Private Practice Owners and Co-owners

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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 2015. The survey was designed to provide information about health care based service delivery and to update and expand information gathered during previous SLP Health Care Surveys. The results are presented in a series of reports.

This report addresses only questions on the survey pertaining to private practice owners and co-owners. Data are drawn from six types of health care facilities: general medical, Veterans Affairs (VA), and long-term acute care (LTAC) hospitals; rehabilitation (rehab) hospitals; pediatric hospitals; skilled nursing facilities (SNFs); home health agencies and clients’ homes; and outpatient clinics and offices. SLPs involved in private practice were oversampled in order to have a sufficient number of respondents.

Highlights:

- 37% of SLP private practice owners and co-owners worked full-time.
- 29% of treatment time spent with pediatric patients was in the area of language.
- 40% of treatment time spent with adults was in the area of swallowing.
- 54% of respondents were paid on an hourly basis.
- The median annual salary of owners and co-owners who worked full-time was $77,240.
- Hourly wages were highest in the West ($52.00).
- The median per visit wage was $70.00.
- Private pay was the most common payment source (72%).
- 26% of respondents were enrolled as Medicare providers.
- 52% said there was less coverage by private health plans in 2014 than in 2013.
- 70% of respondents said ASHA was doing an excellent or good job serving its health care members.
- 42% thought not having a doctorate resulted in lower salaries.
- 16% of respondents engaged in interprofessional collaboration on a daily basis for treatment services.
ASHA SLP Health Care Survey 2015: Private Practice Owners and Co-owners

Who They Are

The data in this report were gathered from the 708 speech-language pathologists who indicated on ASHA’s 2015 SLP Health Care Survey that they were owners or co-owners of a private practice. The number of respondents is fewer than 708 for questions that some participants chose not to answer.

Highest Degree

- 96% had a master’s degree as the highest degree,
- 4% had a doctoral degree.

Years of Experience

Years of experience influenced the likelihood of owning or co-owning a private practice ($p = .000$). For example, only 26% of SLPs who had 1–3 years of experience were owners or co-owners compared with 54% of those with 31 or more years of experience.

- The median number of years of experience for the SLPs who were owners or co-owners was 19 ($n = 708$).
- The median number of years of experience for those who were not owners or co-owners was 14 ($n = 1,000$).

Facility

- 5% worked in pediatric hospitals;
- 8% worked in rehabilitation hospitals;
- 12% worked in general medical, VA, or LTAC hospitals;
- 22% worked in SNFs;
- 26% worked in home health agencies or clients’ homes;
- 27% worked in outpatient clinics or offices.

Geographic Area

- 20% worked in the Northeast,
- 21% worked in the West,
- 22% worked in the Midwest,
- 36% worked in the South.

Population Density

- 20% worked in rural areas,
- 39% worked in cities/urban areas,
- 41% worked in suburban areas.
Private practice owners and co-owners were more likely to work part-time than full-time (see Figure 2).

**Figure 1. Employed Full- or Part-Time**

![Pie Chart showing 37% Full-time and 64% Part-time](image)

*n = 708*

Owners/co-owners in home health agencies and clients’ homes (51%), as well as those in outpatient clinics or offices (49%), were more likely than those in other types of facilities to be employed full-time (*p* = .000).

Private practice owners and co-owners who worked in the South were the most likely group to work full-time (41%); those in the Northeast were the least likely group to work full-time (27%; *p* = .027).

**U.S. Census Regions**

Map showing regions of the United States.

Neither population density (*p* = .110) nor years of experience (*p* = .630) had an effect on whether owners or co-owners worked full- or part-time.
Private practice owners and co-owners served both children and adults \( (n = 603) \). On average (mean)

- 19% of their time was spent delivering services to infants and toddlers,
- 17% of their time was spent delivering services to preschoolers,
- 17% of their time was spent delivering services to school-age children,
- 47% of their time was spent delivering services to adults.

Of private practice owners and co-owners who treated pediatric patients \( (n = 429) \), on average (mean)

- 2% of their time was spent on voice/resonance,
- 4% of their time was spent on fluency,
- 4% of their time was spent on augmentative and alternative communication (AAC),
- 9% of their time was spent on cognitive communication,
- 12% of their time was spent on swallowing and feeding,
- 17% of their time was spent on autism spectrum disorder,
- 22% of their time was spent on articulation-phonology,
- 29% of their time was spent on language,
- 1% of their time was spent on other areas.

Of the private practice owners and co-owners who treated adult patients \( (n = 372) \), on average (mean)

- 2% of their time was spent on accent modification/communication effectiveness,
- 3% of their time was spent on AAC,
- 6% of their time was spent on voice/resonance,
- 9% of their time was spent on cognitive communication (TBI),
- 14% of their time was spent on cognitive communication (dementia),
- 2% of their time was spent on other cognitive communication disorders,
- 8% of their time was spent on motor speech,
- 15% of their time was spent on aphasia,
- 40% of their time was spent on swallowing,
- 2% of their time was spent on other areas.

More than half of the SLPs who owned or co-owned a private practice received an hourly wage:

- 20% were paid per home visit,
- 27% received an annual salary,
- 54% were paid on an hourly basis.
### 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 for the category, that is, a minimum of 25 respondents.

The median salary of the 84 private practice owners and co-owners in the survey who worked full-time and received an annual wage was $77,240. Half ($n = 43) of the SLPs in this category worked in outpatient clinics or offices for a median annual salary of 78,337.

### What They Earn: Hourly Wages

The median number of weekly hours worked by owners or co-owners who reported receiving primarily an hourly wage was 24, with a range from 1 to 50 hours ($n = 323$). Those who worked up through 24 hours per week ($n = 163$) earned a median hourly wage of $50.00; those who worked more than 24 hours ($n = 159$) received a median hourly wage of $43.00.

SLPs who were private practice owners or co-owners and were employed full- or part-time in outpatient clinics or offices ($n = 80$) earned a median hourly wage of $52.92.

- Those working in home health agencies or clients’ homes earned $58.50 ($n = 35$).
- Those in SNFs earned $46.78 ($n = 111$).
- Those in general medical, VA, and LTAC hospitals earned $45.00 ($n = 65$).
- Those in rehab hospitals earned $43.95 ($n = 32$).
- Too few owners/co-owners who worked in pediatric hospitals ($n = 9$) received an hourly wage to report their results.

Owners/co-owners in the West earned more than did their counterparts in other regions of the country; the median hourly wage was

- $45.00 in the South ($n = 120$),
- $45.00 in the Midwest ($n = 82$),
- $48.00 in the Northeast ($n = 61$),
- $52.00 in the West ($n = 71$).

The median hourly wage was $46.00 in the suburbs ($n = 136$), $48.24 in city/urban areas ($n = 121$), and $50.00 in rural areas ($n = 73$).

### Geographic Area

A total of 122 private practice owners and co-owners reported receiving primarily a per visit wage. Their median wage was $70.00 per visit. Nearly all of them were employed in a home health agency or clients’ homes, where the per visit wage was $70.00 ($n = 100$).
SLPs were asked to identify sources of direct payment from a list of five options. The most common source was patient private pay, followed by private health insurance. Fewer SLPs selected Medicare than any of the other sources of payment (see Figure 2).

Figure 2. Payment Sources

Payment sources varied by several characteristics, including type of facility.

- Patient private pay ranged from 58% in pediatric hospitals to 85% in outpatient clinics or offices ($p = .000$).
- Private health insurance ranged from 35% in SNFs to 66% in outpatient clinics and offices ($p = .000$).
- Agency or school contract ranged from 20% in pediatric hospitals to 54% in home health agencies and clients’ homes ($p = .002$).
- Medicaid reimbursement ranged from 14% in pediatric hospitals to 43% in home health agencies and clients’ homes ($p = .000$).
- Medicare was reported as a source of payment by 0% of owners and co-owners in pediatric hospitals to a high of 32% of those in rehab hospitals ($p = .001$).

Payment sources varied by region of the country.

- Reimbursement from an agency or school contract ranged from 36% in the Midwest to 55% in the Northeast ($p = .013$).
- Medicaid was reported as a source by 12% of owners/co-owners in the Northeast and 47% of those in the South ($p = .000$).
- Patient private pay reimbursement ranged from 65% in the South to 82% in the Northeast ($p = .014$).
More than one quarter of the private practice owners and co-owners have enrolled as Medicare providers (see Figure 3).

**Figure 3. Medicare Provider**

![Pie chart showing 26% of providers enrolled as Medicare providers and 74% not](chart3.png)

*n = 699*

The type of facility where the SLPs worked had no effect on whether they had enrolled as a Medicare provider (*p* = .837).

More than half (52%) of the owners and co-owners said that there was less coverage by private health plans in 2014 than in 2013. Only 4% said there was more coverage (see Figure 4).

**Figure 4. 2013 and 2014 Private Health Plan Coverage**

![Pie chart showing 52% less coverage in 2014, 4% more coverage in 2014, 13% no change, and 31% not applicable](chart4.png)

*n = 675*
The first question on the SLP Health Care Survey asked about the kind of job the Association is doing in serving its health care members. A few of the SLP private practice owners/co-owners (5%) said poor, more than one quarter (26%) said fair, more than half (55%) said good, and 15% said excellent (n = 683).

When private practice owners and co-owners were asked to use a 5-point scale to indicate how qualified they were to address cultural and linguistic influences on communication—even if they were not currently clinical service providers, 15% said they were “very qualified.” When “very qualified” was merged with the next higher response category, 40% identified themselves as qualified (n = 684).

Respondents were also asked to identify which of six approaches they had used during the past 12 months to address cultural and linguistic influences on communication (see Table 1).

Table 1. Clinical Approach

<table>
<thead>
<tr>
<th>Service</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used interpreter/cultural broker</td>
<td>46</td>
</tr>
<tr>
<td>Modified assessment strategies/procedures</td>
<td>41</td>
</tr>
<tr>
<td>Acquired translated materials</td>
<td>27</td>
</tr>
<tr>
<td>Referred to bilingual service providers</td>
<td>27</td>
</tr>
<tr>
<td>Translated therapy tools</td>
<td>23</td>
</tr>
<tr>
<td>Translated written materials, including consumer information</td>
<td>19</td>
</tr>
<tr>
<td>None of the above</td>
<td>28</td>
</tr>
</tbody>
</table>

n = 613

Private practice owners and co-owners were asked what the results were of not holding a clinical or professional doctoral degree, compared with professionals in other disciplines who do.

- 42% thought that lower salaries were a result.
- 26% thought more limited career growth was a result.
- 22% thought there was less respect from other professionals.
- 15% thought there were fewer leadership opportunities in their settings.
- 12% thought an outcome was less respect from patients.
Interprofessional collaboration was defined in the survey as occurring “when two or more individuals from different fields work together to provide comprehensive, integrated services (e.g., develop and implement a treatment plan collaboratively as a team) in a health care environment.”

When all of the respondents, regardless of employment function, were asked to identify whether they engaged in interprofessional collaborative practice in their primary work setting, 79% said that they did (n = 702). The type of facility where they were employed had no effect on their responses (p = .117).

A follow-up question asked them to use a 5-point scale to indicate how frequently they engaged in interprofessional collaboration for each of five services.

N = Never  
L = Less often than monthly  
M = Monthly  
W = Weekly  
D = Daily

The service most likely to occur daily with other professionals was treatment (16%). Treatment, interprofessional collaborative team meetings, and patient/family meetings were more likely to occur weekly than in any other time frame. Only documentation was more likely to never occur than to occur at any other interval (see Table 2).

Table 2. Interprofessional Collaboration Frequency

<table>
<thead>
<tr>
<th>Service</th>
<th>N</th>
<th>L</th>
<th>M</th>
<th>W</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>23%</td>
<td>24%</td>
<td>21%</td>
<td>21%</td>
<td>11%</td>
</tr>
<tr>
<td>Treatment</td>
<td>8%</td>
<td>19%</td>
<td>24%</td>
<td>34%</td>
<td>16%</td>
</tr>
<tr>
<td>Documentation</td>
<td>39%</td>
<td>25%</td>
<td>14%</td>
<td>14%</td>
<td>8%</td>
</tr>
<tr>
<td>Interprofessional collaborative team meeting</td>
<td>4%</td>
<td>22%</td>
<td>30%</td>
<td>39%</td>
<td>6%</td>
</tr>
<tr>
<td>Patient/family meeting</td>
<td>3%</td>
<td>24%</td>
<td>27%</td>
<td>32%</td>
<td>15%</td>
</tr>
</tbody>
</table>

n ≥ 527
The SLP Health Care Survey has been fielded in odd-numbered years since 2005 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 SLPs.

The survey was mailed in February 2015 to a random sample of 4,000 ASHA-certified SLPs who were employed in health care settings in the United States. An email reminder was sent a week later. Second (March) and third (April) 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. Weighting was used when presenting data to reflect the actual distribution of SLPs in each type of facility within ASHA.

Of the original 4,000 SLPs in the sample, 1 was deceased, 5 were retired, 14 had bad addresses, 42 were employed in other types of facilities, 6 were not employed in the field, and 5 were ineligible for other reasons, leaving 3,927 possible respondents. The actual number of respondents was 1,842, resulting in a 46.9% response rate. The results presented in this report are based on responses from those 1,842 individuals.

Results from the 2015 SLP Health Care Survey are presented in a series of reports at www.asha.org:

- Survey Summary
- Caseload Characteristics
- Workforce and Practice Issues
- Private Practice Owners and Co-owners
- Annual Salaries
- Hourly and Per Visit Wages
- Survey Methodology, Respondent Demographics, and Glossary


Medicare and SLPs in private practice. www.asha.org/practice/reimbursement/medicare/SLPprivatepractice.htm

Private practice resources. www.asha.org/slp/ppresources.htm
For additional information regarding the 2015 SLP Health Care Survey, please contact Gennith Johnson, associate director of Health Care Services, at 800-498-2071, ext. 5681, or gjohnson@asha.org; Monica Sampson, associate director of Health Care Services, at ext. 5686, or msampson@asha.org; or Janet Brown, director of Health Care Services, at ext. 5679, or jbrown@asha.org. To learn more about resources for ASHA members working in health care, visit ASHA’s website at www.asha.org/slp/healthcare.

ASHA would like to thank the SLPs who completed the 2015 Health Care Survey. Reports like this one are only possible because people like you participate.

Is this information valuable to you? If so, please accept invitations 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. ASHA surveys benefit you.

thank you!