



Job Description: University of Washington Consulting Psychiatrist Mental Health Integration Program (MHIP)

JOB SUMMARY

The consulting psychiatrist is responsible for supporting mental health care provided by primary care providers and care coordinators treating MHIP patients in participating community health centers (CHCs) or other primary care clinics.

DUTIES AND RESPONSIBILITIES

1. Provide regularly scheduled (usually weekly) caseload consultation to assigned care coordinators (CCs). These consultations will primarily focus on patients who are new to treatment or who are not improving as expected.
2. Provide telephonic consultation to primary care physicians (PCPs) as requested, focusing on patients in the CCs caseload.
3. Work with the assigned CCs to track and oversee their patient panels and clinical outcomes using the web-based MHITS care management tracking system.
4. Suggest treatment plan changes including medication recommendations for patients who are not improving as expected.
5. Discuss patients who need referral for additional specialty mental health care (e.g., to a community mental health center) and advise on treatment plans until patients are engaged in such care.
6. Use the web-based tracking system (MHITS) to document recommendations for treatment and / or referrals within 24 hours of consulting with a CC so that they can be easily shared with PCPs and other treating providers.
7. Ensure that all protected health information (PHI) in local computer/networks is stored in compliance with HIPAA regulations. Delete all temporarily stored PHI promptly as soon as the information is no longer needed.
8. Clearly communicate to CCs and PCPs the limitations of the consultation and treatment recommendations if you did not evaluate the client in person. Include the following disclaimer statement acknowledging these limitations in all consult notes:
 - o *The above treatment considerations and suggestions are based on consultation with the patient's care coordinator and a review of information available in the Mental Health Integrated Tracking System (MHITS). I have not personally examined the patient. All recommendations should be implemented with consideration of the patient's relevant prior history and current clinical status. Please feel free to call me with any questions about the care of this patient.*
9. Maintain professional cell phone and Email accounts for contact during usual business hours.
10. Respond to telephone calls from primary care providers and CCs within one business day. Respond to urgent telephone calls within one hour if available.
11. Check professional Email account daily. Respond to Email questions/consultations within two business days, sooner if urgent.
12. Coordinate with other MHIP network consulting psychiatrists for vacation coverage.
13. Participate (in-person or by telephone) in the monthly MHIP Psychiatric Consultant meeting organized by UW Psychiatry.
14. Visit each participating clinic at least once when initiating a new consulting relationship and then at least once per year to meet clinic providers and discuss ongoing collaboration.

OPTIONAL DUTIES BASED ON NEGOTIATION OF SPECIFIC TERMS:

1. Consulting psychiatrists may provide direct evaluation of patients in a CCs caseload. Such direct evaluation should focus on clients with diagnostic or therapeutic challenges who are identified in discussion with the patient's CC and / or PCP. Such consultation may be provided in person or via telemedicine (video or telephone).
2. Consulting psychiatrists may also provide or participate in training and technical assistance activities organized for CCs or PCPs in participating community health clinics.

TYPICAL WORKLOAD

A typical workload for a UW-based consulting psychiatrist includes the following:

1. Participation in program coordination and planning activities (approximately 1 hour / week). This includes a monthly teleconference with other consulting psychiatrists in MHIP (1 hour / month) and weekly meetings or teleconferences with UW / MHIP program staff.
2. Caseload focused consultation (3 hours / designated CC / week). This includes
 - a. Regular consultation with the assigned CC and documentation of recommendations (~ 2 hours / week)
 - b. Consultation with PCPs (~ 1 hour / week; in person or by telephone / video). This may involve individual consultations about patients at the request of a PCP or presentations / discussions at provider meetings.

Optional activities (based on negotiation of specific terms)

1. Direct evaluation of patients:
Direct evaluation of patients focusing on clients with diagnostic or therapeutic challenges who are identified in discussion with the patient's CC and / or PCP. Such consultation may be provided in person or via telemedicine (video or telephone). The amount of time designated to such consultation will include a minimum of 4 hours / month, assuming 2 hours of direct consultation and 2 hours designated to travel and documentation.
2. Training and Technical Assistance Activities:
This may involve development of training materials or participation in local or regional training meetings, webinars, or other training activities coordinated by the Training and Technical Assistance Program at the University of Washington.

REQUIREMENTS

- Licensed psychiatrist. Demonstrated ability to collaborate effectively in a team setting.
- Excellent communication skills.
- Positive, flexible, and solution-focused attitude.
- Ability to multitask during consultations.
- Ability to quickly synthesize medical and psychiatric data and formulate effective and evidence-based clinical recommendations.
- Basic (or better) typing skills.
- Intermediate (or better) computer skills (including file management, web-searching, web-page navigation, cut/paste, drag and drop, use of shortcuts and menus, and switching between windows).

DESIRED

- Board-eligible in psychiatry.
- Experience with primary care psychiatry, consultation-liaison psychiatry, or geriatric psychiatry.
- Experience working with underserved, transient populations and clinical co-morbidities (co-occurring mental health, substance abuse, and physical health problems).