Quality Improvement Profile

The New York State 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 14, 2026**

Program Name: United Health Services (UHS)

Clinic Information

Type of Clinic	Clinic Name	Address	City	Zip
Community Based Organization	UHS Primary Care - Johnson City	507 Main Street	Johnson City	13790
Community Based Organization	UHS Primary Care - Candor	54 Main Street	Candor	13743
Community Based Organization	UHS Primary Care - Deposit	53 Pine Street	Deposit	13754
Community Based Organization	UHS Primary Care Sherburne	38A Classic Street	Sherburne	13460
Community Based Organization	UHS Primary Care Upper Front St	1290 Upper Front Street	Binghamton	13901
Community Based Organization	UHS Infectious Disease - Vestal	4417 Vestal Parkway East	Vestal	13850
Community Based Organization	UHS Primary Care - Endicott	1302 E. Main Street	Endicott	13760
Hospital	UHS Primary Care - Binghamton	33 Mitchell Ave, Suite 102	Binghamton	13903

Important Contacts

HIV Medical Director	Scott Rosman	Scott.Rosman@nyuhs.org	Phone number not available
HIV Program Administrator	TeriAnn Montoya	teriann.montoya@nyuhs.org	(607) 762-2531
Lead Quality Improvement Contact	LuAnn Morlando	luann.morlando@nyuhs.org	(607) 762-2921
Contract Manager	Janice Bigler	janice.bigler@health.ny.gov	212-417-4523
NY Links Coach	Susan Weigl	susan.weigl@health.ny.gov	(929) 318-3318

