



2018 AUDIOLOGY SURVEY

Clinical Focus Patterns

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Executive Summary

In Fall 2018, the American Speech-Language-Hearing Association (ASHA) conducted a survey of audiologists. This survey was designed to provide information about salaries, working conditions, and service delivery, as well as to update and expand information gathered from previous ASHA *Audiology Surveys*.

The results are presented in a series of reports. This *Clinical Focus Patterns Report* is based on responses from audiologists in colleges and universities, hospitals, audiology franchises and retail chains, nonresidential health care facilities (including audiologists' and physicians' offices), and industry.

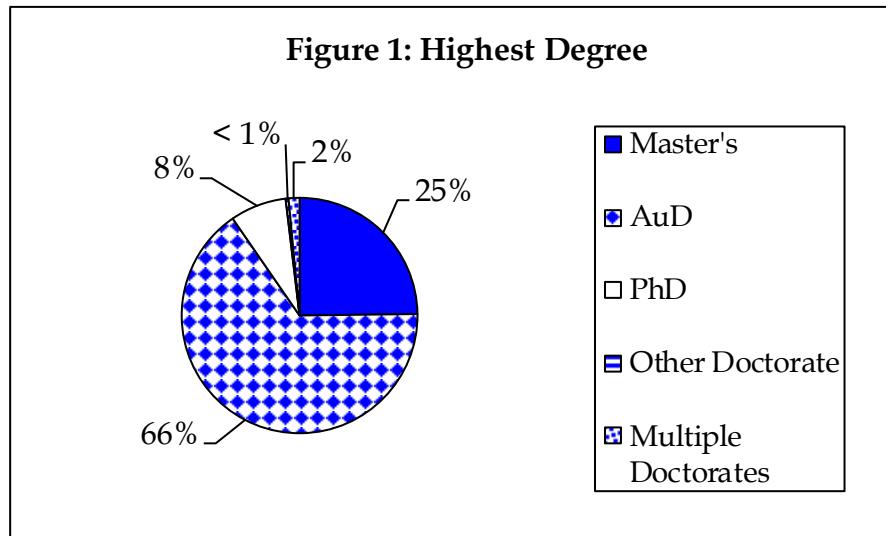
Highlights

- ◆ 66% of respondents held an AuD.
- ◆ 81% were clinical service providers.
- ◆ 51% worked in a metropolitan/urban area.
- ◆ 73% received primarily an annual salary.
- ◆ The median number of years of experience was 20.
- ◆ 91% provided information counseling daily or weekly.
- ◆ 33% of clinical service providers worked with a third-party administrator for hearing aid dispensing and related services.
- ◆ 59% bundled all charges.
- ◆ *Audiology Connections* (ASHA's annual magazine) was rated as helpful by more respondents than were six other programs and resources in a list.
- ◆ 90% of clinical service providers used electronic medical records.
- ◆ The median anticipated retirement date was 2033.

Who They Are

Highest Degree

One quarter (25%) of the audiologists who responded to the ASHA 2018 Audiology Survey held a master's as the highest degree; two-thirds (66%) held one doctorate, an AuD, as the highest degree; and 8% held a PhD as the only doctorate. Additionally, fewer than 1% held an *other* type of doctorate ("Other Doctorate"), and 2% held more than one doctorate ("Multiple Doctorates"; see Figure 1).



Note. n = 1,756.

Most of the audiologists at colleges and universities held doctoral degrees (95%) compared with 77% of the audiologists in hospitals, 74% in industry, 72% in nonresidential health care facilities, and 60% in franchises or retail chains ($p = .000$).

Function

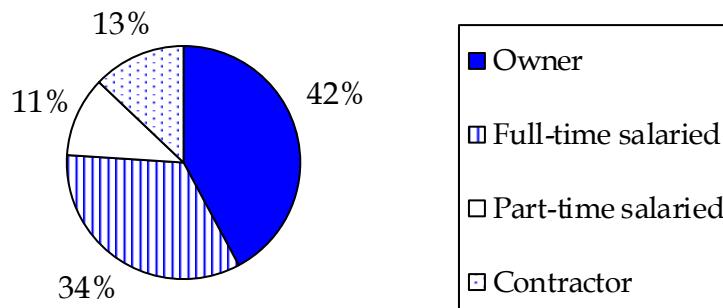
Most of the audiologists were clinical service providers (81%); the remainder worked as college or university faculty or clinical educators (6%); worked as administrators/supervisors/directors (6%); worked in sales, training, or technical support (4%); worked as researchers (2%); worked as consultants (2%); or performed some other function (< 1%).

