2014 Nursing and Allied Professionals Workforce Survey Report

Healthcare Workforce:
New Roles for a Changing Healthcare Delivery System
About this Report

This report summarizes the responses to the 2014 Nursing and Allied Professionals Workforce Survey and significantly reflects the changing face of the healthcare workforce. This includes the transition from acute care to ambulatory care, with population health strategies and goals driving these changes. In this time of change, support is needed for programs that help develop and prepare tomorrow’s healthcare workforce, and providers’ ability to use clinical and other personnel in the most efficient manner possible is essential to ensuring broad access to high-quality services.
Key Findings

• The percentage of nurses with a Bachelor of Science in Nursing (BSN) degree grew 6% from last year, with hospitals reporting that 57% of their registered nurses were Baccalaureate-prepared. The percentage of nurses with an Associate degree declined 6% from last year to a statewide average of 34%.

• Experienced nurses and nurse managers continue to be very difficult to recruit.

• The healthcare occupations identified as being in highest demand across inpatient and outpatient settings included nurses, nurse practitioners, physician assistants, medical assistants, care coordinators, and certified nurse aides.

• The majority of respondents are using emerging healthcare job titles, such as care coordinators, patient navigators, and community health workers in inpatient, outpatient, and ambulatory care settings.
This year, the Healthcare Association of New York State (HANYS) and Greater New York Hospital Association (GNYHA), in collaboration with the Center for Health Workforce Studies (CHWS), Western New York Healthcare Association, Rochester Regional Healthcare Association, Iroquois Healthcare Alliance, and Suburban Hospital Alliance of New York State, surveyed hospitals across New York to gain more knowledge about the emerging healthcare workforce, and their expansion into ambulatory and outpatient care.

A total of 103 hospitals and health systems throughout New York State participated in the survey.
Overview

The ongoing transformation of the healthcare delivery system is significantly impacting the healthcare workforce. As more New Yorkers gain insurance through the Affordable Care Act (ACA), demands on the healthcare system and its workforce are increasing. The focus on population health and its goal of delivering patient-centered care to reduce the need for hospitalization and prevent avoidable readmissions has fostered new healthcare delivery models based on an interdisciplinary team approach to care. New York has seen a steady increase in Patient-Centered Medical Homes (PCMHs), a team-based, primary care-focused model designed to improve healthcare quality and efficiency. Similarly, Accountable Care Organizations (ACOs) and Health Homes seek to redesign care and prevent hospital admissions to minimize the need for the more expensive healthcare interventions.

The Delivery System Reform Incentive Payment (DSRIP) program, an important component of New York’s recently approved Medicaid waiver, will also drive healthcare delivery innovation and transformation. Similarly, New York State’s Health Innovation Plan (SHIP) proposal reflects a shift toward an Advanced Primary Care (APC) model that “provides patients with timely, well organized, and integrated care, and enhanced access to teams of providers.”

New reimbursement models and pressures to reduce the cost and improve the delivery of care are driving these changes, with value-based payment systems replacing the fee-for-service model, as well as increased risk-sharing becoming the norm among providers. Population health strategies aim to treat individuals primarily through a preventive approach utilizing primary care. Consequently, more patients will be treated in outpatient and ambulatory settings and fewer in acute care settings or emergency rooms. These trends have increased the demand for certain healthcare professionals, including registered nurses (RNs), nurse practitioners (NPs), physician assistants (PAs), medical assistants, and care coordinators.

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Introduction

The ACA and New York State’s Medicaid Redesign Team (MRT) have facilitated new healthcare delivery models and new job titles and functions that focus on team-based care. Effective care coordination is an essential tool for achieving the Institute for Healthcare Improvement (IHI) Triple Aim\(^2\) of:

- improving the patient experience of care (including quality and satisfaction);
- improving the health of populations; and
- reducing the per capita cost of healthcare.

The focus of care delivery is shifting from hospital-based inpatient care to outpatient care settings, with an increasing emphasis on population health.

Many DSRIP opportunities are also centered on developing projects that will require team-based care that:

- focuses on primary care being widely available;
- re-engineers care to be patient-centered and include healthcare, mental health, and social services;
- delivers care in the most efficient and cost-effective settings;
- avoids unnecessary hospitalizations;
- improves patient outcomes and quality; and
- improves population health.