Regional Group/Learning Network Participation

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

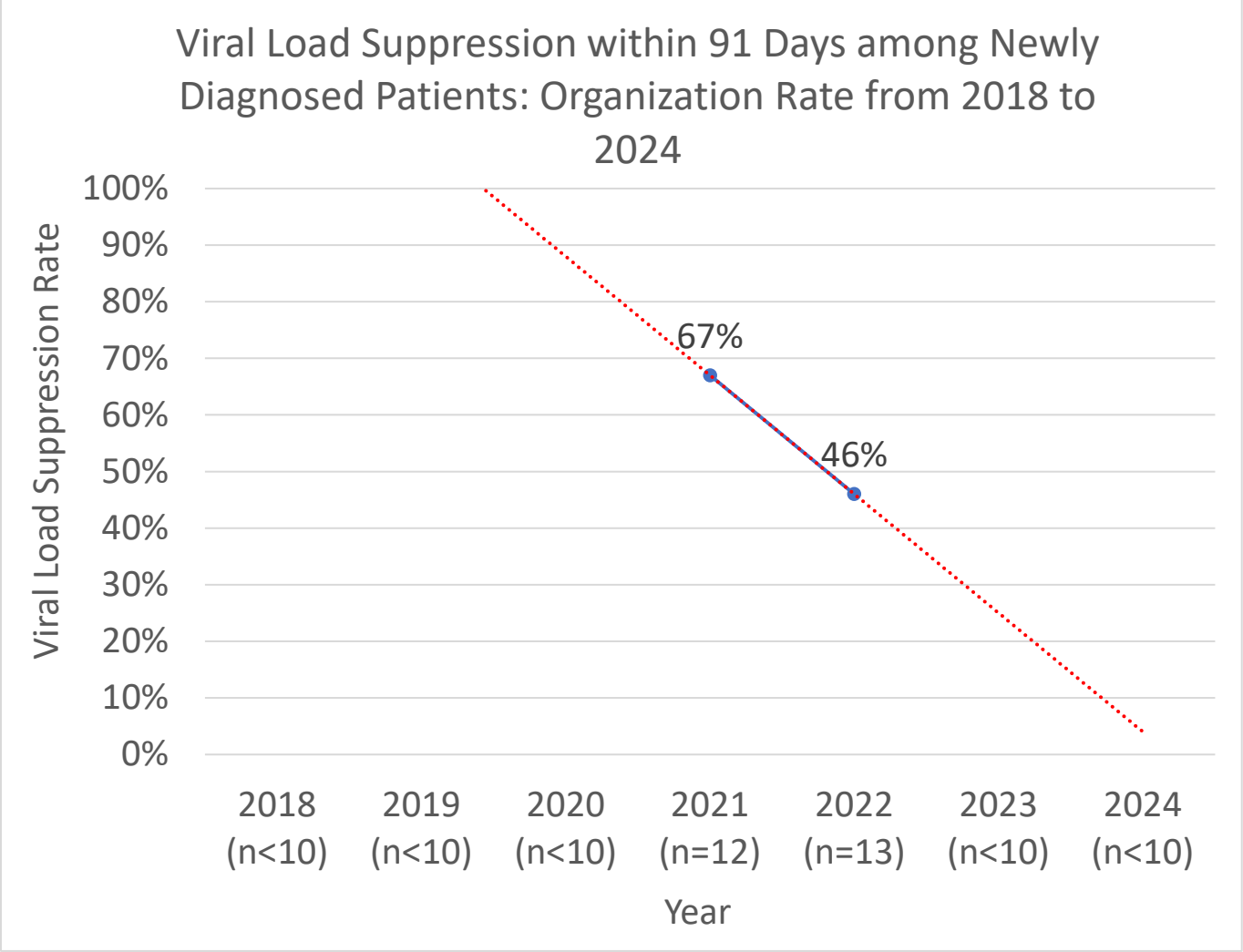
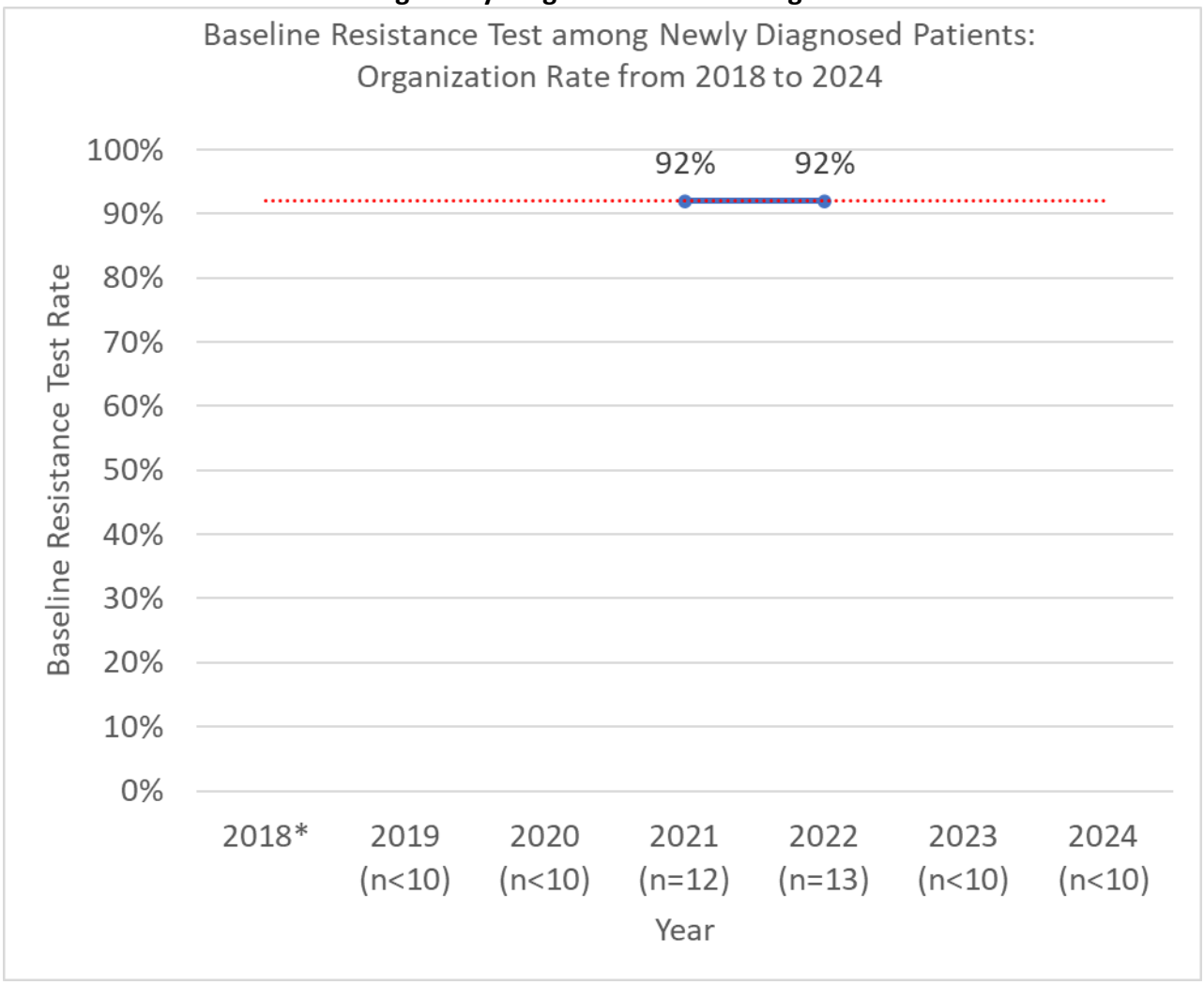


Figure 2. Baseline Resistance Test among Newly Diagnosed Patients: Organization Rate from 2018 to 2024



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

Figure 3. Viral Load Suppression at Last Test in Year among New to Care Patients (Other than Newly Diagnosed): Organization Rate from 2018 to 2024

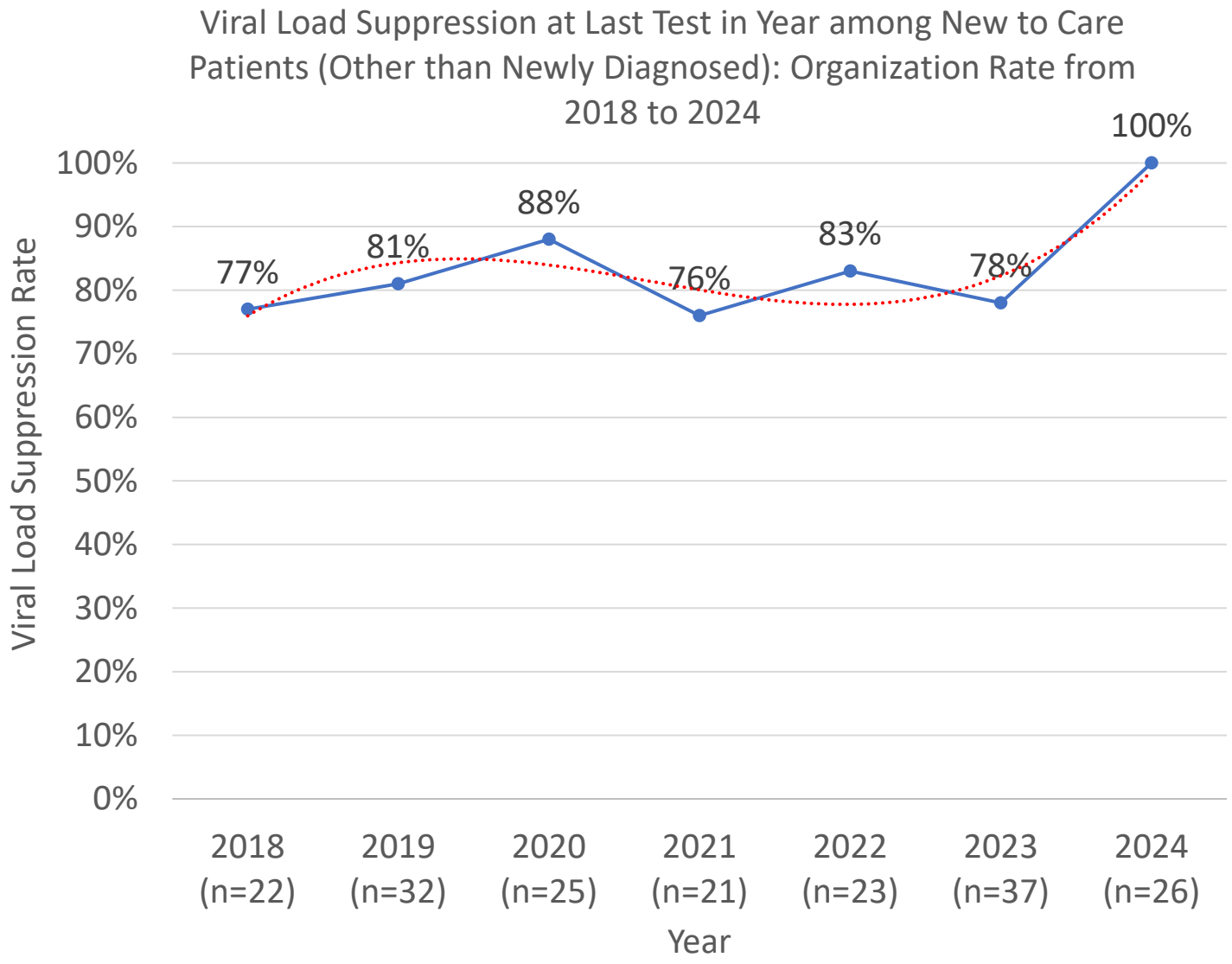


Figure 4. Viral Load Suppression at Last Test in Year among Patients Established in Care: Organization Rate from 2018 to 2024

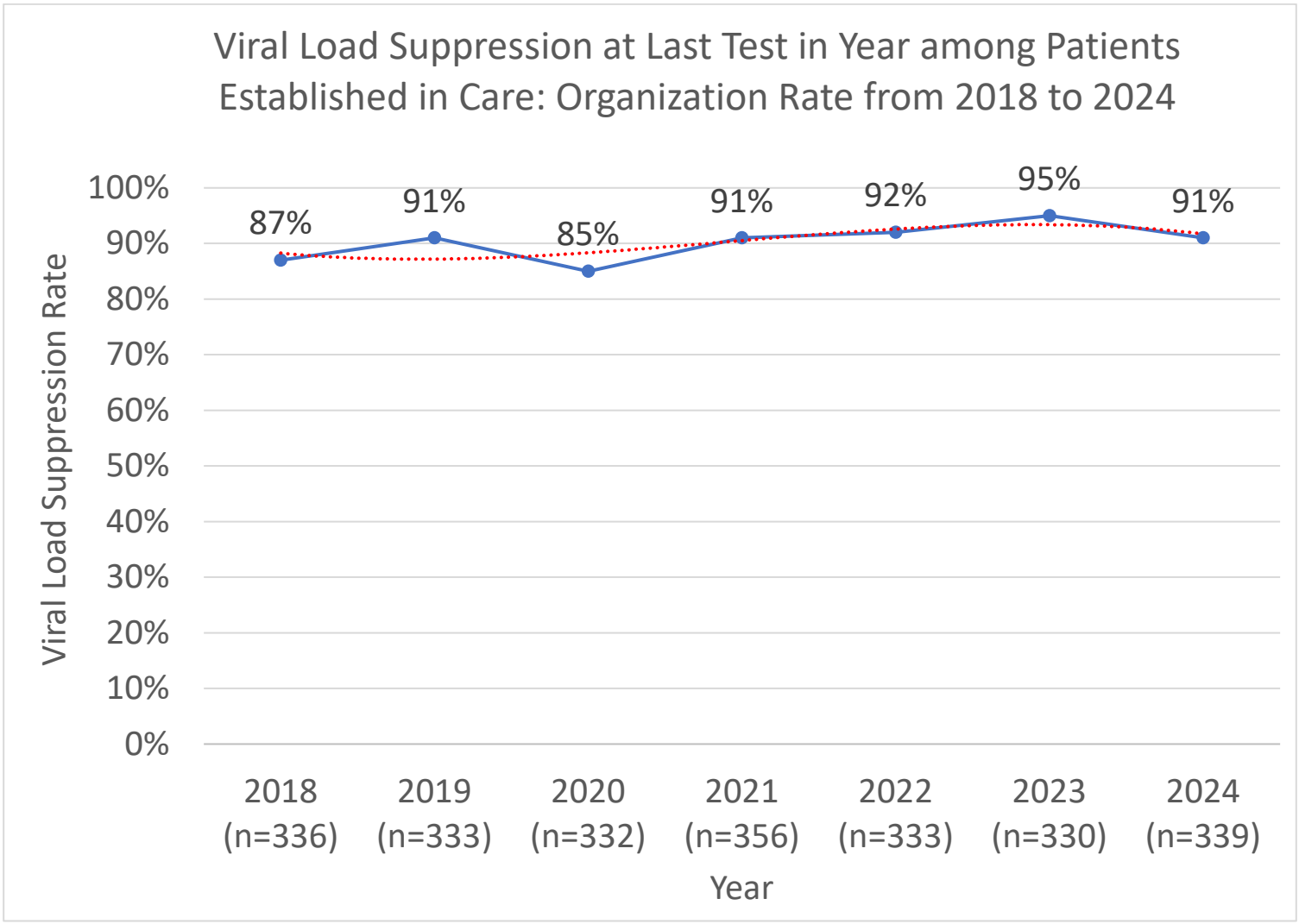


Figure 5. 2024 Established Active Viral Load Suppression Rates by Age at Organizational Level

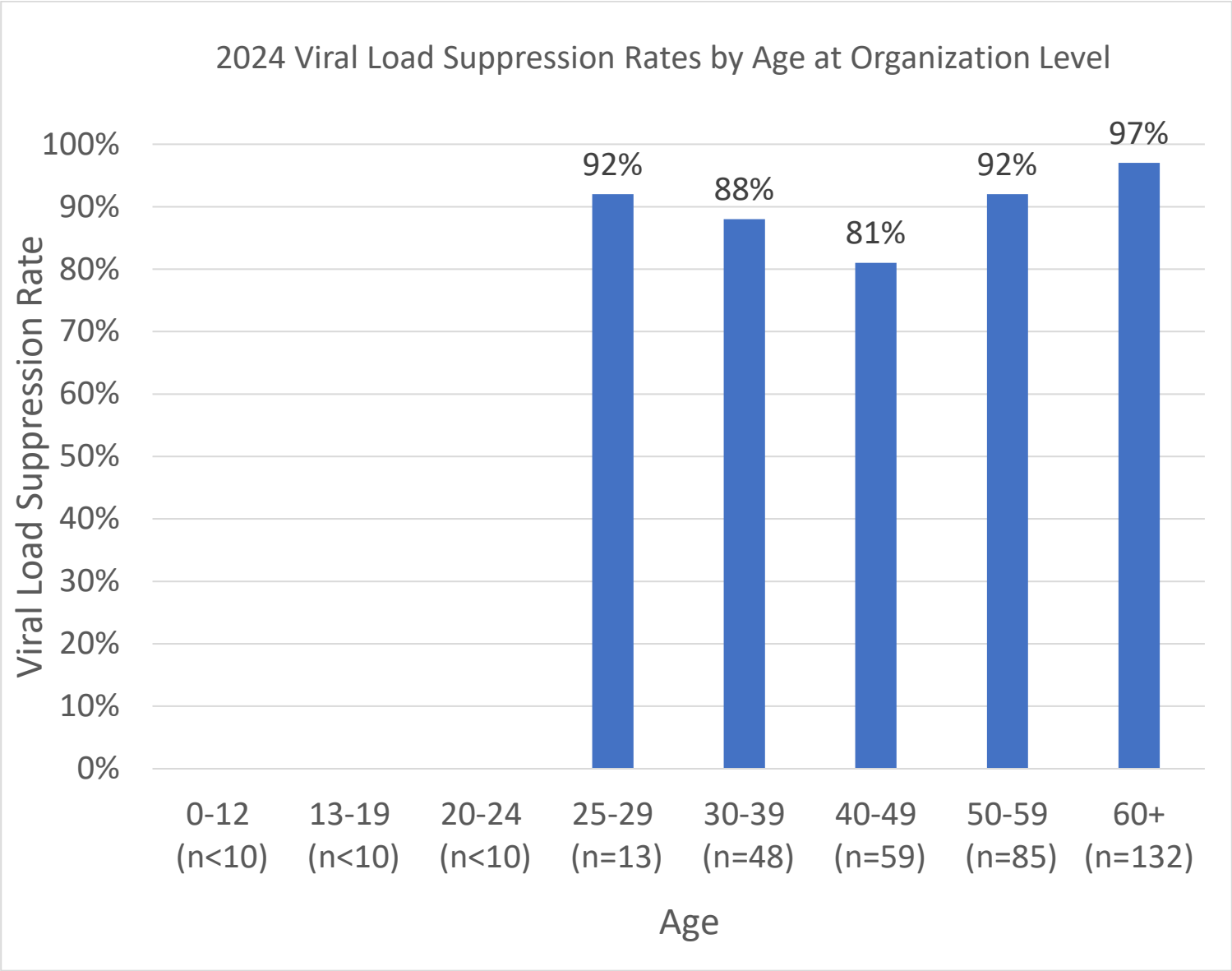
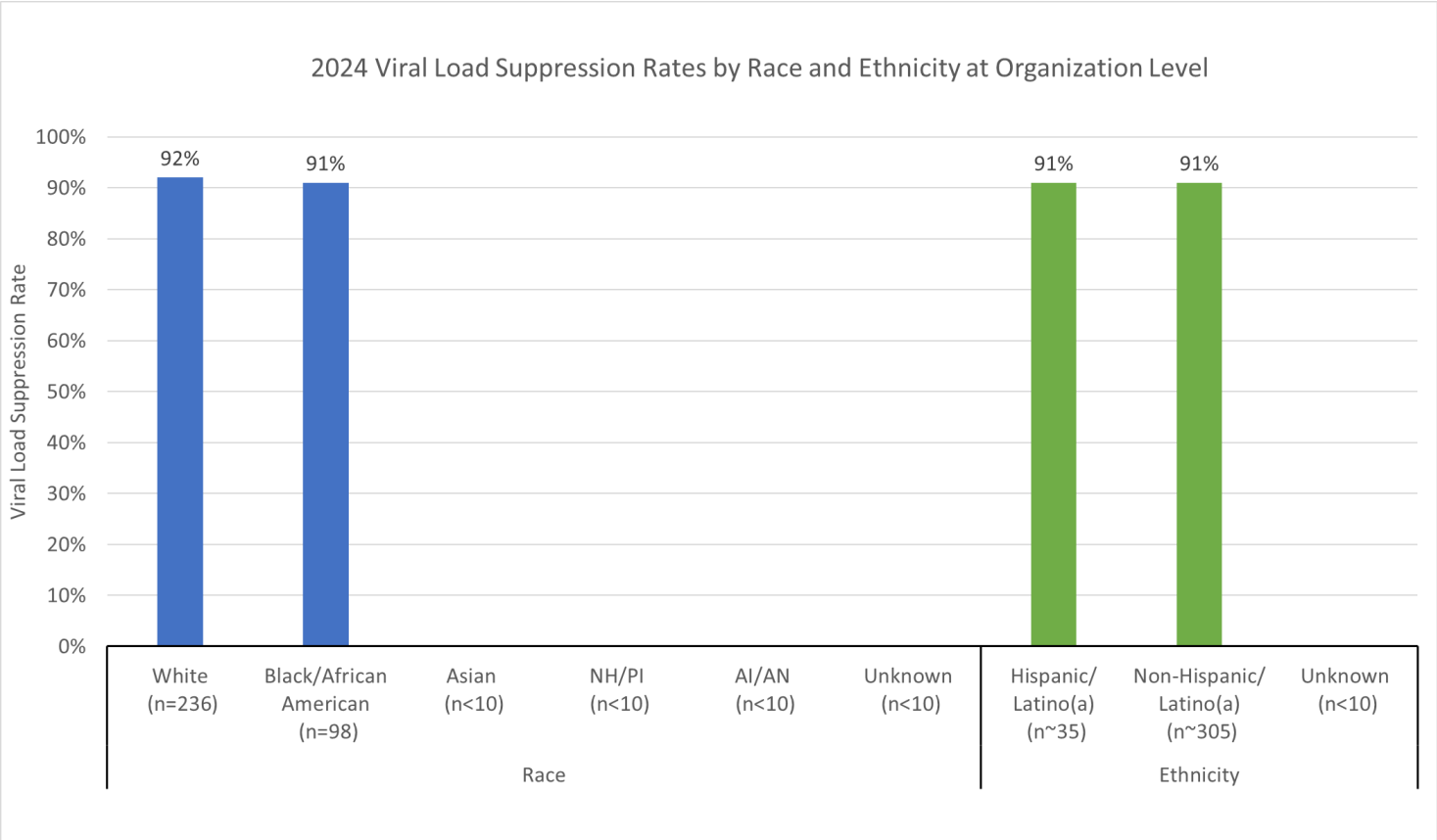