Facility

For the survey, facilities with small numbers of audiologists were oversampled, and those with large numbers were undersampled. More than half the respondents worked in nonresidential health care facilities (53%), and more than one quarter worked in hospitals (28%). The remaining audiologists were employed in colleges or universities (9%), industry (5%), audiology franchises or retail chains (4%), or some other type of facility (2%).

Population Setting	Half (51%) worked in a metropolitan/ urban area, 38% worked in a suburban area, and 12% worked in a rural area.
Salary Basis	Nearly three-fourths of the respondents received primarily an annual salary (73%), and the rest were paid primarily on an hourly basis (25%) or primarily on commission (2%).
Years of Experience	The median (50th percentile) number of years of experience was 20, ranging from a low of 18 years in hospitals to a high of 22 years in audiology franchises and retail chains and in industry.
Private Practice	Although audiologists who worked in a private practice were oversampled for this survey, only 44% of the respondents who were employed full or part time were affiliated with a private practice. Of those who currently work in private practice, most were owners (42%; see Figure 2).

Figure 2: Involvement in Private Practice



Note. $n = 712$.

Audiologists who worked in private practice were asked to describe the type of practice where they worked ($n = 721$).

- 42% were self-employed in private practice.
- 17% worked in practices owned by other audiologists.
- 41% worked in practices owned by nonaudiologists.

What They Say About

Service Provision

Audiologists who were clinical service providers identified how frequently (daily, weekly, monthly, less often than monthly, or never) they provided each of 14 services. The percentage who provided each service daily or weekly is shown in Table 1. The following services were provided daily or weekly more often than any of the other services: Providing informational counseling (91%) and fitting and dispensing hearing aids (82%).

Table 1: Daily or Weekly Service Provision

Service	%
Audiologic/aural rehabilitation: Provide informational counseling	91
Audiologic/aural rehabilitation: Fit and dispense hearing aids	82
Audiologic/aural rehabilitation: Demonstrate, fit, or dispense hearing assistive technology	68
Verify performance of hearing aids using real-ear measures*	54
Perform cerumen management	39
Validate treatment outcomes using self-report questionnaires	34
Validate treatment outcomes using speech-in-noise testing	34
Provide vestibular assessment and/or rehabilitation	26
Audiologic/aural rehabilitation: Provide auditory training	25
Provide tinnitus assessment/rehabilitation	20
Provide hearing conservation services	13
Program cochlear implants (CIs)	11
Audiologic/aural rehabilitation: Fit and dispense personal sound amplification products (PSAPs)	7
Provide telepractice services	4

Note. $n \geq 1,265$. *Of the audiologists who fit and dispense hearing aids daily, weekly, monthly, or less than monthly, 61% verify performance of hearing aids using real-ear measures.

Third-Party Administrators

When asked if they worked with a third-party administrator (e.g., HearUSA, TruHearing) for hearing aid dispensing and related services, 33% of the respondents who were clinical service providers said they did, 58% said they did not, and 10% said the question was not applicable.

Charges for Products and Services

Most of the audiology clinical service providers bundled all charges for products and services (see Table 2).

Table 2: Charges for Products and Services

Method of Charging	%
Bundle all charges	59
Charge separately for professional services and devices	33
Charge for professional services when device was purchased elsewhere	39
Not applicable	15

Note. n = 1,333.

Alternative Payment Models

When asked how familiar they are with the concept of alternative payment models in health care delivery and payment, the most common response was that they had never heard of it (40%). Responses did vary by the type of facility where audiologists were employed ($n = 1,621$; $p = .000$).

- 40% had never heard of it. The range of audiologists who selected this option was between 30% of those in colleges and universities and 44% in hospitals.
- 27% had only *heard* of it, with a range of 24% of audiologists in nonresidential health care facilities to 32% in hospitals selecting this option.
- 30% knew a little about it. The range was from 21% of respondents in hospitals to 34% in nonresidential health care facilities.
- 4% knew a lot about it. The range was from 3% in hospitals and industry to 8% in franchises and retail chains.

