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Supplementary Material

A technology-enabled collaborative learning model (Project ECHO) to upskill primary care providers in best practice pain care

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Outcomes of the SA Chronic Pain ECHO Network

Theme Evaluation question		Subthemes	Supporting evidence - satisfaction survey after each ECHO (n=7) and outcome survey after the ECHO series (n=11)	O session (n=106 across the ECHO series), case presenters survey
			Quantitative	Qualitative
Lev	vel 2 – Satisfaction			
a)	Relevance Was the ECHO Network perceived by healthcare professionals as relevant to practice?	Subtheme High level of satisfaction with the relevance to practice	 Almost all respondents of the satisfaction survey thought that the ECHO sessions were relevant to their practice (average across the series of 10 sessions = 99%) The vast majority of respondents of the satisfaction survey thought that the ECHO sessions had met their learning needs (average across the series of 10 sessions = 95%) 	"Thank you It was very informative and helpful. Definitely chronic pain sessions were one of the best among SAPMEA learning opportunities." [hcp, outcome survey] "I liked receiving suggestions from the different experts present. This will give me ideas about how I can help my patient further." [case presenter survey] "It is clear, detailed and actionable." [case presenter survey]
b)	Satisfaction with the ECHO format Were healthcare professionals satisfied with the format and content of the ECHO Network and was the network considered a 'value-add' compared to other education programs?	Subtheme High level of satisfaction with the ECHO format	 The vast majority of respondents of the satisfaction survey thought that the ECHO (didactic and case study) added value compared to other didactic education formats (ECHO session 1-9: average across the series of 9 sessions = 91%) All respondents of the satisfaction survey thought that ECHO session 10 (didactic and Q & A) added value compared to other didactic education formats The vast majority of respondents of the satisfaction survey thought the ECHO format (didactic and case study) will assist them to integrate learnings into their practice more than other didactic education formats (ECHO session 1-9) (average across the series of 9 sessions = 87%) All respondents of the satisfaction survey thought ECHO session 10 (didactic and Q & A) will assist them to integrate learnings into their practice more than other didactic education formats 	"ECHO sessions absolutely fantastic. Such a great way to learn. Thank you." [hcp, satisfaction survey] "Excellent speakers and MC, great content and ability to interact. Thank you." [hcp, satisfaction survey] "It was great, I was so glad that I got the opportunity to present to a multidisciplinary team of specialists." [case presenter survey] "I think the sessions have been run extremely well. The format is great and the "sticking" to time is just fantastic. The ability to interact with specialists is fantastic." [hcp, satisfaction survey]
		Subtheme	The vast majority of respondents of the satisfaction survey were able to use the ZOOM technology without	-

	High level of so with the online format Subtheme High level of so with information resources	 Pown The vast majority of respondents of the satisfaction survey thought the online learning format is more accessible to them than a face-to-face format (average across the series of 10 sessions = 93%) The vast majority of respondents of the satisfaction survey thought that the duration of the ECHO sessions was feasible for them to attend (i.e., not too long) (average across the series of 10 sessions = 94%) The vast majority of respondents of the satisfaction survey thought that they had learnt about resources for further information or to use with patients (average) 	"[Improved] knowledge of available resources for personal and client use." [hcp, outcome survey] "[Key learnings are to] utilise resources more and develop handy list to access quickly." [hcp, satisfaction survey]
	Subtheme Aspects of the and content no some healthca professionals	t liked by > Some healthcare professionals commented on the	sessions overall I felt was a lot. I wanted to attend another ECHO but could not afford to have another evening taken away from family time to attend." [hcp, satisfaction survey] "I felt that the extremely complicated nature of some of the case studies distracted from the ability to apply the learnings in some cases." [hcp, outcome survey] "I felt that the case study was not really discussed in a helpful way that gave the presenter any strategies to help with her questions around."
c)	Mentorship Subtheme environment	The vast majority of the respondents of the satisfaction survey thought the ECHO hub panel created a positive, non-judgemental, and encouraging environment for	"It was incredibly validating. Huge amount of information. Very grateful to the support I have been given." [case presenter survey]

	Did healthcare professionals perceive the mentorship environment in the ECHO Network as positive?	High level of satisfaction with the mentorship environment	 healthcare professionals to present a case and contribute to the discussion (average across the series of 10 sessions = 96%) The vast majority of respondents of the satisfaction survey liked learning with other healthcare professionals with an interest in chronic pain (average across the series of 10 sessions = 93%). The vast majority of respondents of the outcome survey after the ECHO series thought the SA Chronic Pain ECHO Network provided professional support (n=9; 90%); and made them feel like they were part of a community of practitioners who share common interests and concerns related to pain management (n=9; 90%). 	"I don't know of another forum in which I could have received this support. I have a management pathway with various options depending on the patient's response and it is specific to my patient." [case presenter survey] "I felt very listened to and respected. It was very empowering." [case presenter survey] "Very supportive from the team." [case presenter survey] "[I have] increased awareness of what is out there. Also, that I was not alone in managing this complex issue for patients." [hcp, outcome survey] "Ongoing reference source of practitioners and reference materials for use and referral when needed." [hcp, outcome survey]
a)	Perceived knowledge gain Did the ECHO Network improve self-perceived knowledge related to best practice pain care?	Subtheme Self-reported improvements in knowledge	 The vast majority of respondents of the satisfaction survey thought that the ECHO session(s) they attended had met their learning needs for this topic (average across the 10 ECHO sessions = 95%). The vast majority of respondents of the satisfaction survey thought that they had learnt about the multidisciplinary and biopsychosocial approach to pain management (average across the 10 ECHO sessions = 97%); and self-management and non-pharmacological strategies to use with patients with chronic pain (average across the 10 ECHO sessions = 90%) All respondents of the outcome survey after the series thought the ECHO Network had improved their knowledge about the multidisciplinary and biopsychosocial approach to pain management; and self-management and non-pharmacological strategies to use with patients with chronic pain (n=11; 100%) 	"The chronic pain ECHO has updated my knowledge, and it was one of the best of the ECHO series." [hcp, outcome survey] "[I have improved] knowledge of available resources for personal and client use." [hcp, outcome survey] "[I have improved] knowledge of potential referral sources (other local practitioners)." [hcp, outcome survey] "So many older patients seek help with sleep issues associated with chronic pain and knowing what might work can then be applied to their issues." [hcp, satisfaction survey] "The shift is to use language to increase safety message and decreasing threating message. Positive descriptive language used when discussing X Ray findings, some of these were new to me." [hcp, satisfaction survey]
b)	Key learnings What were the most prevalent key learnings for		ogical into pain care including addressing mental health issues, hological self-management strategies, referring to clinical ed.	"[Key learnings for me are] asking the patient to contribute more i.e., listen more than talk. Make sure the patient understands clearly and reduce fear." [hcp, satisfaction survey]

	healthcare professionals from the ECHO Network?	Incorporating social approaches into pain care including promoting social connection and community groups.		"[Key learnings for me are] overwhelming importance of mental health in chronic pain management." [hcp, satisfaction survey] "[Key learnings for me are] that the biomedical, psychological and social situations of a patient are all recognised elements of chronic pain management rather than just the biomedical side." [hcp, satisfaction survey]
c)	Attitudes towards patients Did the ECHO Network change attitudes towards people living with chronic pain with greater understanding of the importance of patient-centred care	Subtheme Better understanding of patient-centred communication and validating the patient experience	 The vast majority of respondents of the satisfaction survey thought they had learnt about the importance of a patient centred approach for people with chronic pain e.g., empathic listening and validation (average across the series of 10 sessions = 91%). The vast majority of respondents of the outcome survey thought the ECHO Network impacted their attitudes towards people living with chronic pain (n=9; 90%) 	"Pain is invisible symptoms, so it is best to trust my patient when they are in severe pain and do my ultimate treatment. Patient care and satisfaction should be the first priority." [hcp, outcome survey] "[I have a better understanding of the] perspectives of problems clients face" [hcp, outcome survey] "I will incorporate a different language strategy and be more mindful of how I ask questions." [hcp, satisfaction survey] "[I have a] greater understanding of the systemic difficulties involved in accessing care." [hcp, outcome survey]
d)	Attitudes towards other healthcare professionals Did the ECHO Network change attitudes towards other healthcare professional disciplines involved in pain care with greater understanding of multidisciplinary team-based care?	Subtheme Better understanding of multidisciplinary teambased care	 The vast majority of respondents of the satisfaction survey liked the range of views and experiences from the different professional disciplines in the multidisciplinary hub panel and from participating health professionals (average across the 10 ECHO sessions = 97%). The vast majority of respondents of the satisfaction survey thought they had learnt about the multidisciplinary and biopsychosocial approach to pain management (average across the 10 ECHO sessions = 97%). More than half of respondents of the outcome survey thought the ECHO Network had impacted their attitudes towards the role of other health professional disciplines in managing people with chronic pain (n=6; 60%) 	"[I have a] better understanding of the way in which different practitioners can contribute and work together." [hcp, outcome survey] "Chronic pain is complicated, and I don't know everything but can reach out to others to get ideas." [hcp, satisfaction survey] "[I learnt the importance of the] use of physiotherapist and pain psychologist." [hcp, outcome survey] "[I have] increased awareness of having communication channels with GP/psychologist to assist in chronic pain management." [hcp, outcome survey]
Lev	rel 4 – Competence (sel	f-confidence)		
a)	Confidence Did the ECHO Network improve confidence related	Subtheme	All respondents of the outcome survey thought the ECHO Network had improved their confidence to manage patients with chronic pain; to help people make sense of their pain from a biopsychosocial perspective; and to use	"It was incredibly validating. Huge amount of information. Very grateful to the support I have been given." [case presenter survey]

	to best practice pain care?	Improvements in confidence related to best practice pain care	a patient centred approach with people with chronic pain (e.g., empathetic listening and validation) (n=11; 100%)	"I feel confident to 'prescribe' connecting with others as one of the non- pharmacological treatments for chronic pain." [hcp, outcome survey]
Le\	rel 5 – Performance			
a)	Intention to change practice Did healthcare professionals intend to change their practice after participation in the ECHO Network?	Subthemes • Learning about the whole person • Validating the patient experience • Gathering history around all three elements (biomedical, social and psychological) • Using appropriate	 The majority of the respondents of the case presenter survey thought the input they received about their patient from the expert panel or the participating health professionals will change their management of the patient (n= 5; 83%) The vast majority of respondents of the satisfaction survey thought they would use their learnings in their clinical practice with patients with chronic pain: 61% (average percentage across the 10 ECHO sessions) thought it was extremely likely they would use their learnings from the ECHO session(s) in their clinical 	"So many new ideas were floated, and I will be discussing this with my patient e.g., use of low-cost physio via COTA, using Uni clinics for EP, physio, psyche, redoing a mental health care plan for referral to new eyes." [case presenter survey] "The language around ensuring it being painful but not dangerous is something I can incorporate into my practice." [hcp, satisfaction survey] "[I intend to] be selective with my language - empowering my patients through my communications." [hcp, satisfaction survey] "I will incorporate a different language strategy and be more mindful of how I ask questions." [hcp, satisfaction survey]

"I will emphasise the value in managing psychological stressors that

issues with their GP for consideration of psych referral if warranted."

depression now - or health anxiety. Start talking about peer support."

