



SLP HEALTH CARE 2023 SURVEY

Practice Issues

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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 2023. 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.

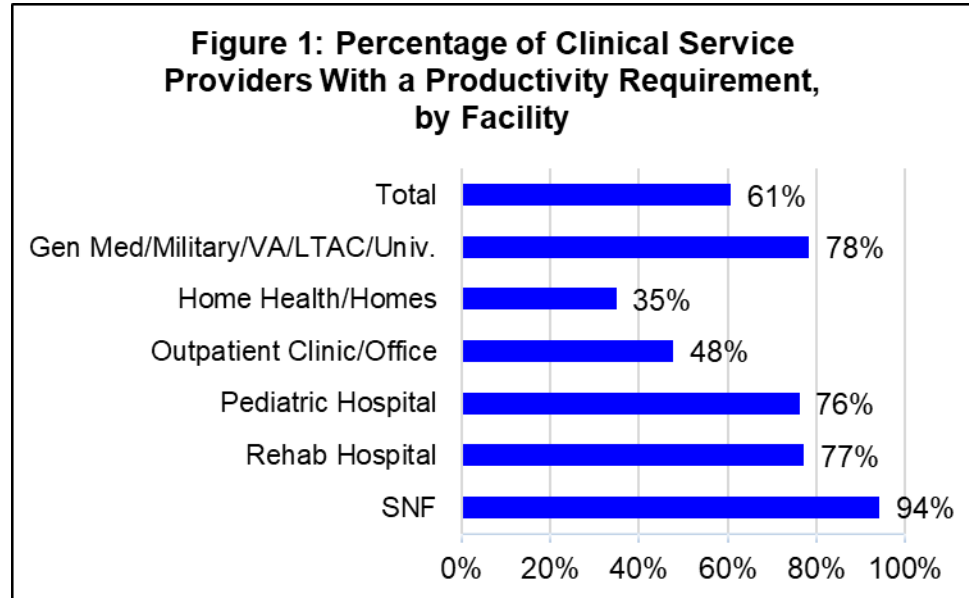
This report addresses only questions on the survey pertaining to practice issues. Data are drawn from six types of health care facilities: general medical, Veterans Affairs (VA), military, or long term acute care (LTAC) hospitals; home health agencies or clients' homes; outpatient clinics or offices; pediatric hospitals; rehabilitation (rehab) hospitals; and skilled nursing facilities (SNFs) or subacute care facilities. We did not present data for table cells with fewer than 25 respondents.

Highlights

- 61% of clinical service providers who worked full- or part time had a productivity requirement.
 - 94% of clinical service providers in SNFs had a productivity requirement.
- The average (mean) productivity requirement was 79%.
 - The mean was 84% in the Middle Atlantic states.
- 42% of clinical service providers said that nothing counted toward productivity when patients were not present.
 - 63% of SLPs in SNFs said nothing counted toward productivity when patients were not present.
- 22% of clinical service providers who were paid primarily an annual salary performed off-the-clock work daily.
- 27% of clinical service providers delivered services via telepractice to school-age children or adolescents.
- 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.
 - 12% had no barriers to using telepractice.

Productivity Requirement

Of the SLPs who were primarily clinical service providers and worked full- or part time, 61% said that they had a productivity requirement. SLPs in SNFs were the most likely to report having a requirement, and those in home health agencies or clients' homes were least likely ($p = .000$; see Figure 1).



Note. $n = 1,485$.

Productivity Percentage

As noted earlier, 61% of the clinical service providers did have a productivity requirement. They reported their mean productivity requirement as 79% and their median as 80% (see Table 1; $p = .000$).

Table 1. Productivity Requirement, by Facility (%)

Facility	Mean	Median
Total	79.3	80.0
General medical, military, VA, LTAC, university hospital	75.8	75.0
Home health agency or clients' homes	79.6	80.0
Outpatient clinic or office	77.4	80.0
Pediatric hospital	69.1	69.0
Rehab hospital	77.6	75.0
SNF, subacute care	84.8	85.0

Note. $n = 1,422$.

Salary Basis

Interpreting data from Figure 1 and Table 1 tells us that 94% of clinical service providers in SNFs, for example, had a productivity requirement (see Figure 1) and that the average (mean) productivity requirement for that group was 85% (see Table 1).

Salary basis, geographic area, and population density also were predictors of productivity.

The average (mean) productivity requirement was 76% for clinical service providers who were employed full time or part time and received primarily an annual salary, 81% for those receiving primarily an hourly wage, and 82% for those paid primarily per visit ($p = .000$).

Geographic Area

Average (mean) productivity varied by geographic division with the lowest being reported in New England and the highest in the neighboring Middle Atlantic states (see Table 2; $p = .001$).

Table 2. Productivity Requirement, by Geographic Division (%)

Geographic Division	Mean	Median
New England	75.3	80.0
Middle Atlantic	84.0	85.0
East North Central	79.8	80.0
West North Central	77.6	80.0
South Atlantic	79.2	80.0
East South Central	79.6	80.0
West South Central	80.1	82.0
Mountain	77.0	80.0
Pacific	77.4	80.0

Note. $n = 1,482$.

