

UPDATES From the Laguna Community Care Team

*A Multi-Disciplinary Frontier Indigenous Community Paramedicine Program
In Laguna Pueblo, New Mexico, USA*



Laguna Rescue 2, Highland Meadows, N.Mex.



CENTER FOR RURAL AND TRIBAL EMS



UNM 1663, Turquoise Springs Unit, Laguna Pueblo, N.Mex.

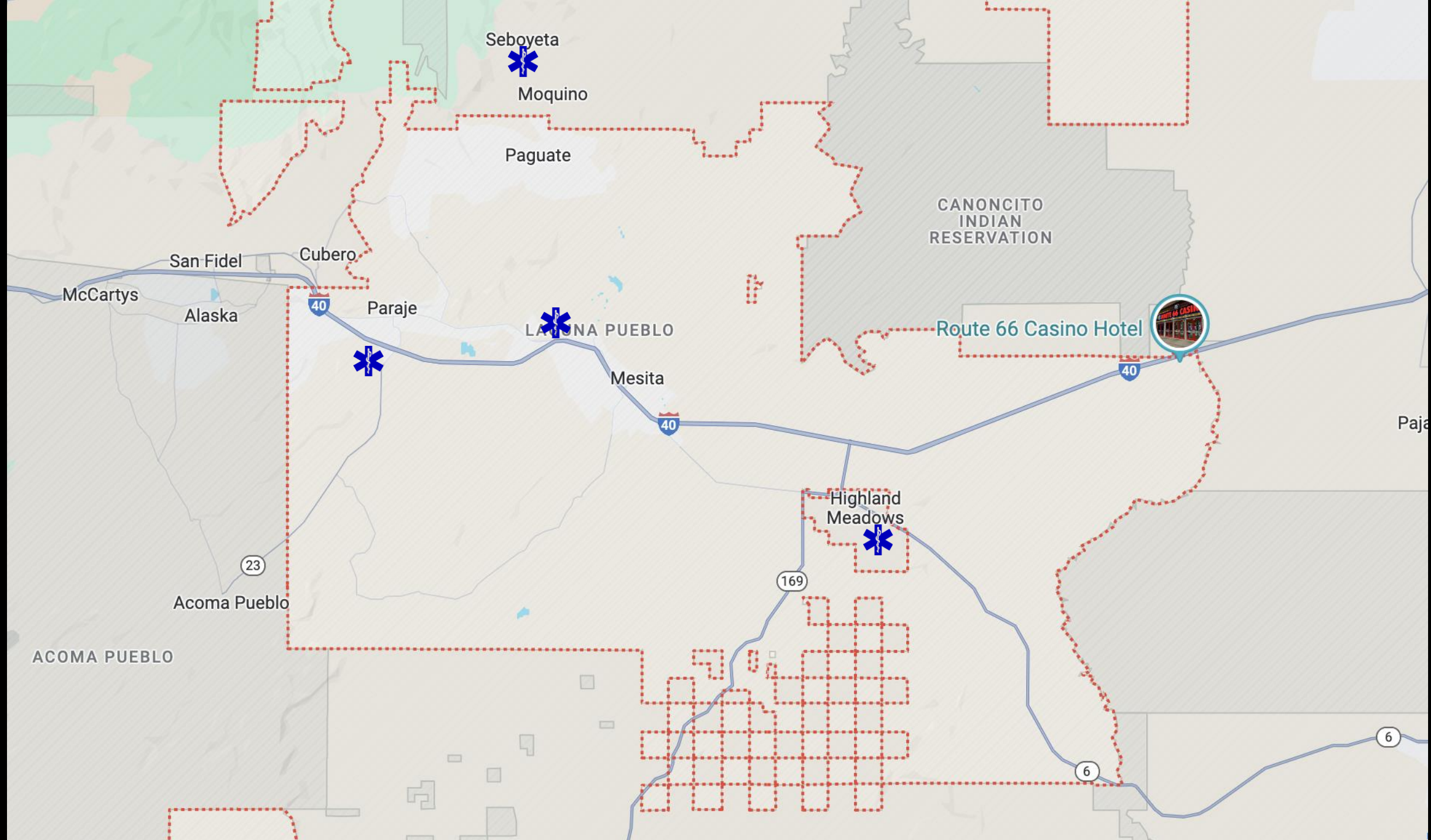




Old Laguna, Laguna Pueblo, N.Mex.