"Ensuring that I gather history around all three elements (biomedical, social and psychological) rather than just the diagnosis so I can hand

this information over to the treating clinician." [hcp, satisfaction survey]

"[I intend to] get patients to make their plans themselves with help."

"[I intend to make] early referral to physiotherapist." [hcp, satisfaction

handy list to access quickly." [hcp, satisfaction survey]

"[I intend to] utilise [the hcp and consumer] resources more and develop

"[I intend to] keep asking: What is the condition now? Is it predominantly

"[I intend to] continue to emphasise non-pharmacological measures with

add to the pain experience and encourage clients to discuss such

[hcp, satisfaction survey]

[hcp, satisfaction survey]

[hcp, satisfaction survey]

survey]

increased authority." [hcp, satisfaction survey]

practice with patients with chronic pain; and 36% thought

it was likely (average percentage across the 10 ECHO

> All GP survey respondents (n= 6) of the outcome survey

increased their intention to reduce opioid prescribing

after the series thought that the ECHO Network

(either amount or frequency).

sessions)

language and

messaging to reduce

pain catastrophising

Teaching patients self-

· Referral to allied health

and physiotherapistsPromoting social

connection and community groups

Using the consumer

Changing the type of

and health professional

medications prescribed

for pain management

- clinical psychologists

Addressing mental

health issues

management

strategies

resources recommended

		Intention to reduce their opioid prescribing		"[I intend to] change the way I prescribe Pregabalin and use alternative and safer option." [hcp, satisfaction survey] "X [Hub panel member's] way of explaining to his patients to taper [opioids] was great, I will use this language in my consulting." [hcp, satisfaction survey] "[I intend] to search for psychological patient support including online if face- to-face is unavailable." [hcp, satisfaction survey]
b)	Perceived practice change What were healthcare professionals self-perceived practice changes after	Subthemes Increased GP referrals to allied health practitioners for pain management Encouraging social connection and	 The vast majority of GP respondents of the outcome survey after the series (n= 5 from 6 GPs) thought that the ECHO Network increased their referrals to allied health practitioners for pain management The vast majority of GP respondents of the outcome survey after the series (n= 5 from 6 GPs) thought that the ECHO Network decreased their opioid prescribing (either 	"Firstly, I am recognising that some patients I have seen for years are chronic pain patients. Identifying this is very helpful. I'm already practicing including some of the learnings about chronic pain management into these patients care plans." [hcp, satisfaction survey] "I now encourage patients to treat their PTSD / depression / anxiety because they experience more pain if their mental health is poor." [hcp, outcome survey]
	participation in the ECHO Network? psychological support on peer support and university allied health services	psychological support • Referring to peer support and university	amount or frequency)	"I [now] encourage my patients to connect with others because when we connect, we feel happier, and this results in decreasing pain levels." [hcp, outcome survey]
		(for patients with cost barriers)Use of the consumer		"The information I received from the panel allowed me to encourage my patient to re-engage in psychological supports and to consider volunteering as a gardener in the community garden." [case presenter, outcome survey]
		professional resources	rk for Planning and Assessing Continuing Medical Education (CME) was	"It definitely did [change the management of my patient]. I was not aware of the resources available for the patient e.g., COTA, physio services from universities because cost is the main issue for most older adults who suffer from chronic pain." [case presenter, outcome survey]

hcp = healthcare professional. Moore et al An Outcome Framework for Planning and Assessing Continuing Medical Education (CME) was used to inform the evaluation questions in this study.

APPENDIX S1: ONLINE SURVEYS

- A. Satisfaction surveys
- **B.** Outcome survey
- C. Case presenters survey



Survey Introduction

Project ECHO Satisfaction Survey The -----is conducting an evaluation study of the Chronic Pain ECHO Network. This survey aims to understand whether you liked the content and format of the session, whether the session was relevant to your practice, your learning from the session, and any suggestions for improvement. This survey is voluntary and will take approximately 5-10 minutes to complete. As the survey is voluntary you can exit at any time without completing

As the survey is voluntary you can exit at any time without completing the survey. Please read the attached Participant Information Sheet for more information.

Have you read and understood the Participant Information Sheet (see attached)?

O Yes

Your attendance in Project ECHO series

☐ Chiropractor

Your most recent attendance in this Project ECHO series.

1	I. Which ECHO session did you attend? Please select the ONE session that
y	ou <u>just attended</u> :
0	July 18 - Chronic pain management fundamentals - the biopsychosocial model of pain
0	Aug 1 - Explaining pain to patients - language, messaging and helping reduce pain catastrophising
0	Aug 15 - Psychosocial strategies and self-management approaches to pain management
0	Aug 29 - Physical Therapies and activity pacing
0	Sept 12 - Types of Chronic pain with a focus on neuropathic pain & CRPS
0	Sept 26 - Low back pain
0	Oct 10 - Safe and effective use of medicines for chronic pain
0	Oct 24 - Strategies to support opioids tapering in people with chronic pain
0	Nov 7 - Secondary prevention of chronic pain in the pre/post-surgery and post-injury phase
0	Nov 21 - Sleep management
٦	Γhe next questions are about you.
٦	The next questions are about you.
2	2. What is your profession(s)?
	GP
	Nurse or Nurse Practitioner
	Exercise Physiologist
	Occupational Therapist
	Osteopath

☐ Pharmacist☐ Physiotherapist
☐ Psychologist
☐ Social worker
☐ Sports physician
☐ Other
2a. Please describe your profession.
3. How many years have you been in practice?
<2 years
O 2-5 years
O 6-10 years
○ >10 years
4. How many patients with chronic pain have you managed in the past 12
months?
O 0
O <5
O 5-10
O 11-30

How many patier compensation sche		•	•		
○ 0○ <5○ 5-10○ 11-30○ >30					
6. Is your primary w	ork location	classified	as:		
Metropolitan SARegional SARemote SA					
7. Would your prima	ary work env	rironment b	e described	l as:	
Solo practiceTeam of practitionersMultidisciplinary tear			iscipline		
The next question	is about th	e format o	f the ECHC	ession.	
The next question 8. Please indicate if					ements:
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A. I liked the ECHO session format i.e., a didactic presentation followed by a case discussion	0	0	0	0	0
B. I thought that the ECHO session including the case study added value compared to other didactic education sessions	0	0	0	0	0
C. I thought the ECHO session format including the case study will assist me to integrate learnings into my practice, more than other didactic education formats	0	0	0	0	0
D. The duration of the ECHO session was feasible for me to attend (i.e., not too long)	0	0	0	0	0
E. There was enough opportunity to contribute to the discussion	0	0	0	0	0
F. I was able to use the Zoom technology without any problem	0	0	0	0	0
G. The online learning format is more accessible to me than a face-to-face format	0	0	0	0	0
H. The ECHO Hub panel created a positive, non-judgemental, and encouraging environment for health professionals to present a case and contribute to the discussion	0	0	0	0	0

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I. I liked the range of views and experiences from the different professional disciplines in the multidisciplinary hub panel and from participating health professionals	0	0	0	0	0
J. I liked learning with other health professionals with an interest in chronic pain	0	0	0	0	0

The next question is about the learning from the ECHO session

The next questions are about the learning from the ECHO session.

9. Please indicate if you agree or disagree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A. The ECHO session was relevant to my practice	0	0	0	0	0
B. I learnt or refreshed something that will be useful when caring for my patients with chronic pain	0	0	0	0	0
C. I learnt about resources for further information or to use with patients	0	0	0	0	0
D. I learnt about the multidisciplinary and biopsychosocial approach to pain management	0	0	0	0	0

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
E. I learnt about self- management and non- pharmacological strategies to use with patients with chronic pain	0	0	0	0	0
F. I learnt about chronic pain referral networks and when and who to refer patients with chronic pain to	0	0	0	0	0
G. I learnt about the importance of a patient centred approach for people with chronic pain e.g., empathic listening and validation	0	0	0	0	0
H. I think attending this ECHO session will improve the quality of my care that I provide to my patients with chronic pain	0	0	0	0	0
I. Overall, this ECHO session met my learning needs for this topic	0	0	0	0	0
10. Please describe from the ECHO sess		/O key leaı	nings that y	ou have tak	cen away
					,

The next question is about intentions to apply learnings to clinical practice.

The next questions are about your intention to apply the learnings to
your clinical practice.
11. How likely are you to use your learnings from this ECHO session in your
clinical practice with patients with chronic pain?
Extremely likely
) Likely
) Neutral/don't know
) Unlikely
) Extremely unlikely
12. Please describe ONE or TWO ways that you intend to apply the
learnings to change your clinical practice.

The next question is about potential barriers to changing your practice.

13. Are there any systems-based issues that might prevent you from applying your new learning into practice? *Think about your particular practice setting, the wider health services and health system, government policies, MBS reimbursement, and other factors.*

Yes No Unsure
13a. If yes, please describe the systems-based issues(s) and comment on any solutions that you think might address these issue(s).
14. Do you have any further comments about the format or content of the ECHO session or suggestions for improvements?



Survey Introduction

Project ECHO Case Presenters Survey
The is conducting an evaluation study of the Chronic Pain ECHO Network.
This survey aims to understand your experience of presenting a case, you satisfaction with the support to prepare a case, the value of the feedback and the potential impact of the panel feedback about your case on your practice. This survey is voluntary and will take approximately 5-10 minutes to complete.
Please read the attached Participant Information Sheet for more information.
Have you read and understood the Participant Information Sheet (see attached)?
) Yes

The next questions are about you

Firstly, some questions about you.

1. What is your profession(s)?
☐ GP
Nurse or Nurse Practitioner
Exercise Physiologist
Occupational Therapist
Osteopath
Chiropractor
☐ Pharmacist
Physiotherapist
☐ Psychologist
☐ Social worker
☐ Sports physician
Other
1a. Please describe your profession
2. How many years have you been in practice?
<2 years
2-5 years
O 6-10 years
>10 years

3. Is your primary work location classified as:
Metropolitan SA Regional SA Remote SA
4. Would your primary work environment be described as: Solo practice Team of practitioners from the same clinical discipline Multidisciplinary team of practitioners
The next questions are about your experience of presenting a case The next questions are about your experience of presenting a case. 5. How would you describe your experience of presenting a case at the
Chronic Pain ECHO (i.e., what did you like and/or dislike about presenting a case)?

