



SLP HEALTH CARE 2021 SURVEY

Practice Issues

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Executive Summary

The American Speech-Language-Hearing Association (ASHA) conducted a survey of speech-language pathologists (SLPs) in the spring of 2021. The survey was designed to provide information about health care–based service delivery and to update and expand information gathered during previous *SLP Health Care Surveys*. The results are presented in a series of reports.

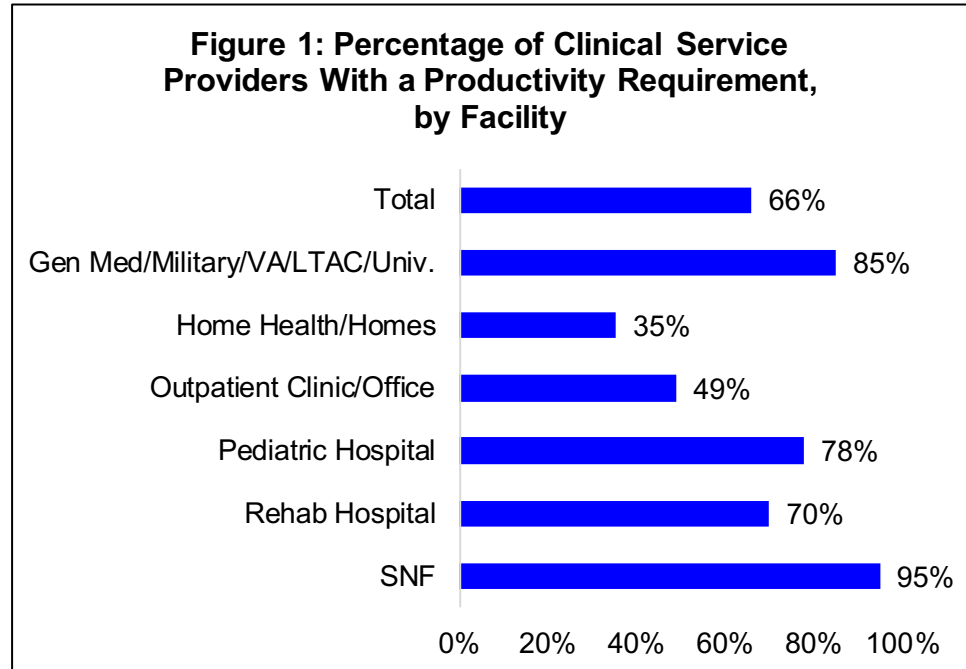
This report addresses only questions on the survey pertaining to practice issues. Data are drawn from six types of health care facilities: general medical, Veterans Affairs (VA), military, long term acute care (LTAC), or university hospitals; home health agencies or clients' homes; outpatient clinics or offices; pediatric hospitals; rehabilitation (rehab) hospitals; and skilled nursing facilities (SNFs).

Highlights

- 66% had a productivity requirement.
 - 95% in SNFs had a productivity requirement.
 - 74% in the Midwest had a productivity requirement.
- The average (mean) productivity requirement was 79%.
- 31% of clinical service providers said that nothing counted toward productivity when patients were not present.
- 56% who were paid per home visit performed off-the-clock work daily.
- 11% of SLPs felt pressured to discharge inappropriately (e.g., early or delayed).
 - 22% in SNFs felt this pressure.
 - More SLPs in rural or suburban areas than in city or urban areas felt pressured.
- 43% of clinical service providers included telepractice in their current work.
 - 77% in outpatient clinics or offices used telepractice.
 - Use of telepractice increased with years of experience.
- 40% of the clinical service providers said that the most common barrier to using telepractice was having patients for whom it was not appropriate.
- 42% collaborated with interpreters/cultural brokers.
- 22% of clinical service providers were required to physically transfer patients.