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The DSRIP program acknowledges the changing workforce, the need for additional training, and the need to increase the primary care workforce by requiring development strategies as part of the application process.

SHIP is the planning roadmap for the New York State Department of Health (DOH) APC model of care, which complements ACA by requiring providers to use a team-based approach to successfully coordinate the care of Medicaid enrollees.

Emerging healthcare workforce job titles include care coordinators, patient navigators, and community health workers, but there is no uniformity among definitions and qualifications for these positions. Conversely, many workers hold positions that will become less relevant as care transforms and will need to be trained in these new models of care.

The SHIP proposal recognizes the need to increase care coordination capacity and projects a demand for 2,000 to 3,000 care coordinators statewide in the next three years. DOH plans to convene stakeholders to identify the necessary competencies to effectively conduct care coordination activities.

The 2014 Nursing and Allied Professionals Workforce Survey addressed whether these new healthcare worker titles are being used and what qualifications hospitals and health systems are applying to them.

The survey also examined how hospitals and health systems are using certain job titles in inpatient, outpatient, and ambulatory care settings, and which occupations are predicted to grow in the coming years.
Every two years, the U.S. Bureau of Labor Statistics (BLS) publishes a 10-year projection for different occupations and industries. Healthcare occupations include jobs inside and outside the healthcare sector (e.g., RNs working in schools). Healthcare sector job growth is projected to increase 26.5% between 2012 and 2022. In 2012, there were more than 19 million jobs in the healthcare sector or in healthcare occupations outside the sector—more than 13% of the total U.S. workforce. Hospital employment is projected to increase 14.3% by 2022.

Below are the growth projections for certain healthcare occupations by 2022:
- Personal Care Aides: 48.8%
- PAs: 38.4%
- Physical Therapists: 36%

Occupations anticipated to add the largest number of jobs include:
- RNs: 526,800
- Licensed Practical Nurses (LPNs): 182,900
- Medical Assistants: 162,900
- Physical Therapists: 73,500

Job growth for RNs in hospitals is expected to increase by only 15% over the next 10 years, while RN job growth in the home health and ambulatory settings is projected to increase by 42.6% and 39.8%, respectively, during the same time period—clear evidence of the shift from inpatient to outpatient care.

BLS has identified the following titles as “emerging careers”: community health worker, chronic illness coach, medication coach, patient navigator, home- and community-based service navigator/advocate, and healthcare trainer/educator. The survey focused on four of these titles: care coordinators, patient navigators, health educators, and community health workers. See page 11 for more details about the survey findings related to these emerging job titles.
State Data on Healthcare Sector Growth

The New York State Department of Labor\(^5\) lists the following healthcare job employment prospects as very favorable:

- Registered Dieticians
- Pharmacists
- PAs
- RNs
- Occupational Therapists
- Physical Therapists
- LPNs
- Health Technologists and Technicians
- Certified Nurse Aides
- Medical Assistants

State Data on RNs

A recent CHWS\(^6\) report found the following trends among RN graduations:

- RN graduations grew by 3\% in 2013, compared to 1\% in 2012.
- The vast majority of BSNs came from BSN completer programs.
- RN graduations from schools sponsored by the State University of New York (SUNY) and City University of New York (CUNY) are projected to decrease, while graduations from privately-sponsored programs are projected to increase from 2013 to 2014.
- A smaller percentage of deans and directors reported “many jobs” for new RN graduates in 2013 compared to 2012, especially for Associate degree nurses.

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Care Coordination

Another CHWS\(^7\) study on care coordination highlights its effectiveness as a strategy to improve health outcomes. Care coordination—which involves linking all of a patient’s service providers, ensuring effective communication, monitoring service delivery, preventing duplication of services, identifying gaps in care, and ensuring better health outcomes, especially for medically complex patients—is a valuable tool in improving both individual and population health.