6.	Please indicate if	ou agree or	disagree with	h the following	ı statements:
Ο.	i lodoo illalodto il	ou agroo or	alougioo wit		, otatorriorito

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A. I am satisfied with the level of support I received to develop the case for presentation	0	0	0	0	0
B. I valued receiving input from the expert panel members about my patient	0	0	0	0	0
C. I valued the discussion from the participating health professionals about my patient	0	0	0	0	0
D. I think the input I received from the expert panel and the participating health professionals about my patient will improve the quality of care to the patient	0	0	0	0	0
E. The ECHO Hub panel created a positive, non-judgemental, and encouraging environment to present a case	0	0	0	0	0

7. Do you have any suggestions for improvements in the support provided to you <u>prior to the ECHO session</u> to present a case?

Please indicate if you agree or disagree with the following statement: 8. The input I received about my patient from the expert panel or the participating health professionals will change my management of the
patient.) Strongly agree) Agree) Neither agree nor disagree) Disagree) Strongly disagree
8a. Please describe how the input you received about your patient from the expert panel or the participating health professionals will change your management of the patient.

9. Please describe if there were some aspects of the feedback provided by the expert panel that may not be suitable to your patient, or whether you

thought there was conflicting feedback from panel members:	
10. Do you have any further comments?	



Survey Introduction

Project ECHO Outcome Survey
Theis conducting an evaluation study of the Chronic Pain ECHO Network.
This survey aims to understand the impact of participation in the Chronic Pain ECHO network on you and your practice, and the importance of sustaining the program (as an ongoing program). This survey is voluntary and will take approximately 10 minutes to complete.
Please read the attached Participant Information Sheet for more information.
Have you read and understood the Participant Information Sheet (se attached)?
Yes

Your attendance in the Project ECHO series.

1. Which ECHO session(s) did you attend? Please select ALL the sessions
you have attended:
July 18 - Chronic pain management fundamentals - the biopsychosocial model of pain
Aug 1 - Explaining pain to patients - language, messaging and helping reduce pain catastrophising
Aug 15 - Psychosocial strategies and self-management approaches to pain management
Aug 29 - Physical Therapies and activity pacing
☐ Sept 12 - Types of Chronic pain with a focus on neuropathic pain & CRPS☐ Sept 26 - Low back pain
Oct 10 - Safe and effective use of medicines for chronic pain
Oct 24 - Strategies to support opioids tapering in people with chronic pain
Nov 7 - Secondary prevention of chronic pain in the pre/post-surgery and post-injury phase
Nov 21 - Sleep management
2. Did you present a case during the Chronic Pain ECHO series? O Yes
○ No
The next questions are about you
The next questions are about you. 3. What is your profession(s)?
☐ GP

☐ Nurse or Nurse Practitioner
☐ Exercise Physiologist
Occupational Therapist
Osteopath
Chiropractor
☐ Pharmacist
Physiotherapist
☐ Psychologist
☐ Social worker
☐ Sports physician
☐ Other
3a. Please describe your profession.
4. How many years have you been in practice?
<2 years
2-5 years
O 6-10 years
>10 years
5. How many nationts with obrania pain have you managed in the next 10
5. How many patients with chronic pain have you managed in the past 12
months?
O 0
O 5-10

O 11-30
O >30
6. How many patients with workplace injuries managed under the workers
compensation scheme have you managed in the past 12 months?
O 0
O 5-10
O 11-30
O >30
7. Is your primary work location classified as:
Motropoliton SA
Metropolitan SA Regional SA
Regional SARemote SA
O Remote 6A
8. Would your primary work environment be described as:
o. Would your primary work chivitoriment be described as.
Solo practice
Team of practitioners from the same clinical discipline
Multidisciplinary team of practitioners
impact on knowledge and confidence

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The next questions are about the impact of participating in the Chronic Pain ECHO Network on your knowledge and confidence.

9. Please indicate if you agree or disagree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A. The Chronic Pain ECHO has improved my knowledge about the multidisciplinary and biopsychosocial approach to pain management	0	0	0	0	0
B. The Chronic Pain ECHO has improved my knowledge about self-management and non-pharmacological strategies to use with patients with chronic pain	0	0	0	0	0
C. The Chronic Pain ECHO has improved my knowledge about chronic pain referral networks and when and who to refer patients with chronic pain to	0	0	0	0	0
D. The Chronic Pain ECHO met my learning needs related to chronic pain	0	0	0	0	0
E. The Chronic Pain ECHO has improved my confidence to manage patients with chronic pain	0	0	0	0	0
F. The Chronic Pain ECHO has improved my confidence about how to help people make sense of their pain from a biopsychosocial perspective	0	0	0	0	0

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
G. The Chronic Pain ECHO has improved my confidence about using a patient centred approach with people with chronic pain e.g., empathic listening and validation	0	0	0	0	0
H. The Chronic Pain ECHO has enabled me to integrate learnings into my practice and improve patient outcomes	0	0	0	0	0
10. Do you have any			-	ow the Chro	onic Pain
The next question sessions or listed of 11. Did you find any listed on the Chronic	on the Chro	onic Pain urces discu	ECHO websussed in the	site.	
)Yes)No)Unaware of resource	s				

11a. If yes, please naused it.	ame ONE r	esource th	at you found	d useful and	I how you
					//
impact on practice					
The next questions Pain ECHO Networ 12. Please indicate in	k on your _ا	practice.			
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A. The Chronic Pain ECHO has improved the quality of care that I provide to my patients with chronic pain	0	0	0	0	0
B. The Chronic Pain ECHO has increased my encouragement to patients to learn and adopt an active selfmanagement program and non-pharmacological strategies for pain management	0	0	0	0	0

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
C. The Chronic Pain ECHO has helped me to improve my language and communication skills in explaining concepts to patients in a variety of ways to assist me in tailoring effective communication approaches	0	0	0	0	0
13. Please provide of has impacted your p				Chronic Pa	ain ECHO
GPs only					,
14. Please indicate	if you agree	or disagre	ee with the fo	ollowing sta	tements:
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A. The Chronic Pain ECHO has increased my referrals to allied health practitioners for pain management	0	0	0	0	0

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
B. The Chronic Pain ECHO has decreased my opioid prescribing (either amount or frequency)	0	0	0	0	0
C. The Chronic Pain ECHO has increased my intention to reduce opioid prescribing (either amount or frequency)	0	0	0	0	0
Case presenters 15. Please reflect or whether the input you the participating hea	u received Ith professi	about your	patient fron	n the expert	panel, or
patient, and if so, ho	w?				
					//

Block 7

The next question is about potential barriers to changing your practice.

16. Are there any systems-based issues that might prevent you from applying your new learning into practice? *Think about your particular*

practice setting, the wider heath services and health system, governme policies, MBS reimbursement, and other factors.	∍nt
YesNoUnsure	
16a. If yes, please describe the systems-based issue(s) and comment	on
any solutions that you think might address these issues(s).	OH
	//
The next questions are about the impact of participating in the Ch Pain ECHO Network on attitudes towards chronic pain patients an other health professional disciplines.	
17. Do you think participating in the Chronic Pain ECHO Network has affected your attitude towards people living with chronic pain?	
○ Yes ○ No	
17a. If Yes, please describe (any positive or negative changes in attitud	des):

18. Do you think participating in the Chronic Pain ECHO Network has affected your attitude towards the role of other health professional disciplines in managing people living with chronic pain?
Yes No
18a. If Yes, please describe (any positive or negative changes in attitudes):
Block 8
The next questions are about participating in a community of practice.

Strongly agree

Agree

19. Please indicate if you agree or disagree with the following statements:

Neither agree nor disagree

Disagree

Strongly disagree

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A. The Chronic Pain ECHO Network provided professional support	0	0	0	0	0
B. The Chronic Pain ECHO Network made me feel like I was a part of a community of practitioners who share common interests and concerns related to pain management	0	0	0	0	0
C. The Chronic Pain ECHO Network has improved my professional networks related to pain management	0	0	0	0	0
20. Do you have any improved your profe					IO has
					//

Block 9

The next question is about the importance of sustaining the Chronic Pain ECHO (as an ongoing Community of Practice).

21. Do you think the Chronic Pain ECHO should be sustained as an ongoing Community of Practice if resources to do so are available?
Yes No
21a. If Yes, what do you think would be the benefit of an ongoing community of practice focusing on chronic pain for you and/or other health care professionals?
21b. If Yes, do you have any ideas about the type of ongoing community of
practice that would be best for you (e.g., in the current format as a didactic followed by a case presentation, or an online support group with a facilitator, or a Facebook page or other idea)?

Any other comments?

22. Do you have any further comments about the Chronic Pain ECHO,

suggestions for improvements, or would you like to comment on any negative consequences you experienced participating in the Chronic Pain ECHO?	l

APPENDIX S2: ONLINE SURVEYS

- A. Satisfaction surveys
- **B.** Outcome survey
- C. Case presenters survey

Appendix S2: response rates for online surveys

A. Satisfaction surveys

- Number of respondents of the satisfaction surveys after each ECHO session: n=106 across the ECHO series of 10 sessions
- Average response rate = 46%, see table below.

Response rate for satisfaction surveys (n=106) from the SA Chronic Pain ECHO network

ECHO session	Number of participants	Number of satisfaction survey respondents	Response rate
ECHO session 1: Chronic pain management fundamentals – the biopsychosocial model of pain	33	13	39%
ECHO session 2: Explaining pain to patients – language, messaging and helping reduce pain catastrophising	29	10	34%
ECHO session 3: Psychological strategies and self- management approaches to pain management	27	12	44%
ECHO session 4: Physical therapies and activity pacing	23	10	43%
ECHO session 5: Types of chronic pain with a focus on neuropathic pain & CRPS	23	12	52%
ECHO session 6: Low back pain	23	13	57%
ECHO session 7: Safe and effective use of medicines for chronic pain	22	13	59%
ECHO session 8: Strategies to support opioid tapering in people with chronic pain	22	9	41%
ECHO session 9: Secondary prevention of chronic pain in the pre/post-surgery and post-injury phase	15	9	60%
ECHO session 10: Sleep management	17	5	29%
Average response rate across the ECHO series			46%

B. Case presenters survey

- Number of case presenters: n=9
- Number of respondents of the case presenters survey after each case presentation: n=7
- Response rate = 78% (7/9)

C. Outcome survey

- Number of respondents of the outcome survey after all 10 ECHO session: n=11
- Response rate = 25% (11/44)

