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Association

SPEECH-LANGUAGE PATHOLOGISTS (SLPS) ARE THE MOST QUALIFIED PROVIDERS FOR DYSPHAGIA SERVICES

A Resource for Administrators and Rehabilitation Managers/Directors

FACT: ASHA does not support the replacement of SLPs with other disciplines for reimbursement purposes.

ASHA maintains that speech-language pathologists (SLPs) are the most qualified providers of dysphagia services in all practice settings. Although SLPs work collaboratively with other disciplines in highly skilled interprofessional teams, SLPs are the only professionals that have advanced training, skills, and knowledge to provide comprehensive dysphagia assessment.

FACT: Administrative decisions to use professionals other than SLPs as the primary providers of dysphagia services present significant risk to patients and to the health care organization.

Replacing SLPs with clinicians from other disciplines that do not have the appropriate training places patients at risk for inadequate care, which could lead to potentially preventable adverse health outcomes such as aspiration pneumonia, choking, and dehydration. Negative health outcomes such as hospital readmissions could lead to payment penalties, survey and certification citations, and liability actions against the facility that could cost it money and/or its license to operate.

FACT: SLPs are the only discipline uniquely trained in the comprehensive assessment and management of swallowing disorders across the lifespan.

Entry-level professional standards for ASHA-certified SLPs indicate that all practicing SLPs possess knowledge of "Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span" (Standard IV-C) and "basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases" (Standard IV-B). Beyond the entry-level knowledge and skills, SLPs continue to acquire extensive specialized continuing education in swallowing and swallowing disorders.

FACT: Insurers pay the same amount for dysphagia services, regardless of the provider.

Payer policies may further bolster the unique qualifications of SLPs in dysphagia evaluation and treatment. For example, the Centers for Medicare & Medicaid Services (CMS) states that "it is important that only qualified professionals with specific training and experience in this disorder provide evaluation and treatment" (*Medicare Benefit Policy Manual* [PDF], Section 230.3). CMS also notes that "Swallowing assessment and rehabilitation are highly specialized services. The professional rendering care must have education, experience and demonstrated competencies. Competencies include but are not limited to: identifying abnormal upper aerodigestive tract structure and function; conducting an oral, pharyngeal, laryngeal and respiratory function examination as it relates to the functional assessment of swallowing; recommending methods of oral intake and risk precautions; and developing a treatment plan employing appropriate compensations and therapy techniques" (*Medicare Benefit Policy Manual* [PDF], Section 230.3). SLPs are the only rehabilitation professionals who have this level of specialized

training to provide dysphagia services. CMS does not discuss provision of dysphagia-related services as being within the scope of any other discipline, including occupational therapy.

FACT: ASHA does not support using SLPs to cross-train other disciplines on skilled clinical tasks within the scope of practice for SLPs.

The foundation of knowledge and skills in swallowing and feeding is not easily transferable to other professions. Competency in the complex clinical area of swallowing cannot be achieved in a brief training session. Requesting SLPs to cross-train skilled services places the SLP in a position of potentially violating ASHA Code of Ethics principles related to delegation of tasks (Principle I, Rules E–G) and is in conflict with ASHA's resource on multiskilling that states, "other responsibilities—especially those requiring discipline-specific knowledge or professional judgment—should remain within the scope of the trained, credentialed provider."

FACT: Multiple alternatives to health care organizations using other disciplines to provide dysphagia services exist.

These alternatives include the following actions:

- Optimize expanded telepractice for dysphagia management.
- Establish mentoring programs that enable experienced SLPs to train other SLPs who are less experienced with dysphagia (e.g., early-career professionals, Clinical Fellows, clinicians transitioning from other settings).
- Foster environments that allow time for an interdisciplinary approach to care and collaboration among disciplines.
- Use ASHA's Career Portal and other marketing opportunities to advertise job openings and to recruit clinicians.
- Conduct a market analysis, and use data from the ASHA health care survey to assess barriers to hiring desired applicants.
- Implement or elevate ways to demonstrate that the health care organization values and respects SLPs and the services they provide.
- Explore ways to alleviate staffing challenges: For example, use travel or independently contracted clinicians, offer clinicians from other company facilities bonuses or additional pay, or reach out to other local facilities.

For questions related to speech-language pathology services, contact ASHA's Health Care Services in Speech-Language Pathology team at Healthservices@asha.org or call 301-296-6586.