Productivity Requirement

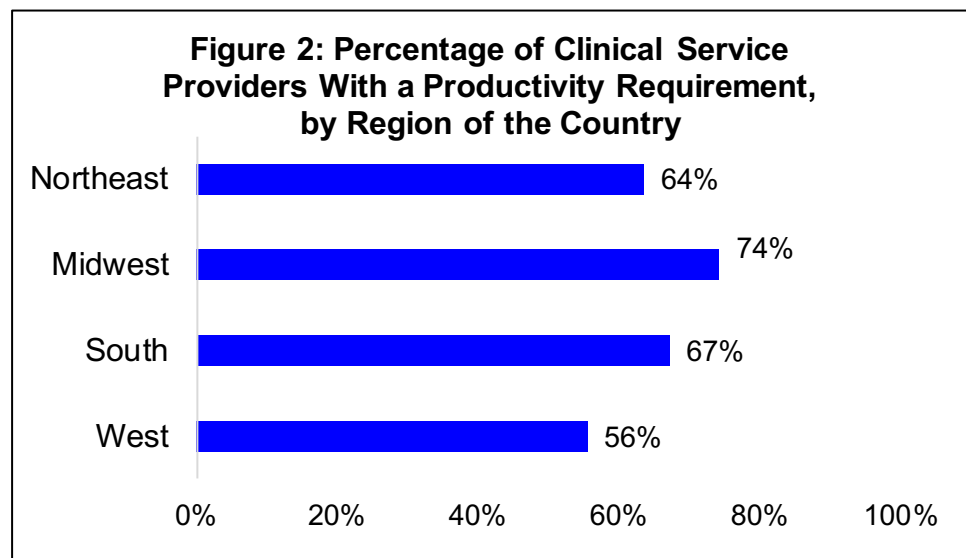
Of the SLPs who were clinical service providers and worked full- or part time, 66% said they had a productivity requirement. Productivity requirements were more common in SNFs than in other facilities ($p = .000$; see Figure 1).



Note. $n = 1,292$.

Geographic Area

Clinical service providers who were employed in the Midwest were more likely than those in other parts of the country to report a productivity requirement ($p = .000$; see Figure 2; see Appendix for list of states in each region).



Note. $n = 1,213$.

Function

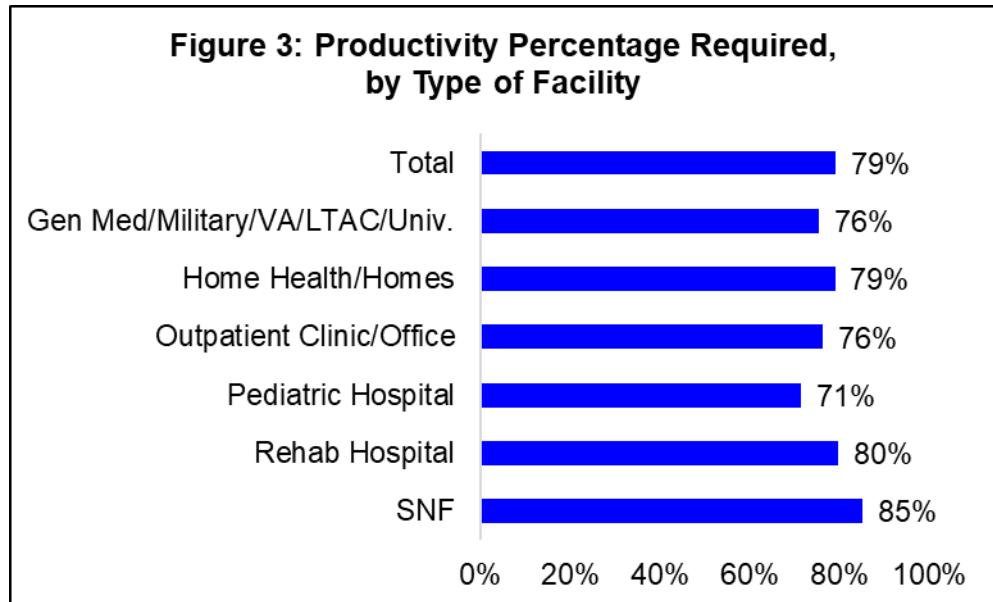
SLPs who were primarily clinical service providers (66%) were more likely to have a productivity requirement than those who were primarily administrators or supervisors who saw some patients (56%; $p = .016$).

Salary Basis

SLPs who were paid per home visit (11%) were less likely than those who received an annual (74%) or hourly wage (73%) to have a productivity requirement ($p = .000$).

Productivity Percentage

The average (mean) productivity requirement for clinical service providers was 79%, ranging from a low of 71% in pediatric hospitals to a high of 85% in SNFs ($p = .000$; see Figure 3).



Note. $n = 823$.

Interpreting data from Figures 1 and 3 tells us that 95% of clinical service providers in SNFs, for example, had a productivity requirement (see Figure 1) and that the average productivity requirement for that group was 85% (see Figure 3).