Outcomes of the SA Chronic Pain ECHO Network

	eme aluation question	Subthemes	Supporting evidence - satisfaction survey after each ECHO (n=7) and outcome survey after the ECHO series (n=11)	O session (n=106 across the ECHO series), case presenters survey	
Was the ECHO Network perceived by healthcare professionals as relevant to practice? b) Satisfaction with the ECHO format Were healthcare professionals satisfied with the format and content of the ECHO Network and was the network considered a 'value- add' compared to other education programs? High level of satisfaction with the relevance to practice Subtheme High level of satisfaction with the ECHO format Subtheme High level of satisfaction with the ECHO format All respond ECHO sess compared to study) will a practice mo (ECHO sess	Quantitative	Qualitative			
Lev	Evaluation question (n=7) and outcome survey after the ECHÓ series (n=11) Quantitative Qualitative Qualitative Qualitative Level 2 - Satisfaction a) Relevance Was the ECHO Network perceived by healthcare professionals as relevant to practice? The vast majority of respondents of the satisfaction survey thought that the ECHO sessions were relevant to their practice (average across the series of 10 sessions = 99%) > The vast majority of respondents of the satisfaction survey thought that the ECHO sessions were one of the best among SAPMEA learning opportune (inc), outcome survey) The vast majority of respondents of the satisfaction survey) **Ilked receiving suggestions from the different experts present. The will give me ideas about how I can help my patient further." [case presenter survey] **It is clear, detailed and actionable.** [case presenter survey] **It is clear, detailed and actionable.** [case presenter survey] **ECHO sessions absolutely fantastic. Such a great way to learn. The sessions satisfied with the format and content of the ECHO Network and was the network considered a "value add" compared to other didactic education formats **Almost all respondents of the satisfaction survey thought that the ECHO sessions were relevant to their practice (average across the series of 10 sessions survey) **The vast majority of respondents of the satisfaction survey] **It is clear, detailed and actionable.**[case presenter survey] **ECHO sessions absolutely fantastic. Such a great way to learn. The second procession satisfaction survey] **Excellent speakers and MC, great content and ability to interact. Such a great of the satisfaction survey] **It was great. I was so glad that I got the opportunity to present to multidisciplinary team of specialists.**[case presenter survey] **It think the sessions have been run extremely well. The format is gard the "sticking" to time is just fantastic. The ability to interact with specialists is fantastic.** The vast majority of respondents of the satisfact				
a)	Was the ECHO Network perceived by healthcare professionals as	High level of satisfaction with the relevance to	that the ECHO sessions were relevant to their practice (average across the series of 10 sessions = 99%) The vast majority of respondents of the satisfaction survey thought that the ECHO sessions had met their learning needs (average across the series of 10 sessions	"I liked receiving suggestions from the different experts present. This will give me ideas about how I can help my patient further." [case presenter survey]	
b)	ECHO format Were healthcare professionals satisfied with the format and content of the ECHO Network and was the network considered a 'valueadd' compared to other education	High level of satisfaction	survey thought that the ECHO (didactic and case study) added value compared to other didactic education formats (ECHO session 1-9: average across the series of 9 sessions = 91%) All respondents of the satisfaction survey thought that ECHO session 10 (didactic and Q & A) added value compared to other didactic education formats The vast majority of respondents of the satisfaction survey thought the ECHO format (didactic and case study) will assist them to integrate learnings into their practice more than other didactic education formats (ECHO session 1-9) (average across the series of 9 sessions = 87%) All respondents of the satisfaction survey thought ECHO session 10 (didactic and Q & A) will assist them to integrate learnings into their practice more than other	"Excellent speakers and MC, great content and ability to interact. Thank you." [hcp, satisfaction survey] "It was great, I was so glad that I got the opportunity to present to a multidisciplinary team of specialists." [case presenter survey] "I think the sessions have been run extremely well. The format is great and the "sticking" to time is just fantastic. The ability to interact with	
		Subtheme	The vast majority of respondents of the satisfaction survey were able to use the ZOOM technology without	-	

	High level of so with the online format Subtheme High level of so with information resources	 Pown The vast majority of respondents of the satisfaction survey thought the online learning format is more accessible to them than a face-to-face format (average across the series of 10 sessions = 93%) The vast majority of respondents of the satisfaction survey thought that the duration of the ECHO sessions was feasible for them to attend (i.e., not too long) (average across the series of 10 sessions = 94%) The vast majority of respondents of the satisfaction survey thought that they had learnt about resources for further information or to use with patients (average) 	"[Improved] knowledge of available resources for personal and client use." [hcp, outcome survey] "[Key learnings are to] utilise resources more and develop handy list to access quickly." [hcp, satisfaction survey]
	Subtheme Aspects of the and content no some healthca professionals	t liked by > Some healthcare professionals commented on the	sessions overall I felt was a lot. I wanted to attend another ECHO but could not afford to have another evening taken away from family time to attend." [hcp, satisfaction survey] "I felt that the extremely complicated nature of some of the case studies distracted from the ability to apply the learnings in some cases." [hcp, outcome survey] "I felt that the case study was not really discussed in a helpful way that gave the presenter any strategies to help with her questions around."
c)	Mentorship Subtheme environment	The vast majority of the respondents of the satisfaction survey thought the ECHO hub panel created a positive, non-judgemental, and encouraging environment for	"It was incredibly validating. Huge amount of information. Very grateful to the support I have been given." [case presenter survey]

	Did healthcare professionals perceive the mentorship environment in the ECHO Network as positive?	High level of satisfaction with the mentorship environment	 healthcare professionals to present a case and contribute to the discussion (average across the series of 10 sessions = 96%) The vast majority of respondents of the satisfaction survey liked learning with other healthcare professionals with an interest in chronic pain (average across the series of 10 sessions = 93%). The vast majority of respondents of the outcome survey after the ECHO series thought the SA Chronic Pain ECHO Network provided professional support (n=9; 90%); and made them feel like they were part of a community of practitioners who share common interests and concerns related to pain management (n=9; 90%). 	"I don't know of another forum in which I could have received this support. I have a management pathway with various options depending on the patient's response and it is specific to my patient." [case presenter survey] "I felt very listened to and respected. It was very empowering." [case presenter survey] "Very supportive from the team." [case presenter survey] "[I have] increased awareness of what is out there. Also, that I was not alone in managing this complex issue for patients." [hcp, outcome survey] "Ongoing reference source of practitioners and reference materials for use and referral when needed." [hcp, outcome survey]
a)	Perceived knowledge gain Did the ECHO Network improve self-perceived knowledge related to best practice pain care?	Subtheme Self-reported improvements in knowledge	 The vast majority of respondents of the satisfaction survey thought that the ECHO session(s) they attended had met their learning needs for this topic (average across the 10 ECHO sessions = 95%). The vast majority of respondents of the satisfaction survey thought that they had learnt about the multidisciplinary and biopsychosocial approach to pain management (average across the 10 ECHO sessions = 97%); and self-management and non-pharmacological strategies to use with patients with chronic pain (average across the 10 ECHO sessions = 90%) All respondents of the outcome survey after the series thought the ECHO Network had improved their knowledge about the multidisciplinary and biopsychosocial approach to pain management; and self-management and non-pharmacological strategies to use with patients with chronic pain (n=11; 100%) 	"The chronic pain ECHO has updated my knowledge, and it was one of the best of the ECHO series." [hcp, outcome survey] "[I have improved] knowledge of available resources for personal and client use." [hcp, outcome survey] "[I have improved] knowledge of potential referral sources (other local practitioners)." [hcp, outcome survey] "So many older patients seek help with sleep issues associated with chronic pain and knowing what might work can then be applied to their issues." [hcp, satisfaction survey] "The shift is to use language to increase safety message and decreasing threating message. Positive descriptive language used when discussing X Ray findings, some of these were new to me." [hcp, satisfaction survey]
b)	Key learnings What were the most prevalent key learnings for		ogical into pain care including addressing mental health issues, hological self-management strategies, referring to clinical ed.	"[Key learnings for me are] asking the patient to contribute more i.e., listen more than talk. Make sure the patient understands clearly and reduce fear." [hcp, satisfaction survey]

	healthcare professionals from the ECHO Network?	Incorporating social ap and community groups	proaches into pain care including promoting social connection s.	"[Key learnings for me are] overwhelming importance of mental health in chronic pain management." [hcp, satisfaction survey] "[Key learnings for me are] that the biomedical, psychological and social situations of a patient are all recognised elements of chronic pain management rather than just the biomedical side." [hcp, satisfaction survey]
c)	Attitudes towards patients Did the ECHO Network change attitudes towards people living with chronic pain with greater understanding of the importance of patient-centred care	Subtheme Better understanding of patient-centred communication and validating the patient experience	 The vast majority of respondents of the satisfaction survey thought they had learnt about the importance of a patient centred approach for people with chronic pain e.g., empathic listening and validation (average across the series of 10 sessions = 91%). The vast majority of respondents of the outcome survey thought the ECHO Network impacted their attitudes towards people living with chronic pain (n=9; 90%) 	"Pain is invisible symptoms, so it is best to trust my patient when they are in severe pain and do my ultimate treatment. Patient care and satisfaction should be the first priority." [hcp, outcome survey] "[I have a better understanding of the] perspectives of problems clients face" [hcp, outcome survey] "I will incorporate a different language strategy and be more mindful of how I ask questions." [hcp, satisfaction survey] "[I have a] greater understanding of the systemic difficulties involved in accessing care." [hcp, outcome survey]
d)	Attitudes towards other healthcare professionals Did the ECHO Network change attitudes towards other healthcare professional disciplines involved in pain care with greater understanding of multidisciplinary team-based care?	Subtheme Better understanding of multidisciplinary teambased care	 The vast majority of respondents of the satisfaction survey liked the range of views and experiences from the different professional disciplines in the multidisciplinary hub panel and from participating health professionals (average across the 10 ECHO sessions = 97%). The vast majority of respondents of the satisfaction survey thought they had learnt about the multidisciplinary and biopsychosocial approach to pain management (average across the 10 ECHO sessions = 97%). More than half of respondents of the outcome survey thought the ECHO Network had impacted their attitudes towards the role of other health professional disciplines in managing people with chronic pain (n=6; 60%) 	"[I have a] better understanding of the way in which different practitioners can contribute and work together." [hcp, outcome survey] "Chronic pain is complicated, and I don't know everything but can reach out to others to get ideas." [hcp, satisfaction survey] "[I learnt the importance of the] use of physiotherapist and pain psychologist." [hcp, outcome survey] "[I have] increased awareness of having communication channels with GP/psychologist to assist in chronic pain management." [hcp, outcome survey]
Lev	rel 4 – Competence (sel	f-confidence)		
a)	Confidence Did the ECHO Network improve confidence related	Subtheme	All respondents of the outcome survey thought the ECHO Network had improved their confidence to manage patients with chronic pain; to help people make sense of their pain from a biopsychosocial perspective; and to use	"It was incredibly validating. Huge amount of information. Very grateful to the support I have been given." [case presenter survey]

	to best practice pain care?	Improvements in confidence related to best practice pain care	a patient centred approach with people with chronic pain (e.g., empathetic listening and validation) (n=11; 100%)	"I feel confident to 'prescribe' connecting with others as one of the non- pharmacological treatments for chronic pain." [hcp, outcome survey]
Le\	rel 5 – Performance			
a)	Intention to change practice Did healthcare professionals intend to change their practice after participation in the ECHO Network?	Subthemes • Learning about the whole person • Validating the patient experience • Gathering history around all three elements (biomedical, social and psychological) • Using appropriate	 The majority of the respondents of the case presenter survey thought the input they received about their patient from the expert panel or the participating health professionals will change their management of the patient (n= 5; 83%) The vast majority of respondents of the satisfaction survey thought they would use their learnings in their clinical practice with patients with chronic pain: 61% (average percentage across the 10 ECHO sessions) thought it was extremely likely they would use their learnings from the ECHO session(s) in their clinical 	"So many new ideas were floated, and I will be discussing this with my patient e.g., use of low-cost physio via COTA, using Uni clinics for EP, physio, psyche, redoing a mental health care plan for referral to new eyes." [case presenter survey] "The language around ensuring it being painful but not dangerous is something I can incorporate into my practice." [hcp, satisfaction survey] "[I intend to] be selective with my language - empowering my patients through my communications." [hcp, satisfaction survey] "I will incorporate a different language strategy and be more mindful of how I ask questions." [hcp, satisfaction survey]

"I will emphasise the value in managing psychological stressors that

issues with their GP for consideration of psych referral if warranted."

depression now - or health anxiety. Start talking about peer support."

