

**CLINICAL
QUALITY
MANAGEMENT
PLAN**

BOSTON EMA

FY 2022-24



**Boston Eligible Metropolitan Area
Ryan White Treatment Modernization Act Part A & MAI**

**Boston Public Health Commission
Infectious Disease Bureau
Ryan White Services Division**

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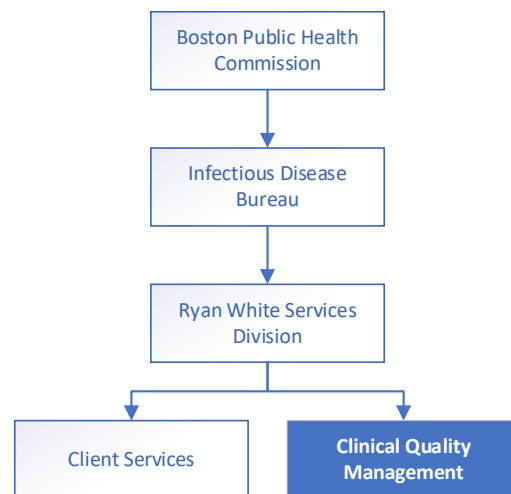
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Background & Introduction

The Boston Eligible Metropolitan Area (EMA) consists of seven counties in Massachusetts (MA) and three in southern New Hampshire (NH). These ten counties (highlighted below) represent the Ryan White Part A service area.

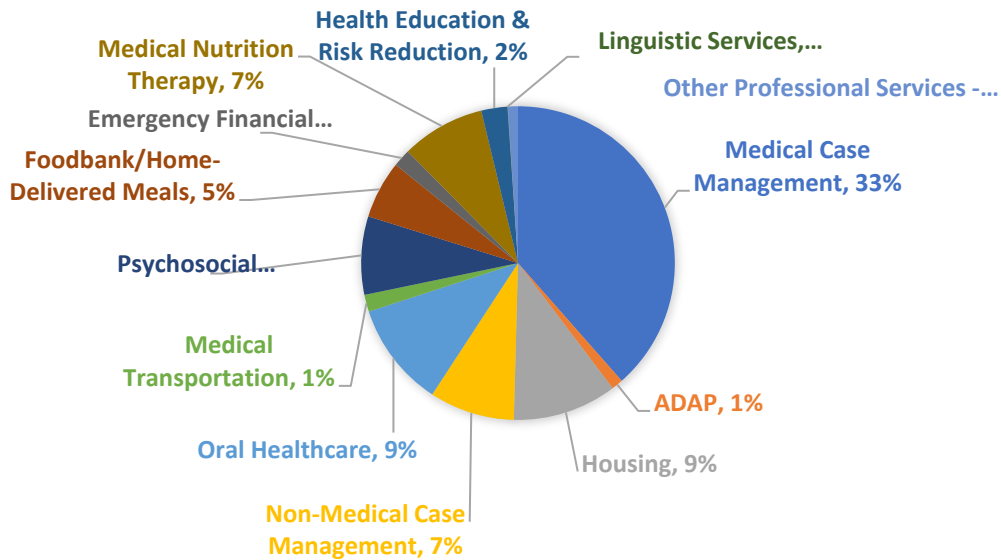


The recipient for Part A funds is the Boston Public Health Commission's (BPHC) Ryan White Services Division, which is housed within the Infectious Disease Bureau (IDB). The Quality Management (QM) program serves to guide the efforts of the Ryan White Services Division in ensuring that high quality HIV services are delivered by all subrecipients.



In FY 2021, the Boston EMA was awarded \$14.8 million dollars to fund 91 programs at 33 subrecipient agencies, serving a total of 5,231 clients across thirteen different service categories. Service categories and funding allocation is described in the chart below.

