



AUDIOLOGY SURVEY 2004



Practice Trends in Audiology

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Executive Summary

During the fall and winter of 2004, the American Speech-Language-Hearing Association (ASHA) conducted a survey of audiologists. This survey was designed to provide information about issues important to our members and the profession of audiology and to update and expand upon information gathered during previous Omnibus and Audiology Surveys. The results are presented in a series of reports.

This report will explore practice trend data as gathered through the survey, which is based on responses from ASHA-certified audiologists in nonresidential health care facilities, hospitals, schools, colleges, and universities.

Overall Findings:

- ◆ 48% of audiologists working full-time in private practice owned practices.
- ◆ The average full-time private practitioner saw 120 (median) clients per month.
- ◆ Amplified Telephones and BTE FM were the most popularly dispensed hearing assistive technologies (≥63%).
- ◆ 61% of full- and 71% of part-time employed audiologists identified ENTs as one of their primary sources of referrals.
- ◆ Medicare and Medicaid made up roughly 30% of all reimbursements for professional services.
- ◆ At least 85% of all audiologists provide counseling on communication strategies as a form of audiologic rehabilitation.
- ◆ 95% of audiologic rehabilitation was delivered to individual clients.
- ◆ 64% of audiologists never charged separately for audiologic rehabilitation services.
- ◆ Audiologists favored the use of interpreters over all other service delivery methods with culturally and linguistically diverse (CLD) populations (≥58%).
- ◆ Only 8% of full-time audiologists believe themselves to be very qualified to serve CLD populations.

Private Practice

Private Practice Involvement

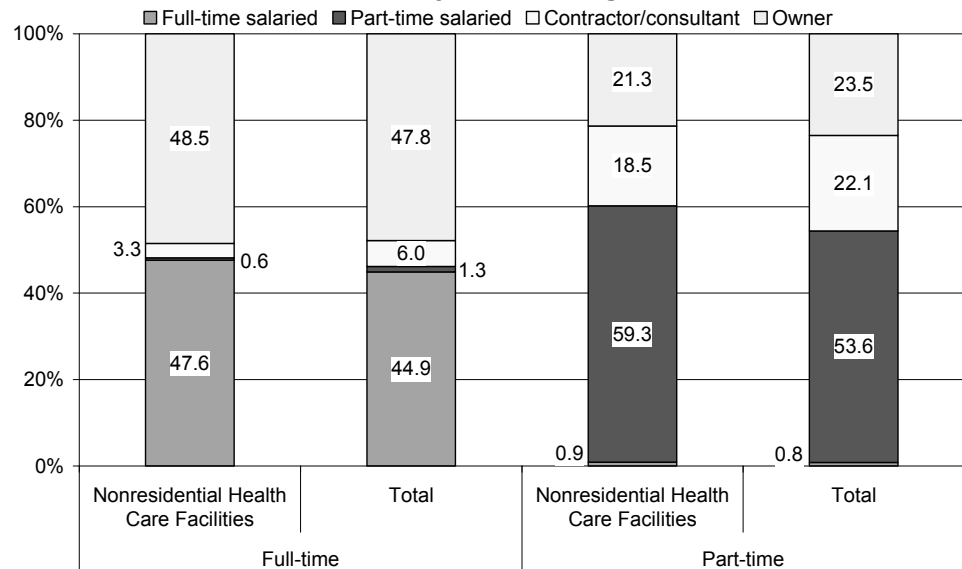
Practice Type

Fewer than 40% of respondents worked in private practice. There were not enough private practice employed audiologists in schools, higher education, or hospitals to make any specific facility-based claims. Due to the similarity of nonresidential health care to the weighted totals, only totals are reported in this section.

The majority of the full-time employed worked as owners of private practices (48%), while part-time employees were most likely to identify themselves as salaried employees of a private practice (54%) (Appendix, Table 1).

Among both full- and part-time employed private practitioners, solo practices were the most common ($\geq 40\%$). The full-time employed were also likely to be working in a group practice exclusively with other audiologists (29%), while the part-timers were likely to be part of a group practice with other disciplines (26%) (Appendix, Table 2).

Figure 1: Involvement in Private Practice Among Full-Time Employed Audiologists



Private Practice Trends

When private practitioners were asked “How many different clients do you see at this private practice in a typical month?” full-time employed private practitioners reported seeing a median of 120 clients. Those working part-time reported a median of 51 clients per month. Among part-time practitioners in nonresidential health care facilities, this number increased to 60 clients per month (Appendix, Table 3).

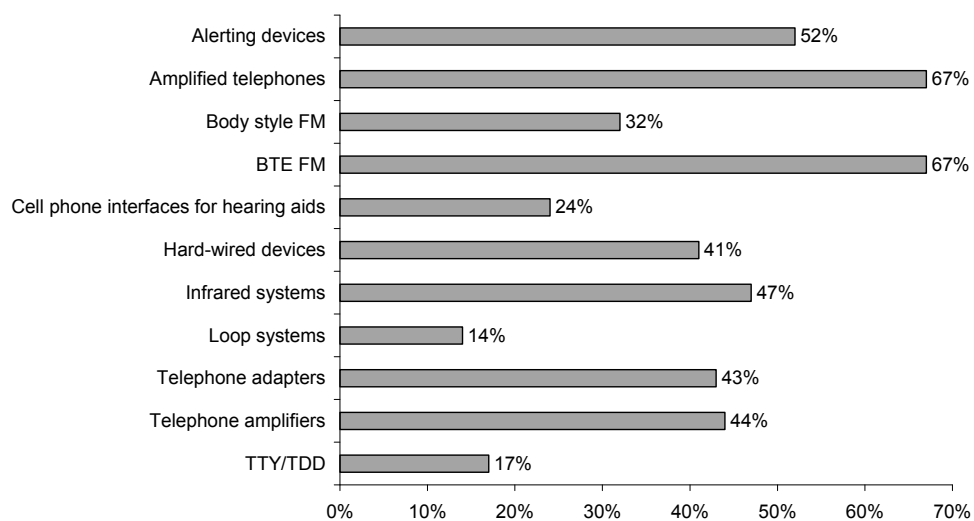
Free-standing clinics and offices were identified most frequently as the place where full- (80%) and part- time (69%) private practitioners see their clients. Health care settings were the second most commonly identified ($\geq 23\%$) service delivery location (Appendix, Table 4).