Emerging themes from the survey include:

- Activities associated with care coordination are varied and based on the needs of the patient population, the services to be provided, and the skills and competencies of the care coordination staff.
- In some models, care coordination is a function of the entire clinical care team, while in other models there is a specific role for the care coordination professional.
- The two titles generally associated with care coordinators are patient navigator and care coordinator.
- Variations in qualifications are based on the needs of the patient population served and services provided.
- Recruitment and retention challenges are commensurate with the nature of the work; structuring care coordination services in an ambulatory setting presents many challenges.
- A capable health information technology system, including electronic communication tools and electronic health records, is vital to care coordination.
- Core content of basic care coordination training is similar across providers, with some variation attributable to differences in patient population.
- Care coordination is considered a worthwhile investment that can improve access, quality, and health outcomes.
- Effective care coordination is facilitated by workers providing patient-centered, team-based care models.

Methodology

Data for this report were collected via electronic survey. The first question related to hospitals’ budgeting and staffing levels for certain occupations. A number of respondents indicated that they do not necessarily budget for positions and consequently could not include that information on the survey. Additionally, some respondents left either filled or budgeted positions blank, or the number of filled positions was larger than the number of budgeted positions. In these cases, filled positions and budgeted positions were made equal, thus creating vacancy and turnover rates that may be lower than their actual respective rates. To account for this, turnover and vacancy rates were reported in ranges. Additionally, while there were 103 total responses, respondents did not necessarily answer each question. For each chart or table presented in this report where only a subset of those surveyed responded, the number of respondents (N) to the question is listed. The N for all other charts is equal to 103.
Growth in Outpatient Care

Hospitals and health systems are transforming their facilities to expand their ambulatory care and outpatient programs. In many communities, particularly in underserved areas, the hospital has historically been the primary provider of care at all levels. This change is largely driven by healthcare reform, changes in reimbursement, and the need to reduce patient admissions and readmissions. Many procedures that were traditionally performed in an inpatient setting are now routinely performed as outpatient procedures, further reducing the volume of inpatient hospitalization. According to a recent article in *Becker’s Hospital Review*, outpatient volume is expected to grow 17% over the next five years, while inpatient discharges may decrease 3%.

Respondents to the 2014 *Nursing and Allied Professionals Workforce Survey* were also asked if they anticipated growth, reduction, or status quo for certain job titles. In the inpatient setting, a larger percentage of respondents anticipate growth for RNs, PAs, NPs, and care coordinators.

On the outpatient side, a large percentage of respondents anticipate growth for PAs and NPs. In ambulatory care, the growth is expected for Medical Assistants, PAs, and NPs. While between one-quarter and one-third of respondents anticipate growth for care coordinators in the ambulatory and outpatient setting, expectations were that this percentage would have been much higher.

Thirty-three percent of respondents anticipate a reduction in LPNs within the inpatient setting, and only 13% anticipate growth.

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8 Includes clinic visits and outpatient procedures.
9 Herman, B. “7 Forecasts on Hospital Inpatient, Outpatient Volumes” (June 14, 2013); *Becker’s Hospital Review*. Available at [http://www.beckershospitalreview.com/finance/7-forecasts-on-hospital-inpatient-outpatient-volumes.html](http://www.beckershospitalreview.com/finance/7-forecasts-on-hospital-inpatient-outpatient-volumes.html) (accessed August 7, 2014).
Growth by Professionals by Setting

Emerging Titles

The survey queried respondents on how their facilities are using emerging job titles in healthcare. Specifically, respondents were asked about the following job titles:

- care coordinators;
- patient navigators;
- community health workers; and
- health educators.
A majority (65%) of respondents employ care coordinators, 42% employ patient navigators, 46% employ community health workers, and 59% employ health educators.

Emerging Title Qualifications

Of those respondents who indicated that they utilize these titles, 85% of respondents require care coordinators to be RNs. Forty-four percent of respondents require patient navigators to be RNs, but 38% indicated “other” qualifications. Sixty-six percent of respondents require their community health workers to be RNs. For health educators, 52% of respondents require staff to be a certified health educator to qualify for this position.

Demonstration projects have been conducted in New York City to establish career ladders for many of these emerging titles.10 Entry-level individuals are required to complete a specific training curriculum. Movement up the career ladder may require further education and training. The findings from these demonstration projects may be beneficial to providers in setting up their teams.

Staff Reductions at Hospitals and Health Systems

With affiliations and mergers increasing among hospital and health systems, respondents were asked about staff reductions and, if they did downsize, whether this happened through attrition, layoffs, or redeployment. Respondents reported some layoffs, but more redeployment and attrition. The redeployment of staff most likely reflects shifts from inpatient to outpatient service delivery and will certainly require staff to be retrained for some of these new titles and functions. Forty-two percent of respondents indicated that they did not downsize.

