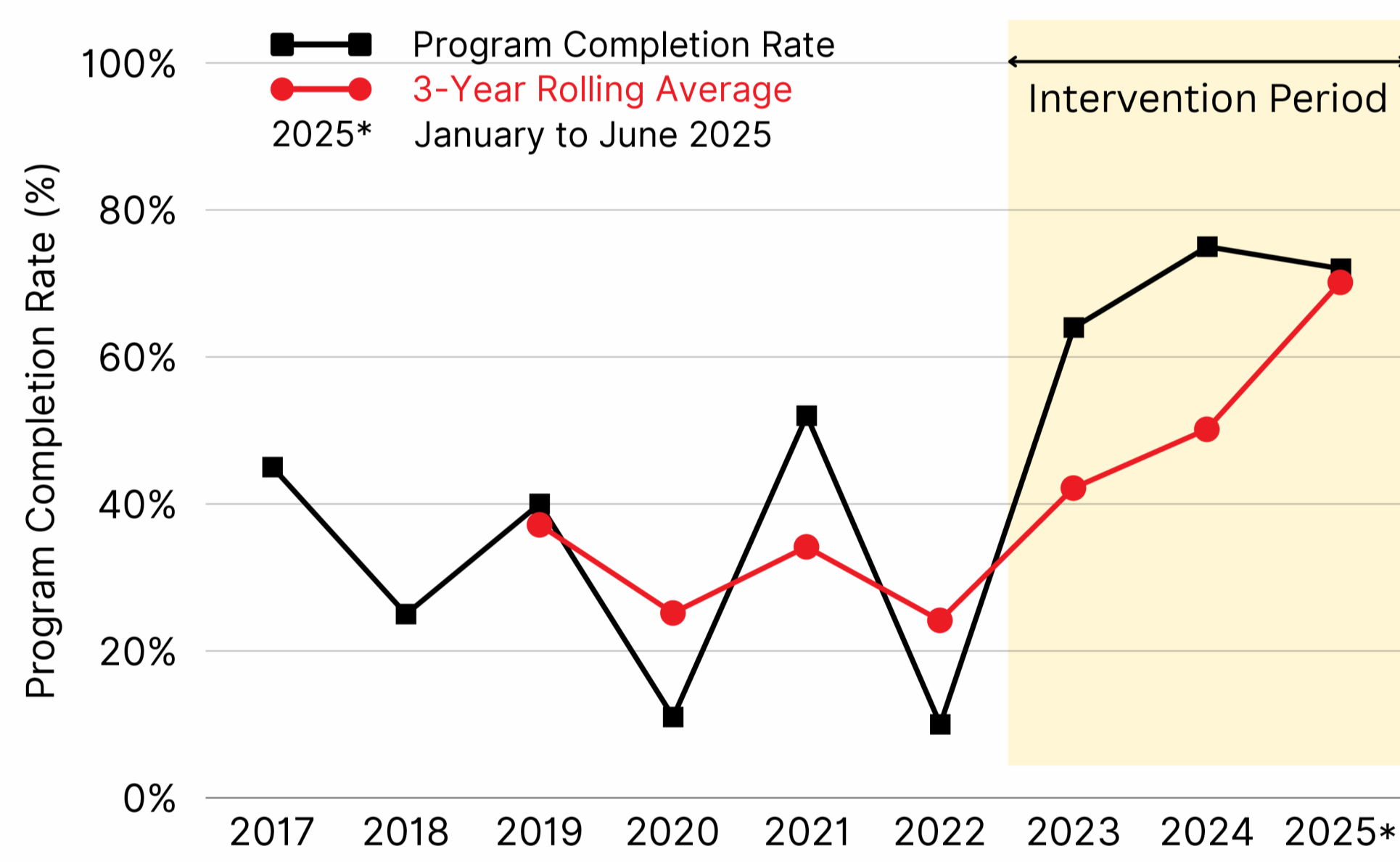


Figure 1: AH-COACH completion rates by year.

- Between 2017 to the first half of 2025, 317 patients completed the COACH program, and 357 withdrew before completion.
- Pre-intervention program completion rates were highly variable (10% to 52%), averaging 30.5% between 2017-2022.
 - This appears comparable with completion rates (25.9%) reported for a similar health coaching program (Australia's Get Healthy Information and Coaching Service).³
- **A 3-year rolling average demonstrates a sustained upwards trend in program completion, reaching 70% in 2025.**
- Contextual factors potentially impacting patient retention and completion rates included:
 - Changes in AH-COACH staffing and continuity of clinician-patient relationships
 - Staff redeployment during the COVID-19 pandemic
 - Post-COVID shift to accommodate for increased remote or hybrid work environments
- Increased and stabilising completion rates post-interventions may suggest sustained positive impact.

