Quality Improvement Profile

The New York State (NYS) Department of Health AIDS Institute's HIV Quality of Care Program has compiled crucial information from your HIV quality improvement program into a single profile report.

This quality profile contains longitudinal performance data on key quality indicators derived from the organizational HIV treatment cascade self-review, such as viral load suppression. It highlights quality improvement plans developed by the organization based on results of the review, consumer involvement in this process, as well as feedback from the quality coach and contract manager. Capacity building information such as participation in a quality learning network or regional group is also included. Please use this report to review the HIV quality management program's effectiveness and to make changes if needed. **We encourage sites to use the included data to focus on disparities in outcomes of patient groups to ensure equitable health and wellbeing for all patients.** Also, please let us know if there is an update that should be made to the contact information. If you have any questions or would like to request technical assistance or coaching for your HIV quality management program, please contact Dan Belanger at daniel.belanger@health.ny.gov.

Cascade Submission Date: **Review closed in November 2025**

Quality Improvement Profile Completion Date: **March 2026**

Latest Revision Date: **May 15, 2026**

Program Name: NuHealth

Clinic Information

Type of Clinic	Clinic Name	Address	City	Zip
Hospital	Designated AIDS Center	2201 Hempstead Turnpike	East Meadow	11554
Hospital	Roosevelt/Freeport Family Center	380 Nassau Rd.	Roosevelt	11575

Important Contacts

HIV Medical Director	Tabassum Yasmin	tyasmin@numc.edu	(516) 572-5734
HIV Program Administrator	Fitsum Getachew	fgetache@numc.edu	Phone number not available
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Regional Group/Learning Network Participation

Learning Network Affiliation: New York Links
Participated in Group Quality Improvement Project? Information not available
Focus: Information not available

Organizational HIV Treatment Cascade

Definitions of Key Indicators

On Antiretroviral Therapy: Documented prescription of one or more antiretroviral medications at any time during the review year.

Any Viral Load Test: Documentation of at least one viral load test at any time during the review year.

Viral Load Test within 91 Days (Newly Diagnosed Patients): Documentation of at least one viral load test performed within 91 days of initial HIV diagnosis.

Suppressed on Final Viral Load (Previously Diagnosed Patients): A value of less than 200 copies/mL on the final viral load test during the review year. Patients with no documented viral load test during the review year are scored as unsuppressed.

Suppressed within 91 Days (Newly Diagnosed Patients): A value of less than 200 copies/mL on any viral load test performed within 91 days of initial HIV diagnosis. Patients with no documented viral load test during this period are scored as unsuppressed.

3-day Linkage to Care (Patients Newly Diagnosed Within the Organization): A time interval of three days or less from initial HIV diagnosis to provision of HIV care. Only patients diagnosed by the participating organization, and not those referred by external providers or testing sites, are eligible for this indicator. Prior to 2019, documentation of HIV care was based exclusively on visit history (seen by a provider who could prescribe antiretrovirals, whether or not this was done), and an exception was made in 2017 (only) for individuals seen as inpatients (linkage within 30 days); beginning in 2019, documentation of first antiretroviral prescription was also used for this, and there were no exceptions to the 3-day limit.

NOTE: Data are not reported for subpopulations of fewer than 10 patients. This is done to address any concerns about confidentiality and avoid possible misinterpretation of results based on small populations. For brevity, throughout the profile, the number of applicable patients is reported using the “n=x” convention with x being the number of patients eligible for an indicator or within a demographic subpopulation.

Key Indicators

Figure 1. Viral Load Suppression within 91 Days among Newly Diagnosed Patients: Organization Rate from 2018 to 2024

