

Physician/Nurse Practitioner Interview

When talking to the team physician, 1-11 below will help you to better understand the Dr.'s role on the team. In the best case, the physician is a fully integrated member of the ACT team; after the interview, it is also very helpful to confirm the information you gathered. If you have questions, or find discrepancies, asking the team leader to help you understand the discrepancy.

1. Job description (and real life) must have 15 min per consumer per week available (i.e., 50 consumers x 15 min = 765 min/60= 12.5 hrs). Expectation is some people receiving ACT need more time in one week, others need less, so it should average out pretty well; this includes immediate access by the team to address emergency, urgent or emergent situations 24/7
2. team meeting participation (present at least weekly)
3. consumer appoints
4. psychiatric evals
5. meetings/consultations
6. medication reviews
7. home visits (not required but drs tend to really like a visit for the context; consumers like to know they are important enough to warrant a visit)
8. telephone consults
9. education of ACT team on meds and dx, direction, problem solving, etc. his influence/leadership
10. please learn how he helps engage the hard to engage consumers
11. last consumer who was hospitalized-team treatment decisions, dr involvement, diversion opportunities (such as significantly stepped up staff visits, med changes, other supports)

Source for further information: Medicaid/Field Guide to ACT