To the Editor:

Your April 2017 editorial *Registered Nurses in Primary Care: What Will They Do?* (Yoder-Wise) encouraged one school of nursing to share what RNs at their primary care clinics are doing. Texas Tech University Health Science Center’s School of Nursing has three federally qualified health clinics sites, serving Lubbock and Abilene, Texas. The patient-centered medical home (PCMH) model designed by National Committee for Quality Assurance is used in Texas Tech’s primary care clinics. The PCMH model, and the incorporation of an interdisciplinary professional collaborative team, support a team-based approach to care. The team focuses on management and outcomes in four major areas of chronic disease: asthma, hypertension, obesity, and diabetes. The team also focuses on wellness indicators, preventative screening, and offers programs for smoking cessation, as well as nutrition. The interdisciplinary care team include: advanced practice RNs, RNs, a social worker, a psychologist, a registered dietician, patient navigators, two pharmacists, and administrative staff. The team hopes to soon include occupational therapy in their interdisci-
A multidisciplinary approach to care.

Until 3 years ago, there was only one primary care clinic with two RNs; currently, we have multiple RNs for three sites. In addition, to help to implement the medical plan of care devised by the team, the RN will also follow the very high risk clients to make sure socioeconomic needs are met. Examples of these needs include making food vouchers available, if needed, aid in finding ways to fill prescriptions, further follow up by telephone to make sure medications are being taken or side effects are understood, or meeting health literacy challenges through additional teaching.

The clinics have another tier in the PCMH model with a care manager and referral specialist who are not RNs. This patient support staff manages patient referrals but may refer a patient to the RN if the patient problem is beyond their role. Additionally, the RN also works with the licensed vocational nurse and patient navigator (i.e., community health worker) to address challenges that arise in the patient’s care. The RN, selected for his or her excellent critical thinking skills, leads the team in many areas of care, as he or she is pivotal to the PCMH model. The RN reaches out to our very busy advanced practice RNs for direction when needed, as well as all members of the team described above. RNs are available to refer patients to the on-site clinical psychologist or licensed clinical social worker for immediate intervention with behavioral health issues. The RN also may seek assistance from the psychiatrist, who is currently on site 1 day per week, for complex issues. By addressing these behavioral health issues, then the patient can truly engage in the treatment plan for his or her chronic illness management. The model is not perfect; we are a work in progress, moving slowly with feedback from a strong quality improvement process. However, the nurse manager (personal communication, May 6, 2017), a nurse for 30 years, said, “this is my dream job as an RN; here we focus on wellness, prevention, and education.”

REFERENCE

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