Technology

Telecoils

Among the full-time employed, audiologists in schools (18%) and institutions of higher education (23%) were most likely to be unfamiliar with telecoils. However those in educational facilities familiar with the technology were most likely to always recommend telecoils for hearing aid users to allow access to hearing assistive technology ($\geq 33\%$). Audiologists in schools were also more likely than those in other facilities to never recommend telecoils (17%). Part-time employed school-based audiologists were also least familiar with telecoils (24%), as well as most likely to always (58%) and never (15%) recommend telecoils. Across all facilities, 9% of full-time employed audiologists and 12% of the part-time employed were not familiar with the technology. Among those familiar with the technology, 24% of the full-time employed always recommended them (Appendix, Table 5).

Figure 2: Hearing Assistive Technologies Dispensed by Full-Time Audiologists



Hearing Assistive Technologies

Across facilities, 24% of audiologists working full-time indicated that they did not dispense hearing assistive technologies. Full-time employed audiologists in educational facilities were the least likely to dispense these technologies ($\geq 37\%$). Of those that did dispense, full-time employed audiologists in schools were the most likely to

dispense body style FM (55%) and BTE FM (80%) but least likely to dispense most other hearing assistive technologies. Audiologists employed full-time in higher education were more likely than other facilities to dispense many technologies including hard-wired devices (53%) and TTY/TDD (30.5%).

Audiologists working full-time in nonresidential health care facilities were most likely to dispense hearing assistive technologies (88%). This included being most likely to dispense amplified telephones (78%), cell phone interfaces for hearing aids (29%), and infrared systems (52%). They were also least likely to provide body style FM (28%) and BTE FM (64%). Across all facilities, part-time employed audiologists were less likely than their full-time counterparts to dispense most hearing assistive technologies, save amplified telephones (69%) and TTY/TDD devices (20%), which they dispensed slightly more often (Appendix, Table 6).

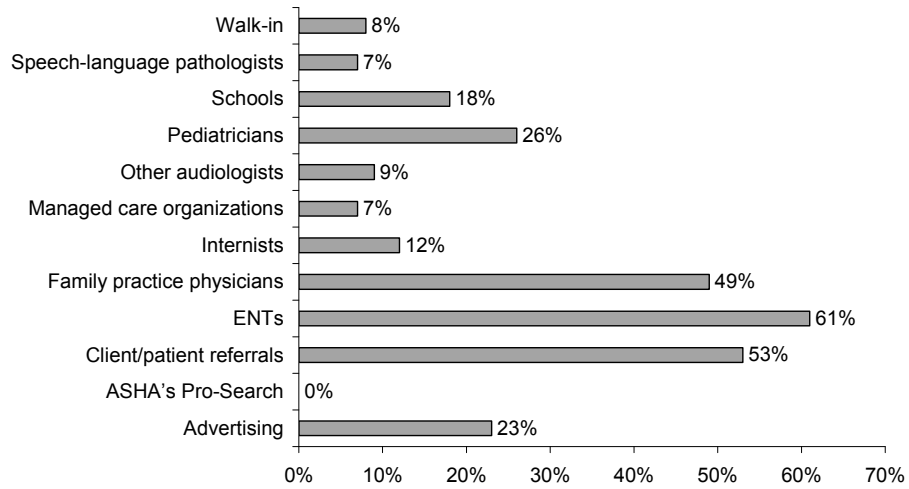
Internet Activity

Both full- and part-time employed audiologists were more likely to have ordered equipment or maintained products than to have conducted other activities via the Internet. Equipment was ordered via the Internet by 36% of full-time school-based audiologists; ordering was highest among the full-time employed in nonresidential health care facilities (51%). Full-time nonresidential health care audiologists were also most likely to have undertaken several activities, including maintaining a professional Web site (28%) and submitting billing claims via the Internet (27%). In both full- and part-time positions, audiologists in hospitals were more likely than those in other facilities to have participated in a Web-enhanced teleseminar or forums for CEUs ($\geq 32\%$) in the past 12 months (Appendix, Table 7).

Referrals

Across facilities, when asked to identify their top three sources of referrals, audiologists identified ENTs as providing the greatest source for the full- (61%) and part-time employed (71%). In nonresidential health care, full- and part-time audiologists identified client/patient referrals ($\geq 51\%$) and family practice physicians ($\geq 49\%$) along with ENTs ($\geq 62\%$) as their largest sources of referrals. Full-time employed audiologists in higher education identified current clients (76%) as their greatest source, while, not surprisingly, school-based audiologists' most common referral source was their school ($\geq 82\%$). Along with ENTs, whom most hospital-based audiologists identified as their greatest source of referrals ($\geq 79\%$), family practice physicians ($\geq 59\%$) and pediatricians ($\geq 43\%$) were also likely sources (Appendix, Table 8).