Staff Reductions or Redeployment Reported

35% Attrition
28% Layoffs
27% Re-deployment
42% No reductions

Regionally, the hospitals reporting the largest percentage of redeployment included those in Nassau and Suffolk Counties (63%) and Western New York (45%). The Western NY and Northern Metropolitan (Hudson Valley) regions reported the highest attrition rates (64% and 60%, respectively). Respondents in the Rochester region reported the highest percentage of no reductions (71%). The highest percentage of layoffs was reported in the Western NY region (55%) and the Northern Metropolitan region (70%). Since response rates in some of these regions were low, it would be difficult to attribute trends by region.
Nurse Practioners and Physician Assistants

The survey found that demand for NPs and PAs is increasing. Recent passage of the Nurse Practitioner Modernization Act in New York State is also likely to encourage more NPs to practice independently. Further, with team-based care on the rise, hospitals are more inclined to hire NPs and PAs as part of the interdisciplinary care team.

Growth for NPs and PAs by Setting

The chart above describes anticipated growth in the inpatient, outpatient, and ambulatory care settings over the next year. At the same time, respondents reported difficulty with recruitment of NPs (47%) and PAs (52%).
Vacancy, Turnover, and Retirement Rates for NPs and PAs\textsuperscript{11}

<table>
<thead>
<tr>
<th>Profession</th>
<th>Vacancy</th>
<th>Turnover</th>
<th>Retirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPs</td>
<td>5.4%–6.2%</td>
<td>7.9%</td>
<td>9.3%</td>
</tr>
<tr>
<td>PAs</td>
<td>6.0%–8.6%</td>
<td>11.4%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

PAs currently appear to have a very low retirement rate, which likely reflects the relative youth of those currently in practice. While the average age for RNs is high, perhaps RNs who become NPs are generally younger.

\textsuperscript{11} Limitations of data: These numbers represent 55% of respondents to the survey. N=56 for NPs, N=54 for PAs. Vacancy ranges were also added. See methodology paragraph in introduction.
Allied Health Professionals

Respondents reported that the three most difficult types of professionals to recruit aside from experienced RNs, nurse managers, NPs, and PAs, are pharmacists, clinical laboratory technicians, and medical coders.

Recruitment Difficulties Reported and Reason

The data show that clinical lab technologists (72%) and medical coders (71%) are very difficult to recruit. Thirty-nine percent of respondents indicated that pharmacists were very difficult to recruit.
Clinical lab technologists are older on average and fewer people are entering the field, which is reflected in the high percentage of retirements reported. There is also concern that the shortage of medical coders will compromise hospitals’ performance as International Classification of Disease, Tenth Revision (ICD-10) is implemented, with many seasoned coders saying they will retire rather than learn a complex new system. According to the American Health Information Management Association\(^\text{13}\) (AHIMA), while creating a retention plan for coders should be part of the solution, it is estimated that there will be as much as a 50% drop in coder productivity upon implementation of ICD-10. AHIMA also said that coder shortages, an accelerated demand for qualified coders, and a decrease in productivity of existing coders all can increase business risk and impact profitability, requiring organizations to rapidly identify and implement a solution.

\(^{12}\) Limitations of data: These numbers reflect 57% of respondents to the survey. N=57 pharmacists, N=59 clinical lab technologists, N=58 coders.

The *Medical Laboratory Observer*¹⁴ in 2003 described a number of issues facing laboratory professionals including large numbers nearing retirement age, leading not only to a larger demand for these professionals, but also causing a loss of experience within the field and increasing the shortage of laboratory professionals.

In addition, the work that laboratory professionals do is not well known among the public, so it is, as *Medical Laboratory Observer* described, “the hidden profession.” The article also identified a decreasing amount of training programs, which would impact the ability to train enough professionals to replace those retiring. Additionally, training programs had declining enrollments and high maintenance costs because of the expense of consumables and equipment.

