



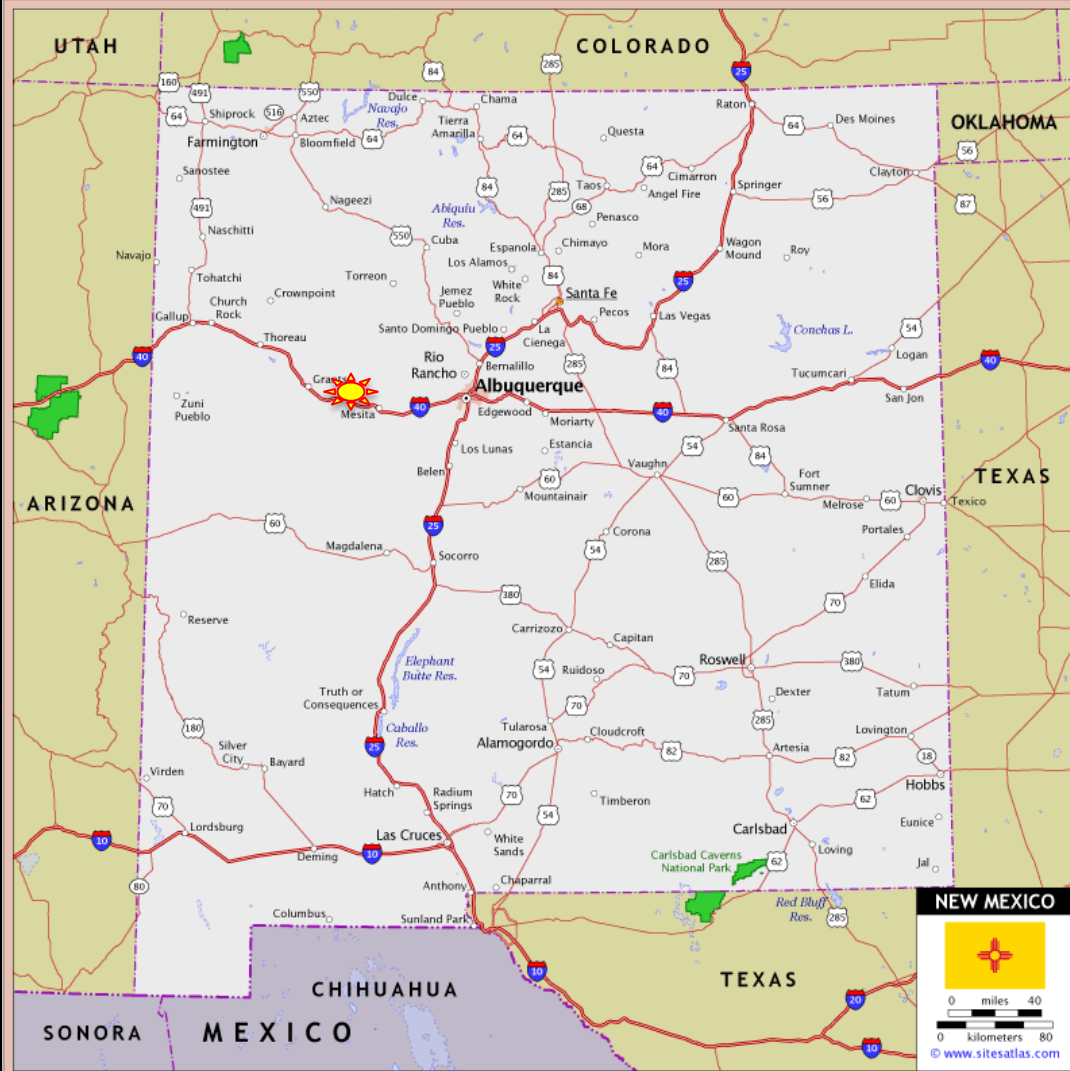
Development of a Frontier Tribal Community Paramedicine Program in Laguna Pueblo, New Mexico, USA

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United States





NEW MEXICO



0 miles 40

0 kilometers 80

www.sitesatlas.com

Old Laguna, Laguna Pueblo, N.Mex.





