Updates on Tribal Community Paramedicine in New Mexico, USA

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UNM Center for Rural and Tribal EMS PARAMEDICINE

- Mission: to support and advance the field of Out-of-Hospital Medicine in rural, frontier, and tribal settings, through education, innovation, research, policy, and medical direction
- Consists of two core physicians, one fellow, and one NP/ACP covering multiple rural, frontier, and tribal paramedic agencies in NM, AZ, and NPS
- Works with UNM Paramedic Academy to address rural paramedic education needs

UNM 1663, Cibola County Rt. 47, near Ramah,, N.Mex.


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DC
Washington
Lake Superior
Lake Michigan
Lake Huron
PACIFIC OCEAN
ATLANTIC OCEAN
GULF OF MEXICO
MEXICO
CUBA
THE BAHAMAS
HAWAII
Honolulu
PACIFIC OCEAN
0 100 mi
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ALASKA
Juneau
RUSSIA
ARCTIC OCEAN
BERING SEA
GULF OF ALASKA
PACIFIC OCEAN
CANADA
0 200 mi
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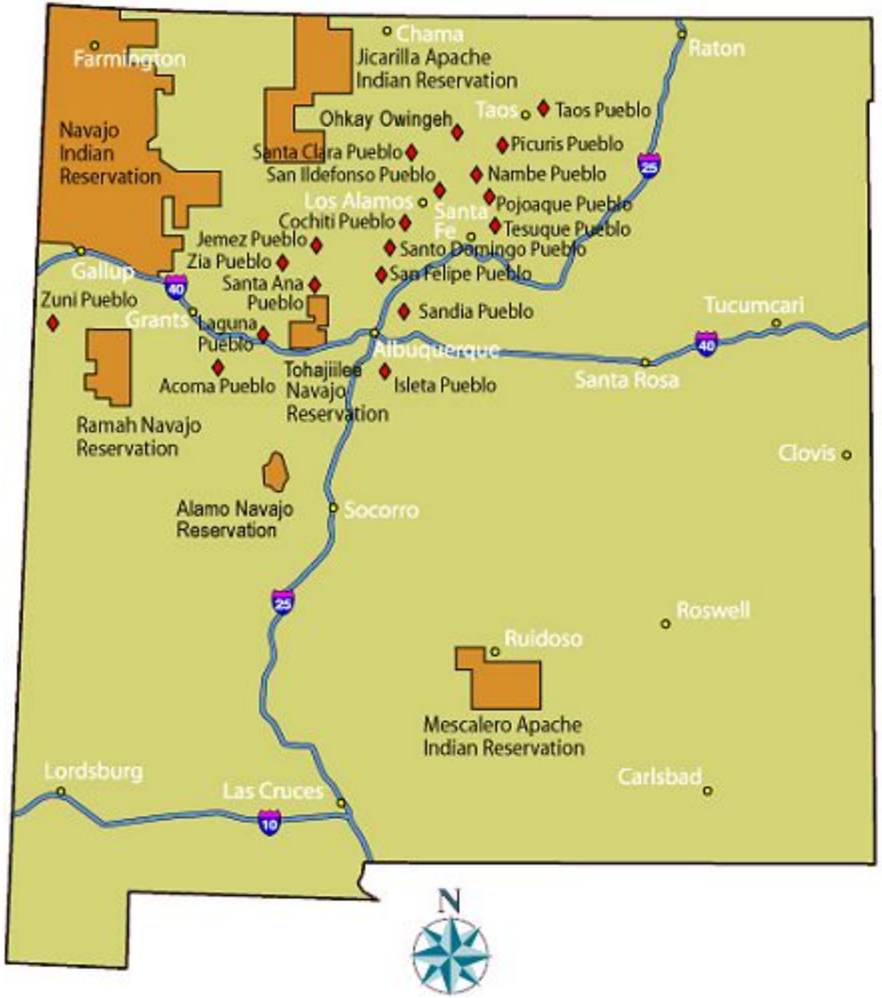
0 100 200 300 mi
0 100 200 300 km
ALASKA
HAWAII
PACIFIC OCEAN
ATLANTIC OCEAN