Population Density

Clinical service providers in city or urban areas and in suburban areas reported a median productivity rate of 80%; those in rural areas reported 85%. Mean productivity rates were statistically different. Clinical service providers reported means of 78% in city or urban areas, 80% in rural areas, and 81% in suburban areas ($p = .002$).

Productivity Activities

Facility

We asked the clinical service providers who reported that they had a productivity requirement to select which of five activities counted toward their productivity calculation when patients were not present. Note that 42% said that nothing counted when patients were not present. This response was most prevalent among SLPs in SNFs (63%) and was least prevalent among those in home health agencies or clients' homes (24%; $p = .000$). Facility type predicted the first three activities in the list below, as noted by probability values of less than .05.

- 9% selected *care coordination activities*. The range was from 5% in outpatient clinics or offices to 15% in pediatric and rehab hospitals ($p = .003$).
- 13% selected *clinical team meetings*. The range was from 10% in outpatient clinics or offices to 26% rehab hospitals ($p = .001$).
- 12% selected *in-service or informal staff training sessions*. The range was from 9% in outpatient clinics or offices to 21% in rehab hospitals ($p = .031$).
- 11% selected *documentation*. The type of facility where clinical service providers were employed was not a significant predictor of their responses ($p = .050$).
- 4% selected *other activities*. The type of facility where clinical service providers were employed was not a significant predictor of their responses ($p = .471$).

Function

Employment function was a predictor of one response: 4% of SLPs who were primarily clinical service providers and 9% of those who were primarily administrators or supervisors who saw some patients said that an *other* activity counted when patients were not present ($p = .025$).

Geographic Area

Geographic division predicted one response. The range of clinical service providers who reported that *documentation* counted toward productivity when patients were not present was from 6% in the Middle Atlantic states to 15% in the Pacific states ($p = .009$).

Population Density

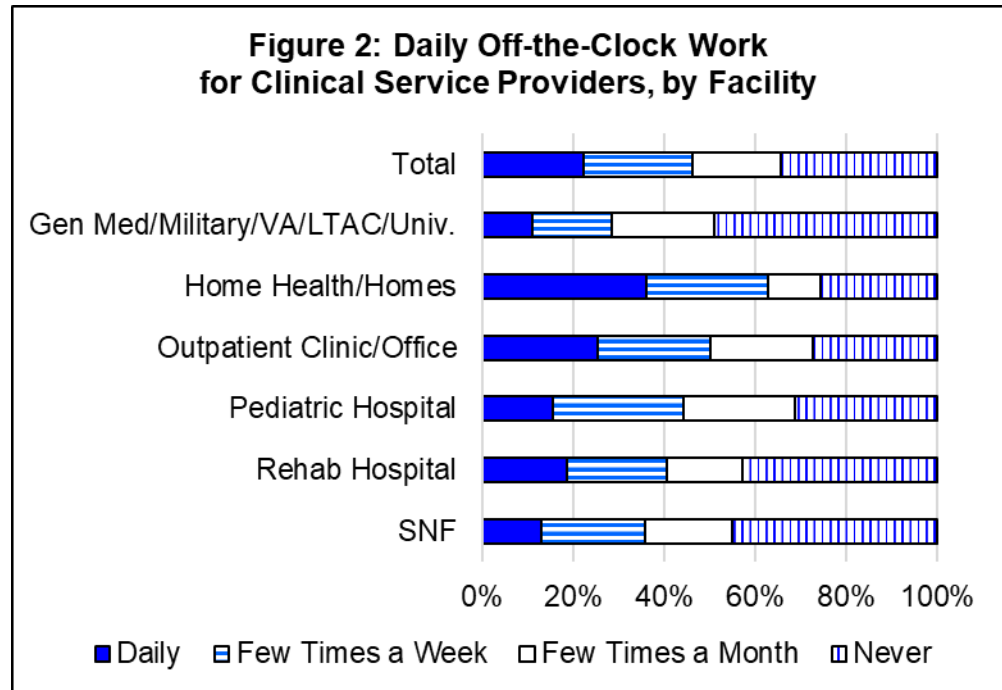
Population density also predicted one response: 6% of clinical service providers in rural areas and 12% in both city or urban and suburban areas said that *documentation* counted toward productivity when patients were not present ($p = .017$).

“Off-the-Clock” Work

Salary basis had an effect on whether clinical service providers who worked full- or part time also performed off-the-clock work: 14% of those who were paid primarily per hour, 22% who were paid primarily an annual salary, and 49% who were paid primarily per visit performed off-the-clock work daily during the past 12 months ($p = .000$).