FY 2021 FUNDING ALLOCATION BY SERVICE CATEGORY



Mission

The Clinical Quality Management Program (CQM) works with all subrecipients and other Ryan White stakeholders to continuously improve the care and health outcomes among People Living with HIV/AIDS (PLWH/A) in the Boston EMA, particularly around consumer care, consumer satisfaction, and health outcomes.

Vision

The CQM program will continuously strive to improve consumer care, health outcomes, and consumer satisfaction for PLWH/A throughout the Boston EMA equitably. The CQM Program will do this by utilizing all available data to understand needs in the service population; presenting this data to stakeholders to steer QM/QI projects; enhancing QM/QI competency among subrecipients, consumers, and the community; and facilitating QI activities with our subrecipients.

FY 2022-2024 Goals, Measures & Objectives

The goals for the Boston EMA from 2021-2023 are 1) to promote a culture of continuous quality improvement throughout the Ryan White HIV/AIDS Program; and 2) to increase the viral suppression rate of PLWH/A within the coverage area from 90.1% to 92%, through improvement efforts that align with the HIV Care Continuum.

The first goal identified was to grow the CQM Program and build capacity to provide TA to subrecipients. During FY22, the BPHC CQM Program will focus on advancing a culture of continuous quality improvement by improving coordination of the CQM Committee; enhancing a system to track and communicate performance measure data; establishing a QI resource library; and engaging and launching a QI learning collaborative.

The second goal was selected with consideration of data from a variety of sources and publications within the EMA. In developing the goals, CQM Program staff drew upon the goals listed in the Boston EMA Integrated Care Plan (ICP), input from the CQM Committee, Part A service utilization and outcomes data extracted from e2Boston (the Part A database), and feedback from agencies within the EMA. During FY22, the BPHC CQM Program will focus on increasing the rate of viral suppression in the EMA by working with agencies to improve their client outcomes through improvements in agency-specific performance measures. The following is a summary of the EMA goals and their corresponding objectives. A rubric of these program goals can be found in *Appendix A*.

Goal 1: To promote and sustain a culture of continuous Quality Improvement throughout the Ryan White HIV/AIDS Program in the Boston EMA, reflected in an increase of the Boston EMA Culture Assessment median score from 14 to 16 by January 2025.

Objective 1: To deepen the bench of QI knowledge among Ryan White stakeholders.

Objective 2: To increase the percentage of subrecipients with a written QI or QM plan from 70% to 90% by FY 2025.

Objective 3: Support a CQM Committee, representative of the Boston EMA population that meets six times per fiscal year that advises on the development, annual revision, and implementation of the CQM Plan and corresponding activities.

Objective 4: To increase the percentage of subrecipients who include client participation in QI discussions from 59% to 70% by FY 2025.

Objective 5: To increase the percentage of subrecipients who have made improvements to health outcomes of at least 10% in 12 months from 53% to 65% by FY 2025.

Goal 2: To increase the viral suppression rate among People Living with HIV/AIDS in the Boston EMA from 90% to 92% by FY 2025.

Objective 1: To increase the percentage of clients who report “Excellent” adherence to ART from 81% to 90% by FY 2025.

Objective 2: To increase the percentage of clients linked to care within 30 days of HIV diagnosis from 30% to 35% by FY 2025.

Objective 3: To work collaboratively with People Living with HIV/AIDS and other HIV care stakeholders to reduce the stigma against HIV and its syndemic factors on an ongoing basis.

Components of Quality Management

The three necessary components of a successful CQM program are infrastructure, performance measurement, and quality improvement. The Boston Public Health Commission (BPHC) CQM program has developed each of these components as outlined in HRSA Policy Clarification Notice (PCN) 15-02, with the support of HRSA technical assistance, and in collaboration with the BPHC Accreditation and Quality Improvement Team. Together, these components support the overall programmatic aims and objectives, including a system to track data and progress, and have built-in evaluation components for accountability. Each component is described in detail below.

Infrastructure

According to Policy Clarification Notice (PCN)-15-02, appropriate and sufficient infrastructure is needed to make a Clinical Quality Management program a successful and sustainable endeavor. There are eight elements that an ideal infrastructure consists of, each of which are described in detail below.

