

SLP Health Care Survey Report: Practice Trends 2015–2019

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Introduction

The American Speech-Language-Hearing Association (ASHA) conducted the *2019 SLP Health Care Survey* to gather information from speech-language pathologists (SLPs) about practice issues, service provision, earnings, the workforce, and other professional topics. Results from this survey are presented in a series of reports, including this report on practice trends.

Results from the 2015 and 2017 ASHA SLP Health Care Surveys are included in this report for comparative purposes.

Survey Report Highlights

Productivity

- In 2019, overall, 61% of SLPs who were clinicians reported that they had a productivity requirement—about the same as in 2015 (60%) and 2017 (64%).
- From 2015 to 2019, SLPs in pediatric hospitals and skilled nursing facilities were most likely to have a productivity requirement. SLPs in home health care settings and outpatient clinics/offices were least likely to have one.
- In 2019, the overall median productivity requirement was 80%—the same as in 2015 and 2017.
- From 2015 to 2019, SLPs in skilled nursing facilities had the highest median productivity requirement (85%); SLPs in pediatric hospitals had the lowest (65%–70%).
- In 2019, 69% of SLPs reported that no activities counted toward their productivity calculation when the patient was <u>not</u> present—up slightly from 64% in 2015 and 68% in 2017.

Pressure From Employers or Supervisors

- In 2019, overall, 68% of SLPs reported that they had <u>not</u> felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the past 12 months—about the same as in 2015 (62%) and 2017 (69%).
- When asked to indicate the activities that they <u>had</u> felt pressured to engage in, SLPs most often reported *discharge inappropriately (e.g., early or delayed), provide evaluation and treatment that are not clinically appropriate,* and *provide inappropriate frequency or intensity of services.*
- From 2015 to 2019, SLPs in skilled nursing facilities were <u>least</u> likely to report that they had <u>not</u> felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the past 12 months.

Productivity Requirement

In 2019, overall, 61% of SLPs who were clinicians reported that they had a productivity requirement—about the same as in recent past years (60% in 2015 and 64% in 2017; see Appendix Table 1).

Productivity Requirement, by Health Care Setting

From 2015 to 2019, SLPs in pediatric hospitals and skilled nursing facilities were most likely to have a productivity requirement (see Appendix Table 1). SLPs in home health care settings and outpatient clinics/offices were least likely to have one.

Productivity Percentage

In 2019, SLPs' overall median productivity requirement was 80%—the same as in 2015 and 2017 (see Appendix Table 2).

Productivity Percentage, by Health Care Setting

From 2015 to 2019, SLPs in skilled nursing facilities had the highest median productivity requirement (85%; see Appendix Table 2). SLPs in pediatric hospitals had the lowest median productivity requirement (65%–70%).

Calculating Productivity

In 2015, 2017, and 2019, SLPs were asked to indicate the activities that counted toward their productivity calculation when the patient was <u>not</u> present. In these years, the most-often reported activity was *clinical team meetings* (see Table 1).

Table 1. *Percentage of SLPs who reported that certain activities counted toward their productivity calculation when the patient was <u>not present, by year.</u>*

	%					
Activity	2015 $(n = 916)$	2017 (<i>n</i> = 1,021)	2019 (<i>n</i> = 1,159)			
Care coordination activities	13	11	12			
Clinical team meetings	20	16	16			
Documentation	19	13	14			
In-services or informal staff training sessions ^a	18	15	14			
Other activities ^b	11	5	5			
Nothing counts when the patient is <u>not</u> present ^c	64	68	69			

Note. These data are from the 2015, 2017, and 2019 *ASHA SLP Health Care Surveys.* ^aIn 2015, this item was *inservices or informal staff training.* ^bIn 2015, this item was *other clinical activities (e.g., preparing materials, communication boards).* ^cIn 2015, this item was *none of the above.*

Pressure From Employers or Supervisors

In 2019, overall, 68% of SLPs reported that they had <u>not</u> felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the past 12 months—about the same as in 2015 (62%) and 2017 (69%; see Table 2).

When asked to indicate the activities that they <u>had</u> felt pressured to engage in, SLPs most often reported *discharge inappropriately (e.g., early or delayed), provide evaluation and treatment that are not clinically appropriate,* and *provide inappropriate frequency or intensity of services* (see Table 2).

Table 2. *Percentage of SLPs who felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the past 12 months, by year.*

	<u> </u>						
Activity	2015 $(n = 1,555)$	2017 (<i>n</i> = 1,643)	2019 (<i>n</i> = 2,174)				
Alter documentation for reimbursement	8	6	4				
Discharge inappropriately (e.g., early or delayed)	19	15	14				
Provide evaluation and treatment that are not clinically appropriate	16	11	12				
Provide inappropriate frequency or intensity of services	20	16	14				
Provide services for which you had inadequate training and/or experience	8	7	8				
Did not feel pressured	62	69	68				

Note. These data are from the 2015, 2017, and 2019 *ASHA SLP Health Care Surveys.*

Pressure From Employers or Supervisors, by Health Care Setting

From 2015 to 2019, SLPs in skilled nursing facilities were <u>least</u> likely to report that they had <u>not</u> felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the past 12 months (see Appendix Table 3).

Survey Methodology

The survey was sent in February 2019 to a random sample of 4,500 ASHA-certified SLPs who were employed in health care facilities in the United States. The sample was stratified by type of facility and by private practice. Of this group, 2,250 SLPs were assigned to a control group to receive the survey cover letter with the signature of the ASHA chief executive officer (CEO). The 2,250 SLPs who were assigned to an experimental group were sent a survey cover letter with only the CEO's first name. Both groups also received a survey pre-notification email at the time of the first postal mailing. Second (March) and third (April) postal mailings followed, at approximately 3- or 4-week intervals.

