STROBE Statement Case finding and intensive care management of elderly people in primary care may increase secondary care costs: cost-consequences analysis of the South London Integrated Care Pilot.

	Item No	Recommendation
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract: *Title and abstract include 'controlled time series' and 'cost-consequences analysis'*
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found: *Abstract includes these*
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported. *Introduction (pages 3 and 4) includes these.*
Objectives	3	State specific objectives, including any prespecified hypotheses. *Objectives and prespecified hypotheses are set out in the method section on page 4. Page 5 explains the rationale for carrying our additional analyses on holistic assessments and integrated case management that were not part of the original protocol.*
Methods		
Study design	4	Present key elements of study design early in the paper. *These are set out in pages 4 and 5 of the paper.*
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection *These are set out in pages 4 and 5 of the paper.*
Participants	6	*Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls. *These are set out in pages 4 and 5 of the paper, with further details on page 2 of the appendix*
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable *Details are given on pages 4 and 5 of the main paper. Further details of assessment methods are described on pages 2-6 of the appendix*
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group. *Data sources are set out on page 4 of the main paper. Further details of assessment methods are described on pages 2-6 of the appendix*
Bias	9	Describe any efforts to address potential sources of bias. *Details of matching and efforts to reduce bias are described on page 2 of the appendix*
Study size	10	Explain how the study size was arrived at: *This is described on page 5 and 6 of the appendix – the analysis included data for the whole relevant population of the two London boroughs.*
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why *Details are given on pages 4 and 5 of the main paper. Further details are included on pages 2-6 of the appendix*
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding *See response to Q 11*

		(*b*) Describe any methods used to examine subgroups and interactions *See response to Q 11*
		(*c*) Explain how missing data were addressed *See response to Q 11*
		(d)*Case-control study*—If applicable, explain how matching of cases and controls was addressed
		(*e*) Describe any sensitivity analyses *A sensitivity analysis for practices where there were times where the rates of admission or attendances were very high for one or more of the age-gender strata is described on page 6 of the appendix*
Results		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed. *The number of subjects is described on pages 5/6 of the appendix.*
		(b) Give reasons for non-participation at each stage *N/A*
		(c) Consider use of a flow diagram *Not included*
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders *These are not included as such. For the cases, the population included the whole relevant population of two London boroughs, with matching criteria for controls as described above.*
		(b) Indicate number of participants with missing data for each variable of interest N/A
Outcome data	15*	
		Case-control study—Report numbers in each exposure category, or summary measures of exposure *These are reported on pages 5/6 of the appendix.*
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included. *All estimates are adjusted, as described in the methods sections.*
		(*b*) Report category boundaries when continuous variables were categorized. *Categories for age-gender strata are described on page 3 of the appendix.*
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period. *Rate ratios are also expressed in terms of impact on absolute numbers in tables 1 to 3 in the main paper and tables A1 to A12 in the appendix.*
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses *The sensitivity analysis is reported on page 6 of the appendix.*
Discussion		
Key results	18	Summarise key results with reference to study objectives *Included*
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias *Included*
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence *Included*
Generalisability	21	Discuss the generalisability (external validity) of the study results *Included*
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based *Included*

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.