MEDICAL SLP PRODUCTIVITY IN OREGON: STATE OF THE STATE

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Disclosures

• Dr. Lemoncello has no financial disclosures to declare.

• Dr. Lemoncello serves on the Board of Directors of OSHA.

THANK YOU to:
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• Sarah Vasquez, Boone Reavis
• Claire Barnes, Jessica Vanasse, Shana Tognazzini
• OSHA & Pacific University

Learning Objectives

Upon successful completion of this seminar, participants will be able to:
• describe why productivity requirements are important in our current healthcare system.
• describe productivity requirements and implications reported by medical SLPs in Oregon.
• discuss strategies for advocating for realistic productivity requirements.
Productivity in Medical Settings

- Productivity
  - production; business models
  - effectiveness/efficiency of productive effort
  - output per unit of input

- In medical settings:
  - "billable time" per unit worked

  reimbursement in
  salary paid out


Productivity in Medical Settings

- Reimbursements vary by insurance/setting
  - "Part A" models (inpatient/acute)
    - Prospective Payment System (PPS) based on initial ratings
    - accounts for Dx, severity, co-occurring conditions, demographic factors
    - Facility paid flat rate to provide services for a given LOS
    - "Pressure to rate as more severe initially or discharge early?"
  - "Part B" models (outpatient)
    - Payment for services reimbursement model
    - Services must be "medically necessary"
    - Therapy CAP (SLP/PT share $1,920 annually)
    - "Pressure to see more patients & limit time/maximize payment?"

- Current shifts from time-based to value-based services
  - G-coding for value-based outcomes


Productivity & Billing in Medical Settings

- CPT (Current Procedural Terminology) codes for billing

- Time-Based versus Service/Procedure-Based
  - A few time-based codes:
    - Aphasia Evaluation (per hour) [96105]
    - Standardized cognitive performance testing (per hour) [96129]
    - Cognitive skills development (each 15 min) [97532]
    - Speech-Generating Device Evaluation (first hour, each additional 30 min)
    - Aural Rehabilitation Evaluation (first hour, each additional 15 min)
    - Sensory integration (each 15 min)

  1 unit: 8 minutes to < 23 minutes
  2 units: 23 minutes to < 38 minutes
  3 units: 38 minutes to < 53 minutes
  4 units: 53 minutes to < 68 minutes
  5 units: 68 minutes to < 83 minutes
  6 units: 83 minutes to < 98 minutes
Productivity & Billing in Medical Settings

- CPT (Current Procedural Terminology) codes for billing
- Time-Based versus Service/Procedure-Based
  - Service/Procedure-based codes represent “a typical session”
  - FLAT RATE (doesn’t matter how many minutes/visits) – once/day
  - Oral-pharyngeal swallowing eval [92610]
  - MBS/VFSS [92611]
  - FEES [92612]
  - FEEST [92614]
  - Dysphagia Indiv Tx [92526]
  - Speech/language eval [92523]
  - Speech only eval [92522]
  - Speech/language Indiv Tx [92507]
  - Speech/language Group Tx [92508]

The Build-Up

- Increasing pressures reported, especially in SNFs
- Challenges with/barriers to meeting high productivity
  - Unpredictable patients/settings; non-billable tasks impact patient care
- One strong voice:
  - Rachel Wynn
  - www.graymattertherapy.com

The Build-Up

- ASHA Leader:
  - February 2013: Make It Work: Boost Your Productivity
  - September 2013: Make It Work: Scheduling that Makes Sense & Tips to Boost Productivity
  - October 2013: On the Pulse: SLPs Feel Continued Pressure on Clinical Judgment
  - February 2014: On the Pulse: The Push to Preserve Clinical Judgment
  - June 2014: SLPs Report Stable Productivity Levels, More Ethical Challenges
  - June 2014: More on Productivity in SNFs
  - September 2014: More on Productivity in SNFs
  - November 2014: Organizations Take Stand to Preserve Clinical Judgment
  - September 2015: Health Care SLPs Face Productivity Pressures, Fewer Full-Time Positions