268,838 km^2

4.693 million people

315,194 km^2

2.088 million people

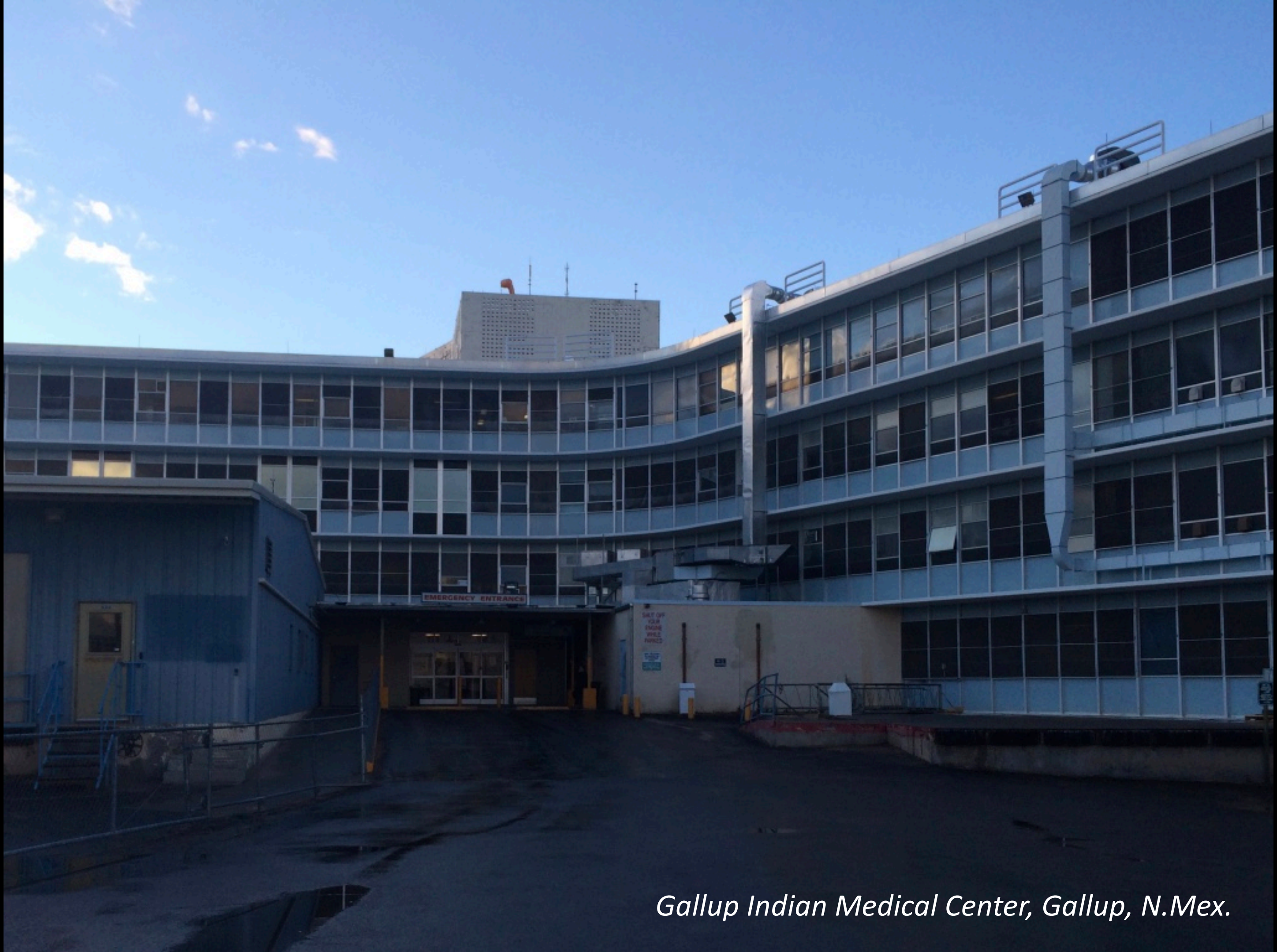


Chama
Raton
Farmington
Jicarilla Apache
Indian Reservation
Taos
Taos Pueblo
Ohkay Owingeh
Navajo
Indian
Reservation
Picuris Pueblo
Santa Clara Pueblo
San Ildefonso Pueblo
Nambe Pueblo
Los Alamos
Pojoaque Pueblo
Santa
Fe
Cochiti Pueblo
Tesuque Pueblo
Jemez Pueblo
Santo Domingo Pueblo
Zia Pueblo
Gallup
Santa Ana
Pueblo
San Felipe Pueblo
40
25
Zuni Pueblo
Grants
Laguna
Pueblo
Sandia Pueblo
Tucumcari
Albuquerque
40
Acoma Pueblo
Tohajiilee
Navajo
Reservation
Isleta Pueblo
Santa Rosa
Ramah Navajo
Reservation
Clovis
Alamo Navajo
Reservation
Socorro
25
Roswell
Ruidoso
Mescalero Apache
Indian Reservation
Lordsburg
Las Cruces
Carlsbad
10
N

Traffic congestion, Cibola County Rt. 47, near Ramah, N.Mex.


Old Laguna, Laguna Pueblo, N.Mex.

The Indian Health Service (IHS), an agency within the US Public Health Service Department of Health and Human Services, is responsible for providing federal health services to the 1.9 million American Indians and Alaska Natives who belong to 573 federally recognized tribes



Gallup Indian Medical Center, Gallup, N.Mex.

Crownpoint IHS Hospital (CLOSED), Crownpoint, Navajo Nation, N.Mex.

