Primary Care-Mental Health Integration (PCMHI) Psychiatrist Functional Statement Template

Overview:

PCMHI is a component of the interprofessional Patient Aligned Care Team (PACT). The PCMHI role is to provide support for Primary care providers and the rest of the PACT to assure that the mental and behavioral health needs of the primary care population are addressed. Often, this means that PCMHI staff will take the lead in providing mental health care for individuals identified with mental health conditions or in need of assistance making health-related behavioral changes.

Psychiatrists and advanced practice nurses working in an integrated care setting have many potential functions. These depend on the goals of the program, the specific makeup of the PCMHI staff and the role of the Psychiatrist/APRN. Like other members of the team, their work differs from that of a provider working in general or subspecialty mental health. In PCMHI they are part of a primary care team and function in a consultative as well as direct treatment role. While PCMHI is primarily a population based approach focusing on uncomplicated mental health conditions commonly encountered in primary care, the addition of a psychiatrist/APRN allows for co-management of more complex conditions when indicated. Given this role, it is critical that any psychiatrist/APRN in PCMHI has a broad base of knowledge, skills and abilities to address the wide variety of mental illnesses that may be encountered in the population. In addition, the psychiatrist/APRN is also a key member of the overall mental health team and serves a critical role in the continuum of care.

Any psychiatrist/APRN working in integrated care, whether serving as a clinician, team leader or both, should strive to assure that the four essential elements of collaborative care are included in PCMHI. These elements are not unique to integrated care but apply throughout VA healthcare and include provision of care that is 1) team-driven, 2) population-focused, 3) measurement-guided, and 4) evidence-based.

Duties of the psychiatrist/APRN as a member of the PACT vary from clinic to clinic and may include (but are not limited to) the following:

- Provides ongoing support to other PACT members. While the PCPs often provide routine medication initiation and management, in many instances, it may be preferable for the psychiatrist/APRN to initiate medication and either treat to target or support PCP continuation of medication, either directly or by supervision of care management.
- Performs direct in-person or virtual face to face assessment and treatment when indicated. This assessment includes a mental status examination.
- Communicates frequently with other primary care staff and attends primary care service meetings
- Provides chart based consultation, including E-consults as needed/requested.
- Maintains availability for informal and “curbside” consults as needed by PACT members. Ensures ongoing availability for urgent or emergent situations
- Provides diagnostic clarification when needed.
- Routinely attends PACT huddles for informal consultation and education of the team
- Offers and provides formal education sessions as desired by other team members
Serves as liaison between PACT providers and other mental health providers working with PACT patients who are receiving ongoing services in general and subspecialty MH clinics. Generally the PCMHI psychiatrist/APRN does not provide direct treatment for such patients though should be of help during times of crisis. In such instances, the PCMHI psychiatrist/APRN is expected to make every effort to contact and involve the mental health team of record or the designated on-call psychiatrist.

Provides ongoing training, supervision and backup for care management (CM). This generally includes at least weekly meetings to discuss all patients receiving CM services. The psychiatrist must also be readily available for consultation in urgent situations that may develop during a CM visit.

Provides consultation to co-located collaborative psychologists, social workers, nurses, clinical pharmacists and other disciplines as needed. Psychiatrists/APRNs are expected to be able to assist with understanding the often complex interaction resulting from comorbid psychiatric and nonpsychiatric conditions, as well as identify psychiatric symptoms induced by other illnesses or medications. Assures that the medical workup ordered by the primary care provider is sufficient and adds to that workup if indicated.

Psychiatrists serve as collaborating physicians for APRNs and supervisors for Physician Assistants.

Provides consultation and supervisory oversight when required for physician assistants, clinical pharmacists and others.

Initiates and manages medication assisted treatment (MAT) for substance use disorders (SUDs) for patients whose care can be managed in PACT with PCMHI support. In general these are individuals with lower severity of illness who do not require the intensive outpatient subspecialty support typically available in higher levels of care. MAT interventions commonly include buprenorphine, acamprosate, naltrexone, disulfiram and other less specific medications often used for SUDs. In many instances, the psychiatrist does not directly prescribe but serves as a consultant to a prescribing PCP. He/she may supervise nurses or other staff providing ongoing care management for SUDs.

Works closely with other mental health clinics and staff to identify patients whose episode of illness has been successfully treated to plan termination from specialty care and return to PACT for long term follow-up. While it is not expected that the psychiatrist or others on the PCMHI team will routinely follow such patients, they are to be available for consultation in instances of recurrence of symptoms. They may at that time provide early intervention or determine that return to specialty care is needed.

In addition to being a member of the discipline-specific PACT, the psychiatrist is expected to be a contributing member of the mental health service and attend all facility general MH staff meetings.

In many facilities, the psychiatrist/APRN serves as the PCMHI team leader. In such instances he/she bears overall responsibility for the MH treatment of the patient: evaluating and providing optimal treatment, referring to other providers, coordinating activities of MH providers seeing the same patient, documenting an appropriate brief MH treatment plan, seeking consultation when necessary, and approaching treatment within the context of available services within the facility as well as community providers and networks. There are many other duties specific to the team leader role but they are generally
independent of the leader’s discipline. The leadership skills of the individual are the most critical variable.

- Shares on-call and other duties with other staff as assigned by the service
- In academically affiliated institutions, participates in grand rounds, teaching of medical students and residents. In all facilities, participates in training and teaching of a variety of trainees in many professions.
- Must be familiar with medical staff bylaws and fulfill other obligations required of medical staff in the facility, such as serving on peer review committees and others tasks as assigned.
- Serves as an “ambassador” for integrated care within and outside VHA to promote its spread as a critical ingredient in healthcare.