Productivity Activities

Facility

We asked the clinical service providers who reported that they had a productivity requirement to select which of five activities counted toward their productivity calculation when patients were not present. Note that 69% said that nothing counted when patients were not present. Facility predicted the first two activities in the list, below, as noted by probability values of less than .05.

- 17% selected *clinical team meetings*. The range was from 7% in SNFs to 29% in home health agencies or clients' homes ($p = .000$).
- 17% selected *in-service or informal staff training sessions*. The range was from 11% in SNFs and in pediatric hospitals to 26% in rehabilitation hospitals ($p = .008$).
- 11% selected *care coordination activities*. The type of facility where clinical service providers were employed was not a significant predictor of their responses ($p = .120$).
- 11% selected *documentation*. The type of facility where clinical service providers were employed was not a significant predictor of their responses ($p = .174$).
- 5% selected *other activities*. Too little data were available in some facility categories to test whether responses varied by the type of facility.



Function

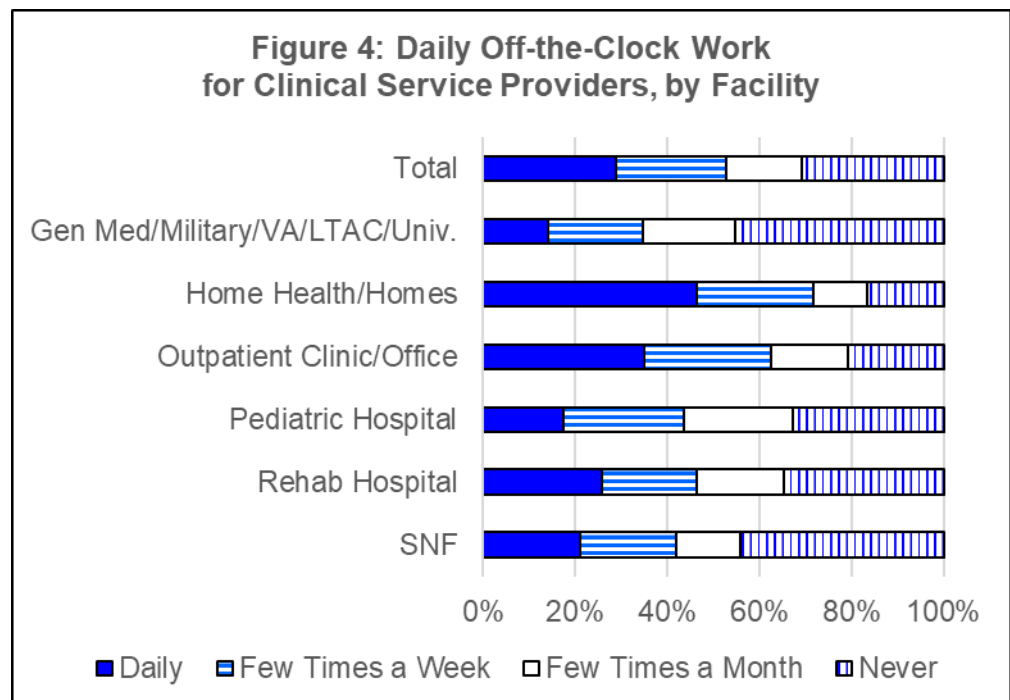
Employment function was a predictor of this response: 31% of SLPs who were primarily clinical service providers and 20% of those who were primarily administrators or supervisors who saw some patients said that nothing counted when patients were not present ($p = .026$).

“Off-the-Clock” Work

Salary basis had an effect on whether clinical service providers who worked full- or part time also performed off-the-clock work: 21% of those who were paid primarily per hour, 34% who were paid primarily an annual salary, and 56% who were paid primarily per home visit performed off-the-clock work daily during the past 12 months ($p = .000$).

Facility

Overall, slightly more than one quarter (29%) of the clinical service providers who worked full- or part time said that they had typically performed off-the-clock work daily during the last 12 months, 24% a few times a week, 16% a few times a month, and 31% never. More SLPs in home health agencies or clients’ homes (46%) than in any other facility reported daily off-the-clock work ($p = .000$; see Figure 4).



Note. $n = 1,364$.

Function

More of the SLPs who were primarily administrators or supervisors who also saw some patients (39%) than of those who were primarily clinical service providers (29%) performed off-the-clock work daily ($p = .000$).

