

“It’s About Our Data and Not Just Our Word”

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It was in the eleventh grade that I decided I wanted to pursue a career in speech-language pathology. At that time, the profession was referred to as speech therapy. In preparation for my exploration, I obtained information about the profession from the American Speech and Hearing Association. The information I received indicated that just about the time I would be graduating from college, there would be a demand for speech therapists in a variety of employment settings, working with both children and adults. This confirmed for me that I would be pursuing a career in which I could make a difference in the lives of others, and yet have many different opportunities to make a living. What stood out in the information I reviewed was the requirement, a Certificate of Clinical Competence that would be needed if I was to have the flexibility of working in settings beyond the public schools. This certificate was more easily obtained when the professional received their graduate degree from an accredited educational program. Among the top schools listed in the publication I received was Michigan State University (MSU). At that time, forty-years ago, my dream was to attend MSU. It is with a sense of honor that I write this essay, as an outstanding Alumnus, as part of the 50th Anniversary celebration of the College of Communication Arts and Sciences.

For over thirty years, I have worked in a variety of employment settings and positions including clinician, university professor, association staff, researcher, and corporate executive. These employment opportunities afforded me the unique prospect to view my profession from many different perspectives.

While *working as a clinician*, my clients, their family members, and referral sources all looked to me to understand “how long” they would be enrolled in therapy; “what methods” I would use; and “what results” they could expect. My “word” was respected and guided the assessment and intervention process.

Later, *as a college professor*, I taught my students to examine carefully their assessment and intervention methodologies, document accurately, and communicate in an understandable and responsive manner to their clients, their clients’ families, other professionals, and payers. I prepared my students to become competent professionals. The profession assumed that the “word” of the speech-language pathologist would be accepted by others because the certified, and now, licensed speech-language pathologist was the “best qualified” to define scope of practice, frequency and length of service, service delivery guidelines, and success.

I would discover while *working at the American Speech-Language-Hearing Association*, as the liaison to the Committee on Quality Assurance, that a new movement was evolving in healthcare that was questioning the “benefits” of rehabilitation programs. This inquiry focused on the accountability of the professional. No longer was “our word” enough to convince clients, and others of the benefits and value of our work. An evolving *outcomes model* was fueled by escalating healthcare costs. Speech-language pathologists were being required to establish functional, measurable goals, utilize theoretically sound methods, and collect meaningful outcomes data. During my tenure at ASHA, in 1986, I led the development of an automated program evaluation system that included functional independence measures. This system was designed to equip professionals with the capacity to generate data that could be used to demonstrate the benefits and value of their work. Given the technology limitations at the time and the demands for rehabilitation outcomes and not just those pertaining to speech-language pathology, a national system was not established. The demands for outcomes data, however, persisted. In the absence of “our data,” payers and other professionals began determining frequency and length of services, scope of practice, utilization guidelines, etc.

While *working in the private sector*, I was especially cognizant of the changing environment in which speech-language pathologists practices were also changing. They were expected to conduct comprehensive assessments quickly; integrate both client and payer’s expectations in plans of care; facilitate positive results in a reasonable amount of time; and document the outcomes achieved based upon their impact on the client’s life. It became increasingly paramount that outcomes research must be conducted and thus the start of formalizing outcomes data collection, the examination of outcomes that demonstrate reduced costs and improved quality of care, and use of data to facilitate changes in service delivery. The profession was changing. We were providing *our data and not just our word*.

Currently, the American Speech-Language Hearing Association has a national outcomes measurement system (NOMS), and speech-language pathologists recognize that the future of the profession is in part, reliant upon not just their words but the quality of their data. It will be “our data” that facilitates the changes that must occur within our profession. It will be “our data” that provides the insights for how we raise the bar and continue to set the standard. *It’s about our data and not just our word*.