The Impact of Reduction in Federal GME Funding

It is very important that the ACGME understands the potential impact of funding changes on the GME infrastructure of the United States, and on ways we might mitigate the impact through modifications of the accreditation system. Your responses will not be identified individually (or institutionally), but will be grouped by institution type and size. We anticipate that it will take between 10 and 15 minutes for you to complete the survey which will be available through September 7, 2011. Modifications can be made anytime throughout the reporting timeframe. Question numbers may not be sequential depending on responses.

1. How would you classify your sponsoring institution?
   - Community Hospital
   - Military hospital or facility
   - University associated or owned facility
   - Other

2. What is the number of ACGME accredited programs sponsored by your institution?
   (Include both core specialty programs and subspecialty programs in this count)
   - One
   - 2-9
   - 10-19
   - 20 or more

3. Have you been following the discussions in Washington DC regarding reduction in GME funding?
   - Yes
   - No

4. Have you been engaged in discussions regarding the impact of potential reduction in GME funding within your institution?
   - Yes
   - No
We would like you to consider three (3) possible scenarios regarding GME funding and their possible impact on the number of sponsored programs and positions in core residency programs and subspecialty fellowship programs.

The first scenario is that the situation remains **stable**: there is no change to the current level of federal government funding of GME (Medicare funding, or in the case of pediatric programs, other federal government funding).

The second scenario is a **33% reduction** in federal government funding of GME.

The third scenario is a **50% reduction** in federal government funding of GME.

5. **What do you believe will be the response of your institution to stable (current funding mechanism) GME funding to?**

<table>
<thead>
<tr>
<th></th>
<th>Core Residency POSITIONS</th>
<th>Subspecialty Fellowship POSITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slight increase</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Stable number</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Slight reduction</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Significant reduction</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Sponsored Core Residency PROGRAMS</th>
<th>Sponsored Subspecialty Fellowship PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slight increase</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Stable number</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Slight reduction</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Significant reduction</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Close All Sponsored Programs</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

6. **What do you believe would be the response of your institution to a 33% reduction in GME funding:**

<table>
<thead>
<tr>
<th></th>
<th>Core Residency POSITIONS</th>
<th>Subspecialty Fellowship POSITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slight increase</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Stable number</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Slight reduction</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Significant reduction</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Sponsored Core Residency PROGRAMS</th>
<th>Sponsored Subspecialty Fellowship PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slight increase</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Stable number</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Slight reduction</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Significant reduction</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Close All Sponsored Programs</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

7. **What do you believe would be the response of your institution to a 50% reduction in GME funding:**

<table>
<thead>
<tr>
<th></th>
<th>Core Residency POSITIONS</th>
<th>Subspecialty Fellowship POSITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slight increase</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Stable number</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Slight reduction</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Significant reduction</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Sponsored Core Residency PROGRAMS</th>
<th>Sponsored Subspecialty Fellowship PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slight increase</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Stable number</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Slight reduction</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Significant reduction</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Close All Sponsored Programs</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
8. How would programs sponsored by your institution most likely be affected by a reduction of 33% in federal government GME funding?
   - Reduction in institutional funding to all core residency and subspecialty fellowship programs
   - Reduction in institutional funding to some (but not all) core residency programs
   - No reductions in institutional funding to core residency programs, but reductions to subspecialty fellowship programs
   - No reductions in institutional funding to core residency or subspecialty fellowship programs

9. Indicate which core residency programs are most likely to experience these reductions:
   - Anesthesiology
   - Emergency medicine
   - Internal medicine
   - Medical genetics
   - Neurology
   - Obstetrics and gynecology
   - Orthopaedic surgery
   - Pathology-anatomic and clinical
   - Physical medicine and rehabilitation
   - Plastic surgery - integrated
   - Psychiatry
   - Radiology-diagnostic
   - Thoracic surgery - integrated
   - Urology
   - Dermatology
   - Family medicine
   - Internal medicine/Pediatrics
   - Neurological surgery
   - Nuclear medicine
   - Ophthalmology
   - Otolaryngology
   - Pediatrics
   - Plastic surgery
   - Preventive medicine
   - Radiation oncology
   - Surgery
   - Transitional year
   - Vascular surgery - integrated

10. How would programs sponsored by your institution most likely be affected by a reduction of 50% in federal government GME funding?
    - Reduction in institutional funding to all core residency and subspecialty fellowship programs
    - Reduction in institutional funding to some (but not all) core residency programs
    - No reductions in institutional funding to core residency programs, but reductions to subspecialty fellowship programs
    - No reductions in institutional funding to core residency or subspecialty fellowship programs

11. Indicate which core residency programs are most likely to experience these reductions:
    - Anesthesiology
    - Emergency medicine
    - Internal medicine
    - Medical genetics
    - Neurology
    - Obstetrics and gynecology
    - Orthopaedic surgery
    - Pathology-anatomic and clinical
    - Physical medicine and rehabilitation
    - Plastic surgery - integrated
    - Psychiatry
    - Radiology-diagnostic
    - Thoracic surgery - integrated
    - Urology
    - Dermatology
    - Family medicine
    - Internal medicine/Pediatrics
    - Neurological surgery
    - Nuclear medicine
    - Ophthalmology
    - Otolaryngology
    - Pediatrics
    - Plastic surgery
    - Preventive medicine
    - Radiation oncology
    - Surgery
    - Transitional year
    - Vascular surgery - integrated

© 2011 Accreditation Council for Graduate Medical Education (ACGME)
12. If federal government GME funding were to be reduced from current levels, which of the following alternate funding mechanism(s) would your institution use to replace those lost funds?  
(Select all that are likely to be utilized)

- Residents permitted to participate in programs without salary support
- Residents required to pay tuition for participation in programs
- Corporate sponsorship for resident/fellow stipends
- Community or another hospital support of specified individuals (identified by the community or other hospital)
- Foreign government sponsorship of specified individuals (identified by the foreign government)
- Private funding (philanthropy) for program selected residents/fellows
- Faculty practice plan supported resident/fellow stipends
- Fellow based direct patient care billing
- New or enhanced state or local government funding of resident/fellow positions
- Other
- None of the above

13. You indicated your institution would consider other alternate funding mechanisms. Please specify.

14. Do you have additional comments regarding the likely impact of federal government GME funding reductions on your core residency or subspecialty fellowship programs?

15. Do you have specific advice for the ACGME as it restructures the accreditation system, especially in circumstances where federal government GME funding is reduced?

16. If you are affiliated with a medical school or participate in the clinical education of medical students, do you anticipate an impact of reductions in federal government GME funding on your clinical education of medical students?

17. Do you have comments regarding the impact of reductions in federal government GME funding on patient care in your primary or affiliated teaching institutions?

18. Do you have any other comments that you would like to share with the ACGME?