Stony Brook University Survey on Graduate Medical Education

Dear Colleague,

This is a time of great uncertainty in Graduate Medical Education (GME) largely due to the looming prospect of a decrease in federal support, despite the fact that most observers are predicting an increasing shortage of physicians. In contemplating potential change for funding of GME, we think it is critical to consult institutional leaders.

Accordingly, we are asking you or your designee to participate in a brief but important survey concerning the financing of GME. By way of introduction, I was a medical school Dean and Vice President for health sciences for almost 20 years. Our group has completed previous surveys about GME which have been presented at national meetings and are under review for publication.

This survey has several parts. We will ask you general questions about funding of GME, as well as questions about the potential impact of the reduction of funding upon your institution.

Please know that all responses will be kept strictly confidential and individual institutions will not be identified in any report, in accordance with our Institutional Review Board.

The following procedures will be used in order to keep your responses confidential: Data collected will remain anonymous. To ensure that this research activity is being conducted properly, Stony Brook University's (SBU) Committee on Research Involving Human Subjects and/or applicable officials of SBU, Office for Human Research Protections (OHRP), have the right to review study records, but confidentiality will be maintained as allowed by law. Data will be analyzed without any institutional identifiers and will be reported by relatively large groupings such as hospital size, general geographic location (urban, rural) etc.

It is very important for us to hear from your institution. If you agree to participate, it should take no more than a few minutes of your time. There are no costs to you for participating in this study, and you will not be paid for your participation.

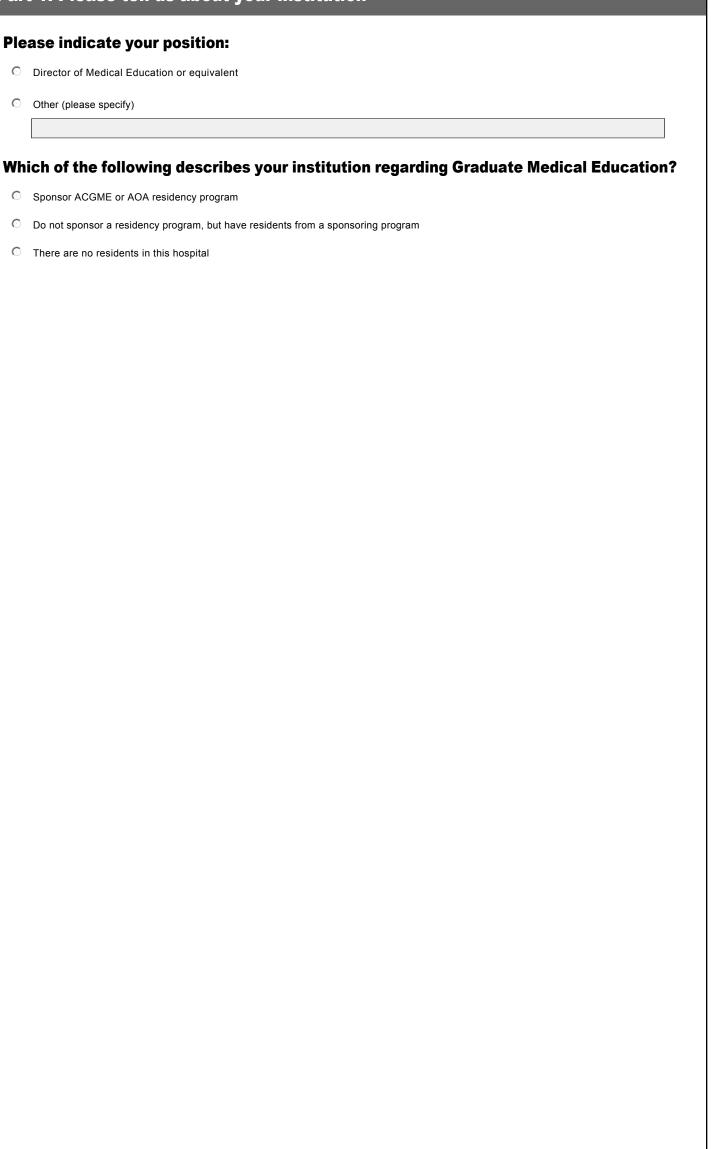
You can leave the program at any point and return at a later time, if you have not completed the survey.

