**Supplemental digital table 2: Comparison of methods: partial attributable fraction versus count applied to cost**

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| **Clinical cost parameters** | **Method** | |
| **Partial attributable fraction\*** | **Count applied to cost+** |
| Cost accrued during | 1 year | Lifetime |
| Costs included | Includes total medical spending for older adult falls.   * Medical services received (e.g. inpatient facility, ED§, outpatient, occupational therapy, dental services, nursing homes); and * Other professional services such as prescriptions and durable medical equipment that are paid for by Medicaid, Medicare, or private insurance. | Includes spending for older adult fall injuries requiring hospitalization and ED admission.   * Costs associated with the initial hospitalizations or ED visit, and * All short to long-term follow up costs associated with the fall injury (e.g. readmissions, rehabilitation, and nursing homes). |
| Costs not included | Long-term and lifetime costs accrued in subsequent years that may have occurred as a result of the fall (e.g. nursing home stays). | All medical services not received as part of hospitalization or ED admission including physician office visits, physical and occupational therapy, dental services, or prescriptions. |
| Ideal uses | * Calculate state specific costs (data available for all states); and * Estimate payer specific costs by state (important for state-based planning of government-funded programs). | * Calculate state specific costs (data available for select states with count data); * States can use their own count data on the number of fall-related hospitalizations and ED visits to calculate cost at the state, county or facility level; and * Use of the state’s own count data allows for improved tracking of costs over time. |

\* *Partial attributable fraction* uses nonlinear models to estimate expenditure by payer and service category (Florence CS et al. The Medical Costs of Fall Injuries among Older Adults. Journal of the American Geriatrics Society. 2018. (In review)).   
+ *Count applied to cost* uses Web-based Injury Statistics Query and Reporting System (WISQARS) cost of injury reports to estimate total lifetime costs of fall injury requiring hospitalization or Emergency Department visits (Lawrence BA, Miller TR. 2014. Medical and Work Loss Cost Estimation Methods for the WISQARS Cost of Injury Module).  
§ED= Emergency Department.