



ASHA
American
Speech-Language-Hearing
Association

SLP Health Care Survey Report: Practice Trends 2015–2023

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Introduction

The American Speech-Language-Hearing Association (ASHA) conducted the *2023 SLP Health Care Survey* to gather information from speech-language pathologists (SLPs) about practice issues, service provision, earnings, the workforce, and other professional topics. Results from this survey are presented in a series of reports, including this report on practice trends.

Results from the 2015, 2017, 2019, and 2021 *ASHA SLP Health Care Surveys* are included in this report for comparative purposes. Questions differ among surveys, so data on all topics are not available for all survey years.

Survey Report Highlights

Off-the-Clock Work

- In 2023, 44% of SLPs who were paid per hour or per home visit reported working “off the clock” (unpaid) in the last 12 months *typically daily or weekly*—down from 49% in 2021.

Productivity

- In 2023, 61% of SLPs who were primarily clinicians had a productivity requirement—down from 66% in 2021, but the same as in 2019.
- In 2023, SLPs’ overall median productivity requirement was 80%—the same as in 2015, 2017, 2019, and 2021.
- In 2023, 42% of SLPs reported that no activities counted toward their productivity calculation when the patient was not present—down from 69% in 2021.

Pressure From Employers or Supervisors

- In 2023, 69% of SLPs reported that they had not felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the last 12 months—up from 58% in 2021.
- In 2023, 10% of SLPs indicated that they had felt pressured to *provide inappropriate frequency or intensity of services* in the last 12 months—down from 11% in 2021.

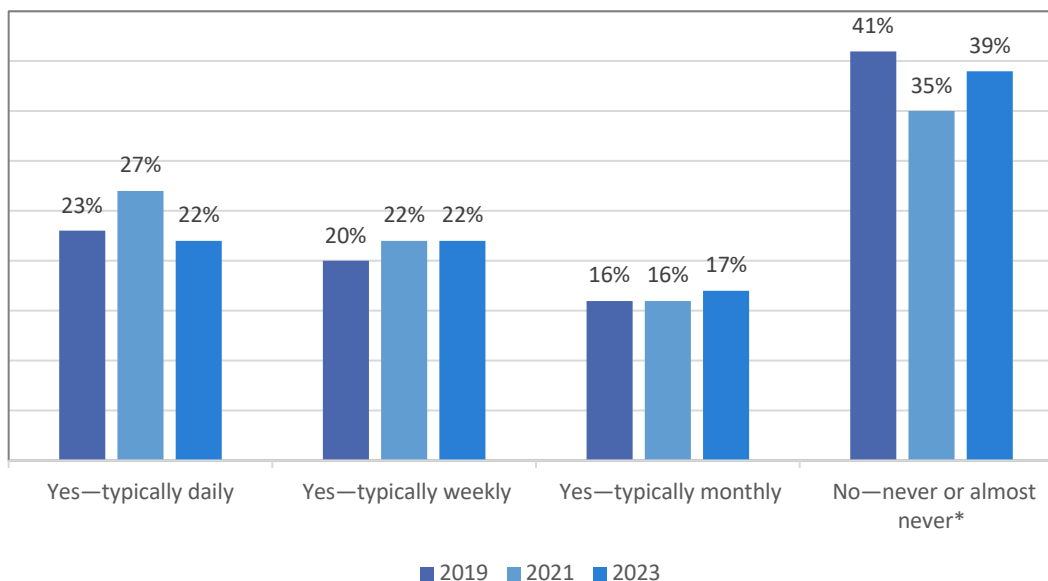
Barriers to Telepractice

- In 2023, 44% of the clinical service providers said that the most common barrier to using telepractice was having patients on their caseloads for whom it was not appropriate due to clinical presentation, the same response that was given by 40% of SLPs in 2021.

Off-the-Clock Work

In 2023, overall, 44% of SLPs employed full or part time, who were paid per hour or per home visit, and primarily worked as clinical service providers, reported working “off the clock” (unpaid) in the last 12 months *typically daily* or *weekly*—down from 49% in 2021 (see Figure 1). An additional 17% of SLPs reported working off the clock *typically monthly*—up from 2021. About 39% of SLPs reported *never or almost never* working off the clock—up from 35% in 2021.

Figure 1. Percentage of clinical service provider SLPs who were paid per hour or per home visit who reported working off the clock in the last 12 months, by year.



Note. These data are from the 2019, 2021, and 2023 ASHA SLP Health Care Surveys. Analyses are limited to SLPs who were employed full or part time primarily as clinicians. *In 2019, this item was *no—never*. $n = 1,334$ (2019); $n = 965$ (2021); $n = 1,050$; $n = 1,050$ (2023).