Years of Experience

Performing off-the-clock work daily varied by the number of years of experience that clinical service providers had, but not in a straight line. In 5-year increments, beginning with 1 to 5 years and ending with 31 or more years, 31%, 24%, 24%, 26%, 37%, 34%, and 37% said that they performed off-the-clock work daily ($p = .031$).

Pressure From Employers or Supervisors

When we asked SLPs in the survey whether they had been pressured by their employers or supervisors to engage in any of six types of activities, more than half (58%) said that they had not felt pressured. This response ranged from 43% in SNFs to 70% in pediatric hospitals and in general medical, VA, military, LTAC, or university hospitals ($p = .000$; see Appendix Table 1).

Facility

The type of facility in which SLPs worked was related to five of the six activities, and SLPs in SNFs were the most likely group to have felt pressured with regard to four of the six activities.

- Overall, 11% of the SLPs said that they had been pressured to provide inappropriate frequency or intensity of services. The range was from 3% in pediatric hospitals to 19% in SNFs ($p = .000$).
- Overall, 10% said that they had been pressured to discharge inappropriately (e.g., early or delayed). The range was from 4% in general medical, VA, military, LTAC, or university hospitals to 22% in SNFs ($p = .000$).
- Overall, 10% felt pressured to provide evaluation and treatment that were not clinically appropriate. The range was from 5% in outpatient clinics or offices and in pediatric hospitals to 21% in SNFs ($p = .000$).
- Overall, 7% felt pressured to provide services for which they had inadequate training and/or experience. The range was from 4% in SNFs to 10% in outpatient clinics or offices ($p = .015$).
- Overall, 7% felt pressured to provide group therapy when individual therapy was appropriate. The range was from 1% in general medical, VA, military, LTAC, or university hospitals to 19% in SNFs ($p = .000$).
- Overall, 3% felt pressured to alter documentation for reimbursement. Type of facility did not have an effect on their responses ($p = .174$).

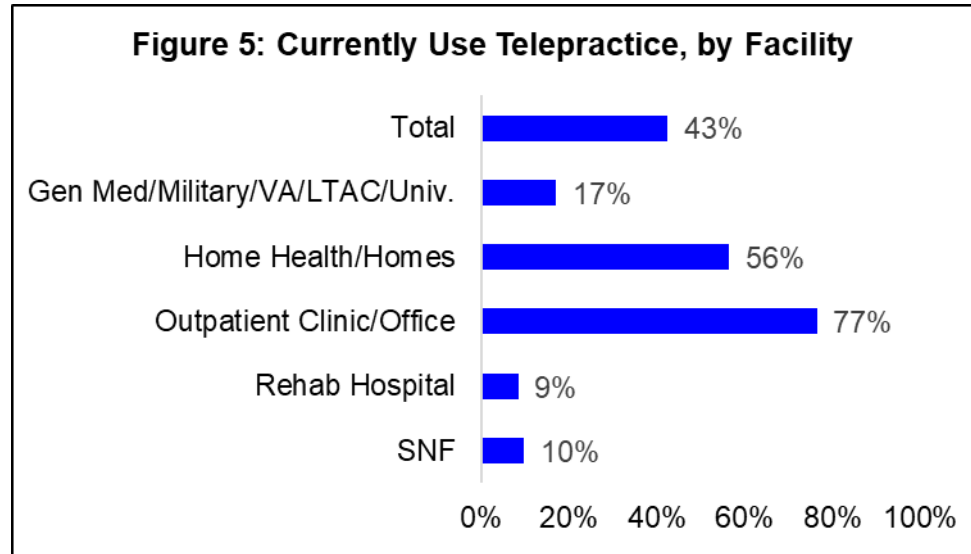
Population Density

Population density was related to four activities. In each of the four bullets, below, SLPs in city or urban areas felt the least pressured. For the first three, SLPs in rural areas felt the most pressured; for the fourth bullet, SLPs in suburban areas felt most pressured.

- Pressure to provide inappropriate frequency or intensity of services ($p = .021$).
- Pressure to provide evaluation and treatment that were not clinically appropriate ($p = .015$).
- Pressure to provide services for which they had inadequate training and/or experience ($p = .008$).
- Pressure to alter documentation for reimbursement ($p = .020$).

