



Supporting Information

Supplementary methods

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Tardif H, Hayes C, Allingham SF. Opioid cessation is associated with reduced pain and improved function in people attending specialist chronic pain services. *Med J Aust* 2021; doi: 10.5694/mja2.51031.

1. Location of pain services participating in ePPOC

Sixty-seven specialist pain management services provided the information used in this study. Their location by country and state is shown the table below.

Country	State
Australia: 50	New South Wales: 20
	Queensland: 6
	South Australia: 2
	Victoria: 19
	Western Australia: 3
New Zealand: 17	

While many services provide telehealth treatment options, most are based in major cities (58, 87%), and nine in regional locations (13%).

2. Calculation and reporting of clinically significant improvement by the electronic Persistent Pain Outcomes Collaboration (ePPOC)

Clinical significance refers to the change in an outcome measure that represents a clinically meaningful difference for an individual. Measures of clinical significance are therefore useful at the individual patient level and for clinical assessment, monitoring and reporting.

To maximise the clinical utility of the data collected by pain services, ePPOC provides recommendations regarding interpretation of the clinical importance of change on each of the patient-rated assessment tools¹ (outlined below). Where possible, these recommendations have been taken from published guidelines or the test developers themselves. A calculator has been developed to determine whether significant clinical change has been achieved at the patient level (<https://www.uow.edu.au/ahsri/eppoc/resources>).

In reporting the proportion of people who experience clinically significant improvement, ePPOC includes only those people who report *at least moderate* symptom severity at referral. The rationale for this is that people who report only mild symptoms on a clinical domain (eg, depression) are unlikely to make further improvement, or for improvement to be a focus of treatment.

Definition of clinically significant improvement (as used by ePPOC)

Domain	Assessment tool	Clinically significant improvement
Pain severity	Brief Pain Inventory	A 30% or more improvement from baseline
Pain interference	Brief Pain Inventory	An improvement of 1 point or more over the average of the 7 interference items
Depression, anxiety and stress	DASS 21	For each subscale, a change of 5 or more points coupled with a move to a lower severity category
Pain catastrophising	Pain Catastrophising Scale	A change in score of 6 or more points, combined with a move to a lower severity category
Pain self-efficacy	Pain Self-efficacy Questionnaire	A change in score of 7 or more points, combined with movement to a lower severity category

Reference

Tardif H, Arnold C, Hayes C, et al. Establishment of the Australasian Electronic Persistent Pain Outcomes Collaboration. Pain Med 2017; 18: 1007-1018.