Off-the-Clock Work by Health Care Setting

From 2019 to 2023, SLPs in home health care settings who primarily worked as clinical service providers and were paid per hour or per home visit were more likely than SLPs in other types of facilities to report working off the clock *typically daily* or *weekly* (see Appendix Table 1). In 2023, 64% of SLPs in home health care settings who were paid per hour or per home visit reported working off the clock *typically daily* or *weekly*—down from 73% in 2021.

Productivity Requirement

In 2023, overall, 61% of SLPs had a productivity requirement—down from 66% in 2021 (see Appendix Table 2).

Productivity Requirement by Health Care Setting

From 2015 to 2023, SLPs in skilled nursing facilities were the most likely, or among the most likely, to have a productivity requirement (see Appendix Table 2). In 2023, 93% of SLPs in skilled nursing facilities had a productivity requirement—the same or about the same as in recent past years (94%–95% from 2017 to 2021). SLPs in home health care settings and outpatient clinics or offices were least likely to have a productivity requirement.

Productivity Requirement by Geographic Region

From 2019 to 2023, SLPs in the Midwest were more likely than SLPs in the other regions of the country to have a productivity requirement (see Table 1; see page 10 for a key of geographic regions/divisions and corresponding states/District of Columbia). In 2023, 69% of SLPs in the Midwest had a productivity requirement—down from 74% in 2021.

Table 1. Percentage of SLPs who had a productivity requirement, by geographic region and year.

Response	%				
	Overall	Northeast	Midwest	South	West
2023 (<i>n</i> = 1,669)					
Yes	61	59	69	57	62
No	39	41	32	43	38
2021 (<i>n</i> = 1,213)					
Yes	66	64	74	67	56
No	34	36	26	33	45
2019 (<i>n</i> = 1,892)					
Yes	61	54	69	61	58
No	39	47	31	39	43

Note. These data are from the 2019, 2021, and 2023 ASHA SLP Health Care Surveys. Analyses are limited to SLPs who were employed full or part time primarily as clinicians. Because of rounding, percentages may not total exactly 100%.

Productivity Percentage

In 2023, SLPs’ overall median productivity requirement was 80%—the same as in 2015, 2017, 2019, and 2021 (see Appendix Table 3).

Productivity Percentage by Health Care Setting

In 2015, 2017, 2019, 2021, and 2023, SLPs in skilled nursing facilities had the highest median productivity requirement (85% each year; see Appendix Table 3). SLPs in pediatric hospitals had the lowest median productivity requirement (65%–70%)

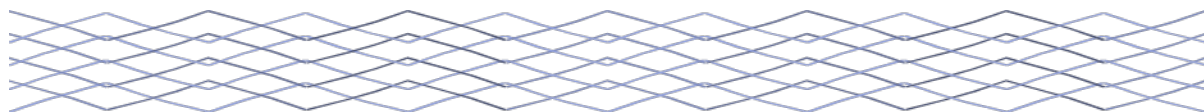
Calculating Productivity

In 2015, 2017, 2019, 2021, and 2023, SLPs were asked to indicate the activities that counted toward their productivity calculation when the patient was not present. In 2023, 42% of SLPs reported that *nothing counts when the patient is not present*, down from 64%–69% in previous years (see Table 2).

Table 2. Percentage of clinical service provider SLPs who reported that certain activities counted toward their productivity calculation when the patient was not present, by year.

Activity	%				
	2015 (n = 916)	2017 (n = 1,021)	2019 (n = 1,159)	2021 (n = 854)	2023 (n = 1,485)
Care coordination activities	13	11	12	11	9
Clinical team meetings	20	16	16	17	13
Documentation	19	13	14	11	11
In-services or informal staff training sessions ^a	18	15	14	17	12
Other activities ^b	11	5	5	5	4
Nothing counts when the patient is <u>not</u> present ^c	64	68	69	69	42

Note. These data are from the 2015, 2017, 2019, 2021, and 2023 ASHA SLP Health Care Surveys. Analyses are limited to SLPs who were employed full or part time primarily as clinicians. ^aIn 2015, this item was *in-services or informal staff training*. ^bIn 2015, this item was *other clinical activities (e.g., preparing materials, communication boards)*. ^cIn 2015, this item was *none of the above*.



Pressure From Employers or Supervisors

In 2023, overall, 69% of SLPs reported that they had not felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the last 12 months—up from 58% in 2021 (see Table 3 and Appendix Table 4).

