



2018
AUDIOLOGY SURVEY

Private Practice

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Contents

Executive Summary	1
Who They Are.....	2
Involvement in Private Practice	2
Type of Practice	2
Salary Basis	2
Primary Facility	2
Highest Degree	2
Primary Function	2
Region of the Country	3
Population Setting.....	3
Sex	3
Age	3
Retirement Date.....	3
What They Earn: Annual Salaries.....	4
Private Practice Type.....	5
Highest Degree.....	5
Years of Experience.....	5
Region of the Country	6
Population Setting.....	6
What They Earn: Hourly Wages.....	7
Owner or Employee.....	7
Private Practice Type.....	7
Other Predictors	8
What They Earn: Commissions and Bonuses.....	9
Billing.....	9
Bundling Charges	9
Third-Party Administrators.....	10
Alternative Payment Models.....	10
Student Debt.....	10
What They Say.....	11
About ASHA.....	11
About Service Provision.....	12
About Supervising Audiology Assistants.....	12

Survey Notes and Methodology13
 Response Rate13
 Audiology Survey Reports13

Suggested Citation.....14

Resources14

Additional Information14

Thank You!14

Tables

 Table 1: Median Annual Salary, by Private Practice Type5
 Table 2: Median Annual Salary, by Highest Degree5
 Table 3: Median Annual Salary, by Years of Experience5
 Table 4: Median Annual Salary, by Region of the Country.....6
 Table 5: Median Annual Salary, by Population Setting6
 Table 6: Median Hourly Wages, by Private Practice Type7
 Table 7: Median Hourly Wages for Employees.....8
 Table 8: Alternative Payment Models (%).....10
 Table 9: Services Provided.....12

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 *Audiology Surveys*.

The results are presented in a series of reports. This report is limited to responses from audiologists in private practice.

Highlights

- ◆ 41% of the audiologists who worked in private practice were owners.
- ◆ 68% of private practice audiologists received primarily an annual salary.
- ◆ 63% of private practice audiologists held an AuD as their only doctoral degree.
- ◆ 44% of private practice audiologists worked in the suburbs.
- ◆ The median annual salary for self-employed owners was \$80,000.
- ◆ Median annual salaries were highest in the West: \$118,750 for owners and \$80,699 for employees.
- ◆ The median hourly wage was \$35.77 for full-time employees, \$35.90 for part-time employees, and \$40.00 for contractors and consultants.
- ◆ The median percentage of commission for audiologists who were paid primarily by commission was 30%.
- ◆ 66% of audiologists who worked in private practice bundled all charges for products and services.
- ◆ The median amount of student debt was \$50,000 for owners and \$60,000 for employees.
- ◆ 80% agreed or strongly agreed that ASHA is an organization they trust.
- ◆ 87% provide informational counseling daily or weekly.

Who They Are

The data in this report were gathered from 751 ASHA-certified audiologists who indicated on the *ASHA 2018 Audiology Survey* that they worked in a private practice setting. Of that group, the following results occur.

Involvement in Private Practice*

- ◆ 41% were owners (e.g., office-based or contract-based).
- ◆ 35% were full-time salaried employees.
- ◆ 11% were part-time salaried employees.
- ◆ 13% were contractors/consultants (e.g., per diem, hourly, or temporary).

Type of Practice**

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

Salary Basis*

- ◆ 68% received primarily an annual salary.
- ◆ 28% received primarily an hourly wage.
- ◆ 4% received primarily a commission.

Primary Facility*

- ◆ 75% worked in nonresidential health care facilities.
- ◆ 12% worked in hospitals.
- ◆ 7% worked in audiology franchises/retail chains.
- ◆ 3% worked in colleges/universities.
- ◆ 2% worked in industry.
- ◆ 1% worked in *other* facilities.

Highest Degree**

- ◆ 30% held a master's as the highest degree.
- ◆ 63% held an AuD as their only doctorate.
- ◆ 6% held a PhD as their only doctorate.
- ◆ 1% held multiple doctorates.
- ◆ 1% held an *other* doctorate.

Primary Function*

- ◆ 90% were clinical service providers.
- ◆ 5% were administrators, supervisors, or directors.
- ◆ 2% were consultants.
- ◆ 2% were in sales, training, or technical support.
- ◆ 1% were college/university faculty or clinical educators.
- ◆ < 1% were researchers.

*Respondents could select only one response. **Respondents could select more than one response.