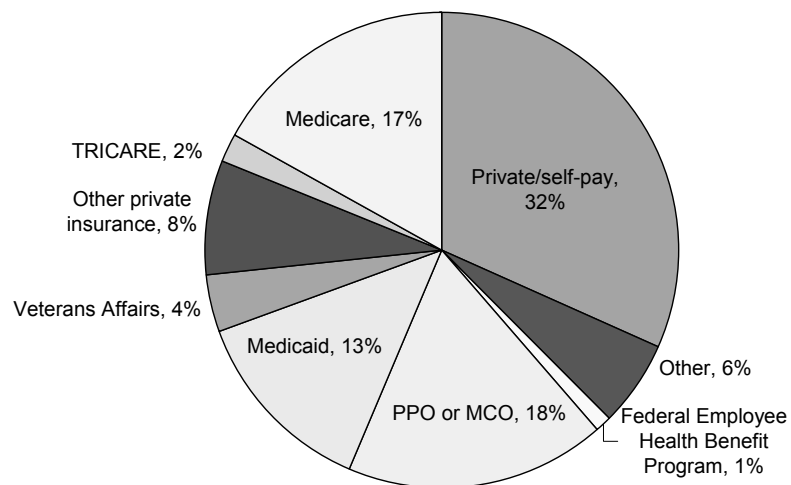
Figure 3 Top Sources of Referrals for Full-Time Audiologists



Reimbursement

Across all facilities, full-time employed audiologists received almost a third of their reimbursement from private payments (32%). Following that pattern, audiologists in nonresidential health care received 38% of their reimbursements from private and self payments. Higher education-based audiologists received the bulk of their reimbursements through this mode (63%). The primary sources of reimbursement in hospital settings were PPO/MCO (20%) and Medicaid (23%). In higher education, full-time employed audiologists identified private or self-pay as their primary form of reimbursement (63%), while those in schools chose the "other" option (56%).

Figure 4: Percentage of Reimbursement for Full-Time Audiologists



Audiologic Rehabilitation

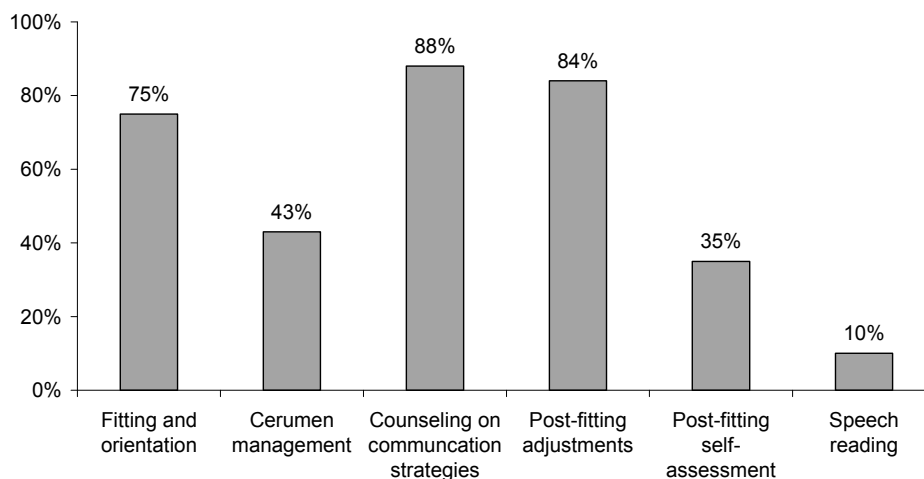
When only those individuals receiving reimbursement were considered, the percentage attributed to private/self-pay rose from 32% to 39% for the full-time employed. The typical audiologist receiving reimbursement through the Department of Veterans Affairs was likely to receive 50% of her or his reimbursement from that source. In hospitals, the number jumped to 87% (Appendix, Table 9).

Across all facilities, 16% of full- and 22% of part-time audiologists did not provide any form of audiologic rehabilitation (AR) services. Among the full-time employed, those in colleges and universities were least likely to provide these services (28%).

Those who did provide these services were likely to provide fitting and orientation of assistive listening devices ($\geq 63\%$), postfitting adjustments ($\geq 80\%$), and counseling on communication strategies ($\geq 85\%$). With the exception of higher education, where 43% of full-time audiologists provided speech reading, this AR service was the least provided across professions ($\geq 7\%$).

Nearly 95% of the full-time employed in higher education who provided AR services provided counseling on communication strategies. Part-time employed audiologists in schools were much more likely than part-time audiologists as a whole to provide fitting and orientation of assistive listening devices (97% vs. 63%) (Appendix, Table 10).

Figure 5: Audiologic Rehabilitation Services Provided by Full-Time Audiologists



Delivery Method

In both full- and part-time positions, audiologists who provided AR services were overwhelmingly more likely to provide those services to individuals rather than to groups ($\geq 96\%$). Audiologists working full-time in colleges and universities were the most likely to provide group services (12%). Across facilities, those who did provide services to groups were likely to provide almost a quarter of their services this way ($\geq 24\%$) (Appendix, Table 11).

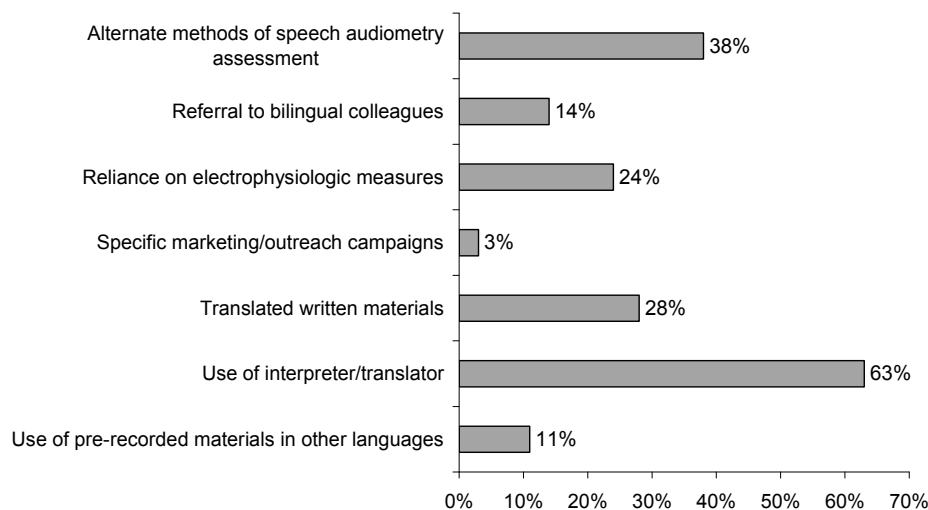
Charging Practices

Across all facilities, 64% of full-time employed audiologists who provided AR services never charged separately for them. This percentage was greatest in schools (85%) and lowest in higher education (42%). Full-time audiologists at colleges and universities were also most likely to charge separately (14%) for these services. Part-time employed audiologists in nonresidential health care facilities were least likely to charge separately for these services (75%) (Appendix, Table 12).

