Increased Demands for Speech Therapy Services in Skilled Nursing Facilities

Increase need for healthcare providers

The Affordable Care Act (ACA) will increase demand for healthcare workers nationwide. A study in The New England Journal of Medicine suggests that a greater number of health care professionals will be needed to meet the demands of increased care (Staiger et al., 2011). Speech Language Pathologists (SLPs) are an integral part of that nationwide demand. According to the U.S. Bureau of labor and statistics, job growth for speech-language pathologists nationwide is expected to grow by 23 percent by the year 2020, faster than the average when compared with all occupations (2013). With the expected nationwide need for speech language pathologists and the growing demand for qualified, experienced individuals who can fill the role of SLP in skilled nursing facilities here in New York, it is imperative to consider all opportunities to fill the increased need.

Reason Why SLP services are in such demand

The scope of practice, as defined by the American Speech Language Hearing Association (ASHA) is to evaluate and diagnose speech, language, cognitive-communication, and swallowing disorders and treat such disorders in individuals of all ages, from infants to the elderly. A licensed speech language pathologist requires a minimum of a master’s degree and requires the completion of a minimum of an additional nine (9) month fellowship under the direct supervision of licensed speech language pathologist where they hone their skills and develop competencies to perform the daily activities necessary to bill for services under their own license. Since SLPs work over the entire continuum of life, it is important to find an individual who has experience in the skilled nursing facility area. The chart below represents the breakdown of the U.S. Bureau of labor Statistics breakdown of where Speech Language Pathologists are employed. Note that only 5% of the currently employed speech language pathologists have experience in skilled nursing facilities. The pool of SLPs with the appropriate clinical experience is limited.
The need for speech pathology services in the SNF

Beyond increasing coverage to more U.S. citizens, the ACA has several components to reduce overall costs of health care while increasing quality. To that end, three diagnoses are targeted by Title III that will penalize SNFs for readmissions to the hospitals after the initial thirty (30) days for the following diagnoses:

- Acute myocardial infarction
- Heart Failure
- Pneumonia

According to research conducted by Buckley and Cabrera, aspiration pneumonia represents more than 15% of all cases of community-associated pneumonias (CAP). The risk of aspiration pneumonia is six times greater in patients over the age of 75 and mortality rates associated with aspiration pneumonia is about 5%

Pneumonia, Aspiration (Buckley & Cabrera 2012). Having a proficient, knowledgeable SLP department who is able to reduce the risk of aspiration pneumonia and treat patients within the SNF is imperative to reduce their hospital readmission rate.

Finding the correct SLP

Experience of the speech language pathologist in your facility is critical. Misdiagnosed dysphagia can be costly to a facility. Altered diets and thickened liquids increase a facility’s food costs, decrease resident satisfaction with food and increase the risk of “tags” from the state department of health during annual survey. However, not providing the appropriate diet may lead to aspiration and aspiration pneumonia as well as choking. The balance between safety and satisfaction for residents is delicate and the level of competency of the SLP may determine the satisfaction of the residents in the facility and affect the reimbursement as well.

Beyond being an experienced diagnostician, the SLP needs to attempt to rehabilitate residents in the SNF to their prior level of function. Choosing appropriate candidates for treatment is important, as is having a sufficient experience base to have a full repertoire of therapy techniques that will work with a variety of residents.

Costs and Reimbursement

According to the ASHA SLP Health Care Survey 2011: Annual Salary Report the median annual salary for an SLP in a SNF was $81,681 (Janota, 2011). This cost does not reflect per diem costs occurred during vacation times, sick days, holidays or when caseload demands increase above what one SLP can provide. Speech
pathology is a billable service and when managed well, it provides increased revenue to a facility.

The facility revenue is determined by the reimbursement subtracted by subtracting SLP salary from reimbursement. Increased productivity of the SLP will increase the revenue, as salary is a fixed cost. Unfortunately, the inverse is also true. As productivity drops below a specific threshold, dependent on facility and caseload makeup, the SLP becomes a cost to the facility rather than a revenue generator.

Outsourcing a speech program to a company such as Language Fundamentals Inc. (LF) is one way to insulate the SNF from fluctuating costs and reimbursement while ensuring quality and experience. LF bases their fee structure on billable minutes for therapy provided, not hours worked for the primary reason that speech therapists in SNF have historically maintained extremely low levels of production.

Under this arrangement, the facility is insulated from paying a salary with minimal return on investment. With a constant price per minute model productivity is always 100% productive, thereby maximizing revenue and controlling costs for the facility. LF provides experienced clinicians that provide evaluation and treatment to the residents billable under Medicare Parts A and B as well as HMOs. They generally increase revenue in a facility and provide added quality to the SNF. Now with the implementation of Title III of the ACA can reduce risk of costly penalties as well.
References:


