



SLP HEALTH CARE SURVEY 2009



Private Practice Owners

For additional information, please contact
Jeanette Janota, Surveys & Information Team
American Speech-Language-Hearing Association
Rockville, MD 20850
800-498-2071, ext. 8738
jjanota@asha.org

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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 2009. The survey was designed to provide information about health care-based service delivery and to update and expand information gathered during previous Omnibus and SLP Health Care Surveys. The results are presented in a series of reports.

This report is based on responses from SLPs who reported they are owners or co-owners of a private practice. They identified their primary work setting from among a list of six types of health care facilities: general medical hospitals, rehabilitation (rehab) hospitals, pediatric hospitals, skilled nursing facilities (SNFs), home health agencies and clients' homes, and outpatient clinics and offices.

Highlights:

- ◆ 96% held master's degrees.
- ◆ 94% were female.
- ◆ Mean and median age was 47.
- ◆ 3% were Hispanic or Latino.
- ◆ Median for years of experience was 20.
- ◆ 47% worked in outpatient clinics or offices.
- ◆ 36% worked in the South.
- ◆ 50% worked in suburban areas.
- ◆ 53% worked full-time.
- ◆ Private pay was the most common payment source (91%).
- ◆ 38% of treatment time with *pediatric* patients was in the area of language.
- ◆ 30% of treatment time with *adults* was in the area of swallowing.
- ◆ 65% said ASHA was doing an excellent or good job serving its health care members.

Who They Are

The data in this report were gathered from the 473 speech-language pathologists who indicated on ASHA's 2009 Health Care Survey that they were owners or co-owners of a private practice. The number of respondents is less than 473 for those questions that some participants chose not to answer.

Highest Degree

- ◆ Of the SLPs who were owners ($n = 472$),
 - ◆ 96% had a master's as their highest degree
 - ◆ 4% had a doctoral degree

Sex

- ◆ Of the SLPs who were owners ($n = 472$),
 - ◆ 94% were female
 - ◆ 7% were male

Age

- ◆ Of the SLPs who were owners ($n = 465$),
 - ◆ the median age was 47
 - ◆ the mean age was 47
 - ◆ the modal age was 55

Ethnicity

- ◆ Of the SLPs who were owners ($n = 466$),
 - ◆ 97% were not Hispanic or Latino
 - ◆ 3% were Hispanic or Latino

Race

- ◆ Of the SLPs who were owners ($n = 467$),
 - ◆ 94% were white
 - ◆ 2% were Black or African American
 - ◆ 2% were Asian
 - ◆ <1% were American Indian or Alaska Native
 - ◆ <1% were Native Hawaiian or Other Pacific Islander
 - ◆ <1% were multiracial

Years of Experience

Years of experience influenced the likelihood of owning a private practice ($p = .000$). For example, of SLPs who had 1-3 years of experience, 7% were owners; of SLPs with 28-30 years of experience, 46% were owners.

- ◆ The median number of years of experience for the SLPs who were owners was 20 ($n = 472$).

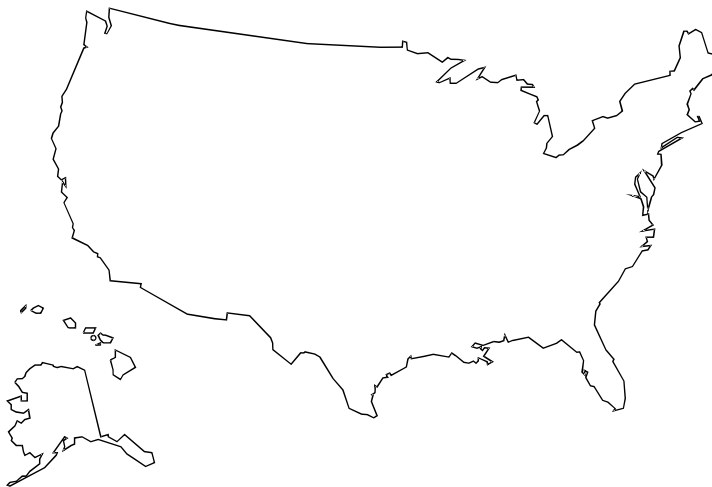
Facility

- ◆ Of the SLPs who were owners ($n = 465$),
 - ◆ 7% who worked in rehab hospitals were owners, as were
 - ◆ 9% in SNFs
 - ◆ 10% in general medical hospitals
 - ◆ 13% in pediatric hospitals
 - ◆ 43% in home health agencies or clients' homes
 - ◆ 47% in outpatient clinics or offices ($p = .000$)