Facility

Overall, slightly more than one fifth (22%) of the clinical service providers who worked full- or part time, regardless of their salary basis, said that they had typically performed off-the-clock work daily during the last 12 months, 24% a few times a week, 20% a few times a month, and 34% never. More SLPs in home health agencies or clients’ homes (36%) than in any other facility type reported daily off-the-clock work ($p = .000$; see Figure 2).



Note. $n = 1,458$.

Function

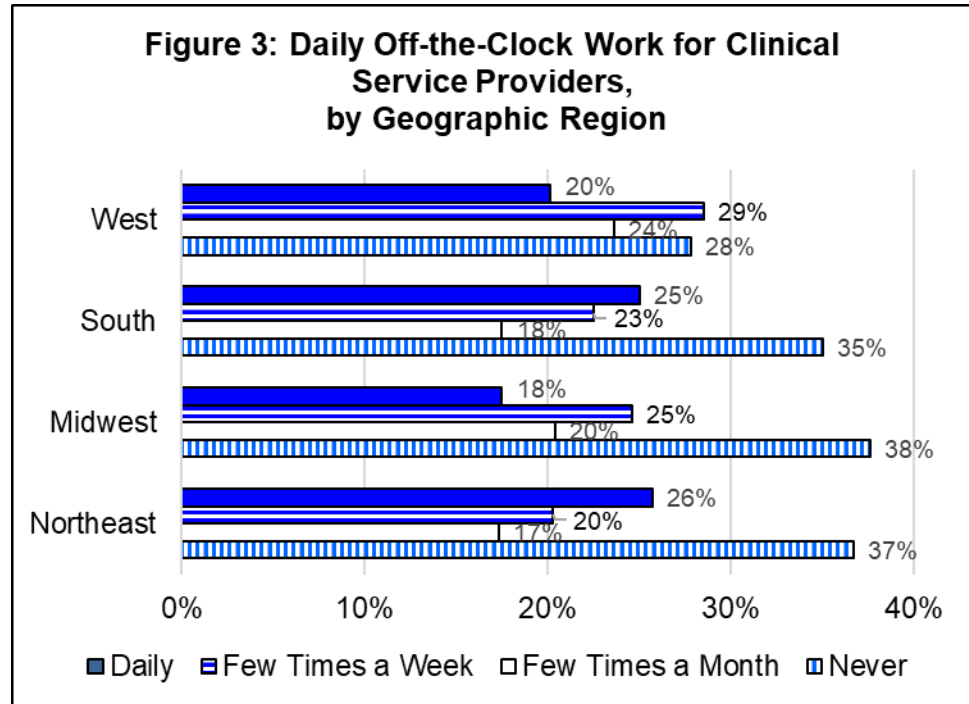
More of the SLPs who were primarily administrators or supervisors who also saw some patients (35%) than of those who were primarily clinical service providers (22%) performed off-the-clock work daily ($p = .002$).

Years of Experience

Performing off-the-clock work daily varied by the number of years of experience that clinical service providers had, but not in a straight line. In 5-year increments, beginning with 1 to 5 years and ending with 31 or more years, 24%, 23%, 20%, 11%, 20%, 14%, and 17% said that they performed off-the-clock work a few times a month ($p = .008$).

Geographic Area

Geographic region was a predictor of responses. Clinical service providers who were employed full- or part time in the South (25%) or Northeast (26%) were more likely than those in other regions to perform off-the-clock work daily ($p = .010$; see Figure 3).



Note. $n = 1,454$.

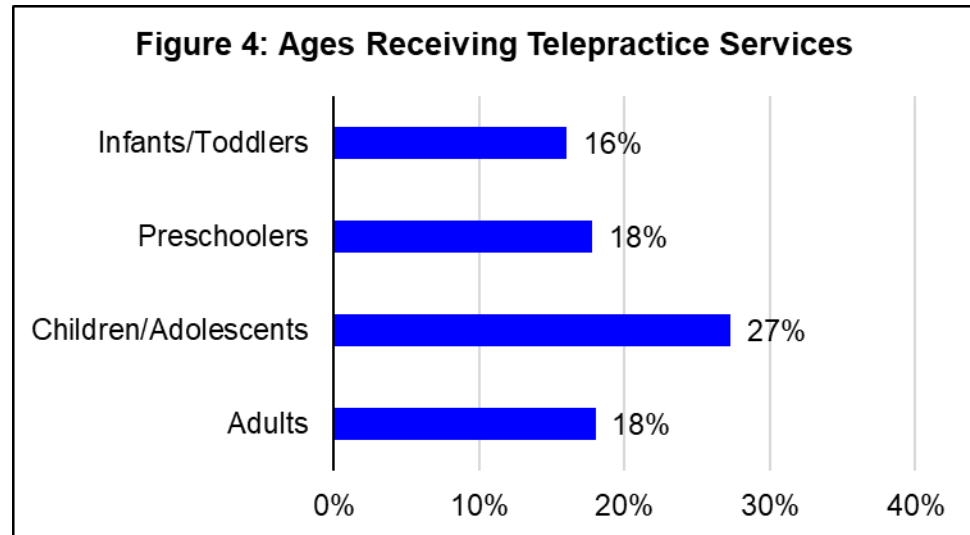
Population Density

Clinical service providers who were employed full time or part time in suburban areas (25%) were more likely than their counterparts in either (a) city or urban areas or (b) rural areas (20%) to typically work daily off the clock. SLPs in rural areas were more likely to never work off the clock (43%) than were those in city or urban areas or suburban areas (33%; $p = .026$).