Culturally and Linguistically Diverse Populations

When dealing with culturally and linguistically diverse populations, audiologists most often chose to use interpreters ($\geq 58\%$) and alternate methods of speech audiometry assessment ($\geq 34\%$). This pattern was consistent across all facilities for both the full- and part-time employed. With the exception of specific marketing and outreach campaigns (3%) and using prerecorded materials in other languages (16%), full-time audiologists in higher education were least likely to employ most clinical approaches in service delivery with these populations (Appendix, Table 13).

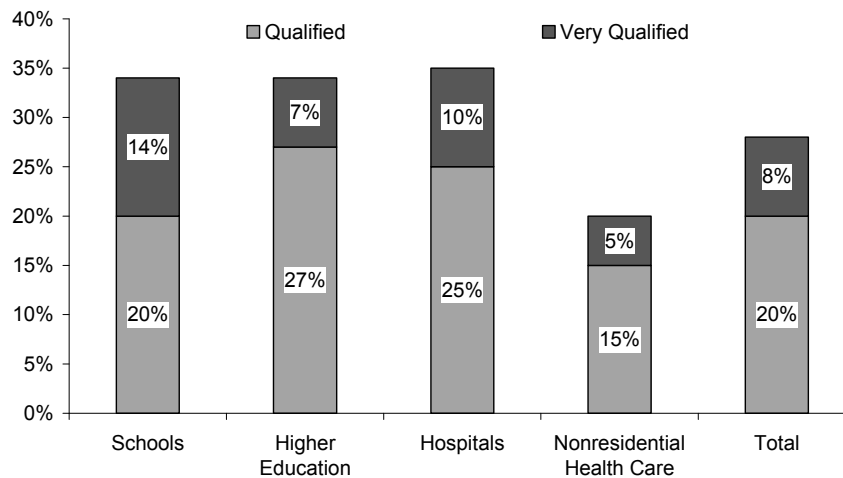
Figure 6: Clinical Approaches for Service Delivery With Culturally and Linguistically Diverse Populations by Full-Time Audiologists



Multicultural Service Proficiency

Across facilities, on a scale where 1 equals “not at all qualified” and 5 equals “very qualified,” 38% of full- and 35% of part-time employed audiologists rated their ability to provide services to multicultural populations as a 3. Only 8% of full- and 5% of part-time audiologists identified themselves as “very qualified” to provide these services. This percentage was highest among full-time audiologists in schools (14%) and lowest among full- (5%) and part-time (3%) audiologists in nonresidential health care facilities. Not surprisingly, these individuals were also most likely to identify themselves as “not at all qualified” ($\geq 12\%$) to provide these services (Appendix, Table 14).

Figure 7: Multicultural Service Proficiency for audiologists Employed on a Full-Time Basis



**Survey Notes
and
Methodology**

The 20-year-old ASHA Omnibus Survey has been retired, replaced by surveys specific to work settings and/or professions in order to better meet affiliates' needs. This 2004 Audiology Survey is the second of the replacements and melds topics from both the Omnibus Surveys and previous Audiology Surveys.

Response Rate

The survey was mailed in September 2004 to a random sample of 4,000 ASHA-certified audiologists who lived in the United States and were employed in nonresidential health care facilities, hospitals, schools, colleges, and universities. Second and third mailings followed, at approximately 4-week intervals, to individuals who had not responded to earlier mailings.

Of the original 4,000 audiologists in the sample, 17 were no longer employed in the field and 27 were ineligible due to retirement or for other reasons, leaving 3,956 possible respondents. The actual number of respondents was 2,041, resulting in a 51.6% response rate. The results presented in this report are based on responses from those 2,041 individuals.

As is our practice, we do not report data for cells with fewer than 25 respondents.

Other Reports

Results from the 2004 Audiology Survey are reported in a series of reports:

- Methodology, demographics, and glossary
- Practice trends
- Salaries
- Workforce
- Frequencies of responses to all 40 questions on the survey

**Suggested
Citation**

American Speech-Language-Hearing Association. (2005). *2004 Audiology Survey Report: Practice Trends in Audiology*. Rockville, MD: Author.

Supplemental Sources

American Speech-Language-Hearing Association. (2000). *Audiology survey 2000 edition—frequency report*. Rockville, MD: Author.

American Speech-Language-Hearing Association. (2003). *2003 omnibus survey: Practice trends in audiology*. Rockville, MD: Author.

American Speech-Language-Hearing Association. (2004). *Supply and demand for audiologists resource list*. Rockville, MD: Author.

Additional Information

For additional information regarding the 2004 Audiology Survey, please contact Pam Mason, Director of Audiology, at 301-897-5700, ext. 4135 (pmason@asha.org). To learn more about how the Association is working on behalf of audiologists, visit ASHA's Web site at <http://www.asha.org/members/aud/default>

Appendix: Data Tables

Table 1: Private Practice Involvement

Q16. Which one of the following best describes your involvement in a private practice?

