

## Frequent questions (and answers) for issues affecting ABC tobacco in primary care

Clinician doesn't see ABC as part of role	Use clinical champions or peers to endorse role	Evidence information is available on HIIRC
Clinician reports being too busy to ask about smoking	Encourage asking when can and provide alternatives for the patients	Alternatives include using appointment scanner to identify smokers who need asking and sort another team member to ask them
Clinician asks but forgets to record	Check reminder tools are available in a user friendly way	Alternative is to ask clinician to simply record a code on a consultation slip or memo list to be collected by practice smoking champion for coding
Clinician asks but doesn't see why recording is required if it's already in notes	Use comparative reporting data to show how recording lets us know whose been asked and who needs to be contacted by outreach	Practice champion may need to develop an independent recording process for those asked but not coded
Appointment scanner not being used	Show audit list of patients seen in last 3 months but not offered advice/support eg Dr Info, and how appointment scanner can be useful	Appointment scanner works best when a designated staff member runs it twice daily and adds annotations to the appointment list
Reception not engaging in ABC	Include reception in staff planning Use the audit list of patients attended but not asked to demonstrate essential reception role	Reception need to know who to ask, requires the newly overdue this month list added as alerts or else access to another reminder
Reception staff uncomfortable about involvement	Provide a scripted approach eg " Dr X has asked if you could complete this simple questionnaire before your appointment"	Outbox questionnaire works well and leaves an audit trail, printed questionnaires an alternative See HIIRC for more information
List of those not offered advice/support is increasing resulting in lower target results	Active contacting of smokers on the list required monthly	Texting is first option then phone contact remainder Link hard to reach smokers with PHO outreach services

	The new this month list needs a dedicated person to manage	An evening phone service may be required
Target results fluctuate quarter by quarter	ABC Tobacco requires monthly surveillance by a PHO level population health team with responsive contact to practices falling behind on target results	Most practices will need external support to maintain target outcomes
Effectiveness of ABC Tobacco is questioned	Develop a report that demonstrates successful quits	Smokers recorded as ex-smokers a year after being recorded as smokers can be reported as long term quitters
Clinicians uncertain how to manage smokers who want to quit	Ensure there is a clear pathway for quitting including practice options, Quitline referral and use of face to face services	An audit of referral and prescribing practices will identify current management and help plan service development
Practice reports many smokers prescribed medication DNA follow up	Encourage development of practice level surveillance of smokers prescribed medications and appropriate contact for those who DNA follow up	Use of outbox medication information allows an automated reminder for follow up Set up text follow up at practice, PHO or Quitline level as an option
Practice reports outcome of referrals is unclear	Ensure external agencies report back to practices	Quitline reports back via Manage my Health inbox

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