De-Implementation through unlearning & substitution session

**Group 2**

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**INTERVIEWER:** Who should be responsible for caring for mild/moderate COPD & for reducing ICS usage for mild-moderate COPD?

**PARTICIPANT:** Providers, pharmacists. It’s really hard for us to send patients to Pulmonary. They have to travel more than 50 miles from where we are to where Pulmonary is, even with the Choice program.

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**PARTICIPANT:** Probably Primary Care Docs since I would imagine most Pulmonologists don’t see mild COPD.

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**PARTICIPANT:** I feel like most Primary Care docs should be able to take care of patients with mild COPD, so they should be the main providers taking care of it.

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**PARTICIPANT:** I certainly would not want pulmonary physicians/Pulmonologists involved. That would seem like a tremendous waste of their skills. To some extent, it’s the PCP’s role, but perhaps also, it’s creating an infrastructure to support them in this decision when it’s just providing feedback on, ‘here are patients that you may want to consider stopping ICS’ and coming up with ways to help them in their clinical care. CPRS reminders, something like that.

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**INTERVIEWER**: What would the difference in the role be between you [PCP] and a pharmacist?

**PARTICIPANT:** They can follow-up closer. We have a pharmacist on our team and she sees the patients pretty much every time they come to see me.