Audiology Assistants

Of the 287 clinical service providers who currently supervise audiology assistants, the median number they supervise is 1.0, and the mean is 1.6. There were enough ($n \geq 25$) respondents in hospitals and nonresidential health care facilities to present their data, but they did not differ significantly from one another ($p = .212$).

Programs and Resources

The survey included a list of seven programs and resources that respondents were asked to rate twice: once on helpfulness to them and once on ASHA's performance. They used scales of 1 to 5, where 5 was *very helpful* (for the helpfulness ratings) or *excellent* (for ASHA's performance ratings). At least 50% of the respondents selected *don't know* for 8 of the 14 possible responses.

The three programs or services that received the most ratings of 4 or 5 on helpfulness to them were:

- *Audiology Connections* (ASHA's annual magazine), 24%
- Audiology Information Series patient handouts, 23%
- ASHA's audiology e-newsletter, 22%

The three programs or services that received the most ratings of 4 or 5 on ASHA's performance were:

- *Audiology Connections* (ASHA's annual magazine), 31%
- ASHA's audiology e-newsletter, 29%
- Audiology Information Series patient handouts, 26%



Electronic Medical Records (EMR)

Almost all (90%) of the audiologists who were clinical service providers used EMR on their jobs.

- 81% for clinical documentation
- 79% for scheduling
- 74% for billing

The three most commonly used EMR systems were EPIC (28%), Sycle (14%), and HearForm (7%).

Retirement

When asked to estimate when they expected to retire, the median year identified was 2033, and the mean (the arithmetic average) was 2034 ($n = 1,642$). Mean responses did not vary by type of facility ($p = .267$).

Survey Notes and Methodology

The Audiology Survey has been fielded in even-numbered years since 2004 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 audiologists.

Response Rate

A stratified random sample was used to select 4,500 ASHA-certified audiologists for this survey from a population of 8,293 audiologists. They were stratified based on type of facility and private practice.

The survey was mailed in September 2018. Second and third mailings followed, at approximately 4-week intervals, to individuals who had not responded to earlier mailings.

Of the original 4,500 audiologists in the sample, 44 had undeliverable addresses, nine were retired, and 27 were no longer employed in eligible facilities, leaving 4,420 possible respondents. The actual number of respondents was 1,756, resulting in a 39.7% response rate.

Because facilities with fewer audiologists (such as industry) were oversampled and those with many audiologists (e.g., nonresidential health care facilities) were undersampled, ASHA used *weighting* when presenting data to reflect the actual distribution of audiologists in each type of facility within ASHA.

Audiology Survey Reports

Results from the ASHA 2018 Audiology Survey are shared in a series of reports:

- Annual Salaries
- Hourly Wages
- Clinical Focus Patterns
- Private Practice
- Survey Summary
- Survey Methodology, Respondent Demographics, and Glossary

Suggested Citation	American Speech-Language-Hearing Association. (2019). <i>2018 Audiology Survey report: Clinical focus patterns</i> . Retrieved from www.asha.org
Resources	<p>American Speech-Language-Hearing Association. (n.d.-a). Interprofessional education/interprofessional practice (IPE/IPP). Retrieved from www.asha.org/practice/interprofessional-education-practice/</p> <p>American Speech-Language-Hearing Association. (n.d.-b). Patient information handouts. Retrieved from www.asha.org/aud/pei/</p> <p>American Speech-Language-Hearing Association. (n.d.-c). Person-centered care in audiology. Retrieved from www.asha.org/aud/Person-Centered-Care-in-Audiology/</p> <p>American Speech-Language-Hearing Association. (n.d.-d). Practice Portal for Audiologist. Retrieved from www.asha.org/Practice-Portal/Audiologist/</p> <p>American Speech-Language-Hearing Association. (n.d.-e). Quality improvement for audiologists. Retrieved from www.asha.org/aud/Quality-Improvement-for-Audiologists/</p> <p>American Speech-Language-Hearing Association. (n.d.-f). Subscribe to <i>Access Audiology</i> and read past issues. Retrieved from www.asha.org/Publications/Access-Audiology/</p>
Additional Information	For additional information regarding the <i>ASHA 2018 Audiology Survey</i> , please contact ASHA's audiology practices unit at audiology@asha.org . To learn more about how the Association is working on behalf of ASHA-certified audiologists, visit ASHA's website at www.asha.org/aud/ .
Thank You!	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 the discipline to the Association membership and the public. Thank you!