Leadership: The Ryan White Part A Clinical Quality Management (CQM) Program is housed within the Ryan White Services Division (RWSD), one of the four major departments within the Infectious Disease Bureau of the Boston Public Health Commission. Both the RWSD Director and the Infectious Disease Bureau Director are committed to building a sound and sustainable Ryan White Part A CQM program. Furthermore, quality improvement is a priority of the Boston Public Health Commission and work has been done to align the RWSD Quality Management Plan with the Boston Public Health Commission Quality Improvement Plan.

CQM Committee: This formal committee will work with the CQM team to monitor the progress of CQM goals and objectives. The CQM committee will help guide quality management activities for the Boston EMA, review and provide feedback on quality management tools and documents and contribute to a formal, annual evaluation of the CQM program. The committee will meet six times per year and committee members will be composed of various stakeholders in the HIV/A community including consumers, subrecipients and representatives from Massachusetts and New Hampshire Health Departments. Membership lasts one year and committee members will have the option to extend membership for up to five years. CQM Program staff plan and facilitate Committee meetings.

Dedicated Staffing: Two Clinical Quality Management Senior Program Coordinators are responsible for the daily management of all QM activities and oversee the subcontracted work, monitor health outcome progress, and work to ensure that subrecipients have the tools and resources to develop their own successful quality management programs. Additionally, all Ryan White Services Division (RWSD) staff are expected to understand the basic principles of quality management and quality improvement and be able to communicate that knowledge to subrecipients or community partners. The RWSD also plans to expand staff capacity within the CQM Program, starting with the development and hiring of a Senior Program Manager of CQM.

Dedicated Resources: In addition to the technical assistance supplied by HRSA, CQM Staff continues to seek and attend trainings to improve quality improvement and facilitation competencies such as IHI's Educators Toolkit, and a series of process mapping through HRSA's RWHAP Center for Quality Improvement and Innovation (CQII) to continue to improve the quality management program. As outlined in the CQM Plan goals, BPHC trains subrecipients in quality improvement methodology and have trained and coached agencies since 2018 through the Quality Improvement Mini-Grant Program. Moreover, infrastructural resources such as Life QI, a quality improvement management tool, is utilized to guide, document, analyze, and visualize QI Projects from start to finish. Through Life QI, agencies can view their current and past projects, including those of other agencies, fostering an environment for organizational QI collaboratives. RWHAP stakeholders in the Boston EMA also have access to Institute for Healthcare Improvement's Open School. IHI Open School is a global QI learning community with opportunities for over 30 online courses in several healthcare improvement topic areas. In past years, Open School has been an instrumental learning platform, providing tailored, and self-paced quality improvement with training courses, made available to every stakeholder working under the Boston EMA

network. In addition to QI resources, the CQM Program staff will collect and analyze data from a variety of sources and use it to write the annual utilization report and implementation plan, create the CQM Plan and contribute to other decision-making processes within the division.

Quality Management Plan: The CQM Plan has been drafted by the CQM Program Coordinators and reviewed by the RWSD Director, the Clinical Quality Management Committee, and other members of the RWSD team. Its goals and objectives shall be assessed regularly for progress and updated annually.

Consumer Involvement: The purpose of the CQM program is to improve patient care, satisfaction, and health outcomes for PLWH/A. Therefore, the involvement of those living with HIV/A is critical to programmatic success. There are consumers on the CQM Committee and it is a priority of the CQM program to integrate consumer voices into its overall vision and goals.