"Ensuring that I gather history around all three elements (biomedical, social and psychological) rather than just the diagnosis so I can hand

this information over to the treating clinician." [hcp, satisfaction survey]

"[I intend to] get patients to make their plans themselves with help."

"[I intend to make] early referral to physiotherapist." [hcp, satisfaction

handy list to access quickly." [hcp, satisfaction survey]

"[I intend to] utilise [the hcp and consumer] resources more and develop

"[I intend to] keep asking: What is the condition now? Is it predominantly

"[I intend to] continue to emphasise non-pharmacological measures with

add to the pain experience and encourage clients to discuss such

[hcp, satisfaction survey]

[hcp, satisfaction survey]

[hcp, satisfaction survey]

survey]

increased authority." [hcp, satisfaction survey]

practice with patients with chronic pain; and 36% thought

it was likely (average percentage across the 10 ECHO

> All GP survey respondents (n= 6) of the outcome survey

increased their intention to reduce opioid prescribing

after the series thought that the ECHO Network

(either amount or frequency).

sessions)

language and

messaging to reduce

pain catastrophising

Teaching patients self-

· Referral to allied health

and physiotherapistsPromoting social

connection and community groups

Using the consumer

Changing the type of

and health professional

medications prescribed

for pain management

- clinical psychologists

Addressing mental

health issues

management

strategies

resources recommended

		Intention to reduce their opioid prescribing		"[I intend to] change the way I prescribe Pregabalin and use alternative and safer option." [hcp, satisfaction survey] "X [Hub panel member's] way of explaining to his patients to taper [opioids] was great, I will use this language in my consulting." [hcp, satisfaction survey] "[I intend] to search for psychological patient support including online if face- to-face is unavailable." [hcp, satisfaction survey]
b)	Perceived practice change What were healthcare professionals self-perceived practice changes after	Subthemes Increased GP referrals to allied health practitioners for pain management Encouraging social connection and	 The vast majority of GP respondents of the outcome survey after the series (n= 5 from 6 GPs) thought that the ECHO Network increased their referrals to allied health practitioners for pain management The vast majority of GP respondents of the outcome survey after the series (n= 5 from 6 GPs) thought that the ECHO Network decreased their opioid prescribing (either 	"Firstly, I am recognising that some patients I have seen for years are chronic pain patients. Identifying this is very helpful. I'm already practicing including some of the learnings about chronic pain management into these patients care plans." [hcp, satisfaction survey] "I now encourage patients to treat their PTSD / depression / anxiety because they experience more pain if their mental health is poor." [hcp, outcome survey]
	participation in the ECHO Network?	psychological supportReferring to peer support and university	amount or frequency)	"I [now] encourage my patients to connect with others because when we connect, we feel happier, and this results in decreasing pain levels." [hcp, outcome survey]
		allied health services (for patients with cost barriers) • Use of the consumer and health care		"The information I received from the panel allowed me to encourage my patient to re-engage in psychological supports and to consider volunteering as a gardener in the community garden." [case presenter, outcome survey]
		professional resources	rk for Planning and Assessing Continuing Medical Education (CME) was	"It definitely did [change the management of my patient]. I was not aware of the resources available for the patient e.g., COTA, physio services from universities because cost is the main issue for most older adults who suffer from chronic pain." [case presenter, outcome survey]

hcp = healthcare professional. Moore et al An Outcome Framework for Planning and Assessing Continuing Medical Education (CME) was used to inform the evaluation questions in this study.

Supplementary Material: ECHO Satisfaction survey results

Satisfaction with ECHO session format

I liked the ECHO session format i.e., a didactic presentation followed by a case presentation (for Session 10: i.e., a didactic session followed by a Q and A session)

	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	11 (85%)	8 (80%)	9 (75%)	6 (60%)	7 (58%)	7 (54%)	8 (62%)	7 (78%)	3 (33%)	3 (60%)	
Agree	1 (8%)	2 (20%)	3 (25%)	3 (30%)	4 (33%)	6 (46%)	4 (31%)	2 (22%)	5 (56%)	2 (40%)	
Neither agree nor disagree				1 (10%)							
Disagree											
Strongly disagree	1 (8%)				1 (8%)		1 (8%)		1 (11%)		
Strongly agree + agree	12 (92%)	10 (100%)	12 (100%)	9 (90%)	11 (92%)	13 (100%)	12 (92%)	9 (100%)	8 (89%)	5 (100%)	95%
											(Sessions 1-9 only)

I thought that the ECHO session including the case study added value compared to other didactic education session (for Session 10: I thought that the ECHO session including the Q and A session added value compared to other didactic sessions)

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10	Average
	(n=13)	(n=10)	(n=12)	(n=10)	(n=12)	(n=13)	(n=13)	(n=9)	(n=9)	(n=5)	
Strongly Agree	10 (77%)	7 (70%)	6 (50%)	8 (80%)	6 (50%)	8 (62%)	6 (46%)	6 (67%)	4 (44%)	4 (80%)	
Agree	3 (23%)	3 (30%)	5 (42%)	1 (10%)	4 (33%)	4 (31%)	4 (31%)	3 (33%)	4 (44%)	1 (20%)	
Neither agree nor disagree				1 (10%)		1 (8%)	2 (15%)				
Disagree			1 (8%)		1 (8%)						
Strongly disagree					1 (8%)		1 (8%)		1 (11%)		
Strongly agree + agree	13 (100%)	10 (100%)	11 (92%)	9 (90%)	10 (83%)	12 (92%)	10 (77%)	9 (100%)	8 (89%)	5 (100%)	91%
											(Sessions 1-9 only)

I thought the ECHO session format including the case study will assist me to integrate learnings into my practice, more than other didactic education formats (For Session 10: I though the ECHO session format including the Q and A session will assist me to integrate learnings into my practice, more than other didactic education formats).

	Session 1 (n=13)	Session 2 (n=9)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	9 (69%)	6 (67%)	7 (58%)	5 (50%)	4 (33%)	6 (46%)	6 (46%)	4 (44%)	3 (33%)	4 (80%)	
Agree	3 (23%)	3 (33%)	4 (33%)	3 (30%)	5 (42%)	6 (46%)	4 (31%)	5 (56%)	4 (44%)	1 (20%)	
Neither agree nor disagree	1 (8%)			2 (20%)	2 (17%)	1 (8%)	2 (15%)		1 (11%)		
Disagree			1 (8%)								
Strongly disagree					1 (8%)		1 (8%)		1 (11%)		
Strongly agree + agree	12 (92%)	9 (100%)	11 (92%)	8 (80%)	9 (75%)	12 (92%)	10 (77%)	9 (100%)	7 (78%)	5 (100%)	87%
											(Sessions 1-9 only)

	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	7 (54%)	8 (80%)	6 (50%)	4 (40%)	6 (50%)	8 (62%)	6 (46%)	6 (67%)	3 (33%)	3 (60%)	
Agree	6 (46%)	2 (20%)	5 (42%)	6 (60%)	4 (33%)	5 (38%)	6 (46%)	3 (33%)	5 (56%)	1 (20%)	
Neither agree nor disagree										1 (20%)	
Disagree			1 (8%)		1 (8%)						
Strongly disagree					1 (8%)		1 (8%)		1 (11%)		
Strongly agree + agree	13 (100%)	10 (100%)	11 (92%)	10 (100%)	10 (83%)	13 (100%)	12 (92%)	9 (100%)	8 (89%)	4 (80%)	94%
There was enough opportu	nity to contrib	ute to the discu	ussion	1	1	l		1	1	1	ı
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=11)	Session 4 (n=10)	Session 5 (n=11)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	7 (54%)	8 (80%)	5 (45%)	7 (70%)	3 (27%)	4 (31%)	3 (23%)	6 (67%)	5 (56%)	3 (60%)	
Agree	6 (46%)	1 (10%)	6 (55%)	3 (30%)	6 (55%)	6 (46%)	8 (62%)	3 (33%)	3 (33%)	2 (40%)	
Neither agree nor disagree		1 (10%)			1 (9%)	3 (23%)	1 (8%)				
Disagree											
Strongly disagree					1 (9%)		1 (8%)		1 (11%)		
Strongly agree + agree	13 (100%)	9 (90%)	11 (100%)	10 (100%)	9 (82%)	10 (77%)	11 (85%)	9 (100%)	8 (89%)	5 (100%)	92%
I was able to use the Zoom	technology wi	thout any prob	lem						1	1	1
	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10	Average
Ot d.A.	(n=13)	(n=10)	(n=12)	(n=10)	(n=12)	(n=13)	(n=13)	(n=9)	(n=9)	(n=5)	
Strongly Agree	8 (62%)	9 (90%)	9 (75%)	7 (70%)	4 (33%)	6 (46%)	7 (54%)	9 (100%)	5 (56%)	3 (60%)	
Agree	5 (38%)	1 (10%)	3 (25%)	3 (30%)	5 (42%)	6 (46%)	3 (23%)		- (()	2 (40%)	
Neither agree nor disagree					1 (8%)	1 (8%)	2 (15%)		3 (33%)		
Disagree					1 (8%)		. (22()				
Strongly disagree					1 (8%)		1 (8%)		1 (11%)		
Strongly agree + agree	13 (100%)	10 (100%)	12 (100%)	10 (100%)	9 (75%)	12 (92%)	10 (77%)	9 (100%)	5 (56%)	5 (100%)	90%
The online learning format	is more acces	sible to me tha	n a face-to-fa	ce format							
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	8 (62%)	5 (50%)	7 (58%)	7 (70%)	6 (50%)	10 (77%)	8 (62%)	8 (89%)	3 (33%)	4 (80%)	
Agree	5 (38%)	4 (40%)	3 (25%)	2 (20%)	5 (42%)	3 (23%)	3 (23%)	1 (11%)	5 (56%)	1 (20%)	
Neither agree nor disagree			2 (17%)	1 (10%)	1 (8%)		1 (8%)				
Disagree	†	1 (10%)	1	1	1		-	1	1	1	1