- ASHA Health Care Surveys
  - Every two years (2013, 2015, 2017…)
  - http://www.asha.org/Research/Members/HealthcareSurvey/
The Survey
- Sponsored by OSHA; collaboration from Pacific University
- Approved by IRB at Pacific University
- Open for 2 months between 6/9/15 – 7/31/15
- Advertised by postcard mailing to 204 licensed SLPs in Oregon in medical settings + snowball sampling
- Questions:
  - 18 demographic questions
  - 14 about productivity
  - 3 about ethics
  - 5 about advocacy
  - 3 about job satisfaction

Survey: Respondents
- N=204 licensed SLPs in Oregon in medical settings
- n = 93 → 91 began survey → 77 (38%) mostly completed
  - 63 (31%) complete
  - 14 incomplete (answered at least productivity section)
- Years Certified (excluding CF): (n=61)
  - M = 10.26 (SD = 9.99) [Range: 0-40 years]
- Geographic Distribution (n=60)

Survey: Respondents
- Skilled Nursing Facilities (SNF): (n = 26)
  - # Years in SNF: M = 7.31 yrs
  - Employment:
    - FT 65%
    - PRN 31%
    - PT 4%
  - Staffing:
    - Rehab Company 93%
    - Direct hire by SNF 7%

*No significant differences in mean years certified and primary work setting: F(5,52)=1.05, p>0.05*
Survey: Respondents

Differences by Setting:
- Differences in hourly vs salary pay, \( n=61 \), \( \chi^2(6)=21.01, p=.002 \)
- 95% hourly in SNF
- About 50/50 in hospitals
- Non-significant differences in how paid and working “off the clock” \( n=61 \)

<table>
<thead>
<tr>
<th></th>
<th>Hourly</th>
<th>Salaried</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Off Clock</td>
<td>24</td>
<td>17</td>
</tr>
<tr>
<td>Not working off clock &amp; negatively impacts productivity</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Not working off clock &amp; meets productivity</td>
<td>11</td>
<td>2</td>
</tr>
</tbody>
</table>

Survey: Productivity Results

Do You Have Productivity Standards? \( n=77 \)
- 4/77 who reported no productivity standards reported working in acute care hospitals

For all other settings, 100% reported having productivity requirements

17 respondents in acute care hospitals:
- 13/17 (76%) do have productivity standards
- 4/17 (24%) do not have productivity standards

Survey: Productivity Results

Productivity Expectations Clearly Communicated when Hired? \( n=72 \)

Have Productivity Requirements Changed Since You Started? \( n=72 \)
- Decrease
- No Change
- Increase
Survey: Productivity Results

Do Productivity Standards Vary by Discipline (SLP/OT/PT)? (n=71)

- SLP higher (untimed/visit codes) (6)
- SLP lower (more PT/OT groups; paperwork) (2)

How Frequently Is Productivity Assessed (n=71)

- Yearly
- Monthly
- Other
- Rarely

Survey: Productivity Results

- Differences in productivity requirements during CF? (n = 63)
  - No different (8)
  - Lower/graduated expectations for first few months (14)
  - Ramp up is very quick (2-3 weeks) for all new employees (16)
  - Mentor/supervisor get release time (8)

Survey: Productivity Results

- Skilled Nursing Facility (SNF)
  - 22
  - 84.55%
  - 2.63
  - 75-90%

- Home Health/Hospice
  - 2
  - 77.50%
  - 17.68
  - 65-90%

- Hospital (outpatient)
  - 12
  - 74.58%
  - 17.65
  - 65-90%

- Hospital (Inpatient Rehab)
  - 6
  - 72.33%
  - 5.35
  - 65-80%

- Community Rehabilitation
  - 2
  - 72.50%
  - 10.61
  - 65-80%

- Hospital (Acute Care)
  - 13
  - 69.46%
  - 5.74
  - 60-80%

- Private Practice
  - 1
  - 65.00%
  - --
  --

Productivity (%) by Work Setting (n=58)

R^2 = 0.51, F(6, 51) = 10.45, p = 0.000
**Survey: Productivity Results**

Who Do You Believe Sets Productivity Standards? (n=72)