The American Association of Colleges of Pharmacy¹⁵ (AACP) projected a shortfall of up to 157,000 pharmacists by 2020. Thus, job prospects continue to be good for pharmacists, and though employers had in the past reported difficulty attracting and retaining enough pharmacists, AACP reported that the economic downturn reduced that difficulty somewhat. According to AACP, it is unclear how the Affordable Care Act and healthcare reform could impact pharmacists.

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Vacancy and Turnover, 2009-2013

Vacancy rate for RNs dropped somewhat in 2013 to 4.2% from 5.6% in 2012. However, the relatively low survey response rate could be affecting this, based on 68% of responding hospitals and health systems. This year, RN retirement rate was added to the survey and was reported as 13.5%, which is likely due to an aging RN workforce and an improving economy.

### Vacancy and Turnover Rates for RNs, 2010–2013

<table>
<thead>
<tr>
<th>Survey Year</th>
<th>Vacancy</th>
<th>Turnover</th>
<th>Retirements*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>6.1%</td>
<td>9.5%</td>
<td>—</td>
</tr>
<tr>
<td>2011</td>
<td>7%</td>
<td>9%</td>
<td>—</td>
</tr>
<tr>
<td>2012</td>
<td>5.6%</td>
<td>10.1%</td>
<td>—</td>
</tr>
<tr>
<td>2013</td>
<td>4.2%-4.9%**</td>
<td>8.1%</td>
<td>13.5%</td>
</tr>
</tbody>
</table>

* Calculated separately in 2013 report.
** Because of response rates of 57%, the data are represented as a range.
Recruitment and Retention of RNs

The recruitment of experienced nurses continues to be difficult, with 49% of respondents stating that experienced nurses are very difficult to recruit. Only 6% of respondents indicated that newly graduated nurses were difficult to recruit. While retention does not appear to be a problem for either experienced or new nurses, 69% of respondents indicated that nurse managers were very difficult to recruit and 18% had difficulty retaining nurse managers.

The reasons given for the difficulty recruiting experienced nurses were:

- a shortage of experienced nurses (45% of respondents);
- a facility’s geographic location (27%); and
- salary requirements (25%).

Forty-seven percent of respondents indicated a shortage of nurse managers, with 31% citing salary requirements as a challenge. Only 17% of respondents cited geographic location as an impediment to recruiting nurse managers.

Recruitment and Retention Difficulties for New and Experienced RNs and Nurse Managers Reported
Educational Attainment of RNs

Each year, respondents are asked to provide the distribution of their RNs by degree attainment.

For all degree types, the distribution was as follows:

<table>
<thead>
<tr>
<th>Degree</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td>4.0%</td>
</tr>
<tr>
<td>Associate Degree</td>
<td>30.0%</td>
</tr>
<tr>
<td>BSN</td>
<td>57.0%</td>
</tr>
<tr>
<td>Master of Science in Nursing</td>
<td>9.0%</td>
</tr>
<tr>
<td>Doctorate</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

When comparing the percentage of BSN vs. Associate degree/ diploma RNs to last year’s figures, there was an increase observed in the number of BSNs (6%), with a corresponding decrease (6%) in the number of Associate degree/ diploma nurses (ADNs). The increasing percentage of RNs is consistent with a CHWS report last year on nursing education that showed that the vast majority of new BSN degrees were a result of Associate degree nurses completing their BSN degrees. These data clearly support facilities’ attempts to reach the goal of the 2010 Institute of Medicine’s report, *The Future of Nursing: Leading Change, Advancing Health*, which recommends that 80% of all RNs attain a BSN degree by 2020. HANYS and GNYHA supported the 2014 “BSN in 10” legislation that was put before the New York State Legislature.

Percentage of RNs by ADN and BSN, 2012–2013
Geographic differences in BSN degree attainment still exist, mostly because there are more schools downstate, and due to the types of programs available. The Rochester region is clearly the exception in upstate New York with respect to the attainment of BSN degrees.
Pursuit of BSNs

Respondents reported that a total of 3,043 RNs are pursuing a BSN, with the largest numbers from the New York City (NYC) and Nassau-Suffolk areas, representing 74% of all RNs pursuing a BSN among respondents.

Hiring Policy

Each year, the survey asks respondents about their hiring policies for nurses. At the statewide level, 46% have a preference for a BSN and 31% have no formal policy in place.