Telepractice

We asked the survey participants if they provided services via telepractice to each of four age groups. Overall, more clinical service providers provided telepractice to school-age children or adolescents than to the other three groups (see Figure 4).



Note. $n \geq 1,253$.

Facility

Facility type was a predictor for each of the four age groups.

- Between 1% of clinical service providers in rehab hospitals and 38% in pediatric hospitals provided telepractice services to infants and toddlers ($p = .000$).
- Between 1% of clinical service providers in rehab hospitals and 45% in pediatric hospitals provided telepractice services to preschoolers ($p = .000$).
- Between 4% of clinical service providers in rehab hospitals and in general medical, VA, military, LTAC, or university hospitals and 50% in outpatient clinics or offices provided telepractice services to school-age children or adolescents ($p = .000$).
- Between 6% of clinical service providers in rehab hospitals and 26% in outpatient clinics or offices provided telepractice services to adults ($p = .000$).

Population Density

Population density was a predictor for two of the four age groups.

- 12% of clinical service providers in rural areas, 17% in suburban areas, and 20% in city or urban areas served preschoolers with telepractice ($p = .023$).
- 13% of clinical service providers in rural areas, 29% in suburban areas, and 30% in city or urban areas served school-age children and adolescents via telepractice ($p = .000$).

Geographic Area

Geographic division was a predictor for each of the four age groups.

- Between 5% of clinical service providers in the East South Central states and 31% in the Pacific states provided telepractice services to infants and toddlers ($p = .000$).
- Between 11% of clinical service providers in the Middle Atlantic states and 34% in the Pacific states provided telepractice for preschoolers ($p = .000$).
- Between 14% of clinical service providers in the Middle Atlantic states and 47% in the Mountain states served school-age children and adolescents via telepractice ($p = .000$).
- Between 12% of clinical service providers in the East South Central states and 30% in New England provided telepractice services to adults ($p = .022$).



Barriers to Telepractice

We asked participants to identify their current top five barriers from a list of 12 choices. Employment facility was a significant predictor of three of the barriers (see Appendix Table 1).

- The barrier most frequently selected in the top five was *patients on my caseload are not appropriate for telepractice due to clinical presentation*. This was selected by 44% of SLPs as one of their top five barriers, ranging from 37% in rehab hospitals to 54% in pediatric hospitals ($p = .000$).
- 35% included *patient/family does not want services via telepractice*. The range was from 15% of clinical service providers in general medical, VA, military, LTAC, or university hospitals to 55% in home health agencies or clients' homes ($p = .000$).
- 34% included *patient/family has barriers to effective participation via telepractice (e.g., rural/remote settings, unable to access dedicated device, poor bandwidth)* in their top five. The range was from 17% in rehab hospitals to 48% in home health agencies or clients' homes ($p = .000$).
- 18% selected *facility does not have appropriate infrastructure (e.g., dedicated space, Internet bandwidth, equipment)*.
- 17% selected *payer coverage limitations*.
- 17% selected *I am not comfortable with telepractice*.
- 13% selected *limitations imposed by state law, licensure, and/or practice act*.
- 10% selected *the administration/management does not see the benefits versus costs of providing services via telepractice*.
- 9% selected *accessing or integrating the services of trained interpreters*.
- 8% selected *inadequate availability of trained facilitators*.
- 3% selected *challenges with infection control of shared equipment*.
- 9% selected *other*.
- 12% said they had no barriers.



Survey Notes and Methodology

The ASHA 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.

We fielded the survey via postal mail on February 2, March 9, and April 19, 2023 to a random sample of 5,000 ASHA-certified SLPs who were employed in health care settings in the United States. It was a random sample, stratified by type of facility. We oversampled small groups, such as pediatric hospitals. We used weighting when presenting data to reflect the actual distribution of SLPs in each type of facility.

Response Rate

Of the original 5,000 SLPs in the sample, 6 had retired, 42 had unusable addresses, and 89 were not currently employed in health care. The actual number of respondents was 1,677, resulting in a 34.5% response rate. The results presented in this report are based on responses from those 1,677 individuals.

Survey Reports

Results from the ASHA 2023 SLP Health Care Survey are presented in a series of reports at www.asha.org:

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

Suggested Citation

American Speech-Language-Hearing Association. (2023). ASHA 2023 SLP Health Care Survey: Practice issues. www.asha.org.