Region of the Country*

- ◆ 32% worked in the South.
- ◆ 26% worked in the Midwest.
- ◆ 25% worked in the Northeast.
- ◆ 18% worked in the West.

Population Setting*

- ◆ 44% worked in a suburban area.
- ◆ 42% worked in a city/urban area.
- ◆ 14% worked in a rural area.

Sex*

- ◆ 79% were female.
- ◆ 22% were male.

Age*

- ◆ The average (mean) age was 50 years.
- ◆ The median age was 49 years.



Retirement Date*

- ◆ The average (mean) proposed retirement date was 2036.
 - For owners, the date was 2034.
 - For nonowners, the date was 2038.
- ◆ The median proposed retirement date was 2033.
 - For owners, the date was 2028.
 - For nonowners, the date was 2035.

*Respondents could select only one response. **Respondents could select more than one response.

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). The salaries in this section (i.e., annual salaries) are only for respondents who reported that they worked in private practice full time. In most cases, salaries are presented separately for owners and full-time employees (i.e., salaried employees, contractors, consultants, per diems, and temps). The term *employee* is used throughout this report to refer to the list of five types of nonowners. All respondents were ASHA-certified in audiology (Certificate of Clinical Competence [CCC-A]). Salaries are presented only when there are sufficient cases – that is, a minimum of 25 respondents.



Wording of the salary questions has changed over time. Prior to 2010, bonuses and commissions were to be included in the basic salary. Beginning with the 2010 survey, however, they were to be excluded, and their amounts were determined in separate questions. Additionally, prior to 2014, respondents were asked if they were paid on an hourly or annual basis; in 2014, the response options were changed to *primarily per hour*, *primarily annual salary*, or *primarily commission*. These changes may account for some of the differences in salaries across years.



The median salary for owners was \$80,399 ($n = 176$). The median salary for employees was \$75,000 ($n = 181$).

Private Practice Type

Owners received higher average salaries than did employees (see Table 1).

Table 1: Median Annual Salary, by Private Practice Type				
Private Practice Type	Owner		Employee	
	\$	<i>n</i>	\$	<i>n</i>
Self-employed	80,000	169	—	3
Other audiologists			69,000	50
Nonaudiologists			75,000	130

Highest Degree

The median annual salary was at least \$9,000 higher for both owners and employees who had earned an AuD than for those with only a master’s degree (see Table 2).

Table 2: Median Annual Salary, by Highest Degree				
Highest Degree	Owner		Employee	
	\$	<i>n</i>	\$	<i>n</i>
Master’s	74,293	38	82,062	27
AuD as only doctorate	84,000	121	72,800	153
PhD as only doctorate	—	12	—	1
Other doctorate	—	0	—	1
Multiple doctorates	—	5	—	1

Years of Experience

The median number of years of experience was 18 for employees and 28 for owners. The median salary for owners was highest for those with 26–30 years of experience (\$98,878) and for employees with 21–30 years (\$84,000; see Table 3).

Table 3: Median Annual Salary, by Years of Experience				
Years of Experience	Owner		Employee	
	\$	<i>n</i>	\$	<i>n</i>
1–5 years	80,000	26	70,000	45
6–10 years			74,311	43
11–15 years	—	19	—	17
16–20 years	75,000	33	71,614	37
21–25 years	—	23	84,000	30
26–30 years	98,878	35		
31 or more years	90,000	73	80,210	33

Region of the Country

The highest median annual salary for owners (\$118,750) and for employees (\$80,699) was in the West. Median salaries were higher for owners than for employees in every region (see Table 4).

Table 4: Median Annual Salary, by Region of the Country

Region	Owner		Employee	
	\$	<i>n</i>	\$	<i>n</i>
Northeast	80,000	41	79,578	41
Midwest	83,000	53	70,805	55
South	79,935	70	72,800	66
West	118,750	45	80,699	38

Northeast: CT, MA, ME, NH, NJ, NY, PA, RI, VT

Midwest: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI

South: AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV

West: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY



Population Setting

Median annual salaries were highest for both owners and employees in city/urban areas (see Table 5).

Table 5: Median Annual Salary, by Population Setting

Population Setting	Owner		Employee	
	\$	<i>n</i>	\$	<i>n</i>
City/urban	90,000	82	76,000	105
Suburban	80,000	79	71,000	78
Rural	80,000	45	—	19

What They Earn: Hourly Wages

Owner or Employee

The salaries in this section (i.e., hourly wages) are for respondents who reported that they worked in private practice and worked either full time or part time.