Single Payer + 638

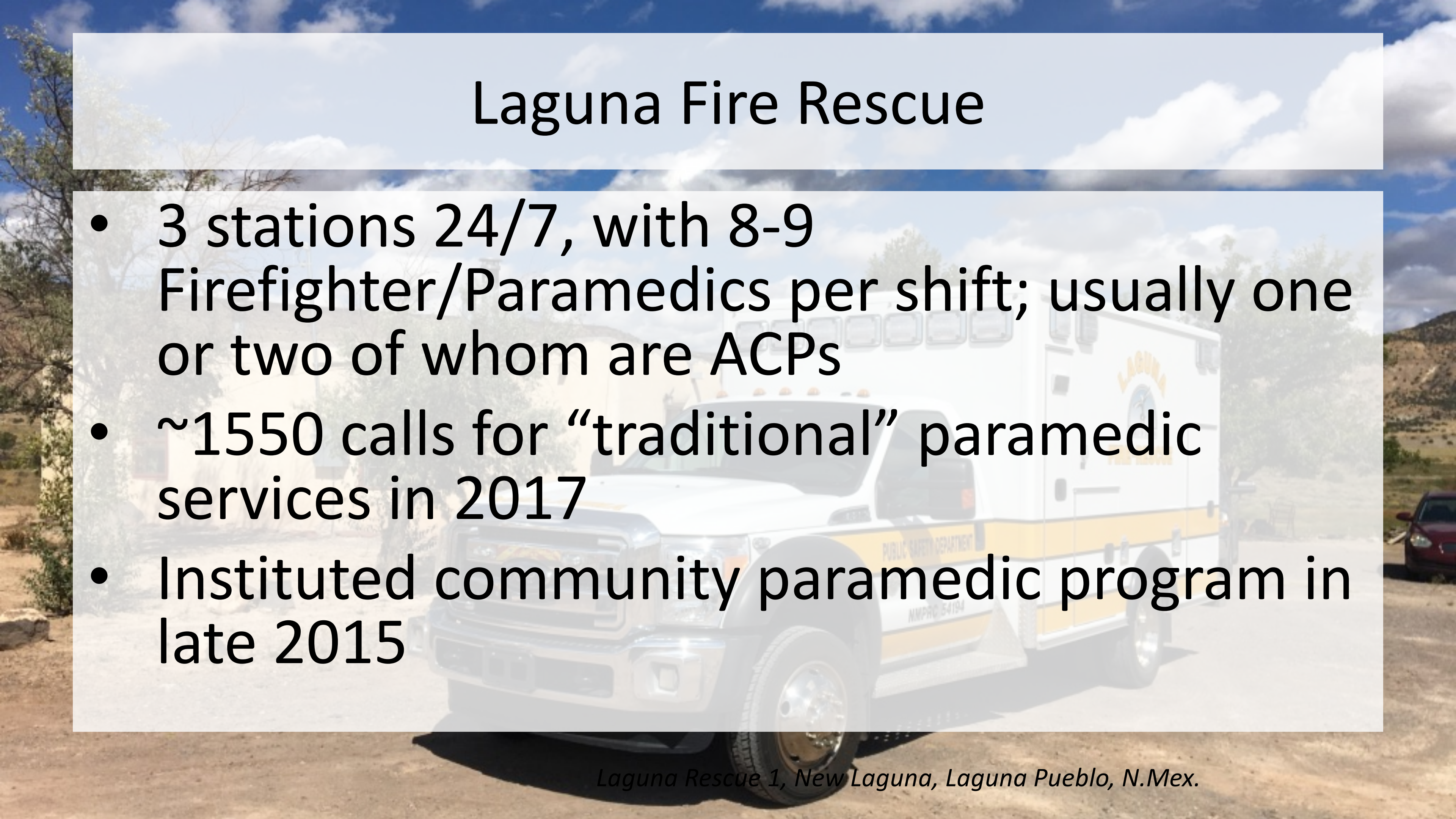
Pine Hill Health Center, Pine Hill, Ramah Navajo Reservation, N.Mex.

Community Health Representatives

Old Acoma, Acoma Pueblo, N.Mex.