Response: "I do not work in private practice"	Schools		Colleges & Universities		Hospitals		Nonresidential Health Care Facilities		Total	
	n	%	n	%	n	%	n	%	n	%
Employed Full-Time	182	91.2	164	92.1	277	91.7	502	33.5	1,268	62.2
Employed Part-Time	36	77.8	18	-	79	91.1	201	46.3	397	60.5

➤ Working in private practice

Private Practice Involvement	Schools	Colleges & Universities	Hospitals	Nonresidential Health Care Facilities	Total
Employed Full-Time	(n = 16)	(n = 13)	(n = 23)	(n = 334)	(n = 479)
Ful- time salaried employee				47.6	44.9
Part-time salaried employee				0.6	1.3
Contractor/consultant (e.g., per diem, temporary)	(n < 25)			3.3	6.0
Owner (e.g., office-based or contract-based private practice)				48.5	47.8
Employed Part-Time	(n = 8)	(n = 3)	(n = 7)	(n = 108)	(n = 157)
Full-time salaried employee				0.9	0.8
Part-time salaried employee				59.3	53.6
Contractor/consultant (e.g., per diem, temporary)	(n < 25)			18.5	22.1
Owner (e.g., office-based or contract-based private practice)				21.3	23.5

Table 2: Practice Involvement

Q17. What type of practice is it? (Circle all that apply.)

➤ Working in private practice

Practice Type	Schools	Colleges & Universities	Hospitals	Nonresidential Health Care Facilities	Total
Employed Full-Time	(n = 16)	(n = 13)	(n = 23)	(n = 334)	(n ≥ 479)
Solo practice	(n < 25)			39.8	40.2
Group practice exclusively with other audiologists				30.8	29.1
Group practice with audiologists and speech-language pathologists				3.0	3.0
Group practice with other disciplines				24.9	25.4
Employed Part-Time	(n = 8)	(n = 3)	(n = 7)	(n = 108)	(n ≥ 156)
Solo practice	(n < 25)			42.6	45.3
Group practice exclusively with other audiologists				19.4	19.0
Group practice with audiologists and speech-language pathologists				5.6	5.4
Group practice with other disciplines				28.7	25.6

Table 3: Private Practice Clients

Q18. How many different clients do you see at this private practice in a typical month?

➤ Working in private practice

Private Practice Clients	Schools	Colleges & Universities	Hospitals	Nonresidential Health Care Facilities	Total
Employed Full-Time	(n = 10)	(n = 10)	(n = 19)	(n = 287)	(n = 406)
Mean	(n < 25)			159	150
Median				120	120
Mode				100	100
Standard Deviation				130.944	129.195
Employed Part-Time	(n = 7)	(n = 2)	(n = 6)	(n = 91)	(n = 132)
Mean	(n < 25)			67	63
Median				60	51
Mode				60	60
Standard Deviation				52.019	50.797

Table 4: Private Practice Delivery

Q19. Where do you see clients at this private practice? (Circle all that apply.)

➤ Working in private practice

Private Practice Delivery	Schools	Colleges & Universities	Hospitals	Nonresidential Health Care Facilities	Total
Employed Full-Time	(n = 16)	(n = 13)	(n = 23)	(n = 334)	(n ≥ 479)
Clients' homes	(n < 25)			14.1	13.7
Corporate setting				3.6	4.6
Free-standing clinic/office				84.7	79.6
Health care setting				25.4	27.2
Practitioner's home				0.0	0.2
School				3.3	3.7
Employed Part-Time	(n = 8)	(n = 3)	(n = 7)	(n = 108)	(n ≥ 156)
Clients' homes	(n < 25)			8.3	8.1
Corporate setting				1.9	2.2
Free-standing clinic/office				74.1	68.6
Health care setting				23.1	22.6
Practitioner's home				1.9	1.6
School				2.8	6.7

Table 5: Telecoil Recommendation

Q21. How often do you recommend telecoils for hearing aid users to allow access to hearing assistive technology?

Scale: 1 = "Never" to
 5 = "Always"
 NA = "Not familiar"

Response: "Not familiar"	Schools		Colleges & Universities		Hospitals		Nonresidential Health Care Facilities		Total	
	n	%	n	%	n	%	n	%	n	%
Employed Full-Time	184	17.9	171	22.8	314	11.1	529	2.1	1,351	9.1
Employed Part-Time	34	23.5	18	-	93	8.6	209	10.0	421	11.5

Frequency	Schools	Colleges & Universities	Hospitals	Nonresidential Health Care Facilities	Total
Employed Full-Time	(n = 151)	(n = 132)	(n = 279)	(n = 518)	(n = 1,228)
1 = Never	17.2	3.8	2.9	2.5	4.4
2	9.9	5.3	8.2	9.1	8.5
3	17.2	18.2	23.3	27.0	24.4
4	20.5	39.4	40.9	41.1	38.4
5 = Always	35.1	33.3	24.7	20.3	24.3
Employed Part-Time	(n = 26)	(n = 12)	(n = 85)	(n = 188)	(n = 372)
1 = Never	15.4	(n < 25)	2.4	5.9	5.4
2	3.8		9.4	12.2	10.8
3	7.7		22.4	33.3	28.8
4	15.4		41.2	33.3	34.3
5 = Always	57.7		24.7	16.0	20.8

Table 6: Hearing Assistive Technologies

Q22. Which of the following hearing assistive technologies do you dispense? (Circle all that apply.)