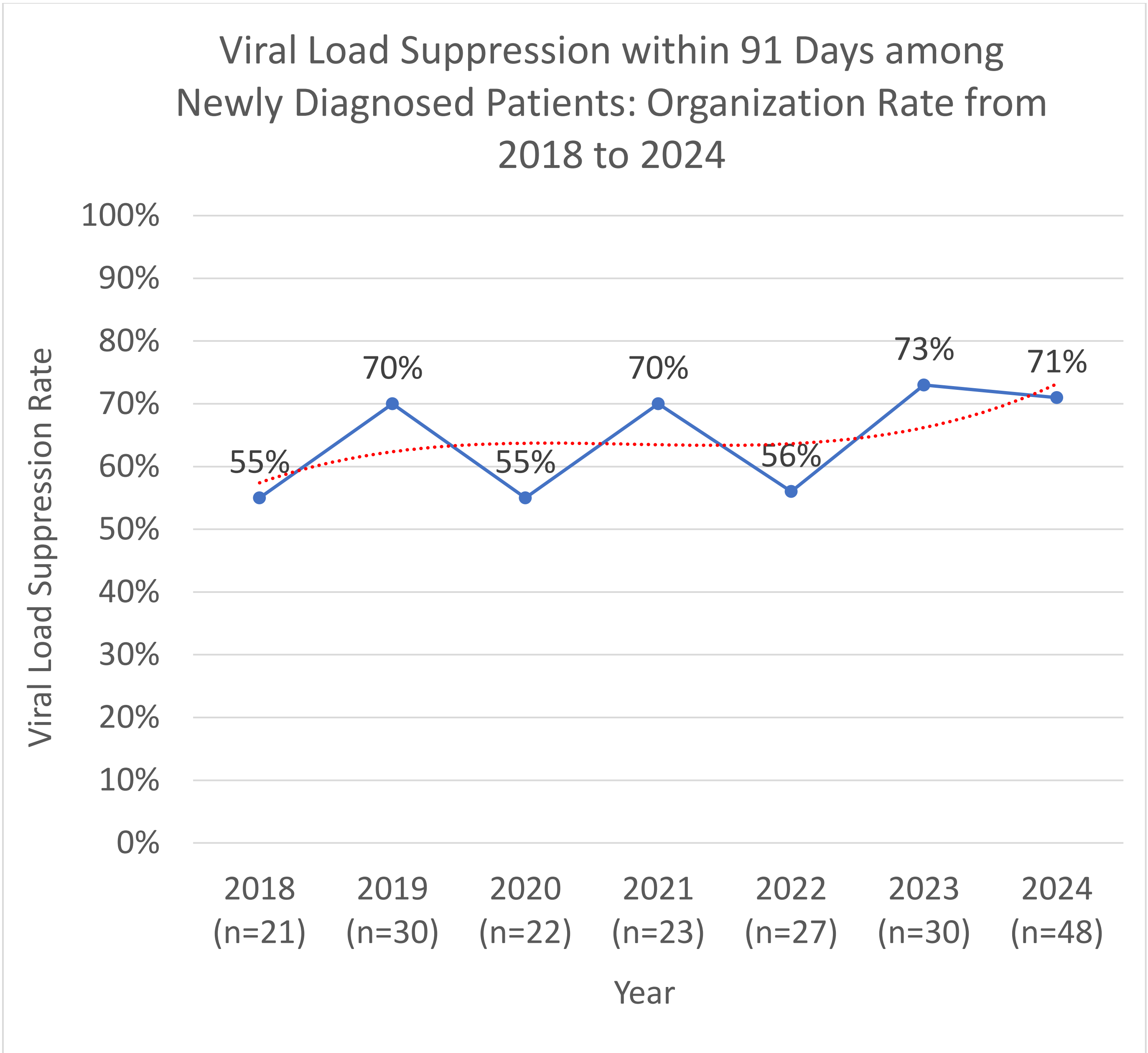


Figure 2. Time to Linkage

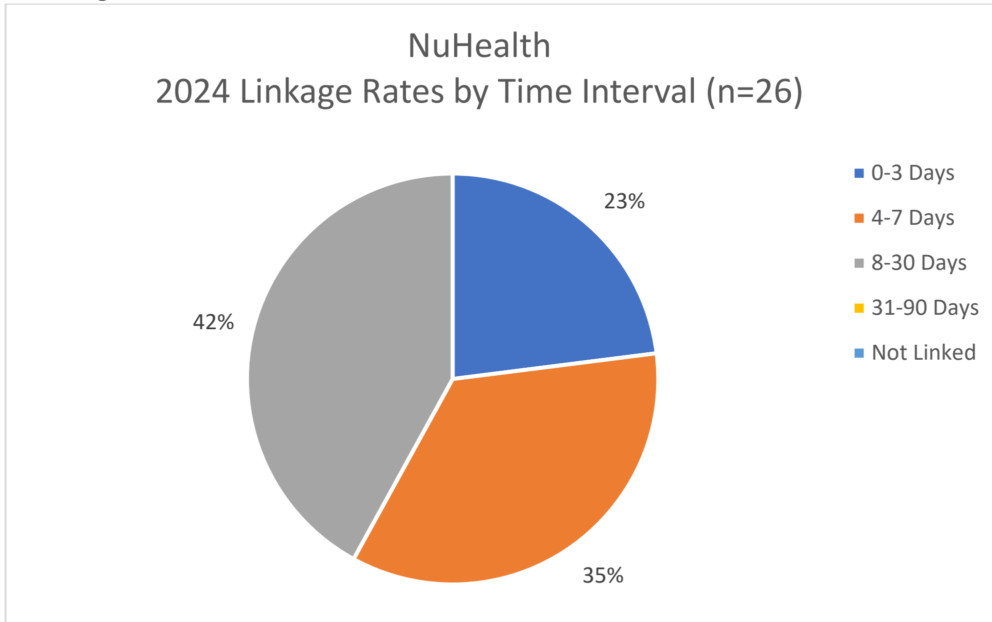
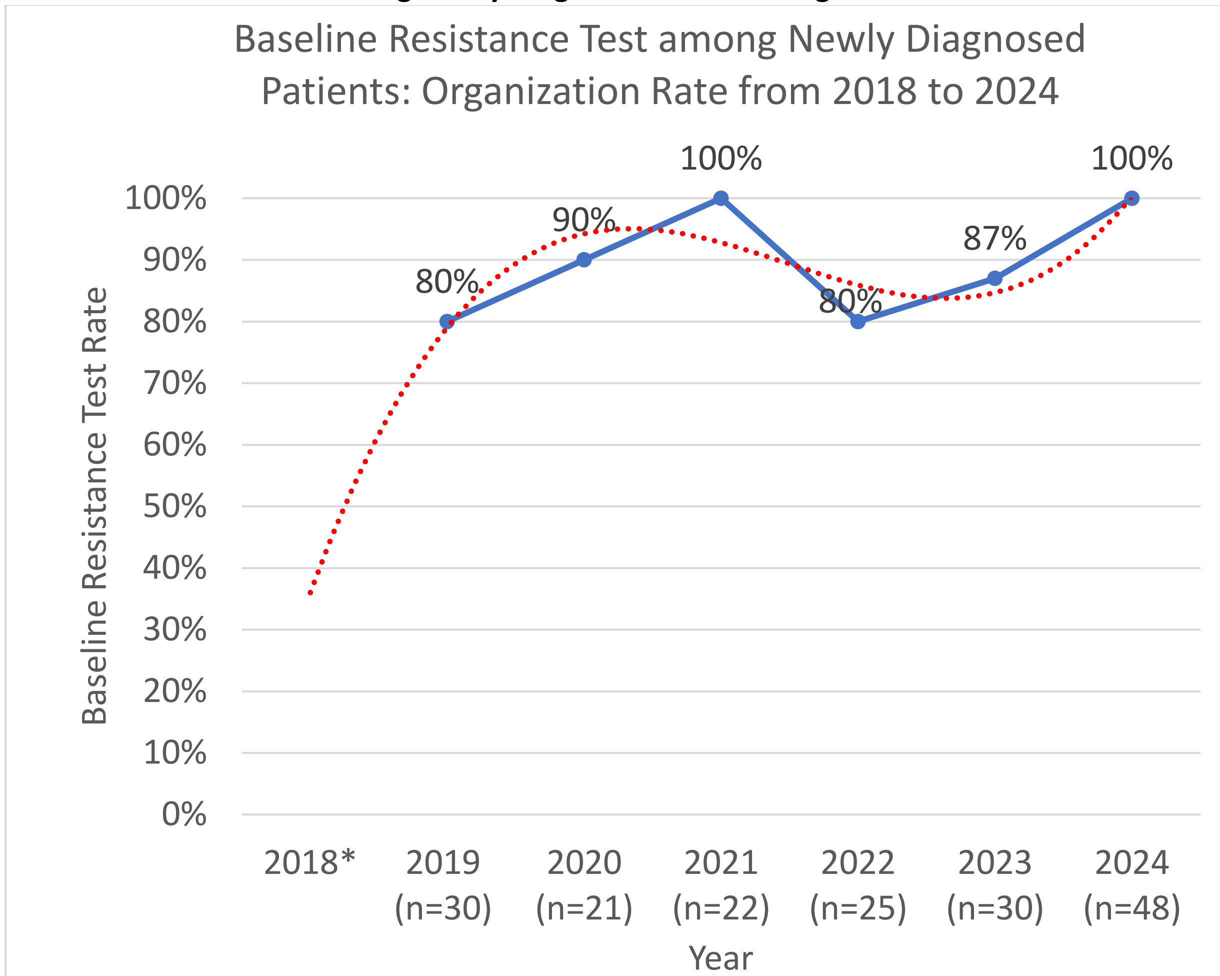


Figure 3. Baseline Resistance Test among Newly Diagnosed Patients: Organization Rate from 2018 to 2024



Note: Data for this indicator were not required for the review of care provided in 2018.

Figure 4. Viral Load Suppression at Last Test in Year among New to Care Patients (Other than Newly Diagnosed): Organization Rate from 2018 to 2024

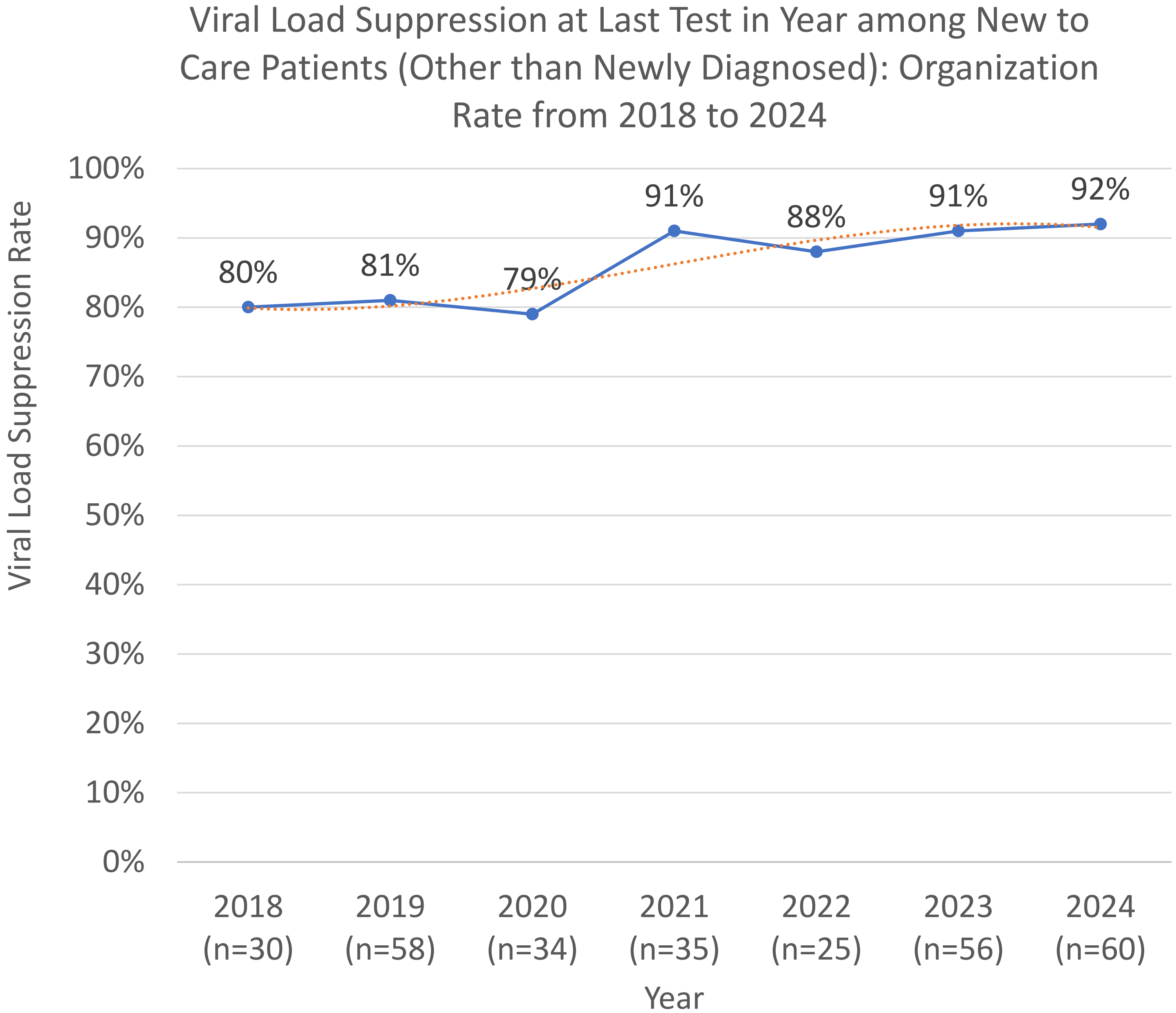


Figure 5. Viral Load Suppression at Last Test in Year among Patients Established in Care: Organization Rate from 2018 to 2024

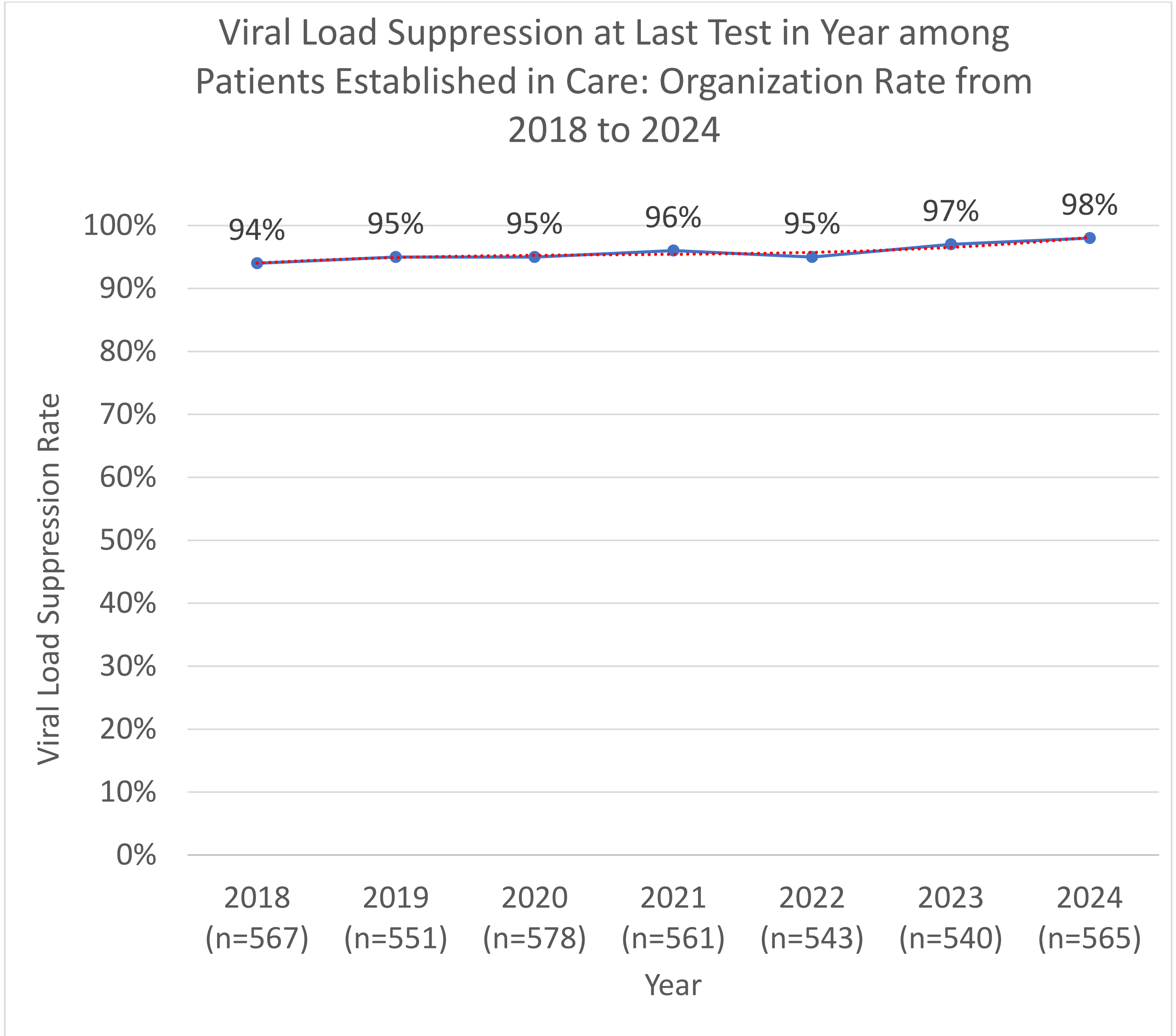


Figure 6. 2024 Established Active Viral Load Suppression Rates by Age at Organizational Level

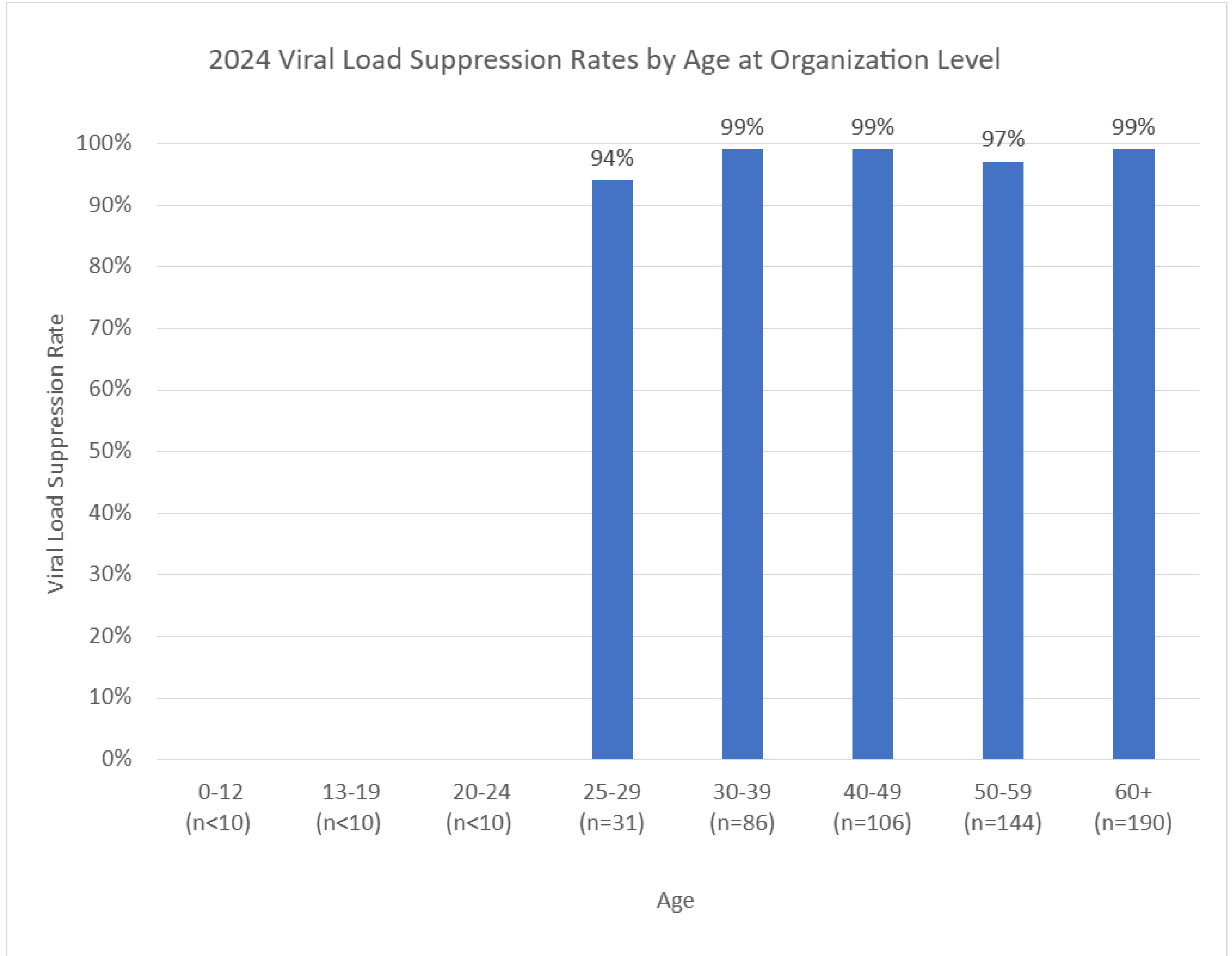
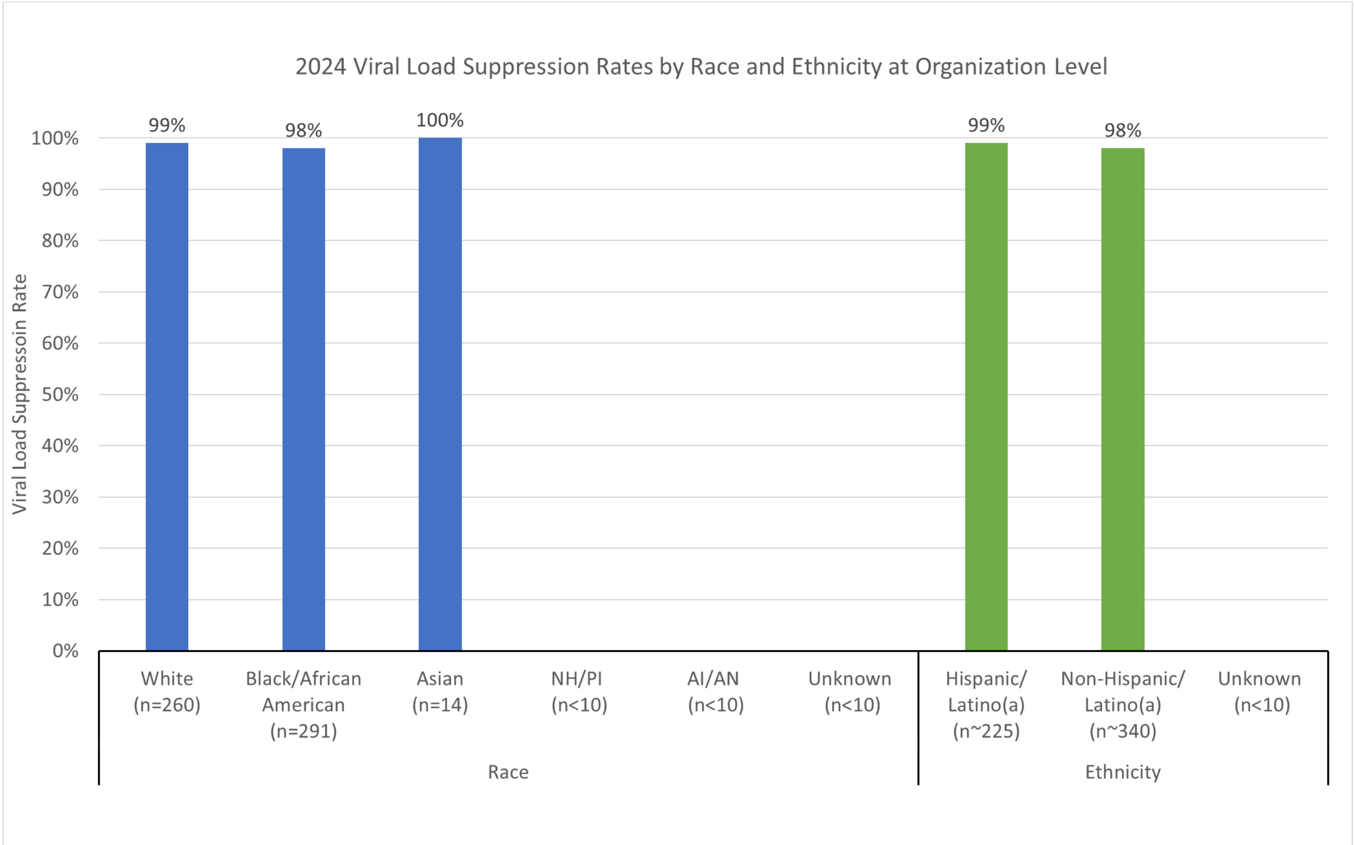


Figure 7. 2024 Established Active Viral Load Suppression Rates by Race and Ethnicity at Organizational Level



Note: NH/PI = Native Hawaiian/Pacific Islander; AI/AN = American Indian/Alaska Native.

Table 1: Indicator Rates at Organization Level for 2018 to 2024

Patient Group	Indicator	2018		2019		2020		2021		2022		2023		2024	
		Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median	Org. Rate	State Median
Newly Diagnosed	3-day Linkage to Care	8% (n=13)	41%	7% (n=15)	51%	15% (n=13)	55%	-- (n<10)*	61%	13% (n=15)	53%	27% (n=11)	63%	23% (n=26)	53%
	On Antiretroviral Therapy	90% (n=21)	96%	100% (n=30)	100%	95% (n=22)	100%	91% (n=23)	100%	96% (n=27)	100%	100% (n=30)	100%	100% (n=48)	100%
	Viral Load Test within 91 Days	100% (n=21)	93%	100% (n=30)	95%	95% (n=22)	95%	91% (n=23)	92%	93% (n=27)	96%	100% (n=30)	95%	96% (n=48)	93%
	Suppressed within 91 Days	55% (n=21)	45%	70% (n=30)	50%	55% (n=22)	46%	70% (n=23)	50%	56% (n=27)	50%	73% (n=30)	50%	71% (n=48)	50%
	Baseline Resistance Test	**	**	80% (n=30)	74%	90% (n=21)	80%	100% (n=22)	82%	80% (n=25)	79%	87% (n=30)	76%	100% (n=48)	83%
Other New to Care	On Antiretroviral Therapy	97% (n=30)	97%	100% (n=58)	100%	97% (n=34)	100%	100% (n=35)	100%	100% (n=25)	100%	100% (n=56)	100%	100% (n=60)	100%
	Any Viral Load Test	97% (n=30)	99%	97% (n=58)	98%	97% (n=34)	100%	100% (n=35)	100%	100% (n=25)	98%	100% (n=56)	98%	100% (n=60)	98%
	Suppressed Final Viral Load	80% (n=30)	74%	81% (n=58)	78%	79% (n=34)	77%	91% (n=35)	69%	88% (n=25)	77%	91% (n=56)	80%	92% (n=60)	81%
Established Active	On Antiretroviral Therapy	99% (n=567)	99%	99% (n=551)	99%	99% (n=578)	99%	99% (n=561)	99%	99% (n=543)	100%	99% (n=540)	100%	99% (n=565)	100%
	Any Viral Load Test	100% (n=567)	99%	100% (n=551)	99%	98% (n=578)	97%	99% (n=561)	98%	100% (n=543)	98%	100% (n=540)	98%	100% (n=565)	98%
	Suppressed Final Viral Load	94% (n=567)	88%	95% (n=551)	89%	95% (n=578)	87%	96% (n=561)	88%	95% (n=543)	89%	97% (n=540)	91%	98% (n=565)	91%
Open Previously Diagnosed (Active & Inactive)	On Antiretroviral Therapy	97% (n=635)	95%	96% (n=601)	96%	98% (n=618)	96%	97% (n=621)	97%	96% (n=627)	97%	97% (n=598)	98%	98% (n=627)	98%
	Any Viral Load Test	92% (n=635)	93%	93% (n=601)	93%	94% (n=618)	90%	92% (n=621)	94%	89% (n=627)	93%	93% (n=598)	94%	92% (n=627)	93%
	Suppressed Final Viral Load	86% (n=635)	80%	88% (n=601)	83%	91% (n=618)	77%	87% (n=621)	79%	84% (n=627)	83%	90% (n=598)	83%	90% (n=627)	86%

*** Data redacted due to small number of applicable patients (fewer than 10).**

**** Data for this indicator were not required for this review.**

Table 2: Viral Load Suppression by Established Active Patient Demographic Group at Organization Level for 2024

AGE															
0-12		13-19		20-24		25-29		30-39		40-49		50-59		60+	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<10*	--	<10*	--	<10*	--	31	94%	86	99%	106	99%	144	97%	190	99%
GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Gender X		Unknown Gender			
n	%	n	%	n	%	n	%	n	%	n	%	n	%		
339	98%	219	99%	<10*	--	<10*	--	<10*	--	<10*	--	<10*	--		
RACE															
White		Black/African American		Asian		Native Hawaiian / Pacific Islander		American Indian / Alaskan Native		Unknown Race					
n	%	n	%	n	%	n	%	n	%	n	%				
260	99%	291	98%	14	100%	<10*	--	<10*	--	<10*	--				
ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
~225	~99%	340	98%	<10*	--										
RISK FACTOR															
MSM		IDU Risk		Heterosexual Risk		Hemophilia or Coagulation		Blood Transfusion		Perinatal		Other Risk		Unknown	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
151	98%	24	100%	391	99%	<10*	--	<10*	--	17	94%	<10*	--	<10*	--
HOUSING STATUS															
Stable Housing		Temporarily Housed		Unstably Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
556	98%	<10*	--	<10*	--	<10*	--								
INSURANCE TYPE															
ADAP		Dual Eligible		Medicaid		Medicare		Private Insurance		Veteran's Admin		Other		No Insurance	
n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
197	98%	48	100%	191	97%	29	97%	100	100%	<10*	--	<10*	--	<10*	--
Unknown															
n	%														
<10*	--														

*** Data redacted due to small number of applicable patients (fewer than 10).**

Table 3: Indicator Rates at Clinic Level for 2018 to 2024

Year	Clinic	Newly Diagnosed	Other New to Care			Established Active		
		Baseline Resistance Test	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
2018	Designated AIDS Center	**	96% (n=25)	96% (n=25)	76% (n=25)	99% (n=453)	100% (n=453)	93% (n=453)
	Roosevelt-Freeport Health Center	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	98% (n=114)	100% (n=114)	98% (n=114)
2019	Designated AIDS Center	70% (n=20)	100% (n=46)	96% (n=46)	76% (n=46)	99% (n=439)	100% (n=439)	94% (n=439)
	Roosevelt-Freeport Health Center	100% (n=10)	100% (n=12)	100% (n=12)	100% (n=12)	98% (n=112)	100% (n=112)	99% (n=112)
2020	Designated AIDS Center	82% (n=11)	97% (n=29)	97% (n=29)	76% (n=29)	99% (n=448)	98% (n=448)	95% (n=448)
	Roosevelt-Freeport Health Center	100% (n=10)	-- (n<10)*	-- (n<10)*	-- (n<10)*	98% (n=130)	99% (n=130)	98% (n=130)
2021	Designated AIDS Center	**	**	**	**	99% (n=439)	99% (n=439)	96% (n=439)
	Roosevelt-Freeport Health Center	**	**	**	**	98% (n=122)	100% (n=122)	93% (n=122)
2022	Designated AIDS Center	**	**	**	**	100% (n=405)	100% (n=405)	95% (n=405)
	Roosevelt-Freeport Health Center	**	**	**	**	99% (n=138)	100% (n=138)	93% (n=138)
2023	Designated AIDS Center	**	**	**	**	100% (n=399)	100% (n=399)	97% (n=399)
	Roosevelt-Freeport Health Center	**	**	**	**	99% (n=141)	100% (n=141)	98% (n=141)
2024	Designated AIDS Center	**	**	**	**	100% (n=426)	100% (n=426)	98% (n=426)
	Roosevelt-Freeport Health Center	**	**	**	**	99% (n=139)	100% (n=139)	100% (n=139)

*** Data redacted due to small number of applicable patients (fewer than 10).**

**** Data for this indicator were not requested for this review or were not scored at this level.**

Quality Improvement Interventions for 2025

Self-reported[1] based on 2024 results

Methodology
At Nassau University Medical Center (NUMC), reports from Labtracker and Allscripts/Sunrise Clinical Manager (SCM) were utilized to compile the comprehensive list of HIV/AIDS patients seen in 2024. Labtracker, an HIV-specific database maintained by the Center for Positive Health (CPH) and Freeport-Roosevelt Healthcare Center (FHC) facilitated the initial identification of patients. This list was cross-referenced with medical record numbers to ensure the exclusion of duplicates. Subsequently, the Open Patients list was derived by excluding these identified patients from the broader 2024 Sunrise/Allscripts report, which encompassed all patients with an HIV diagnosis code across the organization. A thorough chart review was then conducted to confirm the HIV-positive status and the provision of qualifying services throughout 2024. Since 2019, this systematic approach has been consistently applied to generate a monthly Open Case List, meticulously reviewed by the HIV Program quality improvement manager. Open cases are identified through Sunrise Clinical Manager reports, initially filtered by HIV diagnosis codes, reviewed by the HIV program Data Manager, and subsequently validated by the quality improvement manager.