Strongly disagree							1 (8%)		1 (11%)		
Strongly agree + agree	13 (100%)	9 (90%)	10 (83%)	9 (90%)	11 (92%)	13 (100%)	11 (85%)	9 (100%)	8 (89%)	5 (100%)	93%
The ECHO Hub panel create	ed a positive, r	non-judgement	tal, and encou	raging environ	ment for hea	lth profession	als to present a	a case and cor	ntribute to the	discussion	
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=9)	Session 5 (n=12)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	9 (69%)	9 (90%)	8 (67%)	7 (78%)	8 (67%)	8 (62%)	6 (46%)	8 (89%)	5 (56%)	4 (80%)	
Agree	4 (31%)	1 (10%)	4 (33%)	2 (22%)	3 (25%)	5 (38%)	4 (31%)	1 (11%)	3 (33%)	1 (20%)	
Neither agree nor disagree							2 (15%)				
Disagree											
Strongly disagree					1 (8%)		1 (8%)		1 (11%)		
Strongly agree + agree	13 (100%)	10 (100%)	12 (100%)	9 (100%)	11 (92%)	13 (100%)	10 (77%)	9 (100%)	8 (89%)	5 (100%)	96%
I liked the range of views ar	d experiences	from the diffe	rent nrofessio	nal discipline	s in the multi	discinlinary hı	ıh nanel and fr	om narticinati	ng health nrof	essionals	4
Takou tilo lungo ol viowo ul	·	_	_								Assauranta
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	7 (54%)	7 (70%)	7 (58%)	7 (70%)	7 (58%)	8 (62%)	5 (38%)	9 (100%)	5 (56%)	4 (80%)	
Agree	6 (46%)	3 (30%)	5 (42%)	3 (30%)	4 (33%)	5 (38%)	7 (54%)		3 (33%)	1 (20%)	
Neither agree nor disagree											
Disagree											
Strongly disagree					1 (8%)		1 (8%)		1 (11%)		
Strongly agree + agree	13 (100%)	10 (100%)	12 (100%)	10 (100%)	11 (92%)	13 (100%)	12 (92%)	9 (100%)	8 (89%)	5 (100%)	97%
I liked learning with other h	ealth professi	onals with an i	nterest in chro	nic pain							
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	7 (54%)	7 (70%)	9 (75%)	6 (60%)	6 (50%)	8 (62%)	6 (46%)	9 (100%)	4 (44%)	4 (80%)	
Agree	5 (38%)	3 (30%)	3 (25%)	4 (40%)	5 (42%)	5 (38%)	6 (46%)		4 (44%)	1 (20%)	
Neither agree nor disagree	1 (8%)										
Disagree											
Strongly disagree					1 (8%)		1 (8%)		1 (11%)		
Strongly agree + agree	12 (92%)	10 (100%)	12 (100%)	10 (100%)	11 (92%)	13 (100%)	12 (92%)	9 (100%)	8 (89%)	5 (100%)	97%

Satisfaction with ECHO session learnings

	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=12)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	9 (69%)	7 (70%)	7 (58%)	5 (50%)	5 (42%)	7 (58%)	7 (54%)	5 (56%)	4 (44%)	4 (80%)	
Agree	4 (31%)	3 (30%)	5 (42%)	5 (50%)	7 (58%)	5 (42%)	6 (46%)	3 (33%)	5 (56%)	1 (20%)	
Neither agree nor disagree								1 (11%)			
Disagree											
Strongly disagree											
Strongly agree + agree	13 (100%)	10 (100%)	12 (100%)	10 (100%)	12 (100%)	12 (100%)	13 (100%)	8 (89%)	9 (100%)	5 (100%)	99%
I learnt or refreshed somet	ning that will	be useful wh	en caring for	my patients w	ith chronic pair	n					
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	8 (62%)	7 (70%)	7 (58%)	6 (60%)	6 (50%)	8 (62%)	7 (54%)	5 (56%)	5 (56%)	3 (60%)	
Agree	5 (38%)	3 (30%)	5 (42%)	3 (30%)	6 (50%)	5 (38%)	5 (38%)	3 (33%)	4 (44%)	2 (40%)	
Neither agree nor disagree				1 (10%)			1 (8%)	1 (11%)			
Disagree											
Strongly disagree											
Strongly agree + agree	13 (100%)	10 (100%)	12 (100%)	9 (90%)	12 (100%)	13 (100%)	12 (92%)	8 (89%)	9 (100%)	5 (100%)	97%
I learnt about resources for	further infor	mation or to u	use with patie	ents	1	- 1		•	•	1	•
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	7 (54%)	7 (70%)	7 (58%)	7 (70%)	5 (42%)	5 (38%)	5 (38%)	4 (44%)	5 (56%)	3 (60%)	
Agree	5 (38%)	2 (20%)	4 (33%)	2 (20%)	5 (42%)	7 (54%)	5 (38%)	5 (56%)	3 (33%)	1 (20%)	
Neither agree nor disagree	1 (8%)	1 (10%)	1 (8%)	1 (10%)	2 (17%)	1 (8%)	3 (23%)		1 (11%)	1 (20%)	
Disagree											
Strongly disagree											
Strongly agree + agree	12 (92%)	9 (90%)	11 (92%)	9 (90%)	10 (83%)	12 (92%)	10 (77%)	9 (100%)	8 (89%)	4 (80%)	89%
I learnt about the multidisc	iplinary and b	piopsychosoc	cial approach	to pain mana	gement						
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=11)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	7 (54%)	6 (60%)	7 (58%)	5 (50%)	6 (55%)	5 (38%)	5 (38%)	4 (44%)	4 (44%)	4 (80%)	
			•		1	-		1	1	1	-
Agree	6 (46%)	2 (20%)	5 (42%)	5 (50%)	5 (45%)	8 (62%)	8 (62%)	4 (44%)	5 (56%)	1 (20%)	

Disagree											
Strongly disagree											
Strongly agree + agree	13 (100%)	8 (80%)	12 (100%)	10 (100%)	11 (100%)	13 (100%)	13 (100%)	8 (89%)	9 (100%)	5 (100%)	97%
l learnt about self-manager	nent and non	-pharmacolo	gical strategi	es to use with	patients with o	chronic pain					
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=11)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	4 (31%)	4 (40%)	6 (50%)	5 (50%)	4 (36%)	3 (23%)	5 (38%)	4 (44%)	3 (33%)	4 (80%)	
Agree	7 (54%)	4 (40%)	6 (50%)	4 (40%)	3 (27%)	10 (77%)	7 (54%)	5 (56%)	5 (56%)	1 (20%)	
Neither agree nor disagree	2 (15%)	2 (20%)		1 (10%)	4 (36%)		1 (8%)		1 (11%)		
Disagree											
Strongly disagree											
Strongly agree + agree	11 (85%)	8 (80%)	12 (100%)	9 (90%)	7 (64%)	13 (100%)	12 (92%)	9 (100%)	8 (89%)	5 (100%)	90%
I learnt about chronic pain ı	referral netwo	orks and whe	n and who to	refer patients	with chronic p	ain to					1
	Session	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10	Average
	1 (n=12)	(n=10)	(n=12)	(n=10)	(n=11)	(n=13)	(n=12)	(n=9)	(n=9)	(n=5)	
Strongly Agree	4 (33%)	1 (10%)	4 (33%)	3 (30%)	3 (27%)	3 (23%)	4 (33%)	4 (44%)	3 (33%)	2 (40%)	
Agree	5 (42%)	3 (30%)	6 (50%)	5 (50%)	4 (36%)	7 (54%)	3 (25%)	4 (44%)	4 (44%)	3 (60%)	
Neither agree nor disagree	2 (17%)	5 (50%)	2 (17%)	2 (20%)	2 (18%)	3 (23%)	4 (33%)	1 (11%)	2 (22%)		
Disagree	1 (8%)	1 (10%)			2 (18%)		1 (8%)				
Strongly disagree											
Strongly agree + agree	9 (75%)	4 (40%)	10 (83%)	8 (80%)	7 (64%)	10 (77%)	7 (58%)	8 (89%)	7 (78%)	5 (100%)	74%
I learnt about the important	ce of a patien	t centred app	proach for pe	ople with chro	onic pain e.g., e	mpathic listenir	ng and validatio	n			
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=11)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	4 (31%)	7 (70%)	7 (58%)	6 (60%)	5 (45%)	2 (15%)	7 (54%)	3 (33%)	5 (56%)	2 (40%)	
Agree	6 (46%)	3 (30%)	5 (42%)	3 (30%)	4 (36%)	8 (62%)	4 (31%)	6 (67%)	4 (44%)	3 (60%)	
Neither agree nor disagree	3 (23%)			1 (10%)	2 (18%)	3 (23%)	2 (15%)				
Disagree											
Strongly disagree											
Strongly agree + agree	10 (77%)	10 (100%)	12 (100%)	9 (90%)	9 (82%)	10 (77%)	11 (85%)	9 (100%)	9 (100%)	5 (100%)	91%
I think attending this ECHO	session will i	mprove the o	quality of my	care that I pro	vide to my patie	ents with chroni	c pain	•	•	•	•
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=11)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
	1 . (11–10)	(.1-10)	\ 1 <i>2)</i>	1.1-10)	(1 1)	\11- 10 <i>)</i>	(11-10)	(11-5)	(.1-5)	\.i= J]

Agree	6 (46%)	2 (20%)	5 (42%)	3 (30%)	5 (45%)	10 (77%)	6 (46%)	6 (67%)	6 (67%)	2 (40%)	
Neither agree nor disagree	1 (8%)	1 (10%)		1 (10%)	1 (9%)						
Disagree											
Strongly disagree											
Strongly agree + agree	12 (92%)	9 (90%)	12 (100%)	9 (90%)	10 (91%)	13 (100%)	13 (100%)	9 (100%)	9 (100%)	5 (100%)	96%
	Session 1 (n=12)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=11)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=8)	Session 10 (n=5)	Average
Strongly Agree											Average
	1 (n=12)	(n=10)	(n=12)	(n=10)	(n=11)	(n=13)	(n=13)	(n=9)	(n=8)	(n=5)	Average
Agree	1 (n=12) 4 (33%)	(n=10) 6 (60%)	(n=12) 5 (42%)	(n=10) 5 (50%)	(n=11) 5 (45%)	(n=13) 4 (31%)	(n=13) 9 (69%)	(n=9) 5 (56%)	(n=8) 5 (63%)	(n=5) 2 (40%)	Average
Agree Neither agree nor disagree	1 (n=12) 4 (33%)	(n=10) 6 (60%)	(n=12) 5 (42%) 6 (50%)	(n=10) 5 (50%) 4 (40%)	(n=11) 5 (45%) 5 (45%)	(n=13) 4 (31%) 8 (62%)	(n=13) 9 (69%)	(n=9) 5 (56%)	(n=8) 5 (63%)	(n=5) 2 (40%)	Average
Strongly Agree Agree Neither agree nor disagree Disagree Strongly disagree	1 (n=12) 4 (33%)	(n=10) 6 (60%) 3 (30%)	(n=12) 5 (42%) 6 (50%)	(n=10) 5 (50%) 4 (40%)	(n=11) 5 (45%) 5 (45%)	(n=13) 4 (31%) 8 (62%)	(n=13) 9 (69%)	(n=9) 5 (56%)	(n=8) 5 (63%)	(n=5) 2 (40%)	Average