Laguna Fire Rescue

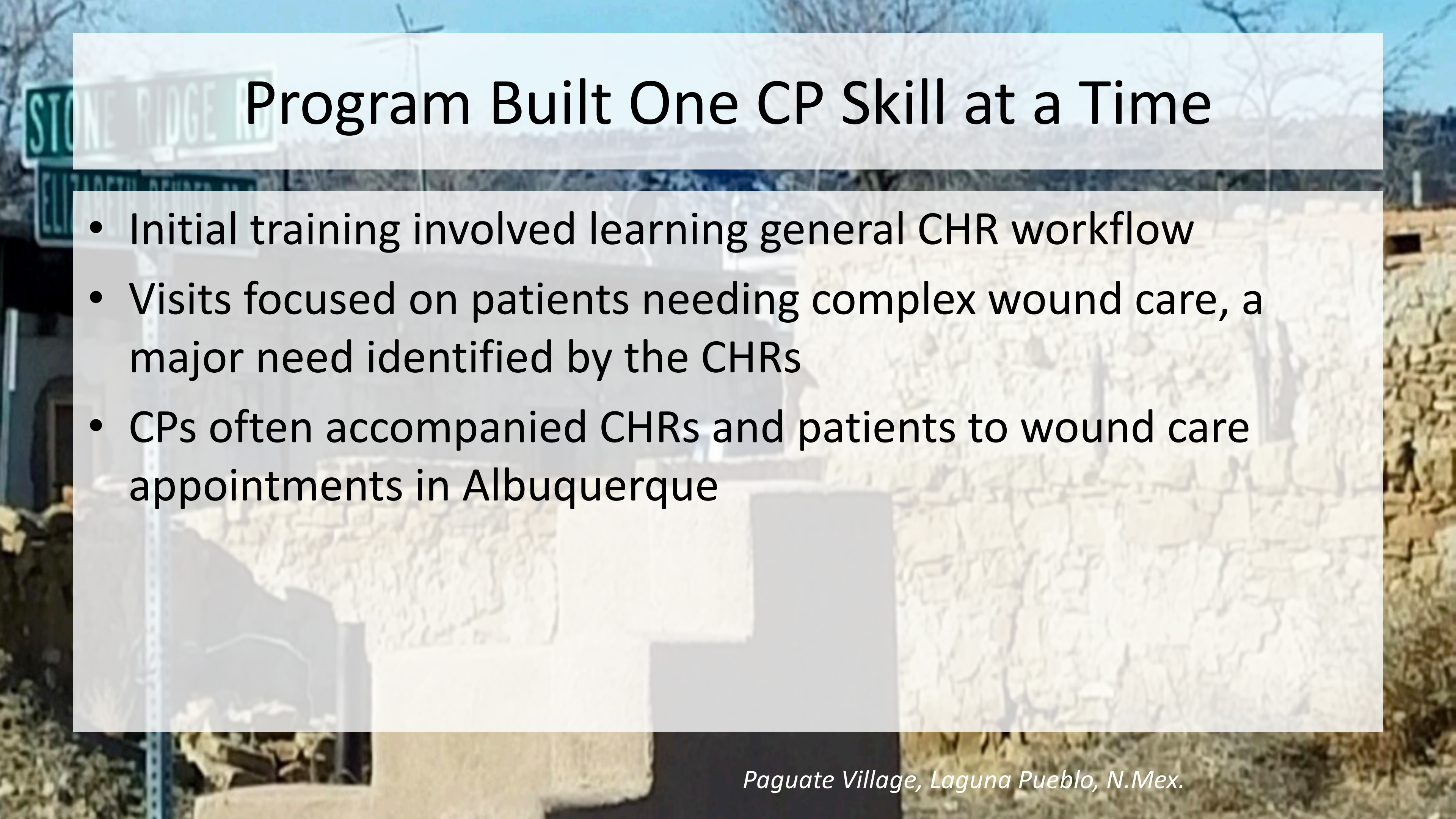
- 3 stations 24/7, with 8-9 Firefighter/Paramedics per shift; usually one or two of whom are ACPs
- ~1550 calls for “traditional” paramedic services in 2017
- Instituted community paramedic program in late 2015



Laguna Rescue 1, New Laguna, Laguna Pueblo, N.Mex.

Program Built One CP Skill at a Time

- Initial training involved learning general CHR workflow
- Visits focused on patients needing complex wound care, a major need identified by the CHRs
- CPs often accompanied CHRs and patients to wound care appointments in Albuquerque



Paguate Village, Laguna Pueblo, N.Mex.

Advanced Wound Care Training

- In December, 2015, both Community Paramedics traveled to Oklahoma City, Oklahoma, to complete Wound Care Training
- This greatly expanded their skills and experience with complex wounds

Paguate Village, Laguna Pueblo, N.Mex.

Medication Management

- Medication management was the next area of emphasis, based on CHR needs assessment
- Most of the medications of interest were within paramedic scope, so the CPs already knew indications, side effects, etc.
- Unusual med questions = phone call

Paguate Village, Laguna Pueblo, N.Mex.

Numbers

- First patient seen on 10 September, 2015
- CPs have made 344 visits to 18 patients as of 7/30/18
- For comparison, CHRs follow 100-150 unique patients each year

Cat, Paguate Village, Laguna Pueblo, N.Mex.

