

What home health SLPs say about their job

154 home health SLPs (and 1 mobile OP SLP) responded to my “Experience” survey.

Here is a sampling of their comments about the positives and negatives about working in the home.

Why many HH SLPs like their job

- Love the flexibility.
- It is very flexible and nice that no one bothers me about productivity
- Working in HH is “more controlled and safer” than expected.
- The effectiveness of treatment can actually be increased because therapy is being conducted in a familiar setting with access to meaningful and relevant materials (e.g., patient’s own meds and pill box, own calendar, etc.)!
- You can accomplish a TON of meaningful, functional goals as a speech therapist in home health. I feel much more helpful and impactful doing real things in the person’s actual environment than I ever did working at the SNF.
- I love it. I tell every company at interview that I WILL NOT compromise how often I see someone for profits, but that when insurance cuts them off, obviously I know I can’t go over. I’m reasonable and very very rarely get any push back.
- I love being able to work on functional goals and caregiver education. You often can’t do that in other settings.
- I’m 30+ years in, and this is my favorite setting... I set my own frequencies based on clinical judgment. My visits can be as long as I need them to be and are longer than most therapists in my agency.
- Home Health is the most engaging and rewarding experience I have had in my career, to be able to see the patient in their own environment has been challenging, fulfilling, rewarding, but it is also where patients I feel excel.
- The home health company is what makes you or breaks you. My prior company was profit over people and constantly fought me to reduce the number of visits. My current company is ethical, reasonable, and while they still need to stay in business, they absolutely respect my clinical judgment and autonomy.
- I love home health. I work for a good company with wonderful local managers who are supportive. This survey is making me appreciate how lucky I am! I currently have two patients on caseload with aphasia and apraxia with whom I’m probably nearing 100 visits each. One is an hour drive away from the office and most of the rest of my caseload. But they both continue to make gains, are definitely home bound, and are nowhere near baseline. Not one complaint or question from management!

The negatives of working in home health

Note: These complaints are not consistent across the board. Some clinicians reported these as misconceptions that aren't true for them.

- It has gotten harder since PDGM started.
- I'm frustrated by the lack of interaction with other SLPs.
- The amount of documentation needed for a single visit is absurd.
- I found the number of visits and distance required to travel negatively impacted the amount of time and energy I had to increase my knowledge and skills to benefit my patients.
- Sometimes I feel like I am driving more than seeing patients and the days can be long. Work and home balance is non-existent.
- No one really prepared me for the duties of case managing in HH. So much is required that sucks time from working at the top of my license.
- The oasis is not geared toward ST at all. Nurses get to decide if ST (or PT/OT) is needed. They are not therapists. It is all about money. We were literally told (when discussing visits are a pt) that "well this is a business."
- It has gotten harder to treat patients. Medicare PDGM I feel screws SLPs. PT gets in first and takes the majority of visits. No one usually cares about speech. It's a shame. Also, patients are sicker post Covid pandemic. Constant re hospitalizations affecting progress.
- The driving and distances are the worst part. I cannot make nearly the same amount of money my PT counterparts make, because my patients are usually 20 to 60 minutes away which means there is a limit to how many visits I can make within a workday. I refuse to work 10 hour days at this stage of my career, so I settle for much less money.
- It is very hard to get MBSS/FEES or even additional records. When patients have good support they tend to do well. When they don't, or if they are very very low SES, they tend to struggle much more.
- There are so many requirements per visit that it takes away from therapy time. (Taking vitals, asking required questions every time, paperwork... unrelated duties to speech therapy).
- The biggest struggle is lack of equipment access. Like I cannot get Breathers, EMST, vital stim, IOPI, or any of those kinds of treatments. There is not nearly as much collaboration between disciplines as I would like.

Where to learn more

- The more comprehensive report: Surveys reveal myths and truths about home health speech therapy. <https://eatspeakthink.com/surveys-reveal-myths-and-truths/>
- 3 surprising results: Home health SLP survey results may surprise you <https://eatspeakthink.com/home-health-slp-survey-results/>