Figure 6. 2024 Established Active Viral Load Suppression Rates by Race and Ethnicity at Organizational Level



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	-- (n<10)*	41%	-- (n<10)*	51%	-- (n<10)*	55%	-- (n<10)*	61%	-- (n<10)*	53%	-- (n<10)*	63%	-- (n<10)*	53%
	On Antiretroviral Therapy	-- (n<10)*	96%	-- (n<10)*	100%	-- (n<10)*	100%	100% (n=12)	100%	100% (n=13)	100%	-- (n<10)*	100%	-- (n<10)*	100%
	Viral Load Test within 91 Days	-- (n<10)*	93%	-- (n<10)*	95%	-- (n<10)*	95%	100% (n=12)	92%	100% (n=13)	96%	-- (n<10)*	95%	-- (n<10)*	93%
	Suppressed within 91 Days	-- (n<10)*	45%	-- (n<10)*	50%	-- (n<10)*	46%	67% (n=12)	50%	46% (n=13)	50%	-- (n<10)*	50%	-- (n<10)*	50%
	Baseline Resistance Test	**	**	-- (n<10)*	74%	-- (n<10)*	80%	92% (n=12)	82%	92% (n=13)	79%	-- (n<10)*	76%	-- (n<10)*	83%
Other New to Care	On Antiretroviral Therapy	100% (n=22)	97%	100% (n=32)	100%	96% (n=25)	100%	100% (n=21)	100%	100% (n=23)	100%	97% (n=37)	100%	100% (n=26)	100%
	Any Viral Load Test	86% (n=22)	99%	100% (n=32)	98%	96% (n=25)	100%	100% (n=21)	100%	100% (n=23)	98%	100% (n=37)	98%	100% (n=26)	98%
	Suppressed Final Viral Load	77% (n=22)	74%	81% (n=32)	78%	88% (n=25)	77%	76% (n=21)	69%	83% (n=23)	77%	78% (n=37)	80%	100% (n=26)	81%
Established Active	On Antiretroviral Therapy	99% (n=336)	99%	99% (n=333)	99%	93% (n=332)	99%	99% (n=356)	99%	99% (n=333)	100%	99% (n=330)	100%	99% (n=339)	100%
	Any Viral Load Test	97% (n=336)	99%	97% (n=333)	99%	99% (n=332)	97%	98% (n=356)	98%	97% (n=333)	98%	98% (n=330)	98%	98% (n=339)	98%
	Suppressed Final Viral Load	87% (n=336)	88%	91% (n=333)	89%	85% (n=332)	87%	91% (n=356)	88%	92% (n=333)	89%	95% (n=330)	91%	91% (n=339)	91%
Open Previously Diagnosed (Active & Inactive)	On Antiretroviral Therapy	99% (n=337)	95%	99% (n=334)	96%	99% (n=336)	96%	99% (n=356)	97%	99% (n=341)	97%	99% (n=336)	98%	99% (n=339)	98%
	Any Viral Load Test	97% (n=337)	93%	97% (n=334)	93%	92% (n=336)	90%	98% (n=356)	94%	95% (n=341)	93%	98% (n=336)	94%	98% (n=339)	93%
	Suppressed Final Viral Load	86% (n=337)	80%	90% (n=334)	83%	84% (n=336)	77%	91% (n=356)	79%	91% (n=341)	83%	94% (n=336)	83%	91% (n=339)	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*	--	13	92%	48	88%	59	81%	85	92%	132	97%

GENDER															
Cis Male		Cis Female		Trans Male		Trans Female		Other Gender		Gender X		Unknown Gender			
n	%	n	%	n	%	n	%	n	%	n	%	n	%		
209	92%	123	90%	<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	%				
236	92%	98	91%	<10*	--	<10*	--	<10*	--	<10*	--				

ETHNICITY															
Hispanic, Latino, Latina		Non-Hispanic, Latino, Latina		Unknown Ethnicity											
n	%	n	%	n	%										
~35	91%	~305	91%	<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	%
145	94%	18	83%	178	90%	<10*	--	<10*	--	<10*	--	<10*	--	<10*	--

HOUSING STATUS															
Stable Housing		Temporarily Housed		Unstably Housed		Unknown Housing									
n	%	n	%	n	%	n	%								
339	91%	<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	%
<10*	--	69	97%	110	81%	56	96%	98	97%	<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	Binghamton Primary Care	**	100% (n=20)	90% (n=20)	85% (n=20)	99% (n=281)	97% (n=281)	85% (n=281)
	Johnson City Primary Care	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Candor Primary Care	**	-- (n<10*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Deposit Primary Care	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Sherburne Primary Care	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Upper Front Primary Care	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=37)	97% (n=37)	95% (n=37)
	Vestal Primary Care	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=13)	100% (n=13)	100% (n=13)
	Endicott UHS Walk-in	**	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
2019	Binghamton Primary Care	-- (n<10)*	100% (n=25)	100% (n=25)	84% (n=25)	99% (n=282)	98% (n=282)	91% (n=282)
	Johnson City Primary Care	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	Sherburne Primary Care	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
2019	Upper Front Primary Care	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=35)	100% (n=35)	97% (n=35)
	Vestal Primary Care	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=14)	79% (n=14)	71% (n=14)
2020	UHS Primary Care - Binghamton	-- (n<10)*	96% (n=25)	96% (n=25)	88% (n=25)	99% (n=284)	92% (n=284)	84% (n=284)
	UHS Primary Care - Johnson City	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Sherburne	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Upper Front St	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=34)	97% (n=34)	94% (n=34)
	UHS Primary Care Vestal	-- (n<10)*	-- (n<10)*	-- (n<10)*	-- (n<10)*	100% (n=13)	100% (n=13)	92% (n=13)
2021	UHS Primary Care - Binghamton	**	**	**	**	99% (n=308)	97% (n=308)	90% (n=308)
	UHS Primary Care - Johnson City	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Sherburne	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Upper Front St	**	**	**	**	100% (n=35)	100% (n=35)	91% (n=35)
	UHS Primary Care Vestal	**	**	**	**	100% (n=12)	100% (n=12)	100% (n=12)
2022	UHS Infectious Disease – Vestal	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*

		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
	UHS Primary Care Binghamton	**	**	**	**	99% (n=293)	97% (n=293)	93% (n=293)
	UHS Primary Care Endicott	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Johnson City	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Candor	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Deposit	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Sherburne	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Upper Front St	**	**	**	**	100% (n=31)	94% (n=31)	87% (n=31)
2023	UHS Infectious Disease – Vestal	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Binghamton	**	**	**	**	100% (n=292)	99% (n=292)	96% (n=292)
	UHS Primary Care Endicott	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Johnson City	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Candor	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Deposit	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Sherburne	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Upper Front St	**	**	**	**	100% (n=29)	97% (n=29)	93% (n=29)
2024	UHS Infectious Disease – Vestal	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Binghamton	**	**	**	**	99% (n=302)	99% (n=302)	92% (n=302)
	UHS Primary Care Endicott	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Johnson City	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Candor	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Deposit	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Sherburne	**	**	**	**	-- (n<10)*	-- (n<10)*	-- (n<10)*
	UHS Primary Care Upper Front St	**	**	**	**	100% (n=28)	96% (n=28)	89% (n=28)

*** 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

United Health Services is a large hospital comprised of specialty offices and primary care sites. When compiling the data for the cascades we utilized EPIC which is our electronic medical record (EMR) of the patients as well as the Excel spreadsheet the Program Assistant created to keep records on. Using the Excel spreadsheet allows for quick retrieval of information that can be accessed from a centralized location. The entire team is responsible for reviewing the patient electronic medical record and the Program Assistant manually updates and monitors the Excel Spreadsheet that she created. We did not use the AIDS Institute Reporting System because only the Retention and Adherence Program patients' data are entered into AIDS Institute Reporting System. The same information we enter into the AIDS Institute Reporting System is collected in the Program Assistant's spreadsheet. We are able to edit reports in EPIC to meet our needs which creates very few, if any, limitations when compiling data. We use EPIC, the AIDS Institute Reporting System, and Excel spreadsheets because we can pull reports from these sources. Our program assistant extracts the data and enters the information into the template. We have a team of dedicated staff which includes Scott Rosman- NP-c, AAHIVS, TeriAnn Montoya- HIV Program Coordinator, Samantha Dye- Retention and Adherence Specialist, as well as LuAnn Morlando- Program Assistant that review and analyze the data and together we create a quality plan that will impact our patients best.