Geographic Region

- ◆ Of the SLPs who were owners ($n = 469$),
 - ◆ 15% worked in the Midwest
 - ◆ 23% in the Northeast
 - ◆ 26% in the West
 - ◆ 36% in the South

- ◆ 17% who worked in the Midwest were owners, as were
- ◆ 27% in the South
- ◆ 31% in the Northeast
- ◆ 35% in the West ($p = .000$)



Population Density

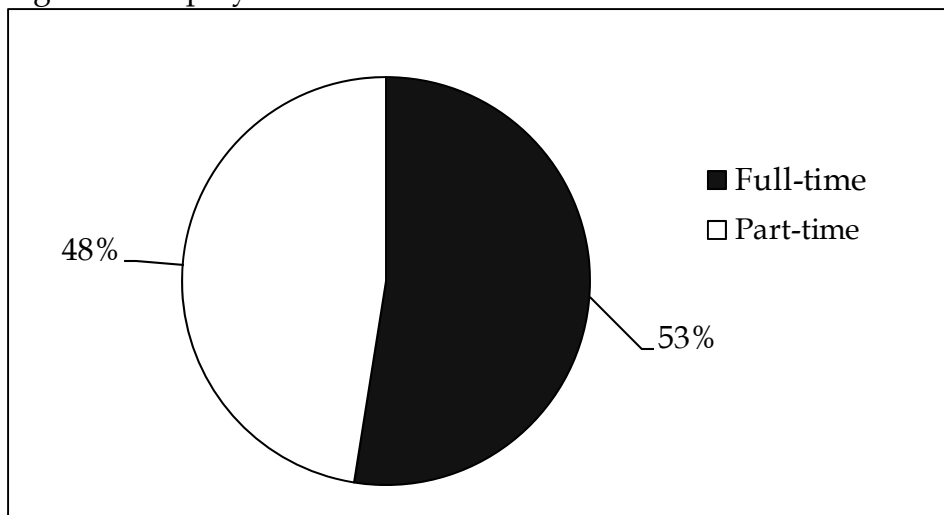
- ◆ Of the SLPs who were owners ($n = 463$),
 - ◆ 14% worked in rural areas
 - ◆ 36% worked in metropolitan/urban areas
 - ◆ 50% worked in suburban areas ($p = .082$)

Their Practices

Full-Time, Part-Time

Private practice owners were fairly evenly distributed between those who worked full-time (30 or more hours per week) and those who worked part-time (see Figure 1).

Figure 1. Employed Full- or Part-Time



$n = 458$

Owners in the West (57%) and the South (59%) were more likely to be employed *full-time* than part-time. However, owners in the Midwest (55%) and Northeast (57%) were more likely to work *part-time* than full-time ($p = .033$). There was no difference in hours worked based on type of facility, population density, or years of experience.

Size of Staff

SLPs were asked to describe the size of their staff by providing a count of

- ◆ SLPs, including themselves
- ◆ office staff
- ◆ other clinical providers (e.g., occupational therapists, physical therapists, and social workers).

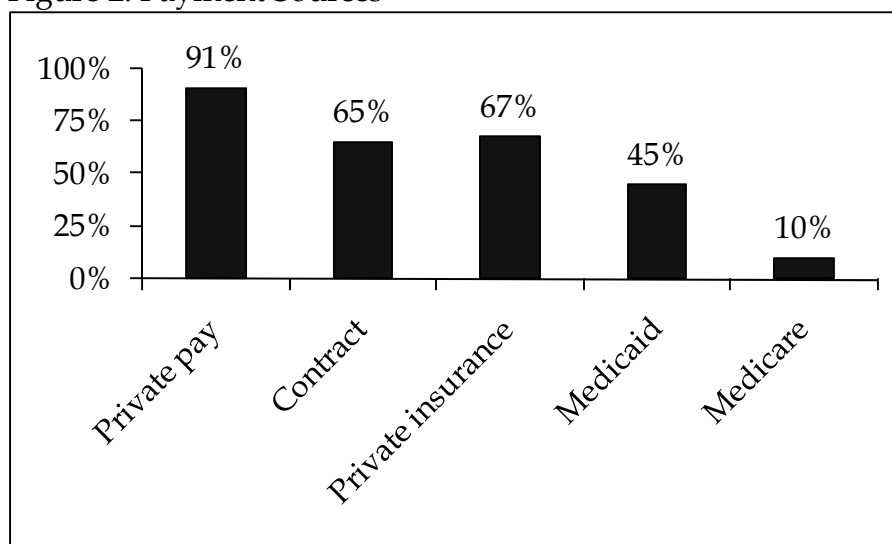
The mean number of SLPs in practices was 2.7, and this did not vary significantly by type of facility, region of the country, population density, or years of experience.

