



Dr. Thomas Mackey began his career in rural medicine in remote areas from the Congo to the mountains of Tennessee and Kentucky. His first job as a nurse was with United Health Services in Kentucky and Tennessee where in one clinic, he worked with a provider who felt he could be “trained” to provide more care than he was trained for. In those times, there was not many formalized NP programs. In 1975 he began a Nurse Practitioner program at Emory and later became a certified Nurse Practitioner. He has spent most of his career setting up clinics and providing care in rural and small communities. Through the years he has worked in academia, leadership, program development and delivery of quality care. He notes, his main achievement is the thousands of patients he has cared for over the years.

### **Interview Abstract**

Dr. Thomas Mackey started his higher education but in 1968 he dropped out of college after two years of feeling unfulfilled academically. He then volunteered to go to the Democratic Republic of the Congo (Zaire) where this war-torn area at the time had no medical services or personnel. Working with the Catholic Diocese of Wamba and learning from Belgian trained Congolese midwives and medical assistants, he began his interest in rural medical care. He was able to procure medication and some funding to start clinic, maternities, and leper colonies. He learned how to provide routing primary care for illnesses such as venereal diseases, upper respiratory illness, intestinal parasites, suturing, and delivery of many babies. This gave him the interest in pursuing a more formalized training program and returned to the United States, attended Loyola University, and graduated with a BSN in 1974.

## **Biographical Sketch**

Dr. Mackey became an RN in 1974 and began his first role as a nurse with the United Health Services of Kentucky and Tennessee in Tennessee. With his past experiences he developed an affinity to work in rural clinics and his first job with United Health Services of Kentucky and Tennessee. While working with a physician providing care to people in the Georgia, Kentucky, and Tennessee mountains, he learned how to take a history and physical, diagnose and treat common primary care problems and manage a clinic as the single provider. Several months into this work, he began classes at the Emory University Nurse Practitioner program which is where he found his calling with providing quality care, education to both patients and nursing students and the development of health care facilities in less fortunate areas.

Dr. Mackey feels his outstanding contribution to nursing is the development of a model nurse practitioner faculty practice clinic at the University of Texas Health Science Center in Houston. This primary care and occupational health clinic serve as a model academic nursing center (ANC) that is nationally known for its business systems, cost-effectiveness, clinical teaching, quality of care, and interdisciplinary approach to patient care by nurse practitioners.

He believes one of the most challenging issues for any NP is finding the right job that allows you to flex your abilities: (i.e., leadership, clinical acumen, energies, professional growth, etc.) and to find opportunities that challenge and promote personal growth.

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Thomas A Mackey  
Interview  
AANP History Project

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Texas Tech University Health Science Center  
School of Nursing, Lubbock, TX

Master of Science in Nursing 1977  
University of Tennessee, 1975- Knoxville, TN

Adult Nurse Practitioner Certificate Program 1976  
Emory University, Atlanta, GA

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Loyola University, Chicago, IL 1970- 1974

## **Other Education:**

Summer Institute on Health 1994 Promotion, Planning and Evaluation,  
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## Biography

Dr. Mackey feels his outstanding contribution to nursing is the development of a model nurse practitioner faculty practice clinic at the University of Texas Health Science Center in Houston. This primary care and occupational health clinic serves as a model academic nursing center (ANC) that is nationally known for its business systems, cost-effectiveness, clinical teaching, quality of care, and inter-disciplinary approach to patient care by nurse practitioners. Building on his pioneering efforts in the mid 1970s to help develop the first rural clinic certified under the Rural Health Clinic Bill, he continued to work to ensure the viability and acceptability of advanced practice nursing in an interdisciplinary environment. Dr. Mackey's clinical and business leadership skills have developed the most financially solvent faculty practice and ANC in the country in the areas of primary care and occupational health. It is recognized and respected by various disciplines not only within the University, but nationwide and internationally.

*When did you become an NP? What was the motivation?*

I graduated from Loyola University in 1974 with my BSN. My first job was with United Health Services (UHS) of Kentucky and Tennessee in Clairfield, Tennessee. I did not want to work in a hospital because I had an affinity for rural health. UHS was a system of four community owned primary care clinics in the mountains of Tennessee and Kentucky. Clairfield clinic was the first certified clinic under the Rural Health Care Act back in the 1970s. One of the four clinics in Frakes, KY was home to 'the real McCoys'. The clinic where I was the NP was called 'Stinkin Creek' – because of its location on Stinkin Creek Road! I was offered the job based on my two years of experience and work in the Congo prior to going to nursing school at Loyola. The physician, Dr. Walker, spent his life delivering care to people in the Georgia, Kentucky and Tennessee mountains and was my first professional mentor. Despite not having formal NP education he felt I could be easily 'trained'. Remember, these were the early days of the NP and a formally educated NP was a rarity. During the first few months at UHS I learned how to take a history and physical, diagnose and treat common primary care problems and manage a clinic with a family health worker, receptionist, and lab technician. Given the rural location we had our own pharmacy. Consequently, I bottled, labeled, and dispensed an array of medications. After several months, the opportunity to attend the Emory University certificate NP program presented itself. So, in 1975 I took a leave

from UHS for a few months. The Emory NP program was fantastic and focused on clinical diagnosis, evaluation of lab values and treatment. I loved every minute of the program. A couple years later I took the first offered national NP certification exam....and passed.

