De-Implementation through unlearning & substitution session

**Group 1**

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**Interviewer**: Earlier you mentioned how the patients respond to, like taking away their medication. I was wondering if you could talk more about the patient’s role.

**PARTICIPANT**: Anytime you start and stop a drug, you should discuss it with the patient. Sometimes you’ll tell the patients you don’t think they need a drug, and the patients will tell you that they think it helps.

**INTERVIEWER**: Could you give me an example of a time when that conversation happened?

**PARTICIPANT**: With this specific drug? No. But it happens all of the time. I’ve got patients on drugs that I wouldn’t have them on, but they insist it works, so, unless it’s a hazard to the patient, oral inhaled corticosteroids are pretty benign. They’re obviously not cheap necessarily, but they also do have side effects. But they’re not terrible. For patients who aren’t getting fungal infections, and again, all things being equal, if they’re not helping, you wouldn’t want to have them. But, if the patient is really insisting that they’re helpful, I would tend to continue them.

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**INTERVIEWER**: That’s ok. Can you tell me about a patient who was, more generally as you put it, hesitant to stop doing something that was working well.

**PARTICIPANT**: That happens quite a bit. Again, the bread and butter is hypertension, diabetes, if their blood pressure is on the lower side, they’re tolerating it well. Generally I don’t recommend stopping medications, again, as long as they’re well tolerated.

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**INTERVIEWER**: Can you tell me about the patient’s role in discontinuing ICS?

**PARTICIPANT**: I think patients usually will go with what the physician recommends. Although I think if somebody is significantly getting symptomatic improvement in terms of using it, I’d (?) probably be disinclined to stopping it or discontinuing it.

**INTERVIEWER**: I’m sorry, did you say that the patient would be less inclined to stop?

**PARTICIPANT**: I’m saying that as a prescriber, if someone was getting significant improvement from the use of it, I’d probably be disinclined to stop it.

**INTERVIEWER**: Would you give me an example of that kind of situation with a patient that you can think of?

PARTICIPANT: If I had a patient that either came into the VA with COPD that was already using one, and was doing well, I would probably have them continue the medication for the time being, and maybe look at changing prescriptions later. If it was somebody that had started on it and was getting relief and response to it, if we didn’t have any alternatives or other medications to go with it, I’d probably be disinclined to actively try to discourage them from using it.

**INTERVIEWER**: Do the patients express any attitudes or preferences?

**PARTICIPANT**: I guess it’s probably about 85-90% that don’t, but 10% that do have strong opinions, sometimes logical, sometimes not so logical, on the use of particular medications. I’ve had a couple of patients that are desirous of getting a Combivent inhaler and really overusing that and not being willing to move on or try other medications, even though it’s probably not the best medication to be using long term or as a single agent.