Data sources used:

- Allscripts/Sunrise Clinical Manager (SCM)- creates the Open Case List for Center for Positive Health patients.
- Labtracker-creates the 2024 Center for Positive Health/Freeport-Roosevelt Healthcare Center HIV Clinic Client List. Labtracker was decommissioned at the end of 2024 and its data has been migrated to a Microsoft Access database. We are updating it using weekly reports generated by IT.
- Careware- creates housing and demographic information.
- E-ClinicalWorks- provides information on Freeport-Roosevelt Healthcare Center patients (Active) and the Open Patients seen at the center in 2024.

<u>Limitations of All scripts/Sunrise Clinical Manager</u> (which is the Electronic Health Record for the Nassau University Medical Center):

a) Obtaining reports specifically for HIV patients can be challenging and typically necessitates generating a custom report.
b) The obtained data must undergo manual verification for errors, particularly those related to coding and other discrepancies.
c) Obtaining a work order is necessary to create new reports, a process that may require a significant amount of time.

<u>Limitations of Labtracker:</u> The system only includes HIV+ patients seen at Nassau University Medical Center, Center for Positive Health and does not encompass outpatient visits for HIV patients seen at other Nassau University Medical Center clinic locations.

<u>Limitations of Careware:</u> The system only contains Ryan White eligible HIV+ patients seen in the Nassau University Medical Center, Center for Positive Health and Community Healthcare HIV clinic.

[1] Text in square brackets represents minor edits by the Quality of Care Program to remove details about small groups of patients.

Program Summary: NuHealth

Sunrise Clinical Manager Information Technology Team and Fitsum Getachew (HIV Program Data Manager) were responsible for extracting the data. Fitsum Getachew (HIV Program Data Manager) was responsible for entering the data into the Excel template. Fitsum Getachew (HIV Program Data Manager) and Hamid Pahlevan, MD (Grant Supervisor/Counselor/QI Manager) reviewed the data for completeness and accuracy. Fitsum Getachew (HIV Program Data Manager) and Hamid Pahlevan MD (Grant Supervisor/Counselor/QI Manager) were responsible for analyzing your 2024 cascade data results. The quality committee and clinical care team were involved in analyzing the data, members include Tabassum Yasmin, MD (HIV Program Director); Hamid Pahlevan, MD (Grant Supervisor/Counselor/QI Manager); and Fitsum Getachew 9HIV Program Data Manager). The Viral Load Suppression (VLS) Center for Quality Improvement team receives the data for analysis and the data is shared at the HIV Program Continuous Quality Improvement Team meeting. We have not yet implemented frailty screening in our HIV program. However, the integration of a validated frailty screening tool is one of our planned quality improvement initiatives for 2025.

This Viral Load Suppression Center for Quality Improvement Team consists of:

1) Tabassum Yasmin, MD, HIV Program Director
2) Hamid Pahlevan, MD, Supervisor/Counselor/QI Manager
3) Martine Michel-Toure, Administrator, Medical Case Management Program
4) Fitsum Getachew, Data Manager, HIV Program
5) Olga Pimentel, RPSSI Patient Navigator
6) Rachel Robles, HIV Mental Health Program Counselor/ Program Facilitator
7) Leonila Ventura, HIV Mental Health Program Counselor
8) Christian Huezo, Social Work Assistant (Retention and Adherence Program Specialist)
9) Yesica Ramirez, Social Work Assistant (Non-Medical Case Manager)

QI Project: Reducing No-Show Rates Through Personalized Text Messaging by Community Support Services (CSS)

- Goal: Decrease the overall no-show rate for HIV medical appointments at Center for Positive HEALTH Community Support Services' clients from a baseline of 23.7% to 19% (20% reduction) by December 31, 2025.

SMART Goals:

- Specific: Focused on reducing missed appointments.
- Measurable: Monthly no-show reports will be tracked in the electronic medical record.
- Achievable: Based on prior Community Support Services pilot success (20% drop).
- Results-Oriented: Lower no-shows improve retention and provider capacity.
- Time-Bound: Outcome measured over the next 6 months.

Key Findings

In 2024, our viral load suppression rate among active established patients rose significantly to 97.9%. This progress reflects the success of targeted quality improvement initiatives implemented the previous year, which prioritized Black, Indigenous, and People of Color and Lesbian, Gay, Bisexual, Transgender, and Queer + clients, populations identified with the lowest suppression rates in the 2023 care cascade. Supported by multiple grant-funded efforts, our team conducted collaborative reviews of individualized treatment plans with a strong emphasis on social determinants of health (SDOH), identifying and addressing barriers specific to these groups. Additionally, we actively engaged patients by soliciting feedback and organizing a dedicated focus group to better understand and

respond to their unique needs. The gains achieved within these priority populations have positively influenced overall outcomes across our patient cohort.

Our 2024 care cascade performance has shown overall improvement; however, one notable exception is the subgroup of patients aged 25 to 29, who demonstrated lower viral load suppression rates. It is important to highlight that this subgroup includes only 23 individuals, and the presence of just two patients with significantly elevated viral loads has disproportionately affected the overall suppression rate, given the small sample size. Our linkage data has consistently shown lower performance, particularly within the 3-day and 7-day linkage benchmarks. Timely linkage within these shorter intervals remains a persistent challenge. In response, we have launched targeted provider education efforts aimed at clinicians who order HIV tests. This initiative emphasizes the importance of real-time communication with the HIV Program's Quality Improvement Manager to facilitate faster follow-up and improve linkage outcomes—especially within the critical 3-7-day window.