When asked to indicate the activities that they had felt pressured to engage in, SLPs most often reported *discharge inappropriately (e.g., early or delayed)*, *provide evaluation and treatment that are not clinically appropriate*, and *provide inappropriate frequency or intensity of services*.

Table 3. Percentage of SLPs who felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the last 12 months, by year.

Activity	%				
	2015 (n = 1,555)	2017 (n = 1,643)	2019 (n = 2,174)	2021 (n = 1,671)	2023 (n = 1,672)
Alter documentation for reimbursement	8	6	4	3	5
Discharge inappropriately (e.g., early or delayed)	19	15	14	10	10
Provide evaluation and treatment that are not clinically appropriate	16	11	12	10	10
Provide group therapy when individual therapy was appropriate	—	—	—	7	9
Provide inappropriate frequency or intensity of services	20	16	14	11	10
Provide services for which you had inadequate training and/or experience	8	7	8	7	9
Did not feel pressured	62	69	68	58	69

Note. These data are from the 2015, 2017, 2019, 2021, and 2023 *ASHA SLP Health Care Surveys*. In 2015 and 2017, analyses were limited to SLPs who were employed full or part time primarily as clinicians. In 2019, 2021, and 2023, analyses were limited to SLPs who were employed full or part time. Dash indicates that the item was not included in the survey.

Pressure From Employers or Supervisors by Health Care Setting

From 2015 to 2023, SLPs in skilled nursing facilities were least likely to report that they had not felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the last 12 months (see Appendix Table 4).

Telepractice

Barriers to Telepractice

In 2021 and 2023, participants were asked to identify their top 5 barriers to providing telepractice from a list of 12 options. The barrier most frequently selected in the top five was *Patients on my caseload are not appropriate for telepractice due to clinical presentation*. In 2023, 44% of SLPs who were employed either full time or part time and were primarily clinical service providers selected this as one of their top five barriers, up from 40% in 2021. In both years, the same top five barriers were selected by participants, but the order of overall ranking by respondents is varied (see Table 4).

Table 4. *Top five barriers to providing telepractice as rank ordered by SLPs, by percentage and year.*

Barrier	2021 (n = 1,433)		2023 (n = 1,485)	
	Rank Order	%	Rank Order	%
Patients on my caseload are not appropriate for telepractice due to clinical presentation.	1	40	1	44
Patient/family does not want services via telepractice.	3	32	2	35
Patient/family has barriers to effective participation via telepractice (e.g., rural/remote settings, unable to access dedicated device, poor bandwidth).	2	32	3	34
Facility does not have appropriate infrastructure (e.g., dedicated space, Internet bandwidth, equipment).	4	19	4	18
Payer coverage limitations	5	17	5	17

Survey Methodology

The survey was sent February 2, March 9, and April 19, 2023, to a random sample of 5,000 ASHA-certified SLPs who were employed in health care facilities in the United States, according to the ASHA membership database. The sample was stratified by type of facility.

Because facilities with fewer SLPs, such as pediatric hospitals, were oversampled, ASHA used weighting when presenting survey data.

Response Rates

Of the original 5,000 SLPs in the sample, 6 had retired, 42 had unusable addresses, and 89 were not employed in health care facilities, which left 4,863 possible respondents. The actual number of respondents was 1,677—a 34.5% response rate.

Past *ASHA SLP Health Care Survey* response rates were 54.6% (2005), 63.8% (2007), 54.6% (2009), 62.5% (2011), 53.5% (2013), 46.9% (2015), 52.1% (2017), 50.3% (2019), and 17.5% (2021). The 2005 to 2019 *ASHA SLP Health Care Surveys* were sent via postal mail, and the 2021 *ASHA SLP Health Care Survey* was sent via email. The 2023 *ASHA SLP Health Care Survey* returned to being fielded via postal mail.

Suggested Citation

American Speech-Language-Hearing Association. (2024). *SLP Health Care Survey report: Practice trends, 2015–2023*. www.asha.org

Additional Information

Companion survey reports are available on the ASHA website at www.asha.org/Research/memberdata/HealthcareSurvey/.

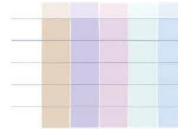
Questions?

For additional information regarding this report, please contact Monica Sampson, Director of Health Care Services, at 800-498-2071, ext. 5686 or msampson@asha.org. To learn more about how the Association is working on behalf of ASHA-certified SLPs in health care settings, visit www.asha.org/slp/healthcare.

Acknowledgment

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 discipline to the Association membership and the public. Thank you!

Appendix



Key of geographic regions/divisions and corresponding states/District of Columbia.