We determined newly diagnosed patients based on those who were confirmed newly diagnosed in our system internally in 2024 and new to care patients were determined based on new visit appointments in 2024 whether they were newly diagnosed in 2024 at another organization or previously diagnosed. We linked newly diagnosed patients internally 2 ways; if confirmed newly diagnosed in a Primary Care setting, they are automatically linked at the visit and if they are newly diagnosed in the Emergency Room the point of care staff will refer that patient to the Binghamton Primary Care HIV Specialists while in the Emergency Room and Emergency Room staff will notify the HIV Specialist of the newly diagnosed patients. The number of newly diagnosed patients that were linked externally was determined based on referrals from the external agency. We identified and determined the care status of open patients based on whether they had an appointment in 2024 in our system and the care status was confirmed looking into the individual patients' electronic medical record. Patients were determined to be deceased, incarcerated, or in care at an outside organization based on looking in the patients' individual electronic medical record. Active patients were identified and determined by looking into the patients' electronic medical record and seeing that there was an office visit, lab work, and meds prescribed in 2024. Non-active open patients service delivery point was determined if they did not have an office visit, lab work, and/or medications prescribed. the Stopping Elderly Accidents, Deaths and Injuries (STEADI) frailty tool is used in the electronic medical record.

Key Findings

Many of the measures within the patient subgroups stayed close in percentages from last year. There are [fewer than 10] Elite Controllers that receive care at BPC. The Elite Controllers attend their scheduled visits, their overall health is good, and their number of visits throughout the year is equitable to patients that are on antiretrovirals and have had viral load testing done in 2024. Age, gender, race/ethnicity, risk category, and housing status were determined and verified based on the individual patients' electronic medical record entries that the clinical staff and providers reported in the electronic medical record. There was a marked increase in the average days to

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

suppression among the newly diagnosed patients from 39 days in 2023 to 77 days in 2024. There was an impressive increase in the viral load suppression rate among new-to-care patients from 78% in 2023 to 92% in 2024 which was higher than our 2023 Cascade Quality Project goal of 83%. There was a large decrease in viral load suppression among; the age group 40-49 from 98% in 2023 to 81% in 2024, females from 97% in 2023 to 90% in 2024, and intravenous drug users from 100% in 2023 to 78% in 2024.

Quality Improvement Projects

Quality Improvement Project #1
Indicator: Viral load suppression among open patients
2024 rate for this indicator: 92%
Overall 2025 goal for this indicator: 94%
Description:
We will be focusing on the viral load suppression rates of the intravenous drug users, which are also among the 30-39 age group, which will funnel up to the viral load suppression rate among the open patients, all of which was our most significant decrease in percentages from 2023. The Retention and Adherence Program has organized a monthly virtual community resource call to discuss the increase in HIV among the intravenous drug use population. With signed releases from the patients, we will be able to case conference and work together to assist these patients with full wrap around services**.**

Consumer Involvement
Our peer is very helpful when looking at what we can do to make a positive impact on our patients' health and access to quality care. He is not only a peer with lived experience, but he is also a patient at our clinic who is able to speak for our patients. He has very open conversations with our patients, and they do confide in him when they have concerns whether it be able the clinic, appointments, scheduling, etc. We have asked patients about meeting to discuss ways to improve the clinic and new ideas they may want to share and there has been no interest. So, we continue to have our Peer talk with them.

Coach's Feedback and Updates on Cascade Quality Improvement Plan
Great work with increasing the viral suppression rate among the new to care patient population at United Health Services and surpassing the goal set in 2024 for this project. Your analysis of the cascade data is thorough, including the comparison of viral suppression from year to year. While the quality improvement project goal is appropriate, if the team focuses only on the suppression among injection drug user population the overall goal set for the project would not be met even if this population achieves 100% suppression. If not already planned, consider expanding this project to include other prioritized populations (e.g., patients between 40 -49 years old; Medicaid beneficiaries). Great to see screening for frailty. Please consider focusing a quality improvement project on improving this indicator. There are also a number of quality improvement tools which may prove useful with strengthening improvement activities. Please reach out to your quality improvement coach, Susan Weigl (susan.weigl@health.ny.gov) for any assistance, resource and/or training needed. Our team has recently facilitated a Special Populations of National Significance project supporting clinics with implementing interventions/changes to improve care and outcomes for people aging with HIV. We also offer quality improvement training opportunities for those new to quality improvement and/or those who would like to strengthen their quality improvement skills. Another resource – for peer exchange and quality improvement training is the AIDS Institute Health Equity Collaborative. This Collaborative is focused on using the data from the cascades to drive improvement and eliminate disparities in HIV care and outcomes in New York State.

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=325)			Open Previously Diagnosed (Active & Inactive) (n=327)		
On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
99%	98%	86%	98%	98%	85%

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

Clinic	Established Active		
	On Antiretroviral Therapy	Any Viral Load Test	Suppressed Final Viral Load
Binghamton Primary Care (n~240)	99%	99%	84%
Upper Front Street (n~40)	100%	100%	95%
Other (n<10)*	--	--	--

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