Telepractice

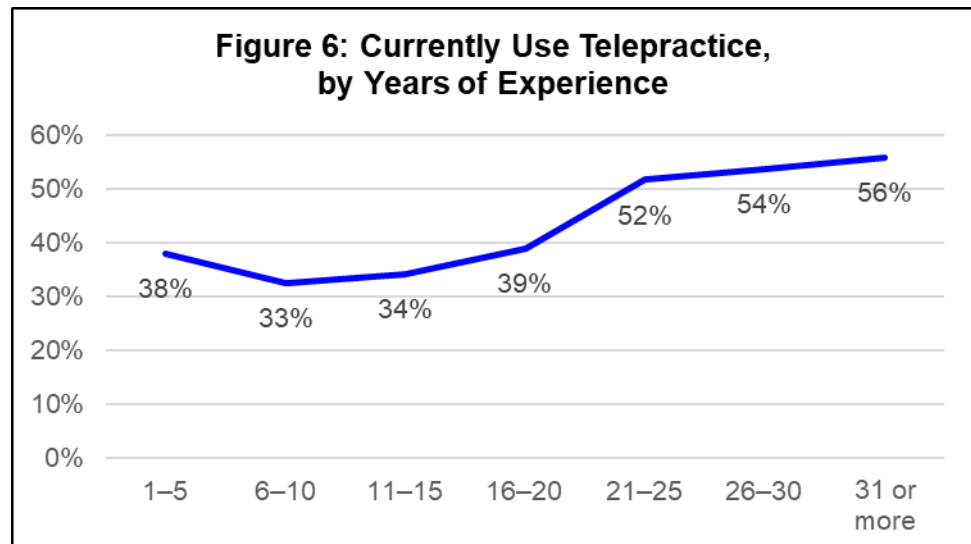
We asked half of the survey participants if any of their current work included telepractice, and 43% of the clinical service providers who were employed full- or part time said yes. The range was from 9% in rehabilitation hospitals to 77% in outpatient clinics or offices ($p = .000$; see Figure 5).



Note. $n = 703$.

Years of Experience

The inclusion of telepractice as part of an SLP's current work varied by years of experience (see Figure 6; $p = .001$).



Note. $n = 638$.

Percentage of Time on Telepractice

Later in the survey, we asked all of the respondents to estimate the percentage of time they spent on telepractice out of all the time they spent providing clinical services. Clinical service providers who were employed full- or part time provided the following information:

- 6% of the time they spent providing services to infants and/or toddlers was via telepractice.
- 4% of the time they spent providing services to preschoolers was via telepractice.
- 7% of the time they spent providing services to school-age children or adolescents was via telepractice.
- 4% of the time they spent providing services to adults was via telepractice.

Barriers to Telepractice

We asked participants to identify their current top five barriers from a list of 12 choices. Employment facility was a significant predictor of two of the barriers; for the remaining 10 options, too little data were available to test whether responses varied by facility type.

- The barrier most frequently selected in the top five was *patients on my caseload are not appropriate for telepractice due to clinical presentation*. This was selected by 40% of SLPs, ranging from 31% in rehab hospitals to 49% in outpatient clinics or offices ($p = .004$).
- 32% included *patient/family has barriers to effective participation via telepractice (e.g., rural/remote settings, unable to access dedicated device, poor bandwidth)* in their top five.
- 32% included *patient/family does not want services via telepractice*. The range was from 17% of clinical service providers in SNFs to 45% in outpatient clinics or offices ($p = .000$).
- 19% selected *facility does not have appropriate infrastructure (e.g., dedicated space, Internet bandwidth, equipment)*.
- 17% selected *payer coverage limitations*.
- 14% selected *I am not comfortable with telepractice*.
- 12% selected *limitations imposed by state law, licensure, and/or practice act*.
- 11% selected *inadequate availability of trained facilitators*.
- 10% selected *the administration/management does not see the benefits versus costs of providing services via telepractice*.
- 8% selected *accessing or integrating the services of trained interpreter*.
- 3% selected *challenges with infection control of shared equipment*.
- 6% selected *other*.

Cultural and Linguistic Diversity

We asked respondents to select which of six clinical approaches they had used in the past 12 months in service delivery to address cultural and linguistic influences on communication. The type of facility where clinical service providers were employed had an effect on responses to each of the clinical approaches ($p = .000$). *Collaborating with interpreters/cultural brokers* was selected more often than any other response in every type of facility except for SNFs (see Table 1).