Stakeholder Involvement:

- **Planning Council:** Several members of Planning Council sit on the Clinical Quality Management Committee and the RWSD CQM team is responsible for presenting utilization data each year to the planning council. Additionally, there will be a presentation given to the Planning Council each year detailing activities of the CQM Committee and CQM Program throughout that year.
- **Subrecipients:** BPHC staff is working with subrecipients to identify meaningful and useful performance measures and will provide quality improvement trainings to subrecipients based on agency specific needs and objectives.
- **MDPH/ NHDHHS:** BPHC CQM staff are working to create partnerships and collaboration opportunities with both the Massachusetts and the New Hampshire Health Departments, which receive Ryan White Part B funding. Both state agencies have seats on the BPHC CQM Committee and quality management staff plan to attend any cross-part collaborative Quality Management events hosted by New Hampshire and Massachusetts.
- **CMTP/PS Training Program:** BPHC CQM staff are working to strengthen and build a stronger relationship with Case Management Training Program by holding monthly meetings to provide updates on challenges, successes, and identify improvement areas. CQM Staff also plan on building a strategic relationship with PS Training Program to enhance QI competencies, as part of its initiative to collaborate and strengthen processes of funded agencies of high impact across the Boston EMA and to gauge in conversation as it relates to training and quality improvement competencies for frontline workers. CMTP Coordinator holds a seat at the BPHC CQM Committee.

Evaluation: Thorough and comprehensive evaluation has been built into every component of the CQM Plan. This includes internal evaluation through the tracking of the CQM Goals and Objectives, a process and impact evaluation of the CQM committee, and soliciting evaluations from subrecipients and other stakeholders.

Performance Measurement

Performance measurement is the process of collecting, analyzing, and reporting data regarding patient care, health outcomes (on an individual or population level), and patient satisfaction. According to HRSA policy, there should be a separate performance measure for each service category, and highly funded service

categories should have two performance measures. There are four main criteria utilized in the selection of performance measures:

- **Relevance:** Does the indicator occur frequently or have impact on patients at the facility?
- **Measurability:** Can the indicator realistically and efficiently be measured given the facility's resources?
- **Improvability:** Can the performance rate associated with the indicator realistically be improved given the limitations of your clinical services and patient population?
- **Accuracy:** Is the indicator based on accepted guidelines or developed through formal group decision making methods?

BPHC will continue to work with HRSA and subrecipients to identify and improve performance measures that are relevant, measurable, improvable, and accurate for each service categories. A copy of performance measures can be found in Appendix B.

Data Tracking: The performance measures identified are already being tracked in e2Boston, the cloud based electronic data system used to collect demographic and service utilization data from subrecipients. The Clinical Quality Management Program Coordinators will be responsible for extracting performance data from e2Boston and tracking trends in the data each quarter. CQM program staff will devise a system for the collection and analysis of client satisfaction surveys for client satisfaction data.

Reporting and Disseminating Results: The Clinical Quality Management Coordinators will also be responsible for compiling performance measures and summarizing them in quarterly reports that will be distributed to each subrecipient. The reports will monitor agency-specific performance as well as performance across each category. The format will be user-friendly as it will ideally be used as a means for providers to track their own progress and identify opportunities for quality improvement activities. Additional reports are released annually which summarize client demographic and client service utilization. Results from reports will additionally be shared through the BPHC website, at the planning council and to the various other RWSD stakeholders.

Quality Improvement

Quality improvement activities, aimed at improving client care, health outcomes, and client satisfaction are an integral component of an effective quality management program. The BPHC CQM Program has elected to use the Institute for Health Care Improvement (IHI) Model for Improvement as our defined Quality Improvement Methodology. This model is described below, along with our intended quality improvement activities.

IHI Model for Improvement: The model for improvement is made up of a set of fundamental questions that drive all improvement and the Plan-Do-Study-Act (PDSA) Cycle. These Fundamental Questions are:

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvement?

QI Culture Assessment: The BPHC Clinical Quality Management staff will administer a QI Culture assessment to all subrecipients every two years. The purpose of this assessment is to gauge QI-related strengths and to identify opportunities for improvement.

QI Training for Subrecipients: In order to accommodate the various needs of subrecipients and levels of Quality Improvement expertise and infrastructure, BPHC Quality Management Staff plans to offer tiered opportunities for quality improvement training, ranging from basic introductory 2-hour quality improvement trainings to long-term technical assistance and advanced coaching.

