JOB SUMMARY
The psychiatric consultant is responsible for supporting behavioral health care provided in primary care settings by a team comprised of primary care and behavioral health providers.

DUTIES AND RESPONSIBILITIES
1. Provide regularly scheduled (usually weekly) caseload consultation to behavioral health care managers (CMs). These consultations focus primarily on patients who are new to treatment or who are not improving as expected and are typically done by telephone, televideo, or in person.

2. Maintain professional cell phone account and provide occasional telephonic consultation to primary care providers (PCPs) as needed, focusing on patients in the CMs caseload. Respond to telephone calls from primary care providers and CMs within one business day. Respond to urgent telephone calls within one hour, if available.

3. Maintain professional email accounts for contact during usual business hours. Check professional email account daily and respond to email questions/consultations within two business days, sooner if urgent.

4. Work with assigned CMs to track and oversee their patient panels and clinical outcomes using an electronic registry or other type of system capable of tracking clinical processes and patient outcomes.

5. Suggest treatment plan changes, including medication recommendations, for patients who are not improving as expected.

6. 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.

7. Use a population-focused registry to document recommendations for treatment and/or referrals within 24 hours of consulting with a CM so that they can be easily shared with PCPs and other treating providers.

8. Clearly communicate to CMs 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 \textit{The above treatment considerations and suggestions are based on consultation with the patient's care manager and a review of information available in registry. 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. Coordinate with other psychiatric consultant for vacation coverage.

10. When possible, 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.
TYPICAL WORKLOAD
A typical caseload focused consultation is 3 hours/designated CM*/week. This includes regular (weekly) consultation with the assigned CM, preparation for consultation, and documentation of recommendations in the electronic registry. This may also include consultation about patients with PCPs. These consultations may be performed in person or via telemedicine (video or telephone).

* A full time CM may have a caseload of 50 – 100 patients. 3 hours will be designated to each CM who is working at 0.5 or greater FTE. The consultation time is adjusted and allocations are prorated for CMs who work smaller FTEs (e.g., 0.4 FTE).

OPTIONAL ACTIVITIES

1. Direct evaluation of patients focusing on clients with diagnostic or therapeutic challenges who are identified in discussion with the patient’s CM and/or PCP. Such consultation may be provided in person or via telemedicine (video or telephone).

2. Training. This may involve development and delivery of in-service training for primary care-based providers and staff regarding current understanding of best practices for the recognition and treatment of behavioral health conditions in primary care.

REQUIREMENTS
- Licensed psychiatrist or psychiatric nurse practitioner.
- Demonstrated ability to collaborate effectively in a team setting.
- Willingness to make treatment recommendations to primary care team for patients that consultant does not see directly.
- Excellent communication skills.
- Positive, flexible, and solution-focused attitude.
- Ability to quickly synthesize medical and psychiatric data and formulate effective and evidence-based clinical recommendations.

DESIRED
- Board-eligible in psychiatry.
- Experience with primary care psychiatry or consultation-liaison psychiatry.