Percentage of Respondents Identifying Specific Hiring Policy for RNs

- 3% BSN only
- 46% Preference for BSN
- 19% BSN with set timeframe
- 31% No policy

When these data are broken down by region, the story is very different from region to region. NYC-area hospitals had the highest percentage (71%) of BSN preference, and the Central New York region had the highest percent (91%) of no policy.
RN Hiring Policy by Region

These data are likely a reflection of the number and varying types of BSN programs available in upstate New York, compared to the New York metropolitan area.

**Magnet Status**

The American Nurses Credentialing Center established the Magnet Recognition Program to showcase healthcare organizations with defined professional nursing standards and policies that promise quality patient care, nursing excellence, and innovation in professional nursing experience. These hospitals must employ a greater percentage of BSN-prepared RNs as part of the Magnet Recognition requirements.

As seen in the following chart, a significant number of hospitals and health systems achieved magnet status since last year, with a greater-than-twofold increase. The number of hospitals and health systems actively pursuing magnet status also increased from 19% to 31%.
Percentage of Respondents Reporting Magnet Status, 2012-2013

- 2012:
  - Magnet Status: 14%
  - Pursuing: 19%
  - Considering: 45%

- 2013:
  - Magnet Status: 30%
  - Pursuing: 30%
  - Considering: 30%
Safe Patient Handling

In 2014, New York State established a Safe Patient Handling Act, which requires healthcare facilities to implement institution-specific safe patient handling (SPH) programs by January 2017. The survey asked respondents about their SPH policies.

Nearly 80% of respondents indicated that they have an SPH policy statement in place, and 15% are currently developing a policy.

Hospitals with an SPH policy in place reported the following:

- 70% of respondents said their policy includes a designated committee that is either new or part of an existing committee.
- Nearly the same amount, or 69% of respondents, said their policy creates risk assessment and evaluation criteria to determine which equipment should be used for lifting and repositioning.
- For 68% of respondents, their facility-specific policies establish a process for investigating incidents.
- 74% of respondents reported establishing a process for procuring equipment to ensure SPH.
- 77% of respondents’ policies provide SPH education and training for employees.
Conclusion

Healthcare delivery is evolving rapidly. New reimbursement models, payment incentives, and models of care are significantly impacting the healthcare workforce.

This survey’s findings reflect the changing face of the healthcare workforce and the transition from acute care to ambulatory care, with population health strategies and goals driving these changes.

HANYS and GNYHA continue active and ongoing advocacy efforts to provide their members with maximum flexibility in utilizing workforce resources, especially in areas where the supply of vital healthcare personnel is scarce. The ability to use clinical and other personnel resources in the most efficient manner possible is essential to ensuring broad access to high-quality services. This is especially the case in areas where New York State restrictions and limitations prevent implementation of current nationally recognized standards of professional practice. The survey’s findings will help guide HANYS and GNYHA’s reform activities and member advocacy.
At the same time, efforts are underway at the college level to offer programs in healthcare fields that are expected to have steady growth. The State University of New York has launched a program called “Right Professional, Right Place,” or RP2, with a goal of aligning the education sector with the healthcare sector to ensure that colleges are offering certificate or degree programs for healthcare job titles that are in demand.

The Medicaid waiver’s DSRIP program contains funding for workforce development, although DOH has not clarified how these funds will be used. HANYS, GNYHA, and the multi-stakeholder Workforce Advisory Group have developed some policy questions and recommendations for how these funds should be used.

There must also be an emphasis on expanding programs where the current workforce is aging out, such as clinical laboratory technologists.

The continuation of the Primary Care Services Corps, a loan repayment program for allied health professionals working in under-served areas, must continue to be funded to provide these much needed positions in under-served parts of the state.

The Workforce Advisory Group is comprised of stakeholders whose shared mission is to ensure an adequately-sized and well-trained healthcare workforce meets the future needs of communities through partnerships, advocacy, and education. The group includes Area Health Education Centers, Associated Medical Schools of New York State, Center for Health Workforce Studies, Community Healthcare Association of New York State, Healthcare Association of New York State, Iroquois Healthcare Alliance, Greater New York Hospital Association, Medical Society of the State of New York, New York Chapter American College of Physicians, State University of New York, SUNY—Upstate Medical Center, Nurse Practitioner Association of New York State, and Upstate New York Physician Recruiters.