The average size of the office staff was 1.0 people, and there was an average of 1.7 other clinical providers in the private practice office.

Source of Payments

SLPs were invited to select from a list of five sources of payments for services. The most common source was private pay (see Figure 2). At the time of the survey, private practitioners were not eligible to bill Medicare directly (see Changes in Medicare Billing section on page 9). Owners who indicated that Medicare was a source of payment billed through their facility.

Figure 2. Payment Sources



n ≥ 320

Cell sizes were too small to compare payment source by type of facility, and payment source did not differ significantly by years of experience. However, payment sources did vary by other characteristics.

By region of the country:

- ◆ Reimbursement from an agency or school contract ranged from 58% in the South to 81% in the Northeast (*p* = .006).
- ◆ Medicaid was reported as a source by 16% of SLPs in the Northeast, 41% in the Midwest, 47% in the West, and 57% in the South (*p* = .000).

By population density:

- ◆ Reimbursement from an agency or school contract ranged from 57% in metropolitan areas to 79% in rural areas (*p* = .009).
- ◆ Medicaid was reported as a source twice as often in rural areas (75%) as in suburban (37%) and metropolitan areas (38%; *p* = .000).

Who They Treat

The ages of populations served by private practice owners were fairly evenly distributed:

- ◆ 24% of their services were delivered to infants and toddlers
- ◆ 26% to preschoolers
- ◆ 28% to school-age children
- ◆ 23% to adults



Pediatric

Of those who treated pediatric patients ($n = 379$),

- ◆ 1% of their time was spent on prevention/wellness
- ◆ 2% on voice/resonance
- ◆ 5% on fluency
- ◆ 9% on swallowing and feeding
- ◆ 12% on cognitive communication
- ◆ 27% on articulation-phonology
- ◆ 38% on language
- ◆ 5% on other areas

Two of the areas of intervention with pediatric patients varied significantly by facility type:

- ◆ Fluency services ranged from 2% of time spent in home health agencies and clients' homes to 26% in rehab hospitals ($p = .000$).
- ◆ Swallowing services ranged from 7% of time spent in outpatient offices and clinics to 23% in pediatric hospitals ($p = .020$).

Adults

Of the private practice owners who treated adult patients ($n = 211$),

- ◆ 6% of their time was spent on accent modification/communication effectiveness
- ◆ 6% on cognitive communication: TBI
- ◆ 7% on cognitive communication: dementia
- ◆ 5% on cognitive communication: other
- ◆ 9% on motor speech
- ◆ 11% on voice/resonance
- ◆ 17% on aphasia
- ◆ 30% on swallowing
- ◆ 9% on other areas

Four of the areas of intervention with adults varied significantly by facility type:

- ◆ Time spent on cognitive communication: dementia ranged from 4% in rehab hospitals to 16% in SNFs ($p = .000$).
- ◆ Swallowing services ranged from 15% in outpatient clinics and offices to 58% of time in SNFs ($p = .000$).
- ◆ Voice/resonance services ranged from 2% in SNFs to 19% in outpatient clinics or offices ($p = .000$).
- ◆ The range for other area of intervention was 0%-14% ($p = .018$).

Years of experience had no effect on the types of services provided.



What They Earn: Annual Salaries

The salaries in this report are median salaries (the one in the middle when salaries are ordered from lowest to highest). Salaries are presented only when there are sufficient cases, that is, a minimum of 25 respondents.

Only 102 private practice owners reported an annual salary, and their median annual salary was \$70,000.

What They Earn: Hourly Wages

The median number of weekly hours worked by owners who received an hourly wage was 20. Owners who worked up through 20 hours per week ($n = 96$) earned a median hourly wage of \$90.00. The other half ($n = 98$) worked more than 20 hours, and their median hourly wage was \$60.00.

Facility

Private practice owners who worked up through 20 hours per week in outpatient clinics or offices earned a median hourly wage of \$92.75, while those working more than 20 hours earned \$70.00 per hour.

The number of private practice owners who worked in the other types of facilities and earned an hourly wage was too small to report their results.

Region of the Country

The highest median hourly wages were in the Northeast for private practice owners working up to 20 hours a week and in the South for longer work weeks (see Table 1).

Region	20 or fewer hours		More than 20 hours	
	\$	n	\$	n
Northeast	95.00	27	$n < 25$	22
Midwest	$n < 25$	14	$n < 25$	12
South	80.00	25	60.00	37
West	90.00	30	53.00	27

Population Density

Most of the private practice owners who worked 20 or fewer hours were located in suburban areas. Their median hourly wage was \$90.00 (see Table 2).