Results

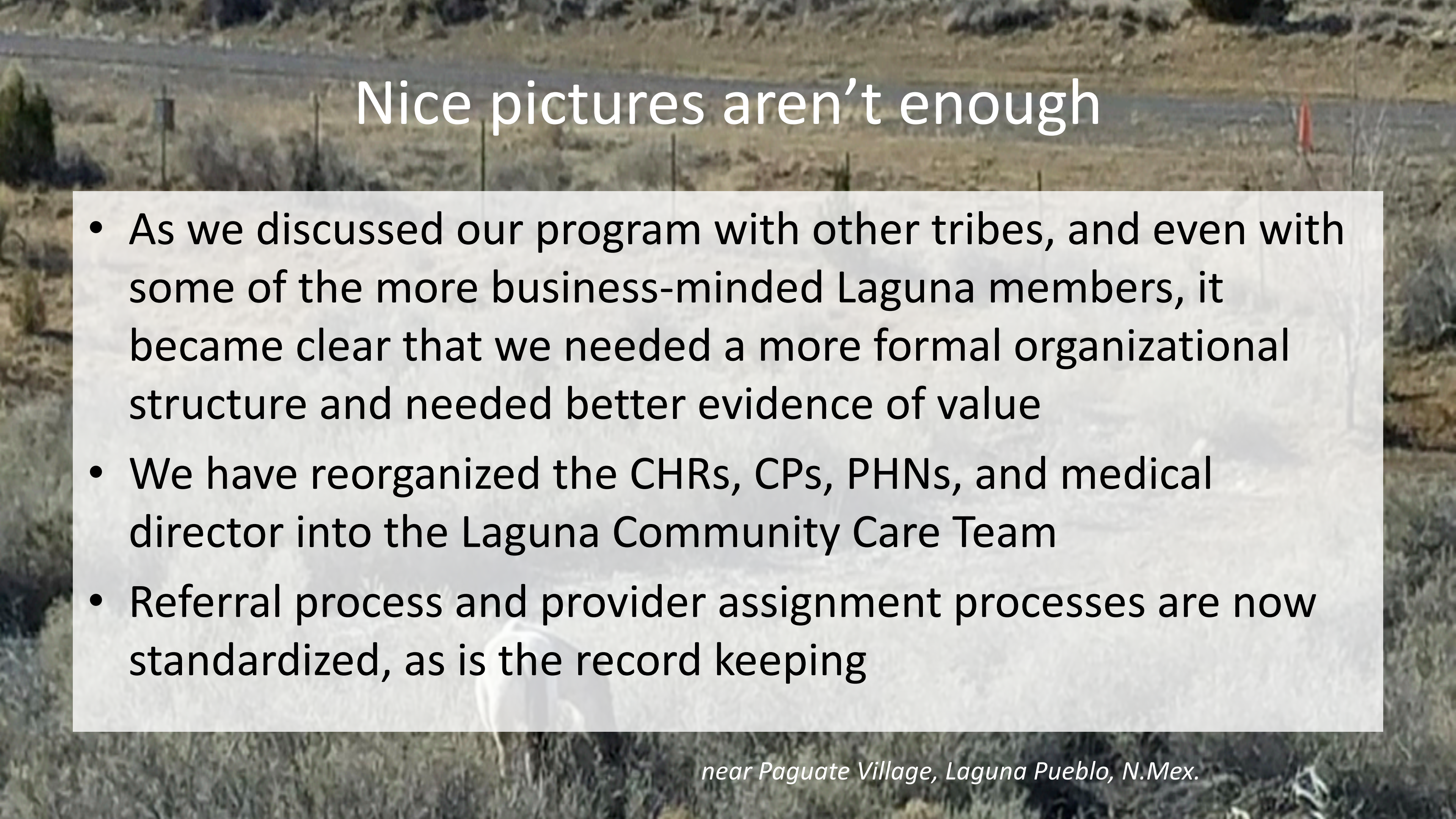
- Results of CP/MIHC programs are difficult to quantify
- Hard data showing the positive effects is especially challenging, since many of the needs addressed by the CPs were previously unmet or under-addressed
- Patient/family testimonials are very positive
- The impact of these comments cannot be underestimated, especially upon members of Tribal Council and CHR who allocate funding

Paguate Village, Laguna Pueblo, N.Mex.