**Survey: Productivity Incentives** (n=61)

<table>
<thead>
<tr>
<th>Incentive</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Me: Financial Bonus</td>
<td>10</td>
</tr>
<tr>
<td>Me: Other Job &quot;Perks&quot;</td>
<td>1</td>
</tr>
<tr>
<td>Me: Praise/Acknowledgement</td>
<td>12</td>
</tr>
<tr>
<td>Department: Financial Bonus</td>
<td>3</td>
</tr>
<tr>
<td>Department: Other Job &quot;Perks&quot;</td>
<td>4</td>
</tr>
<tr>
<td>Department: Praise/Acknowledgement</td>
<td>12</td>
</tr>
<tr>
<td>Manager: Financial Bonus</td>
<td>12</td>
</tr>
<tr>
<td>Manager: Other Job &quot;Perks&quot;</td>
<td>5</td>
</tr>
<tr>
<td>Manager: Praise/Acknowledgement</td>
<td>14</td>
</tr>
<tr>
<td>No Known Incentives</td>
<td>13</td>
</tr>
</tbody>
</table>

- Part of my annual performance review, reflected in possible pay increase
- No longer offered
- Raise of $0.09/hour
- If department exceeds 81% for a month, we get $150-200 to buy lunch for the team
- Able to hire more therapists based on productivity
- Email that says “good job”
- Discussed privately

**Survey: Productivity Consequences** (n=49)

<table>
<thead>
<tr>
<th>Consequence</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>I could be fired</td>
<td>16</td>
</tr>
<tr>
<td>I could be reprimanded</td>
<td>49</td>
</tr>
<tr>
<td>I could lose income</td>
<td>12</td>
</tr>
<tr>
<td>I could lose job &quot;perks.&quot;</td>
<td>1</td>
</tr>
<tr>
<td>Nothing, No consequences</td>
<td>5</td>
</tr>
</tbody>
</table>

- Counseling/discussion first step if productivity is low; attempts at improvement
- Part of my annual performance review, could affect potential for raises
- No new hires or supports
- Hours cut
- Go home early, without pay
- Would have to be consistently low and not receptive to feedback/no attempt at improvement to be fired for it
Survey: Productivity Results

What Counts as Productive Time (%) (n=72)

- Patient Contact
- Documentation
- Treatment Planning
- Care Coordination
- Family Education
- Mental Health
- Social Services

Survey: Productivity Results

Behavior Changes to Increase Productivity (%) (n=68)

- Document In Session
- Work Through Breaks
- Work Off the Clock
- Minimize Bathroom Breaks
- Minimize Fluid Intake

For those who reported documenting within sessions (58/68):
- 76% reported in-session documentation is distracting
- 24% reported in-session documentation does not distract them

Survey: Productivity Results

Rating Scale: 1 (Strongly Disagree) → 4 (Strongly Agree)

<table>
<thead>
<tr>
<th>Productivity requirement</th>
<th>n</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Productivity requirements enhance service delivery.</td>
<td>72</td>
<td>2.91</td>
<td>0.85</td>
</tr>
<tr>
<td>Productivity requirements are realistic.*</td>
<td>72</td>
<td>2.49</td>
<td>0.92</td>
</tr>
<tr>
<td>I meet the productivity requirements.*</td>
<td>72</td>
<td>2.70</td>
<td>0.97</td>
</tr>
<tr>
<td>I exceed the productivity requirements.*</td>
<td>72</td>
<td>2.32</td>
<td>1.06</td>
</tr>
<tr>
<td>I feel supported by my manager to meet productivity standards.*</td>
<td>72</td>
<td>2.48</td>
<td>0.94</td>
</tr>
<tr>
<td>I feel supported by administration to meet productivity standards.</td>
<td>72</td>
<td>2.30</td>
<td>1.02</td>
</tr>
</tbody>
</table>

*Statistically significant differences by primary work setting:
- Realistic: F(6,52)=2.47, p=.035
- Meet: F(6,52)=4.89, p=.000
- Exceed: F(6,52)=4.81, p=.001
- Mgr Support: F(6,52)=4.04, p=.002

*Statistically significant differences by primary work setting:
- Realistic: F(6,52)=2.47, p=.035
- Meet: F(6,52)=4.89, p=.000
- Exceed: F(6,52)=4.81, p=.001
- Mgr Support: F(6,52)=4.04, p=.002
Survey: Ethics Results

Which of the following situations have you faced in your workplace as a result of productivity requirements? (n=46)

- Pressure to Increase Intensity of My Work
- Pressure to Keep on Getting My Work Done
- Pressure to Keep My Work Consistent
- Pressure to Keep My Work as Consistent as Possible
- Pressure to Bill My Hours
- Pressure to Bill the Hours I Worked
- None of the above

