

# 2021 Start SMART!

Enroll in the **PMAG Start SMART Blood Pressure Control Program**  
Receive Health Education And Support To Improve Your Blood Pressure

The **PMAG Start SMART Blood Pressure Control Program** is offered at no cost to HMSA and non-HMSA patients who have a diagnosis of Hypertension or elevated blood pressure. The program is available via telehealth and for patients referred by a PMAG physician.

HMSA Health Coaches and the program support a patient's journey to better health by focusing on blood pressure self-monitoring, medication, healthy eating, physical activity, and stress management.

## STEP 1 PCP Referral

Ask your PMAG Primary Care Physician (PCP) for a referral to participate in the **PMAG Start SMART Blood Pressure Control Program**, or call Partners for Quality Health at 808-953-2506 to self-refer.

## STEP 2 Patient Registration

A Start SMART program Health Coach begins phone outreach to each patient within a couple days of receiving the referral from the PCP. Patients can register for the Start SMART program at any time.

## STEP 3 Health Education

Start SMART registered participants may choose between online educational resources (video presentation, handouts and website links) sent via email or educational materials sent via the U.S. mail.

## STEP 4 Self-Monitoring

A complimentary blood pressure monitor is shipped to each Start SMART program participant's home within two weeks of registration. All participants are provided instruction for proper BP monitor use and encouraged to monitor their BP at home regularly.

## STEP 5 Health Coach Support

HMSA members receive health coaching follow-up sessions (via phone or video-chat) while participating in the Start SMART program. These sessions are tailored to accommodate each participant's schedule and to achieve SMART Goals (Specific, Measurable, Achievable, Relevant, Time-specific) focused on healthy lifestyle habits. Referring physicians receive updates on their HMSA patients' progress from the Health Coach. Non-HMSA patients work directly with their PCPs to achieve individual health goals.

**So Start SMART in 2021!** Ask your PMAG Primary Care Physician to refer you to this program.

**Or Call**

**808.859.6527**

Partners for Quality Health

## Start SMART: Blood Pressure Program – PCP REGISTRATION SHEET

- Fax this completed form to **HMSA at 808-948-8242, attention: Beth Davidann**
- Eligibility: Patients with Hypertension diagnosis and need for improved BP control.
- Patients may bring 1 family member or caregiver 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 in 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: < ___ / ___	<input type="checkbox"/> BP med compliance <input type="checkbox"/> Increase exercise <input type="checkbox"/> Improve nutrition <input type="checkbox"/> Other: _____		
2.		BP: ___ / ___ Date: _____	Target BP: < ___ / ___	<input type="checkbox"/> BP med compliance <input type="checkbox"/> Increase exercise <input type="checkbox"/> Improve nutrition <input type="checkbox"/> Other: _____		
3.		BP: ___ / ___ Date: _____	Target BP: < ___ / ___	<input type="checkbox"/> BP med compliance <input type="checkbox"/> Increase exercise <input type="checkbox"/> Improve nutrition <input type="checkbox"/> Other: _____		
4.		BP: ___ / ___ Date: _____	Target BP: < ___ / ___	<input type="checkbox"/> BP med compliance <input type="checkbox"/> Increase exercise <input type="checkbox"/> Improve nutrition <input type="checkbox"/> Other: _____		
5.		BP: ___ / ___ Date: _____	Target BP: < ___ / ___	<input type="checkbox"/> BP med compliance <input type="checkbox"/> Increase exercise <input type="checkbox"/> Improve nutrition <input type="checkbox"/> Other: _____		
6.		BP: ___ / ___ Date: _____	Target BP: < ___ / ___	<input type="checkbox"/> BP med compliance <input type="checkbox"/> Increase exercise <input type="checkbox"/> Improve nutrition <input type="checkbox"/> Other: _____		
7.		BP: ___ / ___ Date: _____	Target BP: < ___ / ___	<input type="checkbox"/> BP med compliance <input type="checkbox"/> Increase exercise <input type="checkbox"/> Improve nutrition <input type="checkbox"/> Other: _____		