Because facilities with fewer SLPs, such as pediatric hospitals, were oversampled, ASHA used weighting when presenting survey data.

Response Rates

Of the original 4,500 SLPs in the sample, 14 had incorrect postal mail addresses, 39 were employed in other types of facilities, seven were not employed in the profession, two were retired, and four were ineligible for other reasons, which left 4,433 possible respondents. The actual number of respondents was 2,232—a 50.3% response rate. Past *ASHA SLP Health Care Survey* response rates were 54.6% (2005), 63.8% (2007), 54.6% (2009), 62.5% (2011), 53.5% (2013), 46.9% (2015), and 52.1% (2017).

Suggested Citation

American Speech-Language-Hearing Association. (2019). *SLP Health Care Survey report: Practice trends*, 2015–2019. Retrieved from www.asha.org.

Additional Information

Companion survey reports are available on the ASHA website at https://www.asha.org/Research/memberdata/Healthcare-Survey/.

Questions?

For additional information regarding this report, please contact Monica Sampson, director of Health Care Services, at 800-498-2071, ext. 5686 or msampson@asha.org. To learn more about how the Association is working on behalf of ASHA-certified SLPs in health care settings, visit https://www.asha.org/slp/healthcare/.

Acknowledgment

Without the generous cooperation of the members who participate in our surveys, ASHA could not fulfill its mission to provide vital information about the professions and discipline to the Association membership and the public. Thank you!

Appendix



Productivity Requirement, by Health Care Setting and Year

				%			
Response	Overall	General medical/ VA/LTAC hospital	Home health care agency/client's home	Outpatient clinic/office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
		•	20	19			
			(n = 1)	,897)			
Yes	61	76	32	43	79	69	94
No	39	25	68	57	21	31	6
			20	17			
			(n = 1)	,590)			
Yes	64	76	36	45	85	75	95
No	36	24	64	55	15	25	5
			20	15			
			(n=1)	,537)			
Yes	60	59	33	51	87	80	83
No	40	41	67	49	13	20	17

Table 1. Percentage of SLPs who have a productivity requirement, by health care setting and year.

Note. These data are from the 2015, 2017, and 2019 *ASHA SLP Health Care Surveys.* Because of rounding, percentages may not total exactly 100%. Analyses are limited to survey respondents who are employed full or part time as clinicians.

Productivity Percentage, by Health Care Setting and Year

				%			
Statistic	Overall	General medical/ VA/LTAC hospital	Home health care agency/client's home	Outpatient clinic/office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
		•	20	19			
			(n = 1)	,053)			
Median (middle)	80	75	80	75	66	80	85
Mean (average)	79	76	78	76	68	78	84
Mode	80	80	80	80	65	75	85
			20	17			
			(n = 1)	962)			
Median (middle)	80	80	80	78	70	75	85
Mean (average)	78	78	73	76	69	78	85
Mode	80	80	80	80	60	75	85
			201	15			
			(n = 1)	827)			
Median (middle)	80	80	80	75	65	80	85
Mean (average)	80	80	79	76	68	80	86
Mode	80	80	80	80	65	80	85

Table 2. Productivity requirement of SLPs, by health care setting and year.

Note. These data are from the 2015, 2017, and 2019 *ASHA SLP Health Care Surveys*. Analyses are limited to survey respondents who are employed full or part time as clinicians.

Pressure From Employers or Supervisors, by Health Care Setting and Year

Table 3. *Percentage of SLPs who felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the past 12 months, by health care setting and year.*

%							
Activity	Overall	General medical/ VA/LTAC hospital	Home health care agency/client's home	Outpatient clinic/office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
			2019				
			(n = 2,174)				
Alter documentation for reimbursement	4	2	4	5	1	2	6
Discharge inappropriately (e.g., early or delayed)	14	7	12	6	8	15	35
Provide evaluation and treatment that are not clinically appropriate	12	12	6	6	8	16	25
Provide inappropriate frequency or intensity of services	14	17	11	8	14	12	23
Provide services for which you had inadequate training and/or experience	8	8	7	11	8	6	6
Did not feel pressured	68	72	75	76	80	68	49
			2017				
			(<i>n</i> = 1,643)				
Alter documentation for reimbursement	6	7	4	4	2	4	10
Discharge inappropriately (e.g., early or delayed)	15	6	8	6	7	15	37
Provide evaluation and treatment that are not clinically appropriate	11	14	6	4	4	12	23
Provide inappropriate frequency or intensity of services	16	15	10	7	12	17	32
Provide services for which you had inadequate training and/or experience	7	6	10	8	7	6	6
Did not feel pressured	69	75	76	79	77	70	47

Table 3. Continued

	%						
Activity	Overall	General medical/ VA/LTAC hospital	Home health care agency/client's home	Outpatient clinic/office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
			2015				
			(n = 1,555)				
Alter documentation for reimbursement	8	4	5	6	3	11	15
Discharge inappropriately (e.g., early or delayed)	19	13	12	11	9	16	43
Provide evaluation and treatment that are not clinically appropriate	16	17	7	5	7	26	37
Provide inappropriate frequency or intensity of services	20	19	11	10	6	24	41
Provide services for which you had inadequate training and/or experience	8	11	10	10	6	5	5
Did not feel pressured	62	67	70	72	81	53	40

Note. These data are from the 2015, 2017, and 2019 *ASHA SLP Health Care Surveys.* Analyses are limited to survey respondents who are employed full or part time.