Geographic region/division	Corresponding states/District of Columbia
Northeast	
New England	CT, ME, MA, NH, RI, VT
Mid-Atlantic	NJ, NY, PA
Midwest	
East North Central	IL, IN, MI, OH, WI
West North Central	IA, KS, MN, MO, NE, ND, SD
South	
South Atlantic	DE, DC, FL, GA, MD, NC, SC, VA, WV
East South Central	AL, KY, MS, TN
West South Central	AR, LA, OK, TX
West	
Mountain	AZ, CO, ID, MT, NV, NM, UT, WY
Pacific	AK, CA, HI, OR, WA

Off-the-Clock Work by Health Care Setting and Year

Appendix Table 1. Percentage of SLPs who were paid per hour or per home visit who reported working off the clock in the last 12 months, by health care setting and year.

Frequency	%						
	Overall (All Facility Types)	General medical, VA, military, LTAC, or university hospital ^a	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
2023 (<i>n</i> = 1,048)							
Yes—typically daily	22	9	39	27	<i>n/r</i>	14	13
Yes—typically weekly	22	14	25	23	<i>n/r</i>	14	24
Yes—typically monthly	17	21	11	20	<i>n/r</i>	16	18
No—never or almost never	39	57	25	31	<i>n/r</i>	55	45
2021 (<i>n</i> = 965)							
Yes—typically daily	27	9	47	34	<i>n/r</i>	11	22
Yes—typically weekly	22	17	26	26	<i>n/r</i>	13	20
Yes—typically monthly	16	20	13	15	<i>n/r</i>	24	14
No—never or almost never ^b	35	54	14	26	<i>n/r</i>	52	44
2019 (<i>n</i> = 1,334)							
Yes—typically daily	23	7	41	29	9	11	17
Yes—typically weekly	20	16	23	23	24	15	20
Yes—typically monthly	16	17	12	17	27	17	16
No—never	41	60	25	31	41	57	47

Note. These data are from the 2019, 2021, and 2023 ASHA SLP Health Care Surveys. Because of rounding, percentages may not total exactly 100%. *n/r* = not reported (to preserve confidentiality and provide more certain results, we have not reported data for groups of fewer than 25 survey respondents). ^aIn 2019, this item was *general medical/Veterans Affairs (VA)/long-term acute care (LTAC) hospital*. ^bIn 2019, this item was *no—never*.

Productivity Requirement by Health Care Setting and Year

Appendix Table 2. Percentage of SLPs who had a productivity requirement, by health care setting and year.

Response	%						
	Overall	General medical, VA, military, LTAC, or university hospital ^a	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
2023 (<i>n</i> = 1,672)							
Yes	61	77	34	49	78	77	93
No	39	23	66	51	22	23	7
2021 (<i>n</i> = 1,292)							
Yes	66	85	35	49	78	70	95
No	34	15	65	51	22	30	5
2019 (<i>n</i> = 1,897)							
Yes	61	76	32	43	79	69	94
No	39	25	68	57	21	31	6
2017 (<i>n</i> = 1,590)							
Yes	64	76	36	45	85	75	95
No	36	24	64	55	15	25	5
2015 (<i>n</i> = 1,537)							
Yes	60	59	33	51	87	80	83
No	40	41	67	49	13	20	17

Note. These data are from the 2015, 2017, 2019, 2021, and 2023 ASHA SLP Health Care Surveys. Because of rounding, percentages may not total exactly 100%.

^aFrom 2015 to 2019, this item was *general medical/VA/LTAC hospital*.

Productivity Percentage by Health Care Setting and Year

Appendix Table 3. Productivity requirement of SLPs who were primarily clinical service providers, by health care setting and year.

Statistic	%						
	Overall	General medical, VA, military, LTAC, or university hospital ^a	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
2023 (n = 924)							
Median (middle)	80	75	80	80	69	75	85
Mean (average)	79	76	80	77	69	78	85
Mode	80	75	80	80	60	75	85
2021 (n = 823)							
Median (middle)	80	75	80	80	70	80	85
Mean (average)	79	76	79	76	71	80	85
Mode	80	75	80	80	65	80	85
2019 (n = 1,053)							
Median (middle)	80	75	80	75	66	80	85
Mean (average)	79	76	78	76	68	78	84
Mode	80	80	80	80	65	75	85
2017 (n = 962)							
Median (middle)	80	80	80	78	70	75	85
Mean (average)	78	78	73	76	69	78	85
Mode	80	80	80	80	60	75	85
2015 (n = 827)							
Median (middle)	80	80	80	75	65	80	85
Mean (average)	80	80	79	76	68	80	86
Mode	80	80	80	80	65	80	85

Note. These data are from the 2015, 2017, 2019, 2021, and 2023 ASHA SLP Health Care Surveys. Analyses are limited to SLPs who were employed full or part time primarily as clinicians. ^aFrom 2015 to 2019, this item was *general medical/VA/LTAC hospital*.