Your participation is valuable, but is completely voluntary. Thank you for your participation in this survey.

If you have any questions about the study, you may contact the Principal Investigator Dr. Norman Edelman, at Norman.Edelman@stonybrook.edu.

Norman H Edelman MD Professor, Preventive and Internal Medicine Stony Brook University

Part 1: Please tell us about your institution



Part 1: Please tell us about your institution (Continued)

Does your institution only serve one medical specialty?	
C Yes	
O No	

Part 1: Please tell us about your institution (Continued)

Please ind which star your instit located:	te is				
1	V				
How do yo	_	rize your			
C Urban	C Subu	rban 🤼 Rura	al		
The financinstitution	_	on of your			
C Dire	O Unsta	able C Stab	ole		
Are you a		eaching affil	iate		
C Yes	(C No			
Are you a affiliate of		y teaching I school:			
C Yes	(O No			
What is yo	our bed ca	pacity?			
0-249	C 250	0-499	500-750	O over 750	
_	core (firs	st certificati	on) resider	ncies do y	ou
have?					
C 1-5	C 6-10	O 11-15	C 16-20	O over 2	0
What perc	entage of	your patier	nts are cov	ered by M	edicare?
O Up to 10%	© 10 to 20%	© 20 to 30%	30 to 40%	Over 40%	C Don't
What perc	entage of	your patier	nts are cov	ered by M	edicaid?
O Up to 10%	10 to 20%	© 20 to 30%	© 30 to 40%	Over 40%	C Don't
What perc	entage of	your patien	ts are self-	paid?	
© Up to 10%	© 10 to 20%	© 20 to 30%	30 to 40%	Over 40%	C Don't

Part 2: How can GME be sustained

Despite the almost certain substantial increase in demand for healthcare in the future, all current	
ederal deficit reduction proposals include reductions of support for GME.	

	Il deficit reduction proposals include reductions of support for GME.
Whi	ich of the following do you feel are generating unnecessary
cos	ts and work. Please check ALL that apply:
	None, I am satisfied with all the regulations currently in place
	Mandating significant research time during specialty or subspecialty residency
	Overly structured work hour rules
	Unnecessary transitional years
	Unnecessary requirements of teaching faculty (example: extensive research)
	Excessive emphasis on documentation of milestones and achievements of competencies
	Other (please specify)
I£ 4L	nove is a reduction of federal funding which of the fellowing
	nere is a reduction of federal funding, which of the following ions would you support to preserve GME programs in the
	ions would you support to preserve GME programs in the ire? Please check ALL that apply:
- -	
	No opinion at the present time
	An all-payer system (example: mandated allocation for GME from private insurers which are outside of negotiated rates)
-	In view of unequal payments per resident among institutions, redistribution of some Medicare INDIRECT GME reimbursements among itals to expand DIRECT reimbursement in order to increase the number of residents trained (example: set a cap on per resident Indirect pursement)
reiml	Redistribution of DIRECT GME reimbursements in order to increase the number of residents trained (example: set a single per resident bursement rate from Medicare adjusted only by regional cost of living)
subs	Rely more on the trainers to fund residents (example: ask high-end specialists such as cardiologists and radiologists to fund their pecialty residents)
	Change governance standards to allow for unpaid residents
favor Hosp	Given the great attention being paid by lawmakers to reduce support for Medicare, it is no longer a stable way to fund GME. I would direct support from the federal government, similar to the system currently in place that supports pediatric residencies in Children's sitals
	None
	Other comments on financing of GME

Part 3: What would your institution do if support for GME were decreased

The following questions are designed to determine what may be the impact of reduced support of GME nationwide. Although we will ask questions pertaining to your institution, please be assured that the data will only be presented in aggregate form without reference to specific institutions or locations.

Current budget proposals for Medicare call for reduction of support of GME by reducing the indirect portion ranging from 10 to 50 percent. At what level of reduction of indirect GME reimbursement would your institution begin to downsize its GME program.