Intention to apply learnings and systems-based issues

	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=12)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Extremely likely	7 (54%)	8 (80%)	9 (75%)	6 (60%)	7 (58%)	7 (58%)	8 (62%)	6 (67%)	3 (33%)	3 (60%)	61%
Likely	6 (46%)	2 (20%)	3 (25%)	3 (30%)	4 (33%)	5 (42%)	5 (38%)	2 (22%)	6 (67%)	2 (40%)	36%
Neutral/don't know				1 (10%)	1 (8%)			1 (11%)			10%
Unlikely											
Extremely unlikely											

Are there any systems-based issues that might prevent you from applying your new learning into practice? Think about your particular practice setting, the wider health services and health system, government policies, MBS reimbursement, and other factors

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10	Average
	(n=13)	(n=10)	(n=12)	(n=10)	(n=12)	(n=12)	(n=13)	(n=9)	(n=8)	(n=5)	
Yes	3 (23%)	4 (40%)	4 (33%)	2 (20%)	5 (42%)	4 (33%)	5 (38%)	6 (67%)		4 (80%)	42%
No	6 (46%)	5 (50%)	6 (50%)	6 (60%)	6 (50%)	5 (42%)	7 (54%)	1 (11%)	8 (100%)	1 (20%)	48%
Unsure	4 (31%)	1 (10%)	2 (17%)	2 (20%)	1 (8%)	3 (25%)	1 (8%)	2 (22%)			18%

Supplementary Material: ECHO Satisfaction survey results

Satisfaction with ECHO session format

I liked the ECHO session format i.e., a didactic presentation followed by a case presentation (for Session 10: i.e., a didactic session followed by a Q and A session)

	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	11 (85%)	8 (80%)	9 (75%)	6 (60%)	7 (58%)	7 (54%)	8 (62%)	7 (78%)	3 (33%)	3 (60%)	
Agree	1 (8%)	2 (20%)	3 (25%)	3 (30%)	4 (33%)	6 (46%)	4 (31%)	2 (22%)	5 (56%)	2 (40%)	
Neither agree nor disagree				1 (10%)							
Disagree											
Strongly disagree	1 (8%)				1 (8%)		1 (8%)		1 (11%)		
Strongly agree + agree	12 (92%)	10 (100%)	12 (100%)	9 (90%)	11 (92%)	13 (100%)	12 (92%)	9 (100%)	8 (89%)	5 (100%)	95%
											(Sessions 1-9 only)

I thought that the ECHO session including the case study added value compared to other didactic education session (for Session 10: I thought that the ECHO session including the Q and A session added value compared to other didactic sessions)

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10	Average
	(n=13)	(n=10)	(n=12)	(n=10)	(n=12)	(n=13)	(n=13)	(n=9)	(n=9)	(n=5)	
Strongly Agree	10 (77%)	7 (70%)	6 (50%)	8 (80%)	6 (50%)	8 (62%)	6 (46%)	6 (67%)	4 (44%)	4 (80%)	
Agree	3 (23%)	3 (30%)	5 (42%)	1 (10%)	4 (33%)	4 (31%)	4 (31%)	3 (33%)	4 (44%)	1 (20%)	
Neither agree nor disagree				1 (10%)		1 (8%)	2 (15%)				
Disagree			1 (8%)		1 (8%)						
Strongly disagree					1 (8%)		1 (8%)		1 (11%)		
Strongly agree + agree	13 (100%)	10 (100%)	11 (92%)	9 (90%)	10 (83%)	12 (92%)	10 (77%)	9 (100%)	8 (89%)	5 (100%)	91%
											(Sessions 1-9 only)

I thought the ECHO session format including the case study will assist me to integrate learnings into my practice, more than other didactic education formats (For Session 10: I though the ECHO session format including the Q and A session will assist me to integrate learnings into my practice, more than other didactic education formats).

	Session 1 (n=13)	Session 2 (n=9)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	9 (69%)	6 (67%)	7 (58%)	5 (50%)	4 (33%)	6 (46%)	6 (46%)	4 (44%)	3 (33%)	4 (80%)	
Agree	3 (23%)	3 (33%)	4 (33%)	3 (30%)	5 (42%)	6 (46%)	4 (31%)	5 (56%)	4 (44%)	1 (20%)	
Neither agree nor disagree	1 (8%)			2 (20%)	2 (17%)	1 (8%)	2 (15%)		1 (11%)		
Disagree			1 (8%)								
Strongly disagree					1 (8%)		1 (8%)		1 (11%)		
Strongly agree + agree	12 (92%)	9 (100%)	11 (92%)	8 (80%)	9 (75%)	12 (92%)	10 (77%)	9 (100%)	7 (78%)	5 (100%)	87%
											(Sessions 1-9 only)

	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	7 (54%)	8 (80%)	6 (50%)	4 (40%)	6 (50%)	8 (62%)	6 (46%)	6 (67%)	3 (33%)	3 (60%)	
Agree	6 (46%)	2 (20%)	5 (42%)	6 (60%)	4 (33%)	5 (38%)	6 (46%)	3 (33%)	5 (56%)	1 (20%)	
Neither agree nor disagree										1 (20%)	
Disagree			1 (8%)		1 (8%)						
Strongly disagree					1 (8%)		1 (8%)		1 (11%)		
Strongly agree + agree	13 (100%)	10 (100%)	11 (92%)	10 (100%)	10 (83%)	13 (100%)	12 (92%)	9 (100%)	8 (89%)	4 (80%)	94%
There was enough opportu	nity to contrib	ute to the discu	ussion	1	1	l		1	1	1	ı
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=11)	Session 4 (n=10)	Session 5 (n=11)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	7 (54%)	8 (80%)	5 (45%)	7 (70%)	3 (27%)	4 (31%)	3 (23%)	6 (67%)	5 (56%)	3 (60%)	
Agree	6 (46%)	1 (10%)	6 (55%)	3 (30%)	6 (55%)	6 (46%)	8 (62%)	3 (33%)	3 (33%)	2 (40%)	
Neither agree nor disagree		1 (10%)			1 (9%)	3 (23%)	1 (8%)				
Disagree											
Strongly disagree					1 (9%)		1 (8%)		1 (11%)		
Strongly agree + agree	13 (100%)	9 (90%)	11 (100%)	10 (100%)	9 (82%)	10 (77%)	11 (85%)	9 (100%)	8 (89%)	5 (100%)	92%
I was able to use the Zoom	technology wi	thout any prob	lem						1	1	1
	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10	Average
Ot d.A.	(n=13)	(n=10)	(n=12)	(n=10)	(n=12)	(n=13)	(n=13)	(n=9)	(n=9)	(n=5)	
Strongly Agree	8 (62%)	9 (90%)	9 (75%)	7 (70%)	4 (33%)	6 (46%)	7 (54%)	9 (100%)	5 (56%)	3 (60%)	
Agree	5 (38%)	1 (10%)	3 (25%)	3 (30%)	5 (42%)	6 (46%)	3 (23%)		- (()	2 (40%)	
Neither agree nor disagree					1 (8%)	1 (8%)	2 (15%)		3 (33%)		
Disagree					1 (8%)		. (22()				
Strongly disagree					1 (8%)		1 (8%)		1 (11%)		
Strongly agree + agree	13 (100%)	10 (100%)	12 (100%)	10 (100%)	9 (75%)	12 (92%)	10 (77%)	9 (100%)	5 (56%)	5 (100%)	90%
The online learning format	is more acces	sible to me tha	n a face-to-fa	ce format							
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	8 (62%)	5 (50%)	7 (58%)	7 (70%)	6 (50%)	10 (77%)	8 (62%)	8 (89%)	3 (33%)	4 (80%)	
Agree	5 (38%)	4 (40%)	3 (25%)	2 (20%)	5 (42%)	3 (23%)	3 (23%)	1 (11%)	5 (56%)	1 (20%)	
Neither agree nor disagree			2 (17%)	1 (10%)	1 (8%)		1 (8%)				
Disagree	†	1 (10%)	1	1	1		-	1	1	1	1

Strongly disagree							1 (8%)		1 (11%)		
Strongly agree + agree	13 (100%)	9 (90%)	10 (83%)	9 (90%)	11 (92%)	13 (100%)	11 (85%)	9 (100%)	8 (89%)	5 (100%)	93%
The ECHO Hub panel create	ed a positive, r	non-judgement	tal, and encou	raging environ	ment for hea	lth profession	als to present a	a case and cor	ntribute to the	discussion	
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=9)	Session 5 (n=12)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	9 (69%)	9 (90%)	8 (67%)	7 (78%)	8 (67%)	8 (62%)	6 (46%)	8 (89%)	5 (56%)	4 (80%)	
Agree	4 (31%)	1 (10%)	4 (33%)	2 (22%)	3 (25%)	5 (38%)	4 (31%)	1 (11%)	3 (33%)	1 (20%)	
Neither agree nor disagree							2 (15%)				
Disagree											
Strongly disagree					1 (8%)		1 (8%)		1 (11%)		
Strongly agree + agree	13 (100%)	10 (100%)	12 (100%)	9 (100%)	11 (92%)	13 (100%)	10 (77%)	9 (100%)	8 (89%)	5 (100%)	96%
I liked the range of views ar	d experiences	from the diffe	rent nrofessio	nal discipline	s in the multi	discinlinary hi	ıh nanel and fr	om narticinati	ng health nrof	essionals	4
Takou tilo lungo ol viowo ul	·	_	_								Assauranta
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	7 (54%)	7 (70%)	7 (58%)	7 (70%)	7 (58%)	8 (62%)	5 (38%)	9 (100%)	5 (56%)	4 (80%)	
Agree	6 (46%)	3 (30%)	5 (42%)	3 (30%)	4 (33%)	5 (38%)	7 (54%)		3 (33%)	1 (20%)	
Neither agree nor disagree											
Disagree											
Strongly disagree					1 (8%)		1 (8%)		1 (11%)		
Strongly agree + agree	13 (100%)	10 (100%)	12 (100%)	10 (100%)	11 (92%)	13 (100%)	12 (92%)	9 (100%)	8 (89%)	5 (100%)	97%
I liked learning with other h	ealth professi	onals with an i	nterest in chro	nic pain							
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	7 (54%)	7 (70%)	9 (75%)	6 (60%)	6 (50%)	8 (62%)	6 (46%)	9 (100%)	4 (44%)	4 (80%)	
Agree	5 (38%)	3 (30%)	3 (25%)	4 (40%)	5 (42%)	5 (38%)	6 (46%)		4 (44%)	1 (20%)	
Neither agree nor disagree	1 (8%)										
Disagree											
Strongly disagree					1 (8%)		1 (8%)		1 (11%)		
Strongly agree + agree	12 (92%)	10 (100%)	12 (100%)	10 (100%)	11 (92%)	13 (100%)	12 (92%)	9 (100%)	8 (89%)	5 (100%)	97%

