Functional Statement

Staff Psychologist, Co-located, Collaborative Care, PC-MHI Program

Series: GS-0180

Position grade: GS-13

Full performance level of position: GS-13

1. **QUALIFICATIONS:**
   
   a. Doctoral degree in Clinical Psychology (American Psychological Association accredited)
   
   b. Internship in Psychology (American Psychological Association accredited)
   
   c. Psychology Licensure
   
   d. One year of experience as a professional psychologist equivalent to the GS-12 level.

2. **GENERAL DESCRIPTION:** This co-located, collaborative care (CCC) psychologist position is administratively within the Behavioral VA Care Line, with primary assignment to the Primary Care- Mental Health Integration (PC-MHI) program, located within primary care. The CCC behavioral health provider (psychologist) functions as part of multidisciplinary primary care teams, and delivers brief, consultation-based services to Veterans, primary care providers, and allied Patient Alliance Care Team (PACT) members. The focus is on general service delivery for a wide range of concerns and resolving problems within the primary care service context. Behavioral health visits are brief (generally 20--30 minutes), limited in number (1-6 visits), and are provided in the primary care practice area, structured so that the patient views meeting with the behavioral health provider as a routine primary care service. CCC BHPs function within fast-paced primary care teams and can expect to consult with 8-10 patients per day with the primary goals of assisting PACT members with identification, treatment, and management of mental health and behavioral medicine conditions in the enrolled population.

3. **FUNCTIONS:**

   a. **PC-MHI Clinical Practice:**

   The CCC PC-MHI psychologist provides functional assessment, triage, brief intervention, education and consultative services regarding a wide range of mental health and behavioral medicine concerns, on referral from primary care providers and allied PACT members. The PC-MHI psychologist uses population based practice management strategies and maintains competences in the following core domains.

   1. **CCC PC-MHI Clinical Practice Management:** Conduct functional assessments, based on 30 minute appointments and will triage/refer to specialty care services as appropriate.

      - Applies principals of population based care (defines role and identifies problems rapidly)
      - _____percentage of all appointments are 30 minutes (will vary by setting)
      - Uses brief assessments routinely (e.g., PHQ-9, PCL, AUDIT C, etc)
      - Initial consultation appointment are based on functional assessments and treatment focuses on functional outcomes
      - Maintains daily open access slots
• Next available "scheduled" appointment is within two weeks
• Provides brief mental health and behavioral interventions (e.g., 1-5 sessions for broad range of concerns)
• Uses time-limited, evidence based, interventions that are simple and concrete
• Uses self-management/home-based practice interventions
• Uses intermittent visit strategy and flexible patient contact strategies
• Triages appropriately and efficiently to specialty mental health services
• Provide behavioral medicine interventions (including but not limited to stepped care level 2 tobacco cessation, alcohol misuse, weight management, and coping with chronic illness)
  o Stress management
  o Sleep hygiene
  o Relaxation training
  o Other interventions will be provided as clinically appropriate, based on patient need.
  o Leads MOVE! Group, or co-leads with other team members
    • Conducts individual MOVE! appointments
    • Uses behavioral health principles, and behavioral health intervention strategies to support patients in weight loss and other health concerns.
    • Collaborates with other members of the multi-disciplinary MOVE! Team and defers to their expertise on matters of nutrition or exercise

2. **Documentation skills**
   • Writes clear concise notes, generally ½-1 page long, with explicit impression, recommendations and plan for PCP use
   • Notes document curbside consultation results
   • Notes are completed within 24 hours

3. **Consultation Skills**
   • Routinely Consults with PCPs and other PACT team members about plan of care for patients
   • Conducts effective curbside consultations
   • Integrates within primary care team and works closely in collaboration with PACT team
   • Attends PACT meetings and daily huddles
   • Routinely provides feedback (verbal and/or written) to PCP and other PACT members same day as referral
   • Uses warm-hand off strategy,
   • Provides education to PACT on BH issues as well as consultation on tips for successful care management and patient facilitation, even when no direct patient contact.

b. **Administration:**

- Serves on Medical Center or Healthcare System, VISN, and/or National VA committees or task forces, as endorsed by supervisors.
- Participates in Psychology privileging, educational and peer review activities, in accord with Psychology and medical center policies.
- Participates as a non-voting member of the medical staff, in accord with medical staff by-laws.
- Participates in support of BVAC and Psychology administrative and performance improvement activities, e.g., by taking on assigned projects and serving on committees.
• Completes required clinical and administrative documentation in a timely manner and in accord with governing regulations.

c. Academic/Teaching/Training

• Supervises psychology predoctoral interns, practicum students and post-doctoral fellows in accord with training program policies and accrediting agency requirements.
• Provides staff and student didactic training and consultation as requested in content areas of scholarly and/or clinical expertise.
• May supervise or train allied health providers in accord with facility and regulatory standards regarding such training.

d. Research / Program evaluation

• May participate in program evaluation and/or research activities.

4. SUPERVISORY CONTROLS: The psychologist practices independently, using professional judgment and data-based expertise to make decisions about services and treatment provided to veterans and their significant others. The incumbent works within a matrix management model and is responsible to a) the Primary Care Director and team as a team member and participant in daily clinical activities, b) the Behavioral Health Care Line and Program Manager for administrative oversight, and c) the Lead Psychologist for oversight of professional practice. The psychologist consults with respective supervisors as needed and with colleagues to develop knowledge and to apply agency policies and practices to new matters. The supervisory or local champion who oversees PC-MHI programs will complete performance evaluations with input from PCPs and other PACT team members.

5. KNOWLEDGE, SKILLS & ABILITIES: The following knowledge, skills and abilities are minimally required for psychologists practicing in the primary care environment at a GS-13 level:

• Knowledge of, and ability to apply, a wide range of psychological theories, evidence based practice and targeted assessment methods to a variety of patient concerns.
• Possess specialized knowledge of evidence-based treatment for general behavioral health problems (e.g., depression and anxiety) and areas of behavioral medicine (e.g., chronic pain, obesity and sleep problems).
• Demonstrated knowledge and understanding of PC-MHI programs (including CCC and CM)
• Familiarity with population based interventions, as well as consultation and liaison skills, and familiarity with evidenced based brief interventions such as cognitive-behavioral techniques
• Demonstrated competency and experience in providing clinical services using behavioral medicine techniques (e.g., chronic disease management, weight management, tobacco cessation, stress management, etc.)
• Medical Literacy, as demonstrated by familiarity with common medical terms, front-line psychiatric medications, understanding of medical culture, and previous experience as part of interdisciplinary treatment teams.
• Ability to develop coherent treatment strategies that are problem-focused and solution oriented.
• Ability to integrate, collaborate, and communicate diagnostic and treatment recommendations with PACT members.