C 5%	C 10%	C 20%	C 30%	C 40%	C 50%	None, we
						would continue
						our current
						program even if
						only direct GME
						reimbursement
						were available.
Other (Please	Specify)					

If you HAD to reduce support, please indicate the order in which you would take the following steps:

administrative costs) First C C C C C C C Step Second C C C C C C Step Third C C C C C C C Step Fourth C C C C C C C C Step Fifth C C C C C C C Step	general support across the board (example: faculty salaries,	Reduce general support for specific	Decrease the number of residents you support across	Decrease the number of residents you support for specific	Eliminate a program
step Second O O O O O O Step Third O O O O O O O Step Fourth O O O O O O O Step Fifth O O O O O O O			the board	programs	
step Third C O O O O O O Step O	0	O	0	0	0
step Fourth O O O O O O Step Fifth O O O O O O	d 0	O	0	O	O
step Fifth C C C C C	O	О	0	O	0
	0	O	0	O	O
	O	0	O	O	O

Other actions you would consider (please specify)

Part 3: What would your institution do if support for GME were decreased (c...

If you HAD to reduce support for GME and if you chose to reduce support for SPECIFIC residencies, please indicate which of the following actions you would consider taking for the CORE specialties. Please skip ONLY the ones you do not have at your institution:

	None	Reduce general support	Reduce the number of residents	Eliminate the program
Anesthesiology	0	0	0	0
Colon and Rectal Surgery	0	0	O	O
Dermatology	\circ	0	0	0
Emergency Medicine	O	O	0	O
Family Medicine	0	0	0	0
Internal Medicine	0	O	0	0
Neurological Surgery	0	0	0	0
Neurology	0	0	0	0
Nuclear Medicine	O	0	O	O
Obstetrics and Gynecology	O	O	O	O
Ophthalmology	0	0	0	0
Orthopedic Surgery	O	O	O	O
Otolaryngology	\circ	0	0	0
Pathology- Anatomic and Clinical	0	O	О	O
Pediatrics	0	0	0	0
Physical Medicine and Rehabilitation	O	O	O	O
Plastic Surgery	0	0	0	O
Preventive Medicine	O	O	O	O
Psychiatry	0	0	0	0
Radiology Diagnostic	O	O	O	O
Radiation Oncology	O	O	O	O
Surgery	0	0	0	0
Thoracic Surgery	0	0	O	O
Urology	\circ	0	0	0
Other				

Part 3: What would your institution do if support for GME were decreased (c...

Would you reduce support for subspecialty programs?
© Yes
O No

Part 3: What would your institution do if support for GME were decreased (c...

If you would choose to reduce support for subspecialty programs, please indicate which of the subspecialties would you reduce support for:

*Please note we have only listed specialties with a relatively large number of subspecialties. In the "Other" box, please list other programs for which you would consider reducing support.

**Please scroll horizontally, to consider all specialties and use the drop down list to identify the subspecialties.

Anesthesiology	Internal Medicine	Neurology	Orthopedic Surgery	Pathology- Anatomic and Clinical	Pediatrics	Psychiatry	Radiology- Diagnostic
1	~	•	T	•	_	•	<u> </u>
2	•	•	V	•	•	•	<u> </u>
3	▼	•	T	~	_	~	
4	▼	•	▼	▼	•	~	
Other (please specify)							,

Part 4: What is the relative value of core programs to your institution (Co...

Please indicate the importance of the following core programs to your institution from an OPERATIONAL and FINANCIAL point of view. Please skip ONLY the ones you do not have at your institution:

Anesthesiology Colon and Rectal Surgery Dermatology Emergency Medicine Family Medicine Internal Medicine Neurological Surgery Neurology Nuclear Medicine Obstetrics and Gynecology	Very low	Low	Moderate C	High O	Very high
Anesthesiology Colon and Rectal Surgery Dermatology Emergency Medicine Family Medicine Internal Medicine Neurological Surgery Neurology Nuclear Medicine Obstetrics and Gynecology	0				
Rectal Surgery Dermatology Emergency Medicine Family Medicine Internal Medicine Neurological Surgery Neurology Nuclear Medicine Obstetrics and Gynecology		O	0	0	_
Emergency Medicine Family Medicine Internal Medicine Neurological Surgery Neurology Nuclear Medicine Obstetrics and Gynecology	0				O
Medicine Family Medicine Internal Medicine Neurological Surgery Neurology Nuclear Medicine Obstetrics and Gynecology		0	\odot	0	0
Medicine Internal Medicine Neurological Surgery Neurology Nuclear Medicine Obstetrics and Gynecology	O	0	0	0	O
Medicine Neurological Surgery Neurology Nuclear Medicine Obstetrics and Gynecology	0	0	0	0	0
Surgery Neurology Nuclear Medicine Obstetrics and Gynecology	O	O	0	0	O
Nuclear Medicine Obstetrics and Gynecology	O	O	0	0	0
Medicine Obstetrics and Gynecology	\circ	0	0	0	0
Gynecology	0	0	0	0	0
0.141.1	O	0	0	0	0
Ophthalmology	\circ	0	\circ	0	0
Orthopedic Surgery	O	O	0	0	O
Otolaryngology	0	0	0	\circ	0
Pathology- Anatomic and Clinical	C	0	0	0	0
Pediatrics	0	0	\odot	0	0
Physical Medicine and Rehabilitation	O	O	O	0	O
Plastic Surgery	0	0	\odot	0	0
Preventive Medicine	O	0	0	0	0
Psychiatry	0	0	0	0	0
Radiology Diagnostic	O	0	0	0	0
Radiation Oncology	0	0	0	0	0
Surgery	0	0	0	0	0
Thoracic Surgery	0	0	0	0	0
Urology					

Part 4: What is the relative value of core programs to your institution

Please indicate the importance of the following CORE programs to your institution from an EDUCATIONAL and PUBLIC SERVICE point of view. Please skip ONLY the ones you do not have at your institution:

OILL LIIC C	nies you i	uo not n	ave at you	ııııstıt	utioii.
	Very low	Low	Moderate	High	Very high
Anesthesiology	0	0	0	0	0
Colon and Rectal Surgery	0	0	0	O	O
Dermatology	0	\circ	0	0	0
Emergency Medicine	0	0	0	0	0
Family Medicine	О	0	0	0	О
Internal Medicine	0	0	O	0	0
Neurological Surgery	0	0	O	0	0
Neurology	\odot	O	\circ	0	\circ
Nuclear Medicine	0	O	0	0	0
Obstetrics and Gynecology	O	0	0	0	O
Ophthalmology	0	0	0	0	0
Orthopedic Surgery	0	0	0	0	0
Otolaryngology	0	O	0	0	0
Pathology- Anatomic and Clinical	0	O	0	0	0
Pediatrics	0	\circ	0	0	0
Physical Medicine and Rehabilitation	O	O	O	0	O
Plastic Surgery	0	\circ	0	0	0
Preventive Medicine	0	0	0	0	0
Psychiatry	0	0	0	0	0
Radiology Diagnostic	0	0	0	0	0
Radiation Oncology	0	O	0	O	O
Surgery	0	\circ	0	0	0
Thoracic Surgery	0	0	0	0	0
Urology	0	0	0	0	0

Part 5: What would you do if fo	deral support for GME increased
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The remaining set o	of questions cor	itemplate a differer	nt scenario.	
This survey has bee	n designed in r	esnonse to the not	ential reduction	n of support for
Graduate Medical E	-	•		
funding. The following		•		
additional funds.				
Medicare an	d Medica	id (where ar	oplicable)	caps
should be ra		•	- ′	-
Strongly disagree	Disagree	Neutral	Agree	Strongly agree
0	0	0	0	O
Medicare an		_	-	_
should be ra	ised only	in specialti	ies of pub	lic need
(example: ac	dult prima	ry care, ger	neral surg	jery,
psychiatry)				
Strongly disagree	Disagree	Neutral	Agree	Strongly agree
0	0	0	0	0
Da!			lal l "	
Reimbursen	_			
general to p				r
institutions	to suppoi	rt programs	:	
Strongly disagree	Disagree	Neutral	Agree	Strongly agree
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Reimbursen differentially support prog the greatest Medicine): Strongly disagree	nent per ray to provid grams what net cost	esident sho le incentive ich have va to hospitals	suld be inc s for insti lue to soc s (example Agree	creased itutions to ciety but are e: Family
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Stony Brook University Survey on Graduate Medical Education **End of Survey** We thank you for your participation. The results of the study will be forwarded to you as soon as they are available. If you would like to receive more information regarding the survey, please contact the Principal Investigator: Norman Edelman, MD, Norman.Edelman@stonybrook.edu. Please indicate any comments that you may have regarding the survey.