Satisfaction with ECHO session learnings

	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=12)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	9 (69%)	7 (70%)	7 (58%)	5 (50%)	5 (42%)	7 (58%)	7 (54%)	5 (56%)	4 (44%)	4 (80%)	
Agree	4 (31%)	3 (30%)	5 (42%)	5 (50%)	7 (58%)	5 (42%)	6 (46%)	3 (33%)	5 (56%)	1 (20%)	
Neither agree nor disagree								1 (11%)			
Disagree											
Strongly disagree											
Strongly agree + agree	13 (100%)	10 (100%)	12 (100%)	10 (100%)	12 (100%)	12 (100%)	13 (100%)	8 (89%)	9 (100%)	5 (100%)	99%
I learnt or refreshed somet	ning that will	be useful wh	en caring for	my patients w	ith chronic pair	n					
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	8 (62%)	7 (70%)	7 (58%)	6 (60%)	6 (50%)	8 (62%)	7 (54%)	5 (56%)	5 (56%)	3 (60%)	
Agree	5 (38%)	3 (30%)	5 (42%)	3 (30%)	6 (50%)	5 (38%)	5 (38%)	3 (33%)	4 (44%)	2 (40%)	
Neither agree nor disagree				1 (10%)			1 (8%)	1 (11%)			
Disagree											
Strongly disagree											
Strongly agree + agree	13 (100%)	10 (100%)	12 (100%)	9 (90%)	12 (100%)	13 (100%)	12 (92%)	8 (89%)	9 (100%)	5 (100%)	97%
I learnt about resources for	further infor	mation or to u	use with patie	ents	1	- 1		•	•	1	•
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	7 (54%)	7 (70%)	7 (58%)	7 (70%)	5 (42%)	5 (38%)	5 (38%)	4 (44%)	5 (56%)	3 (60%)	
Agree	5 (38%)	2 (20%)	4 (33%)	2 (20%)	5 (42%)	7 (54%)	5 (38%)	5 (56%)	3 (33%)	1 (20%)	
Neither agree nor disagree	1 (8%)	1 (10%)	1 (8%)	1 (10%)	2 (17%)	1 (8%)	3 (23%)		1 (11%)	1 (20%)	
Disagree											
Strongly disagree											
Strongly agree + agree	12 (92%)	9 (90%)	11 (92%)	9 (90%)	10 (83%)	12 (92%)	10 (77%)	9 (100%)	8 (89%)	4 (80%)	89%
I learnt about the multidisc	iplinary and b	piopsychosoc	cial approach	to pain mana	gement						
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=11)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	7 (54%)	6 (60%)	7 (58%)	5 (50%)	6 (55%)	5 (38%)	5 (38%)	4 (44%)	4 (44%)	4 (80%)	
			•		1	-		1	1	1	-
Agree	6 (46%)	2 (20%)	5 (42%)	5 (50%)	5 (45%)	8 (62%)	8 (62%)	4 (44%)	5 (56%)	1 (20%)	

Disagree											
Strongly disagree											
Strongly agree + agree	13 (100%)	8 (80%)	12 (100%)	10 (100%)	11 (100%)	13 (100%)	13 (100%)	8 (89%)	9 (100%)	5 (100%)	97%
l learnt about self-manager	nent and non	-pharmacolo	gical strategi	es to use with	patients with o	chronic pain					
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=11)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	4 (31%)	4 (40%)	6 (50%)	5 (50%)	4 (36%)	3 (23%)	5 (38%)	4 (44%)	3 (33%)	4 (80%)	
Agree	7 (54%)	4 (40%)	6 (50%)	4 (40%)	3 (27%)	10 (77%)	7 (54%)	5 (56%)	5 (56%)	1 (20%)	
Neither agree nor disagree	2 (15%)	2 (20%)		1 (10%)	4 (36%)		1 (8%)		1 (11%)		
Disagree											
Strongly disagree											
Strongly agree + agree	11 (85%)	8 (80%)	12 (100%)	9 (90%)	7 (64%)	13 (100%)	12 (92%)	9 (100%)	8 (89%)	5 (100%)	90%
I learnt about chronic pain :	referral netwo	orks and whe	n and who to	refer patients	with chronic p	ain to					
	Session	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10	Average
	1 (n=12)	(n=10)	(n=12)	(n=10)	(n=11)	(n=13)	(n=12)	(n=9)	(n=9)	(n=5)	
Strongly Agree	4 (33%)	1 (10%)	4 (33%)	3 (30%)	3 (27%)	3 (23%)	4 (33%)	4 (44%)	3 (33%)	2 (40%)	
Agree	5 (42%)	3 (30%)	6 (50%)	5 (50%)	4 (36%)	7 (54%)	3 (25%)	4 (44%)	4 (44%)	3 (60%)	
Neither agree nor disagree	2 (17%)	5 (50%)	2 (17%)	2 (20%)	2 (18%)	3 (23%)	4 (33%)	1 (11%)	2 (22%)		
Disagree	1 (8%)	1 (10%)			2 (18%)		1 (8%)				
Strongly disagree											
Strongly agree + agree	9 (75%)	4 (40%)	10 (83%)	8 (80%)	7 (64%)	10 (77%)	7 (58%)	8 (89%)	7 (78%)	5 (100%)	74%
I learnt about the importan	ce of a patien	t centred ap	proach for pe	ople with chro	nic pain e.g., e	mpathic listenir	ng and validatio	n			
	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=11)	Session 6 (n=13)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Strongly Agree	4 (31%)	7 (70%)	7 (58%)	6 (60%)	5 (45%)	2 (15%)	7 (54%)	3 (33%)	5 (56%)	2 (40%)	
Agree	6 (46%)	3 (30%)	5 (42%)	3 (30%)	4 (36%)	8 (62%)	4 (31%)	6 (67%)	4 (44%)	3 (60%)	
Neither agree nor disagree	3 (23%)			1 (10%)	2 (18%)	3 (23%)	2 (15%)				
Disagree											
Strongly disagree											
Strongly agree + agree	10 (77%)	10 (100%)	12 (100%)	9 (90%)	9 (82%)	10 (77%)	11 (85%)	9 (100%)	9 (100%)	5 (100%)	91%
I think attending this ECHO	session will i	improve the o	quality of my	care that I pro	vide to my patie	ents with chroni	c pain	•	•	•	
	1	Cassian 0	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10	Average
-	Session 1 (n=13)	Session 2 (n=10)	(n=12)	(n=10)	(n=11)	(n=13)	(n=13)	(n=9)	(n=9)	(n=5)	

Agree	6 (46%)	2 (20%)	5 (42%)	3 (30%)	5 (45%)	10 (77%)	6 (46%)	6 (67%)	6 (67%)	2 (40%)	
Neither agree nor disagree	1 (8%)	1 (10%)		1 (10%)	1 (9%)						
Disagree											
Strongly disagree											
Strongly agree + agree	12 (92%)	9 (90%)	12 (100%)	9 (90%)	10 (91%)	13 (100%)	13 (100%)	9 (100%)	9 (100%)	5 (100%)	96%
	Session	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10	Average
Strongly Agree	1 (n=12)	(n=10)	(n=12)	(n=10)	(n=11)	(n=13)	(n=13)	(n=9)	(n=8)	(n=5)	Average
											Average
Agree	1 (n=12) 4 (33%)	(n=10) 6 (60%)	(n=12) 5 (42%)	(n=10) 5 (50%)	(n=11) 5 (45%)	(n=13) 4 (31%)	(n=13) 9 (69%)	(n=9) 5 (56%)	(n=8) 5 (63%)	(n=5) 2 (40%)	Average
Agree Neither agree nor disagree	1 (n=12) 4 (33%)	(n=10) 6 (60%)	(n=12) 5 (42%) 6 (50%)	(n=10) 5 (50%) 4 (40%)	(n=11) 5 (45%) 5 (45%)	(n=13) 4 (31%) 8 (62%)	(n=13) 9 (69%)	(n=9) 5 (56%)	(n=8) 5 (63%)	(n=5) 2 (40%)	Average
Strongly Agree Agree Neither agree nor disagree Disagree Strongly disagree	1 (n=12) 4 (33%)	(n=10) 6 (60%) 3 (30%)	(n=12) 5 (42%) 6 (50%)	(n=10) 5 (50%) 4 (40%)	(n=11) 5 (45%) 5 (45%)	(n=13) 4 (31%) 8 (62%)	(n=13) 9 (69%)	(n=9) 5 (56%)	(n=8) 5 (63%)	(n=5) 2 (40%)	Average

Intention to apply learnings and systems-based issues

	Session 1 (n=13)	Session 2 (n=10)	Session 3 (n=12)	Session 4 (n=10)	Session 5 (n=12)	Session 6 (n=12)	Session 7 (n=13)	Session 8 (n=9)	Session 9 (n=9)	Session 10 (n=5)	Average
Extremely likely	7 (54%)	8 (80%)	9 (75%)	6 (60%)	7 (58%)	7 (58%)	8 (62%)	6 (67%)	3 (33%)	3 (60%)	61%
Likely	6 (46%)	2 (20%)	3 (25%)	3 (30%)	4 (33%)	5 (42%)	5 (38%)	2 (22%)	6 (67%)	2 (40%)	36%
Neutral/don't know				1 (10%)	1 (8%)			1 (11%)			10%
Unlikely											
Extremely unlikely											

Are there any systems-based issues that might prevent you from applying your new learning into practice? Think about your particular practice setting, the wider health services and health system, government policies, MBS reimbursement, and other factors

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10	Average
	(n=13)	(n=10)	(n=12)	(n=10)	(n=12)	(n=12)	(n=13)	(n=9)	(n=8)	(n=5)	
Yes	3 (23%)	4 (40%)	4 (33%)	2 (20%)	5 (42%)	4 (33%)	5 (38%)	6 (67%)		4 (80%)	42%
No	6 (46%)	5 (50%)	6 (50%)	6 (60%)	6 (50%)	5 (42%)	7 (54%)	1 (11%)	8 (100%)	1 (20%)	48%
Unsure	4 (31%)	1 (10%)	2 (17%)	2 (20%)	1 (8%)	3 (25%)	1 (8%)	2 (22%)			18%