LAGUNA
FIRE-RESCUE

Nice pictures aren't enough

- As we discussed our program with other tribes, and even with some of the more business-minded Laguna members, it became clear that we needed a more formal organizational structure and needed better evidence of value
- We have reorganized the CHRs, CPs, PHNs, and medical director into the Laguna Community Care Team
- Referral process and provider assignment processes are now standardized, as is the record keeping



near Paguate Village, Laguna Pueblo, N.Mex.

Nice pictures aren't enough

- We hope this will provide better data to better support our efforts and better direct our "next steps"
- We also hope this will help others more strongly make cases to build similar programs in their areas
- This program was built on unconditional support of key tribal leaders and the infrastructure of the existing CHR program
- These steps ensure that the future of our program is data driven

near Paguate Village, Laguna Pueblo, N.Mex.

Pine Hill Health Center

- Staff of 15 providers (PCP and ICP)
- 679 traditional paramedic service calls in 2017
- Average transport time of 1 hour
- Average total call time 3 hours

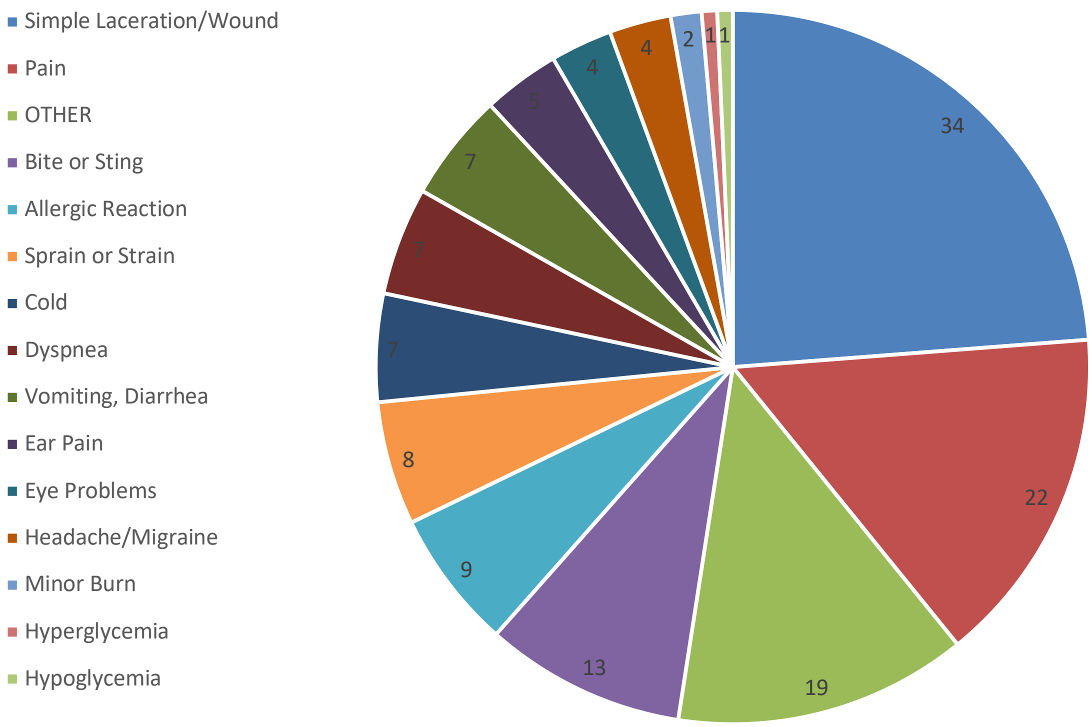
Tł'ohchiní Diné'é Bee Azee'íl'iní EMS, Pine Hill, Ramah Navajo Reservation, N.Mex