*What experiences did you bring into the role?*

I had no experience as a nurse when I took the job at UHS as an NP. However, despite a lack of formal training, I did have two years of setting up clinics and delivering primary care in the jungles of the Congo. In 1968 I dropped out of college after two years of unfulfilling academics. I volunteered to go to the Democratic Re- public of the Congo – later to be named Zaire. The Congo had just gone through a rebellion leaving chaos and destruction everywhere. The area in which I ventured was about the size of Texas and had zero medical services or personnel: no physicians, clinics or hospitals. Via the Catholic Diocese of Wamba I was able to procure medications and some funding to start a few clinics, maternities, and leper colonies. Working alongside and learning from Belgian trained Congolese midwives and medical assistants (similar to physician assistants) I learned how to treat routine primary care problems (venereal diseases, URIs, intestinal parasites, suturing, etc.) and even delivered lots of babies. Realizing, I needed formal training, I returned to the United States and attended nursing school.

*Did you experience any challenges? How were they resolved?*

Of course, I had challenges in the beginning! My first challenge out of nursing school was to teach myself to take a medical history and perform a physical exam. Books can teach only so much so I ended up traveling to Knoxville, Tennessee and spending a few days with a physician who taught me the basics and technique. Eventually, I took a formal physical assessment course at the University of Tennessee. However, repetition of performing a history and physical was my best teacher. Eventually, years later, I taught physical assessment courses to nursing students.

Later career challenges were not as task oriented. Over the years my challenges evolved to include more administrative issues (personnel management, budgeting, building clinic infrastructure, etc.) and making wise business decisions. Choosing the correct mentors and aligning my goals and objectives with those in power provided a path to overcome almost any challenge I encountered. For example, creation of the UTHS clinic was given almost zero

chance of even getting off the ground much less surviving/thriving for 31 years. While I might have been the founder of the clinic, the UTHSC President, CCFO, VP for Finances and SON Dean were individuals with whom I closely aligned. When difficulties arose, and they often times did, I was always able to seek advice and assistance from one of them.

*Are there any experiences that you would like to talk about?*

In the early days of nurse practitioners, the issues of rendering a “medical diagnosis” and prescribing were (and in some cases still are) significant roadblocks to practicing. In 1974, 1977 and 1981 I was visited by Boards of Medicine and Pharmacy in Tennessee, Missouri and Illinois attempting to ‘entrap’ me into either wrongly prescribing or ‘medically’ diagnosing. In each instance, one of the Boards sent someone disguised as a patient. Those were some very challenging times where I thought I would lose my license. Alas, I managed to live another day simply because I did nothing wrong.

Another interesting experience involved trying to find a job after fifteen years of stellar clinical practice in primary care. The University of Texas Health Science Center at Houston School of Nursing (UTSON) would not give me a job! I applied to the UTSON for a job since I married a woman living in Houston and decided to move there. There is a saying: “you can take a woman out of Texas, but you can’t take Texas out of a woman”. So, I made the decision to move to Texas. I applied to the UTSON and did not even get the benefit of a response. Eventually, I contacted someone who knew the Dean, Dr. Patricia Starck. Dr. Starck, another great mentor of mine, quickly offered me a job. At the time, I was one of three or four NPs on faculty and none of them had much practice experience. Eventually, I went on to start the University of Texas Health Services (UTHS). My job at the UTSON was a dream from the standpoint of opportunity, autonomy, administrative support and ability to actuate creative leadership as an NP.

*What was most challenging in your career/ most important?*

I believe one of the most challenging issues for any NP is finding the right job to flex your abilities: (i.e., leadership, clinical acumen, energies, professional growth, etc.). I was most fortunate from the beginning of my career to find opportunities that challenged me and promoted personal growth.

*Is there anything you would want to change?*

Is there anything I would want to change in my career? No. My career progression prepared me each step along the way for the next one: directing a primary health care clinic in the mountains of Tennessee and Missouri, training family physicians and NPs for collaborative practice, starting rural health clinics on my own, mentoring other NPs and residents in establishing rural health clinics, and creating what I believe is the best academic nursing center in the country – The University of Texas Health Services (UTHS).

*What are your most notable achievements?*

First, the thousands of patients I cared for over the years are obviously a notable achievement. After all, the delivery of quality patient care is what my professional career is all about.