Supplemental Resources

American Speech-Language-Hearing Association. (n.d.-a). *Documentation in health care*. www.asha.org/Practice-Portal/Professional-Issues/Documentation-in-Health-Care

American Speech-Language-Hearing Association. (n.d.-b). *Productivity*. www.asha.org/slp/productivity/

American Speech-Language-Hearing Association. (n.d.-c). *Speech-language pathologists in health care settings*. www.asha.org/slp/healthcare

American Speech-Language-Hearing Association. (n.d.-d). *Speech-language pathologists (SLPs) are the most qualified providers for dysphagia services*. www.asha.org/slp/clinical/speech-language-pathologists-as-the-preferred-providers-for-dysphagia-services/

American Speech-Language-Hearing Association. (n.d.-e). *Telepractice*. www.asha.org/practice-portal/professional-issues/telepractice

American Speech-Language-Hearing Association. (2016). *Code of ethics*. www.asha.org/policy/ET2016-00342/

Additional Information

For additional information regarding the *ASHA 2023 SLP Health Care Survey*, please contact Monica Sampson, director, Health Care Services in Speech-Language Pathology, 800-498-2071, ext. 5686, msampson@asha.org.

Thank You

ASHA would like to thank the SLPs who completed the *ASHA 2023 SLP Health Care Survey*. Reports like this one are possible only 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*.



Appendix: State Listings and Data Tables

Regions of the Country

Northeast

- ◆ Middle Atlantic
 - New Jersey
 - New York
 - Pennsylvania
- ◆ New England
 - Connecticut
 - Maine
 - Massachusetts
 - New Hampshire
 - Rhode Island
 - Vermont

South

- ◆ East South Central
 - Alabama
 - Kentucky
 - Mississippi
 - Tennessee
- ◆ South Atlantic
 - Delaware
 - District of Columbia
 - Florida
 - Georgia
 - Maryland
 - North Carolina
 - South Carolina
 - Virginia
 - West Virginia
- ◆ West South Central
 - Arkansas
 - Louisiana
 - Oklahoma
 - Texas

Midwest

- ◆ East North Central
 - Illinois
 - Indiana
 - Michigan
 - Ohio
 - Wisconsin
- ◆ West North Central
 - Iowa
 - Kansas
 - Minnesota
 - Missouri
 - Nebraska
 - North Dakota
 - South Dakota

West

- ◆ Mountain
 - Arizona
 - Colorado
 - Idaho
 - Montana
 - Nevada
 - New Mexico
 - Utah
 - Wyoming
- ◆ Pacific
 - Alaska
 - California
 - Hawaii
 - Oregon
 - Washington

Appendix Table 1: Barriers to Telepractice, by Type of Facility

22. What are the current TOP FIVE barriers to your providing telepractice to your patients? *Rank order your responses from 1 to 5, with 1 being the top barrier.* (Percentages; we changed the order of responses from alphabetic to descending order of frequencies of placement within the top 5 [i.e., 1–5]. Columns do not equal 100% because the remaining respondents did not select the barrier as one of their top 5. We calculated chi square statistics on rankings of 0 to 5.)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-SLP
- ❖ Employed full time or part time
- ❖ Primarily clinical service provider

Barrier		Facility Type						
		All Facility Types	General/VA/ Military/ LTAC/ University Hospital	Home Health/ Client's Home	Outpatient Clinic/Office	Pediatric Hospital	Rehab Hospital	Skilled Nursing Facility/ Subacute Care
		<i>n</i> = 1,485	<i>n</i> = 201	<i>n</i> = 255	<i>n</i> = 569	<i>n</i> = 46	<i>n</i> = 93	<i>n</i> = 257
Patients on my caseload are not appropriate for telepractice due to clinical presentation	1	18.2	28.4	10.6	17.6	26.1	22.6	19.5
	2	10.6	3.0	12.5	14.4	13.0	8.6	6.6
	3	9.3	4.0	14.1	11.1	10.9	3.2	6.6
	4	3.9	3.5	2.7	5.1	2.2	1.1	4.3
	5	2.2	1.5	3.1	1.9	2.2	1.1	2.3
	1–5	44.2	40.3	43.1	50.1	54.3	36.6	39.3
		Statistical significance: $\chi^2(25) = 80.4, p = .000$, Cramer's <i>V</i> = .106 <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by facility type.						
(Question 22 continues on next page.)								

22. (cont'd) What are the current **TOP FIVE** barriers to your providing telepractice to your patients? *Rank order your responses from 1 to 5, with 1 being the top barrier.* (Percentages; we changed the order of responses from alphabetic to descending order of frequencies of placement within the top 5 [i.e., 1–5]. Columns do not equal 100% because the remaining respondents did not select the barrier as one of their top 5. We calculated chi square statistics on rankings of 0 to 5.)
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Patient/family does not want services via telepractice	1	11.0	1.5	26.6	13.5	8.7	3.3	1.9
	2	10.2	6.0	13.7	14.4	10.9	3.3	4.3
	3	6.6	4.5	9.0	7.9	8.7	4.3	3.9
	4	4.2	1.5	3.5	6.0	8.7	4.3	2.3
	5	3.4	1.5	2.0	4.0	2.2	4.3	5.1
	1–5	35.4	14.9	54.7	45.9	39.1	19.6	17.5
		Statistical significance: $\chi^2(25) = 209.4$, $p = .000$, Cramer's $V = .172$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by facility type.						
(Question 22 continues on next page.)								