Tł’ohchiní Diné’é Bee Azee’íl’íní

- Limited clinic hours (M-F, 9-5)
- Long distances to nearest hospital (45 minutes at the closest, usually more like 1-3 hours, depending on healthcare needs)
- Patients have limited access to transportation resources (vehicles, gas money, licensed drivers)
- Narrow and often unsafe roads


ORTHO-GLASS
ORTHO-GLASS
Surpass

Pine Hill EMS After Hours Clinic Complaints, 7/2016 - 7/2018



Training/Treatment Guidelines

- Treatment guidelines are under constant scrutiny to make sure community needs are being met safely
- Training is continual, for experienced providers and new hires
  - Monthly QA sessions with quarterly skills blocks
  - 100% EMS physician QA of all urgent care patient records
- 24/7 EMS physician phone consult availability
  – The EMS Physicians providing the phone consults need to be trained too, since this is such a unique model within our system


VISA


APPOINTMENT
BD Syringe


Irene Charley
1-6-18

Similar Program Maturity Themes

- The Pine Hill program was an updated, “dusted off” version of a program used in the clinic years ago
- Made it easy to restart without data, needs assessments, etc.
- We are trying now to define our value, but this is a challenge
- Easier (but not easy) since this is a closed system:
  – Most patients get their primary care at the clinic OR at Zuni Indian Health Service Hospital

What we *have* done

- The Pine Hill Paramedic Service is much more independent from the clinic than it used to be
- This is good for its growth as a professional paramedic agency, but negatively impacted communication and collaboration between the the paramedics and the clinic
- CP programs cannot operate in a vacuum, and we have taken strong steps to integrate the Pine Hill Paramedic Service activities with the Pine Hill Health Center

EHR Notes for EMS

1) After Hours

*Any patient who an EMS provider makes contact with (eyes on, or talks to) and meets **After Hours Urgent Care Criteria** when clinic is closed*

Enter an "**After Hours**" Note in the EHR.

List **Dr. Birnbaum** as the **co-signer.**

Add **Dr. White** as an **additional signer** to the chart (right-click in your note and select **"Identify Additional Signers"** *after* you have signed the note).

Remember to call the **EMS Consortium** before releasing **ALL** Urgent Care patients:

"Hi, this is Emily from Pine Hill, I am calling to treat and release an Urgent Care patient".

2) Transport

Any EMS response to a patient, including transports, refusals, and no contacts.

Transport by ambulance to appropriate facility

Write **EMS run report** in **Image Trend**

Add "**Transport Note**" to EHR with **Dr. Birnbaum** as co-signer

3) Triage

*Patients who walk into the EMS side when the clinic is open should **be taken to registration**.*
Do not take patients into the triage room unless they need urgent care from the clinic provider (sutures, nebulizer treatment).

***MOST** day time patients should **NOT** be triaged!*

Keep patient in Triage Room. Take a set of vitals, and enter a **Chief Complaint** and **Vitals** in the EHR. The **clinic provider** who sees the patient is responsible for the note.

Give clinic provider a verbal report and request that they see the patient.

Do not ask the clinic nurses to get the provider.

You may assist the clinic provider within your scope of practice as long as it does not interfere with EMS calls.

General Thoughts

- The field of Community Paramedicine is still in its infancy (even though this is the 15th IRCP!)
- Many programs are still struggling to succeed; still others are still in planning stages
- With due respect to comprehensive programs and certification, etc., sometimes it may be easier to start a Community Paramedic program one piece at a time

General Thoughts

- Regardless, this is an exciting time in medicine – a time where the “house of medicine” is realizing that care needs to be centered on the patient, not on centers of care
- Community Paramedics are well positioned to be on the forefront of the decentralization or patient-centralization of health care
- Both the Laguna and Pine Hill Programs are now well established and attempting to mature for the future