Pressure From Employers or Supervisors by Health Care Setting and Year

Appendix Table 4. Percentage of SLPs who felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the last 12 months, by health care setting and year.

Activity	%						
	Overall	General medical, VA, military, LTAC, or university hospital ^a	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
2023 (n = 1,672)							
Alter documentation for reimbursement	5	3	3	3	2	2	11
Discharge inappropriately (e.g., early or delayed)	10	7	9	5	6	10	28
Provide evaluation and treatment that are not clinically appropriate	10	9	4	4	2	13	25
Provide group therapy when individual therapy was appropriate	9	2	2	4	2	9	32
Provide inappropriate frequency or intensity of services	10	8	7	7	12	12	21
Provide services for which you had inadequate training and/or experience	9	6	6	11	8	6	9
Did not feel pressured	69	75	77	75	78	69	46

(Table continues)

Appendix Table 4. Continued

Activity	%						
	Overall	General medical, VA, military, LTAC, or university hospital ^a	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
2021 (n = 1,671)							
Alter documentation for reimbursement	3	2	5	3	0	2	4
Discharge inappropriately (e.g., early or delayed)	10	4	11	5	5	11	22
Provide evaluation and treatment that are not clinically appropriate	10	7	7	5	5	16	21
Provide group therapy when individual therapy was appropriate	7	1	3	2	2	13	19
Provide inappropriate frequency or intensity of services	11	8	11	7	3	18	19
Provide services for which you had inadequate training and/or experience	7	7	6	10	5	5	4
Did not feel pressured	58	70	57	60	70	56	43

(Table continues)

Appendix Table 4. Continued

Activity	%						
	Overall	General medical, VA, military, LTAC, or university hospital ^a	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
2019							
(n = 2,174)							
Alter documentation for reimbursement	4	2	4	5	1	2	6
Discharge inappropriately (e.g., early or delayed)	14	7	12	6	8	15	35
Provide evaluation and treatment that are not clinically appropriate	12	12	6	6	8	16	25
Provide group therapy when individual therapy was appropriate	—	—	—	—	—	—	—
Provide inappropriate frequency or intensity of services	14	17	11	8	14	12	23
Provide services for which you had inadequate training and/or experience	8	8	7	11	8	6	6
Did not feel pressured	68	72	75	76	80	68	49

(Table continues)

Appendix Table 4. Continued

Activity	%						
	Overall	General medical, VA, military, LTAC, or university hospital ^a	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
2017 (n = 1,643)							
Alter documentation for reimbursement	6	7	4	4	2	4	10
Discharge inappropriately (e.g., early or delayed)	15	6	8	6	7	15	37
Provide evaluation and treatment that are not clinically appropriate	11	14	6	4	4	12	23
Provide group therapy when individual therapy was appropriate	—	—	—	—	—	—	—
Provide inappropriate frequency or intensity of services	16	15	10	7	12	17	32
Provide services for which you had inadequate training and/or experience	7	6	10	8	7	6	6
Did not feel pressured	69	75	76	79	77	70	47

(Table continues)

Appendix Table 4. Continued

Activity	%						
	Overall	General medical, VA, military, LTAC, or university hospital ^a	Home health agency or client's home	Outpatient clinic or office	Pediatric hospital	Rehabilitation hospital	Skilled nursing facility
2015 (n = 1,555)							
Alter documentation for reimbursement	8	4	5	6	3	11	15
Discharge inappropriately (e.g., early or delayed)	19	13	12	11	9	16	43
Provide evaluation and treatment that are not clinically appropriate	16	17	7	5	7	26	37
Provide group therapy when individual therapy was appropriate	—	—	—	—	—	—	—
Provide inappropriate frequency or intensity of services	20	19	11	10	6	24	41
Provide services for which you had inadequate training and/or experience	8	11	10	10	6	5	5
Did not feel pressured	62	67	70	72	81	53	40

Note. These data are from the 2015, 2017, 2019, 2021, and 2023 *ASHA SLP Health Care Surveys*. In 2015 and 2017, analyses were limited to SLPs who were employed full or part time primarily as clinicians. In 2019 and 2021, analyses were limited to SLPs who were employed full or part time. ^aFrom 2015 to 2019, this item was *general medical/VA/LTAC hospital*. Dash indicates that the item was not included in the survey.