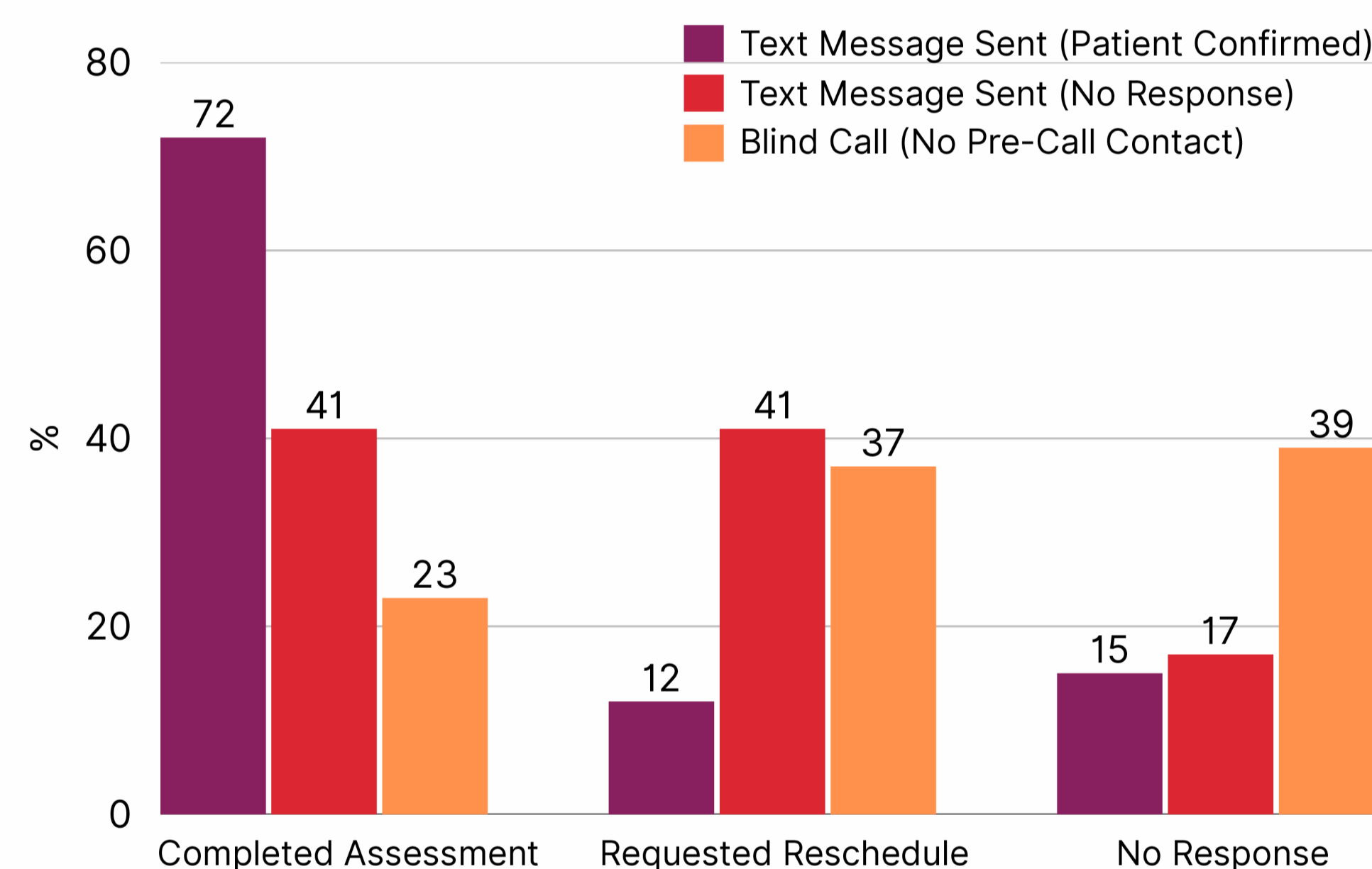


Figure 2: Impact of pre-call text messaging on patient call response and assessment completion

- An audit of 297 primary attempts to contact patients was conducted between 2022-2023.
- Blind calls (no pre-call contact) had the highest non-response rate.
- **Pre-call text messages with patient-confirmed availability were associated with the lowest rescheduling and non-response rates.**
- Patients who received pre-call text messages but did not confirm their availability still demonstrated higher response rates than patients not receiving pre-call contact.

Supporting Results

- Electronic recruitment was more time-efficient than the paper-based process, with a reduction in average administration time from 33 minutes (n=20) to 15 minutes (n=7).
- Since its development in March 2024, 3 withdrawal survey responses (1 duplicate) have been received, out of 32 AH-COACH program withdrawals (6% adjusted response rate). Feedback highlighted the need to better align call timing with patient schedules.