Development of a Pilot Multidisciplinary Community Care Team in Pueblo of Laguna, New Mexico, USA

Barbara L. Dillard Ph.D., White Ph.D., Braunschweiger A.

Pueblo of Laguna

- The Pueblo of Laguna is a federally recognized Native American tribe, located 45 mi. west of Albuquerque, N.Mex., USA.
- "Laguna" refers both to the people and to the region itself, a term applied by Spanish explorers of the American Southwest in the 1500s.
- The population of 4,043 has a density of 4.9 people/mi² which meets the federal definition of "rural" (< 6.5 people/mi²).
- The Laguna Community Health and Wellness Department (LCHWD) provides comprehensive health and social support services to the Laguna people and community members.
- The Laguna Fire Protection Program (Laguna Fire Station, 1246, staffs 3 stations, 24/7, with 8-9 firefighters (EMTs) per shift).

Unmet Medical Needs

- Due to the remote location of the Laguna Reservation, many Laguna members are isolated from medical care, which results in missed appointments, delayed treatments, and unmet medical needs.
- Simple checkups and surveillance appointments often require us to several hours of travel.

Unique Aspects of Native American Health Care in the United States

- The Indian Health Service (IHS) is a division of the U.S. Department of Health and Human Services responsible for providing health services to members of federally recognized Tribes and Alaska Natives.
- IHS provides health care through its hospitals and clinics, contract providers, and clinics, and Black self-determination funding to individual Tribes.
- Each Community Health Representative (CHR) provides in-home health education and care to tribal members.

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- In 2015, LCHWD met with LRA to discuss several tribal members who had non-urgent health care needs outside of the CHA and PHN scopes of practice that required transport to medical specialty appointments many miles off reservation.
- The CHA, LRA Administration, and the LRA Medical Director determined that LRA Paramedics could be trained as "CHR extenders" to provide specific, in-home medical treatments and care.
- Thus, the Laguna Community Care Team (LCCCT) was formed as a pilot program, built upon the well-established CHR program.
- The LCCCT consists of a CHR, 1 PHN, 2 Paramedics, and the Medical Director.
- Based on needs identified by the CHRs, the initial areas of focus for the CCT were wound care and medication management.

CCT Members and Roles

CCT Service	Typical Lead CCT Member
Wound Care	Paramedic or CHR
Medication Management	PHN, Paramedic, or Administrator
Post-Hospital Care	Paramedic or post-discharge nurse
Chronic Condition Monitoring	CHR, PHN or Paramedic for complex needs
Care Management	CHR

CCT Work Flow from Referral to Initial Care Plan

Future Direction

- Planning to add two additional Paramedics to provide daily coverage with dedicated Paramedic coverage.
- CCT members will continue to respond to the needs of the Pueblo of Laguna to meet the needs for program growth.
- Extending the existing PHN, LRA, and LRA services to manage and deliver results.

Acknowledgments

LCCCT members are assigned to patients based on needed expertise and scope of practice, but all team members collaborate to ensure all patient needs are addressed.

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Results

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COOPERATIVE CARE

Implementing a community paramedicine program in rural Laguna Pueblo, N.M.