Response: "I do not dispense hearing assistive technologies."	Schools		Colleges & Universities		Hospitals		Nonresidential Health Care Facilities		Total	
	n	%	n	%	n	%	n	%	n	%
Employed Full-Time	196	39.3	189	44.4	324	27.2	540	12.4	1,406	24.2
Employed Part-Time	38	36.8	(n < 25)		95	40.0	218	40.4	443	40.1

➤ Dispense hearing assistive technologies

Technologies	Schools	Colleges & Universities	Hospitals	Nonresidential Health Care Facilities	Total
Employed Full-Time	(n = 119)	(n = 105)	(n = 236)	(n = 473)	(n = 1,066)
Alerting devices	20.2	61.9	50.4	56.9	51.6
Amplified telephones (i.e., phones that amplify)	18.5	65.7	62.3	78.4	67.1
Body style FM	54.6	37.1	30.9	28.3	31.9
BTE FM	79.8	76.2	69.5	63.8	67.4
Cell phone interfaces for hearing aids	5.9	27.6	16.9	29.4	23.6
Hard-wired devices (i.e., personal amplifier)	22.7	53.3	40.3	43.6	41.0
Infrared systems	38.7	42.9	42.8	52.0	47.2
Loop systems	15.1	21.0	11.4	15.2	14.4
Telephone adapters (i.e., in-line adapters you connect to a phone)	9.2	53.3	34.3	52.6	43.3
Telephone amplifiers (i.e., portable battery-powered devices slipped over the receiver)	12.6	54.3	37.7	50.7	43.5
TTY/TDD	11.8	30.5	18.2	15.4	16.7

Table 6: Hearing Assistive Technologies (Continued)

Q22. Which of the following hearing assistive technologies do you dispense? (Circle all that apply.)

Technologies	Schools	Colleges & Universities	Hospitals	Nonresidential Health Care Facilities	Total
Employed Part-Time	(n = 24)	(n = 16)	(n = 57)	(n = 130)	(n ≥ 265)
Alerting devices	(n < 25)		61.4	49.2	49.9
Amplified telephones (i.e., phones that amplify)			63.2	76.9	68.6
Body style FM			35.1	27.7	31.2
BTE FM			63.2	61.5	62.9
Cell phone interfaces for hearing aids			12.3	16.9	14.2
Hard-wired devices (i.e., personal amplifier)			40.4	35.4	35.7
Infrared systems			40.4	39.2	39.0
Loop systems			10.5	10.0	12.3
Telephone adapters (i.e., in-line adapters you connect to a phone)			29.8	36.2	32.3
Telephone amplifiers (i.e., portable battery-powered devices slipped over the receiver)			43.9	45.4	42.0
TTY/TDD			24.6	18.5	19.8

Table 7: Internet Activity

Q20. In the past 12 months, which of the following activities have you undertaken via the Internet? (Circle all that apply.)

Internet Activity	Schools	Colleges & Universities	Hospitals	Nonresidential Health Care Facilities	Total
Employed Full-Time	(n = 196)	(n = 189)	(n = 324)	(n = 540)	(n ≥ 1,405)
Maintained products (e.g., discussed hearing aid device problems with manufacturers)	38.8	31.2	39.2	39.3	38.3
Maintained professional Web site (e.g., service advertisement)	10.2	24.3	14.2	27.8	21.5
Ordered equipment or products (e.g., hearing aids)	35.7	47.6	42.9	51.1	46.3
Participated in Web-enhanced teleseminars or forums for CEUs	16.3	28.6	37.7	28.9	29.9
Provided clinical services (e.g., via e-mail or chat program)	17.3	18.5	21.3	17.4	18.8
Provided products (e.g., hearing assistive technology or hearing aid batteries)	7.1	6.3	12.0	11.9	10.7
Submitted billing claims	5.6	5.3	7.4	26.9	16.4
Employed Part-Time	(n = 38)	(n = 23)	(n = 95)	(n = 218)	(n = 443)
Maintained products (e.g., discussed hearing aid device problems with manufacturers)	28.9	(n > 25)	28.4	22.5	24.1
Maintained professional Web site (e.g., service advertisement)	5.3		5.3	10.6	8.6
Ordered equipment or products (e.g., hearing aids)	44.7		32.6	29.8	31.3
Participated in Web-enhanced teleseminars or forums for CEUs	13.2		31.6	26.6	26.8
Provided clinical services (e.g., via e-mail or chat program)	18.4		17.9	10.1	12.9
Provided products (e.g., hearing assistive technology or hearing aid batteries)	7.9		4.2	7.3	6.3
Submitted billing claims	10.5		3.2	14.7	11.0

Table 8: Primary Referral Sources

Q23. In the past 12 months what were the primary sources of your referrals? (Circle up to three.)

➤ Respondent chose between 1 and 3 sources

Referral Sources	Schools	Colleges & Universities	Hospitals	Nonresidential Health Care Facilities	Total
Employed Full-Time	(n = 130)	(n = 109)	(n = 234)	(n = 443)	(n ≥ 1,038)
Advertising (e.g., Yellow Pages)	6.2	13.8	3.8	36.8	22.9
ASHA's ProSearch	-	-	-	-	-
Client/patient referrals	21.5	76.1	33.8	65.7	53.2
ENTs	16.9	34.9	85.5	61.9	60.7
Family practice physicians	20.0	26.6	58.5	54.2	49.3
Internists	1.5	3.7	22.2	11.1	12.3
Managed care organizations	3.1	5.5	4.7	8.6	6.7
Other audiologists	17.7	22.0	9.8	4.5	8.9
Pediatricians	19.2	14.7	43.2	19.9	25.6
Schools	81.5	33.9	9.8	6.5	17.7
Speech-language pathologists	33.8	24.8	3.0	0.9	7.0
Walk-in	3.1	10.1	5.6	9.5	8.0
Employed Part-Time	(n = 28)	(n = 11)	(n = 72)	(n = 166)	(n ≥ 328)
Advertising (e.g., Yellow Pages)	-	(n < 25)	1.4	17.5	11.6
ASHA's ProSearch	-		-	0.6	0.4
Client/patient referrals	21.4		38.9	51.2	47.0
ENTs	14.3		79.2	74.7	70.5
Family practice physicians	7.1		63.9	49.4	49.1
Internists	3.6		20.8	11.4	13.1
Managed care organizations	-		5.6	5.4	4.9
Other audiologists	14.3		9.7	4.8	7.7
Pediatricians	14.3		45.8	24.1	28.6
Schools	92.9		8.3	6.6	13.9
Speech-language pathologists	14.3		2.8	3.0	4.0
Walk-in	7.1		1.4	7.8	6.3

Table 9: Reimbursement

Q24. What percentage of your practice reimbursement for professional services (excluding devices) comes from each source below? (Total must equal 100%.)