Survey: Ethics Results

Have you officially reported any unethical or questionable pressures or practices? (n=63)

- Yes, reported
- None reported, but I am aware of problems
- None reported, and not aware of any problems

Survey: Ethics Results

If aware of unethical or questionably unethical practices, but not reported, which of the following affected decision? (n=31)

- Not my responsibility
- Not personally bothered
- Fear of Rejection
- Fear of Being Critically Evaluated
- Fear of Losing Job
Survey: Advocacy Results
Who have you contacted about productivity requirements or unethical/questionable practices? (n=43)

Survey: Advocacy Results
Which of the following proposed actions by OSHA would you consider supportive? (n=61)

Survey: Advocacy Results
What has worked?
- Knowing/explaining differences between timed codes (PT/OT) and non-timed/visit codes (SLP)
- Explain my role and value added to team/patient care decisions so manager can best advocate for SLP services
- Pro-active discussions and goals as a team (including importance of non-billable tasks)
- Document and show proof of time spent in facilities

What has not worked?
- Advocating for counting non-billable time into productivity
- Telling my supervisor how much I work off-the-clock/non-billable services
- Requests denied for tools/procedures to facilitate productivity (schedule, laptop)
- Educating managers about scope of SLP and need for assessment time/write-up compared to PT/OT
- Advocating for “realistic” standards
- Reporting (ethics, compliance, education, staff surveys)
Survey: Job Satisfaction Results

<p>| Rating Scale: 1 (Strongly Disagree) → 4 (Strongly Agree) |
|---|---|---|</p>
<table>
<thead>
<tr>
<th>n</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel burdened by productivity requirements.</td>
<td>64</td>
<td>2.89</td>
</tr>
<tr>
<td>I believe productivity requirements are unreasonable.</td>
<td>64</td>
<td>2.55</td>
</tr>
<tr>
<td>I believe there are unethical practices at my facility to push productivity.</td>
<td>62</td>
<td>2.69</td>
</tr>
<tr>
<td>I am considering leaving my job due to productivity requirements.</td>
<td>65</td>
<td>1.90</td>
</tr>
<tr>
<td>I have seen high turnover due to productivity requirements.</td>
<td>63</td>
<td>3.12</td>
</tr>
<tr>
<td>I have seen high turnover due to unethical/ disrespectful practices.</td>
<td>60</td>
<td>1.92</td>
</tr>
<tr>
<td>I have left a previous job due to productivity requirements.</td>
<td>54</td>
<td>1.81</td>
</tr>
<tr>
<td>I have left a previous job due to unethical/ disrespectful practices.</td>
<td>54</td>
<td>2.04</td>
</tr>
<tr>
<td>Productivity/billing pressures create tension between OT/PT/SLP as we compete for therapy minutes.</td>
<td>63</td>
<td>2.13</td>
</tr>
</tbody>
</table>

*No statistically significant differences when responses compared by primary work setting.

Survey: Confidence Ratings

<p>| Rating Scale: 1 (Strongly Disagree) → 4 (Strongly Agree) |
|---|---|---|</p>
<table>
<thead>
<tr>
<th>n</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swallowing Evaluation*</td>
<td>64</td>
<td>3.89</td>
</tr>
<tr>
<td>Swallowing Management</td>
<td>64</td>
<td>3.94</td>
</tr>
<tr>
<td>Cognitive Evaluation*</td>
<td>65</td>
<td>3.89</td>
</tr>
<tr>
<td>Cognitive Management</td>
<td>65</td>
<td>3.82</td>
</tr>
<tr>
<td>Speech/Language Evaluation</td>
<td>65</td>
<td>3.76</td>
</tr>
<tr>
<td>Speech/Language Management</td>
<td>65</td>
<td>3.72</td>
</tr>
<tr>
<td>Staff Training/Inservice</td>
<td>65</td>
<td>3.32</td>
</tr>
<tr>
<td>Interdisciplinary Involvement in SNFs</td>
<td>65</td>
<td>3.11</td>
</tr>
<tr>
<td>Long-Term Care Consultations in SNFs</td>
<td>44</td>
<td>2.54</td>
</tr>
</tbody>
</table>