Ryan White QI Learning Collaborative: Ultimately the BPHC Quality Management Staff would like to engage all Ryan White Part A subrecipients in a Quality Improvement Learning Collaborative. This is intended to be a forum for subrecipients to share quality improvement projects, compare best practices, and exchange ideas related to quality management activities. The collaborative will be comprised of monthly meetings and quarterly convenings with an opportunity to share projects and present storyboards.

Capacity Building

Recipient

The BPHC CQM Program staff will receive technical assistance on QI as needed from HRSA's RWHAP Center for Quality Improvement and Innovation (CQII). CQII is a HRSA-funded entity that is partially comprised of QI experts who provide individualized coaching to RWHAP recipients. CQII will support CQM Program staff in creating and implementing the QI learning collaborative. Additionally, CQM Program staff will define specific QI competencies that RWSD staff should meet to effectively support the administration of the RWHAP within a culture of continuous QI. CQM Program resources including IHI Open School and QI coaching will be made available to RWSD staff to ensure that these competencies are met.

Subrecipients

The CQM Program staff will conduct QI trainings with agencies. Each agency will undergo a specified curriculum that supports agencies in meeting defined QI competencies; or they will otherwise show that they have received the skills and training in some other way to conduct QI projects. The CQM staff will also provide TA to subrecipients for the planning, implementation, and evaluation of their QI projects.

Internal Program Evaluation

Clinical Quality Management Plan: The CQM staff will review the overall CQM plan, as well as focus on the goals and objectives on an annual basis, completing the process and producing a revised plan by the beginning of the next Fiscal Year. Within the CQM plan we will include lessons learned from the previous year and adjust our goals and objectives as needed. The plan will be reviewed and approved by the Quality Management Committee, the RWSD Director, and BPHC Infectious Disease Bureau leadership.

Clinical Quality Management Committee: The CQM program staff will evaluate their execution of the CQM committee by collecting evaluations at the end of each meeting that will survey the preparedness of the staff, the applicability of the topics, and overall productiveness of the committee. Additionally, at the end of the fiscal year, the committee will produce a report on all the activities that the CQM committee took part in throughout the year. This report will be written by the BPHC CQM staff, with participation from the committee, and will be published on the CQM website.

Agency QI projects: The CQM staff will collect data in a variety of ways to evaluate performance regarding the training of subrecipient staff in QI and providing TA for QI projects. The CQM staff use an

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evaluation tool to survey the subrecipients for knowledge and skills in QI at the beginning, as well as at the end of a training or project. Lastly, the CQM staff will rely on utilization and outcomes data to evaluate success of individual QI projects. Subrecipients will be asked to produce QI storyboards at the conclusion of any QI projects.

Performance Measures: Performance measures, definitions, and indicators will be reviewed every six months. At the end of each fiscal year, the CQM team will compile a report detailing outcomes on performance measures for each subrecipient, service category and for the EMA overall.