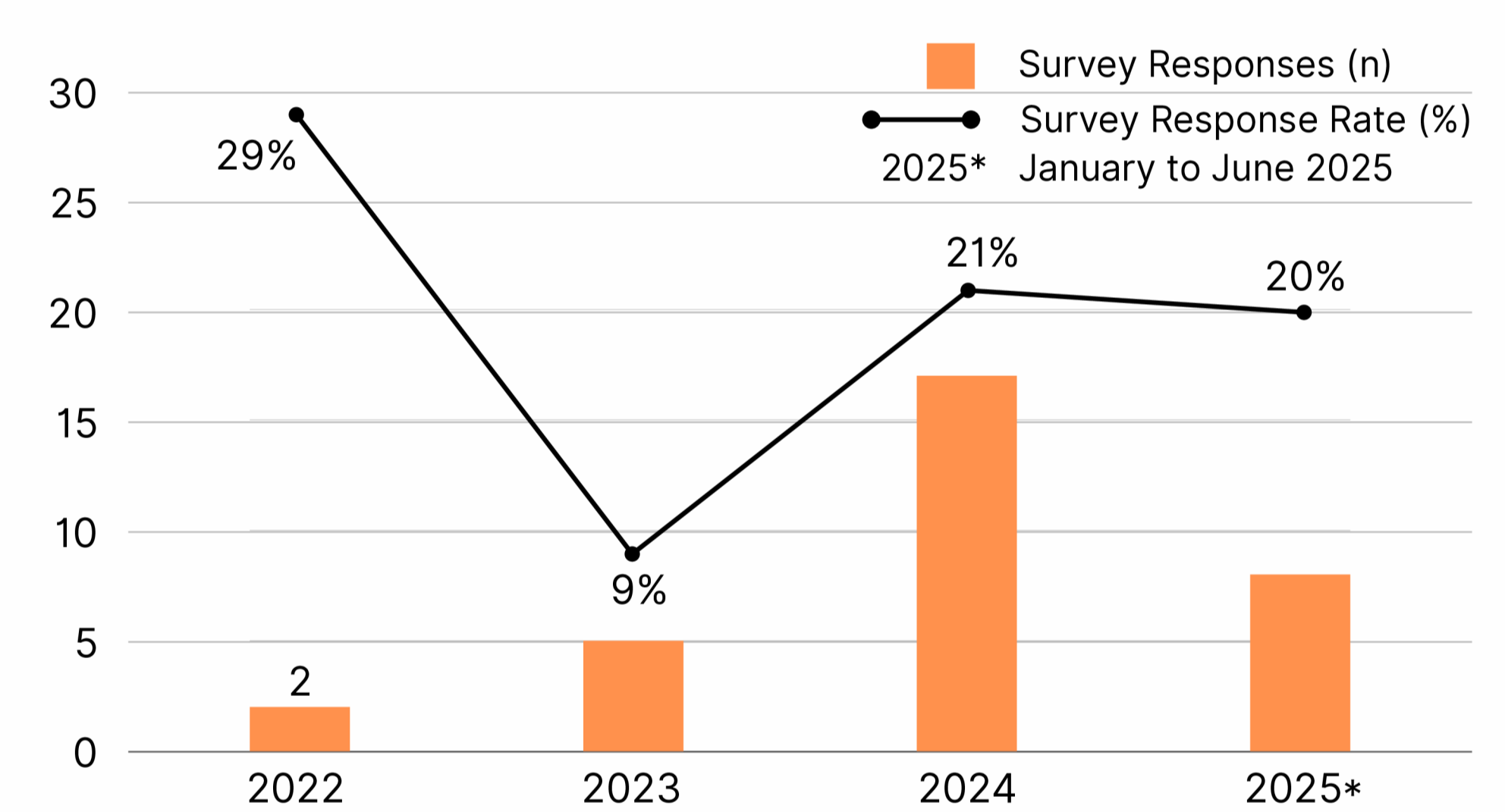


Figure 3: Post-program survey response rate and total responses by year

- Response rate was defined as the proportion of patients who returned a survey after program completion.
- Limited data was available for post-program survey responses received preceding 2022.
 - Anecdotally, very few survey responses returned.
 - The higher survey response rate in 2022 has limited interpretive value, as it was based on only 2 responses from a small cohort of 7 patients.
- **A significant increase in the quantity of responses received was observed post-survey digitisation.**
- Average satisfaction scores recorded for different aspects of the program remained consistent.

Conclusions

- Patient retention and program completion under AH-COACH has improved from an average of 30.5% over a 6-year period (pre-interventions) to 70% over the last 3 years (post-interventions).
- Future directions will include ongoing reviews of barriers to engagement, including considering alternative platforms for feedback for withdrawn patients, such as focus groups.

Acknowledgements & References

We thank the AH-COACH team for their contributions to this project, and acknowledge support and engagement from patients and families involved in AH-COACH. Image attribution: Unicon and Freepik via Flaticon.com.

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