Of those who reported receiving an hourly wage, the median number of hours worked was 30 for owners ($n = 30$), 40 for full-time employees ($n = 43$), 24 for part-time employees ($n = 49$), and 20 for contractors and consultants ($n = 79$).

Median hourly wages were \$35.77 for full-time employees ($n = 36$), \$35.90 for part-time employees ($n = 47$), and \$40.00 for contractors and consultants ($n = 73$). Too few owners provided this information for it to be included in the report ($n = 21$).



Private Practice Type

Audiologists employed in private practices owned by nonaudiologists earned an average of \$3.04 per hour more than audiologists employed in practices owned by other audiologists (see Table 6).

Private Practice Type	Owner		Employee	
	\$	<i>n</i>	\$	<i>n</i>
Self-employed	—	17		
Owned by other audiologists			36.68	45
Owned by nonaudiologists	—	1	39.72	111

Other Predictors

Several predictor variables (i.e., region of the country, years of experience, population setting, and highest degree) can be presented only for employees (i.e., full-time employees, part-time employees, and contractors/consultants), because fewer than 25 owners provided this information (see Table 7).

Table 7: Median Hourly Wages for Employees		
Predictor	\$	<i>n</i>
Region		
Northeast	40.81	53
Midwest	34.96	42
South	35.90	41
West	—	16
Years of Experience		
1-5	35.00	26
6-10		
11-15	40.00	40
16-20		
21-25	39.00	36
26-30		
31 or more years	\$40.00	49
Population Setting		
Metropolitan/urban area	38.41	49
Suburban area	40.00	88
Rural area	—	14
Highest Degree		
Master's	37.74	74
AuD as the only doctorate	39.86	71
PhD as the only doctorate	—	4
Other doctorate	—	3

What They Earn: Commissions and Bonuses

Of the private practice audiologists who responded to the survey, 213 indicated that they had received a commission during the previous 12 months. Their median commission was \$18,737.

- ◆ The median commission for audiologists who were private practice owners was \$38,104 ($n = 42$).
- ◆ The median commission for contractors/consultants and full- and part-time salaried employees was \$15,000 ($n = 180$).
- ◆ The median commission for audiologists who were paid primarily an annual or hourly salary was \$15,513 ($n = 188$).
- ◆ Too few private practice audiologists who were paid primarily a commission responded to this question for that information to be included in the report ($n = 24$).

The median percentage of commission on product sales was 10% for audiologists who were paid primarily an annual or hourly salary ($n = 139$) and 30% for those who received primarily a commission ($n = 25$).

A total of 251 private practice audiologists reported receiving bonuses during the previous 12 months. The median amount was \$2,500. The average (mean) bonus reported by 63 owners was \$32,412, compared with \$6,084 earned by 184 employees ($p = .000$).

Billing

Respondents were asked to answer a series of questions about their billing policies and sources.

Bundling Charges

When charging for products and services, 66% of the private practice audiologists bundled all charges. Owners' responses did not differ significantly from employees' responses ($p = .388$).

Additionally, 35% charged separately for professional services and devices. This response was selected by 42% of owners and 29% of employees ($p = .000$).

Last, 46% charged for professional services when devices were purchased elsewhere. Owners' responses were similar to employees' responses ($p = .398$).

Third-Party Administrators

A second question asked whether audiologists worked with a third-party administrator (e.g., HearUSA, TruHearing) for hearing aid dispensing and related services. Twice as many employees (9%) as owners (4%) said that the question was *not applicable* ($p = .014$).

Of those who selected *yes* or *no* as a response, owners' and nonowners' responses differed.

- ◆ 53% of owners and 44% of employees selected *yes*.
- ◆ 43% of owners and 47% of employees selected *no*.

Alternative Payment Models

A third question asked audiologists how familiar they were with the concept of alternative payment models in health care delivery and payment. Owners' responses differed from employees' responses ($p = .000$).

Table 8: Alternative Payment Models (%)			
Response	Total	Owner	Employee
Have never heard of it.	36.7	39.4	34.8
Have only <i>heard</i> of it.	26.4	22.6	28.9
Know a little about it.	31.6	28.1	34.3
Know a lot about it.	5.3	9.9	2.0
<i>n</i>	707	292	405



Student Debt

The median amount of student debt currently owed by private practice owners was \$50,000 ($n = 34$); the median amount owed by private practice employees was \$60,000 ($n = 99$). The average amount (mean) owed did not differ significantly between the two groups ($p = .400$).

What They Say

About ASHA

For years, the first question on the *Audiology Survey* and other major ASHA surveys has inquired about the kind of job the Association is doing in serving its members. In 2018, the ratings of owners did not differ significantly from those of employees ($p = .097$).

- ◆ 5% of the respondents gave ratings of *excellent*.
- ◆ 36% of the respondents gave ratings of *good*.
- ◆ 44% of the respondents gave ratings of *fair*.
- ◆ 15% of the respondents gave ratings of *poor*.

To probe specific areas of approval with ASHA, a follow-up question asked respondents to *agree*, *strongly agree*, *disagree*, or *strongly disagree* with four statements. More than half of the audiologists agreed or strongly agreed with each statement.

- ◆ At ASHA, I feel I belong.
 - 57% agreed or strongly agreed with this statement. Owners' responses were not significantly different from employees' responses ($p = .111$).
- ◆ ASHA is an organization I trust.
 - 80% agreed or strongly agreed with this statement.
 - 76% of owners and 84% of employees agreed or strongly agreed ($p = .010$).
- ◆ ASHA values me.
 - 60% agreed or strongly agreed with this statement.
 - 55% of owners and 64% of employees agreed or strongly agreed ($p = .003$).
- ◆ I recommend ASHA as a resource to colleagues.
 - 56% agreed or strongly agreed with this statement. Owners' responses were not significantly different from employees' responses ($p = .466$).

About Service Provision

Three services were provided daily or weekly by at least two-thirds of private practice audiologists (see Table 9).

Table 9: Services Provided			
Service	D/W	M/L	N
	%		
Provide informational counseling	87	8	5
Fit and dispense hearing aids	79	8	12
Demonstrate, fit, or dispense hearing assistive technology	68	19	14
Verify performance of hearing aids using real-ear measures*	47	16	37
Perform cerumen management	42	22	36
Validate treatment outcomes using speech-in-noise testing	35	26	39
Validate treatment outcomes using self-report questionnaires	32	28	41
Provide auditory training	29	27	44
Provide vestibular assessment and/or rehabilitation	21	11	68
Provide tinnitus assessment/rehabilitation	20	46	34
Provide hearing conservation services	17	40	43
Program cochlear implants (CIs)	8	5	87
Fit and dispense personal sound amplification products (PSAPs)	7	28	65
Provide telepractice services	4	14	82

Note. n ≥ 671. D/W = daily or weekly; M/L = monthly or less than monthly; N = never.
 *Of the audiologists in private practice who fit and dispense hearing aids, 72% verify performance using real-ear measures.

About Supervising Audiology Assistants

Of the audiologists who worked in a private practice, 68 owners and 62 employees currently supervise audiology assistants. The median number they supervise is 1.

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 *2018 Audiology Survey* are presented in a series of reports:

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

Suggested Citation

American Speech-Language-Hearing Association. (2019). *2018 Audiology Survey report: Private practice*. Retrieved from www.asha.org

Resources

American Speech-Language-Hearing Association. (n.d.-a). ASHA's coding, reimbursement, and advocacy modules. Retrieved from www.asha.org/practice/reimbursement/modules

American Speech-Language-Hearing Association. (n.d.-b). Frequently asked questions about business practice. Retrieved from www.asha.org/practice/faq_business_practices_both.htm

American Speech-Language-Hearing Association. (n.d.-c). Patient education handouts [Audiology Information Series]. Retrieved from www.asha.org/aud/pei/

American Speech-Language-Hearing Association. (n.d.-d). Practice considerations for dispensing audiologists. Retrieved from www.asha.org/aud/Practice-Considerations-for-Dispensing-Audiologists/

American Speech-Language-Hearing Association. (n.d.-e). Quality improvement for audiologists. Retrieved from www.asha.org/aud/Quality-Improvement-for-Audiologists/

American Speech-Language Hearing Association. (n.d.-f). *Access Audiology* [E-newsletter]. Retrieved from www.asha.org/Publications/Access-Audiology/

Additional Information

For additional information regarding the *2018 Audiology Survey*, 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!

ASHA would like to thank the audiologists who received the *2018 Audiology Survey* and completed it. 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.