Article title: Technical Efficiency of Prevention Services for Functional Dependency in Japan's Public Longterm Care Insurance System: An Ecological Study

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Supplementary file 3. Estimated Production Function and Technical Efficiency Score

Year	Ν	Median	Interquartile range	
2009	474	0.92	(0.88, 0.97)	
2010	447	0.96	(0.91, 1.00)	
2011	436	0.94	(0.88, 1.00)	
2012	460	0.94	(0.90, 0.99)	
2013	468	0.94	(0.89, 0.98)	
2014	-	-	-	
2009–13	2285	0.94	(0.89, 0.99)	

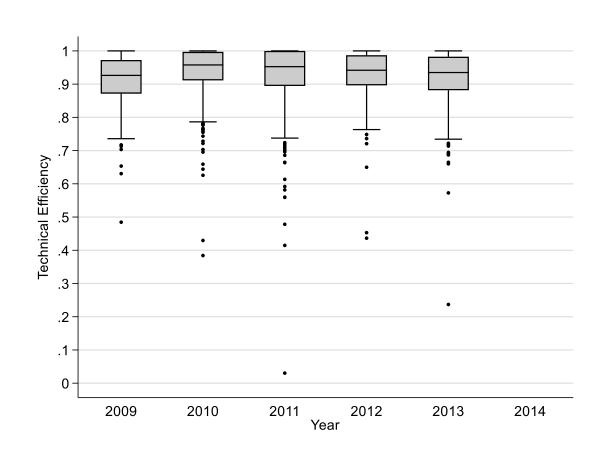
Table S2. Estimated technical efficiency score for 474 insurers with population of 50 000 to<2 000 000</td>

Efficiency estimation was based on a true fixed effects model as shown in Table 2.

<b>Outcome</b> : In Population risk of moderate functional dependency	Coefficient	95% confidence intervals	<i>P</i> -value
Explanatory variables			
Preventive benefits			
In Home care	-0.03	(-0.04, -0.02)	< 0.001
In Adult day care	0.06	(0.05, 0.07)	< 0.001
In Other nursing care	0.06	(0.05, 0.07)	< 0.001
Community programs			
In Functional screening	0.0002	(-0.001, 0.001)	0.67
In Functional training	0.005	(0.002, 0.01)	0.001
In Health education	-0.001	(-0.001, -0.001)	< 0.001
In Support for social activities	0.001	(0.001, 0.002)	0.001
Covariate factors			
In Hospitals and clinics	-0.01	(-0.04, 0.01)	0.30
In Social welfare costs	-0.004	(-0.01, -0.001)	0.001
In Single households	-0.04	(-0.11, 0.04)	0.33
In Home and community-based long-term care providers	0.06	(-0.03, 0.14)	0.17
In Financial capacity index	0.02	(-0.05, 0.09)	0.61
In Population density	0.43	(0.36, 0.51)	< 0.001
Year (ref: 2009)			
2010	-0.09	(-0.10, -0.09)	< 0.001
2011	-0.17	(-0.17, -0.16)	< 0.001
2012	-0.06	(-0.07, -0.05)	< 0.001
2013	-0.07	(-0.10, -0.05)	< 0.001
sigma_u (standard deviation of inefficiency term)	0.14	(0.14, 0.14)	< 0.001
sigma_v (standard deviation of random error term)	0.00001	(0.00, 0.00)	0.38
Log likelihood	3132.51		
Wald chi-square statistic	4480000		< 0.001

Table S3. Estimated production function using stochastic frontier analysis with a true fixed effects model for insurers with population of 10 000 to <50 000

The data are from 520 insurers in 2009–2014 assuming a 1-year time lag (n = 2533). The outcome is transformed sex- and age-adjusted ratio of the observed to expected number of individuals aged  $\geq 65$  years certified for care required levels 1–2; higher outcome values indicate a lower population risk of moderate functional dependency. All variables except for a year dummy were naturally log-transformed.



## Figure S3. Technical efficiency of prevention programs of 520 insurers with population of 10 000 to <50 000

Efficiency estimation was based on stochastic frontier analysis with a true fixed effects model as shown in Table S3. The median, interquartile range, upper and lower adjacent values (the most extreme values within the 75th percentile + 1.5 interquartile and the 25th percentile - 1.5 interquartile, respectively), and outlying values are indicated by lines, boxes, whiskers, and dots, respectively.