Table 1. Clinical Approaches to Cultural and Linguistic Diversity (%)

Approach	All Facility Types ($n = 1,433$)	General/VA/Military/LTAC/University ($n \geq 267$)	Home Health/Client's Home ($n \geq 256$)	Outpatient Clinic/Office ($n \geq 453$)	Pediatric Hospital ($n \geq 49$)	Rehab Hospital ($n \geq 101$)	Skilled Nursing Facility ($n \geq 292$)
Collaborated with interpreters/cultural brokers	42	66	31	39	68	64	23
Modified assessment strategies/procedures	39	42	30	36	41	57	40
Acquired translated materials	28	37	24	24	36	51	20
Translated therapy tools	21	27	18	15	24	39	22
Referred to bilingual service providers	20	22	18	21	44	28	10
Translated written materials, including consumer information	19	26	17	14	28	31	18
None of the above	21	9	28	24	4	8	30

Multiskilling

We introduced questions about multiskilling by presenting the following definition:

Multiskilling refers to

- *cross-training of basic patient care skills (e.g., taking vitals);*
- *professional non-clinical skills (e.g., patient/family education on medication compliance);*
- *administrative skills (e.g., quality improvement activities); and/or*
- *cross-training of clinical disciplines (e.g., suctioning individuals with tracheostomies).*

Multiskilling activities are provided within the contexts of the ASHA Code of Ethics, federal and state laws and regulations, and reimbursement and regulatory guidelines.

We followed the definition with two questions on the topic. The first question asked those SLPs who were clinical service providers and who were employed full- or part time to identify which of four activities—that are not included in ASHA’s scope of practice—they were required to do as part of their job. Facility predicted responses to all activities, years of experience predicted three responses, and state and population density each predicted two activities.

- 22% selected *physical transfers of patients*. The range was from 9% in outpatient clinics or offices to 57% in rehabilitation hospitals ($p = .000$).
 - Region of the country also had an effect, with 16% in the West, 25% in the Northeast, 29% in the Midwest, and 31% in the South selecting this option ($p = .000$).
 - Experience also had an effect, but not in a straight line, ranging from 24% of clinical service providers with 1–5 years of experience to 13% of those with 31 or more years selecting this option ($p = .000$).
- 21% selected *taking vitals*. The range was from 7% in outpatient clinics or offices to 39% in home health agencies or clients’ homes ($p = .000$).
- 15% selected *suctioning*. The range was from 4% in outpatient clinics or offices to 41% in general medical, VA, military, LTAC, or university hospitals ($p = .000$).
 - Population density also had an effect, with 11% in rural areas, 13% in suburban areas, and 22% in city or urban areas selecting suctioning ($p = .000$).
 - Clinical service providers who selected *suctioning* declined from a high of 20% of those with 1–5 years of experience to a low of 5% with 31 or more years of experience ($p = .000$).

- 11% selected *medication reconciliation*. The range was from 4% in outpatient clinics or offices to 28% in home health agencies or clients' homes ($p = .000$).
 - Population density had an effect on who selected *medication reconciliation*, with 9% in city or urban areas, 13% in suburban areas, and 14% in rural areas selecting it ($p = .047$).
- 51% selected *none of the above*, ranging from 30% in rehabilitation hospitals to 68% in outpatient clinics or offices ($p = .000$).
 - Region of the country had an effect, ranging from 48% of clinical service providers in the South to 62% in the West selecting this response ($p = .005$).
 - Clinical service providers who said that none of the activities applied to them increased with years of experience from about 50% at the low end to 62% of those with the most experience ($p = .004$).



Preparation

The second multiskilling question asked how well-prepared clinical service providers had been by their current employer to perform the multiskilling activities (see Table 2).

Scale: 1 = <i>Not at all prepared</i> 2 = <i>Minimally prepared</i> 3 = <i>Fairly well prepared</i> 4 = <i>Very well prepared</i> NA = <i>Not applicable</i>						
Activity	1	2	3	4	NA	<i>n</i>
Physical transfers of patients	10	21	30	22	18	487
Taking vitals	9	18	23	24	26	491
Suctioning	14	11	15	27	32	481
Medication reconciliation	16	15	14	7	49	481

The type of facility where clinical service providers were employed had an effect on three responses, and both geographic region and population density had an effect on one response.