- Limited to individuals whose responses totaled 100%.
- Each cell **includes** individuals who reported “0” for that specific source of reimbursement.
- Column percents **will** equal 100% for individual facilities.
- Mean values reported.

Sources	Schools	Colleges & Universities	Hospitals	Nonresidential Health Care Facilities	Total
Employed Full-Time	(n = 51)	(n = 87)	(n = 188)	(n = 373)	(n = 809)
Private/self-pay	17.7	63.0	13.0	37.7	32.0
PPO or MCO	4.0	6.5	20.4	19.1	17.5
Other private insurance (excluding PPO and MCO)	3.4	4.4	7.0	9.1	7.8
Medicare	6.2	6.2	15.7	19.4	16.6
Medicaid	10.4	7.4	23.1	9.7	13.2
Federal Employee Health Benefit Program	2.4	0.1	0.2	0.9	0.7
Military –TRICARE	0.1	1.9	4.6	1.3	2.2
Military –Veterans Affairs	0.1	2.5	14.4	0.5	4.4
Other	55.8	7.9	1.7	2.2	5.7
Employed Part-Time	(n = 12)	(n = 9)	(n = 43)	(n = 106)	(n = 203)
Private/self-pay	(n < 25)		6.4	27.4	23.1
PPO or MCO			21.3	26.9	23.6
Other private insurance (excluding PPO and MCO)			7.1	9.2	7.9
Medicare			17.7	20.2	18.0
Medicaid			24.4	10.3	14.5
Federal Employee Health Benefit Program			0.3	0.3	0.3
Military –TRICARE			5.3	1.0	2.0
Military –Veterans Affairs			14.0	0.1	3.5
Other			3.6	4.5	7.1

Table 9: Reimbursement (Continued)

Q24. What percentage of your practice reimbursement for professional services (excluding devices) comes from each source below? (Total must equal 100%.)

- Limited to individuals whose responses totaled 100%.
- Each cell **excludes** individuals who reported “0” for that specific source of reimbursement.
- Column percents **will not** equal 100% for individual facilities.
- Mean values reported.

Sources	Schools		Colleges & Universities		Hospitals		Nonresidential Health Care Facilities		Total			
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		
Employed Full-Time												
Private/self-pay	(n < 25)		80	68.5	116	21.1	348	40.4	659	39.3		
PPO or MCO			27	21.0	135	28.4	310	23.0	586	24.2		
Other private insurance (excluding PPO and MCO)			(n < 25)		80	16.3	230	14.8	414	15.2		
Medicare					102	28.9	261	27.8	474	28.2		
Medicaid				29	22.1	125	34.7	230	15.8	475	22.5	
Federal Employee Health Benefit Program					(n < 25)		57	6.1	91	6.6		
Military –TRICARE					(n < 25)		39	22.2	77	6.3	150	11.9
Military –Veterans Affairs						31	87.1	(n < 25)		71	49.8	
Other			32	88.9			(n < 25)		44	18.4	119	38.4
Employed Part-Time												
Private/self-pay	(n < 25)				(n < 25)		87	33.4	148	31.6		
PPO or MCO					31	29.5	80	35.6	143	33.4		
Other private insurance (excluding PPO and MCO)					(n < 25)		50	19.4	90	17.8		
Medicare					25	30.4	68	31.5	117	31.2		
Medicaid					28	37.5	50	21.9	103	28.6		
Federal Employee Health Benefit Program							(n < 25)		(n < 25)			
Military –TRICARE							(n < 25)		29	14.0		
Military –Veterans Affairs							(n < 25)		(n < 25)			
Other									27	54.1		

Table 10: Audiologic Rehabilitation Services

Q25. Which of the following audiologic rehabilitation (AR) services do you provide? (Circle all that apply. Exclude services related to hearing aid dispensing.)

Response: "I do not provide AR services"	Schools		Colleges & Universities		Hospitals		Nonresidential Health Care Facilities		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Employed Full-Time	196	18.9	189	27.5	324	13.9	540	11.7	1,406	15.6
Employed Part-Time	38	21.1	<i>(n < 25)</i>		95	23.2	218	20.6	443	21.7

➤ Provide audiologic rehabilitation services

Audiologic Rehabilitation	Schools	Colleges & Universities	Hospitals	Nonresidential Health Care Facilities	Total
Employed Full-Time	(<i>n</i> = 147)	(<i>n</i> = 113)	(<i>n</i> = 264)	(<i>n</i> = 461)	(<i>n</i> = 1,089)
Fitting and orientation of assistive listening devices	87.1	72.6	67.4	77.0	74.9
Cerumen management	18.4	33.6	36.4	58.6	43.1
Counseling on communication strategies	86.4	94.7	84.8	88.1	88.2
Postfitting adjustments	57.1	85.0	86.7	92.2	84.3
Postfitting self-assessment questionnaires	24.5	71.7	34.5	31.9	35.4
Speech reading	11.6	42.5	4.9	5.2	10.1
Employed Part-Time	(<i>n</i> = 29)	(<i>n</i> = 13)	(<i>n</i> = 67)	(<i>n</i> = 158)	(<i>n</i> = 290)
Fitting and orientation of assistive listening devices	96.6	<i>(n < 25)</i>	58.2	60.1	62.8
Cerumen management	10.3		32.8	38.6	32.4
Counseling on communication strategies	86.2		82.1	85.4	84.8
Postfitting adjustments	48.3		82.1	85.4	79.7
Postfitting self-assessment questionnaires	20.7		37.3	23.4	28.6
Speech reading	13.8		4.5	5.7	6.9

Table 11: Delivery Method of Audiologic Rehabilitation Services

Q26. What percentage of your AR services is provided to individuals and in groups? (Means)

- Limited to individuals who provide audiologic rehabilitation services.
- Limited to individuals whose responses totaled 100%.
- Each cell **includes** individuals who reported "0" for that specific delivery method.
- Column percents **will** equal 100% for individual facilities.
- Mean values reported.