In 2024, our program achieved a significant increase in viral load suppression, with [fewer than 10] clients remaining unsuppressed by year's end. This marks a major success in achieving population-level viral suppression. A deeper analysis of these [number deleted] cases reveals the following [details redacted].

This reflects positive outcomes from last year's targeted interventions, particularly those focused on older male Black, Indigenous and People of Color populations.

Total clients in care (2024): 427

- Black, Indigenous, and People of Color clients: 391 (91%)
- Non-Black, Indigenous, and People of Color clients: 36 (9%)

A total of 54 patients experienced at least one high viral load episode in 2024. Their characteristics are summarized below:

- 63% male (58% of total clinic population is male) (males have a slightly increased risk for viral rebound)
- 96% Black, Indigenous, and People of Color (92% of total clinic population are Black, Indigenous, and People of Color) (indicates racial disparities in health outcomes)
- 63% age>50 (59% of total clinic population are aged>50) (age remains a factor, albeit improved)
- 68% heterosexual (65% of total clinic population are heterosexual) (no significant difference based on sexual orientation)
- 11% prenatal (2.5% of total clinic population are prenatal) (prenatal patients have a markedly elevated risk)

Implications for Quality Improvement Projects:

1. Strengthen targeted support for Black, Indigenous, and People of Color Clients. Despite being the majority demographic Black, Indigenous, and People of Color clients are overrepresented among those with unsuppressed viral loads.
   Suggested actions:
   - Culturally responsive care models
   - Enhanced navigation and community engagement
   - Partnership with trusted community liaisons
   - Peer-delivered adherence support
2. Expand services for older adults. Though the disparity has narrowed, aged>50 continues to correlate with viral rebound.

Suggested interventions:
- Geriatric HIV care assessments
- Medication reconciliation for polypharmacy
- Neurocognitive screening and adherence counseling

3. Enhance prenatal HIV support. The 11% representation of prenatal clients among those with high VL (vs. 2.5% overall) signals a need for urgent intervention.
   Suggested interventions:
   - Increased care coordination with OB/GYN
   - Social support for pregnant women with HIV
   - More frequent viral load monitoring during pregnancy

Quality Improvement Projects

Quality Improvement Project #1
Indicator: 3-day linkage of internally diagnosed patients
2024 rate for this indicator: 23%
Overall 2025 goal for this indicator: 50%
Description:
Increase 3-day linkage of newly diagnosed patients from 23% to 50%. Implement a real-time report for positive HIV Western Blot tests at the community clinics similar to the one at Nassau University Medical Center with the case manager coordinating care.

Consumer Involvement
Our program maintains a dedicated Consumer Advisory Board (CAB) that convenes biannually and plays a vital role in the HIV Program's continuous quality improvement (CQI) efforts. The Consumer Advisory Board actively reviews program performance data, provides feedback on key initiatives, and votes on consumer-prioritized continuous quality improvement projects. This structure ensures that the voices of people with lived experience meaningfully inform and shape our quality improvement strategies. In addition, at each quarterly HIV Program continuous quality improvement meeting, HIVQual performance data are presented and discussed with both staff and consumer representatives. These meetings promote open dialogue and collaborative planning, with consumer insights directly influencing the development, refinement, and implementation of quality improvement initiatives.

To further strengthen consumer engagement:
- Biannual Consumer Advisory Board Meetings are conducted with structured agendas that include review of HIVQual data, discussion of emerging needs, and formal selection of new continuous quality improvement projects identified as priorities by consumers.
- Biannual Client Satisfaction Surveys, offered in both English and Spanish, are administered and jointly reviewed by the program team and Continuous Quality Improvement Committee. Results from these surveys are used to inform the selection and refinement of continuous quality improvement projects, ensuring responsiveness to client-identified priorities and service gaps.
- Patient Focus Groups are planned to engage clients more deeply in all phases of the quality improvement process. These sessions provide an opportunity for in-depth, qualitative feedback to refine project design and ensure that improvement initiatives are grounded in lived experience and community context.

Coach's Feedback and Updates on Cascade Quality Improvement Plan
NuHealth continues to utilize robust quality improvement methods and are dedicated to client involvement and building their capacity for quality improvement. The site utilizes quality improvement coach as needed for coaching and technical assistance. NuHealth is working on creating/conducting a staff survey within their program; currently a staff survey is conducted for the entirety of the hospital system (results are not shared with the provider).

For Quality Improvement Project 1 – NuHealth's plan to implement a real-time reporting mechanism for positive HIV Western Blot tests at the community clinic with case manager coordination is a strategic intervention. To further strengthen implementation and monitoring, the Coach recommends 1) clearly defining the workflow from receipt of the positive result to initial patient contact and appointment scheduling; 2) assigning explicit accountability for each step (laboratory notification, report generation, outreach, appointment confirmation); 3) tracking intermediate process measures, such as: a) time from confirmed positive result to first outreach attempt; b)time from outreach to scheduled appointment c) percentage of patients successfully contacted within 24 hours and d) conducting rapid-cycle reviews during the first 60–90 days of implementation to identify operational gaps. In addition, consider documenting barriers to successful 3-day linkage to inform additional targeted interventions.

Consumer Involvement: NuHealth's biannual meetings, structured data review, and formal voting process on client prioritized continuous quality improvement projects demonstrate partnership rather than passive consultation. To further enhance NuHealth's strong framework, the Coach recommends: 1) documenting specific examples of how client feedback influenced the 3-day linkage initiative; 2) establishing a measurable goal related to client engagement and 3) incorporating "You Said, We Did" communication strategies to close the feedback loop and reinforce trust.

Appendices

Note: Results from 2017 have been moved to this appendix to make room for more recent data in the tables and charts within this profile. Of note, the data for 2017 were reported through a different process that did not include submission of patient-level data. Any interpretation of changes between 2017 and 2018 and subsequent years should be made with this discontinuity in the process in mind.

Appendix A-1
2017 Indicator Rates at Organization Level

Established Active (n=588)			Open Previously Diagnosed (Active & Inactive) (n=627)		
On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Lod
99%	99%	92%	96%	96%	87%

Appendix A-2
2017 Established Active Rates at the Clinic Level

	Established Active		
Clinic	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
NUMC (n=479)	99%	99%	91%
Roosevelt-Freeport Health Center (n=109)	97%	100%	96%