

Study evaluates Mobile Acute Care of the Elderly (MACE) service vs. usual elder care

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A matched cohort study by William W. Hung, M.D., M.P.H., of the Mount Sinai School of Medicine, New York, and colleagues examined the use of the Mobile Acute Care of the Elderly (MACE) service compared with general medical service (usual care). (Online First)

Patients were recruited for the study if they were 75 years or older and were admitted because of an acute illness to either the MACE service, a novel model of care delivered by an interdisciplinary team and designed to deliver [specialized care](#) to hospitalized [older adults](#) to improve [patient outcomes](#), or usual care. Patients were matched for age, diagnosis, and ability to ambulate independently. A total of 173 matched pairs of patients were recruited to participate in the study from November 2008 through August 2011.

After adjustment for confounders, patients in the MACE group were less likely to experience adverse events and had shorter hospital stays than patients receiving usual care. Patients in the MACE group were not less likely to have a lower rate of rehospitalization within 30 days than those in the usual-care groups. Functional status did not differ between the 2 groups. Care Transition Measure scores were 7.4 points higher in the MACE group, according to the study results.

"Admission to the MACE service was associated with lower rates of adverse events, shorter hospital stays, and better satisfaction. This model has the potential to improve care outcomes among hospitalized older adults," the study concludes.

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