By **Chelsea C. White IV, MD, NRP, FAEMS;** **Kimberly Pruett, MD & Anthony Braunschweiger, EMT-P, CWCP**

Mobile integrated healthcare/community paramedicine (MIH-CP) is an exciting and evolving topic in the field of EMS. Primarily because of location of resources and economics of scale, most MIH-CP programs are in metropolitan areas. Rural areas, however, are often medically underserved, and could benefit significantly from such programs.¹

The Laguna Pueblo is a federally-recognized Native American tribe located approximately 45 miles west of Albuquerque, N.M. "Pueblo" refers both to the people and to the reservation itself, a term applied by the Spanish who entered the American Southwest in the 1500s. Laguna Fire Rescue is an ALS-transporting agency that staffs three stations, 24/7. The

department operates on a typical 48/96 model, with eight providers per shift, along with a fire chief, a captain and an EMS lieutenant. All firefighters are at minimum EMTs; each shift has two paramedics and several EMT-Intermediates as well.

The Laguna reservation, which covers 825 mi², has 4,043 residents, resulting in a population density of 4.9 people/mi²—well below the federal definition of "frontier" (< 6.5 people/mi²). Though Laguna Pueblo is bisected by a major interstate highway and transcontinental railroad, the reservation, like many other Native American reservations, remains geographically and culturally isolated from the rest of New Mexico. Such isolation is much more drastic among the pueblo's medically fragile elders.

MIH-CP has taken on different forms in different locales, and has been used to address a variety of healthcare issues such as hospital readmission rates, healthcare navigation and delivery of minor ambulatory care. Some programs involve a separate MIH-CP crew that responds to low acuity calls that are unlikely to generate EMS transports.² Others focus on patients that have recently discharged from hospitals and are at high risk for readmission.

Several programs in Albuquerque have recently gained attention in the EMS and health insurance industries because of their healthcare and financial successes.³ Many of these MIH-CP programs are in urban areas, with high call volumes and a pool of experienced paramedics. One of the first community paramedicine programs actually started in the early 1990s in Red River, N. M.—a very rural area.⁴

The Red River project was innovative; it was designed to create semi-independent practitioners who provide minor, low-acuity healthcare in a rural area otherwise lacking regular



	A	B	C	D	E	F	G	H
1	Community Care Team Patient Tracking Sheet							
2								
3	Last Name	First Name	DOB	Phone Number	Physical Address	Reason Referred to CCT	Current Status in CCT	Notes
4								CHB picked him up because he has cataracts and hearing is more impaired lately. Is in need of
5								
6								
7								

Community Health Visits

Starts With ▾

Search All Columns

Go

View: ★ Community Health Incident List ▾ [View All](#)

Refresh: Never Refresh ▾

Unit Notified Date:

Between ▾

mm / dd / yyyy



to

mm / dd / yyyy



Incident Status:

Equal ▾

All



NEMSIS Version:

In ▾

All



Go

Reset Filters



+ New

Bulk Actions ▾

☐ Select All Records (356)

Results Per Page 200 ▾

1 - 200 of 356



Locked	NEMSIS Version	Validity	Status	Unit Notified by Dispatch Date/Time ▾	Incident Number	Response Number	Created By	Incident Address	
	3.4	100	Crew Complete			060624-4	Anthony Braunschweiger		→
	3.4	100	Crew Complete			0060624-3	Anthony Braunschweiger		→
	3.4	100	Crew Complete			060624-2	Anthony Braunschweiger		→
	3.4	100	Crew Complete			06062024-1	Elizabeth Melton		→
	3.4	100	Crew Complete			060524-1	Anthony Braunschweiger		→
	3.4	100	Crew Complete			053024-7	Elizabeth Melton		→
	3.4	100	Crew Complete			053024-6	Elizabeth Melton		→



Laguna Rescue 2, VCFD Brush 12, and UNM 1663, Highland Meadows, N.Mex.



Laguna Station 3, Cebolleta, N.Mex.



NM 279, at the Laguna-Seboyeta border, N.Mex.



UNM 1663, Pagate-Encinal Road, Laguna Pueblo, N.Mex.