22. (cont'd) What are the current **TOP FIVE** barriers to your providing telepractice to your patients? *Rank order your responses from 1 to 5, with 1 being the top barrier.* (Percentages; we changed the order of responses from alphabetic to descending order of frequencies of placement within the top 5 [i.e., 1–5]. Columns do not equal 100% because the remaining respondents did not select the barrier as one of their top 5. We calculated chi square statistics on rankings of 0 to 5.)

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Barrier		Facility Type						
		All Facility Types	General/VA/ Military/ LTAC/ University Hospital	Home Health/ Client's Home	Outpatient Clinic/Office	Pediatric Hospital	Rehab Hospital	Skilled Nursing Facility/ Subacute Care
		<i>n</i> = 1,485	<i>n</i> = 202	<i>n</i> = 256	<i>n</i> = 571	<i>n</i> = 45	<i>n</i> = 92	<i>n</i> = 256
Patient/family has barriers to effective participation via telepractice (e.g., rural/remote settings, unable to access dedicated device, poor bandwidth)	1	8.3	5.9	11.3	11.4	11.1	1.1	2.0
	2	9.9	4.5	18.4	11.7	15.6	4.3	3.1
	3	8.7	3.5	11.3	11.6	11.1	4.3	5.9
	4	4.7	3.5	5.1	5.6	2.2	3.3	4.3
	5	2.7	3.0	2.3	2.6	2.2	4.3	2.7
	1–5	34.2	20.3	48.4	42.9	42.2	17.4	18.0
		Statistical significance: $\chi^2(25) = 129.1, p = .000$, Cramer's <i>V</i> = .135 <u>Conclusion:</u> There is adequate evidence from the data to say that the means vary by facility type.						
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Facility does not have appropriate infrastructure (e.g., dedicated space, Internet bandwidth, equipment)	1	5.4	3.5	1.6	5.1	2.2	6.5	11.3
	2	3.4	3.5	2.7	2.8	2.2	6.5	4.3
	3	3.8	4.5	2.7	3.2	4.4	2.2	5.8
	4	3.0	1.5	3.9	2.5	4.4	0.0	4.7
	5	2.4	1.5	3.1	2.8	2.2	0.0	1.6
	1–5	18.0	14.4	14.1	16.3	15.6	15.2	27.6
		Too many cells (31%) have an expected count of fewer than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						
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Payer coverage limitations	1	4.3	1.5	3.9	7.5	4.4	1.1	0.8
	2	4.0	2.5	2.7	6.0	4.4	2.2	2.7
	3	2.6	1.5	2.7	3.9	0.0	2.2	0.4
	4	3.6	3.0	5.9	4.4	2.2	1.1	2.0
	5	2.7	0.5	7.4	2.8	2.2	3.3	4.3
	1–5	17.1	8.9	18.7	24.6	13.3	9.8	10.2
		Too many cells (31%) have an expected count of fewer than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						
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I am not comfortable with telepractice	1	3.7	2.5	5.1	2.8	2.2	3.3	5.1
	2	3.0	2.5	2.0	3.2	0.0	1.1	5.5
	3	2.7	0.5	2.7	3.9	2.2	2.2	2.7
	4	3.2	1.0	4.7	3.7	2.2	3.3	3.1
	5	4.1	2.0	5.1	4.6	2.2	2.2	5.1
	1–5	16.7	8.4	19.5	18.1	8.9	12.1	21.6
		Too many cells (28%) have an expected count of fewer than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						

(Question 22 continues on next page.)

22. (cont'd) What are the current **TOP FIVE** barriers to your providing telepractice to your patients? *Rank order your responses from 1 to 5, with 1 being the top barrier.* (Percentages; we changed the order of responses from alphabetic to descending order of frequencies of placement within the top 5 [i.e., 1–5]. Columns do not equal 100% because the remaining respondents did not select the barrier as one of their top 5. We calculated chi square statistics on rankings of 0 to 5.)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-SLP
- ❖ Employed full time or part time
- ❖ Primarily clinical service provider

Barrier		Facility Type						
		All Facility Types	General/VA/ Military/ LTAC/ University Hospital	Home Health/ Client's Home	Outpatient Clinic/Office	Pediatric Hospital	Rehab Hospital	Skilled Nursing Facility/ Subacute Care
		<i>n</i> = 1,485	<i>n</i> = 202	<i>n</i> = 256	<i>n</i> = 570	<i>n</i> = 45	<i>n</i> = 93	<i>n</i> = 258
Limitations imposed by state law, licensure, and/or practice act	1	4.0	2.5	5.5	5.6	8.9	2.2	0.4
	2	2.5	3.0	1.2	3.3	2.2	1.1	1.6
	3	2.2	1.5	3.1	2.1	2.2	3.2	1.6
	4	2.2	1.5	1.6	3.2	4.4	3.2	1.6
	5	2.1	1.0	2.0	3.3	2.2	0.0	1.6
	1–5	13.2	9.4	13.3	17.5	20.0	9.7	6.6
		Too many cells (39%) have an expected count of fewer than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						
(Question 22 continues on next page.)								

22. (cont'd) What are the current **TOP FIVE** barriers to your providing telepractice to your patients? *Rank order your responses from 1 to 5, with 1 being the top barrier.* (Percentages; we changed the order of responses from alphabetic to descending order of frequencies of placement within the top 5 [i.e., 1–5]. Columns do not equal 100% because the remaining respondents did not select the barrier as one of their top 5. We calculated chi square statistics on rankings of 0 to 5.)

Analyses limited to respondents who met the following criteria:

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Barrier		Facility Type						
		All Facility Types	General/VA/ Military/ LTAC/ University Hospital	Home Health/ Client's Home	Outpatient Clinic/Office	Pediatric Hospital	Rehab Hospital	Skilled Nursing Facility/ Subacute Care
		<i>n</i> = 1,485	<i>n</i> = 202	<i>n</i> = 256	<i>n</i> = 571	<i>n</i> = 46	<i>n</i> = 92	<i>n</i> = 257
The administration/management does not see the benefits versus costs of providing services via telepractice	1	2.6	4.5	2.0	1.8	2.2	2.2	4.3
	2	1.8	1.0	1.2	1.9	2.2	5.4	1.9
	3	1.3	1.5	0.4	1.2	2.2	2.2	1.6
	4	2.5	2.0	3.1	2.5	0.0	2.2	3.1
	5	1.7	1.5	1.6	1.8	2.2	2.2	2.3
	1–5	10.0	10.4	8.2	9.1	9.7	14.1	13.2
		Too many cells (53%) have an expected count of fewer than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						
(Question 22 continues on next page.)								

22. (cont'd) What are the current **TOP FIVE** barriers to your providing telepractice to your patients? *Rank order your responses from 1 to 5, with 1 being the top barrier.* (Percentages; we changed the order of responses from alphabetic to descending order of frequencies of placement within the top 5 [i.e., 1–5]. Columns do not equal 100% because the remaining respondents did not select the barrier as one of their top 5. We calculated chi square statistics on rankings of 0 to 5.)

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Barrier		Facility Type						
		All Facility Types	General/VA/ Military/ LTAC/ University Hospital	Home Health/ Client's Home	Outpatient Clinic/Office	Pediatric Hospital	Rehab Hospital	Skilled Nursing Facility/ Subacute Care
		<i>n</i> = 1,485	<i>n</i> = 202	<i>n</i> = 256	<i>n</i> = 570	<i>n</i> = 45	<i>n</i> = 93	<i>n</i> = 256
Accessing or integrating the services of trained interpreters	1	0.6	0.0	0.8	0.7	0.0	1.1	0.4
	2	1.5	0.0	1.2	1.4	6.7	1.1	2.7
	3	1.9	1.5	2.3	2.5	2.2	2.2	0.8
	4	2.7	1.0	2.3	4.0	4.4	1.1	2.0
	5	2.4	3.0	3.5	1.8	4.4	2.2	1.6
	1–5	9.0	5.4	10.2	10.4	17.8	7.5	7.4
		Too many cells (53%) have an expected count of fewer than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						
(Question 22 continues on next page.)								

22. (cont'd) What are the current **TOP FIVE** barriers to your providing telepractice to your patients? *Rank order your responses from 1 to 5, with 1 being the top barrier.* (Percentages; we changed the order of responses from alphabetic to descending order of frequencies of placement within the top 5 [i.e., 1–5]. Columns do not equal 100% because the remaining respondents did not select the barrier as one of their top 5. We calculated chi square statistics on rankings of 0 to 5.)

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Barrier		Facility Type						
		All Facility Types	General/VA/ Military/ LTAC/ University Hospital	Home Health/ Client's Home	Outpatient Clinic/Office	Pediatric Hospital	Rehab Hospital	Skilled Nursing Facility/ Subacute Care
		<i>n</i> = 1,485	<i>n</i> = 203	<i>n</i> = 256	<i>n</i> = 569	<i>n</i> = 45	<i>n</i> = 92	<i>n</i> = 257
Inadequate availability of trained facilitators	1	0.8	0.0	0.8	0.2	0.0	1.1	2.3
	2	2.0	1.0	1.2	1.2	0.0	1.1	6.6
	3	2.3	0.5	0.8	2.6	2.2	1.1	5.1
	4	1.7	1.0	1.6	0.9	2.2	2.2	3.9
	5	1.7	1.5	2.3	1.4	0.0	2.2	2.3
	1–5	8.4	3.9	6.6	6.3	4.4	7.6	20.2
		Too many cells (61%) have an expected count of fewer than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						
(Question 22 continues on next page.)								