Laguna Rescue 1, Casa Blanca, Laguna Pueblo, N.Mex.

Typical CP/MIHC programs

- Some focus on reducing hospital readmission
- Others focus on navigating non-urgent 911 callers away from Paramedic Services and Emergency Departments
- Most involve significant education above typical paramedic training to develop semi-independent practitioners

New Mexico State Scope

F. Community emergency medical services programs: Community EMS programs shall be provided by EMS caregivers who, after completing a bureau approved community EMS caregiver course, are functioning as part of a community emergency medical services program that has been reviewed and approved by the EMS bureau. The providers must be authorized by their medical director to perform the skills listed in their application as part of the community EMS program. These programs may include referrals that involve transport to non-hospital locations, and for non-transport decisions. Skills and interventions may include any of the approved skills and interventions for the appropriate level; any skill that exceeds the scope of practice must be approved through the special skill process. Skills may include, but are not limited to:

- Again, aimed at semi-independent practitioners
- Such extensive training is out of reach for many small, rural US agencies



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 567 federally recognized tribes

Community Health Representatives



Indian Rt. 25, Laguna Pueblo, N.Mex.

Community Needs Assessment



Indian Rt. 53, Mesita, Laguna Pueblo, N.Mex.



CP Program Development



Historic US Rt. 66, Mesita, Laguna Pueblo, N.Mex.

One CP Skill at a Time

- Initial training involved learning general CHR workflow
- Visits focused on patients needing complex wound care
- Often accompanied CHRs and patients to wound care appointments in Albuquerque

Advanced Wound Care Training

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

Medication Management

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



Laguna CP team at UNM Care for Underserved Conference, 10/2016

UNM MD3, Ramah Navajo Reservation, N.Mex.



Medical Director Involvement

Numbers

- First patient seen on 10 September, 2015
- CPs have now made 221 visits to 11 patients
- For comparison, CHRs followed 131 unique patients in 2016



Results

- Results of CP/MIHC programs are difficult to quantify
- Hard data showing the positive effects of the Laguna CHR/CP partnership is especially challenging, since many of the needs addressed by the CPs were previously unmet or under-addressed

Results

- We are attempting to estimate the costs of the specialist care and off reservation/out of IHS network care that patients should have been receiving (but in many cases were not) and comparing them to the costs of care under the CHR/CP model

Results

- Anecdotal results are especially promising among wound care patients
- 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



LCP Pt. 1, 29 Sept. 2015



LCP Pt. 1, 12 Dec. 2015



LCP Pt. 1, 26 Aug. 2016



LCP Pt. 1, 31 Jan. 2017

Thoughts for Other Rural Areas

- Focus of Laguna Community EMS program is on discovering and addressing unmet/underserved medical needs that are amenable to home-based treatment by EMS providers
- This allows the program to be built around community needs, not according to specific CP curricula

near Pagate Village, Laguna Pueblo, N.Mex.

Thoughts for Other Rural Areas

- The well-established CHR program provides infrastructure and IHS funding for home health care not available to non-tribal areas
- CPs are as much CHR extenders as they are physician extenders

near Pagate Village, Laguna Pueblo, N.Mex.

Thoughts for Other Rural Areas

- Full spectrum CP programs may be out of reach for rural areas – but also may be unnecessary
- It is possible to build special skill sets for community paramedics one skill at a time, based on community need

near Paguate Village, Laguna Pueblo, N.Mex.

Thoughts for Other Rural Areas

- Easier to start such a program as an extension of an existing Community Health Representative program
- Without a CHR program, the prospective CPs must perform the needs assessment themselves

near Pagate Village, Laguna Pueblo, N.Mex.

Funding Concerns

- Much easier for US tribal paramedic agencies due to tribal control over IHS health funds
- US insurance companies are becoming more aware of the CP concept, and are more willing to explore such options

What's next in Laguna?



UNM MD3, Indian Rt. 57, Laguna Pueblo, N.Mex.

Questions?



Laguna Fire Rescue Station 1, Laguna Pueblo, N.Mex.