Appendix A: FY 2022 Annual Quality Goal

GOAL 1: To promote and sustain a culture of continuous Quality Improvement throughout the Ryan White HIV/AIDS Program in the Boston EMA, reflected in an increase of the Boston EMA Culture Assessment median score from 14 to 16 by January 2025.		
Objective 1: To deepen the bench of QI knowledge among Ryan White stakeholders.		
ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
Establish QI competencies for each Ryan White stakeholder group.	CQM Team; CQM Committee	End of FY 2022
Create IHI Open School coaching plans for Ryan White-funded staff.	CQM Team	End of FY 2022
Create an online QI resource library for Ryan White stakeholders.	CQM Team	End of FY 2022
Establish QI learning pathways for Ryan White subrecipients based on tiers of 2021 Culture Assessment scores, including a mix of live QI workshops and recorded content.	CQM Team; CQM Committee	End of FY 2022
Launch improvement collaboratives around Ryan White improvement priorities.	CQM Team; CQM Committee	September 2022
Objective 2: To increase the percentage of subrecipients with a written QI or QM plan from 70% to 90% by FY 2025.		
ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
Create written standard guidance on the development of a Ryan White QI/QM plan for subrecipients.	CQM Team	December 2022
Conduct workshops on the development of a Ryan White QI/QM plan, targeted towards subrecipients who do not currently have QI/QM plans for their Ryan White programs.	CQM Team; Part A Subrecipients	End of FY 2022
Objective 3: Support a CQM Committee, representative of the Boston EMA population that meets six times per fiscal year that advises on the development, annual revision, and implementation of the CQM Plan and corresponding activities.		
ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
Create an online hub for Committee to access meeting materials and other resources necessary for QM planning and evaluation.	CQM Team	April 20, 2022 (Meeting #1)
Establish and clearly communicate a set of activities for which the CQM Committee is responsible each year (CQM Committee Annual Workplan).	CQM Team	April 20, 2022 (Meeting #1)
Incorporate regular data sharing and discussion component into each meeting of the year, relevant to each meeting's purpose and objectives.	CQM Team; CQM Committee	June 15, 2022 (Meeting #2)
Conduct process and impact evaluations of CQM Committee activities. <ul style="list-style-type: none"> • Conduct process evaluations will be conducted through post-meeting surveys • Conduct impact evaluation at the end of each fiscal year to evaluate CQM Committee activities 	CQM Team; CQM Committee	End of FY 2022
Ensure that the CQM Committee represents the demographic makeup of the Boston EMA, accomplished through strategic recruitment and outreach.	CQM Team	End of FY 2022

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Establish an annual Committee recruitment and application process that includes assessment of the Committee's reflectiveness of the EMA.	CQM Team	November 2022
Objective 4: To increase the percentage of subrecipients who include client participation in QI discussions from 59% to 70% by FY 2025.		
ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
Develop a tool to measure client satisfaction that can be utilized by subrecipients.	CQM Team	End of FY 2022
If necessary, develop QI projects to increase # of clients filling out survey.	CQM Team; Part A Subrecipients	End of FY 2022/Early FY 2023
Objective 5: To increase the percentage of subrecipients who have made improvements to health outcomes of at least 10% in 12 months from 53% to 65% by FY 2025.		
ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
Launch improvement collaboratives around Ryan White improvement priorities.	CQM Team; CQM Committee	September 2022
GOAL 2: To increase the viral suppression rate among People Living with HIV/AIDS in the Boston EMA from 90% to 92% by FY 2025.		
Objective 1: To increase the percentage of clients who report "Excellent" adherence to ART from 81% to 90% by FY 2025.		
ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
Identify key contributors to Boston EMA ART adherence rate, including barriers to adherence.	CQM Team; CQM Committee	End of FY 2022
Identify meaningful way to measure and report adherence to HIV-related medication in E2 Boston.	CQM Team; CQM Committee	End of FY 2022
Improve outcomes submission rate in e2Boston.	CQM Team; Part A Subrecipients	End of FY 2022
Maintain schedule of quarterly QM check-ins with subrecipients to discuss challenges and successes in service delivery.	CQM Team	Quarterly in FY 2022
Launch improvement collaboratives around Ryan White improvement priorities.	CQM Team	September 2022
Objective 2: To increase the percentage of clients linked to care within 30 days of HIV diagnosis from 30% to 35% by FY 2025.		
ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
Identify key contributors to Boston EMA 30-day linkage to care rate, including barriers to linkage.	CQM Team; CQM Committee	End of FY 2022
Objective 3: To work collaboratively with People Living with HIV/AIDS and other HIV care stakeholders to reduce the stigma against HIV and its syndemics on an ongoing basis.		
ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
TBD	---	---