Population Setting	20 or fewer hours		More than 20 hours	
	\$	n	\$	n
Metropolitan/urban	82.00	31	65.00	39
Suburban	90.00	54	57.50	38
Rural	$n < 25$	8	$n < 25$	20

What They Earn: Per Visit

In previous years, SLPs in health care were asked whether they received an annual or an hourly wage. Beginning with the 2009 SLP Health Care Survey, they were given the additional reporting option of being paid *per visit*.

Only 95 private practice owners reported a per visit wage. Their median was \$73.86.

Changes in Medicare Billing

The initial mailing of the survey took place 4 months before changes in Medicare billing were to take effect. Owners were asked which of three Medicare billing possibilities best described them:

- 67% said they had no plans to become Medicare providers.
- 24% said they would begin seeing Medicare patients in their private practice.
- 8% said they would become private practitioners to treat Medicare patients.

Responses varied by both region of the country ($p = .007$) and population density ($p = .029$).

- Owners in the *Northeast* were the most likely group to suggest that they would begin seeing Medicare patients in their private practice (30%); owners in the Midwest were least likely (19%). *Rural* owners were more likely than others to make this statement as well (36%).
- Owners in metropolitan/urban (70%) and suburban (71%) areas were more likely than those in rural areas (50%) to state that they had no plans to become a Medicare provider.

What They Say About ASHA

The first question on the Health Care Survey asked about the kind of job the Association is doing in serving its health care members. A few owners (5%) said poor, nearly one third (30%) said fair, more than half (55%) said good, and 10% said excellent ($n = 444$).

- Owners in the Northeast (15%) were the most likely group to say excellent, followed by 13% of owners in the South, 9% in the Midwest, and 6% in the West.
- Owners in the Northeast (7%) were also the most likely of the four geographic groups to say poor, compared with 4% in the South and West and 3% in the Midwest ($p = .030$).

Survey Notes and Method- ology

Response Rate

The 20-year-old ASHA Omnibus Survey has been retired, replaced by surveys specific to work settings and/or professions to better meet affiliates' needs. This 2009 ASHA SLP Health Care Survey is one of the replacements and melds topics from both the Omnibus Surveys and previous SLP Health Care Surveys.

The survey was mailed in March 2009 to a random sample of 4,000 ASHA-certified SLPs who were employed in health care settings in the United States. Second (April) and third (May) mailings followed, at approximately 3- or 4-week intervals, to individuals who had not responded to earlier mailings.

The sample was a random sample, stratified by type of facility and by private practice. Small groups, such as pediatric hospitals, were oversampled. Therefore, where results are reported for all respondents ("total"), either in text or tables, they have been weighted to reflect the actual distribution of SLPs in each type of facility within ASHA. All other results, including the number of respondents (*n*) shown, are unweighted.

Of the original 4,000 SLPs in the sample, 11 were retired, 22 had bad addresses, 18 were not employed in the field, and 169 were employed in other types of facilities, leaving 3,780 possible respondents. The actual number of respondents was 2,064, resulting in a 54.6% response rate. The results presented in this report are based on responses from 473 of those 2,064 individuals who were owners or co-owners of private practices.

Other Reports

Results from the 2009 SLP Health Care Survey are presented in a series of reports:

- Survey Summary Report
- Caseload Characteristics
- Workforce and Work Conditions
- Annual Salary Report
- Hourly and Per Visit Salary Report
- Private Practice Owners
- Survey Methodology, Respondent Demographics, and Glossary

Suggested Citation

American Speech-Language-Hearing Association. (2009). *ASHA SLP Health Care Survey 2009: Private practice owners report*. Rockville, MD: Author.

Supplemental Sources

American Speech-Language-Hearing Association. (2009). *Medicare and SLPs in private practice*. Available from www.asha.org/practice/reimbursement/medicare/SLPprivatepractice.htm. (Members only)

American Speech-Language-Hearing Association. (2009). *Private practice resources*. Available from www.asha.org/slp/ppresources.htm. (Members only)

Thank You

ASHA would like to thank the speech-language pathologists who completed the 2009 Health Care Survey. Reports like this one are possible only because people like *you* participated. If you find this information valuable, please accept the invitation 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.



Additional Information

For additional information regarding the 2009 SLP Health Care Survey, please contact Amy Hasselkus, Associate Director of Health Care Services, at 800-498-2071, ext. 5686, ahasselkus@asha.org, or Janet Brown, Director of Health Care Services, at ext. 5679, jbrown@asha.org. To learn more about resources for ASHA members working in health care, visit ASHA's Web site at www.asha.org/members/slp/healthcare.