From 1979 to 1989 I was in private practice with a family physician in rural Winchester, Illinois. He was one of the medical residents we teamed with at one of the rural clinics I developed at the University of Missouri. There was no public health department in the county and my collaborating physician visited once a week. Otherwise, I was the lone provider in the entire county. The immunization rate in the county was the second lowest in the State of Illinois and I wanted to make an impact on the dismal statistic. Many families did not have insurance and simply were not able to afford our private practice prices. So, I approached the county board of directors, presented the statistics, outlined a couple of solutions, and requested funding to provide free immunizations. One of my proposal options was accepted and funded. Within two years I was able to raise the county immunization rates to second best in the State of Illinois.

Another most notable achievement is the founding and development of The University of Texas Health Services (UTHS) at the UTSON. UTHS, founded in 1989, is an academic nursing center delivering primary and occupational health in Houston and throughout the State of Texas. In 1989 the idea of an NP run primary care practice in the middle of the world's largest medical center (The Texas Medical Center) seemed by many as absurd. UTHS is the first primary care practice in the Texas Medical Center (TMC) to have electronic medical records. Throughout the years I built the practice to include multidisciplinary providers, tier 1 Patient Centered Medical Home status, and a Certified Diabetes Education Center. UTHS has 10-12,000 patient visits per year and serves as a preceptor site for UTSON NP students. Most importantly, UTHS has been a

business model for other academic nursing centers around the country by showing profitable margins year after year.

During my years working the Democratic Republic of Congo, I became fluent in French and Swahili. That skill served me well when I was in Rwanda as part of the Clinton Foundation's 7.5 million dollars, seven-year grant that sent several faculty from various US universities to educate nurses who then became teachers of nursing. The grant provided the opportunity to develop a bachelor's and master's program in nursing. Rwanda had just gone through a rebellion and endured horrendous genocide in 1994. I was fortunate to be part of the faculty group that was granted an audience with Paul Kagame, one of the opposition leaders and current President of Rwanda. He discussed his three priorities for his country: health care, IT infrastructure and education.

Creating jobs provides opportunity for individuals and contributes to family financial stability. I am extremely proud of the number of jobs I have created and sustained over the years. In the Congo I employed dozens of Congolese healthcare workers. Throughout the years the creation of UTHS provided multiple opportunities for nurses/NPs to work and advance their careers. I continue to work with UTHS on a part time basis seeking out new business partners and negotiating contracts. I also continue my NP practice providing health maintenance exams for Texas Commitment to Environmental Quality (TCEQ) through UTHS.

*What advice would you give to new nurse practitioners?*

New NP grads will serve themselves best by taking a job allowing the opportunity to cement a large array of knowledge and skills learned in school. For example, I recommend a new graduate from an FNP program take a job that allows for utilization and expansion of pediatric, women, adults, and geriatric patients rather than a job in cardiology, gastroenterology, or some other specialty. The first 6-12 months out of school are the most important for cementing the knowledge and skills learned. If new grads do not do it right out of school, they effectively will have pigeon-holed themselves into a specialty and consequently forget the other knowledge and skills learned. Secondly, before taking a job, I advise new NPs to spend at least a full day in the practice setting to assess personalities, work environment, style of practice, quality of care delivered, etc. It is impossible to ascertain these vital issues on routine job interviews. If offered a job, go spend at least one or two days in the practice setting before saying "I do"!

Third, do not be greedy when it comes to compensation. Healthcare is a business and NPs represent both income and expense for an employer. As a new graduate your value and worth to a practice setting is minimal. From the business standpoint, for the first 6-12 months in practice most new graduates are a financial liability. In brief, understand your value and worth (see reference list below of articles I've written on the topic).

*What do you see as the role of Nurse Practitioners in the next 25 years?*

Artificial intelligence (AI) is rapidly encroaching health care and will dominate how NPs create, process, and deliver the best care available over the next 25 years and beyond. I recently read a fascinating article in Nursing Management by Nancy Robert titled *How Artificial Intelligence is Changing Nursing* ([https://journals.lww.com/nursingmanagement/Fulltext/2019/09000/How\\_artificial\\_intelligence\\_is\\_changing\\_nursing.8.aspx](https://journals.lww.com/nursingmanagement/Fulltext/2019/09000/How_artificial_intelligence_is_changing_nursing.8.aspx)) The article discusses the need for nurses to understand and develop input data and criteria for patient diagnosis and clinical decision making. How will NPs integrate newly created AI into care processes? Who will create and control the robots and machines taking blood pressures, cardio-grams, prescribing, interpreting lab data, and multiple other clinical and teaching tasks? While Yale, the University of Cincinnati and others develop AI, NP education and practice will necessarily respond and force role changes for the NP.

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