22. (cont'd) What are the current **TOP FIVE** barriers to your providing telepractice to your patients? *Rank order your responses from 1 to 5, with 1 being the top barrier.* (Percentages; we changed the order of responses from alphabetic to descending order of frequencies of placement within the top 5 [i.e., 1–5]. Columns do not equal 100% because the remaining respondents did not select the barrier as one of their top 5. We calculated chi square statistics on rankings of 0 to 5.)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-SLP
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Barrier		Facility Type						
		All Facility Types	General/VA/ Military/ LTAC/ University Hospital	Home Health/ Client's Home	Outpatient Clinic/Office	Pediatric Hospital	Rehab Hospital	Skilled Nursing Facility/ Subacute Care
		<i>n</i> = 1,485	<i>n</i> = 202	<i>n</i> = 256	<i>n</i> = 570	<i>n</i> = 46	<i>n</i> = 92	<i>n</i> = 256
Challenges with infection control of shared equipment	1	0.3	0.0	0.0	0.5	0.0	0.0	0.4
	2	0.2	0.5	0.0	0.0	0.0	0.0	0.8
	3	0.6	0.0	0.4	0.7	0.0	0.0	1.6
	4	0.6	1.5	0.0	0.0	0.0	1.1	2.0
	5	0.8	0.5	0.4	0.2	0.0	1.1	2.7
	1–5	2.6	2.5	0.8	1.4	0.0	2.2	7.4
		Too many cells (83%) have an expected count of fewer than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						
(Question 22 continues on next page.)								

22. (cont'd) What are the current **TOP FIVE** barriers to your providing telepractice to your patients? *Rank order your responses from 1 to 5, with 1 being the top barrier.* (Percentages; we changed the order of responses from alphabetic to descending order of frequencies of placement within the top 5 [i.e., 1–5]. Columns do not equal 100% because the remaining respondents did not select the barrier as one of their top 5. We calculated chi square statistics on rankings of 0 to 5.)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-SLP
- ❖ Employed full time or part time
- ❖ Primarily clinical service provider

Barrier		Facility Type						
		All Facility Types	General/VA/ Military/ LTAC/ University Hospital	Home Health/ Client's Home	Outpatient Clinic/Office	Pediatric Hospital	Rehab Hospital	Skilled Nursing Facility/ Subacute Care
		<i>n</i> = 1,485	<i>n</i> = 202	<i>n</i> = 256	<i>n</i> = 570	<i>n</i> = 45	<i>n</i> = 93	<i>n</i> = 256
Other; specify:	1	5.7	8.4	5.9	3.9	6.7	15.1	5.5
	2	0.9	1.0	2.0	0.5	0.0	1.1	0.8
	3	0.7	0.5	1.2	0.7	0.0	2.2	0.4
	4	1.1	0.5	1.2	1.9	0.0	0.0	0.4
	5	1.0	0.0	1.2	1.4	0.0	1.1	0.8
	1–5	9.4	10.4	11.3	8.4	6.7	19.4	7.8
		Too many cells (61%) have an expected count of fewer than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.						
(Question 22 continues on next page.)								

22. (cont'd) What are the current TOP FIVE barriers to your providing telepractice to your patients? *Rank order your responses from 1 to 5, with 1 being the top barrier.* (Percentages; we changed the order of responses from alphabetic to descending order of frequencies of placement within the top 5 [i.e., 1–5]. Columns do not equal 100% because the remaining respondents did not select the barrier as one of their top 5. We calculated chi square statistics on rankings of 0 to 5.)

Analyses limited to respondents who met the following criteria:

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Barrier		Facility Type						
		All Facility Types	General/VA/Military/LTAC/University Hospital	Home Health/Client's Home	Outpatient Clinic/Office	Pediatric Hospital	Rehab Hospital	Skilled Nursing Facility/Subacute Care
		<i>n</i> = 1,433	<i>n</i> = 202	<i>n</i> = 256	<i>n</i> = 570	<i>n</i> = 45	<i>n</i> = 92	<i>n</i> = 256
No barriers	1	11.6	10.4	8.2	14.4	4.4	8.7	10.5
	2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	4	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	5	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	1–5	11.6	10.4	8.2	14.4	4.4	8.7	10.5
		Statistical significance: $\chi^2(25) = 10.9, p = .054$ <u>Conclusion:</u> There is not enough evidence from the data to say that the means vary by facility type.						

Note. 1 = the percentage who put that barrier in first place; 2 = the percentage who put that barrier in second place; 3 = the percentage who put that barrier in third place; 4 = the percentage who put that barrier in fourth place; 5 = the percentage who put that barrier in fifth place; 1–5 = the total percentage who selected the barrier for one of their top five barriers. See Appendix D for list of specified other telepractice barriers, by facility.