- 7% in home health or clients' homes; 14% in outpatient clinics or offices; 17% in SNFs; 27% in general medical, VA, military, LTAC, or university hospitals; and 45% in rehabilitation hospitals were very well prepared to provide physical transfers of patients ($p = .000$).
 - 11% in the West, 17% in the Northeast, 23% in the Midwest, and 27% in the South were very well prepared to physically transfer patients ($p = .036$).
- 18% in outpatient clinics or offices; 20% in general medical, VA, military, LTAC, or university hospitals; 21% in rehabilitation hospitals; 25% in SNFs; and 34% in home health agencies or clients' homes were very well prepared to take vitals ($p = .000$).
- 3% in home health agencies or clients' homes; 16% in SNFs; 26% in outpatient clinics or offices; 32% in rehabilitation hospitals; and 49% in general medical, VA, military, LTAC, or university hospitals were very well prepared to suction ($p = .000$).
 - 15% in rural areas, 21% in suburban areas, and 39% in city or urban areas were very well prepared to suction ($p = .000$).

Survey
Notes and
Method-
ology

The ASHA SLP Health Care Survey has been fielded in odd-numbered years since 2005 to gather information of interest to the profession. Members, volunteer leaders, and staff rely on data from the survey to better understand the priorities and needs of SLPs.

The survey was fielded electronically on May 20, May 27, and June 3, 2021, to a random sample of 10,000 ASHA-certified SLPs who were employed in health care settings in the United States, and the sample was stratified by type of facility. Small groups, such as pediatric hospitals, were oversampled. Weighting was used when presenting data to reflect the actual distribution of SLPs in each type of facility.

The sample was divided randomly into two groups, with one group receiving an additional question about whether their current work includes private practice, early intervention, or telepractice.

Response Rate

Of the original 10,000 SLPs in the sample, 157 opted out, 83 had unusable email addresses, and 196 were not currently employed in health care. The actual number of respondents was 1,671, resulting in a 17.5% response rate. The results presented in this report are based on responses from those 1,671 individuals.

Survey
Reports

Results from the ASHA 2021 SLP Health Care Survey are presented in a series of reports at www.asha.org:

- Survey Summary
- Workforce
- Practice Issues
- Caseload Characteristics
- Annual Salaries
- Hourly and Per-Home-Visit Wages
- Survey Methodology, Respondent Demographics, and Glossary

Suggested
Citation

American Speech-Language-Hearing Association. (2021) ASHA 2021 SLP Health Care Survey: Practice issues. www.asha.org.

Supplemental Resources

American Speech-Language-Hearing Association. (n.d.-a). *Documentation in health care*. www.asha.org/Practice-Portal/Professional-Issues/Documentation-in-Health-Care

American Speech-Language-Hearing Association. (n.d.-b). *Health care*. www.asha.org/slp/healthcare

American Speech-Language-Hearing Association. (2016). *Code of ethics*. www.asha.org/policy/ET2016-00342/

Additional Information

For additional information regarding the *ASHA 2021 SLP Health Care Survey*, please contact Monica Sampson, director, Health Care Services in Speech-Language Pathology, 800-498-2071, ext. 5686, msampson@asha.org.

Thank You

ASHA would like to thank the SLPs who completed the *ASHA 2021 SLP Health Care Survey*. Reports like this one are possible only because people like *you* participate.

Is this information valuable to you? If so, please accept invitations to participate in other ASHA-sponsored surveys and focus groups. You are the experts, and we rely on you to provide data to share with your fellow members. ASHA surveys benefit *you*.



Appendix:
State Listings and Data Tables

Regions of the Country

Northeast

- ◆ Middle Atlantic
 - New Jersey
 - New York
 - Pennsylvania
- ◆ New England
 - Connecticut
 - Maine
 - Massachusetts
 - New Hampshire
 - Rhode Island
 - Vermont

South

- ◆ East South Central
 - Alabama
 - Kentucky
 - Mississippi
 - Tennessee
- ◆ South Atlantic
 - Delaware
 - District of Columbia
 - Florida
 - Georgia
 - Maryland
 - North Carolina
 - South Carolina
 - Virginia
 - West Virginia
- ◆ West South Central
 - Arkansas
 - Louisiana
 - Oklahoma
 - Texas

Midwest

- ◆ East North Central
 - Illinois
 - Indiana
 - Michigan
 - Ohio
 - Wisconsin
- ◆ West North Central
 - Iowa
 - Kansas
 - Minnesota
 - Missouri
 - Nebraska
 - North Dakota
 - South Dakota

West

- ◆ Mountain
 - Arizona
 - Colorado
 - Idaho
 - Montana
 - Nevada
 - New Mexico
 - Utah
 - Wyoming
- ◆ Pacific
 - Alaska
 - California
 - Hawaii
 - Oregon
 - Washington

Table 1: Pressured, All Respondents, by Type of Facility

20. In the last 12 months, have you felt pressured by an employer or supervisor to engage in any of the following activities? <i>Select all that apply.</i> (Percentages; we changed the order of responses from alphabetic to descending order of frequencies.) Analyses limited to respondents who met the following criteria: ❖ CCC-SLP ❖ Employed full time or part time							
Pressure	Facility Type						
	All Facility Types (n = 1,671)	General/VA/ Military/ LTAC/ University Hospital (n ≥ 293)	Home Health/ Client's Home (n = 291)	Outpatient Clinic/ Office (n ≥ 539)	Pediatric Hospital (n ≥ 58)	Rehab Hospital (n ≥ 119)	Skilled Nursing Facility (n ≥ 354)
Provide inappropriate frequency or intensity of services	11.1	7.5	11.3	7.4	3.4	17.5	19.2
	Statistical significance: $\chi^2(5) = 42.5$, $p = .000$, Cramer's $V = .160$ Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.						
Discharge inappropriately (e.g., early or delayed)	10.3	4.4	11.0	5.4	5.2	10.9	22.3
	Statistical significance: $\chi^2(5) = 82.8$, $p = .000$, Cramer's $V = .224$ Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.						
Provide evaluation and treatment that are not clinically appropriate	9.8	6.8	6.5	5.4	5.1	15.8	20.6
	Statistical significance: $\chi^2(5) = 71.1$, $p = .000$, Cramer's $V = .207$ Conclusion: There is adequate evidence from the data to say that the responses vary by facility type.						
<i>(Table 1 continues on next page.)</i>							

20. (cont'd) In the last 12 months, have you felt pressured by an employer or supervisor to engage in any of the following activities?
Select all that apply. (Percentages; we changed the order of responses from alphabetic to descending order of frequencies.)
 Analyses limited to respondents who met the following criteria:
 ❖ CCC-SLP
 ❖ Employed full time or part time

Pressure	Facility Type						
	All Facility Types (n = 1,671)	General/VA/ Military/ LTAC/ University Hospital (n ≥ 293)	Home Health/ Client's Home (n = 291)	Outpatient Clinic/ Office (n ≥ 539)	Pediatric Hospital (n ≥ 58)	Rehab Hospital (n ≥ 119)	Skilled Nursing Facility (n ≥ 354)
Provide services for which you had inadequate training and/or experience	6.9	6.8	6.2	10.0	5.1	5.0	3.9
	Statistical significance: $\chi^2(5) = 14.1$, $p = .015$, Cramer's V = .092 <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by facility type.						
Provide group therapy when individual therapy was appropriate	6.5	1.4	2.7	2.4	1.7	12.5	19.4
	Statistical significance: $\chi^2(5) = 138.7$, $p = .000$, Cramer's V = .289 <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by facility type.						
Alter documentation for reimbursement	3.1	2.0	4.5	2.6	0.0	1.7	4.2
	Statistical significance: $\chi^2(5) = 7.7$, $p = .174$ <u>Conclusion:</u> There is not enough evidence from the data to say that the responses vary by facility type.						

(Table 1 continues on next page.)

20. (cont'd) In the last 12 months, have you felt pressured by an employer or supervisor to engage in any of the following activities?
Select all that apply. (Percentages; we changed the order of responses from alphabetic to descending order of frequencies.)
 Analyses limited to respondents who met the following criteria:
 ❖ CCC-SLP
 ❖ Employed full time or part time

Pressure	Facility Type						
	All Facility Types (n = 1,671)	General/VA/ Military/ LTAC/ University Hospital (n ≥ 293)	Home Health/ Client's Home (n = 291)	Outpatient Clinic/ Office (n ≥ 539)	Pediatric Hospital (n ≥ 58)	Rehab Hospital (n ≥ 119)	Skilled Nursing Facility (n ≥ 354)
Did not feel pressured	57.7	70.3	56.7	60.1	69.5	55.8	43.1
	Statistical significance: $\chi^2(5) = 55.0, p = .000$, Cramer's $V = .182$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by facility type.						