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So…You Want to Hire (or Join a Practice as) a Psych NP?

The Virginia Health Care Foundation (VHCF) is a nonpartisan, public/private partnership that helps uninsured Virginians and those living in underserved communities obtain medical, dental and mental health care

Questions? Please contact Denise Daly Konrad, Director of Strategic Initiatives (dkonrad@vhcf.org).

Document Purpose

This guide is designed to **help a practice consider key elements as it determines whether and how to add a Psychiatric-Mental Health Nurse Practitioners (Psych NPs) to its clinical team**. It is also designed to **help Psych NPs understand what an organization should reasonably expect of them; how they fit into the practice's clinical team; and what support is available.**

Psych NPs and psychiatrists are the only behavioral health (BH) professionals specially trained and licensed to prescribe and manage psychotropic medicines. As Virginia's psychiatrist workforce is shrinking and aging, Psych NPs are an increasingly critical part of the Commonwealth's BH workforce.

Incorporating a Psych NP into a primary care practice (PCP), even one currently integrating BH services with medical care, requires thoughtful consideration and planning. Clear communication – both in terms of what will be expected of the Psych NP and how those expectations were determined – is critical. Ultimately, both the practice (leaders and key clinicians) and the Psych NP should be able to answer the following questions – and feel comfortable with the answers and rationale.

Rationale and Expectation Setting

- Why bring a Psych NP into the organization? What specific need/function is the Psych NP intended to address?
  - What data, research or factors have been used to inform the decision to add a Psych NP to the clinical team (e.g., availability of psychiatric services locally, wait time to first appointment, prevalence of patients with BH conditions/ substance use disorder (SUD) in practice, patient acuity, PCP workload, PCP comfort prescribing/monitoring psychotropic medicines)?
- What is the vision for the Psych NP's role? How does that relate to the practice/patient population (*patient population, general medical and BH diagnosis, SUD, payer mix, culture/language*)?
- What needs is the Psych NP intended to help address with patients and other health/BH professionals on the clinical team?
  - Do any BH or medical providers have concerns about adding a Psych NP to the practice?

Defining the Psych NP Role

- What specific experience/skillsets does the practice expect the Psych NP to bring? What is the expected blend of medication management and psychotherapy?

  Note: While all Psych NP programs include courses in psychopharmacology and managing psychotropic medicines, the depth of course work and clinical experience in individual and/or group psychotherapy varies by program.

  - Are BH clinicians currently part of the practice team? If so, what role do they play in the organization? If not, how will the organization ensure psychotherapy is available for patients (particularly if the Psych NP has limited training/ experience in individual/group psychotherapy)?
  - Will the Psych NP's panel be limited to those who are existing medical patients at the practice, or can

"outside" patients also see the Psych NP?

- Does the practice have a policy that requires patients treated by a Psych NP for medication management to also participate in psychotherapy? If so, how are these policies implemented and managed?

- What level of BH integration exists pre-Psych NP and what is the expected level of BH integration, once the Psych NP is established in the practice (see the Six Levels of Collaboration/Integration.)?

- How will the Psych NP's performance and quality of care be evaluated (*by whom, frequency*)? Is the Psych NP aware of this?
  - Are there quality metrics that the Psych NP will be responsible for setting, meeting, documenting and/or tracking?
  - Are there any outcome measures the organization hopes to achieve via the Psych NP (clinical, quality, financial)?

Evaluating Prospective Candidates

- What patients/clients will the Psych NP treat? Is the Psych NP experienced and comfortable treating all expected patient populations? What additional support might be needed for certain patient populations (i.e., children, non-English speaking patients)?

- Is the prospective Psych NP someone with NP experience, or did the person only complete an MSN (or DNP) in psychiatric-mental health nursing and is new to both advanced practice nursing and psychiatry?

- Does the Psych NP have an autonomous practice designation from the Virginia Board of Nursing?
  - Is the person eligible to apply for it (has practiced for 3-years or 5,400 as a Psych NP with a practice agreement)? If yes, has s/he applied?
  - If the Psych NP is not eligible for autonomous practice in Virginia as a Psych NP – **or** the person has practiced for less than 3-years as a Psych NP, with whom will the Psych NP have a practice agreement?
  - Will the practice identify and/or pay for the collaborator until the clinician /is eligible to apply for autonomous practice?
  - If the physician with whom the NP has a practice agreement is not a psychiatrist, what if any, access will the Psych NP have to a psychiatrist for consultation?