Delivery Method	Schools	Colleges & Universities	Hospitals	Nonresidential Health Care Facilities	Total
Employed Full-Time	(n = 140)	(n = 110)	(n = 254)	(n = 445)	(n = 1,070)
To individuals	91.5	88.2	96.9	97.3	95.8
In groups	8.5	11.8	3.1	2.7	4.2
Employed Part-Time	(n = 28)	(n = 12)	(n = 63)	(n = 146)	(n = 293)
To individuals	93.0	(n < 25)	96.4	98.8	97.6
In groups	7.0		3.6	1.2	2.4

- Limited to individuals who provide audiologic rehabilitation services.
- Limited to individuals whose responses totaled 100%.
- Each cell **excludes** individuals who reported "0" for that specific delivery method.
- Column percents **will not** equal 100% for individual facilities.
- Mean values reported.

Delivery Method	Schools		Colleges & Universities		Hospitals		Nonresidential Health Care Facilities		Total	
	n	%	n	%	n	%	n	%	n	%
Employed Full-Time										
To individuals	139	92.2	109	89.0	254	96.9	442	97.9	1,064	96.3
In groups	42	28.2	45	28.8	33	23.7	61	19.8	186	24.1
Employed Part-Time										
To individuals	28	93.0	(n < 25)		62	98.0	146	98.8	292	98.0
In groups	(n < 25)					(n < 25)		(n < 25)		29

Table 12: Charges for Audiologic Rehabilitation Services

Q27. How often do you charge separately for AR services?

Scale: 1 = "Never" to
5 = "Always"

➤ Provide audiologic rehabilitation services

Frequency	Schools	Colleges & Universities	Hospitals	Nonresidential Health Care Facilities	Total
Employed Full-Time	(n = 92)	(n = 108)	(n = 229)	(n = 454)	(n = 1,010)
1 Never	84.8	41.7	62.4	65.4	64.3
2	7.6	24.1	16.6	18.9	17.8
3	1.1	14.8	9.2	10.4	9.7
4	2.2	5.6	4.4	3.1	3.5
5 Always	4.3	13.9	7.4	2.2	4.7
Employed Part-Time	(n = 26)	(n = 12)	(n = 59)	(n = 152)	(n = 294)
1 Never	69.2	(n < 25)	67.8	75.0	72.1
2	7.7		11.9	13.8	13.2
3	0.0		5.1	7.2	6.1
4	7.7		3.4	0.7	2.1
5 Always	15.4		11.9	3.3	6.6

Table 13: Service Delivery for Culturally and Linguistically Diverse Populations

Q28. In the past 12 months, which clinical approaches have you used in service delivery with culturally and linguistically diverse populations? (Circle all that apply.)

Service Delivery Modes	Schools	Colleges & Universities	Hospitals	Nonresidential Health Care Facilities	Total
Employed Full-Time	(n = 196)	(n = 189)	(n = 324)	(n = 540)	(n ≥ 1,405)
Alternate methods of speech audiometry assessment	34.7	29.6	39.5	41.3	38.0
Referral to colleagues (i.e., bilingual service providers)	14.8	12.2	14.8	13.9	13.8
Reliance on electrophysiologic measures	21.4	19.0	25.6	26.1	24.3
Specific marketing/outreach campaigns	1.5	3.2	2.8	3.0	2.8
Translated written materials including consumer information, test instructions	30.1	23.3	37.0	24.6	28.4
Use of interpreter/translator	67.9	49.2	67.3	63.3	62.7
Use of prerecorded materials in other languages	6.1	15.9	15.1	9.6	11.2
Employed Part-Time	(n = 38)	(n = 23)	(n = 95)	(n = 218)	(n ≥ 442)
Alternate methods of speech audiometry assessment	36.8	(n < 25)	38.9	31.7	33.6
Referral to colleagues (i.e., bilingual service providers)	28.9		11.6	10.1	11.3
Reliance on electrophysiologic measures	26.3		26.3	15.6	18.7
Specific marketing/outreach campaigns	2.6		1.1	1.4	1.4
Translated written materials including consumer information, test instructions	34.2		35.8	13.8	20.3
Use of interpreter/translator	73.7		66.3	55.5	58.0
Use of prerecorded materials in other languages	10.5		11.6	8.3	9.4

Table 14: Proficiency With Providing Service to Multicultural Populations

Q29. How qualified do you believe you are to provide services to multicultural populations?

Scale: 1 = "Not at all qualified" to
5 = "Very qualified"

How Qualified	Schools	Colleges & Universities	Hospitals	Nonresidential Health Care Facilities	Total
Employed Full-Time	(n = 177)	(n = 151)	(n = 299)	(n = 511)	(n = 1,282)
1 Not at all qualified	9.6	3.3	5.7	12.1	9.2
2	22.6	15.2	18.7	32.1	25.7
3	33.3	48.3	39.8	36.2	37.9
4	20.3	26.5	25.4	14.7	19.6
5 Very qualified	14.1	6.6	10.4	4.9	7.6
Employed Part-Time	(n = 36)	(n = 16)	(n = 90)	(n = 210)	(n = 419)
1 Not at all qualified	2.8	(n < 25)	3.3	16.7	12.2
2	27.8		23.3	31.9	29.3
3	36.1		40.0	33.3	35.4
4	25.0		22.2	15.2	17.9
5 Very qualified	8.3		11.1	2.9	5.2