*Statistically significant differences by primary work setting:
- Swallowing Eval: lower for OP therapists
- Cognitive Eval: lower for OP therapists
Survey: Confidence Ratings

Rating Scale: 1 (Strongly Disagree) → 4 (Strongly Agree)

<table>
<thead>
<tr>
<th>Item</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing for services</td>
<td>61</td>
<td>3.41</td>
<td>0.69</td>
</tr>
<tr>
<td>Medicare regulations for SLP services</td>
<td>62</td>
<td>2.94</td>
<td>0.96</td>
</tr>
<tr>
<td>Assigning RUG levels*</td>
<td>47</td>
<td>2.11</td>
<td>0.13</td>
</tr>
<tr>
<td>ICD coding for diagnosis*</td>
<td>57</td>
<td>3.16</td>
<td>0.82</td>
</tr>
<tr>
<td>DRG coding for billing</td>
<td>56</td>
<td>3.13</td>
<td>0.99</td>
</tr>
<tr>
<td>Grading for outcomes reporting</td>
<td>57</td>
<td>3.18</td>
<td>0.78</td>
</tr>
<tr>
<td>Advocating for Patients</td>
<td>63</td>
<td>3.76</td>
<td>0.43</td>
</tr>
<tr>
<td>Advocating for the field of SLP</td>
<td>64</td>
<td>3.33</td>
<td>0.60</td>
</tr>
<tr>
<td>Advocating for myself</td>
<td>63</td>
<td>3.30</td>
<td>0.70</td>
</tr>
</tbody>
</table>

*Statistically significant differences by primary work setting:
- RUG levels: higher for SNF/HH
- ICD coding: lower for inpatient (acute/rehab)

Survey: Job Satisfaction Results

What do you enjoy most about the SNF setting? (n=27)

- The population/patients/families; daily interactions (15)
- Extended time in rehabilitation; stable; functional goals to go home (7)
- Variety of disorder areas (1)
- My rehab team/collaborations (5)

- Higher pay/job opportunities/benefits (13)
- Flexible schedule (7)

Survey: Additional Comments

If you could change ONE thing about productivity, what would it be? (n=49)

- Include (don't penalize for) non-billable tasks (20)
- Make it more realistic; like 70-80%; no working off-the-clock (14)
- Productivity should benefit the patients, not the employer; focus on quality over quantity (7)
- Don't nag day after day; just let me do my job and make ethical clinical decisions; just do what's right (4)
- Get rid of the entire productivity system (2)
- Allow more time for assessments; more time for treatments (2)
- Financial rewards for meeting productivity requirements (1)
- Make it anonymous and averaged for the team for the week (1)
- Allow SLPs to make decisions about RUG levels (1)

- No changes needed (1)
- Productivity isn’t “bad” – use it to show the value of our services (1)
An Important Message!

"I owe it to my patients to treat as many patients in my facility as I can, to find all patients that can benefit from services and to try intervention, even if it isn't always successful. Also, it's important to me that I acknowledge the fact the people I care for worked their entire lives to earn Medicare benefits. I feel like it's my duty to provide high quality services and maximize frequency and duration. So many people are underserved. I try to make it a point to adequately serve... there's always something I can do to assure carryover or establish a plan for maintenance, I think clinicians need to be exposed to this way of thinking about patient advocacy. I feel like in any line of work, you expected to be "busy" 80% of your day. I know that I do a lot that isn't billable, but shouldn't we minimize anything that doesn't directly help our patients? That's what I try to do and it is relatively successful."

Next Steps…

- Learn about billing, coding, and the "business" of rehabilitation!
  - http://www.asha.org/practice/reimbursement/

- Be a team player

- Promote the value of your services
  - Document, document, document!

- Get involved!
  - rik@pacificu.edu

OSHA Representatives

www.oregonspeechandhearing.org/BOD
OSHAOregon@gmail.com
- State Education Advocacy Leader (SEAL)
  - Janet Wagner
- State Advocate for Reimbursement (STAR)
  - Kathy de Domingo
- State Advocate for Medicare Policy (StAMP)
  - Melissa Fryer
- Healthcare representative to the Board
  - VACANT!!!! Get involved??!
- Ethics Committee
  - Teresa Roberts, Chair
- Regional representatives to the Board
Closing Thoughts?

This is my ank you dance!