

Our Vision: The JACQUES Initiative (JI) Linkage to Care Center, a program of the Institute of Human Virology (IHV) at the University of Maryland School of Medicine, envisions a Baltimore where 90% of People Living With HIV/AIDS (PLWH) are retained in ongoing HIV care and 80% of PLWH are virally suppressed.


Mission: The Linkage to Care Center (LTCC) provides patient navigation to persons living with HIV who are hospitalized. For patients with additional medical and psychosocial needs, intensive short-term case management (90 days) is provided to facilitate transition to the community and outpatient setting through the Linkage to Care Plus (LTC+) program.

2018 Program Goals:

- To link 85% of newly diagnosed patients to care within 30 days
- To re-link 70% previous positive out of care clients to care within 90 days
- Half (50%) of clients in LTC+ will be retained in care at one-year post enrollment
- One third (30%) of clients in LTC+ will achieve virologic suppression at one-year post enrollment
- Reduce 30-day hospital readmissions among PLWH by 20% among LTC+ patients


Staff: 1 Nurse Coordinator, 1 Nurse Advisor, 2 Linkage to Care Navigators, 2 Community Health Workers, and 1 Administrative Assistant

**Data—July 2017
to June 2018**



645
Total
Number
PLWH seen
by the LTC
team

73%
New HIV
diagnoses
linked to
care within
30 days



65%
out of care
clients
re-linked
to care
within
90 days



Rationale: Poor engagement in HIV care is associated with morbidity, mortality, increased hospitalizations and readmissions and transmission of HIV. Hospitalization is a touch point where intervention can occur to improve gaps in the HIV continuum of care.

Strategies: The LTC Center draws upon smart screening algorithms that promote routine HIV testing and linkage to care at UMMC's Downtown and Midtown Campuses. This infrastructure prompts the LTC team when there is a PLWH in the hospital through "in-basket" notifications. The LTC team assesses hospitalized PLWH and builds a patient-centered intervention for each individual including linkage to HIV care, re-linkage to HIV after a gap in care, health literacy and advocacy, peer support, case management and care coordination.

Key Partners: University of Maryland Medical Center, University of Maryland Midtown Campus, University of Maryland Center for Infectious Disease, a partnership with IHV, Project PLASE, Health Care for the Homeless, Empowering Minds, New Vision, HopeSprings, and doctors with specialties including vision and dental

Funding: *Ryan White Part A*—Medical Case Management, Mental Health; *Ryan White Part B*—Home/Community-Based Care, Mental Health; HRSA Using Community Health Workers to Retain PLWH in Care, EIS (for linkage to care)



The linkage to care team prepares to see a patient in the hospital.