diverse health systems in four states. Using multivariable
generalized linear mixed effects regression with backward
elimination, we examined the relationship between demo-
graphic (e.g., biological sex), clinical (e.g., counts of chronic
conditions, etc.), SDoH characteristics (e.g., transportation,
etc.), and acute care resource use during the intervention.
Compared to those without housing concerns, older adults
with housing concerns had 2.4 times higher rates of ED visits
(p=0.049) and 2.2 times higher rates of rehospitalizations
(p=0.005). Those who lacked transportation for medical
appointments had 2.5 times higher ED visit rates (p=0.021)
and 1.5 times higher rehospitalization rates (p=0.041). For
each additional comorbidity, the rate of rehospitalization
increased by a multiple of 1.08 (p=0.008). Understanding
the adverse SDoH factors and increasing clinical complexity
impacting resource use and tailoring evidence-based transi-
tional care interventions to mitigate these factors to improve
posthospitalization outcomes is critical.

MIRROR-TCM TRIAL: THE INFLUENCE OF PATIENT-
LEVEL FACTORS ON ACUTE CARE RESOURCE USE
OF OLDER ADULTS
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Adverse Social Determinants of Health (SDoH) im-
pact post-hospitalization outcomes (e.g., frequent
acute care resource use: emergency department [ED]
visits, rehospitalizations). The Transitional Care Model
Intervention (TCM), an advanced practice registered nurse-
led team-based care-management strategy, has demonstrated
improved outcomes among older adults throughout tran-
sitions from hospital to home. Yet, little is known about
the relationship between specific patient-level factors (i.e.,
demographic, clinical, SDoH) and acute care resource use
(i.e., counts of rehospitalizations and ED visits) among hos-
pitalized older adults with multiple chronic conditions who
receive the TCM intervention. A total of 480 patients were
randomized to receive the TCM in the MIRROR-TCM trial
conducted from September 2020 to March 2023 at three