Appendix B: FY 22 Performance Measures Targets

Performance Measure	FY21 Descriptive Statistics	FY22 Target %	FY24 Target %	Numerator Definition	Denominator Definition	Frequency of Data Collection	Service Category	Data Source
Viral Suppression (Care Engaged Only)	2965/3448, 85.99%	87%	90%	# of clients in the denominator with a HIV viral load less than 200 copies at last viral load test during the 12-month measurement year or the measurement period.	# of clients who were Care Engaged and have at least one medical visit during the 12-month measurement year or the measurement period.	Quarterly	Medical Case Management Non-Medical Case Management Oral Health	e2Boston: HAB Measures Report
Viral Suppression (Submitted Outcomes)	3026/3358, 90.11%	91%	92%	# of clients in the denominator whose most recently reported HIV viral load is less than 200 copies.	# of clients who utilized a Part A service and have outcomes submitted within the measurement period.	Quarterly	Medical Case Management Non-Medical Case Management Oral Health	e2Boston: Outcomes Measure Distribution Report
Gaps in Medical Visits (Care Engaged Only)	1408/1986, 70.90%	68%	65%	# of clients in the denominator whose last reported HIV medical visit was more than six months ago.	# of clients who were Care Engaged and have at least one medical visit in the first 6 months of the 12-month measurement period.	Quarterly	Foodbank/Home-Delivered Meals Medical Case Management Medical Transportation Non-Medical Case Management	e2Boston: HAB Measures Report
Gaps in Medical Visits (Submitted Outcomes)	814/3358, 24.24%	23%	20%	# of clients in the denominator whose last reported HIV medical visit was more than six months ago.	# of clients who utilized a Part A service and have outcomes submitted within the measurement period.	Quarterly	Foodbank/Home-Delivered Meals Medical Case Management Medical Transportation Non-Medical	e2Boston: Outcomes Measure Distribution Report

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							Case Management	
Linkage to HIV Medical Care	39/107, 36.45%	37.00%	40%	# of Care Engaged clients in the denominator who attended a routine HIV medical care visit within 1 month of HIV or AIDS diagnosis.	# of clients who have been HIV or AIDS diagnosed during the 12-month measurement year.	Quarterly	Medical Case Management Non-Medical Case Management	e2Boston: HAB Measures Report
Housing Status	2898/3358, 86.30%	87%	90%	"Fair/Good" or "Excellent"	# of clients who utilized a Part A service and have outcomes submitted within the measurement period.	Quarterly	Housing	e2Boston: Outcomes Measure Distribution Report
HIV Care Continuum for Newly Diagnosed Clients								
Newly Diagnosed Clients	131/4223, 3.10%	N/A	N/A	# of clients from the denominator with the diagnostic date falling within the 12-month measurement period.	Total # of diagnosed clients who have been served during 12-month period, starting with the "End Date".	Biannually	All	e2Boston: HAB Measures Report
Linkage to HIV Medical Care (30 days)	39/131, 29.77%	N/A	N/A	# of newly diagnosed clients from the denominator who have been linked to care within 30 days.	# of clients who have been identified as a Newly Diagnosed client.	Biannually	All	e2Boston: HAB Measures Report
Linkage to HIV Medical Care (90 days)	59/131, 45.04%	N/A	N/A	# of newly diagnosed clients from the denominator who have been linked to care within 90 days.	# of clients who have been identified as Newly Diagnosed clients.	Biannually	All	e2Boston: HAB Measures Report

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Annual Retention in Care	27/131, 20.61%	N/A	N/A	# of Newly Diagnosed clients who had at least two viral load tests, CD4 tests, or Medical Dates at least 3 months apart within 12 months of diagnosis.	# of clients who have been identified as Newly Diagnosed clients.	Biannually	All	e2Boston: HAB Measures Report
Viral Suppression	79/131, 60.31%	N/A	N/A	# of clients from the denominator who had most recent viral load test result as <200 copies/mL or "Undetectable"	# of clients who have been identified as Newly Diagnosed clients.	Biannually	All	e2Boston: HAB Measures Report