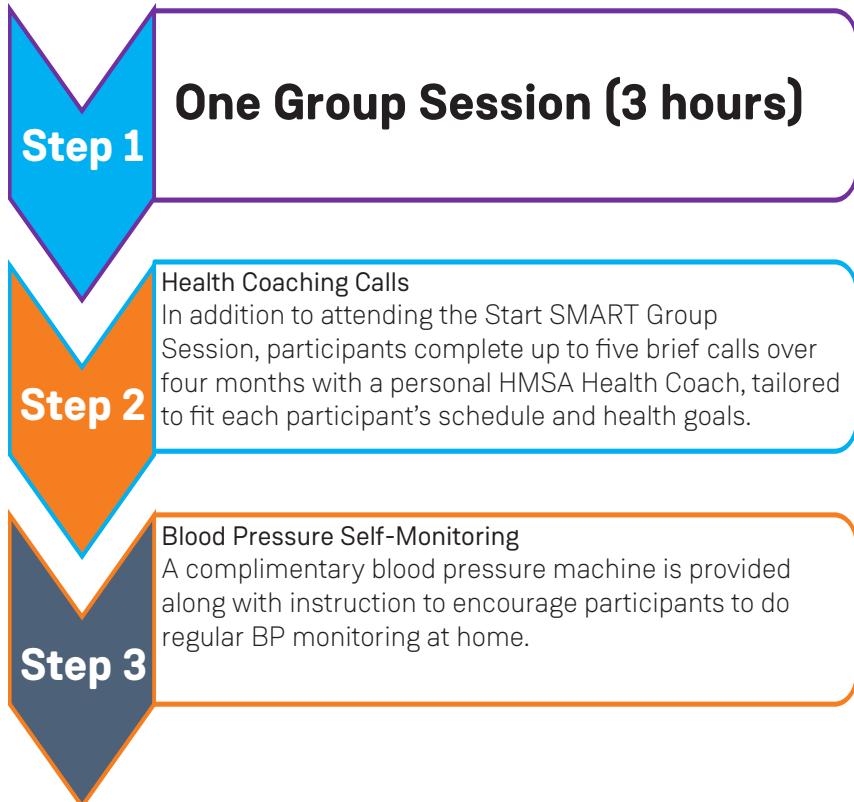# Start SMART!

Education & Support for Improving Blood Pressure

The Start SMART program is offered at no additional cost to ALL HMSA MEMBERS referred by their Primary Care Physicians. A support/family member is also welcome to attend. Start SMART supports your journey to better health by focusing on blood pressure self-monitoring, medication, healthy eating, physical activity and stress management.

For more information, contact:
Beth Davidann, MPH
Start SMART Facilitator and
HMSA Health Coach
Phone: 808-425-6245
Email: beth_davidann@hmsa.com

Step 1 — **One Group Session (3 hours)**

Step 2 — Health Coaching Calls
In addition to attending the Start SMART Group Session, participants complete up to five brief calls over four months with a personal HMSA Health Coach, tailored to fit each participant's schedule and health goals.

Step 3 — Blood Pressure Self-Monitoring
A complimentary blood pressure machine is provided along with instruction to encourage participants to do regular BP monitoring at home.

2018 Start SMART Schedule		
Date	**Time**	**Location**
Saturday, July 21	9:30 a.m. to 12:30 p.m.	HMSA – Honolulu
Thursday, August 23	9:30 a.m. to 12:30 p.m.	Kuakini Resource Center
Saturday, September 15	9:30 a.m. to 12:30 p.m.	HMSA – Honolulu
Thursday, October 18	9:30 a.m. to 12:30 p.m.	HMSA – Pearl City
Saturday, November 17	9:30 a.m. to 12:30 p.m.	HMSA - Honolulu

Start SMART: Blood Pressure Control – PCP REGISTRATION SHEET

- Fax this completed form to **HMSA at 808-948-8242, attention: Beth Davidann**
- Eligibility: HMSA Members (all LOBs) with Hypertension diagnosis and need for improved BP control.
- HMSA patients may bring 1 family member or caregiver (may be non-HMSA) to group session.

Class Title	Start SMART group is offered monthly at various locations, dates and times
Start SMART: Blood Pressure Control	Start SMART staff will call patient to register group that best fits schedule

*PRIMARY CARE PROVIDER NAME: _____

Patient Name (First and Last)	DOB	Recent BP and Date Measured	Target BP for this Patient:	Health Goal(s) for Patient per PCP (check ALL that apply)	Phone #s	Special Instructions (Family/Caregiver attending, language barriers, etc.)
1.		BP: ___ / ___ Date:	Target BP: < ___ / ___	_ BP med compliance _ Increase exercise _ Improve nutrition _Other:		
2.		BP: ___ / ___ Date:	Target BP: < ___ / ___	_ BP med compliance _ Increase exercise _ Improve nutrition _Other:		
3.		BP: ___ / ___ Date:	Target BP: < ___ / ___	_ BP med compliance _ Increase exercise _ Improve nutrition _Other:		
4.		BP: ___ / ___ Date:	Target BP: < ___ / ___	_ BP med compliance _ Increase exercise _ Improve nutrition _Other:		
5.		BP: ___ / ___ Date:	Target BP: < ___ / ___	_ BP med compliance _ Increase exercise _ Improve nutrition _Other:		
6.		BP: ___ / ___ Date:	Target BP: < ___ / ___	_ BP med compliance _ Increase exercise _ Improve nutrition _Other:		
7.		BP: ___ / ___ Date:	Target BP: < ___ / ___	_ BP med compliance _ Increase exercise _ Improve nutrition _Other:		