De-Implementation through unlearning & substitution session

**Group 3**

**INTERVIEWER**: Ok. This study is looking at improving patient safety through de-implementing ICS for mild COPD by recommending providers stop prescribing them for COPD. What’s your impression of that recommendation?

**PARTICIPANT**: Generally, on one hand I’d like to say in someone who’s on medication they don’t need, you should try to stop it. But deep down there’s a little hesitation that if someone is doing well, why rock the boat?

**INTERVIEWER**: When you say ‘deep down’, what do you mean?

**PARTICIPANT**: Well, you just feel that if someone is doing great, let’s not change anything. If I stop the medication, who knows what’s going to happen.

\*\*\*

**PARTICIPANT**: … if they come to me and they have no adverse event on them and they are already on it, I may just leave it.

\*\*\*

**PARTICIPANT**: Someone with mild COPD is someone not having a lot of exacerbations or hospitalizations but who may have some dyspnea on exertion and has PEs that suggest lung disease. So those patients, I usually would not use ICS. If someone came in on ICS or if someone sees a pulmonary provider who prescribed it, I would probably be reluctant to stop it. But, most likely I would not initiate it.

\*\*\*

**PARTICIPANT**: … I have rarely initiated that prescription; I definitely have patients that are on it.