  Note: Psych NPs new to advanced practice nursing may need 8 – 10 hours/month with a collaborating physician (ideally, a psychiatrist), while those with previous NP experience may need fewer hours with one. The relationship between the Psych NP-physician (including # hours/month) hinges on the Psych NP's experience/comfort level and the psychiatrist's comfort level with the Psych NP's clinical skills/ experience.

The typical rate for a Virginia psychiatrist's services/time for a practice agreement ranges from $250-$300/hour in 2025. Two (2) hours of weekly consultation/ collaboration is approximately $2,000 - $2,400/month or $24,000 - $28,800/year.

Operations and Workflow

- What will **on-boarding** entail for the Psych NP? How

will stakeholders' or leaders' perspectives be considered in its development? How will each of the following areas be addressed:
  - The organization as a whole
  - All practice/organizational service lines and their respective providers
  - The integrated care model utilized at the organization (if applicable)
  - Tele-behavioral health and related policies (if applicable)
  - Role and expectations of the Psych NP
  - The organization's electronic health record
  - Coding and billing
  - Performance evaluation

- What are the practice's productivity expectations for the Psych NP? How long will the ramp-up period be and what are productivity expectations during each phase?
  - How will the scheduling model support those expectations (consider the general guideline of 60 to 90-minute intake appointments and 30-minute follow-up appointments)?
  - Will a Medical Assistant, LPN, RN and/or case manager support this position, and if so, how? What other administrative support is available (such as scheduling and billing)?

- In the event a patient has more significant clinical needs than can be managed "in house", **what are the next steps? Where is the client/patient referred?**
  - Is there a "closed loop" referral protocol?
  - What community resources are available, for example, at the local community services board (CSB) or hospital? If these relationships do not already exist, who is responsible for establishing and maintaining them?

- Will the Psych NP be **expected to provide any training or coaching** for other clinical staff or administrative staff on working effectively with clients with BH conditions/SUD? If so, what is envisioned?

Workflow

- What protocols, policies, and/or procedures exist for internal referrals, guaranteed linkages and/or warm handoffs to the Psych NP? What changes in practice workflows are needed to achieve them? Does the infrastructure or staffing exist to support them?

- How will existing medical/dental/BH clinicians be prepared or trained to work with the Psych NP role, if it is a new role for the practice?

- To whom does the Psych NP report? BH or medical clinician?
  - What is the employee evaluation process and when does it occur (probationary, annual)?
  - Who will inform this process for the Psych NP?

- If psychiatry is a new service, how will it be marketed/ communicated to staff, patients and/or the broader community?

- Are patients triaged by another provider, like a case manager, RN, or BH clinician, before initiating care with the Psych NP? How and when is information garnered via triage shared with the Psych NP?

Day-to-Day

- What will the Psych NP's work schedule be? If it includes evening or weekend hours, how does the

practice operate during those extended hours and what administrative/clinical support will be available?
  - Will the Psych NP be expected to take call (typically, they do not)?
  - Who will provide psychiatric coverage when the Psych NP is on PTO/sick/vacation?
  - Does the practice have telehealth capability? Is the Psych NP able to see patients virtually and securely?
  - Is the Psych NP able to work some/all hours remotely?
- How are no-shows and cancellations minimized and/or mitigated?
  - Are there no-show/cancellation policies in place, and will those apply to the Psych NP's appointments, as well?
  - What no-show and cancellation parameters have been developed for the Psych NP's patients/clients (is it different than in primary care)?

- How much time is allotted for charting? When – throughout the day? During no-shows? At the end of the day?

- Where will the Psych NP's patients wait and/or check in for their visit? Who will call the patient from the waiting room?

- What are the Psych NP's responsibilities regarding insurance preauthorization and other insurance-related tasks?

- Does the practice help the patient obtain psychiatric medicines?
  - Is there a BH formulary?
  - How are patients' insurance plans considered when making prescribing decisions?
  - For healthcare safety net organizations, if using *The Pharmacy Connection* how is practice/patient getting bridge medicine(s)?
  - What, if any, fees will patients pay for BH medicines?

Finances and Billing

- If the practice accepts insurance (Medicaid, Medicare, private), what plans does it participate in?
  - What is the credentialing process/timeline for a new provider?
  - If the Psych NP is already credentialled with MCOs as an NP in another practice area, have they been re-credentialled as a Psych NP for billing purposes?

- What are the patient fees for BH and/or Psych NP visits?
  - How are they determined and communicated to patients?
  - Are they different than for medical services?

- Are the organization's coding and billing staff familiar with billing for psychiatric and BH services, and are they knowledgeable about the differences in billing for BH versus primary care services? If not, is there a plan in place for training or technical assistance to learn how to maximize reimbursement for Psych NP services?

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